



# **Sex, Scandal and Scapegoats: Canada's Blood Donation Ban for Selling Sexual Services**

**Submission to Health Canada regarding the  
Application by Canadian Blood Services for a one-year  
donation deferral for people selling sexual services**

Andrew Sorfleet

Triple-X Workers' Solidarity Association of British Columbia

July 2022



**Stand together with us  
to determine the terms  
of Triple-X work.**



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**Contents**

Did you know? ..... 1

Why are sex workers angry? ..... 2

What do we want? ..... 2

Why donate blood? ..... 5

What makes behaviour “high-risk”? ..... 6

What makes a population “key”? ..... 6

Sexual services and sexually transmitted infections ..... 7

HIV/AIDS History: Canada’s blood safety tragedy. .... 10

Advances in blood testing methods. .... 12

Human Rights History: Discrimination and sexual identity ..... 12

Ending Canada’s “gay blood ban” ..... 14

Blood donation policies in other countries. .... 16

Conclusions: Science not scapegoats ..... 19

Step in the right direction? Canadian Blood Services moves to end lifetime donation ban for people selling sex. .... 20

Triple-X Workers’ Solidarity Association of British Columbia ..... 22

Notes ..... 23

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**Did you know?**

In Canada currently, if you have “traded sex for money or drugs since 1977,” there is a lifetime deferral from donating blood. You also cannot donate blood if, “in the last 12 months you have had sex with a sex trade worker or anyone else who has taken money or drugs for sex.”<sup>1</sup>

The ban on blood donations from people who sell sexual services has been in place since 1992, when Health Canada and the Canadian Red Cross Society introduced regulations to exclude blood donations from “any man who had sex with another man, even once since 1977,” as well as “a person who has taken money or drugs for sex since 1977,” or “a person who has used intravenous street drugs.”

Between 1980 and 1985, at least 2,000 recipients of blood and blood products were diagnosed with Human Immunodeficiency Virus (HIV). Another 30,000 transfusion recipients were infected with hepatitis C virus (HCV) between 1980 and 1990.

On May 27, 2022, Canadian Blood Services issued a media release announcing that the indefinite deferral on blood donations for trading sex for money would be reduced to one year:<sup>2</sup>

*“A recent submission to our regulator, Health Canada, proposes changes to several blood donor eligibility criteria areas, for which we have gathered evidence. ...It also seeks to reduce the waiting period for individuals who have accepted money or drugs in exchange for sex. We have reviewed the current criterion that prevents anyone who has received money or drugs in exchange for sex even once since 1977, from donating blood or plasma. Current evidence and available testing technology*

do not support such a policy. We are seeking to shorten the existing deferral, from a lifetime one to a 12-month waiting period. We would aim to implement this change later this year, pending approval from Health Canada.”<sup>3</sup>

## Why are sex workers angry?

“Sex worker” is a broad term that includes a variety of definitions. In instances where occupation can become a defining factor of one’s identity (think of doctors, teachers, or lawyers), people may consider themselves “sex workers,” even if they have not practiced the work in many years. “Sex worker” is an inclusive term that captures sex industry-related work that may or may not involve physical contact from “cam” workers and content providers who generally work alone and sell video content via webcams, to therapeutic sexual surrogates, full-service providers, escorts and independent companions.

All professional sex workers take pride in the safety of the services they offer. As a result, clients can feel confident that there is no risk for a sexually transmitted blood-borne infection (STBBI). Safe sex professionals insist on cleanliness (for example, requiring clients to shower on site), visual inspection of the client, and consistent and proper use of condoms and lubricant without exception. Many sex workers report (on their social media accounts) their regular STBBI testing routines.

At issue for Canada’s sex work communities is that Canada’s national agency governing the blood supply is imposing **any** deferral period based on a **commercial activity** rather than **sexual activity**.

## What do we want?

1. Triple-X Workers’ Solidarity Association of B.C. demands Health Canada and Canadian Blood Services remove all questions regarding sexual services transactions as a basis for eligibility for donating blood. Sexual activity, not commercial activity, contributes to increased risk of sexually transmitted blood-borne infection (STBBI). Questions need to focus on sexual acts only.
2. Health Canada and Public Health Agency of Canada must acknowledge the very low STBBI transmission risks associated with professional sexual services provided in workplace settings.

3. Triple-X demands the Public Health Agency of Canada remove “people engaged in the sale or purchase of sex” from the list of “key populations disproportionately affected by STBBI” in *The Pan-Canadian Framework for Action: Reducing the Health Impact of Sexually Transmitted and Blood-Borne Infections in Canada by 2030* (p. 4). There is no epidemiological evidence to support such a claim in Canada.
4. Triple-X asks Health Canada and Public Health Agency of Canada to endorse and advocate for the decriminalization of the purchase of sexual services. Occupational health and safety, and sex workers’ role in the safe sex education of their clients, are important avenues to promote STBBI prevention.

“Whores are safe sex pros. We’re the ones who put the condoms on the guys. We’re the ones who do the education. And what do we get for it? At conferences like this all we get is shit on. ‘Prostitutes are spreading AIDS.’ That’s bullshit! As I said the other day, if that were true, half the government would be dead already.”

~ Valerie Scott, Canadian Organization for the Rights of Prostitutes at 5th International AIDS Conference, Montreal, July 1989<sup>4</sup>



Valerie Scott, Canadian Organization for the Rights of Prostitutes. Photo: Konnie Reich



In January 2019, the Public Health Agency of Canada (PHAC) removed the chapter, “Specific Populations – Sex Workers” from the *Canadian Guidelines on Sexually Transmitted Infections (2010)* (CGSTI), following an exchange of correspondence between Triple-X and Chief Medical Health Officer, Dr. Theresa Tam. According to Dr. Tam: “The revised guidelines focus on the diagnosis, treatment and follow-up of STBBI based on behavioural risk factors and not population groups. The referenced CGSTI “Sex Workers” chapter is outdated and will be removed.”<sup>5</sup>

Unfortunately, PHAC’s new policy guidelines, *The Pan-Canadian Sexually Transmitted and Blood-Borne Infections (STBBI) Framework for Action (2018)*, continues to stigmatize involvement in commercial sexual services for increased risk for sexually transmitted infections.<sup>6</sup>

According to Dr. Tam, in a subsequent letter in April 2019: “This population, along with others, was identified as disproportionately affected by STBBI, as there is greater potential for other associated high-risk behaviours such as condomless sexual activity or injection drug use.”<sup>7</sup> This assertion, based on scant evidence, that sex workers generally are high risk for STBBI transmission perpetuates prejudice and stigma within the public health and health care sectors as well as the general public—including clients.<sup>8</sup>

Even though PHAC is switching from “population group” to “behavioural risk factor,” the selling of sexual services remains listed as a “behavioural risk.” Providing sexual services is not “behaviour.” It’s a commercial enterprise—a business, a profession, a job—with long-standing workplace safety practices.<sup>9</sup> The baseless assumption that this commercial activity inherently or potentially includes behaviours at high-risk for STBBI infection is a direct barrier to law reforms that would allow sexual services businesses to operate legally. And, therefore, this is also a barrier that keeps sex workers from forming professional associations and unions.<sup>10</sup>

Blood donation eligibility policies that require individuals not to provide sexual services for compensation for a set period of time before they can donate blood are oppressive, because they imply that sex workers must leave the sex industry in order to be socially acceptable.

**“Not desperate enough to allow sex workers to donate blood either. Is my blood not the same quality as a civilian’s?”**

~ Mara White, @maramasseuse, Twitter, August 3, 2021<sup>11</sup>

## Why donate blood?

**“Earlier I referred to the beneficence of the generous group of Canadian blood donors who are the heart of the blood system. All members of Canadian society, and not merely the direct beneficiaries of their generosity, owe the donors a debt that can never be repaid. They are truly life savers.”**

~ Honourable Commissioner Judge Horace Krever, November 1997<sup>12</sup>

Some people decide to donate because of a sense of civic responsibility. For some, donating blood is a truly charitable and altruistic act. As the old slogan says, “Give the gift of life.” Some people choose to donate blood because of close personal feelings. One might have once needed blood during a life-threatening emergency. Or, as this companion explains, a person may have had a relative or loved one whose life was saved because of blood donated by others.

*“When I was 12, on the way to get groceries with my Grammy and my little sister, we were in a very intense car accident. My little sister and I were alright, as we were securely in the back, but Gram was not. She would not have survived if it weren’t for the blood donated by so many generous strangers. When I learned where the blood that saved her life came from, I knew that the only way that I could thank the people who saved my Gram would be to donate blood. On my 16th birthday (the minimum age to donate at the time), instead of heading to the DMV to write my driver’s licence, I was at the Red Cross donating blood. From then until I turned 22 and left for the military, I was never more than a week longer than the minimum waiting period between donations.*

*“While I was in the military, I was stationed to an extremely remote location, and blood donation just wasn’t possible. When I retired, I became a sexual surrogate for people who are unable to find a partner via traditional routes due to ableism. Because of this, I am deemed less than and am unable to return to making regular donations. I don’t do drugs. I don’t have unprotected sex. I get routinely tested for STIs (minimum quarterly) and have never had a positive result for anything. And due to the current pandemic, I have not worked in over three months, but I’m still ineligible.”*

~ Ms. Cherry Soda, Email letter to Canadian Blood Services, May 2020<sup>13</sup>

## What makes behaviour “high-risk”?

“Just because I might engage in sex work, you’re then assuming that I’m engaging in risky sexual behaviour. Or you’re assuming I’m engaging in intravenous drug use, and that’s so far from the case.”

