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Date: Friday, December 14, 2018

**Re: British Columbia Treatment Guidelines: Sexually Transmitted Infections in Adolescents and Adults (2014)**

Dear Dr. Tyndall,

I am Andrew Sorfleet, and I am president of Triple-X Workers' Solidarity Association of British Columbia. Triple-X is a nonprofit association incorporated in British Columbia since 2012. We became Canada's first registered Triple-X workers' labour organization in 2014 when our bylaws were amended to define membership exclusively for persons 18 years of age and older who have agreed to the direct exchange of sexual stimulation for financial compensation within the previous six months, who consider themselves Triple-X workers, who use protection appropriate to the service provided, and who intend to continue to work in the Triple-X industry.

I am writing to you on behalf of our Triple-X board of directors regarding the British Columbia sexually transmitted infections guidelines. In particular, we are concerned not with B.C.'s guidelines as such, rather the Public Health Agency of Canada's (PHAC) Canadian Guidelines on Sexually Transmitted Infections which the BCCDC endorses and encourages health practitioners to consult:

“...clinicians are encouraged to consult the full document (Canadian Guidelines on Sexually Transmitted Infections) for more details, including diagnostics.”

(<http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/sexually-transmitted-infections>)

I note that a member of your staff, Senior Scientist Gina Ogilvie at the BCCDC clinic, is listed as a member of the Expert Working Group for the Canadian Guidelines on Sexually Transmitted Infections (2010).

*page 1 of 2.*

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As of June 2018, the Triple-X certification mark was registered with Innovation, Science and Economic Development Canada. Section 4 of the Defined Standard enshrines the BCCDC Guidelines as a best practice for certified workers, ensuring:

“... that they are qualified to: a) assess risks for sexually transmitted infections (STIs); and  
b) ensure best practices in STI prevention are followed appropriate for the service provided according to BC Centre for Disease Control guidelines.”

Triple-X is very concerned about Section 6-7 “Specific Populations—Sex Workers” of the Canadian Guidelines (pp. 399-404), in particular the ambiguities in the definition of “sex worker,” the preconceptions and prejudices in the “epidemiology” section, and the unsubstantiated assertion that sex workers in Canada are at higher risk for HIV and STIs than the general sexually-active population.

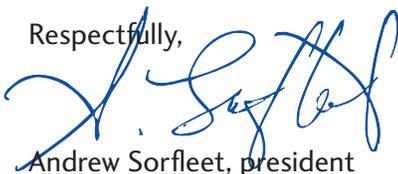
Triple-X feels that this section which targets “sex workers” as a population -- instead of tackling risky activities -- is damaging to the reputation of those working in the sex industry. It is harmful as it perpetuates age-old stigma and prostitute pathology stereotypes.

Triple-X has written a letter to Canada’s Chief Public Health Officer, Dr. Theresa Tam, detailing our concerns with the Canadian Guidelines (enclosed).

I am writing to you and to the B.C. Centre for Disease Control with the hope that you can support us in our request to have the Canadian Guidelines regarding sex work removed and reviewed using a process that centres the voices of those working in the sex industry. In this way, PHAC could instead counter prostitute pathology stereotypes held by many clinicians and better achieve its public health goals.

Thank you for your time and consideration in this matter. We are hopeful for your support.

Respectfully,



Andrew Sorfleet, president

(Enclosure)