New country, no care

Nurses express outrage at the federal government's decision to roll back health-care services for refugees.

BY MELISSA DI COSTANZO

RN Hodan Ali is director of Hamilton's Centre for Newcomer Health.

Samantha* received regular prenatal care from an obstetrician throughout her pregnancy. With less than 10 weeks to go before her due date, the refugee claimant from Hungary was abruptly turned away from an appointment with her specialist. Shocked and confused, and suddenly without access to a health-care provider to monitor her baby's progress, Samantha turned to Hamilton's Centre for Newcomer Health. Whether it was confusion on the health-care provider's part, or a legitimate denial of access, Samantha's health was impacted: she was 35 weeks pregnant and hypertensive, thanks to almost three weeks without care.

Hodan Ali, a registered nurse and director of the clinic, helped to restore the young mother's health. Had her condition been monitored, this risky situation for mom and baby could have been avoided, she says. This is not the first time in recent memory that Ali has heard of a refugee's difficulty accessing health care. And with the cuts to the Interim Federal Health Program (IFHP) that went into effect on July 1, 2012, it won't be the last.

> "The Canada I am honoured to be a part of has **no place** denying care to needy people. They have already lost every human comfort. Please do not take away their **health**."
>
> **TAUCHA INRIG**, RN, MARKHAM, ONTARIO

Earlier this year, Jason Kenney, federal Minister of Citizenship, Immigration and Multiculturalism, announced changes to IFHP that severely curtail the health coverage that many refugees rely on. The IFHP provides temporary, basic health-care coverage – often in addition to supplementary services such as dentistry, vision and pharmaceutical – to refugee applicants. Those who are successful with their claims will then qualify for provincial or territorial health coverage, depending on where they live.

Claimants who have applied for protection as a refugee are no longer able to access supplemental health benefits for prescription drugs, dental and vision care, or medical devices (such as wheelchairs). Rejected refugee claimants (as well as refugees from a designated "safe" country list, which has yet to be released by the government) will only be covered for conditions that are considered a public health risk, such as tuberculosis.

The decision to roll back health-care coverage for many of these people marginalizes a population that is already vulnerable, says Ali, noting many of these individuals have left their home countries to escape war, persecution, violence, or political upheaval. Some come to Canada with numerous health-care issues such as post traumatic stress disorder, gunshot wounds, malnourishment, infections, diabetes and high blood pressure. Above all, mental health is the most prevalent concern since refugees are at higher risk for mental health issues within the first year of their relocation, Ali says. Many of her clients have witnessed and experienced traumatic situations, such as living in run-down refugee camps. Migration stress only adds to the woes.

The cuts also create a barrier for new refugees who have just arrived to the country. These individuals likely face monetary issues, language roadblocks, and culture shock, says Ali. Now, they must also make difficult choices as a result of having to pay out-of-pocket for medications or trips to a provider. Some families will face the agonizing decision between rent and food, for example, and health care, she adds. Others won't even attempt to access health care or medications due to the cost. Ali predicts this will land them in an emergency room down the road with severe symptoms.

"Whether it's diabetes, epileptic or psychiatric medications, for example – these are essential medications that people can't go without," she says. "As a front-line worker, I just cannot wrap my head around (the policy change). It doesn't make an ounce of sense."

The federal government's cuts to the IFHP hit particularly close to home for Ali, a former refugee claimant who fled Somalia with her family in 1989 when she was just 11 years old. "If my family had come today, we'd be in the same boat," she says. "It's the responsibility of our government to ensure that people have access. This (change) goes against everything we value in terms of health care and general policies."

Many of Ontario's health-care providers immediately condemned the changes, calling them inhumane and unfair. Organizations across the country called on the government to rescind the cuts. RNAO added its voice to the chorus, criticizing the changes and issuing an *Action Alert* that urged nurses to speak out.

Almost 950 nurses, nursing students, other health-care practitioners and members of the public from across the province – and the nation – answered the call, the vast majority echoing RNAO's concern that short-term savings for the federal ledgerbook will cost more in the long-term, as complications from medical conditions and emergency care are more expensive than prevention and early intervention through primary care. "Some asylum-seekers and protected persons will die from this new federal barrier to health care," reads the association's *Action Alert*. "Children will no longer be able to get their asthma medicine. People with diabetes will have trouble accessing their insulin, as will others needing life-saving medication."

