

The Honourable [Name of MP], P.C., M.P. [any other post-nominal letters]
House of Commons
Ottawa, Ontario
K1A 0A6

[Your name]

[Your title (if relevant)]

[Your organization (if writing as a rep of your organization)]

[Street Address]

[City], [Province/Territory] [Postal Code]

[Date]

Dear Ms./Mrs./Mr./Dr. [Last name of MP],

I am writing to you in response to grave concerns regarding the results of the HIV and Hepatitis C Community Action Fund Letter of Intent (CAF LOI) process. The decision to shift funding from many long standing organizations is shocking, and I fear that the results of this process are not simply unacceptable, but will be catastrophic for Canada's ability to respond to the needs of Indigenous people living with HIV and Hepatitis C.

The Canadian Aboriginal AIDS Network (CAAN) has been an active and important part of the response to HIV, Hepatitis C and other sexually transmitted and blood-borne diseases for more than 19 years, and I am shocked and devastated by the impact of the results of the HIV and Hepatitis C CAF LOI Process. I know that this will create gaps in the level of care and support that can be offered to community members who are living with HIV and Hep C. across Canada.

CAAN represents a membership of 594 Indigenous people living with HIV or AIDS in Canada, many of whom are also living with Hep C; 73 organizations who are either full or associate members of CAAN, 2 International organizations and 1 international individual. CAAN provides resources and support directly to its membership and to First Nation and Inuit communities and Métis settlements through National partnerships with Indigenous leadership organizations and Health Canada. CAAN fills an important gap as a knowledge broker with expertise regarding HIV and AIDS and Hepatitis C and has been broadening its scope to include STBBIs, mental health, HIV and aging and issues related co-morbidities through programming that addresses Women's and Youth leadership nationally, International Indigenous leadership and community readiness to respond to HIV and Hep C. Without CAAN's programming, individual members (people living with HIV or AIDS) and partner organizations will not have access to culturally relevant and Indigenous-specific resources, or to staff members who are connected to a national network and well positioned to assist in sharing wise practices.

In addition to programs, CAAN is a leader in Community-based HIV and AIDS research in Canada. CAAN's research projects focus on issues of direct relevance to members with research teams that are led by Indigenous scholars and community members, many of whom are living with HIV, AIDS and/or Hep C. Research has been undertaken related to living with HIV; Sexual Violence and HIV; Homophobia; Housing; Family; Mental Health and Depression; Culturally competent care; the Impact of Alcohol use on Access to Care; Youth testing; and research methodologies. CAAN hosts the Aboriginal HIV and AIDS Community-based Research Collaborative Centre (AHA Centre) that focuses on building capacity and engagement in research, knowledge translation and partnerships. A Research Strategy to guide future Indigenous HIV and AIDS and related issues is scheduled for release before February 2017.

CAAN researchers are also members of more than 40 research teams and committees that bring the voice of members forward to inform research that is relevant to Indigenous stakeholders and often includes Indigenous research participants. PHAC funding has supported both staff and community engagement opportunities to optimize the quality of CAAN's contributions. These new decisions will also impact the good work that has been done to date by our research unit, given that many of our research community partners do not know what the future looks like as a result of these decisions regionally. These decisions are effectively dismantling our community connections and existing community partners.

As my Member of Parliament, I am asking you to put pressure on the federal government to reconsider the substantial cuts in funding to the Canadian Aboriginal AIDS Network. The current offer of funding directs CAAN to "consider submitting a 3-year project proposal at \$250k/year for the following directed activities: policy solutions related to the Truth and Reconciliation Commission of Canada (TRC) report and how to help rebuild relationships between government and Indigenous communities" in lieu of the programming set out in CAAN's original CAF LOI. This direction would lead CAAN to abandon the depth and breadth of multiple programs and research initiatives to focus fully on the TRC which did not address the lived experience of Indigenous peoples living with HIV or AIDS or Hep C across Canada.

It cannot be stressed enough how devastating a blow these changes will be to organizing and supporting a cohesive response to HIV and AIDS within the Indigenous community at a time when Indigenous populations are over represented in HIV and AIDS reporting. The Public Health Agency of Canada itself estimates that "the HIV incidence rate for Aboriginal people was 2.7 times higher than the non-Aboriginal Canadian population in 2014" (<http://bit.ly/hiv2014indigenous>).

These numbers represent actual people who rely heavily on the supports and information that CAAN and CAAN's member organizations across the country provide. While the TRC-related work as highlighted by PHAC is needed, it is questionable that engaging in this project in the absence of

the full body of work proposed by CAAN will help Canada achieve the objectives set out in the PHAC call for proposals, namely Objectives 2, 3 and 5 which state that CAF funding will:

- Objective #2) increase access to health and social services for priority populations
- Objective #3) strengthen capacity (skills, competencies and abilities) of priority populations and target audiences to prevent infection and improve health outcomes
- Objective #5) increase uptake of personal behaviours that prevent the transmission of HIV, hepatitis C and/or related STBBI

Most importantly, these decisions will have dire impacts for Aboriginal People living with HIV and AIDS (APHAs), which cannot be quantified at this time. The change in funding creates issues for access to treatment, access to culturally appropriate services, access to community supports and will essentially shut down the vital voice of our members living with HIV to be involved in solutions. These impacts will trickle-down to the grassroots. To many APHAs, CAAN has been the community link to a broader network, and this is also being dismantled. Both the World Health Organization sustainable development goals, and the UNAIDS 90-90-90 will not be successful without the involvement of APHAs and our communities.

Under the current application process, PHAC has reported that more Indigenous organizations have been funded than under previous National programs. While this may be true 'on paper' the publically available list of funded organizations includes First Nations and Tribal Councils that are ineligible for direct funding from PHAC. In addition, it is unclear how many of the Indigenous organizations identified as CAF LOI recipients have decision making roles in projects. The government must be held accountable to honouring the National commitment to Nation-to-Nation negotiations and self-determination as recommended in the Truth and Reconciliation Commission report and promoted by Prime Minister Justin Trudeau. It is despicable that in 2016 we have government officials suggesting that funding non-Indigenous organizations to work with clients who identify as Indigenous is an indication of greater investment in Indigenous programming. We demand Indigenous control in response to Indigenous issues and will accept nothing less in response to HIV and AIDS, Hep C, STBBIs, and related co-morbidities.

As my Member of Parliament, I am asking you to help get this process back to a level of transparency that is acceptable. Please help CAAN to continue to have a positive impact on our community, and help your constituents who are living with HIV, AIDS and/or Hep C. to access the services that are important to their health.

Sincerely,

[e-signature if available]

[Your name – typed out]

[Your title if relevant]

[Your organization if you are writing as rep of your organization]