



A few myths – and a few facts – on refugee health-care cuts

Hamilton Spectator

Over the past year, the federal government has implemented cuts to refugee health insurance. Unsurprisingly, many individuals and families are suffering — denied access to basic health care. These cuts have been strongly opposed by health-care workers across the country.

The federal government has argued that cuts to the Interim Federal Health Program save money, make our health-care system more fair, and protect our immigration system from those who would abuse it. These arguments are compelling, but unfounded. In fact, there is considerable evidence to show that these cuts are unfair and costly to the health-care system and Canadian public.

With so much confusion around why these cuts were made, what they entail, and how they fit into a complex immigration system, it can be challenging to tease out the facts from the rhetoric. In an attempt to provide a coherent response to arguments routinely made in defence of these cuts, we offer factual clarification for some common misconceptions.

Myth: Refugee claimants used to receive better health care than Canadians. This was unfair. The cuts to refugee health made things more equal.

Fact: Prior to the cuts to IFH, refugee claimants received basic coverage for access to physicians, diagnostic and laboratory services, and health benefits essentially equivalent to what is received by those on social assistance. This program cost our system very little. In fact, the Canadian Council for Refugees reviewed government calculations of per capita health expenditure prior to the cuts, and found that IFH costs per claimant were one tenth the average amount spent per Canadian.

Myth: The only refugee claimants who suffer from these cuts are those whose claims are unfounded.

Fact: These cuts to refugee health apply to ALL refugee claimants, regardless of whether or not they will go on to be granted refugee status. Some of the refugee claimants who arrive will have their claims rejected, but many will be granted refugee status and will eventually become permanent citizens of this country.

Myth: The Immigration Medical Exam (IME), provided free of charge, is a comprehensive checkup and more preventative health care than the average Canadian will ever receive.

Fact: This exam is a cursory, not comprehensive, evaluation of one's health and is focused on identifying communicable diseases such as tuberculosis — its stated purpose being to "protect the health and safety of Canadians" (Citizenship and Immigration Canada).

Myth: All of the countries on the Designated Country of Origin list are safe, respect human rights and can offer state protection.

Fact: There are many countries in the world where it is safe for some and unsafe for others. Some countries, such as Hungary, that we might think of as generally stable, safe, and democratic are known to be dangerous for certain groups, like the Roma. The Roma people face discrimination, violence, and a lack of state protection across much of the European Union. Mexico, too, is an increasingly insecure environment in which many people, caught in the crosshairs of the war on drugs, cannot rely on state protection. Both Hungary and Mexico have been designated as "safe", and therefore unlikely to produce legitimate refugee claimants in Canada. Designating entire countries as safe for all overlooks the disparities that exist within countries.

Myth: Cuts to refugee health care save money for the federal government and taxpaying Canadians.

Fact: Investing in primary and preventative health care saves money. When denied access to affordable primary care, people often delay seeking treatment until their health concerns become urgent enough to require care in an Emergency room. What could have been prevented with low-cost early intervention ends up requiring costly treatment in tertiary care, and these costs are downloaded to provinces and hospitals.

Myth: Opposition to the cuts to refugee health is purely ideological, and is only being voiced by a small minority.

Fact: Nearly all major health-care organizations in Canada have issued statements of opposition to these cuts, including the Canadian Medical Association, the Canadian Dental Association, and the Canadian Nurses Association.

Health-care workers and their allies across the country continue to speak out and draw attention to this issue. These cuts to refugee health are based on unsound economic and public health policy, and hurt many of the most vulnerable within our

borders. This week we held the second National Day of Action for refugee health; in Hamilton, the event took place at the Federal Building on Bay Street North.

For more information about events being held in other cities, please visit <http://www.doctorsforrefugeecare.ca>
(<http://www.doctorsforrefugeecare.ca>)