

We firmly believe that it is incumbent upon the Federal Government to fulfill its obligations and promises to the First Nations, Métis and Inuit peoples of Canada. In Prime Minister Trudeau's Mandate Letter to the Minister of Health, he states: *"It is time for a renewed, nation-to-nation relationship with Indigenous peoples, based on recognition of rights, respect, co-operation and partnership."* (2016). As members of the Indigenous community we want to take these words at face value.

We also want to remind you that on July 16 at the 6th International Indigenous Working Group on HIV/AIDS (IIWGHA) Pre-Conference in Durban, South Africa you eloquently spoke about your cautious optimism regarding signs that collective efforts to stem the tide of HIV among Indigenous communities *"are showing ever more encouraging results."* You included CAAN's role in these efforts and said that the work we are doing along with other Indigenous partners to *"promote greater awareness and strengthen community response to HIV/AIDS and other infections"* makes you proud. This defunding would create a devastating setback to these achievements.

You further declared that the most effective solutions to addressing HIV among Indigenous populations will come from Indigenous people themselves. Since 1997 CAAN has worked with Indigenous organizations, Aboriginal People Living with HIV and AIDS and Indigenous communities across the country in the fields of HIV and AIDS prevention and research. As a result of this work, CAAN has been placed in a leadership position within Canada and on the international stage, to develop appropriate, culturally meaningful responses to HIV and related co-morbidity issues impacting Indigenous peoples globally.

PHAC's latest statistics reveal that Indigenous peoples in Canada represent 10.8% of new HIV infections and 9.1% of people living with HIV in Canada. We only need to point to Saskatchewan where the number of people living with HIV is approximately twice the national average to confirm the gravity of this situation. The National Post recently alerted that Saskatchewan is *"one of the few places in the industrialized world where people are still dying from AIDS and HIV"* (NP, Sept. 21). We must not lose sight of the fact that every statistic represents trauma and a profound breakage in the lives of Canadian citizens.

The Community Action Fund priorities and priority populations were developed following an extensive review of the research and evidence, in collaboration with stakeholders across Canada. Furthermore, the Fund states that it will bring Canada's HIV and hepatitis C activities into alignment with global strategies and targets for HIV and hepatitis C. It cannot be stressed enough that in its leadership role with IIWGHA, CAAN has been one of the key voices on the international stage, and certainly the primary voice in Canada, holistically addressing HIV and AIDS, HCV, STBIs, TB, Mental Health, aging and related co-morbidity issues in a culturally relevant manner for Indigenous peoples wherever they reside.

The impact of PHAC's decision —if allowed to stand— to severely reduce funding for CAAN will have far-reaching consequences. It decimates the leading voice of First Nations, Métis and Inuit people living with HIV or AIDS and organizations that are members of CAAN. Similar LOI

decisions, indicating funding cuts or no renewal of funding at all for our member organizations, dismantles an entire community-based response from the national level to the grassroots. Many of these organizations have been at the forefront of on-the-ground efforts to eliminate HIV from day one. It cuts the capacity of organizations to sustain core activities, which in turn deeply affects the ability to run programs. It goes against the fundamental values of the TRC, not the least of which is the right to self-determination.

The decision also goes against PHAC's own eligibility criteria as stated in the CAF call for LOIs, including "projects that cross at least three Public Health Agency of Canada regions and have potential applicability across Canada" in the following areas:

- Knowledge synthesis, mobilization and exchange;
- Creation of population-specific resources that can be used and adapted to the local and/or regional contexts such as social marketing campaign materials, health promotion/prevention education and training resources;
- Capacity and skills building for front-line organizations, public health and other health professionals.

Notwithstanding, the decision committee directly refuted its own criteria by saying our proposal for an awareness campaign on a national level was inadmissible.

First and foremost, consideration must be given to the impact this decision has on individuals and communities – it erodes the basis for their good faith in the Government and faith in the process of collaborative decision-making. It is time to move beyond ad hoc processes to thoughtful planning around shared decision making tables. We recognize there are restraints, but also that there is discretion to move effective existing initiatives forward in partnership. We want to hold the process accountable in order to restore and create wellness opportunities for all Indigenous peoples engaged with the Health system.

Therefore, we call on you to take immediate steps to address the critical situation in which we find ourselves by implementing the following:

1. Internal review of PHAC's LOI decisions and implications. Such as, agencies that have been invited to the Full Proposal stage that have identified key partner organizations in their LOIs that must now step away from commitments to shared activities due to the fact that they were not invited to submit full proposals.
2. Review of the policy that limits indirect research costs to Universities and Hospitals, and extend these benefits and necessary infrastructure support funds to community based organizations that have met the rigorous standards for holding publicly invested monies, including CIHR funds.

The programs and partnerships we have initiated on a national level provide the critical Indigenous connection, perspective, and capacity required for equitable health solutions and wise investment strategies that are beyond the reach of governments alone and require Indigenous, private sector and other supports as well. We call on you to step into the breach and let us be the visionary leaders needed to maintain the momentum for change so that we can make a difference in the lives of Indigenous peoples and communities in Canada.

We request a face to face meeting with you at your earliest convenience to discuss viable solutions that honour and respect our right to self-determination under the leadership of those who are most directly affected.

Sincerely,



Ken Clement
Chief Executive Officer



Emma Palmantier
Chair, Board of Directors

Please see Appendix A for the full list of letter recipients.

Appendix A: Recipients of Carbon Copy of Letter

Government		
Honourable Jane Philpott	Minister of Health	Government of Canada
Honourable Justin Trudeau	Prime Minister	Government of Canada
Honourable Carolyn Bennett	Minister of Indigenous and Northern Affairs	Government of Canada
Honourable Jody Wilson-Raybould	Minister of Justice	Government of Canada
Genevieve Hinse	Chief of Staff, Office of the Minister of Health	Government of Canada
Dr. Siddika Mithani	President	Public Health Agency of Canada
Partner Organizations		
Dr. Brian Conway	Co-Chair	Ministerial Advisory Council on the Federal Initiative to Address HIV/AIDS in Canada
Dr. Gerry Mugford	Co-Chair	Ministerial Advisory Council on the Federal Initiative to Address HIV/AIDS in Canada
Tracey O’Hearn	Executive Director	Pauktuutit
Clement Chartier	President	Métis National Council
Mel Maracle	Acting Executive Director	National Association of Friendship Centres
Irene Day	BC Centre for Excellence in HIV/AIDS	University of British Columbia
Perry Bellegarde	National Chief	Assembly of First Nations
Candice Lys	Co-Chair	National Aboriginal Council on HIV/AIDS
Laurie Edminston	Executive Director	Canadian AIDS Treatment and Information Exchange
Tammy Yates	Executive Director	Canadian Working Group on HIV and Rehabilitation
Ian Culbert	Executive Director	Canadian Public Health Association
Andrew Mattejic	Executive Director	Canadian Association of HIV Research
Gary LaCasse	Executive Director	Canadian AIDS Society
Robin Montgomery	Executive Director	International Coalition on AIDS and Development
Richard Elliot	Executive Director	Canadian Legal Network
Aslam Anis	Executive Director	The Canadian Institute of Health Research/CTN

	Executive Director	Canadian Treatment Action Council
Canadian Aboriginal AIDS Network		
Staff members		CAAN
Board members		CAAN
Emma Palmetier	Chair, Board of Directors	CAAN