Presentation to the Canadian Blood Services Board Meeting

June 18, 2026, Fredericton, NB

My name is Tracy Glynn. I am the national director of projects and operations of the Canadian Health Coalition. Based here in Fredericton, I teach sociology of health at St. Thomas University and hold a doctorate in political economy from the University of New Brunswick.

The Canadian Health Coalition believes plasma donations should be voluntary. Our members are nurses, doctors, lab technicians and other health care workers, including unions that represent most Canadian Blood Services employees.

Our coalition believes that to keep our plasma supply safe, we must revert to a voluntary donation system. Most countries strictly prohibit paid plasma. Canada joins only a handful of countries that allow payment for plasma, including the U.S. Quebec and BC have legislation banning paid plasma. In other provinces, Grifols, acting as an agent on behalf of CBS, is allowed to buy plasma.

The World Health Organization and International Red Cross continue to oppose payment for blood and plasma. They advocate for a 100 per cent voluntary, unpaid donation system, citing evidence it yields safer products and eliminates financial incentives that may cause donors to hide transmissible infections.

A 2024 study by Dooley & Gallagher in the prestigious *The Review of Financial Studies* found plasma sellers in the U.S. are often low-income and young. *The Globe and Mail* recently found that paid plasma centres in Canada are more likely to be in regions where income is lower. In Moncton, the Grifols centre is near the Université de Moncton.

There is no conclusive scientific evidence showing paid plasma will not have a negative long-term impact on donors' health, on blood products, and on the patients who need the plasma.

The **precautionary principle** holds that in the absence of scientific consensus, if an action carries a suspected risk of harm, protective measures should be taken without waiting for complete scientific proof. This principle is especially important when it comes to vulnerable populations. It is not the wealthy lining up to sell their plasma at Grifols. It's people with low incomes and those who cannot afford their bills.

The precautionary principle was a key pillar in the Krever Inquiry's recommendations following the investigation of the tainted blood scandal of the 1980s and 90s when people contracted HIV and Hepatitis C through blood transfusions. Allowing paid plasma goes against the Krever Inquiry recommendation that blood and plasma donors **not be paid.** The

Krever Inquiry partly attributed contamination issues of Canada's blood supply to the use of paid, lower-income donor pools in the U.S.

A 2024 systematic review on the impact of frequent plasma donations on donor health in Denmark by Dr. Erikstrup found high frequency donations, such as twice weekly, could cause long-term declines in levels of antibodies and ferritin, a protein that stores iron. He noted the need for large trials to properly assess the health effects. In Denmark, plasma donations are only allowed once every two weeks. Aggressive marketing by Grifols encourages twice a week donations. The ads on my Facebook tell me I could make up to $6,890 in a year from my plasma. CBS only allows eligible donors to give plasma every 6 to 14 days. Why is Grifols' donor frequency different from CBS's?

We are heartbroken by the death of 22-year-old international student Rodiyat Alabede after donating plasma at a Grifols Centre in Winnipeg. Over the 46 minutes that Rodiyat was donating plasma, the donation machine displayed 5 alerts related to her blood pressure and blood flow. Why did none of the alerts result in the donation being terminated? According to the plasma machine's operating manual, it should have. Rodiyat was convulsing for 2 minutes before Grifols staff ended the donation. About an hour later she was dead. We only know this information because Rodiyat's family got it through requests to federal and provincial authorities that were then shared with *The Globe*.

The media has also alerted us to Health Canada finding non-compliance at Grifols sites in Alberta, Saskatchewan and here in New Brunswick – including failure to accurately assess donor suitability, allowing donations outside of required time intervals, and improper handling of donation machines.

Considering reported deaths during the paid plasma donation process, we ask why has the CBS contract with Grifols not been fully disclosed for public scrutiny? Was donor safety and training of staff included in the contract? Has the conduct of Grifols already violated terms of the contract?

CBS operates in the public interest and is responsible for managing the nation's blood supply. We feel CBS has veered too far from the reasons it was created by allowing paid plasma. In conclusion, we argue that CBS should revert to voluntary collection of plasma and end its authorization agreements with Grifols.

What would it take for the CBS board to act – to end paid plasma and disclose the contracts of its agent, Grifols - if not the precautionary principle, WHO guidance, violations at Grifols centres, clear systemic issues and now unexplained deaths?