Journal of Applied Research on Children: Informing Policy for Children at Risk

Volume 10
Issue 1 *Immigrant Child Health: Creating Evidence-Based Practice in a Changing Environment*

Article 3

2019

The ripple effects of US immigration policy on refugee children: A Canadian perspective

Shazeen Suleman M.D., MPH
St. Michael's Hospital, sulemansha@smh.ca

Ripudaman Minhas M.D., MPH
St. Michael's Hospital, minhasR@smh.ca

Tony Barozzino M.D.
St. Michael's Hospital, barozzinot@smh.ca

Follow this and additional works at: https://digitalcommons.library.tmc.edu/childrenatrisk

Recommended Citation

Suleman, Shazeen M.D., MPH; Minhas, Ripudaman M.D., MPH; and Barozzino, Tony M.D. (2019) "The ripple effects of US immigration policy on refugee children: A Canadian perspective," *Journal of Applied Research on Children: Informing Policy for Children at Risk*: Vol. 10 : Iss. 1 , Article 3.
Available at: https://digitalcommons.library.tmc.edu/childrenatrisk/vol10/iss1/3

The Journal of Applied Research on Children is brought to you for free and open access by CHILDREN AT RISK at DigitalCommons@The Texas Medical Center. It has a "cc by-nc-nd" Creative Commons license" (Attribution Non-Commercial No Derivatives) For more information, please contact digitalcommons@exch.library.tmc.edu

The Ripple Effects of US Immigration Policy on Refugee Children: A Canadian Perspective

With over 1 in 5 Canadians identifying as an immigrant,[1] Canada has been proud to call itself a nation of immigrants with a commitment to supporting refugees, from accepting thousands of Vietnamese refugees in the 1970s to Syrians fleeing civil war in 2015.[2] In 2017, 44,000 refugees came as government-sponsored or privately sponsored refugees, having been offered permanent residency in Canada prior to arrival.[3] Fewer arrive as asylum seekers -- 24,000 in 2016, 40% of whom arrived via the Canada-US border.[3] Given Canada's geographic location, individuals may arrive by air, sea, or land across the longest shared land border in the world with the United States. In 2011, Canadian officials reported 4,205 claims made at this border. This number nearly quintupled in 2018, with 19,085 claims, totaling nearly 40,000 asylum claims since 2016 and coinciding with the changes in US governmental administration and their immigration and temporary resident policies.[4] