

cantly in the health of all Canadians, including Aboriginal people.

- During a time of deficit reduction, funding was maintained for all federally funded front-line health care services, including nursing, in First Nation and Inuit communities.
- Contrary to the claims made in your article, our government is making sure Aboriginal voices are heard when it comes to health research that is supposed to benefit their communities.
- I recently announced an additional \$25 million to support research addressing suicide, tuberculosis, oral health and obesity as part of the Pathways to Health Equity for Aboriginal Peoples initiative. The pathways program requires researchers to work collaboratively with community leadership to help avoid situations where studies are created in ivory towers of academia and don't have any positive impact on the lives of actual people.

As a Northerner, I am well aware of the health challenges faced by Aboriginal people in this country. Our government is investing strategically to help narrow the health gap between Aboriginal and non-Aboriginal Canadians.

#### **Leona Aglukkaq PC MP**

Minister of Health, Health Canada,  
Ottawa, Ont.

#### **Reference**

1. Webster PC. Aboriginal health programming under siege, critics charge. *CMAJ* 2012; 2012 Sept. 4 [Epub ahead of print].

*CMAJ* 2012. DOI:10.1503/cmaj.112-2072

#### **The author responds**

I am grateful to Health Minister Leona Aglukkaq for her response<sup>1</sup> to my article.<sup>2</sup>

I am concerned, however, that the minister indicates that the article “did not include key facts,” including what she describes as “\$25 million to support research addressing suicide, tuberculosis, oral health and obesity as part of the Pathways to Health Equity for Aboriginal Peoples initiative.”

The article clearly states that “the federal government ... is shifting Aboriginal health research funding under the rubric of the Canadian Institutes of

Health Research ... CIHR has invested \$151.5 million in health research related to Aboriginal peoples' health since 2006, including \$31 million in fiscal 2010/11 ... CIHR launched a \$25 million initiative aimed at understanding how to reduce Aboriginal health inequities.”

*CMAJ* clearly reported the facts the minister suggests were omitted.

#### **Paul Christopher Webster**

Regular contributor, *CMAJ*

#### **References**

1. Aglukkaq L. Federal Aboriginal health programs. *CMAJ* 2012;184:1715-16.
2. Webster PC. Aboriginal health programming under siege, critics charge. *CMAJ* 2012; 2012 Sept. 4 [Epub ahead of print].

*CMAJ* 2012. DOI:10.1503/cmaj.112-2073

#### **Farm-grown superbugs?**

The *CMAJ* editorial by Barbara Sibbald was interesting and highlighted the threat of antibiotic use in animals leading to antibiotic resistance in humans.<sup>1</sup> However, despite the ban on antibiotic use for growth promotion in Sweden for many years, and more recently in Denmark and the European Union in general, no evidence is presented that these bans are having any influence on the amount of animal-derived antibiotic resistance in humans. The author of the editorial<sup>1</sup> presents no hard evidence in support of the thesis that widespread antibiotic bans in animals have any widespread beneficial effects for human health.

I have followed this debate for the last 40 years; the agriculture industry appears to me to be more of a scapegoat for poor medical practices than poor agricultural practices. The value of this debate would improve if it were to move beyond speculative assumptions and toward an effort to quantify the benefits of more restrictive policies on antibiotic use in animals.

#### **Brad Hicks DVM**

Feed manufacturer, Langley, BC

#### **Reference**

1. Sibbald B. Farm-grown superbugs: While the world acts, Canada dawdles. *CMAJ* 2012;184:1553.

*CMAJ* 2012. DOI:10.1503/cmaj.112-2074