

COURT OF APPEAL OF ALBERTA

Form 49
[Rule 13.19]

COURT OF APPEAL FILE NUMBER: 2501-0254AC
TRIAL COURT FILE NUMBER: 2410-01231
REGISTRY OFFICE: Calgary
PLAINTIFF/APPLICANT: Aaron Brown
STATUS ON APPEAL: Appellant
DEFENDANT/RESPONDENT: His Majesty the King in Right
of Alberta and Recovery
Alberta: Mental Health and
Addiction Services
STATUS ON APPEAL: Respondent



DOCUMENT: **AFFIDAVIT IN SUPPORT OF AN
APPLICATION FOR LEAVE TO INTERVENE**

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AFFIDAVIT OF STEVEN STAPLES

Affirmed on March 9, 2026

I, Steven Staples, of the City of Toronto in the Province of Ontario affirm:

1. I am the Director of Policy and Advocacy for the Canadian Health Coalition (CHC).
2. I hold a Bachelor of Education from the University of New Brunswick and a Master of Leadership and Community Engagement from York University. I am a writer and a committed advocate for peace and social issues.
3. The Canadian Health Coalition (CHC) is dedicated to preserving and enhancing Canada's public health care system for the benefit of all residents of Canada, regardless of economic, social, citizenship, or other status. Founded in 1979, CHC includes organizations representing seniors, women, faith groups, students, consumers, labour unions, recent immigrants, and health care professionals from across Canada. CHC is dedicated to promoting informed discussion and assessment of public policy and legislation linked to access to health care based on reliable evidence and full consideration of the interests and needs of disadvantaged groups.
4. CHC believes that access to health care is of fundamental importance to the rights of every resident of Canada and that the administration and operation of Canada's health care and publicly funded health insurance system must be thoroughly transparent, accountable, and subject to rigorous scrutiny for compliance with rights guaranteed by the *Canadian Charter of Rights and Freedoms* [the *Charter*] and international human rights law.

5. CHC is requesting leave to intervene in this appeal jointly with two other organizations, the Charter Committee on Poverty Issues and the Friends of Medicare, represented by a single legal team and making joint submissions.

6. The CHC is unable to assume liability for an award of costs against it and seeks leave to intervene with an order providing that costs will not be sought by or awarded against it.

CHC's Unique Work and Expertise in Access to Health Care: Research, Public Education and Advocacy

7. CHC conducts in-depth research and analysis of issues affecting access to essential publicly funded health care and provides extensive information on these issues through its website, which is the repository for a substantial library of archival material and is widely recognized as one of the best sources of up-to-date information about Canada's health care system. These resources include a recent blog post which I co-authored, on substance use and mental health care as critical components of universal publicly funded health care.

8. CHC has organized national and regional conferences, hosted roundtable discussions and webinars, circulated petitions, organized public service announcements, led both traditional and social media campaigns, and responded to hundreds of public speaking requests about health and access to health care. CHC is frequently called upon to provide national and regional media with analysis and commentary concerning Canada's health care system. CHC has also made numerous

presentations to parliamentary and legislative committees, met with provincial and federal politicians as well as First Nations' leaders, organized teach-ins and lobby sessions on Parliament Hill, and otherwise engaged in public advocacy to promote the maintenance and enhancement of the public health care and health insurance system and ensure universal access to health care.

9. CHC has conducted extensive research and advocacy over many years on the issue of access to health care and medications by disadvantaged groups and the need for a universal pharmacare plan, advocating for universal access to pharmaceuticals based on need rather than ability to pay consistent with the principles of the medicare system. On May 23, 2024, CHC was invited to appear before the Standing Committee on Health (HESA) to provide input on Bill C-64, the *Pharmacare Act*.

10. On June 20, 2024, CHC and the University of Ottawa's Centre for Health Law, Policy and Ethics organized the *Canada Health Act at 40 Research Roundtable* at the University of Ottawa with 75 researchers. One of the subjects addressed by experts at the roundtable was the relationship between the *Canada Health Act* and funding for substance use health care and mental healthcare.

11. The Canadian Health Coalition's largest-ever lobby on Parliament Hill took place February 9–11, 2026 in Ottawa, with more than 200 health care workers and advocates meeting face-to-face with Members of Parliament and Senators over three days to discuss concerns and to provide information about their direct experience of the health

care system. The toxic drug crisis and substance use care were topics which frequently came up in discussions with parliamentarians.

Participation in Court Cases

12. CHC has also engaged in litigation to promote the maintenance and enhancement of the public health care system and protect universal access to health care based on need. For example, in light of criticisms from Auditors General of Canada of the performance of the Federal Minister of Health in regard to transparency and accountability requirements under the *Canada Health Act*, and in response to CHC members' own observations and concerns, CHC sought and was granted standing jointly with several other non-governmental organizations to bring an action in the Federal Court for declaratory and other relief under the *Canada Health Act* in *Canadian Union of Public Employees v. Canada (Minister of Health)*, 2004 FC 1334.

