



The Canadian
Association of
Optometrists



L'Association
canadienne des
optométristes



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CANADIAN
MEDICAL
ASSOCIATION

Hon. Jason Kenney, P.C., M.P.
Minister of Citizenship and Immigration
Citizenship and Immigration Canada
Ottawa, Ontario
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May 18, 2012

Dear Minister,

We are a group of national associations representing a variety of health care professions who would like to respond to your department's announcement of April 25 regarding the cancellation of supplemental health benefits for refugee claimants under the Interim Federal Health Program (IFHP), effective June 30. As health care providers, we are extremely concerned over the health impacts that this decision will have on the most vulnerable members of our society, many of whom will eventually become Canadian citizens.

The IFHP is a means to ensure health standards for a temporary period of time for refugee claimants, who are individuals fleeing political, social, or other forms of persecution. Due to their dire circumstances, these are individuals who have no other means of obtaining necessary health benefits for themselves or their families.

Your press release of April 25 suggests that cancellation of supplemental health benefits will save money. This, however, is not the case. First, cancellation of supplemental health benefits will merely download the cost of providing these services to provincial social support programs, community-based health programs (such as community health centres), the charitable sector, and other public programs and organizations that provide the uninsured with health benefits. This added burden will be particularly acute in larger urban centres that traditionally have greater refugee populations.

Second, by failing to provide upfront health services, there is a risk of undiagnosed and untreated health problems resulting in an increase in both medical complications and future health care costs. These will ultimately impact the public system once these individuals are granted more permanent immigration status. Furthermore, failure to address important health concerns including vision and dental care early will make it much more difficult for newcomers to acquire the skills necessary to learn Canada's languages, go to school or enter the job market.

Third, those refugees with chronic diseases, such as diabetes or heart disease, will seek care in hospitals and through emergency departments – one of the most costly forms of care. And because refugees may only have hospital care covered in “urgent” or “essential” situations, timely treatments and disease management is severely compromised. Further, changes to the IFHP could result in health care providers referring refugee patients to emergency departments and hospitals to ensure patients continue to receive medications and care for non-communicable diseases.

Lastly, these changes in coverage will have deleterious effects to the public health and safety of all Canadians. For instance, tuberculosis, which is still quite prevalent in various regions the world, may go unnoticed by health professionals, inevitably putting the greater public in harms reach.

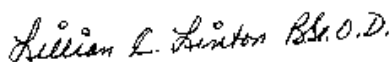
We are also concerned about the lack of a grandfathering provision. For those individuals who are receiving supplemental benefits before June 30, what will happen when those services and care are cut off after June 30? Are we as a country willing to risk the health of a pregnant mother who is receiving required medications before June 30 by telling her she is no longer eligible after June 30? What do we tell the child who is receiving necessary dental care before June 30, but who can no longer access dental care after June 30? The health implications of cutting off individuals who are already receiving necessary health care could be catastrophic.

Canada has been a world-leader in the development of Evidence-Based Care Guidelines for Immigrants and Refugees. It is clear from the health literature that simple health care interventions have substantial benefits for newcomers. Under the current IFHP, the refugees who come to our country have had the opportunity to gain access to this care.

In order to ensure long-term fiscal responsibility, to ensure the health and well-being of Canadian society's vulnerable populations, and in order to uphold Canadian principles of compassion and inclusiveness, we as health care providers are asking you to revise or rescind this policy announcement. We would be pleased and prepared to work with your officials to examine ways in which services for refugee claimants can be delivered more efficiently and effectively – however, a wholesale cancellation of supplemental benefits is in our view counterproductive.

Thank you for taking the time to review this letter. We look forward to hearing from you.

Yours truly,



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