



August 17, 2015

Mr. Stephen Harper, PC, MP  
Leader of the Conservative Party of Canada

Mr. Thomas Mulcair, PC, MP  
Leader of the New Democratic Party of Canada

Mr. Justin Trudeau, MP  
Leader of the Liberal Party of Canada

Mr. Gilles Duceppe  
Leader of the Bloc Québécois

Ms. Elizabeth May  
Leader of the Green Party of Canada

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Dear Sirs and Madam:

**Re: Your party's position on key questions related to HIV and human rights**

The Canadian HIV/AIDS Legal Network promotes the human rights of people living with and vulnerable to HIV and AIDS, in Canada and around the world. We do so via research and analysis, advocacy and litigation, public education and community mobilization. Our extensive library of materials is readily available (at [www.aidslaw.ca](http://www.aidslaw.ca)) to all. We hope they will prove useful to you and your colleagues. A non-partisan organization, we represent a wide range of member organizations and individuals across Canada concerned about HIV and related human rights issues, including people living with HIV, members of various communities particularly affected by HIV, front-line AIDS service organizations, other community service agencies, clinicians, researchers, lawyers, students and more.

As Canadians will soon be heading to the polls, we write today to request your direct responses to six key questions on HIV and human rights. **We kindly request your party's reply no later than Friday, September 11.**

### **Question 1: Fully funding a renewed strategy on HIV and AIDS**

Canada needs an adequately funded federal strategy on HIV and AIDS, including funding for front-line services and programs that offer HIV prevention and provide care, treatment and support to people living with HIV and their families and communities. In 2003, all parties then represented in the House of Commons unanimously recommended that Canada's federal strategy on HIV be enhanced by effectively doubling its funding, to \$85 million annually, and in 2004, the federal government committed to largely reaching this target, with funding increased gradually to \$84.4 million by 2008–09. However, in 2007, funding was cut and it has remained flat-lined at the level of \$72.6 million/year ever since. As a result, over the last eight years, more than \$100 million of funds committed to the HIV response, reflecting an all-party consensus, have simply never been delivered. Meanwhile, there are still some 3000 cases of HIV infection newly diagnosed each year, according to the Public Health Agency of Canada's most recent estimates.

Decades of research and experience have demonstrated what works in responding to HIV. This includes scaling up access to antiretroviral treatment and evidence-based prevention programs, plus protecting and promoting the human rights of people living with HIV and of communities particularly affected, so that these programs and services are accessible and effective. Other countries have adopted new strategies and committed funds to the global goal of ending AIDS as a public health threat by 2030. Yet Canada's HIV strategy is now a decade old, is not informed by the most recent scientific breakthroughs, and has never been adequately funded.

***Will your party commit to collaborating with leading HIV organizations in Canada to envision a new, fully funded strategy to end HIV and AIDS in this country and globally?***

### **Question 2: Saving lives through supervised consumption services**

Supervised consumption services (SCS), sometimes also called supervised injection sites or drug consumption rooms, are health services that provide a safe, hygienic environment where people can use pre-obtained drugs under the supervision of trained staff. They reduce various risks to health and life, including HIV, hepatitis C and fatal overdose. They are part of a broader harm reduction approach to problematic substance use which promotes individual and community safety and health, rather than a punitive approach to drugs.

Yet those who use or staff such health services risk criminal prosecution for drug possession unless the premises are exempted by the federal Minister of Health, which creates an unacceptable barrier to access. In 2011, the Supreme Court of Canada ordered the Minister to continue the exemption for Vancouver's site, declaring that "Insite saves lives. Its benefits have been proven." As for possible future exemptions, the Court also noted that "where...the evidence indicates that a supervised injection site

will decrease the risk of death and disease, and there is little or no evidence that it will have a negative impact on public safety, the Minister should generally grant an exemption.” Despite this landmark ruling and clear direction from the Court, in 2015, the government passed Bill C-2, the so-called *Respect for Communities Act*. It puts lives at risk by establishing excessive and unreasonable requirements for health authorities and community agencies who wish to open or continue operating supervised consumption services for people who use drugs, including directing the federal Health Minister to grant exemptions only in “exceptional circumstances.” The new law has been criticized widely by health and human rights organizations and experts across Canada.

***Question: Given the Supreme Court of Canada’s clear direction, and the overwhelming evidence that supervised consumption services save lives, will your party work to repeal Bill C-2 and facilitate access to life-saving supervised consumption services in Canada?***

### **Question 3: Protecting prisoners’ health to protect public health**

Across Canada, publicly funded needle and syringe programs help prevent the spread of infectious diseases, including HIV and hepatitis C virus. But these programs do not exist inside Canadian prisons — even though the federal government’s own research shows that drugs get into prisons despite efforts to block them, and that many people in prison struggle with addiction and inject drugs (including by sharing makeshift injection equipment). In Canada, the prevalence of HIV and hepatitis C virus (HCV) infection among people in prison is at least 10 and 30 times higher, respectively, than in the overall population. Prison needle and syringe programs (PNSPs) give people in prison access to the same health services available outside prisons, and also make workplaces safer for prison staff by reducing the likelihood of accidental injuries with non-sterile injection equipment shared by many people. Nearly a decade ago, a study by the Public Health Agency of Canada, commissioned by the Correctional Service of Canada (CSC), affirmed the many positive findings of PNSP evaluations. Medical experts, UN health agencies, and CSC’s own Correctional Investigator, among others, have all recommended implementation of PNSPs. The continuing failure of Canada’s prison authorities to act upon clear evidence undermines the health of prisoners, violates human rights and leads to significant, avoidable costs of treating HIV and HCV infections that could have been prevented. Because most people in prison eventually return to the community, the health of prisoners is also a broader public health concern.

