

Refugee Health Care: Impacts of recent cuts

On June 30, 2012, the federal government implemented cuts to its Interim Federal Health (IFH) Program, which covers basic health care for refugees, refugee claimants and certain other non-citizens.

IFH never covered more than essential services. Figures show that refugee claimants generally needed very little health care and cost the taxpayer significantly less than the average Canadian. Nevertheless, some refugees fall sick and need health care.

The new IFH rules create a complex series of categories, based on immigration status, which each have different levels of access to federally-funded health care.

Health professionals, refugee advocates and others expressed grave concern when the changes were first announced.

Now that the changes have been in effect for several months, what have the impacts been?

Reduced coverage leaves many refugees without coverage for necessities

Since the cuts, most people who depend on IFH face serious gaps in health coverage.¹ Medications are no longer paid for, even for cancer treatments.² Prosthetics are not covered, even for people who have lost a limb. Elective surgery is not covered, even if a child's well-being is at stake.

- > A six-year-old boy with a cleft palate needs reconstructive surgery, which is not covered by IFH. He has difficulty speaking, eating and drinking. He has struggled at school because other children were scared of his appearance. He has been seen by experts in children's health who agree that he needs surgery, orthodontics and speech therapy. As a refugee claimant, however, this boy depends on IFH, which will not cover these services. The hospital where he is being seen is looking for some special funds to pay for the surgery.

¹ A minority of people continue to have access to most of the services covered by IFH before the cuts: resettled refugees entitled to government income support and victims of trafficking on a Temporary Resident Permit.

² An exception exists for medications necessary for public health and safety, for example HIV.

Mr Keita fled his West African country after being badly injured during a political demonstration. Fearing arrest, he was taken to be cared for in a village, rather than a hospital. His leg had to be amputated due to gangrene. After arriving in Canada, he learned that he needed surgery. Because of questions over coverage, the surgery was postponed three times before finally taking place. IFH did cover the surgery, but not



a prosthesis, nor a stay in a rehabilitation centre. Mr Keita was sent home on crutches, with one leg amputated and a broken hand.

Mr Keita doesn't want to sit at home while he waits for his refugee hearing, but it is difficult for him to move around. He has been told that he'll have to wait until he gets permanent residence in order to be eligible for a prosthesis. He could be waiting for years.

- > Citizens of Saskatchewan were recently shocked to learn that a man with cancer was denied chemotherapy under IFH. Saskatchewan Premier Brad Wall called it “unbelievable” and un-Canadian.³ The man claimed refugee status in Canada because he fears persecution as a Christian in his country of origin. While waiting for his refugee hearing, he was diagnosed with cancer. The government of Saskatchewan stepped in to cover the costs of chemotherapy, but no one was offering to cover the anti-nausea medication, leaving the man so sick that for days he couldn't move from his bed.

There is widespread confusion about what is covered

The cuts have left those most affected with great anxiety, at a time when they have enormous insecurity in their lives. Some know that they have no health coverage and live in fear of getting sick or injured, or becoming pregnant. Others may in fact be entitled to basic services but not know, because of the complex categories. Some provinces are filling in some of the gaps, but it is often not clear – either to the claimants or to service providers – what is covered.

The official website of the IFH administrator provides a chart with 10 different categories, followed by a note saying “The chart above includes most, but not all, groups who may receive coverage.”⁴

People who are entitled to services under IFH are being turned away because of confusion, or, in some cases, an unwillingness to take on IFH clients due to the increased complexity.

Some clinics, hospitals and doctors' offices have stopped offering services to people covered by IFH, while others are asking patients to pay upfront.

A medical centre in Ottawa posted a sign in its window to say that it no longer accepts IFH coverage. The clinic director explained that dealing with IFH is too much trouble. It is not readily apparent from a patient's IFH certificate what services are covered. Some bills previously submitted for refugees were not reimbursed. It is



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possible to get prior approval for a consultation under IFH, but that involves providing information about the patient's condition and treatment – this requires an examination which might in the end not be covered.

A clinic in Montreal that has served people with IFH coverage in the past recently asked a client to pay for the services, on the understanding that he would be reimbursed if and when the clinic received payment from the IFH.

Some people are left without health care coverage

Since the IFH cuts some people are without any health care coverage at all. Examples are people waiting for an appointment to make their refugee claim, and people seeking Canada's protection through the Pre-Removal Risk Assessment, having been denied the right to make a refugee claim.

Some people are entitled to coverage only if they have a disease or condition that represents a threat to public health or safety (such as tuberculosis or a mental health issue likely to lead to harm to others). This includes refugee claimants from Designated Countries of Origin (if they arrived after December 15, 2012) and people who remain in Canada after their claim was refused because Canada does not remove people to their country of origin due to a situation of generalized violence.

³ National Post, “Federal decision to deny chemotherapy to a refugee is ‘unbelievable’: Saskatchewan Premier Brad Wall”, 22 Nov. 2012, <http://natpo.st/10C4I6t>

⁴ <http://bit.ly/X7vv9j>

- > An Iranian man who has a lawful right to be in Canada pending a decision on a Pre-Removal Risk Assessment was left without any coverage, either federal or provincial. He has some serious health problems. Unable to afford the medications he needs, “his health deteriorated to the point that he is no longer able to work”, as his doctor wrote.
- > Nastaran (not her real name) had her refugee claim refused two years ago, but remains in Canada because Canada deems it too dangerous to return people to her country. She has been struggling with a mysterious and debilitating illness, whose treatment requires medication and tests. After the IFH cuts, Quebec started paying for her prescription drugs, but she was left without any coverage for important tests she needed.

The new IFH rules allow the Minister of Citizenship and Immigration to cover health costs “in exceptional and compelling circumstances”. It is not clear how often this power has been used to grant coverage. The CCR is aware of some compelling requests for exceptional coverage that have gone unanswered.

- > A refused refugee claimant with a humanitarian and compassionate (H&C) application pending became pregnant soon after the IFH changes. Her gynaecologist and family doctor asked her to bring cheques in the amounts of \$2,000 - \$3,000 on her next visit. She found a health community centre which agreed to follow her for no charge, but she has no means to pay for specialists’ fees. Nor is there anyone available to pay the hospital fees for her delivery. She applied to the Minister for an exemption and received no answer for three months. Finally, just days before the due date, she heard that special coverage would be offered for a two-month period.

A woman without status lost all health coverage when the cuts were made to IFH. Since she is stateless she necessarily remains in Canada, hoping to be accepted on humanitarian grounds. In the meantime, since she is HIV positive, she needs expensive medications. She made an application for exceptional coverage, but did not receive a reply.

- > According to a news report, the Minister said the federal government would not cover treatment for an Alberta man with testicular cancer.⁵

Psychological support services are no longer available for refugees who are survivors of torture, rape or other organized violence

As part of the cuts to IFH, coverage of psychotherapy for survivors of torture has been eliminated, for anything other than public safety concerns. This leaves deeply traumatized refugees without specialized support as they struggle to get back on their feet.

The rationale for cutting IFH services was that refugees should not get health services that are not provided to citizens. But most Canadians (thankfully) have not been subjected to torture, nor had traumatizing experiences of war.

“I can say that the people referred to us are not regular Canadian citizens. A citizen has not been tortured and subjected to violence.”⁶

- John Docherty, RIVO



⁵ CBC, “Feds won’t cover cancer care for Albertan seeking refugee status”, 20 Dec. 2012, <http://bit.ly/RGXZlf>

⁶ La Presse, “Aide aux réfugiés: un organisme montréalais menacé de disparaître”, 17 Aug. 2012, Anabelle Nicoud, <http://bit.ly/QIKsbZ>

The Canadian government recognizes the need for psychosocial services for traumatized people, and funds such services through CIDA, for example for displaced people in Zimbabwe and Haiti, or for children and youth in post-conflict Sierra Leone.⁷ Is it not inconsistent to provide for these needs for traumatized individuals overseas, but deny them to equally traumatized refugees living among us?

A Congolese pastor who was imprisoned and tortured for his political opinions is not able to receive therapy. While in jail he was whipped and beaten, and he now exhibits signs of Post-Traumatic Stress Disorder (PTSD) and high anxiety. He fears for the family members he was forced to leave behind when he fled the country.

Private sponsors face unknown medical costs for refugees they sponsor

Since the cuts to IFH, most privately sponsored refugees are no longer covered by IFH. Unlike others who depend on IFH coverage, privately sponsored refugees (like government assisted refugees) are permanent residents when they arrive in Canada and entitled to provincial health care. They therefore do not need IFH for basic medical services. On the other hand, according to the terms of the sponsorship agreement they are not eligible for social assistance, and as such do not have access to supplementary coverage for things such as prescription medications or necessary dental work offered by provincial governments to low-income Canadians.

Since the cuts, sponsors, who are mostly faith based and charitable groups, find themselves on the hook, morally if not legally, for unknown potential expenses. It is impossible to know in advance what special medical needs a sponsored family might have during the year of sponsorship. Purchasing insurance doesn't seem to be an option, as it is prohibitively expensive, and generally does not cover pre-existing conditions.

There are therefore concerns that groups may be more reluctant to sponsor refugees, especially those who already appear to have health challenges.

Many Sponsorship Agreement Holders are also concerned that the change was made without consultation, despite the fact that the signed agreements includes an undertaking by the federal government to provide health coverage for sponsored refugees.⁸

- > In late 2011, the Anglican Diocese of Ottawa sponsored a family from the El Hol refugee camp in Syria, on the basis of a referral from the Canadian visa office. The sponsors were informed that the family faced a number of chronic medical conditions that could be life threatening if left unmanaged. The Diocese undertook the sponsorship, believing that the family would be covered by provincial health insurance and that IFH would pay for prescription medications, basic vision and dental care and mobility devices. Once the family arrived, a member was diagnosed with several other serious chronic conditions. After the IFH cuts came into effect, and up to the end of the sponsorship four months later, the sponsoring group paid over \$800 for medications. Since the medications were required to manage potentially life-threatening conditions, the sponsoring group felt that they had no choice but to pay for them.
- > Another private sponsorship group faces monthly costs of \$190 for diabetic medication and \$250 for osteoarthritis medication.
- > Other sponsors have paid between \$1,600 and \$2,000 for dental work.

