

BILLS C-2 AND C-12: THE ‘UNDERMINING HEALTH IN CANADA’ ACTS

In June 2025, the federal government introduced *Bill C-2, the Strong Borders Act*, a sweeping omnibus proposal to remake Canada’s immigration, refugee, and drug control and national security frameworks – vastly expanding the government’s powers of surveillance, policing, and control.¹ The bill immediately drew strong opposition from hundreds of migrant, refugee, privacy, and health and human rights organizations who warned that it will grant the government and law enforcement agencies unprecedented powers and roll back decades of progress in human rights protections.²

In response to widespread backlash, the government introduced a second bill in October 2025 – *Bill C-12, the Strengthening Canada’s Immigration System and Borders Act* – presenting it as a scaled-back update.³ In reality, Bill C-12 carries forward almost all of Bill C-2’s provisions, dropping only a handful of the most controversial privacy and data-sharing clauses. Bill C-2 itself has not been withdrawn, and the government still plans to move ahead with those surveillance measures later.⁴ Taken together, the two bills will entrench sweeping new powers over migration, policing, and information-sharing with minimal debate or oversight.

Together, Bills C-2 and C-12 signal a profound shift in Canada’s approach to human rights, public safety, and governance. They will expand state powers over movement, law enforcement, and personal information – eroding legal and privacy protections for already marginalized communities.

While these changes will touch everyone in Canada, their human cost will fall most heavily on those already facing systemic inequities: people living with HIV, people who use drugs, racialized communities, migrants and others marginalized by poverty, racism. **At a time when global HIV rates are declining, rates in Canada are rising,** revealing deep and persistent barriers to essential care in the country.⁵ These bills

¹ Canada, Parliament, House of Commons, *Bill C-2: An Act respecting certain measures relating to the security of the border between Canada and the United States and respecting other related security measures*, 45th parl, 1st sess, (June 2025), available at www.parl.ca/DocumentViewer/en/45-1/bill/C-2/first-reading.

² Canadian Council for Refugees (CCR), *Over 300 Organizations Unite to Demand Complete Withdrawal of Bill C-2*, 18 June 2025, available at www.ccrweb.ca/en/over-300-organizations-unite-demand-complete-withdrawal-bill-c-2; HIV Legal Network and HIV/AIDS Legal Clinic Ontario (HALCO), *Open Letter – The Stronger Borders Act and its Harms to People Living with HIV and Other Marginalized Communities*, 10 June 2025, available at www.hivlegalnetwork.ca/site/open-letter-the-strong-borders-act-and-its-harm-to-people-living-with-hiv-and-other-marginalized-communities/?lang=en.

³ Canada, Parliament, House of Commons, *Bill C-12: An Act respecting certain measures relation to the security of Canada’s borders and the integrity of the Canadian immigration system and respecting other related security measures*, 45th parl, 1st sess, (October 2025), available at www.parl.ca/DocumentViewer/en/45-1/bill/C-12/first-reading.

⁴ Government of Canada, *New release: Government of Canada introduces new streamlined legislation to strengthen border security and keep Canadians safe*, 8 October 2025, available at www.canada.ca/en/public-safety-canada/news/2025/10/government-of-canada-introduces-new-streamlined-legislation-to-strengthen-border-security-and-keep-canadians-safe.html.

⁵ Government of Canada, *HIV in Canada, Surveillance Report to December 31, 2023*, 18 September 2025, available at www.canada.ca/en/public-health/services/publications/diseases-conditions/hiv-canada-surveillance-report-december-31-2023.html; GBD 2021 HIV Collaborators, “Global, regional, and national burden of HIV/AIDS, 1990-2021, and forecasts to 2050, for 204 countries and territories: the Global Burden of Disease Study 2021,” *The Lancet*, December 2024, available at [www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(24\)00212-1/fulltext](http://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(24)00212-1/fulltext).

will deepen those barriers by making it harder to seek protection, easier to lose immigration status, and harder to access essential health services.

In short, Bills C-2 and C-12 threaten individual rights, public health and undermine Canada's domestic and international human rights obligations.

WHAT'S IN THE BILLS?

1 Restricting Refugee Protection and Legal Status (Bill C-2 and Bill C-12)

Bills C-2 and C-12 will overhaul how people in Canada can access refugee protection or maintain lawful status. Together, they introduce new eligibility bars to refugee protection, broaden ministerial discretion to end refugee claims, grant government sweeping new powers to cancel immigration status in the undefined name of the “public interest,” and authorize increased data-sharing of personal information across government agencies and with foreign governments.

