



Presentation to the Select Standing Committee Justice and Human Rights

Glen Hillson,
Chair, BC Persons With AIDS Society

Tuesday, February 19, 2002

**BC Persons' with AIDS Society Submission
To the Standing Committee on Justice and Human Rights
regarding Bill C-217, the *Blood Samples Act*.**

British Columbia Persons with AIDS Society (BCPWA)

BCPWA is a registered charitable society run by and for persons living with HIV disease and AIDS. In the words of its mission statement, BCPWA "exists to enable persons living with Acquired Immune Deficiency Syndrome and Human Immunodeficiency Virus to empower themselves through mutual support and collective action. From our personal struggles and challenges come our courage and strength." BCPWA is Western Canada's largest AIDS organization with a membership of more than 4,600, including more than 3,600 HIV+ full voting members. The Society's services are also available to and regularly accessed by many of the 10,000 to 12,000 HIV+ individuals in BC. Unique among major HIV/AIDS agencies in Canada, BCPWA's Board of Directors is composed entirely of HIV+ members. All of its programs are operated by committees led by HIV+ persons.

Blood Samples Act

BCPWA urges the Standing Committee on Justice and Human Rights to report to the House of Commons that the *Blood Samples Act* not proceed to third reading. *The Blood Samples Act* will not protect workers from occupational exposure to the hepatitis B virus, the hepatitis C virus and the human immunodeficiency virus. Rather, the Act will promote an environment of false safety among workers and may increase infections among them.

At BCPWA we are living with the disease and working on the front lines providing prevention, care and support to the community. With this experience, we know that this Act is not a positive step forward in the struggle against HIV/AIDS.

Effective strategies to combat transmission at the workplace of HBV, HCV and HIV must focus on universal prevention protocols in the workplace and continuing education and other supports for workers. Hauling people before judges to force them to give blood distracts us all from the real issues at hand.

While BCPWA has many concerns with the *Blood Samples Act*, we argue that the Act is based on emotion and ideology rather than science and as such is fundamentally flawed.

1. ***The need for this law is questionable.*** People overwhelmingly consent to blood tests when asked - they don't need to be forced. Multiple studies show that when workers have been exposed to blood or body fluids, patients voluntarily provide blood samples. In Vancouver's St Paul's Hospital, where

the BC Centre for Excellence in HIV/AIDS resides, there were an estimated 1700 accidental occupational exposures with only 2 patients refusing testing at the hospital over a 10-year period.

Implementing a heavy-handed law forcing people to give blood could circumvent the established approaches used to obtain voluntary consent and victimize individuals by treating them like criminals.

2. ***Transmission through occupational exposure is low.*** There is only one confirmed case of HIV transmission to a worker in Canada and two potential cases. One reason for this, is that none the three viruses contained in Bill C-217 are easily transmitted. A far better return on investment of prevention dollars would be the broader implementation of universal medical protocols coupled with an enhanced commitment to prevention education among workers and throughout the community.
3. ***The procedure to collect a blood sample as defined by the Act will not assist a worker's decision to commence HIV prophylaxis.*** HIV prophylaxis must be administered for it greatest effect within 2 hours of contact. Elapsed time between initial contact, a hearing with a justice and the subsequent forced blood test will far surpass the effective window of opportunity the worker has to begin treatment.
4. ***Even if a test could occur within a short timeframe, any negative blood test, forced or voluntary, is uncertain.*** Because of the nature of HIV, HCV and HBV, at the beginning of infection a window period exists in which the virus or its antibodies may be undetectable. A worker must not rely on a negative test. If the individual with whom a worker has had contact is in a high risk group for carrying any of these viruses, it is best for the worker to begin prophylactic treatment.

Also, if the test is positive, the worker should begin treatment. Overall, the test is useless in assisting a worker's decision to commence treatment.

Furthermore, forcing a blood sample from an individual may give some peace of mind to the worker if the test is negative but it creates a false sense of security. The only manner by which to confirm no infection is through periodic testing for one year.

5. ***The Act targets people with HIV.*** Forcing blood tests to detect HBV and HCV infection is unnecessary. All workers at risk of exposure should be immunized for HBV. Once vaccinated the likelihood of HBV infection after exposure is extremely low. For those workers not immunized, for the prophylaxis to be most effective it must be administered within 24 hours.

Once again, we question how timely a warrant could be executed to provide uncertain results.

For HCV, there is no prophylactic treatment protocol. A forced blood test would provide no assistance in the decision to commence treatment. Until a worker's blood test confirms no infection, the worker must act appropriately to avoid transmitting the virus to others.

We fear that this Act promotes the vilification of persons living with HIV. If society can immunize workers against HBV and there is no treatment for HCV, on whom will the forced blood tests be imposed – those individuals in high risk groups for HIV: injection drug users, sex trade workers, and gay men.

6. ***Universal protocols and continuing education are the best way to combat exposure in the workplace.*** Trying to protect workers with a law that promises to determine if they are at risk of infection after exposure is backwards. Keeping workers safe and preventing exposure is the real issue. Workplaces must take all necessary steps to ensure that there are appropriate and effective universal preventative protocols in use and that workers receive continuing education on how to keep safe.
7. ***The personal autonomy of individuals will be violated.*** We have grave concerns about the violation to individuals right to personal autonomy and privacy. We support the arguments presented to this committee by the Canadian HIV/AIDS Legal Network.

Conclusion

In conclusion, the proposed law is contrary to the goals it seeks to achieve and it increases the heavy burden of stigmatization already endured by some society's most vulnerable members.

Accidental exposures to HCV, HBV and HIV account for a very small proportion of new infections. Source persons who may have unintentionally been vectors of accidental transmission are rarely reluctant to provide voluntary blood samples. The criminalization of infection would likely serve to undermine the high level of co-operation that presently exists by fostering a culture of distrust and fear. Proactive measures to support workers and other members of society in preserving their health status would promote a healthier population and yield superior health outcomes.