

## Board Meeting Minutes

**Date and time:** June 18, 2021  
12:30 – 4:30 p.m. ET

**Session type:** Open

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**Chair** Mel Cappe

**Recording secretary** Ashley Haugh

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### Attendees

**Board:** Bob Adkins; Kelly Butt; Craig Knight; David Lehberg; Anne McFarlane; Lorraine Muskwa; Dr. Brian Postl, Dunbar Russel; Dr. Jeff Scott; Judy Steele; Glenda Yeates; Victor Young

**Executive Management Team:** Dr. Graham Sher (Chief Executive Officer); Jean-Paul Bédard (Vice-President, Plasma Operations), Judie Leach Bennett (Vice-President, General Counsel and Chief Risk Officer); Dr. Christian Choquet (Vice-President, Quality and Regulatory Affairs); Dr. Isra Levy (Vice-President, Medical Affairs and Innovation); Ralph Michaelis (Chief Information Officer); Andrew Pateman (Vice-President, People, Culture and Performance); Dr. Chantale Pambrun (Co-Acting Vice-President, Medical Affairs and Innovation); Dr. Tanya Petraszko (Co-Acting Vice-President, Medical Affairs and Innovation); Pauline Port (Chief Financial Officer and Vice-President, Corporate Services) Rick Prinzen (Chief Supply Chain Officer and Vice-President, Donor Relations); Ron Vezina (Vice-President, Public Affairs)

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### Guests

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### Regrets

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#### 1. Call to order (M. Cappe)

Mel Cappe, Chair, called the meeting to order and welcomed all in attendance to Canadian Blood Services' second virtual open board meeting.

### 1.1 Acknowledgment of traditional territory (M. Cappe)

As the meeting was held in a virtual format, it was acknowledged that the land on which M. Cappe was located is the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee, and the Wendat peoples.

June is Indigenous History Month and the organization has celebrated and recognized the contributions of Indigenous Peoples to Canadian Blood Services as employees, donors, and volunteers. The recent devastating discovery of a mass grave at a former residential school in Kamloops is a terrible reminder of the devastation caused by the residential school system. It is also a reminder that the trauma is ongoing, and that injustices and inequities are still experienced by Indigenous Peoples and their communities across Canada. Canadian Blood Services has a role to play in improving relationships and building trust with Indigenous Peoples. The progress we make is important in helping us better meet the needs of Indigenous patients.

June is also Pride month, and Canadian Blood Services does have work to do with LGBTQ+ communities. Canadian Blood Services has been criticized for its time-based blood donation policy deferring men who have sex with men. The organization's goal is to move toward a sexual behaviour-based model for screening donors (rather than the current three-month deferral for men who have sex with men).

### 1.2 Introduction of board members and executive management team (M. Cappe)

Members of the board and executive team were introduced.

## 2. Approval of agenda (M. Cappe)

After review, **ON MOTION** duly made and seconded, the agenda for the meeting was approved.

## 3. Declaration of conflict of interest (M. Cappe)

There were no conflicts of interest declared.



#### **4. Patient story**

Canadian Blood Services' commitment to patients is a primary focus for the board. The board reinforces this commitment by starting each board meeting with a patient story; in-person or by video.

Munira Premji shared her story as a recipient of blood products and stem cells during her cancer treatments. She has survived for nine years since being diagnosed with the first of three cancers. Without blood donations, she would have died before her very first dose of chemotherapy and she shared her extreme thanks to the donors who provided life saving products.

#### **5. Report of the Chair (M. Cappe)**

M. Cappe, Chair, shared:

- Canadian Blood Services and its employees have remained adaptable and resilient to the evolving waves of the pandemic.
- The organization has continued to contribute to support pandemic-related efforts. The organization was able to quickly set up new lab functionality and is testing tens of thousands of samples to contribute to seroprevalence studies for Canada's COVID-19 Immunity Task Force.
- The convalescent plasma research the organization participated in demonstrated the ability to identify suitable donors and contribute to the successful research conducted to better understand whether convalescent plasma was a useful treatment for COVID-19 patients.
- Travel restrictions initially had an impact on organ donation and transplantation. However, the restrictions also expedited a long-time goal of transporting kidneys from living donors rather than having donors travelling to undergo surgery in the hometown of the recipient in need.
- At the beginning of the pandemic, Canadian Blood Services proactively procured immunoglobulin on the international market to ensure supply for Canadian patients.
- One of Canadian Blood Services' main goals in the plasma space continues to be securing a long-term domestic supply of plasma for immunoglobulin. The pandemic has highlighted the risk of relying on international supply chains. This is particularly true for plasma.

