

Minister of Health



Ministre de la Santé

Ottawa, Canada K1A 0K9

Mr. Ron McKinnon
Chair, Standing Committee on Health
House of Commons
Ottawa, Ontario
Canada, K1A 0A6

Dear Mr. McKinnon,

Pursuant to Standing Order 109 of the House of Commons, I am pleased to respond on behalf of the Government of Canada to the Report of the Standing Committee on Health (HESA), entitled "*The Health of LGBTQIA2 Communities in Canada*", presented in the House of Commons on June 17, 2019.

I would like to thank the Committee for its important and thorough study on the health of LGBTQIA2 Canadians. I want to acknowledge the witnesses who shared their valuable perspectives and lived experiences to inform the report and to help Canadians better understand the lived realities of LGBTQIA2 people in Canada.

The Government of Canada is committed to promoting LGBTQIA2 equality, protecting LGBTQIA2 rights, and addressing discrimination against LGBTQIA2 communities, and agrees with witnesses that LGBTQIA2 individuals should be part of every decision taken regarding their health.

I wish to briefly highlight some of the initiatives the Government of Canada has undertaken to help reduce health inequities among LGBTQIA2 Canadians.

Awareness campaign, training and education

The Government of Canada undertakes communications and engagement activities to raise awareness about public health issues and promote health equity. The importance of stigma and discrimination as drivers of inequitable health outcomes for diverse Canadians, including LGBTQ2+ people, was highlighted in the Chief Public Health Officer's 2019 report *Addressing Stigma: Towards a More Inclusive Health System*.

Canada

The LGBTQ2 Secretariat in Canadian Heritage (PCH) works with LGBTQ2 stakeholders across Canada to inform the government on relevant issues, and works across the federal public service to ensure that matters concerning sexual orientation, gender identity, and gender expression are considered in the development of federal policies, programs and laws. Budget 2021 provided PCH with \$7.1 million over three years (2021-24) to support the work of the LGBTQ2 Secretariat and enable the continued development of Canada's first Federal LGBTQ2 Action Plan. The LGBTQ2 Secretariat maintains a website and social media presence through its @freetobeme_ca Twitter account, which raises awareness of LGBTQ2 days of significance, shares Ministerial messages of support, and highlights federal LGBTQ2 initiatives.

The Pan-Canadian Health Inequalities Reporting Initiative, led by Public Health Agency of Canada (PHAC), analyses and reports evidence of inequalities in health status, health behaviours, and determinants of health for lesbian, gay, and bisexual Canadians (to date, national survey data sources have not been sufficient to report inequalities for gender diverse people). PHAC collaborates on this Initiative with the Pan-Canadian Public Health Network, Statistics Canada, the Canadian Institute for Health Information, and the First Nations Information Governance Centre. Products include a publicly accessible, online interactive Health Inequalities Data Tool, which contains over 100 indicators of health outcomes and health determinants disaggregated across a range of socio-demographic population groups, including sexual orientation, at the national, provincial, and territorial levels. At present, there are 30 indicators in the Data Tool that report data by sexual orientation. There are no indicators at present that report a third gender designation.

The *Government of Canada Five-Year Action Plan on STBBI (2019-2024)* identifies stigma and discrimination as one of its key priority areas. Between 2018-2020, with a \$550,000 investment through PHAC's HIV and Hepatitis C Community Action Fund, the Government of Canada supported the Canadian Centre for Gender and Sexual Diversity to implement a pan-Canadian anti-stigma campaign. Delivered through Pride festivals across Canada, the campaign was aimed at gay, bisexual, queer and Two-Spirit men and transgender people, and focused on reducing HIV-related stigma and increasing knowledge about new effective HIV prevention strategies.

Recently, Budget 2021 announced \$45 million over three years (2021-2024) for Health Canada to fund community-based organizations that improve access to sexual and reproductive health care information and services for Canadians who face the greatest barriers and highest health risks, including members of LGBTQ2 communities. These organizations will support a range of efforts, such as developing inclusive training materials for sexual and reproductive health care providers, working with providers to develop and implement best practices and carrying out public awareness activities.

The Government of Canada is committed to equity for LGBTQIA2 populations as is reflected in the government-wide mandatory use of gender-based analysis plus (GBA+) in all research, program and policy development. GBA+ is a tool to assess the potential impacts of policies,

programs, and initiatives on diverse groups of women, men and non-binary people and to mitigate those impacts. Women and Gender Equality Canada (WAGE) has a mandate to coordinate a whole-of-government approach to strengthen understanding of the intersection of sex and gender with other factors, and will work in close collaboration with its federal partners to develop new digital learning and other resources to promote awareness on sexual and gender diversity.