- **One-year bar on refugee claims:** Anyone who has been in Canada for more than one year since their first entry – including those with valid work or study permits, or who are stateless or undocumented – will become ineligible to seek asylum. The rule is retroactive to people who entered after June 2020, and the clock does not reset if a person leaves and re-enters Canada.
- **Cementing the *Safe Third Country Agreement (STCA)*:** Currently, under the *STCA*, people who arrive at an official port of entry along the Canada-United States (US) border are barred from claiming refugee protection unless they meet a narrow exception (for example, having an immediate family member in Canada).⁶ People who cross between official ports of entry can still make a refugee claim if they remain undetected in Canada for at least 14 days – otherwise, they are returned to the USA. The bills will eliminate this remaining avenue of protection by extending ineligibility to anyone who enters Canada from the US and waits more than 14 days before filing a claim. This will bar nearly all US arrivals from making refugee claims.
- **Administrative authority to terminate claims:** Immigration officials will be empowered to decide which documents must accompany a refugee claim and to declare a claim *abandoned* or *withdrawn* if the materials are incomplete or delayed. This will allow officials to cancel claims before they reach a hearing, expanding ministerial discretion and limiting access to the Immigration and Refugee Board (IRB) – a specialized tribunal in refugee determinations.
- **Sweeping “public interest” powers:** The government will gain sweeping new “public interest” powers to suspend or terminate immigration processes at any stage. The government will be able to refuse to accept or process entire categories of applications; cancel or suspend immigration documents already issued, including work or study permits; and impose new conditions on existing documents without notice. The term “public interest” is not defined in either bill, giving government officials broad discretion to decide when and how these powers can be used.

⁶ CCR, *Safe Third Country*, available at <https://ccrweb.ca/en/safe-third-country>.

- **Expanded information-sharing and surveillance:** Immigration, Refugees and Citizenship Canada (IRCC) and other federal and provincial government agencies will be authorized to engage in routine data exchanges of personal information, replacing the current case-by-case approvals process.

Why do we care?

If the government's goal is to remove people from Canada quickly and strengthen national security, these bills will not succeed. People will not vanish because they are denied protection or stripped of their status – many will remain, but with limited rights, access to healthcare, and pathways to status. The result will be more people living in poverty and fear, while enforcement and healthcare costs continue to rise.⁷

- **Re-routing to Pre-Removal Risk Assessments (PRRAs):** People found ineligible to claim refugee protection, whose refugee claims are terminated, or whose legal status in Canada has been cancelled or suspended will be diverted to the PRRA system – a process meant to assess whether someone will face persecution, torture, or death if deported.⁸ In theory, a successful PRRA grants “protected person” status, like a refugee determination made by the IRB. In practice, however, it is a narrow, paper-based review by immigration officers, not an independent hearing before the IRB. PRRAs provide fewer procedural safeguards, no right of appeal, and no guaranteed pause on removal pending appeal – resulting in more mistakes and more appeals.⁹ For those who cannot be deported – such as people from countries under a deportation moratorium or who are stateless – a PRRA may not be available at all, leaving them in indefinite legal limbo as they cannot legally be removed from Canada without a risk assessment.

Lost status, lost fairness, and increased risk of removal to harm.

- **Increased barriers to healthcare:** The bills will create widespread gaps and uncertainty in access to healthcare.
 - People redirected from the IRB to the PRRA system will spend extended periods under the Interim Federal Health Program (IFHP) – a temporary, federally funded plan that provides limited healthcare coverage.¹⁰ Frequent errors in PRRA decisions mean that more people

⁷ See, e.g., O. Pearson, “Feds announce \$617M for border security, officer recruitment – some in N.B.,” *CBC News*, 17 October 2025, available at www.cbc.ca/news/canada/new-brunswick/federal-government-budget-border-security-funding-9.6943068.

⁸ Government of Canada, *Pre-removal risk assessment*, 5 September 2025, available at www.canada.ca/en/immigration-refugees-citizenship/services/refugees/protection/refusal-options/pre-removal-risk-assessment/eligibility.html#gc-document-nav.

⁹ S. Wallace, *Getting it Right the First Time: Exploring the False Economy of Bill C-12's Refugee Process Shortcuts*, 18 October 2025, available at <https://ssrn.com/abstract=5620250>.

