DRAFT — SUBMISSION TO THE UNITED NATIONS ON VIOLATIONS OF THE CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES

Re: Canada (Province of Alberta) — the Alberta Disability Assistance Program (ADAP) transition and the systemic retrogression of disability income support

> **Choose your pathway (see Part 6):** this document is drafted so it can be adapted for (a) an **individual communication** to the UN Committee on the Rights of Persons with Disabilities under the Optional Protocol (which Canada ratified in 2018), (b) a **submission to the UN Special Rapporteur on the rights of persons with disabilities**, and/or (c) a **shadow/parallel report** to the Committee during its periodic review of Canada. Individual communications require exhaustion of domestic remedies; the other two pathways do not.

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1. Submitting party

- **Submitted by:** [Name / organization], [contact details], [Alberta, Canada]
- **On behalf of:** persons with disabilities in Alberta transitioned from the Assured Income for the Severely Handicapped (AISH) program to the Alberta Disability Assistance Program (ADAP), including [the individual complainant(s), with consent].
- **State party concerned:** Canada (the measures are those of its province, Alberta, for which Canada bears international responsibility under Article 4(5) CRPD — the Convention extends to all parts of federal states without limitation).

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2. Summary

2.1 In 2025–2026 the Government of Alberta enacted and implemented a restructuring of disability income support that, on **July 2, 2026, automatically transferred tens of thousands of persons with disabilities** — from a caseload of approximately 79,290 people already medically assessed as unable to work — from AISH onto the lower-paying, work-conditioned ADAP, **without individual reassessment**, while **reversing the onus of proof** so that these persons must reapply and undergo fresh medical assessment to retain their prior benefit, and **removing the independent right of appeal** on medical eligibility.

2.2 The measure reduces monthly income by CAD $200, imposes assessment costs and administrative barriers that fall hardest on the most severely disabled, and outsources the assessment-and-conditionality apparatus to multinational contractors (AKG Canada, CAD $47M; Serco Canada, CAD $51M) replicating a United Kingdom model **documented to be associated with excess mortality and a measurable increase in suicides**.

2.3 These measures violate Canada's obligations under CRPD Articles **4, 5, 10, 19, 27 and 28**, and constitute an impermissible **deliberately retrogressive measure** contrary to Article 4(2).

3. The facts

3.1 **The programs.** AISH provides income and health benefits to Albertans with a permanent disability preventing them from earning a living. ADAP, created by the *Financial Statutes Amendment Act (No. 2), 2025* (Bill 12), is a lower-benefit program for persons with disabilities assessed as having some capacity to work.

3.2 **The transfer.** On July 2, 2026, the Government automatically moved tens of thousands of existing AISH recipients onto ADAP with no individual reassessment. Monthly benefits fall from CAD $1,940 (AISH) to CAD $1,740 (ADAP), cushioned by a temporary $200/month top-up payable from August 2026 to December 2027.

3.3 **The reversed onus.** Persons already determined unable to work must now reapply to AISH and undergo — and initially pay for — a new medical assessment to avoid the reduction. Only narrow exemptions (severe/profound developmental disability; palliative/terminal illness) were granted; **persons in continuing care and requiring round-the-clock care must still be reassessed.**

3.4 **The removal of appeal.** The independent right of appeal over the medical-eligibility (placement) determination is removed: that determination is made by the internal AISH Medical Review Panel and is final and not appealable. The Citizens' Appeal Panel continues to hear other, non-medical appeals.

3.5 **Outsourcing and the foreseeable harm.** ADAP's employment-services apparatus is run by multinational contractors (AKG Canada; Serco Canada) for an estimated 26,800 clients (2026–2029). The design replicates the U.K. Work Capability Assessment and work-conditionality regime, under which:

- the U.K. Government's own data (August 2015) recorded that **2,650 claimants died after being assessed "fit for work"** between December 2011 and February 2014, with ~7,200 more dying after placement in the Work-Related Activity Group (cause of death not officially recorded — cited as population-level risk, not individual causation);
- **coroners linked individual deaths to the assessment process**, including a finding that a "fit for work" assessment was the "trigger" for a suicide (Michael O'Sullivan) and Prevention of Future Death reports following the death of Philippa Day; and
- a peer-reviewed study (**Barr et al., *J Epidemiol Community Health*, 2016;70(4):339-345**) found the reassessment programme **independently associated with an estimated additional 590 suicides** and hundreds of thousands of additional mental-health cases, concentrated in the most deprived areas.

