

## OPINION

## REFUGEES &amp; INTERIM FEDERAL HEALTH PROGRAM

# Changes to Refugee Health Care Program need reconsideration

The changes will significantly threaten the health of refugees and will likely increase the financial burden on provincial health care systems.



BY Y.Y. BRANDON CHEN

**T**ORONTO—Last month, without prior public consultation, the federal government announced a series of changes to the Interim Federal Health Program (IFHP) that are to take effect in June this year. These changes will significantly threaten the health of refugees and will likely increase the financial burden on provincial health care systems.

Since its introduction in the late 1940s, the IFHP has provided temporary coverage for health services and medications to refugees

and refugee claimants who are not insured under provincial health plans and who are unable to afford medical care privately. The IFHP is an integral part of Canada's humanitarian and compassionate approach to asylum seekers; it ensures that this vulnerable population will have access to basic health care while their refugee applications are under process.

However, starting June 30, the scope of medical services covered under the IFHP will be significantly reduced. Refugees and refugee claimants will only have access to health care that is "urgent or essential." They will no longer have coverage for either dental and vision care or most medications. Consequently, refugees who fled from violence and suffer from post-traumatic stress

will lose access to necessary medications unless they pay out-of-pocket. Similarly, refugees from war-torn countries who have had their limbs amputated will receive no public support for medications that form an essential part of their pain management regime.

Some refugees, including refugee claimants from certain "designated safe countries," will lose even this reduced level of IFHP coverage, except in cases where there are public health or public safety concerns. Therefore, refugees from these designated countries who are fleeing sexual assault and/or domestic violence will not be able to seek treatments while in Canada unless they can pay privately. Refugees from these countries who happen to be pregnant will also face

significant obstacles accessing maternity care, which can increase their risks of childbirth-related mortality and morbidity.

Aside from the inhumane outcomes that could arise, the federal government's reasons for introducing these IFHP reforms do not hold water.

First, the government suggests that the changes will ensure benefits provided to refugees are not "more generous" than those given to Canadians. While it is true that, for example, most Canadians living outside of Quebec do not receive public assistance to pay for their medications whereas refugees under the old IFHP did, this false comparison ignores the fact that most provinces do provide some drug benefits to at least low-income Canadians. Furthermore, many Canadians have supplemental insurance through their work that covers some prescription drug costs. Most refugees do not have access to such employment-based insurance; in fact, before obtaining a work permit—which is not afforded to every refugee claimant who applies for one—refugees could not even be legally employed.

According to the government's own data, the cost of the IFHP last year was approximately \$660 per refugee claimant while the overall per capita spending on health and social services in Canada is over \$6,000 annually. As such, there is little support for the claim that refugees were treated more "generously" than Canadians under the old IFHP.

The government also argues that reducing services covered under the IFHP can save costs.

However, ample studies have shown that restricting refugees' access to health care will simply cause them to delay treatment until their health conditions become a matter of emergency. The cost of emergency services is usually much greater than measures that prevent, monitor and control the progression of illnesses. As many refugees will likely be unable to afford the cost of emergency care, hospitals—and therefore provincial governments—will end up having to absorb these expenses. In other words, the IFHP cutbacks will not only fail to reduce health care spending but will also transfer the responsibility of shouldering these extra costs from the federal government to the provinces.

The changes to the IFHP are illogical, immoral and illegal. They will create a fictitious façade of equality while actually running counter to the purported cost-saving objective. It will endanger the health and lives of a vulnerable group who has had to face extraordinary challenges before even arriving in Canada. Moreover, it violates international law that recognizes the right to health and requires governments to refrain from limiting asylum seekers' access to medical care. On any one of these grounds alone, the IFHP cutbacks deserve a serious reconsideration!

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