

The New Interim Federal Health Program:

How Reduced Coverage Adversely Affects Refugee Claimants' Employment

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Introduction

Recent reductions to the Interim Federal Health Program (IFHP) have caused unprecedented response among Canada's health care practitioners, institutions, and organizations. From protests staged across the nation to open letters of disapproval, calls against reducing refugees' health care coverage have been repeated by activists and stakeholders alike. Most often, attention has been drawn to the alarming health care consequences for claimants, many of whom may even lose access to emergency services (CIC, "Interim Federal Health Program" 2012). Moreover, IFHP coverage may prove injurious to not only refugees' health care, but also their ability to find and maintain employment. This *Research Brief* focuses on the experiences of current and failed refugee claimants as they navigate the workforce under these recent policy changes. The data examined was collected in the context of a wider research project on the labour market experiences of refugee claimants in Toronto (Jackson, 2012). Although the project was designed prior to the federal government's announcement to restructure IFHP coverage, the participants who were interviewed expressed anxiety about these changes and the impact on their employment situation. Given the timely nature of this issue, it is critical for community stakeholders and decision-makers to learn about the respondents' concerns.

The following discussion first outlines the nature of the IFHP and its recent restructuring. Then, the paper explores the relationship between IFHP reductions and refugee claimants' compromised employability.

The Interim Federal Health Program

The IFHP was initiated in 1957 to provide health care benefits to vulnerable groups who are not otherwise eligible for coverage under provincial insurance plans, and who cannot make a claim through private health insurance. Eligible groups include resettled refugees, inland refugee claimants, and protected persons. This federally funded program is administered by contracted claims administrators, and delivered by Citizenship and Immigration Canada (CIC, "Information Sheet", 2012). Health care coverage offered under the IFHP has now been substantially reduced, resulting in reduced access to preventative and emergency services.

Prior to recent IFHP reductions, all refugee claimants received uniform health care coverage. This coverage included: prescriptions, including necessary heart or diabetic medications, access to a physician or nurse, diagnostic services, and access to emergency facilities, among other items.¹ Failed refugee claimants also received this range of coverage until their removal order came in

¹ This fuller coverage is similar to what is now termed "Expanded Health-Care Coverage", insurance offered to Government Assisted Refugees, but not refugee claimants.

to effect.² In light of recent reductions, the IFHP – which came in to effect June 30, 2012, the day after Bill C-31, *Protecting Canada’s Immigration System Act*, received Royal Assent – now supplies two classes of coverage to eligible refugee claimants: “Health-Care Coverage” and “Public Health or Public Safety Health-Care Coverage”. Table 1 depicts which refugee claimant class receives which type of coverage:

Table 1: Refugee Claimant Health Care Coverage Under the New IFHP

Class	Coverage
1. Refugee Claimant:	Health-Care Coverage <ul style="list-style-type: none"> • Preventative care (i.e. medication) only if condition is a public health risk • Hospital/physician services only in emergency situations
2. Refugee Claimant <i>from a Designated Country of Origin</i> ³ :	Public Health or Public Safety Health-Care Coverage <ul style="list-style-type: none"> • No preventative care, no hospital/physician services except when public health or safety is at risk
3. Failed Refugee Claimant:	Public Health or Public Safety Health-Care Coverage <ul style="list-style-type: none"> • No preventative care, no hospital/physician services except when public health or safety is at risk

Numerous health care organizations, including the Canadian Medical Association, the Royal College of Physicians and Surgeons of Canada, and the Canadian Nurses Association, voiced concern and supported opposition to these IFHP cuts in light of their potentially negative health consequences for refugees. In agreement, the University of Toronto Department of Psychiatry warned “these changes target the most vulnerable populations in Canada and will create undue human suffering” (Department of Psychiatry at the University of Toronto, 2012).

² This information is not currently available on the CIC website, and was instead verified through email correspondence with Janet Cleveland of McGill University and Michael Stephenson of Access Alliance.

³ Citizenship and Immigration Canada defines Designated Countries of Origin, or “safe countries”, as “places in the world where it is less likely for a person to be persecuted compared to other areas” (CIC, “Designated Countries of Origin”, 2012). Claimants from these countries will be afforded less time to prepare for their refugee determination hearings, as it is presumed that there is a low likelihood for success. Applicants from these states will, as noted in Table 1, receive zero health care coverage, unless their affliction affects public health. Citizenship and Immigration Canada has yet to publish which countries will be on this list.

Access Alliance Multicultural Health and Community Services Centre, a Toronto-based health clinic providing services to immigrants and refugees, called the IFHP reforms “antithetical to Canadian policy” and drew attention to the real and symbolic significance of providing tiered care coverage, depending on one’s status or country of origin (Access Alliance, 2012). Similarly, the Canadian Association of Community Health Centres stated IFHP reform “poses serious health threats to many of our most vulnerable residents” (Canadian Association of Community Health Centres, 2012). The concerns of these organizations are well founded. However, outside of the aforementioned health concerns, reduced health care coverage has additional, unexplored consequences for its bearers. The research I conducted indicates that IFHP reductions not only compromise affected persons’ access to health care but also their employability.