This same Committee found the U.K. regime responsible for "**grave or systematic violations**" of the Convention (Inquiry concerning the United Kingdom, CRPD/C/15/R.2/Rev.1, 2016). Comparable harm and official condemnation are documented in Australia (the Robodebt Royal Commission's finding that an analogous automated, onus-reversing scheme was "neither fair nor legal") and the United States (the Arkansas Medicaid work-requirement natural experiment:

coverage stripped from eligible people with no employment gain). The full record is set out in the accompanying *Comparative Evidence of Harm* dossier.

Alberta adopted this model with knowledge of that record.

3.6 **The harm has begun in Alberta.** On June 8, 2026, **Bruce Johnson**, 57, of Empress, Alberta, is believed to have died by suicide, leaving a written message attributing his deterioration to the AISH-to-ADAP transition and to his fear of being forced into employment activity despite a disabling mental-health condition. His death was publicly reported. It exemplifies the foreseeable, and now materializing, risk to the right to life engaged by the measures.

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4. The rights violated

Article 10 — Right to life

4.1 States must ensure the effective enjoyment of the right to life by persons with disabilities on an equal basis with others. Knowingly implementing a benefit-assessment and conditionality model empirically associated, in a comparable jurisdiction, with excess deaths and increased suicides — without adequate safeguards, and while removing independent appeal — places the lives and health of a vulnerable population at foreseeable risk, contrary to Article 10.

Article 28 — Adequate standard of living and social protection

4.2 Article 28 guarantees an adequate standard of living and access to social-protection programmes. Reducing the subsistence income of tens of thousands of persons with disabilities, and conditioning retention of prior support on a burdensome reassessment they are least able to complete, is incompatible with Article 28.

Article 5 — Equality and non-discrimination

4.3 Article 5 prohibits disability-based discrimination, including **indirect discrimination** and the denial of **reasonable accommodation**. A facially neutral “everyone reapplies” rule that disproportionately harms the most severely disabled, and a process that fails to accommodate cognitive, sensory, and access barriers, is discriminatory under Article 5.

Article 27 — Work and employment

4.4 Article 27 protects the right to work “freely chosen.” Coercing persons with disabilities into a work-conditioned stream — including persons medically determined unable to work — under threat of income loss is inconsistent with the free-choice principle of Article 27.

Article 19 — Living independently and being included in the community

4.5 Reducing income and destabilizing housing (compounded by related Alberta changes to rent calculation) threatens the ability of persons with disabilities to live independently in the community, contrary to Article 19.

Article 4(2) — Progressive realization and the prohibition on retrogression

4.6 Article 4(2) requires progressive realization of economic and social rights to the maximum of available resources. Deliberately **retrogressive** measures — here, cutting an existing benefit and removing procedural protections for a marginalized group — are permissible only in the most exceptional circumstances and require the State to demonstrate they were justified by reference to the totality of rights and all available resources. Alberta has made no such demonstration; on the contrary, it is the only Canadian province also clawing back the federal Canada Disability Benefit from this population.

Article 4(3) — Duty to consult

4.7 Article 4(3) requires close consultation with, and active involvement of, persons with disabilities in decisions concerning them. The measures were introduced with insufficient consultation, as documented by physician and advocacy bodies.

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5. On the objection that harm must first be proven

5.1 Any suggestion that the affected population must wait until deaths or breakdowns accumulate before international scrutiny attaches is incompatible with the Convention's preventive and protective purpose, and with the "First, do no harm" principle. The harm here is not speculative: it is **documented in the comparator jurisdiction, quantified in peer-reviewed literature, and already manifesting** in distress and hardship among affected Albertans. The precautionary logic of Article 10 (right to life) requires action on foreseeable risk, not post-hoc counting.

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6. Procedural pathways and admissibility

6.1 **Individual communication (Optional Protocol).** Canada ratified the CRPD Optional Protocol in 2018, permitting individual communications to the Committee. Admissibility requires **exhaustion of domestic remedies** (Art. 2, OP) unless their application is unreasonably prolonged or unlikely to bring effective relief. [State the domestic steps taken — e.g., appeals available/unavailable given the "final" Medical Review Panel; any judicial review; and argue unreasonable delay / ineffectiveness where applicable.]

6.2 **Special Rapporteur on the rights of persons with disabilities.** A submission may be made directly to the mandate holder requesting a communication to Canada and/or country attention; this does **not** require exhaustion of domestic remedies.

6.3 **Shadow/parallel report.** The submitting party may file a parallel report for the Committee's periodic review of Canada, documenting the ADAP measures as a systemic Convention concern; this likewise does not require exhaustion.

6.4 The submitting party requests that the Committee/Rapporteur [seek interim measures under Art. 4 OP to prevent irreparable harm; request information from Canada; and find the measures incompatible with Articles 4, 5, 10, 19, 27 and 28].

7. Relief / recommendations sought

7.1 That Canada be called upon to:

a. **suspend** the automatic transfer and the reassessment requirement, at minimum for persons in continuing care and with severe and profound disabilities;
b. **restore** an independent, accessible right of appeal on medical eligibility;
c. **reverse the onus** so that existing determinations of inability to work are presumed to continue absent a material change;
d. **restore** benefit levels and cease the retrogression;
e. conduct a **human-rights and mortality-risk impact assessment** before further implementation; and
f. **consult** meaningfully with persons with disabilities and their organizations.

8. Annexes (to attach)

- The individual complainant's statement and consent [if individual communication]
- Barr et al. (2016), *J Epidemiol Community Health* 70(4):339-345
- U.K. DWP mortality data (2015 release) and reputable reporting
- Alberta procurement documents identifying AKG Canada and Serco Canada
- Bill 12 and Government of Alberta ADAP materials
- Alberta Medical Association / Alberta Doctors' Digest statements
- Affidavits/letters documenting distress and hardship

This is a working draft for completion with counsel and a disability-rights organization experienced in international human-rights procedure. It is not legal advice. Confirm current CRPD/Optional Protocol procedure and admissibility requirements before filing.

Source Index

International instruments

- UN Convention on the Rights of Persons with Disabilities (CRPD) and Optional Protocol — https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html
- UN CRPD inquiry into the UK, CRPD/C/15/R.2/Rev.1 (2016) ("grave or systematic violations") — https://www.ohchr.org/Documents/HRBodies/CRPD/CRPD.C.15.R.2.Rev.1-ENG.doc
- OHCHR — Committee on the Rights of Persons with Disabilities / Special Procedures (complaint pathways) — https://www.ohchr.org

Alberta ADAP / AISH — program and facts

- Financial Statutes Amendment Act (No. 2), 2025 (Bill 12), creating ADAP — https://docs.assembly.ab.ca/LADDAR_files/docs/bills/bill/legislature_31/session_2/20251023_bill-012.pdf
- Alberta Disability Assistance Program (ADAP) — https://www.alberta.ca/alberta-disability-assistance-program ; How to apply — https://www.alberta.ca/how-to-apply-for-aish-and-adap
- Multinational contractors (AKG Canada; Serco Canada) — CBC News — https://www.cbc.ca/news/canada/edmonton/adap-multinational-contractor-aish-alberta-changes-9.7249421
- Alberta Doctors' Digest (AMA) — https://add.albertadoctors.org/issues/november-december-2025/pushing-back-against-changes-make-life-harder-disabled-albertans/
- Bruce Johnson — Global News https://globalnews.ca/news/11906553/alberta-suicide-aish-adap/ ; CTV News https://www.ctvnews.ca/calgary/article/danielle-smith-addresses-disability-benefits-following-death-of-aish-recipient/