PHAC, through the HIV and Hepatitis C Community Action Fund, supported the Sex Information and Education Council of Canada (SIECCAN) to revise and update the Canadian Guidelines for Sexual Health Education in consultation with sexual health educators, and with input from expert reviewers. Released by SIECCAN in June 2019 and available online, the Guidelines support educators, program planners, and policy makers in the provision of comprehensive sexual health education. The revised Guidelines are based on core principles that sexual health education be accessible to and inclusive of the identities and experiences of lesbian, gay, bisexual, transgender, queer, intersex, Two-Spirit, non-binary and asexual people, and other emerging identities.

The Committee's report makes recommendations related to the training and education of health care professionals, and sexual education curricula in schools. Provinces and territories have the primary responsibility for establishing educational curricula and training, managing, licensing, and regulating health care professionals. The Government will continue to engage with provincial and territorial governments through existing intergovernmental mechanisms (e.g. the Pan-Canadian Public Health Network) to advance initiatives based on shared priorities in the area of LGBTQIA2 health.

Consultation

The Government of Canada is committed to engaging with people with lived and living experience to inform policy and program development. In developing the government-wide 2018 Policy Direction to Modernize the Government of Canada's Sex and Gender Information Practices, the Treasury Board of Canada Secretariat and the Department of Justice Canada led six engagement sessions were held with gender diverse communities across Canada. The goal was to better understand the impacts of public policy on transgender, non-binary and two spirit individuals in Canada, and to learn about the client experience and impact of current federal practices related to the collection, use and display of sex and/or gender information.

Following the 2016 Census, Statistics Canada undertook consultations, focus groups and individual interviews with cisgender, trans and non-binary individuals. Statistics Canada worked with trans and non-binary individuals, representatives of organizations serving the trans population, academic experts in the measurement of gender identity, as well as many federal departments and some provincial governments. As a result, Statistics Canada developed new variables and classifications to measure the concepts of sex at birth and gender to better reflect how Canadians describe themselves and address information gaps on Canada's trans

population, including the non-binary population. Integration of new questions on sex at birth and gender into Statistics Canada social surveys began in the fall of 2018. Final content of the 2021 Census was announced in July 2020, confirming inclusion of the new sex at birth and gender questions. Based on consultations undertaken in 2020 and 2021, a new statistical standard on sexual orientation and updated questions to measure sexual identity, attraction and behaviour in population surveys are forthcoming later in 2021.

Data Collection

Statistics Canada is reviewing the sexual orientation question (which focuses on sexual identity) that is currently used on national surveys, and is testing additional questions related to the measurement of sexual orientation (i.e., sexual behaviour and sexual attraction). In March 2020, Statistics Canada undertook a targeted consultation on the proposed questions with experts in academia, government departments and select national LGBTQIA2 organizations. To consult with LGBTQ2+ populations, focus groups took place in June and July 2020, followed by broad consultation through the Consulting with Canadians platform (February-March 2021) and one-on-one testing of the proposed questions (March 2021).

Budget 2021 commits to investing \$7.6 million over five years for Statistics Canada to conduct a national survey on sexual and reproductive health. This survey will fill existing information gaps and collect data that can be disaggregated by sexual orientation to help design or refine appropriate sexual and reproductive health supports.

Research funding

The Canadian Institutes of Health Research (CIHR) have invested over \$30 million over the past four years to support research that focusses on the health of LGBTQIA2S communities, and Budget 2021 proposes to provide \$20 million over five years, starting in 2021-22, for CIHR to support a new National Institute for Women's Health Research, which will ensure an intersectional approach to research to tackle persistent gaps for all women, including racialized women, Black and Indigenous women, women with disabilities, and members of LGBTQ2 communities. Furthermore, the CIHR Institute of Gender and Health has identified the health of LGBTQIA2S communities as a key priority in their current strategic plan (2018-2023).

Program funding

To address the unique needs and persistent inequalities faced by LGBTQ2 individuals in Canada, Budget 2019 allocated \$20 million over three years to support the capacity-building and community-level work of Canadian LGBTQ2 organizations. To date, the entirety of this funding has been allocated through the LGBTQ2 Community Capacity Fund to strengthen the infrastructure of more than 75 existing or emerging LGBTQ2 organizations at national, regional

and local levels. In addition, Budget 2021 proposes to provide \$15 million over three years for a new WAGE LGBTQ2 Projects Fund dedicated to supporting community-informed initiatives to overcome key issues facing LGBTQ2 communities.