~ Lanna Moon, #SWPrEP Conference, October 2016 <sup>14</sup>

On December 15, 2021, Canadian Blood Services announced that it had recommended new guidelines to its regulator, Health Canada, with the goal to stop asking men if they’ve had sex with another man and instead focus on high-risk sexual behaviour among all donors. One of the changes would include asking all donors about recent anal sex with new or multiple partners, regardless of gender or sexual orientation, “to precisely and reliably identify those who may have a transfusion-transmissible infection.” <sup>15</sup>

“Sexual behaviour, not sexual orientation, determines the risk of sexual transmission of blood-borne pathogens,” said Dr. Isra Levy, Canadian Blood Services’ vice-president of medical affairs at the organization’s December 3 board meeting. <sup>16</sup>

## What makes a population “key”?

“... Sex workers have always been safe sex pros well versed in disease and pregnancy prevention well before HIV/AIDS. It’s literally a working condition, not an afterthought.”

~ Ryan Conrad, “Pride Whores, Whore Pride,” June 29, 2022 <sup>17</sup>

There are numerous research reports that men who have sex with men (MSM) in Canada have a significantly higher HIV prevalence than the rest of the population. According to a CATIE 2015 Factsheet, the HIV incidence rate was 443 per 100,000 MSM, and was 6.2 per 100,000 men who do not have sex with men. Based on these 2011 Public Health Agency of Canada (PHAC) statistics, men who have sex with men in Canada were 71 times more likely to get HIV. The 2011 national HIV report estimated there were 369,500 MSM in Canada—2.6 per cent of the Canadian population 15 years and older. <sup>18</sup>

In 2017, men who have sex with men accounted for 46.4 per cent of the 2,402 new HIV cases reported in Canada. <sup>19</sup> Canada signed on to UNAIDS’ 90-90-90 HIV targets by 2020 (90 per cent of all people living with HIV know their status; 90 per cent of

those diagnosed receive antiretroviral treatment; and 90 per cent of those on treatment achieve viral suppression). <sup>20</sup> According a Public Health Agency Canada report, *Estimates of HIV incidence, prevalence and Canada’s progress on meeting the 90-90-90 HIV targets 2018*, published in 2020:

*“Among the estimated new infections in 2018, an estimated 1,109 were among gay, bisexual and other men who have sex with men (gbMSM), representing just under half (49.5 per cent) of all new HIV infections in 2018, despite representing approximately 3-4 per cent of the Canadian adult male population.”* <sup>21</sup>

**There are no such statistics for HIV rates among sex workers in Canada.** In Appendix 2, “Key populations used for the national estimates of HIV incidence and prevalence,” of the 2020 PHAC report, nowhere does it list “sex workers.” For comparison, the Joint United Nations Programme on HIV/AIDS (UNAIDS) 2021 Global AIDS Update figures for “new HIV infections by population group” in Central and Western Europe and North America show that only 0.4 per cent of all new infections in these regions were sex workers. <sup>22</sup>

What there is instead, is the public health perception that sex workers are universally at higher risk for HIV. This has been reflected in the Public Health Agency of Canada’s policy framework and risk assessment guidelines <sup>23</sup> with no scientific basis: that selling sexual services in Canada presents a high-risk for STBBI infection. <sup>24</sup>

## Sexual services and sexually transmitted infections

“I sort of feel that we can’t really advertise that our members are providing fully safe services when the Public Health Agency of our country is saying that we’re more likely to have STDs than anyone else. Which really means we’re more likely to transmit STDs. ... It is a stigma.”

~ Andy Sorfleet, *The Georgia Straight*, July 21, 2020 <sup>25</sup>

In August 2021, Canadian Blood Services reinforced these baseless public health assumptions on Twitter:

*“Having sex in exchange for money or drugs is associated with an increased risk of acquiring sexually transmitted infection such as HIV. Public Health reports have shown increased prevalence of HIV and other sexually transmitted infections among sex workers. ^SK”* <sup>26</sup>

First, there are no reliable population estimates for sex workers in Canada. Where there are statistics, for example in HIV research findings, the sample sizes are usually small, meaning there are not large numbers of participants in the studies; participants are recruited through referral or word of mouth; and it is not possible to isolate the sale of sexual services as the sole risk for HIV transmission. This inadequacy in the available data makes it impossible to truthfully state that sale of sexual services demonstrates an increased risk for STBBI. This criticism of the research has been made repeatedly by a number of prominent and respected social science researchers in Canada.

For example, here are excerpts from a lengthy exchange between Eric Druyts, Robert Hogg and Julio Montaner, the authors of an HIV/AIDS report from the B.C. Centre for Excellence in HIV/AIDS, and commenters in the *Harm Reduction Journal*, March 2009. The report estimated that the HIV prevalence for female sex workers in Vancouver in 2006 was 26 per cent:<sup>27</sup>

Michael Goodyear, Dalhousie University commented:

*“While it is true that of the three groups studied, the estimated prevalence rates for 2006 were 15 [MSM], 17 [IDU] and 26 per cent [FSW], the FSW represented a tiny proportion, and were almost completely confounded with IDU. Furthermore these were not representative samples but convenience samples from women seeking assistance at outreach centres, and are likely to be overestimates. Of course IV drug-using survival sex workers from the DTES are highly unrepresentative of Vancouver’s sex worker population.”*<sup>28</sup>

The authors of the report, Eric Druyts, Robert Hogg and Julio Montaner replied:

*“We acknowledge that prevalence estimates are rarely perfect and are limited by uncertainty surrounding population size and potential biases inherent in source data. We would like to clarify that the estimate of HIV prevalence among female sex workers in 2006 is based on data collected among survival sex workers predominantly located in Vancouver’s Downtown Eastside, who live in poverty and all who inject and/or smoke illicit drugs. This estimate therefore does not reflect indoor sex workers, such as sex workers in establishment-based venues, bars, or escort services. We are fully aware that female sex workers in Vancouver do not constitute a homogeneous group.”*<sup>29</sup>

Cecilia Benoit from the Centre for Addictions Research of B.C. added:

*“The underlying methodological problem is that most sex work research is carried out with sub-groups and typically involves small samples—often involving fewer than 50 respondents—recruited from a particular area of a city or metropolitan area (Benoit and Shaver, 2006). To date, we know little about how sex workers’ health status, including drug use and prevalence*

*rates of HIV/AIDS, varies by gender, work venue and location within and as well as across geographical settings. Without such knowledge, it is virtually impossible to develop evidence-based interventions to reduce risk and promote the health, safety and well-being of male, transgendered, as well as female sex workers in the long term. Without reliable generalizable data, moreover, researchers are in danger of perpetuating myths about the typical sex worker—almost always seen as a female prostitute—who tends to be variously and sometimes simultaneously cast as victim of abusive circumstances, illicit drug addict, wanton entrepreneur, and vector of disease.”*<sup>30</sup>

Goodyear responded:

*“Even the definition of sex worker requires careful consideration, since an act does not define a person. Much of sex work is private, invisible, and a part-time occupation across a very diverse background of education, and professional lives. By default then researchers have focussed on the more visible parts of the spectrum of sex work. ... representative sampling [is] virtually impossible. Therefore very close attention to sampling, context, and the framework in which responses are elicited is required, and any inferences require strict limitation to the sampling frame used. Demographic characteristics can, for instance, vary widely from neighbourhood to neighbourhood within the same community. (Bernstein 1999, Porter and Bonilla, 2000)”*<sup>31</sup>

According to the British Columbia Centre for Disease Control (BCCDC), *Estimation of Key Population Size: Final Report (2016)*, selling sex could not be isolated as the sole risk factor in HIV sero-conversions where sex work was reported:

*“In fact, a sex worker study conducted in Victoria (n=201 adult sex workers aged ≥ 18 years, including 160 female, 36 male and 5 transgender individuals) has shown that condom use with clients among sex workers exceeds 90 per cent, indicating that professional sexual services are performed safely in an occupational setting.”*

*“However, there are individuals engaging in survival sex work or transactional sex in informal settings who may not identify as sex workers. These individuals may be faced with other issues such as poverty, violence (including intimate partner violence) and drug addiction that increase their risk for HIV/HCV acquisition. Therefore, for the purpose of HIV/HCV programming, a clear definition of a priority population based on behaviour and context that impose risk, rather than a general identification with a group, is needed.”*<sup>32</sup>

The BCCDC is the provincial health authority and questions people who test HIV-positive about whether sex work was a risk factor in their infection. The BCCDC Surveillance Team performed an analysis on new HIV diagnoses in B.C. from 2006 to 2015. The report noted that 100 per cent of those who reported sex work also reported injection drug use:



