

Canadian Health Coalition

Submission to the
Standing Senate Committee on Social Affairs, Science and Technology
on
Bill S-252, Voluntary Blood Donations Act

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Canadian Health Coalition



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Introduction

The Canadian Health Coalition (CHC) has been working for forty years to protect and improve public health care in Canada. We are a national organization made up of health care workers, unions, seniors, academics, community organizations and faith-based organizations, as well as affiliated coalitions in the provinces and one territory.

The CHC has a longstanding commitment to Canada's safe, sufficient and secure blood supply. Ensuring this supply is an essential component of Canada's public health care system. We are proud to have supported blood-injured Canadians before, during and following the Krever Inquiry. The CHC contributed its institutional expertise to assist grassroots groups of blood-injured Canadians in their advocacy and communications strategies.

The CHC strongly supports Bill S-252, the *Voluntary Blood Donations Act*. In accordance with the World Health Organization's recommendations, we advocate for the non-remunerated donation of blood and plasma.¹ Bill S-252 would help ensure that Canada's blood system continues to be governed by the principles of the Krever inquiry, namely that:

- a) Blood is a public resource.
- b) Donors should not be paid.
- c) Canada should be self-sufficient in blood and blood products.
- d) Access to blood and blood products should be free and universal.
- e) The safety of the blood supply system is paramount.²

These principles remain as vitally important today as they were when Justice Krever published his report in 1997. They are currently being undermined by the operation of private, for-profit plasma collection centres in Saskatoon and Moncton operated by Canadian Plasma Resources. The CHC opposed Health Canada's decision to issue licenses for these centres that pay people for providing plasma. None of the plasma collected in these centres is staying in Canada; it is all being sold on the international market.

Allowing payment for blood and plasma is threatening the safety, sufficiency and security of Canada's blood supply. The federal government should therefore ban such payments by enacting Bill S-252.

Federal Jurisdiction

Federal jurisdiction to ban payment for blood and plasma is established in the *Department of Health Act*, which sets forth the powers, duties and functions of the federal Minister of Health. These powers include "the promotion and preservation of the physical, mental and social well-being of the people of Canada" and "the protection of the people of Canada against risks to health and the spreading of diseases".³ Protecting Canada's blood system to ensure the safety, sufficiency and security of supply of health- and life-sustaining blood and plasma products, especially during times of emerging infectious risks to Canadians, clearly falls within these parameters.

Benefits of our Public System

Public and private blood collection systems have drastically different objectives. Our publicly-owned and operated national blood system serves the health needs of Canadians by helping to save lives. The goal of this system is to maintain and improve the health of Canadians. Canadian Blood Services operates in the public interest and is publicly accountable to Canadians. In times of crisis, our public blood system puts people's lives first.

In contrast, the commercial plasma industry focuses on making profits by collecting and selling the plasma of Canadians to the highest bidder. Rather than focusing on patients' health, private plasma centres are focused on maximizing their return on investment. These companies are not a health service. They don't have the mandate of preparing for and addressing public health disasters.

National Self-sufficiency and Security of Supply

Canada must ensure the sufficiency and security of its blood and plasma supply to meet the health needs of Canadians in normal times and in times of crisis.

Canada has two distinct collection systems running simultaneously: one for whole blood and one for plasma. There are significant differences in these systems. First, Canada must be self-sufficient in meeting its demands for whole blood because unlike plasma, whole blood can't be purchased from other countries.⁴ Second, whole blood can't be processed and purified in the same way as plasma to remove potential contaminants. Whole blood must therefore come from unpaid donors since research has shown that blood and plasma from paid donations has a higher rate of infection.⁵

Whole Blood

Evidence shows that the private, for-profit centres operated by Canadian Plasma Resources are poaching donors from the public whole blood collection system. Since these for-profit centres opened in Saskatoon and Moncton, Canadian Blood Services has noted a fluctuation in its donations among donors aged seventeen to twenty-four, which is the most sought-after age-bracket for donors.⁶ The reduction of donors in this age group represents the loss of the next generation of donors who have switched from the unpaid to the paid system.