Comparative evidence — complete source list

United Kingdom

- UN CRPD inquiry into the UK, CRPD/C/15/R.2/Rev.1 (2016) — https://www.ohchr.org/Documents/HRBodies/CRPD/CRPD.C.15.R.2.Rev.1-ENG.doc
- Coroner finding, Michael O'Sullivan (WCA "trigger" for suicide) — https://politicsandinsights.org/2015/09/22/fit-for-work-assessment-was-trigger-for-suicide-coroner-says/
- Coroner Prevention of Future Deaths warning, Stephen Carré (2010) — https://www.disabilitynewsservice.com/wca-death-scandal-dwp-and-atos-killed-my-son/
- Jodey Whiting (Independent Case Examiner 2019; second inquest 2025) — https://www.leighday.co.uk/news/press-releases/2025-news/coroner-finds-stopping-benefits-triggered-the-death-of-jodey-whiting-following-second-inquest/
- Errol Graham (starvation after ESA stopped) — https://www.disabilityrightsuk.org/news/2020/january/disabled-man-starved-death-after-dwp-wrongly-stopped-his-benefits
- Philippa Day inquest (Regulation 28 reports to DWP and Capita) — https://www.disabilityrightsuk.org/news/2021/june/dwp-responds-coroner%E2%80%99s-prevention-death-notice-following-tragic-death-philippa-day
- DWP mortality statistics (ESA/IB/SDA claimants), 2015 — https://www.gov.uk/government/statistics/mortality-statistics-esa-ib-and-sda-claimants
- Full Fact correction (the discredited "2,380 within weeks" figure) — https://fullfact.org/news/statistics-authority-calls-research-fit-work-deaths/
- National Audit Office, Benefit Sanctions (2016) — https://www.nao.org.uk/insights/benefit-sanctions/
- Barr et al., "First, do no harm," J Epidemiol Community Health 2016;70(4):339-345 — https://pmc.ncbi.nlm.nih.gov/articles/PMC4819657/
- Welfare Conditionality Project, Final Findings (2018) — https://eprints.whiterose.ac.uk/id/eprint/154305/

- Williams (2021), Social Policy & Administration — https://eprints.gla.ac.uk/215868/
- Pattaro et al. (2022), Journal of Social Policy (scoping review) — https://pmc.ncbi.nlm.nih.gov/articles/PMC7613403/

Australia

- Royal Commission into the Robodebt Scheme, Final Report (2023) — https://robodebt.royalcommission.gov.au/publications/report
- RMIT FactLab (Robodebt "2,030 deaths" figure corrected) — https://www.rmit.edu.au/news/factlab-meta/robodebt-not-directly-responsible-for-more-than-2000-deaths
- Senate inquiry, Disability Support Pension (2022) — https://www.sbs.com.au/news/article/disability-support-pension-applicants-are-being-forced-into-poverty-inquiry-hears/kkmob0fsd
- Senate inquiry, ParentsNext (2019) — https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/ParentsNext/Report
- Community Development Program penalties (NSSRN/NAAJA, 2020) — https://www.ejaustralia.org.au/cdppenalties/

New Zealand

- Welfare Expert Advisory Group, Whakamana Tāngata (2019) — https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/research/weag/index.html
- Understanding Welfare Sanctions in Aotearoa New Zealand (2021) — https://communityresearch.org.nz/wp-content/uploads/2021/08/Understanding-Welfare-Sanctions-in-Aotearoa-New-Zealand-July-2021.pdf

United States

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- Sommers et al., two-year impacts, Health Affairs 2020 — https://pmc.ncbi.nlm.nih.gov/articles/PMC7497731/
- Gresham v. Azar, 950 F.3d 93 (D.C. Cir. 2020) — https://law.justia.com/cases/federal/appellate-courts/cadc/19-5094/19-5094-2020-02-14.html
- Congressional Budget Office (2022), Work Requirements and Work Supports — https://www.cbo.gov/publication/58199
- Gelber et al. (2023), Journal of Public Economics (disability insurance and mortality) — https://www.sciencedirect.com/science/article/pii/S0047272723002153

Principle

- “The implementation of welfare policies are not held to the same ethical standards as research,” Frontiers in Public Health (2021) — https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2021.764559/full
- WHO Commission on Social Determinants of Health, Closing the Gap in a Generation (2008) — https://www.who.int/publications/i/item/WHO-IER-CSDH-08.1