

Submission to Standing Committee on Citizenship and Immigration
Bill C-12: *Strengthening Canada's Immigration System and Borders Act*
November 2025

The [HIV Legal Network](#) promotes the human rights of people living with HIV or AIDS and other populations disproportionately affected by HIV, punitive laws and policies, and criminalization, in Canada and internationally. For more than three decades, we have advocated for immigration laws and policy grounded in evidence, human rights, and public health.

Bill C-12 will overhaul how people in Canada can access refugee protection or maintain lawful status by introducing new eligibility bars to refugee protection, broadening government discretion to end refugee claims, granting government sweeping new powers to cancel immigration status, and authorizing increased data-sharing of personal information across government agencies and with foreign governments.

If the goal is to remove people from Canada quickly, Bill C-12 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 fear and poverty, causing enforcement and healthcare costs to rise.ⁱ

- **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.ⁱⁱ 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 Immigration and Refugee Board (IRB). PRRAs provide fewer procedural safeguards, resulting in more mistakes and more appeals.ⁱⁱⁱ For those who cannot be deported – such as people from countries under a deportation moratorium – 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.

- **Increased barriers to healthcare:** Bill C-12 will create widespread gaps and uncertainty in access to healthcare.
 - People redirected from the IRB to the PRRA will spend extended periods under the Interim Federal Health Program (IFHP) – a temporary, federally funded plan that provides limited healthcare coverage.^{iv} Frequent errors in PRRA decisions mean that more people will remain on IFHP for longer.^v IFHP excludes many essential services, is poorly understood by patients and providers, and is applied inconsistently across the country.^{vi}
 - 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.^{vii} 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, which will result in significant negative individual and public health consequences.
- **Increased reliance on immigration detention:** Bill C-12 will increase the number of people in detention both within Canada and through returns to the US under the *Safe Third Country Agreement* (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.^{viii} Immigration detention in Canada causes severe and lasting psychological harm and disrupts access to essential healthcare, including for people living with HIV.^{ix}
 - By expanding and reinforcing the STCA, Bill C-12 will also return more people seeking protection in Canada to US immigration detention.^x Many will be detained in unsafe and abusive conditions where access to 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.^{xi}

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

ⁱ 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.

ⁱⁱ 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.

ⁱⁱⁱ 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>.

^{iv} 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.

^v 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>.

^{vi} 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>.

^{vii} 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

^{viii} 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.

^{ix} See, e.g., 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.

^x 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>.

^{xi} See, e.g., C. Patley et al., “The health-related experiences of detained immigrants with and without mental illness,” *Journal of Migration and Health* (2025) 11.