“Historically, it has been assumed that sex work plays an important role in the heterosexual and same-sex transmission of HIV ...the project team requested the BCCDC Surveillance Team to perform an analysis on new HIV diagnoses among men and women in B.C. from 2006-2015 to determine what proportion of these cases reported sex work as a potential risk factor. We found that the number of women diagnosed with HIV and who reported sex work declined from 22 and 26 individuals in 2006 and 2007 to only two and one individual in 2014 and 2015. Injection drug use was also reported by 33 per cent—100 per cent of these women [who also reported sex work] over the same period.”<sup>33</sup>

## HIV/AIDS History: Canada’s blood safety tragedy

On July 3, 1981, *The New York Times* first reported “Rare Cancer Seen in 41 Homosexuals.”<sup>34</sup> Ten new cases of *Pneumocystis carinii* pneumonia and 26 cases of Kaposi’s sarcoma diagnosed in homosexual men in the United States were reported that month in *Morbidity and Mortality Weekly Report*. In 1982, the first report of a homosexual man in Canada infected with *Pneumocystis carinii* pneumonia was reported in *Canada Diseases Weekly Report*. In July 1982, three hemophiliacs in the United States who had been treated with factor VIII concentrate were diagnosed with *Pneumocystis carinii* pneumonia. And in August, eight cases of AIDS were reported to the Health Protection Branch in Canada.<sup>35</sup>

Between 1980 and 1985, at least 2,000 recipients of blood and blood products were diagnosed with HIV. Another 30,000 transfusion recipients were infected with hepatitis C between 1980 and 1990. About 8,000 of those who received contaminated blood products were expected to die as a result. Some blood products were also sent abroad, infecting people in Japan, Germany, and Britain.

In October 1993, the federal government commissioned the Commission of Inquiry on the Blood System in Canada. The Honorable Commissioner Judge, Horace Krever, released the Commission’s final report November 21, 1997, with 50 recommendations. Over 400 witnesses—provincial authorities, health officials and individuals infected by contaminated blood products—testified before both provincial and national hearings. The Krever Inquiry report also provided an examination of other countries with comparable federal blood systems. Recommendations included a no-fault compensation system under the responsibility of the provinces and territories.<sup>36</sup>

Krever’s findings were damning. Spending restrictions delayed testing for HIV. Testing that would have identified almost 90 per cent of hepatitis C cases was also not used to save costs. Blood from “high-risk” donors wasn’t screened for fear of blood shortages. Plasma

was imported from “high-risk” settings such as U.S. prisons and San Francisco. In addition to many more findings, the Canadian Blood Committee also destroyed key documents containing information about such decisions.

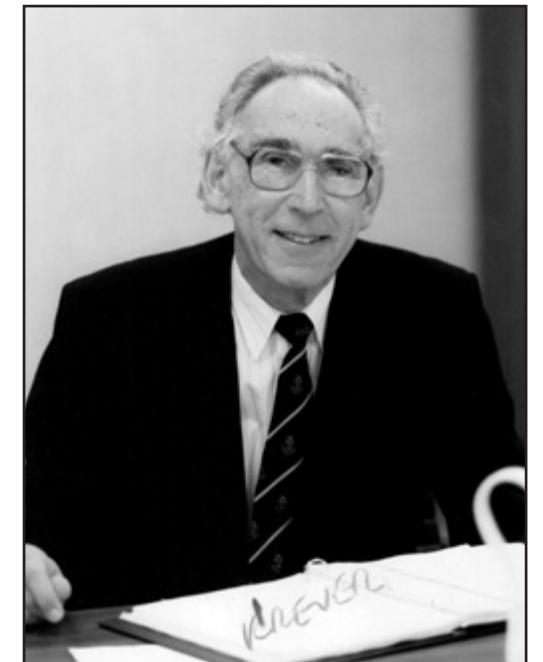
Giving blood, with its roots in the wartime effort, had an almost mythical status in Canada. More than 300,000 Canadians gave blood every year. As reports of Canada’s contaminated blood scandal became publicly widespread, blood donations dropped off markedly. Public trust in Canada’s public health authorities was undermined.

The Krever Inquiry Commission resulted in a Supreme Court challenge on whether the Commission had jurisdiction to make findings of misconduct under the *Inquiries Act—Canada (Attorney General) v. Canada (Commission of Inquiry on the Blood System)* 1997.<sup>37</sup> The ruling redefined the role of public inquiries and created a factual framework to be used by criminal investigators. Five years later, police laid 32 criminal charges against senior scientists at Health Canada, the Canadian Red Cross Society and Armour Pharmaceutical Company. In 2005, the Canadian Red Cross pleaded guilty to distributing blood contaminated with HIV and hepatitis C.

The Canadian Red Cross Society was relieved of the blood program that it had been operating for over 50 years. The Canadian Blood Commission was dissolved. An independent arm’s-length agency, Canadian Blood Services (CBS), was created in 1998 to manage inventory through a national supply chain, and Health Canada’s Bureau of Biologics (responsible for monitoring blood safety) was restructured. Quebec created its own agency, Héma-Québec.

The Krever Inquiry Report is considered possibly the most influential report on public health in Canada’s history. A key theme was importance of our public health administration’s role in protecting Canadians’ health. The 50 thoughtful recommendations resulted in a complete restructuring of Canada’s blood supply system.

A main principle of public health is that action to reduce risk should not wait for scientific certainty. There was reasonable evidence that serious infectious diseases could be



Judge Horace Krever, 1995  
Photo: Ken Faight, Toronto Star



transmitted by blood transfusion. But decision-makers had waited for scientific certainty before implementing measures that would have prevented this national public health disaster.

Other countries also suffered similar HIV and hepatitis C contaminated blood system failures. As with Canada, new stringent precautionary safety measures resulted. For example, in the United Kingdom, blood donations from individuals who previously received a blood transfusion are not accepted in order to prevent any possibility of transmission of Creutzfeldt–Jakob (“mad cow”) disease.<sup>38</sup>

**Advances in blood testing methods**

In 2001, Canadian Blood Services (CBS) introduced Nucleic Acid Testing (NAT) for HIV. This highly sensitive method of testing blood is now used to test every blood donation for HIV-1, hepatitis C and B viruses and West Nile Virus. The NAT test can detect these viruses within approximately nine days after infection.<sup>39</sup> Older testing methods used might not detect HIV and HCV for up to three months. This is called the “window period.”

As part of a multi-tiered safety protocol, all blood donors are screened using an infection risk assessment questionnaire that includes questions about sexual activities and behaviour. This is to ensure that blood donors have not been at risk of STBBI infections that might not be detected with blood testing methods. If a sample from a blood donation is detected as positive there is additional confirmatory testing. If the sample is ultimately determined to be positive, CBS notifies the donor, provides the information to the donor’s physician if required, and disposes of all products from that donation.<sup>40</sup>

**Human Rights History: Discrimination and sexual identity**

All government services, departments and agencies in Canada—whether federal, provincial, territorial, regional or municipal—must respect the rights and freedoms guaranteed in the Constitution’s *Charter of Rights and Freedoms*. Provision 15(1) of Canada’s *Constitution Act (1982)* guarantees freedom from discrimination:

*“Everyone is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination, and in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age, or mental or physical disability.”*<sup>41</sup>

In 1980, The Canadian Association of Gays and Lesbians testified before the Parliamentary Special Joint Committee on the Constitution, but they were unsuccessful

getting sexual orientation included in the Charter. It wasn’t until May 1995 that the Supreme Court of Canada ruled that “sexual orientation” is a ground of discrimination under the Canada’s *Charter of Rights and Freedoms*, in the case of *Egan v. Canada*.

That battle began in 1987 when Jim Egan and Jack Nesbit were denied the spousal allowance benefit provided under the *Old Age Security Act*, by Health and Welfare Canada. Egan and Nesbit had been a same-sex couple for almost 40 years and met all the criteria for the benefit. Egan and Nesbit took Health and Welfare Canada to Federal Court, claiming that the definition of “spouse” discriminated on the grounds of sex and sexual orientation. The Federal Court dismissed the case, stating that Egan and Nesbit’s relationship was “not a spousal one.” Egan and Nesbit appealed and the Federal Court of Appeal upheld the lower court ruling in 1993. Then Egan and Nesbit filed an application to appeal to the Supreme Court of Canada (SCC). The Supreme Court dismissed the appeal, but while doing so the SCC also ruled that discrimination on the basis of sexual orientation does violate s.15(1) of Canada’s *Charter of Rights and Freedoms*.<sup>42</sup>



Jack Nesbit (left) and Jim Egan in *Heritage Minute*. Photo: Ali Kazimi, David Adkin Productions, courtesy of the Canadian Lesbian and Gay Archives

## Ending Canada's "gay blood ban"

In 1992, after thousands of Canadians were infected with HIV and hepatitis C through contaminated blood products, Health Canada and the Canadian Red Cross Society introduced regulations to exclude blood donations from "any man who had sex with another man, even once since 1977," as well as "a person who has taken money or drugs for sex since 1977," or "a person who has used intravenous street drugs."<sup>43</sup> As a result of the Krever Commission into contaminated blood products, a new arms-length agency, Canadian Blood Services (CBS) was established in 1998 to take over management of Canada's national blood supply.

