GLOBAL JOURNAL OF MEDICINE AND PUBLIC HEALTH

Canada reduces refugee health provisions – a negative precedent

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INTRODUCTION

This editorial spotlights reduced health care provisions for refugees in Canada, and the negative precedent this could set for other recipient nations. Before doing so, it is useful to define what is meant by the term "refugee", and briefly describe the trends and magnitude of the international refugee movement.

A refugee is legally defined as a person outside his/her country of nationality, unable to return due to a well-founded fear of persecution because of his or her race, religion, nationality, political opinion, or membership in a particular social group.[1] Refugee status guarantees individuals protection of their basic human rights, ensuring that they cannot be forced to return to a country where they fear persecution.[1]

In 2012, there were 15.4 million refugees, including 4.8 million Palestinian refugees. According to United Nations estimates, 7.6 million people were newly displaced due to conflict or persecution, including 1.1 million new refugees - the highest annual number since 1999.[2] The remaining 6.5 million were newly displaced within their nation's borders - the second highest figure of the previous ten years. The leading countries of origin were: Afghanistan: 2.6 million; Somalia: 1.1 million; Iraq: 746,000; Syria: 728,500; Sudan: 569,200; Democratic Republic of the Congo: 509,400.[2] Clearly, these refugee movements will remain a global human rights challenge for as long as root causes are not adequately addressed.

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Conflict of interest: none
Funding: none

CANADA'S LEGACY

Over the past five decades, Canada (2012 population 34.9 million) accepted over half a million refugees. Viewed historically, its refugee policies (a federal responsibility under Canadian law) have been relatively enlightened, motivated by humanitarian reasons as well as those of self-interest (refugees, as new immigrants, contribute significantly to economic growth). According to the Human Rights and Education Centre (HREC), Canada's acceptance rates generally have been higher than those of other industrialized countries.[3]

Despite this legacy, Canada's current Conservative government recently increased restrictions on refugee entry, harming the country's hard won reputation for humane refugee settlement. A 22 year review (1989-2011) reveals that refugee acceptance rates, consistent at 40-45% for most of this period, dropped to 38% for 2011-12, the lowest in Immigration and Refugee Board history.[3] In defence of this policy shift, a need for increased scrutiny of "bogus applicants" has been argued[4]; however, there are genuine concerns regarding Canada's underlying motivations, especially as this trend has been accompanied by reduced basic health care provisions for refugees (ostensibly a federal cost-savings measure).

CHANGES IN HEALTH CARE PROVISIONS AND THEIR CONSEQUENCES

On June 30th, 2012, refugees in Canada faced major reductions in "basic" health care coverage,

 ISSN#- 2277-9604

including primary and preventive care, as well as 'supplemental' coverage (similar to that available to low-income Canadians). Such changes contradict the principles underlying the Canada Health Act, which governs the provision of health services in Canada. [5] Also, denying equitable health care to refugees is a short-sighted move, with the potential to burden Canada's health system and challenge the health of its general population. As care for people in greatest need is diverted to urgent care settings, diagnosis is likely delayed or the condition left untreated. This may in turn give rise to threats to public health – for example, tuberculosis (more prevalent among the refugee population) may remain undiagnosed and/or untreated for a longer period under this new policy.

The fact is that refugees are fleeing extreme situations involving personal and family disruption and loss, and many have experienced physical and mental trauma with associated health impacts, especially women and children, persons with disabilities, and the elderly. Adapting to changing life circumstances carries risks of new traumas, sometimes overlaid with post-traumatic stress and psychological burdens. All have suffered beyond the experience and imagination of most of us (including politicians), and recipient countries should continue to provide care that facilitates health and well-being throughout the adjustment and settlement process and beyond. In Canada, federal abrogation of responsibility towards refugee health led numerous professional organizations to launch a National Day of Action, followed by a legal challenge by Canadian Doctors for Refugee Care (CDRC) and the Canadian Association of Refugee Lawyers. Several provinces have stepped in to fill the gap, even though not specifically funded to do so.

CANADA'S OBLIGATIONS UNDER THE 1951 REFUGEE CONVENTION

Canada is a signatory to the 1951 UN Refugee Convention. The foreword to that convention makes a statement that is equally cogent half a century on: "refugee situations remain a tragic feature of our troubled times… it is necessary for them to be treated in accordance with internationally recognized basic minimum standards… These standards are defined in a series of international instruments (conventions, resolutions, recommendations, etc), adopted at the universal level under the United Nations." [8]

CONCLUSION

It is obvious that changes recently imposed by Canada will complicate the refugee settlement process, exacerbating barriers and inequities in access to health care and the potential for healthy outcomes among a disadvantaged group. Following public health principles, Canada's refugee health program should be reconstituted so as to provide basic benefits equivalent to existing provincial health service provisions.

On a global front, it would be tragic indeed if Canada's new position on the treatment of refugees to its shores were to become a precedent for other wealthy countries seeking to cut costs, regardless of their obligations under the UN Refugee Convention and scientifically verifiable health considerations.

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