



Perth District Health Unit

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May 25, 2012

The Honourable Jason Kenney
Minister of Citizenship, Immigration and Multiculturalism
Ministry of Citizenship and Immigration Canada
325 East Block
House of Commons
Ottawa, ON K1A 0A6

Dear Minister Kenney:

The Board of Health of the Perth District Health Unit is deeply concerned about the planned cutbacks to the health benefits currently provided to refugee claimants under the Interim Federal Health Program (IFHP), as announced in April 2012 by your government.

The sudden discontinuation of these benefits on June 30, 2012, will result in a gap in primary care services and a downloading of costs to provincial health care and charitable support programs, which are already at or beyond capacity.

According to Citizenship and Immigration Canada, "Canada is recognized around the world for its leadership in resettling refugees and people who need protection" (Government of Canada, modified 2011). As a signatory to the United Nations' Conventions on both The Status of Refugees and The Rights of the Child, as well as being a responsible and wealthy global citizen, it is right that Canada should earn and maintain such a reputation.

The IFHP currently ensures basic medical, dental and vision care for newcomers to Canada. Research demonstrates that simple health care greatly benefits newcomers. The provision of primary care has the potential to reduce the need for treatment of advanced disease and emergency room care, which are far more costly than primary care. Finally, when newcomer health is maximized, they are better equipped to enter the workforce or studies and to care for family members.

Therefore, not only is it unethical to deny health care to any person in need, it is not a cost-saving measure.

The Board of Health of the Perth District Health Unit urges your government to re-examine this decision and ensure compassionate, complete and seamless health care services for all refugee claimants.

Sincerely,

Miriam Klassen, MD, MPH
Medical Officer of Health

c. The Boards of Health for all Ontario Public Health Agencies
Michael Barrett, CEO, South West Local Health Integration Network

Background Information:

On May 16, 2012, the Board of Health of the Perth District Health Unit unanimously voted to send a letter to the Federal Government urging it to rethink the cutbacks on refugee health care and copy this communication to other Public Health Units in Ontario.

Public Health in Ontario

The Ontario Public Health Standards describe the mandatory programs and services that local public health agencies are expected to provide (MOHLTC, modified 2009). One of the four guiding principles to ensure quality public health practice is the importance of understanding need, and in particular, priority populations who are at risk of experiencing inequities in health status. The Foundational Standards describe the roles of public health which include: identifying priority populations by socio-demographic characteristics, identifying gaps in public health and other health services, and sharing this important information with policy- and decision-makers at all levels of government and the community.

Refugees in Canada

Canadians have long supported immigration as a benefit to both the economy and diversity (CIC, 2011, Reitz, 2011). Additionally, while Canadians support reform of the refugee system, a 2010 Harris-Decima poll demonstrates that Canadians value a fair refugee system which offers asylum seekers the benefit of the doubt (Payton, 2010). Sixty-four percent of participants in the survey agreed that: "The Canadian system for dealing with people claiming refugee status is part of Canada's humanitarian tradition" (Berthiaume, 2010).

Refugees and Medical Needs

Part of welcoming refugees is ensuring that basic needs are met. These basic needs include shelter, food, employment, and health care. While immigrants in general tend to be healthier than Canadians upon arrival, it is understood that refugees are more likely to have experienced deprivation and stress and are therefore at higher risk of medical complications (Gushulak, 2011). Currently, refugees are at risk for a rapid decline in self-reported health after arrival, making access to medical care even more crucial (Pottie, 2011).

Along with a higher risk of medical needs and obvious lack of resources, this vulnerable population already faces challenges such as of lack of familiarity with the local area and customs, language barriers and transportation issues.

The prevention of disease, along with early detection and intervention, and the management of chronic diseases are more economical than treating advanced disease. Primary care is far less costly than emergency room care, which will be the only recourse left to vulnerable people. Additionally, healthy people are better able to contribute to the workforce as well as to their own families.

At this time, the Interim Federal Health Program (IFHP) offers a full range of health care benefits including dental care, vision care and pharmacy care until such time as a claimant receives coverage under a provincial plan. However, with the federal government's cutbacks, protected persons and refugee claimants will only be able to access health care services if "of an urgent or essential nature" and "Medication and vaccines only if needed to prevent or treat a disease that is a risk to public health or a condition of public safety concern" (Citizenship and Immigration Canada, modified 2012). Those identified as coming from Designated Countries of Origin will receive even less coverage. This will leave many people, including children, without access to basic health care.

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