

Two steps backward, one step forward

The moral, medical, and financial absurdity of cutting refugee healthcare

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COMMENTARY



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In April 2012, the federal government announced sweeping cuts to the Interim Federal Health Program (IFHP) that ensured healthcare coverage for refugee claimants. As a result, all refugees lost access to medication, vision, and dental care coverage, and a portion of refugees from countries on the designated countries of origin (DCO) list – “countries that do not normally produce refugees” – lost access to most healthcare coverage for urgent and essential care, including services for pregnant women. Refugees from such countries would only be entitled to care if they are a threat to public safety – for example, if they are carriers of an infectious disease.

As a result of near-unanimous public indignation and pressure from physicians, lawyers, and political organizations, the decision was brought to the Federal Court. In July, the Court denounced the cuts as a “cruel and unusual” punishment and a violation of the Canadian Charter of Rights and Freedoms. The government was thus mandated to reverse the cuts and reinstate the previous system of coverage or a similar one.

Though vocally reluctant, on November 4 the government reinstated only partial benefits, excluding supplemental health benefits and drug benefits, and this only to a selected portion of refugee claimants. By

refusing to restore all benefits, the government is only partially implementing a court order, and continues to ignore all the evidence showing that the cuts are a moral, medical, and financial absurdity.

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The temporary measures are clearly unsatisfying. The Court asked for the reinstatement of full benefits, yet the government only partially complied. Under the IFHP, pregnant women are still denied dental, vision, and mental health coverage, and most groups of refugees are also denied prescription benefits. Andrew Cash, a member of parliament for the New Democratic Party (NDP), complained that the government is trying to “pick and choose which refugees they’re going to cover.” As a result, the Canadian Association of Refugee Lawyers denounced the new plan as being “selective” and “punitive.”

Ottawa's obstinacy on insisting to cut refugee healthcare coverage is a direct threat to the lives of thousands of refugees. Furthermore, it undermines the credibility of the government. Ottawa is shamelessly violating a court order and persistently trying to prove a point that there is a financial and practical rationale for the cuts. It has refused to change its position, even in the face of vehement public opposition and overwhelming evidence pointing at the damaging impacts of the cuts.

The government's rationale for such reform was twofold. The plan supposedly deters “bogus” refugees from taking advantage of the “generosity” of the Canadian system, and helps save \$100 million over five years. There are many holes in this flawed rhetoric.

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To begin with, the term “bogus” is problematic. Refugees are pointed to as bogus if they are ‘faking’ their refugee status to take advantage of associated welfare benefits. Getting refugee status in Canada is a painstaking process. Relentless paperwork, stringent criteria for proving real “fear of persecution,” lengthy procedural delays, and the constant fear and insecurity of acquiring status are some of the hurdles on the way to getting refugee status.

It is hard to believe that a large number of people flee their country for Canada, ready to undertake this nerve-wracking physical and bureaucratic journey, just to get free healthcare. Relatively few will get it too: Canada only accepts about 20,000 refugees per year, through a scrupulous selection process. Speaking to *La Presse* in French, Marie-Jo Ouimet, a physician at the Centre de santé et de services sociaux de la Montagne, explains, “Everyday at work, I see people traumatized by war, women who were sexually abused. I have never saw anyone coming here to take advantage of the system.”

In the language of the government, bogus refugees also include claimants coming from a country on the DCO list of ‘safe’ countries. How is a country deemed ‘safe’? According to Citizenship and Immigration Canada, so long as a country “respect[s] human rights and offer[s] state protection,” it can be designated as safe. This ambiguous definition makes for unclear distinctions. Mexico is on that list, while every year there

is an alarming number of incidences of disappearances, gender-based violence, torture, and military abuse in the country.

While it is impossible to deny that, under Canada's current immigration law, there are no fraudulent applicants, surely there is not enough evidence to justify such categorical punishment for all refugees. In addition, research and early experience have actually suggested that, in the long run, the plan might cost the government more than what it has saved. With current barriers to accessing basic healthcare services, refugees delay seeking care until it is most critical, and therefore most expensive. Poorly-managed health conditions place an extra financial burden on hospitals, emergency services, and intensive care services. One study found that admission rates for refugee children at the Hospital for Sick Children in Toronto doubled after Ottawa cut its healthcare coverage for refugees. The author of the study concluded that parents were delaying seeking treatment until the child's health deteriorated enough to require hospitalization. Yet another study estimated that the cost of emergency services delivered to uninsured refugees in four major health centers in Toronto was around \$800,000.

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In addition to the general confusion caused by the government's rhetoric, there has been a clear lack of transparency during the reform process, which has led to creating confusion for healthcare providers and refugee claimants. For example, Quebec has decided to oppose the cuts, and continues to offer full coverage to refugees, but there has been poor communication between the federal government, the Régie de l'assurance maladie du Québec (RAMQ), and physicians. At worst, this has contributed to the false perception that claimants are not covered anymore. At best, it has created confusion as to who is entitled to what, and what jurisdiction is offering what coverage. Confusion has led to chaos and paralysis. Unable to understand the state of the regulations on refugee healthcare, some clinics in Quebec still refuse all claimants.

Overall, what has emerged is "an inequitable patchwork that frustrates healthcare providers, confuses refugees and deters them from seeking badly-needed medical help," according to the *Toronto Star*. Jean Chrétien, a former prime minister, recently wrote in an open letter in the *Globe and Mail*, "For well over [fifty] years, it has been the Canadian way to open our hearts, our doors, and our wallets to victims of great upheavals." It is critical that the current government rethinks its priorities and strives to be consistent with its historical role as a humanitarian country. It is hypocritical that the Canadian government champions itself as a humanitarian leader outside its borders while creating a humanitarian crisis within its own borders. There's no logic in sending troops in Iraq in order to fight war and violence, while at the same time, cutting healthcare benefits for refugees fleeing war and violence.

How much more evidence does the government need to rethink its decision and comply with the Court's ruling? Harper's administration should reinstate all healthcare benefits for refugees, the way it was before the cuts in 2012.

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