This fluctuation may in part be due to "brand confusion": donors may think they are donating to the public system (Canadian Blood Services) for the benefit of Canadians, when in fact they are donating to the private system (Canadian Plasma Resources), which will sell their plasma to foreign markets.

Paid plasma clinics are thus competing with and diminishing unpaid whole blood donations. Similar trends have been reported by the European Blood Alliance.⁷ Over time, allowing paid plasma collection in Canada will threaten the sufficiency of our life-saving whole blood

supply, for which we have no purchasable alternative. If Bill S-252 isn't passed, our system of whole blood collection will be at risk. The notion that we should await scientific certainty about this is dangerous and irresponsible. A vital health asset should not be placed at risk to provide opportunities for commercial ventures.

Plasma

Self-sufficiency for plasma collection is increasingly becoming the goal of developed nations world-wide.⁸ Canadian Blood Services currently collects approximately 17% of the plasma required to meet the needs of Canadians.⁹ Like other countries around the world, Canada relies on the plasma collected from paid donors in the U.S. for the majority of its plasma supply.¹⁰

Global dependence on plasma products produced by the paid plasma industry in the U.S. is recognized as a health and geopolitical risk.¹¹ No nation should leave itself vulnerable to the potential reduced availability of U.S. plasma products. Access to U.S. plasma products could be limited in the future due to safety issues, production shut-downs in fractionation facilities, trade agreements and presidential Executive Orders to achieve American strategic interests.

Plasma collected in the private, for-profit centres operated by Canadian Plasma Resources won't help meet any future demands in the event of a shortage of plasma from the U.S since all plasma collected at these centres is being sold on foreign markets.

Canada must therefore continue to increase its domestic supply of plasma within the public system. Canadian Blood Services has plans to do just that. In 2017, Canadian Blood Services presented Health Canada with an ambitious strategic plan to increase its collection of unpaid plasma donations. The goal of this plan is to increase the domestic supply of plasma from 17% to 50% by 2024 by establishing up to forty new plasma collection sites and recruiting at least 144,000 new donors.¹² Canadian Blood Services is still waiting for Health Canada to approve this plan.

Héma-Québec has also implemented a strategy to increase unpaid plasma donations in Quebec. In 2016, it opened new collection centres and launched a new campaign to promote voluntary plasma donation. Between 2016 and 2018, the amount of plasma collected from unpaid, voluntary donors in Quebec increased by 9.7%. From 2013 to 2018, Héma-Québec increased Quebec's plasma self-sufficiency from 14.5% to 21.5%.¹³ This success story demonstrates the effectiveness of initiatives undertaken to bolster plasma self-sufficiency within our public blood system.

Bill S-252 will facilitate the expansion of our domestic supply of plasma by preventing private, for-profit plasma centres from competing with and poaching donors from the public system.

Safety

Maintaining the safety of Canada's blood and plasma system requires constant vigilance and preparation for the ever-present threat of new emerging pathogens. Banning payment for blood and plasma is an important part of that preparation.

Canada has had a good safety track record in recent decades, even though we have been using paid plasma products from the U.S. This is because technologies that have been in use since the 1990s to detect and destroy most known pathogens in plasma, such as HIV and Hepatitis C, have also worked for newer pathogens, such as the Zika virus and the West Nile virus. These technologies were implemented thanks to the ongoing advocacy of the victims of the tainted blood crisis. Most current technologies, including heat treatment, solvent detergents, and nano-filtration, have been in place since the early 1990s.¹⁴

However, when new pathogens emerge, we often have no means of testing for them in donor blood or plasma, and no means of destroying them once they enter the blood or plasma supply chain. Our only safety measure is asking people not to donate if they have risk factors for the new pathogen. If people want or need money in exchange for their plasma, they are more likely to provide their plasma even though they have risk factors. This has been proven by research: blood and plasma from paid providers has a higher rate of infectious pathogens than blood and plasma from non-remunerated donors.¹⁵

New emerging pathogens that we cannot test for and are not destroyed by existing technologies pose an unmanageable risk of contamination. To manage these emerging pathogens, it is crucial to avoid payments for plasma since it incentivizes people to provide high-risk plasma that may contaminate the plasma supply.