Target LGBTQIA2 communities within existing public policies and programs

The Government of Canada includes LGBTQ2 populations as a priority group across a range of funding programs. PHAC is helping to address the impact of gender-based and family violence on LGBTQIA populations through several initiatives. The Preventing Gender-Based Violence: the Health Perspective initiative has allocated over \$3million for five projects to address the unique needs of LGBTQIA2 populations (2019 – 2024). Through Supporting the Health of Survivors of Family Violence Investment, PHAC also provided \$500,000 to the Metropolitan Action Committee on Violence Against Women and Children (METRAC) to deliver programming to equip health and social service providers to provide equitable care and support to Two-Spirit, nonbinary, and trans individuals who experienced partner violence (2017-2020).

Budget 2021 investments build on investments made as part of the 2020 Fall Economic Statement, which include launching a comprehensive Violence Prevention Strategy to expand access to culturally relevant supports for Indigenous women, children, 2SLGBTQIA+ people facing gender-based violence. This strategy will support new shelters and transition housing for First Nations, Inuit, and Métis peoples across the country, including on reserve, in the North, and in urban areas. Building on the federal Gender-Based Violence Strategy, Budget 2021 also invests \$601.3 million for WAGE to advance a National Action Plan to End Gender-Based Violence.

PHAC is also supporting projects focused on the mental health of LGBTQIA2 youth through the Mental Health Promotion Innovation Fund (MHP-IF), and a project focused on tobacco prevention and cessation among young adults in LGBTQI2S+ communities through the Healthy Canadians and Communities Fund. PHAC also plans to fund an additional project focused on the unique needs of Black LGBTQIA+ Canadians under the Mental Health of Black Canadians Fund. Through its investment in the pan-Canadian suicide prevention service (CSPS) PHAC is supporting the development of LGBTQ2-specific training standards and resources for CSPS crisis line responders.

In the 2020 Fall Economic Statement, the Government of Canada announced an investment of \$50 million to bolster the capacity of distress centres to address pressures and service demands related to the COVID-19 pandemic. Some of this funding is reaching LGBTQ2 crisis lines. In addition, \$2 million of this funding was reserved for the development of tools and resources to assist distress centres in meeting the needs of diverse and vulnerable populations, including the LGBTQ2 population.

Employment and Social Development Canada's (ESDC) New Horizons for Seniors Program (NHSP) is a grants and contributions program that funds projects that make a difference in the

lives of seniors. ESDC is currently funding three projects through the NHSP which support LGBTQ2+ older adults aged 55 and older. For example, the 'Georgian 2SLGBTQ Seniors Project' (2019-2024) in Barrie, ON received approximately \$3 million to support efforts to engage LGBTQ2+ seniors and help them to increase their sense of belonging and social inclusion.

The Canada Mortgage and Housing Corporation (CMHC)'s National Housing Strategy prioritises the most vulnerable Canadians and recognises that people with intersecting stigmatized or marginalized identities may face additional barriers to housing. WAGE has provided Gender-Based Violence funding to OUTSaskatoon, an LGBTQ2 community centre that also operates a shelter accessible to youth who have been expelled from their homes because of their sexual identity.

Health of Trans people

The Committee's report calls on the government, in collaboration with the provinces and territories and as part of the development of a national pharmacare program, to provide coverage for the cost of hormones required for trans individuals' health. The government is committed to work with provinces, territories and stakeholders to build on the foundational elements of national universal pharmacare already in progress. The government will proceed with its plan to provide ongoing funding for the program for high-cost drugs for rare diseases and engage with willing partners on national universal pharmacare, alongside other health priorities, that can be advanced at the provincial and territorial level.

Sexually transmitted and blood-borne infections (STBBI)

The Government of Canada Five-Year Action Plan on STBBI identifies as one of its key priority areas reaching those who are undiagnosed through increased access to STBBI testing. The Action Plan's commitments under this priority area include facilitating the availability of new testing technologies on the Canadian market and supporting the uptake and integration of new testing approaches in care systems. The Government of Canada will continue to work with manufacturers and stakeholders to provide guidance about the regulatory review process, improve the quality of medical device applications and, ultimately, support the release of new diagnostic technologies in Canada.

The Committee's report calls on the government to encourage the provinces and territories to modify the recommended vaccination schedule for the human papillomavirus (HPV) vaccine to achieve universal coverage, particularly for young men and adult men who have sex with men. The National Advisory Committee on Immunization recommends HPV vaccine for both young males and females, and that it should also be considered for older males and females who are at ongoing risk for HPV. At this time, HPV vaccination programs are in place for both males and females in all provinces and territories in Canada.