- Canadian Blood Services has remained on track to increase plasma collection and secure a long-term domestic supply of plasma for immunoglobulin. With the support of the provinces and territories (PTs), the organization has opened three plasma donation centres (PDCs) in Sudbury, ON (August 2020), Lethbridge, AB (December 2021), and Kelowna, BC (June 2021). Eight additional PDCs are planned to be opened over the next three year. The federal government has announced \$20M in funding to support the opening of the eight additional sites. The next two sites will be in Ontario (Ottawa and Brampton) and will open in spring 2022. The support of federal, provincial, and territorial governments is appreciated as the organization works to increase Canada's plasma self-sufficiency to at least 50 per cent as quickly as possible and to ensure a domestic, end-to-end supply chain of immunoglobulin in this country
- Canadian Blood Services is seeking a move to a behaviour-based screening model for men who have sex with men (MSM) to be able to donate source plasma. Based on ongoing research, a submission has been made to Health Canada and is currently under review. If approved, this incremental change in the screening process for source plasma donors will be initially introduced at two plasma collection sites in fall 2021.
- The organization remains committed to the goal of moving to a sexual behaviour-based screening model for all donors.
- The board continues to monitor the health and wellness of employees. New safety nets to ensure financial stability and COVID-related leave have been added to support employees.
- On behalf of the board, thank you to Canadian Blood Services' dedicated employees and volunteers, especially those on the frontlines, for providing excellent service and keeping Canada's Lifeline strong.
- The board would also like to recognize our government partners who have assisted the organization to ensure the ongoing delivery of blood and blood products to every patient, when they need it, across the country.

## **6. Report of the CEO (G. Sher)**

Dr. Graham Sher, CEO of Canadian Blood Services, presented the 2020-2021 end of year review, including an overview of:

- Key achievements in 2020-2021: continued to meet customer needs despite unprecedented demand and supply volatility; maintained operations in a state of control; accelerated efforts in plasma and immunoglobulin security of supply; contributed to the



national COVID-19 response; continued focus on maintaining and improving the mental and physical health of all employees

- Fresh blood products
  - Continued to meet hospital demand and maintain well-balanced fresh blood product inventory:
    - Adjusted collection plans
    - Shifted collections volume to fixed donor centres
    - Remained responsive to supply disruptions through business continuity plans, a national network and the agility to pivot collections and donor recruitment
    - Worked with the National Emergency Blood Management Committee (NEBMC) and other health system partners
  - Reviewed inventory management; hospital fill rates; demand and inventory management decisions; red blood cell (RBC) shipments and whole blood collection; RBC inventory and discard rates; platelet shipments and collections; safety and surveillance
- Plasma protein and related products (PPRP)
  - New processes were adopted to increase efficiency and adapt to changing environments
  - Previous supply chain concerns during COVID-19 have been alleviated with proactive demand and supply management
  - Continued to mature the PPRP program
  - Reviewed immunoglobulin utilization and sufficiency; factor VIII concentrate; C1 inhibitors
- Stem cells
  - Stem cell programs have adapted to minimize impact to operations, employees, donors and patients
  - Reviewed trends / statistics for the stem cell registry; cord blood bank; autologous stem cell program
- Organs and tissues



- National donation and transplants rates decreased significantly, including the Kidney Paired Donation program and the Highly Sensitized Patient program.
- Significant work to support the community in its response to the pandemic, led to system improvement.
- Reviewed statistics regarding organ donations in Canada during COVID-19; kidney transplants facilitated; living and deceased donations rated compared internationally; organ transplant rates in Canada over time
- Research contributions
  - Contributed to research advancements in transfusion science
  - Supported clinical decision making for better patient outcomes
  - Continued to evaluate COVID-19 immunity among blood donors to inform public health policies
  - Supported therapeutic studies for COVID-19 convalescent plasma use
- Strategy review
  - Preparing for the post-pandemic future
  - Meet changing patient needs by providing lifesaving products
    - Continued to innovate products and services to meet patient needs: pathogen inactivation technology; collaborating on developing longer shelf-life products (cold platelets, freeze-dried plasma) and new products (whole blood)
  - Build and deepen relationship with the donors of the future
    - Continued to focus on the donor experience during the pandemic: increased digital bookings; established whole blood donor diversity targets; expanded donor experience technology capabilities
    - Donor satisfaction and engagement continued to be strong
    - Working to expand source plasma donor eligibility for MSM
    - Canadian Blood Services' end goal is to implement gender-neutral, behaviour-based screening for all donors. Based on research and evidence, a submission will be submitted to the regulator by the end of 2021 to reach this goal.



- Ensuring a secure of Canadian plasma for immunoglobulin
  - Growing domestic plasma supply for Canadian patients: exceed annual volume targets
  - Mitigated the impacts of COVID-19 on global supply of immunoglobulin: collecting more plasma in new sites (three) and current operations; eight more additional sites by 2024
- Create an engaging and empowering employee experience
  - Identified critical areas to enhance the employee experience: safeguard the wellbeing of employees; selected as National Capital Regional's top employers under the Canada's Top 100 Employers competition; enhanced engagement across the organization
  - Proactively acted throughout the year to support the mental and physical well-being of the workforce: hosted three live panel discussions regarding mental health; completed mental health first aid pilot; leader pulse survey
  - Diversity, equity and inclusion
    - Issued public anti-racism statement and commitment to diversity, equity and inclusion
    - Beyond diversifying the workforce, focus on creating culture of inclusion and respect
    - Launched the Respectful Workplace eLearning module
    - Enrolled in the federal government 50/30 Challenge
    - Implemented changes to recruitment, hiring, development and promotion process
    - Launched new employee resource groups
    - Continuing to look forward – preparing leaders; leading with empathy; being willing to make mistakes and show vulnerability
  - Continued monitoring of occupation health and safety
- Achieve organizational excellence
  - Continued the commitment to excellence: advanced hospital online ordering; connected mobile donor centres



- Public trust in Canadian Blood Services remains strong
  - Overall, the quality index showed acceptable results
  - The pandemic has introduced challenges increasing productivity in collection environments due to safety and wellness requirements to protect employees and donors
  - Strong hospital and physician satisfaction
- Reviewed summary of financial results
  - Delivered strategic change in 2020-2021 and effectively responded to the COVID-19 crisis

Discussion included:

- As hospitals deal with the backlog of surgeries cancelled due to COVID-19, management is working with partners and closely monitoring demand for blood products to ensure supply needs are met. Collections can be increased to meet increased demand.
- Organ donation and transplantation has been delayed during the pandemic and the number of patients waiting for a transplant will have increased. The board will receive a further update on OTDT, including the COVID-19 impact, at the September 2021 board meeting.
- Canadian Blood Services will continue to contribute to national COVID-19 activities – e.g., continued participation in seroprevalence studies, etc. – and welcomes the opportunity to contribute to ongoing public health surveillance activities where possible.
- There is no deferral period for donors after receiving a COVID-19 vaccine and blood products from vaccinated donors are safe to provide to patients.
- COVID-19 has had an impact on the ability to attract new donors through traditional means such as walk-ins as all appointments must be pre-booked to ensure appropriate physical distancing and donor flow. However, Canadians have answered the need for blood donation when asked.

## **7. Approval of the Audited Consolidated Financial Statements (J. Steele)**

The board received the Audited Consolidated Financial Statements. Discussion included:

- The external auditors have completed their audit and will issue a clean audit opinion.



- The Finance and Audit committee reviewed the results and met with the external auditors to discuss the audit.
- Inventory continues to be high (mainly in immunoglobulin) and has placed some pressure on the organization's cash position which was at 14 days at year-end (the low end of a target of 14-45 days). However, this has been partially offset by healthy Member receivables.
- Incremental COVID-19 costs of \$18.3M were managed through cost reductions and reprioritization.

*After review and discussion, **ON MOTION**, duly made, seconded and carried, **IT WAS RESOLVED THAT** the board approve the Canadian Blood Services Audited Consolidated Financial Statements for the year ended March 31, 2021.*

## **8. Public questions and answers**

A question and answer period, open to any member of the public was held during the meeting.

Question: Eighteen months into the pandemic, what lasting impacts do you think COVID will have on the blood system?

Answer: There are short, medium- and long-term impacts COVID will have. Measures to keep employees and donors safe such as masks and physical distancing will continue for some time. There will also continue to be volatile supply and demand for blood products for some time as the organization will need to remain agile and be able to adapt to changing needs. As a publicly funded organization, there will be a period of very significant fiscal constraint for years to come and the organization will need to evolve the blood system within these constraints. Other impacts include the redesign of where and how employees do their work; a heavier reliance on digitalization and automation; human behaviour has changed during the pandemic and the organization will need to further evolve its relationship with donors to ensure an exceptional donor experience in a post-pandemic world.