Chronic Wasting Disease

A new emerging pathogen is currently on our doorstep: Chronic Wasting Disease (CWD).¹⁶ This disease of animals in the deer family is now endemic in mid-western North America, and is rapidly spreading. We have no means to test for CWD prions in human blood or plasma donations, and no means to destroy CWD prions if and when they get into the blood or plasma supply.

CWD is one of a new class of pathogens called prions, a special type of infectious protein that is indestructible by any known method of inactivation. Prions cause neuro-degeneration and dementia that is invariably fatal in animals (eg. Bovine Spongiform Encephalopathy (BSE) or Mad Cow Disease) and in humans (eg. Creutzfeldt-Jakob disease (CJD) and variant CJD). Prion infections typically have long incubation periods (lag times) before manifesting themselves. An earlier prion disease in cattle (BSE) caused the loss of the UK plasma industry in 1996 when the prion jumped to humans and then to recipients of blood and plasma products.¹⁷

Until recently, transmission of animal CWD prions to humans was thought to be unlikely. In 2017, ongoing research by the Canadian Food Inspection Agency signaled the distinct

possibility that CWD transmission is possible, and most likely to occur via humans eating the meat of CWD-infected animals.¹⁸

The U.S. and Canada face the same emerging threat, with widespread endemic CWD in farmed and wild deer and elk (“cervids”) in the mid-west of both countries. Incidences are as high as 40% in some regions of Colorado.¹⁹

In the face of a new emerging pathogen, risk management requires that we adopt all available preventive measures to preclude harm and keep the system as safe as possible. Having an unpaid plasma collection system is a necessary risk reduction strategy, since unpaid donations are likely to have a lower incidence of infection with the new emerging pathogen.

Canada still has the opportunity to protect our national plasma supply from new unmanageable pathogens like the CWD prion by legislating a national ban on payment for plasma, as proposed in Bill S-252.

We now face a new indestructible pathogen with the potential to threaten our own blood and plasma supply as well as the U.S. paid plasma supply on which we are currently heavily dependent. In the face of this and any other future emerging pathogens, it is vital to implement a ban on payment for plasma in order to proactively protect the health and safety of Canadians.

Conclusion

There is a finite window of opportunity to maintain our longstanding tradition of voluntary donation, and secure our blood and plasma system as a valued public resource. There will be no turning back once our system becomes dominated by multiple commercial firms with no commitment to the common good and health needs of Canadians. Bill S-252 must be passed as soon as possible. Our blood is a national asset that shouldn't be sold off like a commodity.

¹ World Health Organization, *Expert Consensus Statement on achieving self-sufficiency in safe blood and blood products, based on voluntary non-remunerated blood donation* (June 2012):

www.who.int/bloodsafety/Expert_Consensus_Statement_Self-Sufficiency.pdf

² Horace Krever, *Final Report: Commission of Inquiry on the Blood System in Canada* (1997), p. 1047.

³ *Department of Health Act*, SC 1996, c 8, s.4(2)(a.1) and (b): <https://laws-lois.justice.gc.ca/eng/acts/H-3.2/>

⁴ Whole blood products are labile and are not amenable to international trade.

⁵ European Blood Alliance, *EBA Fact sheet on Voluntary Non- Remunerated Donors*:

https://europeanbloodalliance.eu/wp-content/uploads/2016/12/EBA_Pos_Paper-VNRD-1.pdf; Van der

Poel CL et al, “Paying for blood donations: still a risk?”, *Vox Sang* (2002) 83: 285-293.

www.mhlw.go.jp/stf/shingi/2r9852000001dj72-att/2r9852000001djpv.pdf; Neelam Dhingra,

“In Defence of WHO’s Blood Donation Policy” *Science* (Nov 2013) 342:6159, pp. 691-692:

<http://science.sciencemag.org/content/342/6159/691>.