***Question: Given the overwhelming evidence supporting the effectiveness of prison needle and syringe programs, and their benefit in protecting the health of prisoners, prison staff and public health more generally, will your party support their implementation in Canada’s federal prisons?***

#### **Question 4: Protecting the health and human rights of sex workers**

In December 2013, the Supreme Court of Canada unanimously struck down several sections of Canada's *Criminal Code* dealing with prostitution as unconstitutional, because they unacceptably violated the rights of sex workers by undermining their health and safety. The Supreme Court decided that its ruling would take effect in one year's time (i.e., December 2014), at which point those unconstitutional parts of the law would no longer be in force.

Despite calls from sex worker groups and their allies for critical discussion and collaboration to propose legislation in keeping with Court's rights-based decision, the federal government introduced Bill C-36 in early June 2014. Misleadingly named the *Protection of Communities and Exploited Persons Act*, the bill re-introduced many of the very harms the Court struck down as unconstitutional. In December 2015, this bill came into effect in Canada, again putting sex workers in harm's way and completely disregarding their health and human rights.

***Question: In keeping with the Supreme Court of Canada's ruling that sex workers are entitled to health and human rights, will your party support the repeal of Bill C-36, and will your party meet with sex workers to discuss ensuring their rights, safety and dignity?***

#### **Question 5: Protecting and promoting the human rights of LGBTI people**

In Canada, the human rights of transgender people are still being violated, including through lack of access to appropriate health care, denial of appropriate identification documents, and ongoing discrimination, harassment and violence. Meanwhile, legal protection against discrimination and violence based on gender identity or expression is still incomplete under Canadian law.

Around the world, at least 80 countries still criminalize consensual same-sex intimacy, and many more have other laws that discriminate on the basis of sexual orientation or gender identity. In many parts of the world, LGBTI people are routinely arrested, denied basic job protections, health care, housing and parental rights, while many have been brutally attacked, tortured or even murdered. In 2015, a group of civil society organizations in Canada, including the Canadian HIV/AIDS Legal Network, came together to form the Dignity Initiative ([www.dignityinitiative.ca](http://www.dignityinitiative.ca)), with the twin objectives of strengthening both international solidarity work by Canadian civil society groups and Canada's foreign policy commitment to defending human rights for LGBTI people internationally. We have recently put out a "Call to Action," which can be read at <http://tiny.cc/DignityCalltoAction>, and is now receiving endorsement from organizations Canada-wide.

***Question: Will your party support full legal protection in Canadian law against discrimination and hate crimes based on gender identity or***

***expression? Given Canada's influential role on the world stage, will your party endorse the Dignity Initiative's Call to Action and work to implement its recommendations?***

**Question 6: Ensuring equitable access to affordable medicines**

The need for equitable global access to medicines is urgent. Too many people in developing countries are dying because medicines are not available at prices they can afford and health agencies have limited budgets to pay high prices for brand-name drugs. People die because they cannot afford to buy life. Meanwhile, equitable, universal access to prescribed medicines remains elusive in Canada, with a patchwork of inadequate pharmacare coverage across the country. Laws and policies, such as intellectual property rules in international trade agreements and domestic legislation regulating the price of medicines, are a significant part of the problem affecting access to medicines for HIV and other health needs.

The last Parliament had before it Bill C-398, aimed at fixing the flaws in *Canada's Access to Medicines Regime* (CAMR). CAMR was supposed to allow compulsory licensing on expensive, patented medicines to permit exports to developing countries of equivalent, lower-cost, generic versions of those life-saving medicines. But to this day, CAMR has not fulfilled Parliament's unanimous pledge to help countries in this way. Despite overwhelming support from civil society, religious and community leaders, scientists and other medical professionals, and widespread support from MPs belonging to all federal parties, the bill was defeated by a small handful of votes in the House of Commons.

In addition, Canada is now involved in the secret negotiations for a new trade agreement, the Trans-Pacific Partnership (TPP). Recently leaked text of several chapters confirm the fears of health advocates that the TPP will pose a major new threat to access to medicines, in developing countries and in participating high-income countries such as Canada. Particular areas of concern include: ratcheting up restrictive intellectual property rules beyond what is already agreed at the World Trade Organization; weakening countries' abilities to control excessive pricing of expensive patented medicines; and giving multinational corporations yet more power to challenge regulations adopted by government to protect public health or other public interests before closed-door tribunals.

***Question: Will your party support the reforms previously before Parliament in Bill C-398 to fix Canada's Access to Medicines Regime, so that we can get low-cost, generic medicines to people in need? With respect to the Trans-Pacific Partnership, will your party refuse to sign and ratify any agreement that includes any intellectual property standards exceeding those already adopted at the World Trade Organization?***

We are at a pivotal moment in the HIV response. With universal access to prevention and treatment, and a steadfast commitment to safeguarding human rights, particularly of key populations affected by the epidemic, we can end AIDS as a public health threat. As declared in the recent *Vancouver Consensus* by, among others, the world's leading scientists, clinicians and decision-makers, "A new era of opportunity against this epidemic has dawned, and we must seize it."

We look forward to your party's response on these important matters of health and human rights, in Canada and internationally, and thank you for taking the time to reply.

Sincerely,

A handwritten signature in black ink, appearing to read 'Richard Elliott', with a long horizontal flourish extending to the right.

Richard Elliott  
Executive Director