The lifetime deferral for men who had ever had sex with another man ended in 2013, when CBS updated their eligibility policy to allow donations from men who said they had abstained from sex with other men for five years. In 2016, CBS updated their eligibility criteria again, dropping the five-year deferral period for men who had sex with men to one year. However, the indefinite deferral for those who traded sex for money or drugs remained unchanged.

Under the updated rules, transgender women who had undergone gender-confirming surgery also had to wait one year before donating blood, at which time CBS would identify them as women. Transgender women who had not had the surgery however, were still considered male and subject to the rules applied to men who have sex with men.<sup>44, 45</sup> Transgender women were considered a high-risk group under the new policy due to high HIV prevalence that estimated that 27.7 per cent of transgender women in Canada were living with HIV.<sup>46</sup>

In 2016, a lawyer, Christopher Karas filed a human rights complaint against Health Canada, claiming the Canadian Blood Services policy prohibiting donations from men who have had sex with men in the previous year was discrimination on the basis of sexual orientation.<sup>47</sup>

In 2019, the Canadian Human Rights Commission ruled that preliminary evidence indicated a regulatory relationship between Health Canada and Canadian Blood Services, and for the case to move forward for an inquiry by the Canadian Human Rights Tribunal.

The Attorney General of Canada, on behalf of Health Canada, filed for a judicial review of the Human Rights Commission's decision in Federal Court. The government argued that Health Canada has no legal authority over CBS, and has never directed the arms-length agency's blood donation policies. Health Canada's Bureau of Biologics only reviews CBS policies and procedures to monitor blood safety.<sup>48</sup>

Meanwhile, the Community-Based Research Centre for Gay Men's Health (CBRC) criticized the one-year deferral for men who have had sex with another man as "discriminatory and unscientific." In August 2018, CBRC announced that it had received funding from Canadian Blood Services for its "SexNow Survey," to collect finger-prick blood samples from survey respondents, to be sent anonymously to CBS. Willing respondents were recruited at events such as Capital Pride in Ottawa, where the CBRC expected to collect up to 500 blood samples.<sup>49</sup> The 2018 national "SexNow Survey" included questions on blood donation and the anonymous blood samples were tested to estimate prevalence of undiagnosed blood-borne infections.<sup>50</sup>

In December 2018, Canadian Blood Services and Héma-Québec formally requested that Health Canada further reduce this period from one year to three months. On May 8, 2019, Health Minister Ginette Petitpas Taylor announced that the blood-donation deferral period for gay and bisexual men would drop from 12 months to three.

"Today, we're taking a major step towards a fair, evidence-based blood-donation system by reducing the deferral period to three months and moving towards behavioural-based screening," Petitpas Taylor said.<sup>51</sup>

The Liberal Party of Canada promised they would end the "discriminatory" ban on blood donations in both the 2015 and 2019 federal elections. In 2019, Canadian Blood Services and Héma-Québec, with funding from Health Canada, supported 15 research projects investigating alternative screening approaches for blood and plasma donors.<sup>52</sup>

In June 2021, Federal Court Justice, Richard Southcott ruled that the Human Rights Commission decision to forward Karas's human rights complaint for a Human Rights Tribunal inquiry was valid. Southcott dismissed the federal government's claim that Health Canada had no authority with regard to the CBS blood donation eligibility deferral period policy for men who have had sex with men.<sup>53</sup>

In October 2021, Canadian Blood Services announced that specialized facilities in Calgary and in London are now accepting source plasma donations from men who have had sex with men if they have not had a new sexual partner in the last three months, and if their partners also have not had sex with another partner during that period. There is also 60-day return donation and testing requirement from Health Canada before the plasma can be used.

According to Canadian Blood Services CEO Graham Sher, "This is an important step toward our goal of removing the waiting period for gbMSM donors and using sexual behaviour-based screening for all donors instead."



## Sex Worker Safe Sex Education in Canada: 1985 to 1995

*“The current criteria are based on a broad statistical picture of risk, but of course not all individuals within a group are the same. ... This is part of the reason we are working toward a new way of screening donors that looks at the risks of specific sexual behaviours.”*<sup>54</sup>

On December 15, 2021, Canadian Blood Services announced new guidelines pending approval from Health Canada.<sup>55</sup> Health Canada said it aims to review the submissions within 90 days.<sup>56</sup> If approved, the new CBS blood donation eligibility policy would no longer question men if they’ve had sex with men.<sup>57</sup> Instead, questions would focus on high-risk sexual activities such as anal sex with new or multiple partners regardless of potential donors’ gender or sexual orientation, “to precisely and reliably identify those who may have a transfusion-transmissible infection.” According to Canadian Blood Services vice-president of medical affairs, Dr. Isra Levy: “Sexual behaviour, not sexual orientation, determines the risk of sexual transmission of blood-borne pathogens.”<sup>58</sup>

On April 28, 2022, Health Canada announced that it was ending the policy banning blood donations from men who have sex with men beginning September 30, 2022. “It’s been a long time coming,” Prime Minister Justin Trudeau told reporters, “The current approach was discriminatory and wrong. ... It is frustrating that it took this long.”<sup>59</sup>

“The blood ban has been a type of public policy that has contributed a lot of stigma, misinformation, and ignorance about our communities. ... The fact that the policy existed was used to legitimize hate and discrimination towards our communities.”

~ Micheal Kwag, Acting Director, Community Based Research Centre, May, 2022<sup>60</sup>

### Blood donation policies in other countries

Most high-income countries have relaxed their deferral policies for men who have sex with men in recent years. In most jurisdictions (including Canada) a permanent ban on blood donation for men who have sex with men has been replaced with a one-year deferral.<sup>61</sup>

### United States of America

In the United States, in September 1985, the Food and Drug Administration (FDA), which regulates the nation’s blood inventory, recommended that blood establishments defer indefinitely male donors who have had sex with another male, even one time, since 1977.



**Prostitutes’ Safe Sex Project Founder  
Danny Cockerline  
1960-1995**



Vancouver and Toronto: 1985 to 1990



Alliance for the Safety of Prostitutes,  
Vancouver, published its first safe sex  
pamphlet in both English and French,  
September 1986



### AIDS, WHAT IS IT?

- AIDS (Acquired Immune Deficiency Syndrome) is a fatal condition.
- The cause of AIDS is a virus which enters the blood stream.
- The virus breaks down the immune system (the body's defense system).
- The body then becomes more susceptible to certain infections which normally wouldn't affect healthy people.
- Having come in contact with the virus does not mean you will necessarily develop AIDS but you could still transmit it to others.
- AIDS is primarily a sexually transmitted disease (STD).

### HOW DOES AIDS SPREAD?

- The virus — is transmitted by semen and by blood:
  - can be transmitted during sex with someone infected;
  - can be transmitted by sharing needles or syringes.
- A pregnant woman carrying the virus can infect her unborn child.

### WORK SAFE!

#### NO RISK

- Masturbation
- Hugging, massage
- Smooching
- Body-to-body rubbing

#### LOW RISK

- Fucking with a condom
- Blowjob with a condom
- French kissing
- Watersports — external only (not in the mouth or anus)
- Trick going down on you — getting head — cunnilingus

#### HIGH RISK

- Fucking without a condom
- Blowjob without a condom
- Sharing needles or syringes
- Swallowing semen
- Sharing sex toys

### GET TO KNOW A CONDOM

- Condoms help prevent the spread of the AIDS virus as well as diminishing the risk of other STD's (Sexually Transmitted Diseases).
- Latex condoms are the strongest. Use water soluble lubricants (K-Y, Lubefax, Wellcome, etc.). Oil-based products (Vaseline, Crisco) damage latex rubber and should not be used.
- Squeeze the air out of the tip of the condom and roll it down the base of the penis.
- It's a good idea to use condoms with all your tricks.
- Find ways of making your tricks want to use them:
  - "It turns me on..."
  - "It protects us both..." etc.

### KEEP HEALTHY

- Excessive use of alcohol and recreational drugs weakens your immune system.
- Sleep, diet, exercise and relaxation contribute to a healthy immune system.

Contact: C-SAM (Comité SIDA-Aide Montréal) 1212, rue Saint-Hubert Montréal (Québec) H2L 3J7 (514) 282-9888

For more information on AIDS — medical aspects — testing — other sexual practices — treatment, etc.

This pamphlet was produced in collaboration with ASP (Alliance for the Safety of Prostitutes), the DSC of the Montreal General Hospital and Health and Welfare Canada.

*The clones expressed herein are those of the authors and not necessarily those of the project.*

# Congratulations!

## Safer Sex

Make It Your Business

# KEEP UP THE GOOD WORK!

## Prostitutes are safe sex pros.

...that we are more likely to use condoms than people who have...  
...oms for fucking to prevent AIDS. Many of...  
...o. This way we do not get herpes, syphilis...

