

## **Court challenge to the federal government's elimination of medical benefits for refugees:**

### **Patients denied medical care and medications under the Interim Federal Health Program**

All patients on this list, more than forty, are refugee claimants or refused claimants who were denied medical care or medication under the Interim Federal Health Program (IFHP) after it was radically reduced on June 30, 2012. These are individual patient stories. They are succinct accounts recorded by doctors across Canada to give Canadians specific accounts of the human suffering caused by the removal of federal medical funding for refugee claimants. Most patients are not identified to protect their privacy. None are available for personal interviews.

#### **I Applicants to the Federal Court application**

1. **Ahmad Abdorrahman Awatt**, a Kurd from Iraq, suffers from Wilson Disease, a genetic disorder that prevents the body from getting rid of extra copper. In Wilson disease, copper builds up in the liver, brain, eyes, and other organs. Over time, high copper levels can cause life-threatening organ damage. As a result, Mr. Awatt is in need of constant blood and urine examinations, as well as monthly ultra-sounds of his liver. As a rejected refugee claimant, he lost coverage for urgent and essential care, although he remains on a moratorium list and cannot be removed from Canada. His speech impediment entitles him to Ontario disability coverage for his numerous medications but he has no coverage for the tests or specialist visits he most urgently needs for his Wilson disease. Mr. Awatt is a minimum wage, occasional laborer and cannot afford to pay for these medical services. He lives with a constant threat to his life and health as well as considerable psychological stress.

2. **Daniel Andres Garcia Rodrigues**, a refused refugee claimant from Colombia was refused an operation to repair a retinal detachment. He could not afford the large fee for the operation. As his sight was in direct jeopardy, his doctor wrote to the respondent's medical service explaining the urgency of his situation and requesting help.

On August 17, 2012 the doctor was told that no IFHP coverage would be available, since he was now classified as a rejected refugee claimant although his wife has been accepted as a refugee and is sponsoring him. He has a work permit and is paying taxes.

On August 20, 2012, Daniel's doctor agreed to perform the eye surgery at a fraction of the cost. Further delay could have resulted in Daniel losing his vision. The withdrawal of IFHP coverage put Daniel's vision at risk and caused him considerable psychological stress as he faced the prospect of no longer being able to support his family due to blindness and his inability to pay for the sight-saving surgery.

3. **Hanif Ayubi** has had type 1 diabetes since the age of 10. He came to Canada as a refugee from Afghanistan in April, 2001 in order to escape forced conscription by the Taliban and the imposition of Sharia law. His claim was rejected but he has remained on a removals moratorium list since 1994. Since June 30, 2012 he has been denied insulin and medical care under the IFHP since he is no longer eligible for urgent and essential care ("health care coverage"). He is unable to access the necessary blood tests he needs to monitor his diabetes. He is being kept alive on free samples of insulin from a community medical clinic in Ottawa. He has a work permit and has been paying taxes, but does not earn enough to cover the cost of medication and diagnostics. His health has been put at risk and his situation has been extremely worrisome for him.

## **II Case Histories of patients denied medical care under IFHP**

Patient 1: a refugee claimant arrived in Saskatoon in the fall of 2012 after fleeing a Middle Eastern country where he was persecuted for being Christian. Soon after arriving, he began having abdominal pain and was diagnosed with cancer. The IFHP no longer covered the costs of chemo-therapy medications. As he could not afford to pay for these medications, they were ultimately provided by a hospital pharmacy after church groups advocated on his behalf.

Patient 2: A 76 year old failed refugee claimant from Sri Lanka was undergoing

chemotherapy for bladder cancer when his IFHP was cancelled. He also requires numerous prescription medications for diabetes mellitus, hypertension, aortic valve endocarditis, anemia, and must take intravenous antibiotics regularly. For now, his doctors are providing care free of charge, but he has to beg family members for the \$600 needed each month to cover the costs of life sustaining medications.