Refugees being resettled no longer have pre-departure medical screening

One of the lesser known cuts involves the elimination of pre-departure medical screening for refugees being resettled to Canada (both government-assisted and privately sponsored). Like other countries such as USA and Australia, Canada used to offer some refugees a medical screening shortly before they left for Canada – this helps to identify and address certain health concerns such as parasites. Simple interventions to improve health can make a big difference to people's experience of settling in a new country.

Since the cancellation of the pre-departure medical screening, diagnosis and treatment of health issues faced by refugees are postponed until after they arrive in Canada.

⁸ One Sponsorship Agreement Holder, the Anglican Diocese of Rupertsland, is arguing in Federal Court that the cuts constitute a breach of contract.

The new IFH rules create complex categories of refugees

Before the cuts, all those covered by IFH were eligible for the same services. Now there is a complex series of categories of entitlement. Not only are these categories administratively confusing, but they also create a hierarchy among refugees, which is not acceptable.

Access to essential health care is a basic right to which everyone is entitled, as a human being.

International Covenant on Economic, Social and Cultural Rights:

The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. – article 12

The States Parties to the present Covenant undertake to guarantee that the rights enunciated in the present Covenant will be exercised **without discrimination of any kind** ... – article 2(2)

The cuts to IFH mean shifting costs, not saving costs

The federal government has estimated that the IFH cuts will save \$100 million over five years⁹ (representing approximately 60 cents a year per Canadian). However, rather than being reduced, costs are arguably mostly being shifted to the provinces. Several provinces have committed to fill some or all of the gap created by the cuts.¹⁰ In other cases demand has increased on social support services and community health centres that serve the uninsured. Moreover, refugees with serious conditions end up in emergency departments, where care is more expensive than earlier preventative measures would have been.¹¹



⁹ CIC News Release, "Reform of the Interim Federal Health Program ensures fairness, protects public health and safety", 25 April 2012, <http://bit.ly/12OzOLP>

¹⁰ Quebec estimates that the IFH cuts mean an extra \$3 million a year in health costs for the province. Le Devoir, "Demandeurs d'asile - Le Québec se veut plus humain, dit De Courcy", 12 Feb. 2013, Robert Dutrisac.

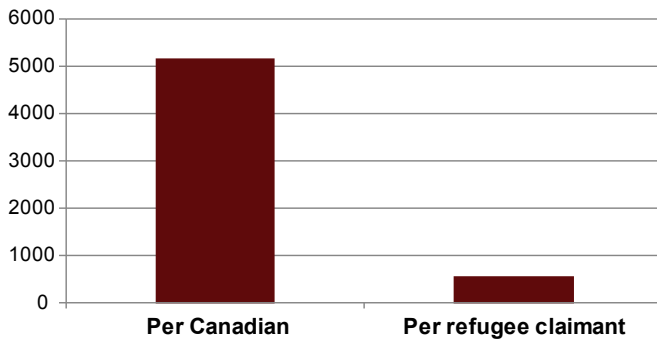
¹¹ Canadian Centre for Policy Alternatives, <http://bit.ly/KrHGtW>

There are also costs to society of not addressing health issues. Without medications to manage a serious condition, without access to necessary dental work, without counselling to address the debilitating effects of trauma, men and women may not be able to get work, children and youth may not be able to concentrate in school.

Compared to health care costs for the average Canadian, the costs of providing full IFH to refugees were very small. According to government calculations, IFH costs were only about one-tenth as much per claimant as the average amount spent on health care per Canadian.¹²

Refugee claimants pay the same taxes as Canadians, even though they are not entitled to many of the services to which their taxes contribute. Canadians may believe they are generous towards refugees, but in this regard refugees are subsidizing Canadians!

Health care costs per year



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¹² Canadian Institute for Health Information (CIHI) calculated the 2008 costs per Canadian of health care as \$5,162. Citizenship and Immigration Canada reported the IFH costs per claimant as \$46 per month for 2007-2008, representing \$552 annually (information obtained through Access to Information).

Good news! Canadians are speaking out in support of refugees

One positive consequence of the IFH changes is that many Canadians, from a wide range of walks of life, have spoken up for health care for all, including refugees. They have rejected the divisive rhetoric accompanying the IFH cuts and recognized that how we treat people fleeing persecution is a measure of our humanity.

Today, as yesterday, a nation is judged by its attitude towards refugees.¹³

- Elie Wiesel, Nobel laureate



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¹³ Globe and Mail, 7 July 2012. <http://bit.ly/N39xAV>.