

# Cuts to refugee health program put children and youth at risk

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Significant changes to how health care services for refugees are funded will have serious negative effects on the short- and long-term health of refugee children in Canada.

In April 2012, the federal government announced changes to the Interim Federal Health Program (IFH), which provides temporary health benefits to refugees and claimants on landing in Canada until they are eligible for provincial or territorial health insurance programs; some refugees and claimants are covered by IFH for years due to delays in review or appeals. The program currently provides access to basic and extended health care as well as medication coverage. Currently, all refugees are eligible for IFH.

The changes, which come into effect on June 30, will effectively deny access to health care to many children and youth who are legitimate refugees or claimants, whose families have limited or no financial means. In addition, medication coverage will be denied to all refugees unless there is a health or safety risk to the public. Not only do these changes threaten the health of children and youth who are already vulnerable, they also have the potential for broader impact on Canadian society.

## What are the proposed changes to IFH?

Health coverage for refugees and claimants will now be determined by the category into which they fall:<sup>1</sup>

- Protected persons (government-assisted, convention or resettled refugees, refugee claimants who have been accepted and those who have received a positive pre-removal risk assessment) and refugee claimants where a decision has not yet been made or is under appeal and who are not nationals of a designated “safe” country of origin (non-DCO): These people will continue to receive basic health coverage **for urgent or essential problems only**. Medications and immunizations will be covered only if they are required to prevent or treat diseases which pose a risk to public health or safety.
- Rejected refugee claimants, and refugee claimants where a decision has not yet been made and who are nationals of a designated “safe” country of origin (DCO) including those whose initial claims have been rejected and still have appeal options, which **may take several years**: These people will

not receive **ANY basic health coverage at all, including emergency care**. The only access they will have to health care or medications is if they are required to prevent or treat a disease posing a risk to public health.

- Refugees who under the Minister’s initiative for exceptional and compelling circumstances have been granted special dispensation may receive health services at the discretion of the Minister.

What does this mean for children and youth? Consider the following scenarios:

- A child with an acute asthma exacerbation or acute bacterial pneumonia will only have access to urgent and essential physician and emergency services for diagnosis and management if they are from a non-DCO country or are a protected person. He or she will NOT receive funding for any prescribed medication including inhalers or antibiotics. This child will likely need to return repeatedly to the emergency department for bronchodilator therapy and/or may ultimately require admission to hospital or an intensive care unit if they cannot afford the prescribed medications. If untreated, both the asthma exacerbation and pneumonia could threaten the child’s life.
- A child with new-onset type 1 diabetes and diabetic ketoacidosis whose parents have had their claims rejected or who come from a DCO country will NOT have access to ANY physician or emergency care even though diabetic ketoacidosis is immediately life-threatening. It is not, however, considered “a risk to public health and safety” so no treatment will be covered.
- A pregnant woman from a DCO country or whose claim has been rejected will not have coverage for ANY prenatal and obstetrical care.
- Primary health care for children and youth, including “well-baby” and screening visits, as is standard of care in Canada, will not be provided to any refugees or claimants.

It is important to note that refugees will not have the ability to apply for supplemental provincial and territorial drug programs. Under other impending regulations, they will not be permitted to work and therefore will have no means to self-pay.

## How will the proposed changes impact the immediate health of children and youth?

Ending coverage for basic health care will result in no access to care for the diagnosis and treatment of common illnesses including infections such as otitis media or cellulitis, which commonly affect children in their early years. Chronic medical conditions that routinely present in early childhood such as asthma and inflammatory bowel diseases may be diagnosed late, or not at all. Early intervention for these conditions prevents hospitalizations and maintains good health, whereas delays may result in death. In addition, there will be no ability to diagnose and manage mental health conditions which are known to affect child refugees at higher rates due to trauma related to the refugee experience.<sup>2</sup> No refugees or claimants will be eligible for routine or enhanced preventive health screening, which will result in a failure to diagnose problems such as developmental delays, vision and hearing disabilities all of which require early intervention to optimize outcome. Finally, lack of coverage for prenatal and obstetrical care, including deliveries, will most certainly lead to preventable perinatal morbidities. These could include increased rates of prematurity, low birth weight, uncontrolled gestational diabetes, brain damage from hypoxic ischemic encephalopathy and even neonatal deaths. A study of immigrant women in Belgium where 46% received no antenatal care due to lack of health insurance, found a six-fold increase in perinatal deaths.<sup>3,4</sup>