Patient 3: A failed refugee claimant from Mexico living in Red Deer, Alberta was diagnosed with testicular cancer in October 2012. He has no IFHP coverage for his hospital treatments. Two doctors in Red Deer donated their time to perform surgery on him but he needs chemotherapy and radiation therapy medications which are also not covered.

Patient 4: A failed refugee claimant from Libya who has been in Canada for about 25 years due to the fact that Libya had been on a moratorium list had his right leg amputated below the knee in the fall of 2012 due to infection, likely related to diabetes. The infection is continuing and is now in the bone. The hospital needs payment for the operation and he cannot go to rehab to be fitted for prosthesis without IFH coverage.

Patient 5: a stateless HIV-positive woman who had been a victim of human trafficking and who had abandoned her refugee claim due to poor legal advice did not have access even to Public Health and Public Safety IFH coverage after July 1, 2012. She therefore posed an unresolved threat to public safety because HIV-AIDS is considered a contagious disease.

Patient 6: An elderly man from Cuba lost his refugee claim but has serious mental health issues and will no longer be covered for treatment or medication.

Patient 7: In early July 2012, a young 24 year old women in Canada for 4 years, 35 weeks pregnant, arrived at a free refugee health care clinic crying, with severe abdominal pain. Her obstetrician told her she was required to pay \$130.00 for a visit because her IFH coverage had been cancelled. She stayed at home with her pain, unable to pay the \$130,

but eventually was examined at the free clinic.

Patient 8: In early July, 2012 a 61 year old gentleman residing in a refugee shelter ran out of his 12 heart medications. Since his IFH coverage had expired, he could no longer afford medication renewals or doctor's visits. He was suffering from heart failure and atrial fibrillation. He arrived at a free clinic sweating profusely and frightened.

Patient 9: A rejected refugee claimant became ill with a common, treatable condition. As he had had no IFH coverage since July 1, 2012 and could not afford a doctor's visit, by December 2012, his condition had reached a life threatening level. He had to be sent to the hospital.

Patient 10: In late July, 2012 a six year old child awaiting his refugee hearing with his parents developed a dental abscess. He had had open heart surgery when he was 15 days old and required pediatric cardiology follow up. However, his parents' IFH dental care coverage had been cancelled as of July 1, 2012, which posed a serious health risk since the abscess could infect his heart. His family doctor was requesting payment before continuing any care.

Patient 11: In late July 2012, a 42 year old refugee claimant from Africa who had been beaten and left for dead in the street and who was suffering from chronic severe abdominal pain as a result was dropped by her physician once her IFH coverage was cancelled and she was unable to afford the fees.

Patient 12: Three weeks after his IFH coverage was revoked, a rejected refugee suffering from sickle cell anemia developed recurring leg ulcers due to lack of affordable regular medical follow-up.

Patient 13: On July 31, 2012 a four year old refugee claimant child from Iran came to a free medical clinic crying and in severe pain from an ear-infection that had gone untreated because her parents could not afford to pay their doctor once their IFH coverage was cancelled.

Patient 14: A refugee claimant from Iran with cancelled IFH coverage could not afford hospital treatment for her broken foot for one week. She arrived at a free clinic limping badly on July 31, 2012.

Patient 15: In August, 2012 a claimant who was 7 months pregnant was in a panic and desperate after her IFH coverage was cancelled as she could not afford doctor's fees for pre-natal care or delivery. She was referred to a volunteer midwife and told to report to the emergency room when she went into labour.

Patient 16: An 8 year old rejected refugee claimant from Africa who suffers from asthma begins coughing and wheezing more severely because he and his mother can no longer afford medical care after their IFH coverage is revoked (September 2012).

Patient 18: A male refugee claimant experiencing chest pain and having characteristics that makes his physician suspicious of tuberculosis is not eligible for a chest x-ray.

Patient 19: A female accepted refugee with asthma has an avoidable emergency room visit and hospitalization because of a lack of medication.