¹⁰ Government of Canada, *Guide 5568: Application for Interim Federal Health Program Coverage (IFHP)*, 12 September 2025, available at www.canada.ca/en/immigration-refugees-citizenship/services/application/application-forms-guides/guide-5568-application-interim-federal-health-program-coverage.html#overview.

will remain on IFHP for longer.¹¹ IFHP excludes many essential services, is poorly understood by patients and providers, and is applied inconsistently across the country.¹²

- Most people who lose their temporary or permanent status will also lose access to provincial health insurance, and any private coverage through employment will end if their right to work is revoked.¹³ Without status, most will be left without any form of health coverage and will be forced to pay out of pocket for essential care or discontinue treatment. In addition to restricting their ability to earn income, the lack of health coverage would have significant negative individual and public health consequences.

Access to essential care limited, interrupted, or lost.

- **Increased reliance on immigration detention:** The bills will increase the number of people in detention both within Canada and through returns to the US under the *STCA*.
 - In Canada, people without valid status – including those re-routed to the PRRA process or subject to removal – face a higher risk of being detained under immigration law. Immigration detention is indefinite and occurs in prisons and other detention facilities, with limited oversight or access to remedies.¹⁴ Organizations have consistently found that immigration detention in Canada causes severe and lasting psychological harm and disrupts access to essential healthcare, including for people living with HIV.¹⁵
 - In the US, by expanding and reinforcing the *STCA*, the bills will return more people seeking protection in Canada to US immigration detention.¹⁶ Many will be detained in unsafe and abusive conditions where access to legal counsel or legal remedies are limited and where racialized people, sexual and gender minorities, and people living with HIV and other health conditions face heightened risks of violence, medical neglect, and solitary confinement.¹⁷ In a recent survey of LGBTQ+ and HIV-Positive people in immigration

¹¹ S. Wallace, *Getting it Right the First Time: Exploring the False Economy of Bill C-12's Refugee Process Shortcuts*, 18 October 2025, available at <https://ssrn.com/abstract=5620250>.

¹² Y.Y. Chen, *Protecting Refugees' Health: How is the Reinstated Interim Federal Health Program Working?*, 16 June 2024, available at <https://ssrn.com/abstract=4892250>.

¹³ HIV Legal Network, *Know Your Rights: Accessing Healthcare Without Permanent Residence or Citizenship in Canada*, 26 Novembre 2024, available at www.hivlegalnetwork.ca/site/know-your-rights-accessing-healthcare-without-permanent-residence-or-citizenship-in-canada/?lang=en

¹⁴ Global Detention Project, *UN Agency Adds Voice to Growing Global Clamour Over Canada's Immigration Detention Practices*, 29 May 2024, available at www.globaldetentionproject.org/un-agency-adds-voice-to-growing-global-clamour-over-canadas-immigration-detention-practices.

¹⁵ HIV Legal Network, *Hard Time Persists: Healthcare and Harm Reduction in Immigration Detention*, 14 February 2025, available at www.hivlegalnetwork.ca/site/hard-time-persists-healthcare-and-harm-reduction-in-immigration-detention/?lang=en; Human Rights Watch, "I Didn't Feel Like a Human in There" – Immigration Detention in Canada and its Impact on Mental Health, 2021, available at www.hrw.org/report/2021/06/17/i-didnt-feel-human-there/immigration-detention-canada-and-its-impact-mental; H. Gros and P. van Groll, "We Have No Rights': Arbitrary imprisonment and cruel treatment of migrants with mental health issues in Canada," *University of Toronto Faculty of Law*, 2015, available at <https://ihrp.law.utoronto.ca/sites/default/files/PUBLICATIONS/IHRP%20We%20Have%20No%20Rights%20Report%20web%20170615.pdf>.

¹⁶ CCR, *Why the US is not safe for refugees: challenging the Safe Third Country Agreement*, July 2018, available at <https://ccrweb.ca/en/why-US-not-safe-challenging-STCA#:~:text=Common%20themes%20from%20these%20affidavits,as%20a%20result%20of%20detention>.

¹⁷ C. Patley et al., "The health-related experiences of detained immigrants with and without mental illness," *Journal of Migration and Health* (2025) 11; A. Dekker et al., "A call for increased transparency and accountability of health care outcomes in US Immigration and Customs Enforcement detention centers," *Lancet Reg Health Am* (2024) 36; K. Page et al., "Enhanced Immigration Enforcement in the US and the

detention in the US, nearly one-third of participants reported sexual assault or harassment, and most said they were denied or delayed access to essential medication and care.¹⁸ These conditions cause severe psychological harm and increase the risk of untreated illness and death.

