

Hon. Ginette Petitpas Taylor P.C., M.P. Minister of Health House of Commons Ottawa ON, K1A 0A6 November 28, 2018

Minister Petitpas Taylor,

On behalf of Community-Based Research Centre, I would like to support Canadian Blood Services and Héma-Québec's efforts to change the discriminatory blood donation policy. We believe that gay, bisexual and other men who have sex with men should not be prohibited from donating blood based solely on their sexuality, but rather by their individual risk behaviours. While we support the recent application to further reduce the blood donation deferral period for men who have sex with men from twelve months to three months, our organization is working hard to provide evidence that will demonstrate this change is not sufficient. It is a step in the right direction, but changing the deferral period from twelve to three months does not fully address the discrimination against men who have sex with men. That said, we believe this incremental policy change is likely to increase the size of the donor pool in Canada and will not compromise the safety of the blood supply.

Community-Based Research Centre is dedicated to improving the well-being of gay, bi and other men who have sex with men (gbMSM). We also operate the largest bio-behavioural survey of gbMSM in Canada, the Sex Now Survey. This year, the Sex Now Survey research received funding support from Canadian Blood Services MSM Research Grant Program, funded by the federal government (Health Canada) and the provincial and territorial ministries of health. We collaborated with Canadian Blood Services, Héma-Québec, the Public Health Agency of Canada, a coalition of academic partners, and many community health organizations across the country. This collaboration allowed us to visit 15 sites (both rural and urban) over the course of 4 months, making this study the most geographically diverse of its kind. A special focus of the survey this cycle is to investigate alternative deferral policies to the current gender specific time-based deferral policy.

In theory, we support the proposed move to a three-month deferral policy. However, it is important to note that research in this regard is ongoing. Changing the deferral period before data from this research are analyzed could result in extensive resources being expended to create a policy that shortly after being implemented is revealed to not be in line with the best available evidence. This also risks creating confusion among gbMSM and the public, and will make it difficult for future research participants to meaningfully express their opinions on questions regarding deferral policies. We also do not feel that shortening the deferral policy addresses the underlying discrimination inherent to time-based gender specific deferral policies. A new policy that merely reduces the length of the deferral will still consider any sex between men to be high risk sex. However, it is well known that not all sexual activity carries equal risk of transmitting infections. Further, the current operationalization of sex/gender is not appropriate or fair to potential transgender gbMSM donors. By designing a policy focused on risk behaviours rather than sex/gender, these conflicts can be avoided. We remain supportive of a gender blind, behaviour-based policy.

We hope to begin analysis of our research data in 2019, and look forward to continuing this conversation with your office and our stakeholders at that time. In the meantime, we look forward to your decision regarding the proposed decreased deferral period. Should you wish to meet to discuss these issues further, please have a member of your staff contact our Sex Now Research Manager, Rob Higgins at rob.higgins@cbrc.net or by phone at 604-445-6804.

Sincerely,
Jody Jollimore
Executive Director



CC:

Simon Kennedy Deputy Minister Health Canada

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