

## Feds should review decision to cut refugee claimants' access to health care, says health coalition

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The Hill Times photograph by Jake Wright  
Citizenship and Immigration Minister Jason Kenney.

By PAMELA FRALICK, DEBRA LYNKOWSKI | Dec. 19, 2012

In April 2012, Citizenship and Immigration Minister Jason Kenney announced sweeping changes to the Interim Federal Health Program (IFHP), a program that, since 1957, has provided refugees to Canada with insurance coverage for medical services. Subsequent to the minister's announcement, a number of national organizations and professional associations representing Canada's health care providers and public health community asked the minister to repeal this decision, as it would severely limit access to health care for refugees. In the summer, modifications were quietly made and health care benefits for government-sponsored refugees were restored.

The consequences of limiting access to medical care for most classes of refugees are being seen and felt in emergency rooms and community health centres across the country. According to Canadian Doctors for Refugee Care, the impact of program changes are manifesting themselves in many ways: refugee children with asthma can't get inhalers; a refugee claimant in Saskatchewan was denied chemotherapy (the provincial government expressed its outrage at the federal government's decision and covered that refugee's care); a refugee claimant could not obtain prenatal screening; and another refugee child was denied coverage for a chest X-ray and was subsequently diagnosed with pneumonia. These are just a few examples. Our country's frontline health care centres and hospitals are witnessing and documenting more and more of such cases.

The Canadian Coalition for Public Health in the 21st Century, a pan-Canadian alliance of 30 health organizations, is concerned by the federal government's policy decision on the IFHP. The recent changes will continue to have consequences not only for refugee claimants' health and their dependents, but as well for Canadians' health. We are further concerned about additional changes coming into force on Dec. 15 through the adoption of the Designated Countries of Origin provision, which will once again reduce the number of refugees covered through the IFHP.

Untreated and inadequately managed health conditions are more expensive to manage and treat in the long run. Restricting access to health-related advice and primary care services for preventable illnesses will lead to people becoming sick with more serious conditions (some life threatening), a greater demand for costlier acute care services and consequently higher health care costs. We also know that poor health among disadvantaged and vulnerable populations (which is the case for almost all refugee claimants) is an important determinant of their future capacity to become productive and healthy citizens.

According to Citizenship and Immigration Canada, the IFHP was "introduced for humanitarian reasons" to "provide eligible clients with access to essential and emergency medical/pharmacy/optical/dental services that will contribute to optimal health outcomes in a fair, equitable and cost effective manner," including immunizations and other preventative medical care, essential prescription medications, vision tests, non-emergency dental care, some elective surgery, prenatal and obstetrical care. Conservative MP Rick Dykstra said in response

to a question from Liberal MP Kevin Lamoureux on Nov. 6, 2012, "CIC has received a significant amount of correspondence from Canadians who have asked that asylum seekers and protected persons no longer receive taxpayer funded benefits that are more generous than those received by the Canadian taxpayers who fund those benefits." This is not the case. In fact, the benefits provided through the IFHP align with the benefits provided to low-income Canadians through their respective provincial health insurance schemes.

We are concerned that the federal government did not use a health equity lens when weighing the pros and cons of its decision. Nor, in our opinion, did the government use an evidence-based approach to determine the health outcomes of such a policy shift.

CCPH21 urges the government to review its decision in light of the growing body of evidence of the health consequences of its changes to the IFHP. We also urge the government of Canada to meet with and take into consideration the calls by this country's health care professionals to review this policy decision. The Canadian Charter of Rights and Freedoms calls for the right to life, liberty, and security of the person for all people living in Canada, not only for Canadian citizens. We call upon the government of Canada to ensure that its policy decisions do not negatively infringe on the human rights of refugee claimants to receive needed health care services.

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