13. CHC was granted intervener status jointly with the Charter Committee on Poverty Issues (CCPI) before the Supreme Court of Canada in *Chaoulli v. Quebec (Attorney General)*, [2005] 1 S.C.R. 791. CCPI and CHC argued that access to timely and effective health care is a component of the rights to life and security of the person protected under section 7 of the *Charter* and that section 7 should be interpreted in light of Canada's international human rights obligations to guarantee access to health care based on need, and not ability to pay. CCPI and CHC emphasized that the *Charter* should ensure equal protection of the right to life and security of the person of those who, unlike the claimants in that case, lack the means to access private health care.

14. CHC was also granted intervener status in the case of *CanWest Media Works Inc. v. Canada (Attorney General)*, [2006] ONSC 37258. CHC provided assistance to the Court in considering a *Charter* challenge to the statutory prohibition on direct-to-consumer advertising of prescribed drugs by clarifying public policy and health care interests at stake in the regulation of pharmaceutical products.

15. CHC was also granted intervener status jointly with CCPI and FCJ Refugee Centre in *Toussaint v. Attorney General of Canada*, 2024 ONSC 6974. In his decision to dismiss the Attorney General's Motion to Strike in that case, Justice Perell summarized the submissions of the three joint interveners as, inter alia:

- i) that Canada has mischaracterized Ms. Toussaint's human-rights claim as being a matter of freestanding socio-economic rights when it is instead directly connected to the *Charter* right to life and to non-discrimination;
- ii) that Canada has misstated the current state of *Charter* law about access to essential health care, which is in flux and not settled;

16. It was clear from Justice Perell's reasons for dismissing the motion to strike in that case that these submissions were of considerable assistance to the court.

CHC's Interest, Unique Perspective and Expertise in the Issues in This Case

17. The issues raised in this case directly engage CHC's core mandate – to ensure access to publicly funded health care based on need and to ensure that the *Charter* is

interpreted and applied in a manner that affords full recognition to, and equal protection of, the right of access to publicly funded health care for the most vulnerable groups in Canadian society. CHC is committed to ensuring that access to effective remedies be available to those denied essential health care contrary to sections 7 and 15 of the *Charter*. CHC therefore has a significant interest in the outcome of this case.

18. CHC believes that access to publicly funded health care for persons with substance use disorders, based on need, should be recognized as an essential component of rights under the *Charter*, particularly the rights to life, to security of the person and to equality, when denial of access to publicly funded health care creates risks to life and fail to accommodate the needs of persons with substance use disorders.

19. CHC also has a direct interest in the court's determination in this case of whether the *Charter* provides the same level of protection of the right to life and non-discrimination in access to publicly funded as in privately funded health care. In the present case, the Attorney General of Alberta has relied on the Supreme Court of Canada's decision in *Chaoulli v. Quebec (Attorney General)* to argue that section 7 of the *Charter* only protects the rights to life and security of the person of those seeking access to privately funded health care, and does not apply to those in need of publicly funded health care, such as the appellants in the present case. In CHC's view, such a conclusion is based on a misunderstanding of the implications of the Court's decision in *Chaoulli*, and would be at odds with the core values underlying the publicly funded health care system and the *Charter* values which CHC is dedicated to promoting.

20. The longstanding engagement of CHC in research and advocacy on the issue of access to publicly funded health care will be of significant benefit to the Court in the present case. CHC's perspective and expertise in addressing barriers in access to publicly funded health care faced by vulnerable persons, including those with substance use disorders, will be of assistance to the Court in ensuring that the interest of persons relying on publicly funded health care are fully considered.

21. CHC seeks leave to intervene jointly with the Friends of Medicare and CCPI to provide a public-interest perspective, informed by its extensive experience and expertise in the interpretation and application of sections 7 and 15 of the *Charter* to access to essential health care and the positive duty to accommodate of the needs of persons with disabilities in the health care context. The submissions to be advanced jointly with Friends of Medicare and CCPI are outlined in the Memorandum of Argument.

22. CHC's joint intervention will not seek to expand the evidentiary record. It will rely on the record as it stands, focusing on the issues of *Charter* interpretation that arise in this case.

23. The submissions proposed by CHC, Friends of Medicare and CCPI will not duplicate those of the parties or other interveners. Rather, these submissions will offer a distinct perspective on the specific legal questions at issue regarding the scope of *Charter* protections, grounded in CHC's many years of research, consultation and litigation, including on access to health care for vulnerable and marginalized persons.

24. CHC has no direct pecuniary interest in the outcome of this appeal. Its interest is the public importance of the issues raised and the potential consequences for equitable access to medically necessary health services, including mental health and addictions services. CHC will not seek costs and requests an order that no costs will be awarded against it.

25. I make this Affidavit in support of CHC’s application for leave to intervene jointly with the Friends of Medicare and the Charter Committee on Poverty Issues.

Affirmed by video conference by)
Steven Staples located at the time in)
the City of Toronto in the Province of)
Ontario, before me in the City of)
Ottawa in the Province of Ontario on)
March 9th, 2026 in accordance with O.)
Reg. 431/20 Administering Oath or)
Declaration Remotely)
)
)
)
)



Martha Jackman
LAWYER
Notary Public in and for Ontario

Steven Staples