The findings presented in the next section emerged within a broader research project that explored refugee claimants’ experiences in the workforce. All 17 participants in this research project had entered Canada when the previous IFHP agreement was in place and were, at the time of interviewing, pending or failed claimants whose removal order had not yet come in to effect. Importantly, failed refugee claimants who were interviewed were pursuing Humanitarian and Compassionate (H&C) consideration applications, an alternative method of remaining in Canada distinct from the refugee process. While these H&C applicants are legally considered failed claimants,⁴ they, like all failed claimants, are permitted to remain in Canada until their removal order is effectuated.⁵

Impact on Employability

Although the IFHP was not the original focus of the research, during the in-depth interviews conducted in the summer of 2012 several research participants broadened the discussion by noting the specific impact changes to the IFHP will have on their employability in Canada. These participants – who were between the ages of 25 and 50 and whose former professions ranged from chef to university professor – had all made a refugee claim within the past five years.

⁴ Participants whose refugee claim had been rejected and who had not pursued and/or failed at their application for judicial review, and then made an H&C claim are legally considered “failed claimants” (correspondence with Citizenship and Immigration Canada on September 10, 2012, and email correspondence with Janet Cleveland of McGill University).

⁵ While IFHP cuts and Bill C-31 emerged under the umbrella of refugee reform, they remain distinct. Components of Bill C-31 – specifically, reduced refugee determination timelines – have yet to be fully implemented. However, when these changes are enacted, failed claimants will no longer be able to make an H&C claim within 12 months of their negative refugee hearing (CIC, “The Refugee System” 2012). This creates a unique situation for current H&C claimants who made their claim prior to the IFHP cuts and Bill C-31 being implemented. As these H&C applicants had all made a failed refugee claim and then applied for H&C consideration prior to these new reductions, they were formerly covered by the uniform IFHP plan. However, affected H&C applicants received a letter from CIC in May informing them they were now covered only under the newly created “Public Health and Public Safety Health-Care Coverage” (CIC Call Centre IFHP information recording on September 10, 2012).

Contrary to prevailing assumptions that refugee claimants are passive actors within the refugee determination process (Manjikian, 2011), refugee claimants exhibited considerable understanding of their location within the current policy environment, and feared that reduced health care coverage will affect their ability to find employment or remain employed. In particular, respondents raised five areas of key concern:

1. *Without full coverage, refugee claimants no longer feel “safe” working in conventional “refugee jobs”*

As with many migrants, refugee claimants often work in the ‘3D’ areas of employment: jobs that are “dirty, dangerous, and demanding” (Connell, 1993; Lusic and Bauder, 2010). All but one of my broader study’s participants was employed in what the participants themselves termed a “refugee job” (i.e. construction, cleaning, or physical labour jobs). Given the nature of these jobs, many refugee claimants are at a high risk of workplace injury, exposure to unhealthy environments, and overwork. Three participants indicated that the high-risk nature of many refugee jobs requires full medical coverage, and that reductions to the IFHP compromises their ability to continue working as they no longer feel secure in these positions. One, a failed refugee claimant who was preparing an application for H&C consideration, initially received the uniform, relatively broad coverage available to all refugee claimants. However, under the new IFHP restructuring, she is now only covered by “Public Health or Public Safety Health-Care Coverage”. As such, she no longer has access to even emergency medicine, which would be required in the case of a workplace injury (CIC, “Backgrounder: Summary of Changes”, 2012⁶).

As the refugee claimants are often only able to attain high-risk jobs, many are greatly concerned for their futures. One participant said:

Without insurance, it is so dangerous for me to work in construction, in roofing because I can’t afford the hospital. I need to be more careful because my girls don’t have nobody else, but I need to work cause what else am I going to do?

Although H&C applicants are still legally permitted to work until a removal order takes effect, without emergency room coverage, the safety of working in the often higher-risk positions available to them is severely compromised. Participants feared they would no longer be able to work as they could not afford the financial risk of a workplace injury.

⁶ This information was also confirmed by a CIC representative on September 10, 2012, and email correspondence with Gary Bloch of Doctors for Refugee Health Care on July 5, 2012.

2. Employers may be less likely to hire refugee claimants without full health care coverage

When the Designated Countries of Origin list is made public (see fn 3), refugee claimants hailing from these nations will no longer receive any health care coverage unless their condition poses a public health risk. One participant feared her country of origin, Mexico, would appear on the “safe countries” list, and she would soon lose all health care coverage. Another participant noted the newly-tiered health care coverage to be very confusing, and importantly, believed that employers will be unable or unwilling to distinguish which refugee streams are eligible for which type of coverage. Fearing liability or the need to pay for private insurance, employers will be increasingly reluctant to hire refugee claimants. One participant observed: “so employers are thinking if something happened with that person I would have to pay for that because the government is not responsible anymore”. Rather than be faced with a situation of an injured and uninsured employee, this participant predicted that refugee claimants will simply no longer be hired. With reduced employment chances and increased expenses through uninsured medical bills, she fears that refugee claimants might soon be in a state of “even less than the poverty level ... It will be misery”.