Increased detention, increased harm, and restricted healthcare.

Together, these measures will push more people out of systems of care. Expanded data-sharing and surveillance will make many afraid to access hospitals, clinics, or community programs, even when legally entitled to care – blurring the line between healthcare and law enforcement and undermining public health. The combined effect will be more people living without status, without care, and without safety – at heightened risk of illness and abuse in both Canada and the US.

2 New Drug Restrictions (Bill C-2 and Bill C-12)

Both Bill C-2 and Bill C-12 will give the federal government new powers to expand Canada’s drug laws more quickly. Under *the Controlled Drugs and Substances Act (CDSA)* — the law that makes certain drugs and related substances illegal — the Minister of Health could now bypass normal evidence and consultation steps to fast-track new “precursor” chemicals onto the list of controlled substances. The Bills will make it easier to criminalize substances that also have legitimate medical or industrial uses, and give police broader powers to handle and possess drugs during investigations.

Why do we care?

Canada is in the midst of the deadliest drug-toxicity crisis in its history.¹⁹ As of March 2025, there have been more than 52,000 opioid-related deaths, 48,000 hospitalizations, and nearly 200,000 emergency department visits since 2016 – each one preventable.²⁰ From April 2024 to March 2025, there were more than 3,760 apparent stimulant toxicity deaths, and over 6,600 apparent opioid toxicity deaths.²¹

Transnational Continuity of HIV Care for Latinx Migrants in Deportation Proceedings,” *Lancet HIV* (2018) 5(1); A. Pillai et al, “Health Issues for Immigrants in Detention Centers,” *KFF*, 30 September 2025, available at www.kff.org/racial-equity-and-health-policy/health-issues-for-immigrants-in-detention-centers.

¹⁸ Immigration Equality, *New Report Finds Widespread Abuse of LGBTQ and HIV-Positive People in ICE and CBP Jails*, 18 June 2024, available at <https://immigrationequality.org/press/press-releases-2/new-report-finds-widespread-abuse-of-lgbtq-and-hiv-positive-people-in-ice-and-cbp-jails/>.

¹⁹ Canadian Drug Policy Coalition (CDPC), *Care for Reform*, available at <https://drugpolicy.ca/our-work/case-for-reform/>.

²⁰ Government of Canada, *Opioid- and Stimulant-related Harms in Canada*, 23 September 2025, available at <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/#fn3>; Government of Canada, *Federal actions on the overdose crisis*, June 2025, available at www.canada.ca/en/health-canada/services/opioids/federal-actions/overview.html.

²¹ Government of Canada, *Opioid- and Stimulant-related Harms in Canada*, 23 September 2025, available at <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/#fn3>.

Instead of expanding access to essential healthcare, the government is proposing more bans, more policing, and more incarceration. The bills will not make people safer.²² They will make Canada's unregulated drug supply more unpredictable and potentially dangerous, strain already-overburdened health and emergency care systems, and put communities at greater risk of illness and precarity. By driving people further from care and into unsafe conditions, these laws will cost lives and deepen the public health crisis that communities across Canada are already struggling to contain.

- **Increasing unpredictability of drug supply:** Restricting or “scheduling” chemicals used to make drugs does not stop production – it simply forces illegal markets to adapt. Producers switch to new precursors, develop new manufacturing methods, or create stronger and more unpredictable substances. This is the same approach that led to the shift from heroin to fentanyl, the largest driver of toxic drug deaths.²³ The bills will accelerate this cycle, making Canada's already toxic unregulated drug supply even more unpredictable and potentially deadly.
- **Doubling down on criminalization:** Instead of focusing on keeping people alive and connecting them to care, these bills expand arrests, charges, and incarceration. Criminalization drives people to use drugs in isolation, increases exposure to toxic supply, and heightens the risk of HIV, hepatitis C, and fatal drug toxicity. It also means more people in Canada's already overcrowded prisons, where access to healthcare, harm-reduction, and treatment is limited or non-existent.²⁴
- **Distraction from what works:** Expanding law enforcement powers does not stop drug use or prevent deaths – it only pushes people further from care.²⁵ Redirecting even a fraction of the massive increases in law enforcement spending in these bills toward healthcare, housing, shelter, and other supports will save lives, strengthen communities, and ease the growing strain on Canada's healthcare and emergency services.