## SAFE SEX FOR HOOKERS

### AVOID AIDS

- LOW RISK •**  
fucking with a condom  
blow jobs — stop before climax  
getting head  
kissing  
watersports — external only
- HIGH RISK •**  
fucking without a condom  
swallowing semen  
sharing sex toys  
sharing needles

### Happy Hooking

My career was over until I discovered rubbers.

If a guy won't use a rubber, Mary gives him a hand job. Or she tells him to get lost.

### I'm a Safe Sex Pro.

Please don't ask me to have sex without a condom. Condoms protect both of us from AIDS, syphilis, herpes and other diseases.

I use condoms *without exceptions*. If I did not, I would not be safe. And neither would you.

For info about safer sex call (416) 392-AIDS.

Produced by the Prostitutes' Safe Sex Project. (416) 964-0750.



### Anyone Can Get AIDS

While this illness has struck mostly gay men, it's a growing threat to straight people as well — especially women. Prostitutes, like gay men, have responded to this threat by having safer sex. If we all follow this example we can take the steam out of the AIDS epidemic.

AIDS is caused by a virus carried in the blood, cum and cunt juice of infected people. You can only be infected if you get these fluids directly into your body, through your ass or cunt or breaks on your skin. The virus can't penetrate unbroken skin.

Men and women are most likely to be infected by getting fucked without a condom or by sharing drug needles. Men who do the fucking could be infected through tiny scratches or sores on the skin of their cock.

People carrying the AIDS-related virus can look perfectly healthy and not know they're infected. But they can still give it to you.

There's no way of knowing for sure who's infected. The best way to avoid AIDS is to avoid risky practices. Repeated unsafe sex with a regular partner who's infected is particularly risky. If you can't be sure, then be safe, not sorry.

### Condom Tips

Intact condoms, used properly, block the transmission of the AIDS-related virus. They also protect both partners from syphilis, herpes, venereal warts, chlamydia and gonorrhea. But condoms can break or leak, though the chance of this is small.

- Pulling out before cumming, while using a condom, is safer. Using two condoms is safer still.
- Use latex rubbers. Lambskin are not safe.
- Use water-based lubes like K-Y or ForePlay. Oil-based lubes like vaseline, hand cream, butter and Crisco break latex condoms.
- Nonoxynol-9 spermicide with a condom may provide better protection, since spermicide can kill the AIDS-related virus. If you have an allergic reaction, switch brands. Spermicides are not a substitute for condoms.

### GOING DOWN

There may be a chance of getting AIDS if you get cum, blood or cunt juice into cuts or sores in your mouth. If you have cuts or sores, try a condom for sucking cock. A condom can be cut up the side and spread over a cunt or asshole before licking.

If you don't have cuts in your mouth, you may still want to use condoms for going down. You can get STDs like herpes and syphilis from cocksucking, cuntlicking and rimming (licking assholes). Rimming can also give you parasites and hepatitis B. (Hepatitis B can be deadly; ask a doctor about the hepatitis vaccine.)

If you don't use condoms for going down, you can lower the chance of getting an STD if you:

1. Do not brush your teeth before going down. This makes openings germs can get in through.
2. Wash cocks, cunts or assholes with soap and hot water first.
3. Do not lick anything that has sores on it. Yuk!
4. Gargle with mouthwash after to kill germs.

### SAFE STUFF !

Kissing: You cannot get AIDS from spit or sweat. It is safe to kiss and lick mouths, nipples, armpits, muscles, balls, ass cheeks, feet...

Hugging, touching, massage: All safe!

Jacking off and fingering: Safe. But don't get cum, blood or cunt juice into cuts or sores.

Dildos: Go for it. But don't stick a dildo, finger, or cock into one person and then into another. Don't even stick something into one hole then another on the same person without washing it.

Watersports: You cannot get AIDS from piss.

Showering with a friend after sex is fun and may wash away germs.



Canadian Organization for the Rights of Prostitutes,  
Prostitutes' Safe Sex Project, Toronto, circa 1980s



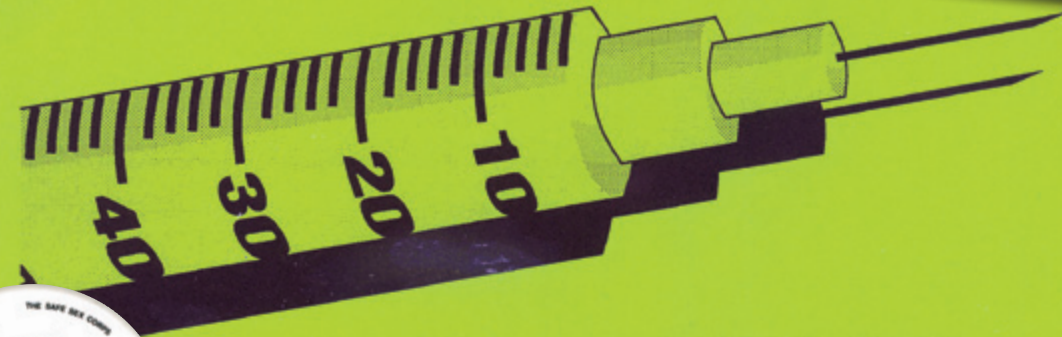


## CONDOM TIPS



Maggie's, The Toronto Prostitutes' Community Service Project,  
Toronto, circa 1990s

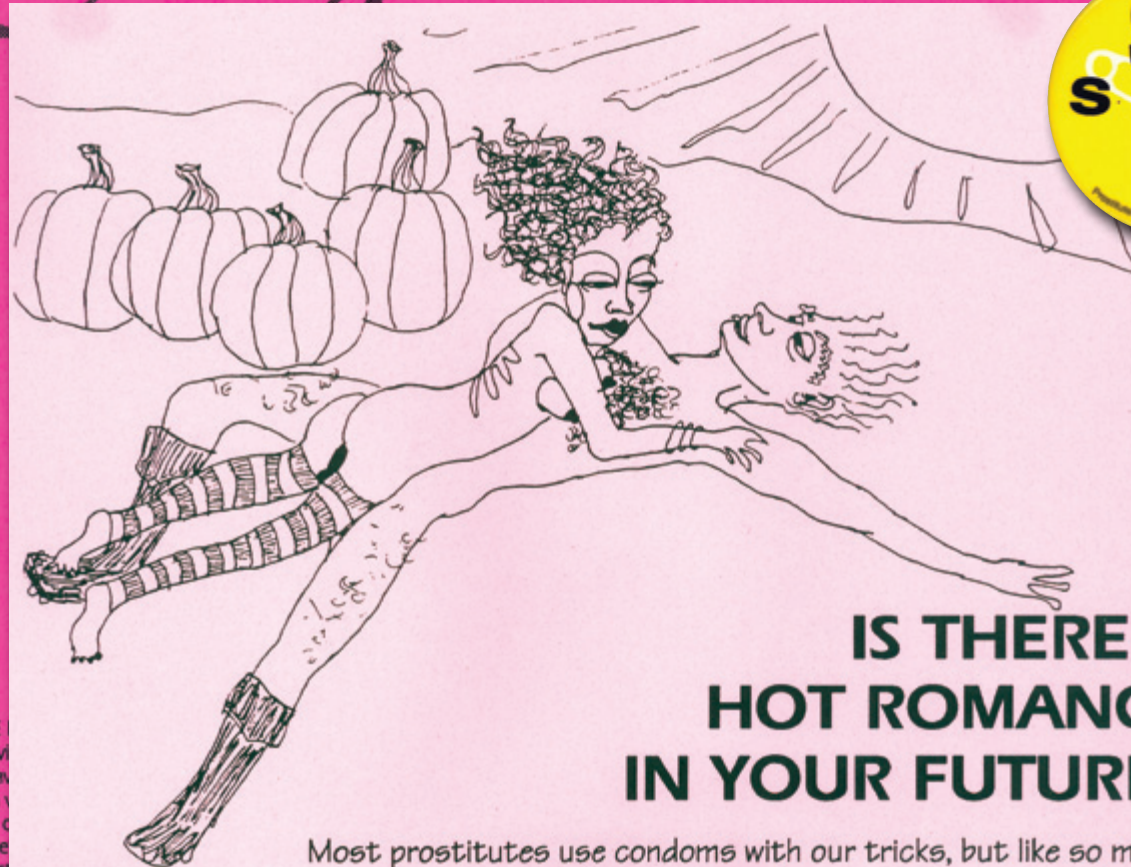
Toronto: 1990s



## NEEDLE POINTS



# Congrats!



## IS THERE A HOT ROMANCE IN YOUR FUTURE?

Most prostitutes use condoms with our tricks, but like so many other people, some of us think we do not need to use condoms with our lovers. Many people get AIDS from lovers they think are

Drawing by Catherine

## HE'S NO TRICK HE'S MY TREAT

Most prostitutes use condoms with our tricks, but like so many other people, some of us think we do not need to use condoms with our lovers. Many people get AIDS from lovers they think are healthy -- from lovers who don't know themselves that they are carrying the virus that leads to AIDS.