Question: There is a lot of talk about plasma donors helping COVID patients. What happened to that program?

Answer: Canadian Blood Services collected and tested COVID convalescent plasma (CCP) to support a series of clinical trials across Canada. The Canadian and other clinical trials showed that CCP did not have the positive clinical outcome that was hoped, so the trials were ended, and Canadian Bloods Services stopped collecting CCP. If there are additional trials,

Canadian Blood Services is willing and able to support additional trails through the collection of additional CCP.

Question: Is there any plan or research underway about malaria that might allow people who have had malaria to eventually be blood donors?

Answer: There is not an easily usable test to screen every donation for malaria, so blood operators, including Canadian Blood Services, have had to adopt safety protocols through a series of donor questions that would signal the potential that a donor may have been exposed to malaria – e.g., travelled or lived in certain geographic regions where malaria is endemic. The organization constantly revises and updates malaria endemic regions following guidance from entities such as the Centre for Disease Control. It is an area of research that is continually monitored. The ideal situation would be a suitable test that is sensitive enough to identify malaria in blood donations, but unfortunately that doesn't exist yet.

Question: The UK has moved to a new model of gender-neutral screening. Will Canadian Blood Services follow that approach and if so, when?

Answer: For some time, it has been Canadian Blood Services' intent to move away from time-based deferrals for MSM, for all blood components, to a gender-neutral sexual behaviour-based policy asked of all donors. It is Canadian Blood Services' intent to make a submission to the regulator by the end of 2021 to put in place a policy similar to the UK. The organization is building the necessary evidence and science to support the submission. The submission will need to be approved by Health Canada, so a final timeline for implementation has not been determined yet.

Question: I am a nurse at a busy hospital. Whenever I can I encourage people to donate blood. Lately I have heard people talk about not being allowed to make a donation if they have had a COVID-19 vaccine. Is there any truth to that?

Answer: It is acceptable for individuals who have recently received a COVID-19 vaccine to donate. However, if they are having a side effect to the vaccine (e.g., fever, feeling unwell), they wouldn't pass the screening and wellness criteria on that day. If they aren't having any symptoms, someone who has been recently vaccinated can donate. The regulator, manufacturers, and Canadian Blood Services have looked at vaccine data and determined it is safe for donors to donate after receiving a COVID-19 vaccine and it is safe for a patient to receive blood from someone who has recently been vaccinated.

Question: I recently saw one of the Canadian Blood Services trucks at my local hospital which I was assuming delivering blood for patients. There must be hundreds of delivery trucks driving around the country each day. What is the carbon footprint of those trucks? Are you looking at replacing these vehicles with electric vehicles in the future? Are there other things you are doing to go green within your operations?

Answer: The Canadian Blood Services' fleet drives many kilometres a year collecting and delivering blood across the country. The carbon footprint of the fleet is approximately 10 per cent of the organization's total carbon footprint. A number of opportunities to modernize our fleet – e.g. fuel efficient, hybrid, or full electric vehicles - are being examined including the cost to accelerate the modernization of the fleet.

Canadian Blood Services has recently built a new facility in Calgary, AB, which is the organization's largest facility in western Canada. It has a large array of solar panels and they contribute between 20 to 30 percent of the facility's energy needs daily. Canadian Blood Services does have a Corporate Social Responsibility program and the organization is seeking to advance work in this area.

Question: Is there any concern for one of the coronavirus variants to become transmissible through blood?

Answer: Canadian Blood Services has subject matter experts in infectious disease, epidemiology, etc. and many physicians and scientist on staff who are constantly assessing transmission of agents through blood products. Respiratory viruses like the coronavirus are not blood borne viruses. There is no risk of acquiring COVID-19 through a blood product. The organization is constantly reviewing known and emerging pathogens to determine the likelihood of transmission through transfusion or from an organ or stem cell transplant. This is why pathogen inactivation technology is so important; once the technology is fully deployed it becomes another layer of safety.

Question: I saw an online ad for Canadian Blood Services and didn't recognize the logo. What happened to the blood drop and the "*it's in you to give*" slogan?