Patient 20: A female refugee claimant with fibroids and adenomyosis has surgery cancelled due to her IFH status. As a result, the patient has numerous emergency room visits and doctor's office visits for severe pain.

Patient 21: A male refugee claimant with expired IFH coverage has three children, two requiring immunizations and a third requiring follow-up on an operation on his aorta at birth. They were turned away from two clinics and unable to see a physician.

Patient 22: A female refugee claimant who is a senior with diabetes and chronic kidney disease sees her condition deteriorate because of lack of access to medication, regular blood testing and monitoring, and dietician education.

Patient 23: A refugee claimant who is a mother of two is unable to seek treatment for high blood pressure after June 30, 2012.

Patient 24: A refugee claimant, 32 weeks pregnant, presents at two emergency rooms suffering from lower abdominal pain. On both occasions she is told that she would have to sign a document stating that she would be responsible for the costs of her visit. She leaves the emergency room on both occasions without being seen.

Patient 25: A man admitted to hospital with congestive heart failure and 12 other medical conditions is discharged home without the necessary home care follow up, placing him at a much higher risk of readmission.

### **III Refugee Claimants who are eligible for IFHP benefits but are still denied medical care**

The sudden and arbitrary revocation of medical service under the IFHP has caused confusion within the medical community as to who is covered under the IFHP and who is not. Some IFHP-entitled refugee claimants have been mistakenly refused medical care due to perceived IFHP ineligibility by doctors, or delays in the processing of the newly complex IFHP applications by Citizen and Immigration Canada. Here is a sample of these types of cases as catalogued by physicians working with refugee-patients, including Canadian Doctors for Refugee Care:

Patient 26: In September, 2012 a 12-month old baby whose mother was awaiting her refugee hearing was suffering from a fever and had not been eating properly for a month. Their doctor was charging for treatment based on a perceived lack of IFH coverage. The baby had infections in both ears, infected tonsils and was in considerable discomfort.

Patient 27: A woman fled her country despite the fact that she was 33 weeks pregnant in order to save her 13 year old daughter from female genital mutilation. Likely as a result of the complex new eligibility system, issuance of her IFH coverage document was

delayed until after her expected delivery date and she faced the prospect of having to pay for pre-natal care and hospital services she could not afford.

Patient 28: In November, 2012 a child refugee claimant with a cleft lip and palate that had become infected was denied care by a doctor despite the fact that he had valid IFH coverage.

Patient 29: A 28 year old pregnant diabetic claimant with a history of miscarriage and high blood pressure with valid IFH coverage was refused medical care by a family doctor due to a perceived lack of coverage.

Patient 30: A young child from Africa with a high fever but had no health insurance because his IFHP had not been activated.

Patient 31: A woman in her third trimester of pregnancy develops pre-eclampsia, a potentially lethal disease, but has no coverage to treat her condition.

Patient 32: A man with a rectal mass is turned away from care a multitude of times although he should have IFHP health insurance.

Patient 33: A young child from Africa could not get a chest X-ray after her IFHP was issued but there was a delay in its implementation. She eventually was found to have pneumonia.

Patients 34 and 35: Two young children with multiple hospitalizations for asthma cannot get access to their inhalers leaving them at risk for seeking out care through emergency departments.

Patient 36: A teenager with Post Traumatic Stress Disorder and previous suicide attempts who has valid IFHP coverage is cut off from essential psychiatric medications;

Patient 37: A young girl from an area with malaria has a high fever but does not have health coverage to rule out malaria as she awaits her IFHP coverage to be initiated.

Patient 38: A privately sponsored refugee arrived in October 2012 suffering from serious abdominal pain and needing to see a gynecologist. A community health centre refused to refer her to a specialist based on the false perception that she was not entitled to IFHP coverage. She suffered in pain for several months until a lawyer clarified her situation and informed the group-sponsors of her eligibility.