FOR MORE INFORMATION  
Check with your friends who have been on the scene for a while, or come to the coffee house at Maggie's, 298 Gerrard Street East at Spadina.

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g safes.

## HEY GIRL!

WHAT PROSTITUTES NEED TO KNOW ABOUT THE AIDS TEST



As prostitutes, we're aware of the risks involved with the business. One is that we may be exposed to HIV, the AIDS virus.

One of the concerns of prostitutes is whether or not to take the AIDS test. Here are some things you need to know if you're thinking of taking it.

### WHY TEST?

You may be thinking about taking the test because:

**You want to have a baby, or your going to have a baby.**

You can give your baby AIDS, but even if you have HIV you still can have a healthy baby.

**You're sick and you think you might have AIDS.**

**You've done some risky things.**  
Take a look at the next section to see if you are at risk for AIDS.

### RISKS?

These are the easiest ways to get AIDS. Have you:

**Fucked or sucked with no condom for MONEY?**

**Fucked or sucked with no condom for FUN?**

**Fucked or sucked with no condom for LOVE?**

You or your lover may have HIV or AIDS and not know it.

**Shared a needle without cleaning it with bleach and rinsing with water first?**

**Fucked or sucked with no condom with anyone who has shot up with used needles?**

**Been into scenes where there's blood involved?**

This includes S/M; and body-piercing and tattooing done without cleaning the needle with bleach and water first.

### THE TEST

Now there are some things you should know about the test:

The test doesn't test for AIDS. It is a blood test that finds out if you have HIV, by looking for anti-bodies, the weapons your body produces to fight diseases like the flu.

Anybody can get tested for free. An **ANONYMOUS TEST** means no information about you will be kept with the test, and no one but you will know the results. Look to the end of this pamphlet for places to go in Toronto for anonymous tests.

A **CONFIDENTIAL TEST** means that your doctor will report your name to the government if you have a positive test.

It is better that only the people you want to tell know the result. Judges have given longer and harder sentences to prostitutes who have HIV, and prisons have kept us in longer.

Most prostitutes get tested by their doctors. Ask you doctor to do an **ANONYMOUS TEST**, or go to one of the clinics at the end of this pamphlet.

At clinics, like everywhere else, you'll get hassled about being a prostitute. Think twice about telling them you work.

FOR MORE INFORMATION  
Check with your friends who have been on the scene for a while, or come to the coffee house at Maggie's, 298 Gerrard Street East at Spadina.

Call the AIDS Hotline  
Toronto: 922-0666  
Ontario: 1-800-387-2323

FOR MORE INFORMATION  
Check with your friends who have been on the scene for a while, or come to the coffee house at Maggie's, 298 Gerrard Street East at Spadina.



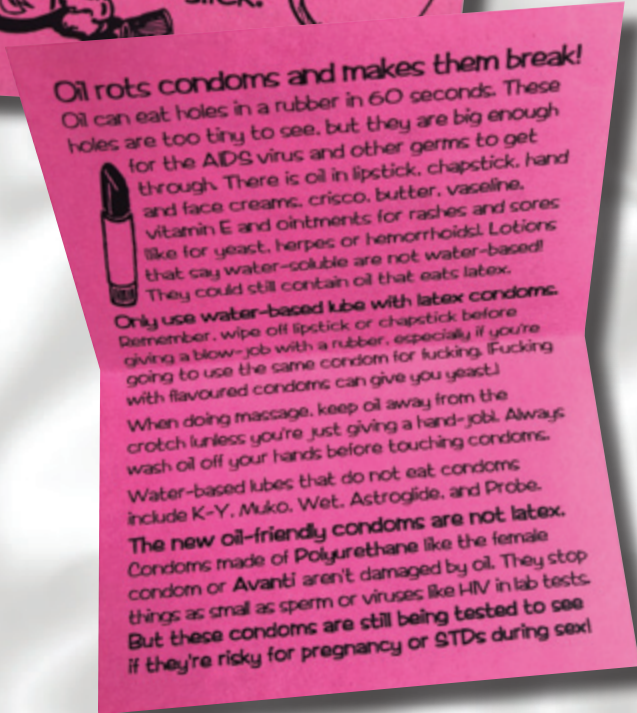
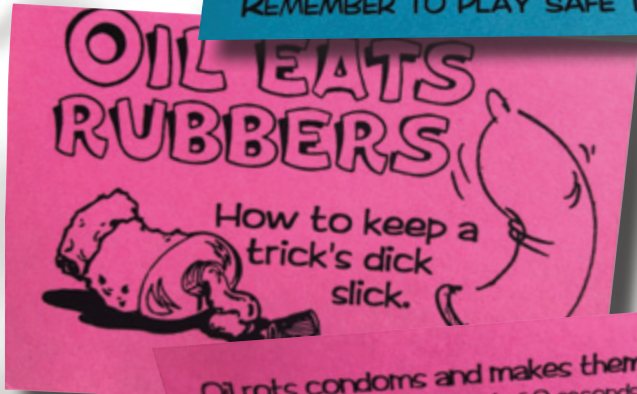
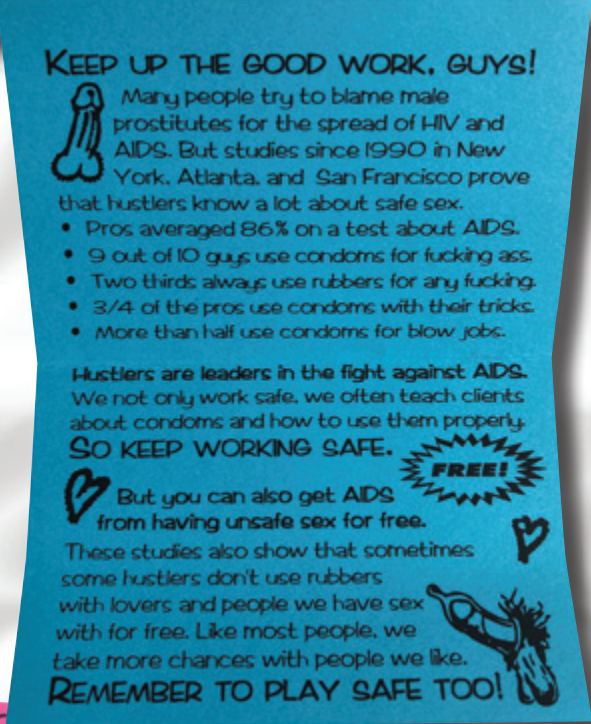
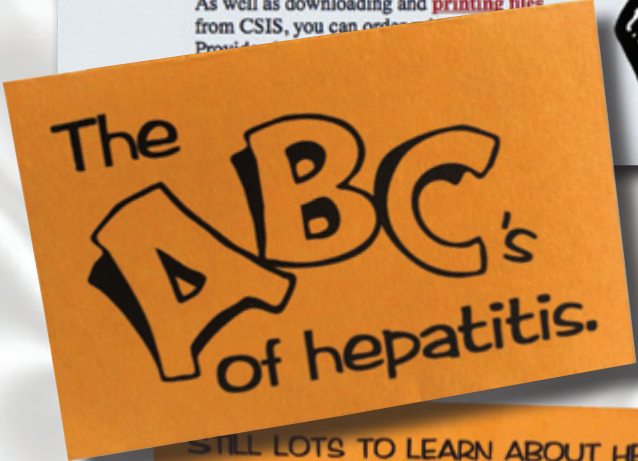
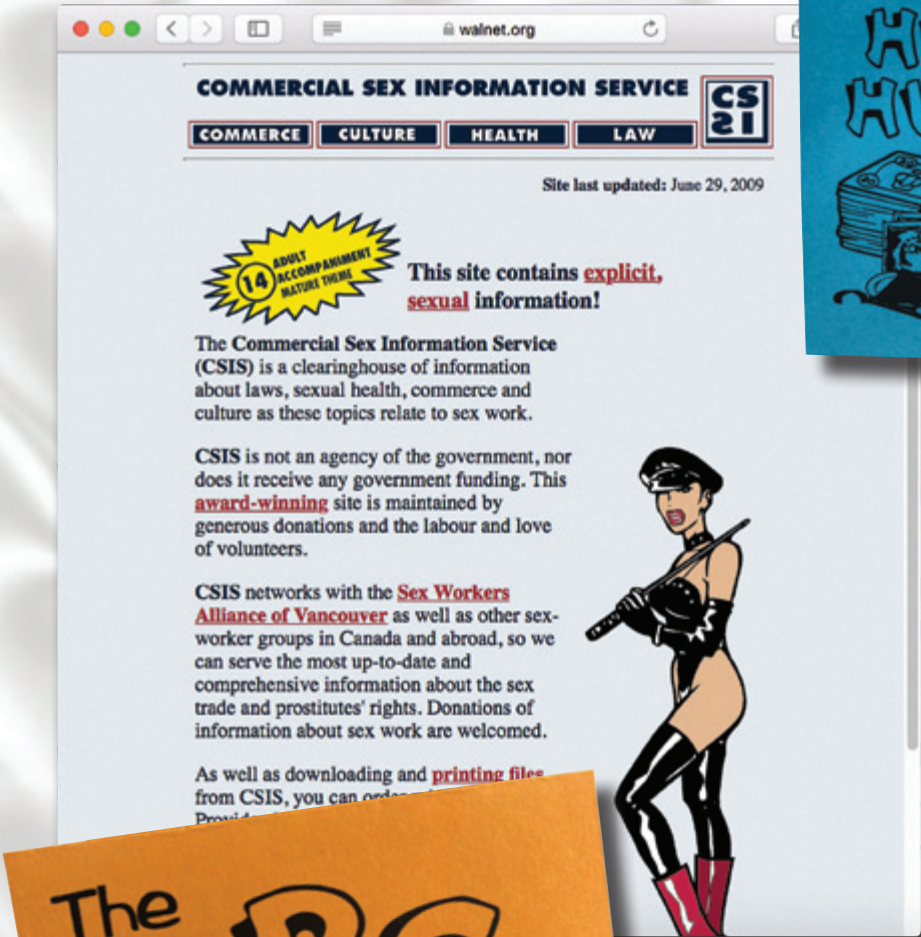
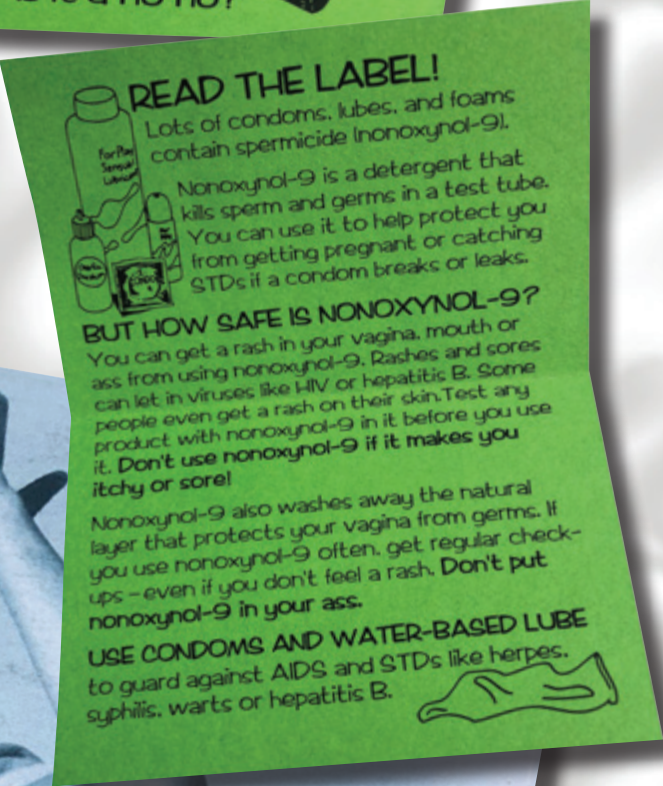
FOR MORE INFORMATION  
Check with your friends who have been on the scene for a while, or come to the coffee house at Maggie's, 298 Gerrard Street East at Spadina.