Answer: The organization undertook a review of its brand and value proposition to Canadians. Canadian Blood Services has evolved, and the brand needed to represent all the patients and groups being served (blood, plasma, stem cells, organs and tissues). The tagline of "*it's in you to give*" was popular, but it only reflected the donor. As *Canada's Lifeline*, Canadian Blood

Services is part of an integrated system, and it is important to highlight the connection between donors and recipients, patients and clinicians, etc. The blood drop did not disappear in the new logo, it is simply turned on its side as the red part of the infinity symbol with the green side of the symbol reflecting the transplant side of the business.

Question: How is the supply of immunoglobulin? Are we anticipating any supply issues as a result of the reduction of plasma collection in the US?

Answer: The supply of immunoglobulin was extremely challenging before COVID and has been exacerbated by the pandemic. There has been a reduction of collection in the US and manufacturing challenges around the world where plasma is fractionated. As this supply issue heightened at the beginning of the pandemic, Canadian Blood Services acquired more immunoglobulin product than had been contracted through established commercial contracts. This ensured the immunoglobulin supply needs for Canadian patients would not be interrupted.

Question: Have the prices for immunoglobulin remained the same or have there been increases for how much Canadian Blood Services pays for immunoglobulin?

Answer: Canadian Blood Services enters into multi-year contracts with suppliers that generally have a fixed price. Products purchased through these contracts have remained at the contracted price. Additional immunoglobulin purchased outside of the contracted amounts was bought at the market price, which increased during the pandemic. Canadian Blood Services is on a path to collect more plasma. There hasn't been an increase in the price of plasma Canadian Blood Services collects, so it is demonstrating the benefit of a domestic capability to collect plasma to ensure security of supply for Canadian patients.

Question: it was mentioned that CBS supported the COVID Immunity Task Force and collected a little more blood during the donation so a sample could be used for testing. Did you have to get written consent for donors for this?

Answer: Consent is central to the work Canadian Blood is doing for the COVID Immunity Task Force. An extensive analysis was done before the organization agreed to participate in the seroprevalence work, including a review by the organization's Research Ethics Board. The testing done for COVID-19 antibodies is anonymized (i.e., cannot be tied back to a specific donor), and, as donors already consent that their blood can be used for research purposes, the seroprevalence work is captured under that consent.

Additional blood samples have not been collected from donors for this work. As part of all blood donations, a small portion of blood is retained for routine testing and there is typically a small amount of serum left over after testing has been complete. It was determined that this excess serum could be used for the seroprevalence testing.

## **9. Public Presentations (M. Cappe)**

At each open board meeting, members of the public and stakeholders are given the opportunity to present to the board. The following individuals presented to the board and all will receive a written response following the board meeting.

### **9.1 Angela Diano, Executive Director, Alpha-1 Canada**

A. Diano expressed Alpha-1 Canada's ongoing concern regarding access to augmentation therapy for Alpha-1 patients. The provinces and territories have agreed to a category review for augmentation therapy (ZEMAIRA®); however, Alpha-1 Canada would like access to the augmentation therapy on an interim basis while the review is being conducted and/or an expedited review process. Alpha-1 patients will continue to have irreversible lung deterioration during the review process and there is no alternative treatment for Alpha-1 patients. An Alpha-1 patient story was shared with the board.

Response: The board appreciated the opportunity to hear Kelly's story, and to gain further insight into the real-world effects of this disease, and the impact it has on all facets of life. Canadian Blood Services is pleased that ZEMAIRA® has been approved to go through the Canadian Blood Services-CADTH Interim PPRP Review Process and looks forward to the manufacturer making the submission so that the review can begin in the near future. Until that review process has been completed and a decision to list the product is made by provincial and territorial governments, there is no avenue for Canadian Blood Services or governments to facilitate interim access to this product. In the meantime, as appropriate, it is recommended that patients in need connect the manufacturer directly to explore compassionate access.

### **9.2 Kat Lanteigne, Executive Director, BloodWatch.org**

K. Lanteigne thanked the organization for its continued work and commitment during the pandemic. The repeal of Alberta's *Voluntary Blood Donations Act* highlights the need for federal protection of blood and plasma in Canada. BloodWatch will be working to have the Act reinstated in Alberta and have voluntary blood donation legislation enacted in other provinces

and territories. K. Lanteigne also shared information on a new organization in Guelph, ON, Project Life Bank, a youth-run organization spreading awareness of blood donation. A request was also made to have BloodWatch representation on a Canadian Blood Services committee.