In May, RNAO President Rhonda Seidman-Carlson and CEO Doris Grinspun wrote an open letter to Prime Minister Stephen Harper and Ontario Premier Dalton McGuinty, saying Ontario's nurses are "gravely concerned that these dangerous changes will

* *Pseudonyms have been used to protect privacy.*

> “We urge you to reconsider…to protect our standing as a country that the **world respects** for its comprehensive public health care.”
> **VIVIEN RUNNELS**, MEMBER OF THE PUBLIC
> OTTAWA, ONTARIO

threaten the lives and well-being of people who have already experienced trauma and hardship before they arrived in Canada.” It went on to say Ontario’s nurses “implore all federal and provincial leaders, from every party, to work together to correct this inhumane, egregious, and short-sighted policy decision.” Grinspun also spoke at a rally in Vancouver while attending the Canadian Nurses Association (CNA) convention, where a motion was unanimously passed urging the federal government to reconsider the change.

Ontario’s Health Minister Deb Matthews wrote a letter to Kenney and her federal counterpart Leona Aglukkaq, saying this policy change will create “a class system for health care in Canada.” She added: “even in emergency circumstances, your changes will see certain refugee claimants receiving no health-care coverage at all. Should a refugee claimant suffer a heart attack, your government will now refuse any health-care coverage. It is grossly irresponsible to withhold funding for this care in such a life-threatening situation.”

The outcry from the health-care community seemed to pay off. Late in June, just days before the changes came into effect, Ottawa clarified its stance, saying government-assisted refugees (those referred by the United Nations and supported by the federal government) would be exempt from the cuts.

Although a welcome concession, health-care practitioners worry about those refugees still denied access under the new program.

When Sue Grafe learned of the changes, she was incredulous, and quickly signed RNAO’s *Action Alert*. “I don’t think it’s right to play games with people’s health,” says the nurse practitioner who spent six years working at Hamilton’s Shelter Health Network. Many of the people she helped were refugee claimants and government-assisted refugees, who often head to a shelter after they first arrive in Canada. Grafe now works part-time with Ali at Hamilton’s Centre for Newcomer Health.

The federal government argues the changes are necessary to deter abuse of Canada’s refugee determination system, explains Julie Lafortune, communications advisor with Citizenship and Immigration Canada. In an email to RNAO, she writes: “As the minister has noted, ‘with this reform (to the IFHP), we are taking away an incentive from people who may be considering filing an unfounded refugee claim in Canada.’”

But targeting health care, Grafe charges, is the wrong route. “If you want to deal with the perceived issues in an administrative way, go ahead. But not health care. Health care should be off the table.”

Kenney says the change will save $100 million over the next five years, a statement that has Grafe shaking her head. Some refugees affected by the cuts will have no choice but to visit their local emergency room to receive care – a cost that the provinces and territories will have to absorb. This, in turn, will continue to put pressure on staff already dealing with high levels of patient admissions and acuity, she argues.

Grafe also warns the burden of the cuts won’t be limited to health care. She thinks other social service agencies – such as food banks – will also feel the impact. “Primary care saves money. Preventive care saves money. We know this as nurses,” she says.

Like many of her counterparts, Grafe will continue to facilitate care for those affected by the cuts as best she can. The Centre for Newcomer Health does not charge for visits, which means clients will still be seen. But if someone comes to her in semi-urgent condition, Grafe may not be able to order a chest x-ray or blood work, for example. This means she will have no choice but to send them to the ER – a decision that weighs heavily on her mind because she knows the impact that will have on the individual and the system.

It’s also a tough safety choice she’ll be forced to make: Grafe’s hands will be tied because she won’t be able to provide immediate care. As a Canadian health-care practitioner who describes herself as a champion of universal health care, Grafe says these decisions break her heart. “How can you say ‘this person is worthy of health care’ and ‘this person is not worthy of health care?’” she asks. “It’s stigmatizing, and it’s not Canadian to me.”

Grafe continues to advocate on behalf of her clients. She participated in the June 18 *National Day of Action* protest in Hamilton, one of many demonstrations that took place in cities across the country, including Toronto, Ottawa, Kitchener, Windsor, Winnipeg, Vancouver and Montreal. The event was supported by RNAO and other organizations, including CNA and the Canadian Association of Midwives.