Vancouver: 1990s

Sex Workers Alliance of Vancouver (SWAV), founded in 1994, on the World Wide Web since July 13, 1995

“M is for Mutual, A is for Acts” was co-published by SWAV, AIDS Vancouver and Health Canada in both French and English, January 1999







Prostitutes' Safe Sex Project at the 5th International AIDS Conference  
Montreal, 4-9 June, 1989  
Video still from "Our Bodies Our Business" by Geraldine George, ©2016  
<https://vimeo.com/195574653>



Special Edition to commemorate the  
24th International AIDS Conference  
Montreal, 29 July - 2 August, 2022

**TRIPLE-X<sup>®</sup>**  
WORKERS' SOLIDARITY  
ASSOCIATION OF B.C.

P.O. Box 3075, 495 West Georgia Street, Vancouver, B.C., CANADA V6B 3X6

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© July 2022

Donors were also deferred indefinitely for "exchanging sex for money or drugs," and for "engaging in non-prescription injection drug use." In December 2015, the indefinite deferral period was reduced to one year for men who have sex with men.<sup>62</sup>

In April 2020, the FDA released new recommendations in a "Guidance for Industry." To assess donors at risk, the donor history questionnaire should cover the following list:

- a. A history ever of a positive test for HIV.
- b. A history in the past three months of exchanging sex for money or drugs.
- c. A history in the past three months of non-prescription injection drug use.
- d. A history in the past three months of sex with any of the following individuals: a person with a history ever of a positive test for HIV, a person with a history in the past three months of exchanging sex for money or drugs, or a person with a history in the past three months of non-prescription injection drug use.
- e. A history in the past three months of receiving a transfusion of whole blood or blood components such as packed red blood cells, platelets, or plasma.
- f. A history in the past three months of contact with blood of another individual through percutaneous inoculation such as a needle stick or through contact with a donor's open wound or mucous membranes.
- g. A history in the past three months of a tattoo, ear or body piercing.
- h. A history in the past three months of syphilis or gonorrhea, or treatment for syphilis or gonorrhea.
- i. For male donors: a history in the past three months of sex with another man.
- j. For female donors: a history in the past three months of sex with a man who has had sex with another man in the past three months.

Donors who answer yes to any of the above should be deferred. (The FDA recommends that male or female gender be taken to be self-identified and self-reported.)

*"Individuals who have undergone tattooing within three months of donation are eligible to donate without deferral if the tattoo was applied by a state regulated entity with sterile needles and non-reused ink. Individuals who have undergone ear or body piercing within three months of donation are eligible to donate without deferral if the piercing was done using single-use equipment."*<sup>63</sup>

A donor may be eligible to donate after the three-month deferral period, provided the donor meets all other donor eligibility criteria.



## United Kingdom

In the United Kingdom, in 2016, then health minister Michelle O'Neill replaced the lifetime ban for men who had sex with men with a 12-month deferral period. In 2017 the U.K. Advisory Committee on the Safety of Blood, Tissues and Organs (SABTO) announced recommendations to relax rules for donating blood. For men who have sex with men the deferral period would be reduced from 12 months to three. The new recommended rules also included a three-month deferral period for sex workers, who previously were not allowed to donate blood at all. People who have had sex with “high-risk partners,” or with partners who have been sexually active in regions where HIV is common must also abstain from sex for three months before donating blood.<sup>64</sup>

Scientists at SABTO agreed that three months is a comfortably long window for a virus or infection to appear and be detected by blood testing. All blood that is donated in the U.K. undergoes a mandatory test for HIV, hepatitis B and C, as well as a couple of other viruses. According to the National Health Service Blood and Transplant which manages the blood supply, “there is a period of time following contact with any infection when it would not be detected by our screening tests.”<sup>65</sup> (SABTO’s guidelines also says those who have used HIV PrEP within the previous three months cannot be accepted because of concerns about how it might impact HIV screening results.)<sup>66</sup>

## France

France implemented a policy in 1983 to refuse blood donations from men who have had sex with another man. In July 2016, the indefinite deferral policy was replaced with a policy to accept blood donations from men who have sex with men if they have not been sexually active for one year. The deferral period was reduced from 12 months to four months in 2019. In January 2022, health minister Olivier Véran announced, “We are putting an end to an inequality that was no longer justified.” France’s director-general of health, Jérôme Salomon stated that references to sexual orientation would be removed from blood donor forms. French citizens will still be asked if they have had treatment for HIV in the four months before giving blood, as well as questions relating to recent sexual activity or drug use.<sup>67</sup> France has a deferral period of one year for selling sexual services.

## Deferral periods around the world

Worldwide, the shortest period that sex workers must not exchange sex for money in order to donate blood is three months, in the following countries: United States,

United Kingdom, Australia and New Zealand. In the Netherlands and Finland the deferral period is four months. Argentina, Austria, Belgium, Brazil, Czech Republic, France, Hungary, Japan, Norway, Sweden all have deferral periods of one year for selling sexual services. Currently, Canada ranks among the countries with the strictest policy—lifetime deferral—along with Ireland, Switzerland, Italy and Spain.<sup>68, 69</sup>



Prostitutes’ Safe Sex Project protested proposed quarantine legislation, Toronto, April 25, 1990  
Photo: Konnie Reich

## Conclusions: Science not scapegoats

Government policies that define the sale of sexual services as high-risk for sexually transmitted blood-borne infection (STBBI) transmission perpetuate prejudice and stigma toward sex workers within the public health and health care sectors as well as among the general public—including clients. Because selling sexual services is employment and not a sexual orientation, sex workers are not protected from discrimination under s. 15 of Canada’s *Charter of Rights and Freedoms*.



Science not prejudice should guide government policies designed to protect the public's health. Risk-assessment instruments for STBBIs need to be based on incidence (new STBBI infection cases within a population), and prevalence (proportion of population with HIV/HCV over a set period of time) and not attribute risk based on moral perceptions.