Response: Canadian Blood Services is grateful for the support of federal, provincial and territorial governments as the organization increases plasma collection to ensure a stronger domestic immunoglobulin supply for Canadian patients. Current plan calls for eight additional plasma donor centres, in addition to the three plasma donor centres previously announced and underway in Sudbury, ON, Lethbridge, AB, and Kelowna, BC. The next two plasma donor centres will be in Ontario (Brampton and Ottawa) and are expected to open by spring 2022. Planning has begun for another PDC to open in fall 2022. The locations and formal budget approval by provincial and territorial governments for the remaining five plasma donor centres are still to come as per our annual funding process.

Canadian Blood Services is looking forward to a broader dialogue with federal, provincial and territorial governments to determine how, as a country, we must mitigate any unintended consequences of commercial collection to national blood system operations. Stakeholder engagement will play an important role in these discussions in the coming months.

Canadian Blood Services will continue discussions with governments and relevant stakeholders as we work to mitigate and manage risks, and meet patient needs in this country.

The board appreciates the work Project Life Blood is doing to inspire the next generation of blood donors.

### **9.3 Jacquie Badiou, President, HAE Canada**

J. Badiou shared the recent successes in accessing treatment for Canadian HAE patients. She also expressed thanks to Canadian Blood Services employees for their ongoing engagement with HAE Canada.

Response: Canadian Blood services is pleased with the advances made to secure treatment for Canadian HAE patients.

### **9.4 Dr. Gary Kinsman, Professor Emeritus in Sociology, Laurentian University**

Dr. Kinsman shared concern regarding antiblack racism and homophobia and that it continues in the institutional practices and policies of organizations like Canadian Blood Services and must be addressed. He also expressed that Canadian Blood Services has never had any

sustained self-criticism of the harm and discrimination of these policies, and that it is necessary to address the historical past and how it lives on in the historical present.

Response: The presentation raised several important points which require deeper reflection within the organization, particularly around the need to develop greater understanding and application of intersectionality in our diversity, equity, and inclusion work. The board discusses diversity, equity and inclusion issues at every meeting.

#### **9.5 Dr. Stephanie Nixon, Professor, University of Toronto, Temerty Faculty of Medicine, and the Dalla Lana School of Public Health**

Dr. Nixon shared that an approach to equity, diversity, and inclusion (EDI) that is informed by principles of anti-oppression and intersectionality is what is needed to ensure real change in society, institutions such as Canadian Blood Services, and individuals. She expressed that there has been little role modeling in healthcare organizations on this approach to EDI, so it is not a common approach, and that Canadian Blood Services needs to take urgent action.

Response: The presentation raised several important points which require deeper reflection within the organization, not the least of which, is whether this organization would choose to maintain the status quo, or if it would embrace change. Neither this board, nor the executive management team at Canadian Blood Services has any interest in maintaining the status quo and acknowledge that change is required, and we are committed to undertaking that transformative work.

#### **9.6 Renee Dumaresque, Showing Up for Racial Justice Toronto; PhD candidate York University**

R. Dumaresque expressed concern over the lack on an intersectional approach in addressing discrimination in policies and practices as well as discrimination at the systemic institutional and interpersonal level at Canadian Blood Services: particularly, the harm cause to the Black and Black Queer communities. Efforts to address DEI need to include listening and responding to issues raised by the community. Investigations into racism and anti-Black racism need to involve experts in anti-Black racism.

Response: The presentation, like the other presentations, described the importance of intersectionality. The board and management understand that this is an area that requires focus and capacity building within the organization.



**9.7 Dr. Nathan Lachowsky, Associate Professor, School of Public Health & Social Policy, Faculty of Human & Social Development, University of Victoria; Michael Smith Foundation for Health Research Scholar; President, Canadian Sex Research Forum**

Dr. Lachowsky expressed concern regarding Canadian Blood Services' transparency and process in addressing intersectional anti-Black racism, homophobia, transphobia and other forms of oppression. He expressed that organizations created largely by and for white, cis-gender, heterosexual Canadians, need to be prepared to engage thoughtfully when people who don't share in these privileges highlight failures to be inclusive.

Response: Canadian Blood Services is deeply committed to DEI initiatives and the board will hold the organization to account. Tracking progress is part of the performance reporting that will be received and monitored by the board.

M. Cappe thanked the board, management, employees, stakeholders, and members of the public for participating in the virtual open board meeting.

The open board meeting adjourned at 4:30 p.m. ET

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