## How will the proposed changes impact the long-term health and productivity of children and youth?

Given the proven link between primary health care in the early years and later adult health, the IFH changes will definitely affect the overall health and well-being of these children and youth, likely diminishing their ability to complete school and subsequently contribute to society.<sup>5-7</sup> Children's health and well-being also declines if parents have uncontrolled chronic medical or psychiatric conditions: If parents are ill, they may not be capable of optimally parenting and caring for their children.<sup>8,9</sup> The long-term medical and developmental problems resulting from lack of prenatal and obstetrical care will lead to otherwise avoidable costs to the health and social systems.

Without routine primary care screening, significant developmental delays will not be identified, and children won't receive vital early intervention. Delays in treatment and services lead to poorer outcomes and long-term consequences: In the end, children may ultimately have to depend on expensive and publicly-funded health and social services.<sup>10-11</sup>

## How will the proposed changes impact the overall cost to the system?

The impending changes to health coverage in the IFH program, while diminishing costs at the federal level,<sup>12</sup> will increase costs incurred by acute care facilities and provinces/territories. Health professionals and institutions are obligated to provide care and services to those in acute need. All children and youth suffer acute illnesses that are a normal part of childhood—from ear infections to broken bones. In addition, with the lack of primary care, many mild conditions will likely worsen, prompting the need for emergency intervention. This will result in further increases to wait times in emergency departments and increased acute care costs system-wide. Considerable efforts and resources will be required by acute care institutions to try and recoup these costs from families who have no means to pay them. Calculating the downstream financial costs of the IFH changes to society is complex and challenging. In general however, it is clear that not identifying and effectively managing acute and chronic illnesses in children and youth may result in long-term disabilities and morbidity. This places even more strain on the health system and leads to dependence on social services.<sup>6,13</sup>

## How do the proposed changes contravene Canadian and international conventions?

One of the basic tenets of Canadian society has been and remains universal access to health care. The primary objective of the Canada Health Act is “to protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers.”<sup>14</sup> The proposed changes to the IFH program will effectively deny this tenet to some of the most vulnerable children and youth living in our country. This is despite a previous commendation from the UN High Commission for Refugees on Canada's “willingness to accept a range of refugees, including urgent protection cases and those with high medical needs, as a strength of the system.”<sup>16</sup>

As a signatory to the UN Convention on the Rights of the Child, Canada has agreed that all children and specifically children living in Canada have the basic rights to life, survival and development of their full potential. Article 24 emphasizes “the right of the child to the enjoyment of the highest attainable standard of health” and to have access to facilities for the treatment of illness and rehabilitation of health. It states that “signing parties shall take appropriate measures to ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care.”<sup>17</sup>

## Summary

If implemented, the cuts to the IFH program will leave some of Canada's most vulnerable children and youth without access to primary and preventive health care. Many will have experienced horrific trauma and persecution and their families endured great hardship to come to our safe country. In some cases, these children may be without health insurance for many years. Certain refugee claimants in Canada will even be denied coverage for emergency health services. These changes will not only gravely impact the short- and long-term health of refugees living in Canada but also result in increased financial, health and societal costs to the Canadian public as a whole. The changes to IFH contravene the UN Convention on the Rights of the Child, to which Canada is legally bound as a signatory and will also deny what is deemed a fundamental tenet of Canadian society; access to basic health care. Extremely vulnerable child and youth refugees deserve access to health care—a right we implore our federal government not to remove.

## Recommendations

- The government should NOT deny basic health services to refugees as a means of reforming the refugee process in Canada.
- Pregnant women, children and youth should be exempt from the proposed IFH restrictions and ongoing health coverage should be ensured regardless of refugee status while they are living in Canada.
- Health professionals must not deny health care services to refugee children and youth in need, even if they have no health insurance or means to pay for services.

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