

## CIHR “dismantling” Aboriginal health research

The Assembly of First Nations (AFN) is disputing the Canadian Institutes of Health Research (CIHR) claim that one of its top priorities is research into the causes of the health inequities bedevilling indigenous Canadians.

“We are deeply worried that far from prioritizing Aboriginal health research, CIHR is dismantling it,” says AFN Ontario Regional Chief Stan Beardy, who chairs the Chiefs Committee on Health.

The AFN, which represents 900 000 First Nations people, has long prioritized the need for more research into overcoming Aboriginal health inequities, says Beardy. This need was reinforced by the Apr. 28 [Auditor General of Canada report](#) documenting sweeping deficiencies in Aboriginal health care.

In March, CIHR, which receives a billion dollars annually from the federal government, announced that [Indigenous health research is its second-highest priority](#) (after research into improved health care for all).

But the CIHR has severely diminished Indigenous scientific leadership at its Institute of Aboriginal Peoples’ Health (IAPH) by [scrapping its scientific advisory board](#), Beardy observes. CIHR also announced that half of the IAPH’s \$8.6-million budget, which was formerly all dedicated to Indigenous health research, will be channelled into a funding pool for all 13 CIHR research institutes. CIHR is also eliminating its Network Environments for Aboriginal Health Research, a program for training Aboriginal health scientists.

Even before these cuts, CIHR’s proportional funding for Aboriginal health research had been slipping for six years, notes Malcolm King, the IAPH’s scientific director. Aboriginal people now account for 4.5% of the Canadian population, but CIHR funding has not kept pace with this growth. While total dollar amounts have not been cut, says Jane Aubin, CIHR chief scientific offi-



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cer, CIHR’s investment has slipped from 3.7% of its total budget in 2009 to 3.3% in 2014.

After 75 Aboriginal health scientists wrote to CIHR last autumn to protest cuts, a smaller group of scientists formed the Aboriginal Health Research Steering Committee to spotlight what they describe as a secretive about-face at CIHR.

“The scientists say they are outraged by the CIHR’s actions,” says Beardy, “and we fully agree with them. The CIHR is dismantling Aboriginal health research while claiming to prioritize it.”

In December 2014, [AFN leaders passed a resolution](#) calling on CIHR to “restore full funding to the IAPH,” and asked for an immediate meeting with the CIHR governing council. In an Apr. 13 letter to Beardy, CIHR President Dr. Alain Beaudet ignored the request for a meeting and insisted that while half the IAPH’s budget has been taken from its control “there has been no reduction in funds available” to it.

Like Beardy, Fred Wien, who leads the Atlantic Aboriginal Health Research Program and cochairs the Aboriginal Health Research Steering Committee,

worries about the CIHR’s claim that it is prioritizing Aboriginal health. “It’s good they identified it as a priority. But the challenge is to make it meaningful.”

In a letter to Beaudet in November, Wien and steering-committee cochair Rod McCormick, who holds the BC Innovation Council Research Chair in Aboriginal Child and Maternal Health, wrote that “the process that the senior leadership of CIHR has used to make these decisions can only be described as top-down, secretive and disrespectful.”

Although the CIHR claimed to have consulted widely on its reforms, says Wien, “to the best of our knowledge, no stakeholders in the Aboriginal community were engaged.” The CIHR says its reforms were guided by recommendations from an external working group, Wien notes, but the IAPH’s scientific advisory board was not given access to that group’s recommendations, which the [CMAJ later revealed](#), did not advise CIHR to scrap the advisory boards (*CMAJ* 2015; 187:E67). — Paul Christopher Webster, Toronto, Ont.

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