Since the *Federal Initiative to Address HIV/AIDS in Canada* and the *Canadian HIV Vaccine Initiative* were introduced (in 2005 and 2007 respectively), the Government of Canada has invested more than \$1 billion to address HIV in Canada. In 2019-2020, the Government of Canada's investments in HIV and other STBBI included \$72.6 million under the *Federal Initiative to Address HIV/AIDS in Canada* and \$8.9 million under the *Hepatitis C Prevention, Support and Research Program*, and \$7 million under the Canadian Drugs and Substances Strategy's Harm Reduction Fund for a total annual investment of \$88.5 million. Additional recent Government of Canada investments include \$45.8M over four years starting in 2018-19 with \$15.1M/year ongoing to increase community based programming to monitor, prevent and treat tuberculosis and STBBI among First Nations and Inuit. In 2019, the Innovative Diagnostics Program at the National Microbiology Laboratory received \$5 million over five years to support STBBI testing in under-served communities, including LGBTQ2, Indigenous, and remote, rural and northern populations, across Canada. The *Government of Canada Five-Year Action Plan on STBBI* will guide the Government of Canada's activities with respect to HIV and other STBBI over the next five years (2019-2024).

Conversion therapy

Bill C-6, *An Act to amend the Criminal Code* (conversion therapy), introduced on October 1, 2020 and currently before Parliament, proposes new conversion therapy Criminal Code offences that would protect the dignity and equality of LGBTQ2 persons in Canada. Conversion therapy is a harmful and inherently discriminatory practice that seeks to make LGBTQ2 persons conform with societal norms. The Government is committed to taking steps to ensure that everyone in Canada feels free and safe to be who they are.

Intersex people

The Government would like to clarify that subsection 268(3) of the *Criminal Code* addresses female genital mutilation (FGM), a serious form of violence against women, not surgeries on intersex children. Specifically, subsection 268(3) clarifies that FGM constitutes aggravated assault and paragraph 268(3)(a) exempts from criminal liability medical practitioners who repair the damage caused by FGM. The provision does not allow for, or otherwise authorize, surgeries on intersex people.

While any surgery performed without the patient's consent constitutes assault, the Government understands that parents may consent to genital normalizing surgeries on their child's behalf, where such procedures are consistent with standard medical practice, and recognizes that stakeholders have expressed the view that such surgeries should be criminalized, until the intersex person is mature enough to consent to such a procedure themselves and provides informed consent. The Government intends to engage all impacted parties to consider their concerns and how best to address them.

Blood, organ and tissue donation

In accordance with the 2019 mandate letter for the Minister of Health, Health Canada continues to support the work of blood operators to implement a behaviour-based model of donation that eliminates the deferral period for men who have sex with men (MSM) and others impacted by current policies and practices. Two separately funded research streams speak to this mandate commitment, which are the MSM Blood Research and MSM Plasma Research initiatives. Neither Health Canada nor the provinces and territories have the authority to mandate a policy change to donor screening requirements except in extraordinary situations when safety issues arise. Canadian Blood Services (CBS) and Héma-Québec (HQ) are required to make submissions to Health Canada for any changes to their processes. The Department must then evaluate and authorize any changes before they can be implemented.

Since 2016, the Government of Canada has reduced barriers preventing MSM from donating blood through several actions. In 2016 Health Canada authorized a reduction of the donor deferral period from 5 years to 12 months. In the same year, the Government of Canada committed \$3 million to CBS for a MSM Blood Research initiative. Funding for 15 projects ended March 2020 and remaining projects are expected to end in 2021. Research funded through the MSM Research initiative informed Health Canada's 2019 decision to authorize a further reduction in the deferral period (from 12 months to 3 months). In 2019, the Government of Canada committed \$2.4 million to CBS for a MSM Plasma Research initiative to investigate whether MSM plasma donation without deferral is feasible. Projects received funding in 2020 and results are expected in 2022.

Findings from both the MSM Research and MSM Plasma initiatives will provide CBS with important information on the viability of further reductions in the deferral period and/or a move to behavioural screening of MSM blood and/or plasma donors. Additionally, following a United Kingdom announcement in late 2020 to adopt behavioural-based blood donation screening practices by mid-2021, CBS has advised that it will examine this decision, continue to monitor developments, and apply appropriate evidence to the Canadian context.

As demonstrated by these investments and initiatives, the Government of Canada is strengthening its commitment to promoting LGBTQIA2 equality, protecting LGBTQIA2 rights, addressing discrimination against LGBTQIA2 communities, and reducing health inequities experienced by LGBTQIA2 Canadians.

Thank you,



Honourable Patty Hajdu
Minister of Health

