

Refugee Health: Concerns Over the Interim Federal Health Program

Jennie Lee

Dalhousie Medicine, Class of 2015

June 17, 2013 was the 2nd National Day of Action against cuts to refugee health care. These cuts were implemented to the Interim Federal Health Program (IFHP) since June 30, 2012.

The crowd that protested in Grand Parade in Halifax was small in numbers, but the cause and purpose was united with crowds that gathered across the nation. Some expressed their frustration for needing to gather for yet another year to defend fundamental rights, some disapproved the federal government, and many others continued to list the shortcomings and miscalculations of the changes. The National Day of Action will take place every year until refugee health care is secured.

IFHP is a health insurance program for refugees, refugee claimants, and other asylum seekers. Prior to June 2012, the program provided basic health care, including immunizations and preventative care, to refugees and refugee claimants that was comparable to that provided by provincial health insurance programs. Access to medications and emergency dental and vision care were also covered. Since June 2012, IFHP has become a complicated health insurance program, whereby refugees and refugee claimants are categorized and the extent of health care that is provided depends on the categories under which they fall. In some categories, health care and medication is provided only when there is a perceived threat to public health.

An unpleasant colour has been painted over the refugee population owing to the implementation of changes to IFHP. Refugees and refugee claimants are unjustly reputed for taking advantage of Canada's immigration policies and the health care system. We need to remember, however, that refugees and refugee claimants arrive to Canada with devastating experiences and fear persecution due to their ethnicity, religion, personal beliefs, and sexual orientation by their country of origin. These are the people that have lost possessions and loved ones, suffered torture, and/or resided in refugee camps for months to years at a time. These include children that are unimaginably familiar with turmoil or are born in these circumstances. When an opportunity is available to arrive at another country,

it is taken out of desperation regardless of the country and one can only hope that the next country will bring safety and peace. The choice to specifically arrive at one country to indulge in benefits is seldom at the forefront of asylum-seeking minds.

The revised IFHP relies on health care providers and administrators, as well as refugees and claimants, for its application in practice. Unfortunately, the layers and terms of IFHP are overwhelmingly difficult for providers and administrators to decipher. Furthermore, the language barrier that many refugees and refugee claimants face renders the task of explaining their status and extent of coverage nearly impossible. Due to these challenges, many care providers end up denying care or billing for services on the assumption that a refugee or claimant is not covered for any health services. Denying access to health care is neither Canadian nor the reason I wanted to become a physician.

As students, residents, alumni, and faculty, we can all make our voices on this issue heard. I encourage you to personalize this fight and write a letter to your Member of Parliament urging them to represent you on the topic. Please see below for a draft letter that you can use to connect with your Member of Parliament and use the following link to find the contact information for your local Member of Parliament:

<http://www.parl.gc.ca/MembersOfParliament/MainMPsCompleteList.aspx?TimePeriod=Current&Language=E>.

For more information:

- Halifax Refugee Clinic, halifaxrefugeeclinic@gmail.com
- https://www.medavie.bluecross.ca/cs/ContentServer?c=ContentPage_P&pagename=IFHP_CIC_Public%2FContentPage_P%2FIFHP_CICOneColumnFull&cid=1181930626008
- <https://provider.medavie.bluecross.ca/>
- <http://www.doctorsforrefugeecare.ca/the-issue.html>
- <http://ccrweb.ca/en/ifh>
- <http://www.cic.gc.ca/english/refugees/index.asp>

The following letter was written with the help of Jennie Parker (Dalhousie Medicine, Class of 2015):

[Your Name
Your Street Address
City, Province
Postal Code]

Date

The Honourable [Name of MP]
[Address of Constituency Office]

Dear Member of Parliament,

I am writing to you regarding concerns I have about the changes to the Interim Federal Health Program (IFHP) that have been in effect since June 30, 2012. As a medical student / resident / health care provider, I worry that the revised IFHP will cause refugees, refugee claimants, and Canadian citizens to suffer from chronic health conditions and complications. These consequences will be a large burden on Canada's health care system in the long run.

The implemented changes compromise the human rights of refugees and refugee claimants to access medical services that are necessary for an adequate standard of health. IFHP categorizes the population of refugees and claimants extensively and, for this reason, is overwhelming for health care providers, refugees, and refugee claimants alike to understand. The complexity of IFHP also leaves room for misinterpretation of the health coverage that applies to an individual, causing many providers to inappropriately deny health care or charge for services. The task of communicating the extent of health coverage is another challenge for refugees and claimants because many are not proficient in English. These barriers to accessing health care are destructive to physical and mental health.

The current IFHP poses a tremendous public health threat. The modified plan denies refugee claimants any health care services unless there is an immediate threat to public health and safety. However, because the current IFHP establishes a system that is unwelcoming for refugees and claimants, an individual with a communicable disease may not access or receive necessary medical intervention until the disease has progressed or has been transmitted. Denying health care services to this vulnerable population represents an opportunity for disease transmission or an outbreak that could be prevented.

Finally, the IFHP is ineffective as a cost-saving measure and may end up costing the health care system more money. Presenting barriers to accessing health care and denying basic care allow chronic and/or severe illnesses to develop, which can limit the capacity of an individual to work and contribute positively to Canadian society. Furthermore, negative experiences with health care impart unwillingness or fear in the children of refugees to access health care themselves and may result in poorer health in future generations. All of the above will expend more medical and social resources.

Refugees and refugee claimants have endured devastating experiences and losses along their journey to Canada. Instead of supporting this vulnerable population, the changes to the IFHP mean that the refugee claimants will continue to be marginalized. This does not reflect the Canadian traditions that have motivated me to pursue a career in health care. As one of your constituents, I sincerely ask you to represent my concerns and help reverse the changes in the IFHP.

Thank you for your time and consideration.

Sincerely,

[Your Name, Position / Title, and Signature]