⁶ Canadian Blood Services, 2018: https://bloodwatch.org/cms/wp-content/uploads/2018/09/NS-2018-FOI-2018-06717-HEA_Release-Package.pdf.

⁷ World Health Organization, *Expert Consensus Statement on achieving self-sufficiency in safe blood and blood products, based on voluntary non-remunerated blood donation* (June 2012); European Blood Alliance, *EBA fact sheet on European self-sufficiency for blood components and plasma for fractionation* (October 2016): https://europeanbloodalliance.eu/wp-content/uploads/2016/11/EBA_Pos_Paper-EU_self_sufficiency-1.pdf: “In countries with dual systems (where unpaid and paid collection coexist), blood establishments who collect components for transfusion encounter increasing difficulties in recruiting and retaining unpaid donors”; European Commission Directorate-General for Health and Food Safety, *Meeting between the European Blood Alliance and DG SANTE B4 - Summary Minutes* (3 April 2018):

https://ec.europa.eu/health/sites/health/files/blood_tissues_organs/docs/ev_20180403_min_en.pdf.

⁸ World Health Organization (June 2012); European Commission Directorate-General for Health and Food Safety (2018).

⁹ Canadian Blood Services, *Backgrounder: Plasma - Key Facts*: <https://blood.ca/en/media/plasma>; Héma Québec, *Héma Québec: 2017-2018 Annual Report*: www.hema-quebec.qc.ca/userfiles/file/RA2017-2018/RA_2017-2018_EN_2.pdf.

¹⁰ Canadian Blood Services, *Backgrounder: Plasma - Key Facts*.

¹¹ European Commission Directorate-General for Health and Food Safety (2018); Canadian Blood Services, *Backgrounder: Plasma - Key Facts*: “There are growing global risks to the security of the supply of plasma and plasma protein products and we continue to adapt our plasma collection plans to address these risks.”

¹² Canadian Blood Services, “Canadian Blood Services Proposes Ambitious Plan to Ensure a Secure Supply of Canadian Plasma for Immune Globulin,” 24 January 2017: <https://blood.ca/en/media/canadian-blood-services-proposes-ambitious-plan-ensure-secure-supply-canadian-plasma-immune-globulin>

¹³ Héma-Québec, *2017-2018 Annual Report*: www.hema-quebec.qc.ca/userfiles/file/RA2017-2018/RA_2017-2018_EN_2.pdf.

¹⁴ Krever, pp. 956-960.

¹⁵ European Blood Alliance, *EBA Fact sheet on Voluntary Non- Remunerated Donors*; Van der Poel CL et al (2002); Neelam Dhingra (2013).

¹⁶ Centers for Disease Control and Prevention (CDC), *Chronic Wasting Disease (CWD)*: www.cdc.gov/prions/cwd/index.html.

¹⁷ Centers for Disease Control and Prevention, *Variant Creutzfeldt-Jakob disease (vCJD)*: www.cdc.gov/prions/vcid/index.html.

¹⁸ Council of State and Territorial Epidemiologists, *1st Evidence of Intracranial and Peroral Transmission of CWD into Cynomolgus Macaques: A Work in Progress* (10 July 2017):

www.cste.org/page/WebinarLibrary; Centers for Disease Control and Prevention, *Chronic Wasting Disease (CWD) - Transmission*: www.cdc.gov/prions/cwd/transmission.html.

¹⁹ Samia Hannaoui et al, “Chronic wasting disease: Emerging prions and their potential risk” *PLoS Pathog* (2017) 13:11 e1006619:

<https://journals.plos.org/plospathogens/article?id=10.1371/journal.ppat.1006619>.