> “Being born in Canada is like winning the **lottery of life**. Refugees come here in the hope of **improving** their lifestyle, which includes healthy outcomes.”
> **MARGIE WARREN**, FORMER RN
> WATERLOO, ONTARIO

> Risking the lives of people who have already experienced **trauma** and hardship prior to arriving in Canada is inhumane and completely **unacceptable**."
>
> **HEATHER LOKKO**, RN
> LONDON, ONTARIO

different determinants of health refugees are facing when they first arrive."

Wright is hopeful the policy will be reversed. "People won't stop being angry about this. Health care is a human right," she says. "That's the way I practise."

That's also the way Roseanne Hickey sees things. A primary health-care nurse practitioner at the East Mississauga Community Health Centre, Hickey shares three examples of real-world refugee stories, including those of Mr. and Mrs. Finza,* CHC patients from Hungary who have complicated health problems. Their health is dependent on their IFHP coverage. The Finzas are both at high risk for cardiovascular disease, and require IFHP coverage for a number of medications that decrease their risk of heart attack and stroke. John* is also from Hungary. A respirologist has ordered tests to determine the root cause of his serious breathing problems – tests that are covered by IFHP. Katie* is a 14-year-old girl from Nigeria. She has sickle cell anemia. If left untreated, her illness could cause serious, life-threatening complications. Katie requires ongoing care from a specialist, which is no longer covered by the IFHP.

The list goes on, she says, and will only continue to swell.

Vanessa Wright was on hand for the Toronto rally, and has also been advocating strongly on behalf of this issue. The Toronto-based nurse practitioner works at Crossroads Refugee Health Clinic at Women's College Hospital. The changes motivated her to appear in a two-minute YouTube clip called *Not the Canada That I Know*, a project initiated by Canadian Doctors for Refugee Care.

In the video, Wright shares stories about recent refugee patients, and disputes the government's claim the cuts will reduce costs, promote public health, and promote fairness. "What does this mean for people (who) have escaped war, starvation, torture and other forms of persecution, and seek Canada as a land of hope and opportunity?" she asks. "This is not the Canada that I know."

Wright has also talked to staff at community health centres and hospitals across the city about the implications of the policy change, including the expected influx of patients who will head to the ER with urgent symptoms. She's communicated with representatives from universities in Ottawa, Toronto, Hamilton and Montreal, providing students with copies of a letter that contains details about the cuts. She's encouraged students to mail the letters to chief nursing officers, urging them to pass the information on to front-line workers.

Nurses, she says, are strong in numbers. In Ontario alone, there are roughly 140,000 RNs, NPs and RPNs. Wright wants to create a coalition to collectively decry the cuts. "Often, nurses are the first providers patients see, and nurses can be real advocates," she says. "We look at patients as a whole, which is why we see that having health insurance stripped (away) will highly impact all the

> This will have **greater** impact in the long term on the health and welfare of this population and ultimately **not** save health-care dollars."
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> **JUDY WALDMAN**, RN
> TORONTO, ONTARIO

In this YouTube video opposing the cuts to IFHP, NP Vanessa Wright disputes the government's claim the change will save money and promote fairness.

"There is not much credence or consideration being given to these people," she comments. "It goes against everything that physicians and nurses, and Canada, aspires to."

Like Hickey, Wright and Grafe, Ali continues to advocate for her clients and their right to care. She says she will closely monitor the impact of the cuts, adding a cost analysis will be conducted at the Centre for Newcomer Health that will determine the financial impact if the IFHP had remained unchanged, and the price tag of using acute care staff to treat primary care needs. She has also provided hospitals with a tracking device that will monitor the increase of patients coming through the local ER doors.

Ali says the advocacy, and the outcry from practitioners across the nation, is important, but admits she is anticipating the worst. "I guarantee we will see people die because they haven't received basic Medicare," she predicts. "Eventually, someone will get hurt. And it will be sad to see that day."

Despite this, she is not discouraged. "We shouldn't be marginalizing an already marginalized population, and putting them on the sidelines. We'll keep pushing, until the policy is reversed," she promises. "This is not the end of it. It's just the beginning." **RN**

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* *Pseudonyms have been used to protect privacy.*