A century of punitive drug laws failed to make people safer. Bills C-2 and C-12 will entrench the same punitive approach – fuelling a public-health crisis that will cost lives, waste public resources, and make our communities less safe.²⁶

3 Expanded Surveillance and State Power (Bill C-2 only)

Bill C-2 also contains sweeping new surveillance and policing powers that will affect everyone in Canada, including:

²² Amnesty International, *Joint Statement: Bill C-12's Introduction Solves None of Bill C-2's Problems*, 14 October 2025, available at <https://amnesty.ca/human-rights-news/joint-statement-bill-c-12-introduction/#:~:text=%E2%80%9CSurvivors%20of%20gender%2Dbased%20violence,the%20Canadian%20Drug%20Policy%20Coalition.>

²³ Government of Canada, *Key Findings: Opioid and Stimulant-related Harms in Canada*, 23 September 2025, available at: <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/>.

²⁴ HIV Legal Network, *Hard Time Persists: Healthcare and Harm Reduction in Canada's Prison System*, 30 April 2025, available at www.hivlegalnetwork.ca/site/hard-time-persists-healthcare-and-harm-reduction-in-canadas-prison-system/?lang=en.

²⁵ UN News, *‘War on drugs has failed completely and utterly’: UN human rights chief*, 5 December 2024, available at <https://news.un.org/en/story/2024/12/1157836>.

²⁶ J. Csete et al., “Public health and international drug policy,” *The Lancet* (2016) 387(10026); as reported by CBC News, *War on drugs harmed public health: report*, 24 March 2016, available at www.cbc.ca/news/health/drug-war-public-health-1.3504843.

- **“Lawful-access” digital surveillance:** Allows police and intelligence agencies to obtain information about the services we access – including health, legal, financial and immigration services – without a warrant and lowers the bar to obtaining warrants needed to demand service providers hand over even more detailed and revealing records.
- **Mail-search powers:** Permits police and Canada Post to open and inspect mail, undermining long-standing privacy protections.
- **Cross-border data-sharing:** Expands the exchange of personal information with foreign authorities, including the US, where border and law-enforcement agencies have dramatically increased fingerprinting, digital searches, and other intrusive surveillance practices.²⁷ This raises concerns about how sensitive personal data may be accessed or used once shared across borders, particularly in contexts where privacy and human-rights protections are weaker.²⁸

Why do we care?

Health depends on privacy and trust.²⁹ When governments expand surveillance and data-sharing of information, people become less willing to seek healthcare, support, or services – especially those already facing stigma or criminalization, such as people living with HIV, sex workers, migrants, and people who use drugs.

Experts have warned that Bill C-2 could pave the way for broad data-sharing between Canada, the USA, and other foreign agencies – without no transparency and little oversight. These powers will make it easier for police, intelligence services, and border officials to access and exchange personal data, including personal health and communications information.

By eroding privacy protections, Bill C-2 threatens the confidentiality that keeps people connected to care. Instead of improving safety, it will deepen fear and exclusion — pushing people away from testing, treatment, and harm-reduction services, and putting public health at risk.

BILL C-2 and C-12 MUST BE WITHDRAWN

At a minimum, Parliament must require a comprehensive review of Bill C-12 by the Standing Committee on Citizenship and Immigration and hold meaningful consultations with affected communities and experts.

Bill C-2 and C-12 do not strengthen Canada’s immigration system, its borders, or its security – they fuel existing crises and weaken our collective health, safety, and human rights. By investing in expanded

²⁷ See, e.g., T. Hesson, “US expands facial recognition at borders to track non-citizens,” *Reuters*, 24 October 2025, available at www.reuters.com/world/us/us-expands-facial-recognition-borders-track-non-citizens-2025-10-24/.

²⁸ International Civil Liberties Monitoring Group, *New Border Bill Raises Major Concerns for Civil Liberties, Privacy, and Refugee Rights*, 5 June 2025, available at <https://iclmg.ca/bill-c-2-major-concerns/>.

²⁹ HIV Legal Network, *Know Your Rights: Privacy and Health Records*, February 2024, available www.hivlegalnetwork.ca/site/wp-content/uploads/2024/02/3963_HIVLN_KnowYourRights01_EN-Final.pdf; Institute of Medicine, Committee on Health Research and the Privacy of Health Information, “The Value and Importance of Health Information Privacy,” in S.J. Nass et al. (eds), *Beyond the HIPAA Privacy Rule: Enhancing Privacy, Improving Health Through Research* (Washington, DC, US: National Academies Press, 2009).



surveillance, criminalization, incarceration, and exclusion instead of essential health and legal services, these bills will make our communities less healthy, less safe, and less just.