Another participant with a pending refugee claim also noted the confusion of the newly created coverage categories. He is covered under the category “Health-Care Coverage” and therefore entitled to hospital services “only if of an urgent or essential nature” (CIC, “Interim Federal Health Program” 2012). This participant expressed concern that the vague nature of the terms “urgent or essential” would deter refugees from entering an emergency room with an injury because it may be deemed “unessential” and thus the hospital visit charged at the refugee’s expense. As a part-time physical labourer, he said he could not afford the risk of such injuries, financially or otherwise.

3. Taxation without services: how the federal government is “not holding up its end of the bargain”

Interestingly, the broader research project revealed that refugee claimants revered the notion of employment. For people who were trying to gain permanent access to Canada, employment was seen as a means of integration and a vehicle to belong: “When you start to work, you are *living here*”, stated one participant. Unexpectedly, the often less-revered aspect of employment – paying taxes – was discussed in favourable terms. Paying income tax was seen as a ceremonious act of performing citizenship, accompanied by a sense of contributing and “giving back” to Canada.

However, as one H&C applicant remarked, taxation as “an act of citizenship” still runs two ways, and one expects services for their tax contributions. Through her cleaning position, she has paid taxes on her income for a number of years. However, despite the taxes deducted from her

paycheques – presumably to cover programs such as the IFHP – she is now excluded from its benefits. In May 2012 she received a notice from Citizenship and Immigration Canada of her reduced IFHP coverage: “in my case, government [used to] pay for me and medicine, but at this moment, refugee no! Any problems ... it’s up to them!” Visibly frustrated, she viewed the Canadian government as no longer honouring its commitment; she continues to pay her taxes but she will no longer be eligible for necessary health care services. These concerns echo those experienced by temporary foreign workers in Canada (Lenard and Straehle 2010), although refugee claimants are, as hopeful citizens, not necessarily temporary.

Similarly, another participant felt that structural barriers enacted by the government, such as the long wait before receiving work permits and 900-series Social Insurance Numbers, force refugee claimants and other precarious workers to accept unsafe work. This incentivizing of work in the informal economy is made even more dangerous with the reduced medical coverage for refugee claimants. “The government says, okay it’s good that people work, we need them to work but they don’t create the conditions that people need to work confidently”, one participant stated, “then they say, no health care. ... And it’s crazy. The government is so blind that they don’t see this.”

4. Without medical insurance, the need to find gainful employment takes on heightened urgency

A refugee claimant from Turkey, who arrived just two weeks prior to the interview, was turned away by a doctor. “I want to get help because the federal government, they change the rules for health care? I can’t go to doctor ... I came here as a refugee and I don’t have money to pay for it”, he recalled. The importance of securing a paying job subsequently became even more urgent as he needed to begin earning money immediately in order to cover his necessary medical expenses. This participant was angered to learn that the requisite work permit and Social Insurance Number might take several months to receive. His immediate application for a work permit reflected the urgency of his situation:

I’m looking for a job. I want to find as soon as possible because I want to pay my medical expenses. It is more important now to find a job because I need to pay for health, for doctors ... If you don’t have coverage, it’s very hard.

He suggested that the long periods of time waiting for permissions will encourage refugee claimants to begin “working underground” if they have preventative health care needs.

5. *Issues surrounding refugee claimants' inability to afford medications may also affect employability*

A participant noted that not only are “refugee jobs” high-risk for sudden injury but they may also lead to long-term, repetitive injury as well as mental health issues deriving from stress and discrimination. She described the pain caused by her job as a kitchen helper:

It's different than what I used to do in my country; it's very tired work. I like to cook, at the same time I didn't use to work that kind of job so now it's tired, and I have pain in my arms and my back. That's why I'm taking medicines. I have to chop all day so my arms, and my shoulder.

As a refugee claimant, she no longer receives coverage for her prescribed medications under the revised IFHP. She feared she would no longer be able to handle the physical pain:

I'm now so sad, especially when someone asks you: how are you, how are you feeling? I cannot say I am fine, because I can't get any sickness [because of recent cuts to IFHP], and I don't know if I'm going to lose my job because of my status ... It generates anxiety, lack of sleep, everywhere; they say why are you sleeping? I say just to close my eyes and forget for one minute.

Conclusion

While much of the current IFHP debate rightly focuses on the health implications for refugees, the data collected for this study indicates that limiting access to emergency and preventative health care coverage will compromise refugee claimants' ability to be safely employed or to be employed at all. Ironically, the need to work becomes even greater in order to cover health care expenses. In this paradoxical situation refugee claimants need to work in order to pay for their health care needs, yet, with their inadequate coverage, they no longer felt safe working in the high-risk positions offered to them.

Despite cuts to the IFHP being enacted largely as a cost-saving measure (Fitzpatrick, 2012), the research presented above shows that the IFHP cuts may present additional barriers to refugee claimant employability. These barriers will likely increase the number of refugee claimants requiring government financial assistance, while fewer refugee claimants contribute to income tax.

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