

Caring for the uninsured

Securing medical care can be a real problem for immigrants and refugees—as well as their doctors

By Matthew Sylvain

TORONTO | Canadians take pride in their country's openness to newcomers and its universal health-care system, but a study suggests there is a huge gulf between the two ideals, and that perhaps tens of thousands of immigrants and refugees lack any kind of health coverage.

The study examined the records of 2,000 patients at the Volunteer Clinic for Medically Uninsured Immigrants and Refugees in Toronto's eastern suburb of Scarborough that is part of the Scarborough Hospital. The analysis, led by the hospital's chief of family medicine, Dr. Paul Caulford, found that 90% of those patients reported they had the credentials to be in Canada permanently.

The uninsured patients fell into two main categories: those waiting to clear a mandatory three-month waiting period for provincial coverage and patients "navigating" a claim for residency status. Those waiting for 90 days, during which they must purchase private coverage if they can afford it, consisted of 36% of patients. The second group, navigating their residency application, comprised 46% of the clinic's 2,000 patients. Nine per cent said they had full Canadian citizenship, while the remainder were Canadians who had lost their medical insurance cards or did not provide their status.

"We actually call them 'precarious status' " patients, said Dr. Caulford, who is also the centre's medical director. "They have status—they are here legally—but it is precarious for them."

The patients hailed from 85 countries. The most common languages spoken (besides English) were Tamil, Urdu, Hindi and the main Chinese dialects. The mean time patients said they had been in the country without health insurance was two years. At the high end it ranged into decades.

Dr. Caulford said he believes the study has exposed the tip of the iceberg. He suspects Ontario alone could have at least 50,000 uninsured immigrants and refugees. That is based on a 1999 report that approximately 2%, or roughly 200,000, of the province's 10 million residents use community health clinics. Of that 200,000, 26%, about 50,000, lack health insurance for whatever reason, according to that report. And it was officials at

several health clinics who told Dr. Caulford that newcomers to Canada count for most of their facility's uninsured patient volume.

Dr. Caulford presented his study, funded in part by the Canadian Institute of Health Research, at the annual meeting of the Canadian Public Health Association in September.

The clinic's 15 family physicians receive no remuneration for their services. The clinic gets some money from the Ontario Ministry of Health and the Scarborough Hospital charges "a very minimal rent" for the space. Any fees or payment the physicians do receive they donate to the clinic's overhead, Dr. Caulford said.

The clinic was first opened five years ago. It is a partnership that includes nurses and community social agencies.

Meeting the patients' run-of-the-mill health-care needs isn't much of a challenge, Dr. Caulford said, it's the add-on care that's problematic. "(It's) fine at the primary level—if they come in with something we can handle. But if they need a hospital or a consultant or a major investigation or diagnostic imaging it gets very expensive, and we have a very limited fund for Scarborough residents but we can't apply that to people outside of Scarborough. Even the money for Scarborough runs out in a hurry."

Lawyer Avvy Go, director of the Metro Toronto Chinese and Southeast Asian Legal clinic, said the Scarborough study has touched an issue well known to those who work with immigrants. "It is a problem," she said, of the rate of uninsured in Canada's migrant population. "We have lots of clients like that."

Go was not surprised at the estimate of 50,000 medically uninsured immigrants and refugees in Ontario.

She said the precariousness of health coverage is a symptom of the greater problems faced by immigrants and refugees. For example, it is a common misunderstanding that newly arrived immigrants and refugees face a straightforward procedure. She said it can take years for an applicant, who is already in the country legally, to pursue their application through a maze of bureaucracy.

Moving from having no immigration status or documentation to full-status resident can be arduous and leave a person in "rights limbo."

"Basically . . . somehow they don't have the documents that are issued by immigration," she said.

In cases of people who gain access to Canada with a temporary resident permit (a special document issued by Immigration and Citizenship Canada), a person may be denied the right to provincial health insurance.

Go added that a foreign national, for example a holder of a such a permit, may be allowed in Canada but be legally deemed medically "inadmissible" due to an underlying health condition.

"That is how the road of immigration works," she said.

One client, she recalled, was allowed to stay in Canada even though he suffered a kidney condition but was barred from coverage by the Ontario Health Insurance Plan (OHIP). He now receives dialysis from a Toronto hospital on a charitable basis.

Access to public health insurance by new Canadians is not guaranteed under the charter of rights, Go said. "Having OHIP is not a charter right for everyone, that is why there are so many people without OHIP coverage," she observed.

Pro bono work

Geraldine Sadoway, a lawyer with the Parkdale Community Legal Services in Toronto, said health practitioners are often dumbfounded when they find out an ill patient with a serious medical issue does not have government or any other-health insurance. "We have a lot of doctors doing pro bono work for exactly this reason," she said. Sadoway has fought legal cases over health coverage with Ontario and Ottawa since becoming a lawyer in 1983.

Her clients have included an uninsured family that, in the process of immigrating from Tibet, was handed a \$50,000 bill after their son was placed in hospital quarantine for seven months. He had arrived in Toronto with a fever during the severe acute respiratory syndrome (SARS) outbreak (he did not have SARS).

In another case, a woman was allowed into Canada but was denied the right to public health insurance because she was HIV-positive.

"We think we have universal medicare, but we don't," she said.

Dr. Caulford said recently announced plans by the federal government to greatly expand immigration would have a major impact on this uninsured population and the health practitioners who care for them. In 2002, the country accepted 230,000 landed immigrants and 25,000 refugees, he said.

Earlier this fall, the federal government announced plans to increase immigration to 1% of Canada's population of approximately 32 million. In early October the Ontario ministry of finance calculated that Ontario will accept 125,000 immigrants every year for the next two decades.

Dr. Caulford, in his study, noted 80% of new residents arriving each year settle in the urban areas of Vancouver, Montreal and southern Ontario, and that Scarborough alone accepts as much as 20% of the national total.

Refugee coverage

According to Dr. Roland Fuca, medical director of the Interim Federal Health Program at Immigration Canada, which covers refugees upon arrival, as a rule applicants for Canadian immigration status are told to be self-sufficient when it comes to health-care coverage.

Cara Prest, an Immigration Canada spokeswoman, said she couldn't comment on the study and did not have information on how many refugees and immigrants may fall through the public-insurance cracks.