Unlike men who have sex with men, sex workers in Canada are not a “key population,” defined by high HIV prevalence rates in comparison to the general population. Furthermore, providing sexual services is not a “behaviour.” It's a commercial enterprise—a business, a profession, a job—with long-standing workplace safety practices. Instead of needlessly targeting sex workers generally for risk of STBBI infection, STBBI prevention programming and resources should focus on those communities and social networks with high HIV prevalence and high-risk behaviours, where they are most needed.<sup>70</sup>

“It's in his interests to protect his assets. The best sex is the sex you pay for. You can't catch HIV from a credit card.”

~ Poster advertisement, Prostitutes Association of South Australia c. 1990<sup>71</sup>

## Step in the right direction? Canadian Blood Services moves to end lifetime donation ban for people selling sex

“...the way that they treat sex work as something that will taint you forever, even if you stop working in the industry and have tested negative on everything for years. Like, that's some incredibly morally biased policy-making, right there.”

~ Ms. Cherry Soda, personal communication, August 3, 2020<sup>72</sup>

In May of this year, Canadian Blood Services announced its request to Health Canada to change the deferral period for individuals who have accepted money or drugs in exchange for sex, stating that, “current evidence and available testing technology do not support such a policy.” CBS seeks to change the lifetime ban to a 12-month waiting period.<sup>73, 74</sup>

At issue for Canada's sex work communities is that Canada's national agency governing the blood supply is imposing **any** deferral period based on a **commercial activity** rather than **sexual activity**.

Triple-X Workers' Solidarity Association of B.C. demands Health Canada and Canadian Blood Services remove all questions regarding sexual services transactions as a basis for eligibility for donating blood. Sexual activity, not commercial activity, contributes to increased risk of sexually transmitted blood-borne infection (STBBI). Questions need to focus on sexual acts only.

Health Canada and Public Health Agency of Canada must acknowledge the very low STBBI transmission risks associated with professional sexual services provided in workplace settings.

Triple-X demands the Public Health Agency of Canada remove “people engaged in the sale or purchase of sex” from the list of “key populations disproportionately affected by STBBI” in *The Pan-Canadian Framework for Action: Reducing the Health Impact of Sexually Transmitted and Blood-Borne Infections in Canada by 2030* (p. 4). There is no epidemiological evidence to support such a claim in Canada.

Finally, Triple-X asks Health Canada and Public Health Agency of Canada to endorse and advocate for the decriminalization of the purchase of sexual services. Occupational health and safety, and sex workers' role in the safe sex education of their clients, are important avenues to promote STBBI prevention.

## Triple-X Workers' Solidarity Association of British Columbia

*"Standing together to determine the terms of Triple-X work."*

Triple-X Workers' Solidarity Association of B.C. is a registered non-profit association in British Columbia since February 2012 (Society Incorporation Number: S-0059449; Federal Business Number: 830870309BC0001).

Persons can become members of the Triple-X Workers' Solidarity Association of B.C. if they have agreed to the direct exchange of sexual stimulation for financial compensation within the last six months and they intend to continue to work in the Triple-X industry. The full list of Triple-X membership criteria as defined in our *Constitution, Bylaws & Policies* are available on our bylaws webpage: <https://triple-x.org/about/bylaws.html>.

As of June 2018, the Triple-X certification mark was registered with Innovation, Science and Economic Development Canada (Certification Mark No. 1,774,304). Section 2 of the Defined Standard ensures that members have provided Triple-X with proof of age (18 years of age or older) in the form of government-issued identification or affidavit by a guarantor. Section 3 stipulates that members have signed the Triple-X form agreeing that they consider themselves a Triple-X worker and agreeing to provide Triple-X services for financial compensation. Triple-X services involve sexual stimulation that may or may not involve physical contact.

Section 4 of the Defined Standard for certified workers ensures:

*"... 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 B.C. Centre for Disease Control guidelines."*

In our role to provide education regarding sexual health and safety, Triple-X examines and analyzes federal and provincial public health policies for potential implications on the sex industry. Triple-X also organizes and co-sponsors Vancouver's Red Umbrella March for Sex Work Solidarity, held annually since 2013.

## Notes

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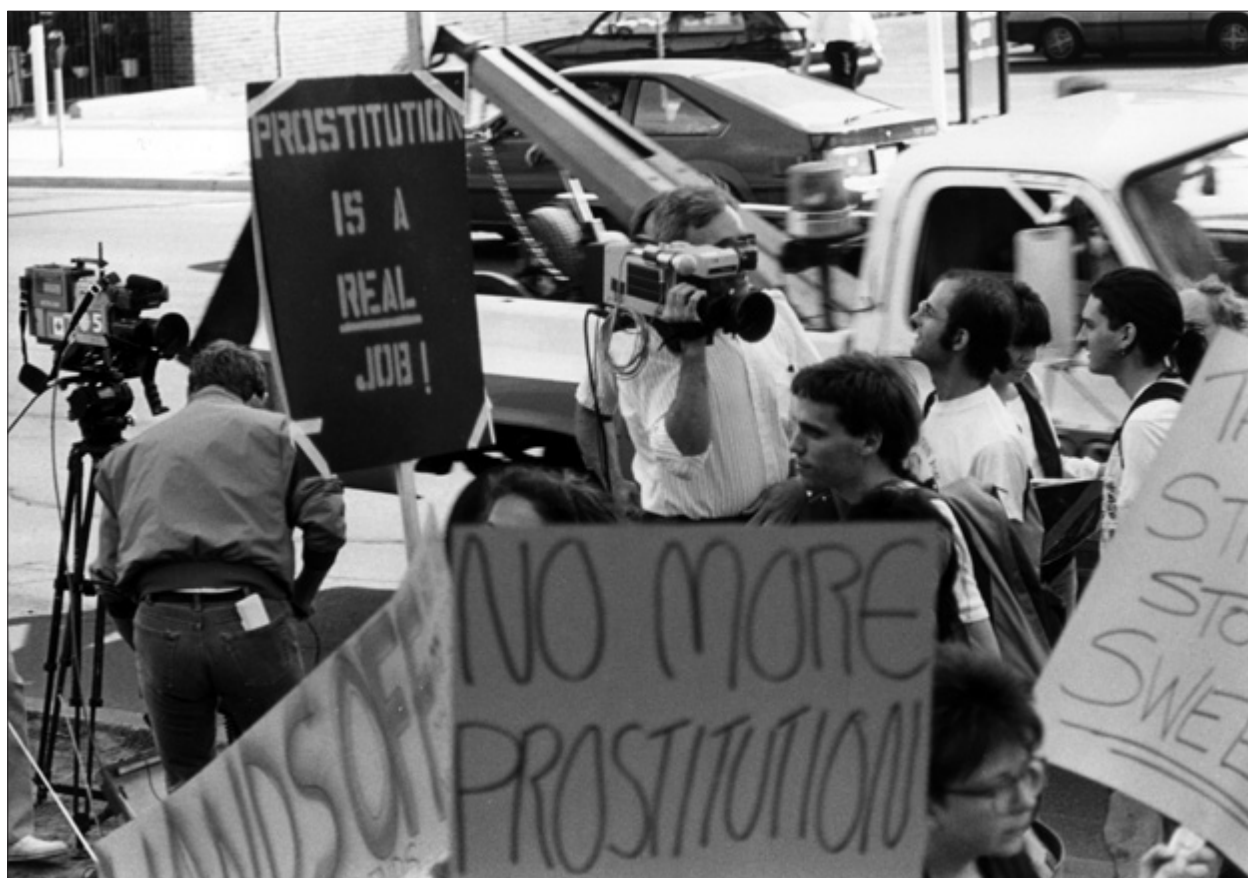
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**Prostitutes' Safe Sex Project at 'Take the Streets Stop the Sweeps' protest  
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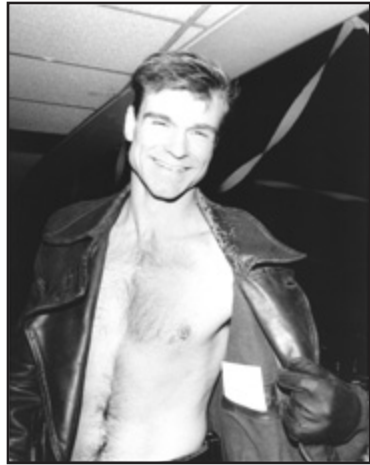
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Canadian Organization for the Rights of Prostitutes at International Women's Day March  
Toronto, March 8, 1986. Photo by Konnie Reich





**Andrew Sorfleet,  
Toronto, 1989**

## About the Author

Andrew Sorfleet has worked in the sex industry for over a decade and has been a sex workers' rights activist since 1990. He was education coordinator and outreach worker at Maggie's (1991-1994), founding representative of the Global Network of Sex Work Projects (1992), and coordinator of the Sex Workers Alliance of Vancouver (1995-2005). He is author of *\$WE@&R! The Sex Workers' Workbook* produced for the Law Commission of Canada (2005), and was the official rapporteur for the European Conference on Sex Work, Human Rights, Labour and Migration (Brussels 2005). Currently, Sorfleet is president of the board of Triple-X Workers' Solidarity Association of British Columbia.

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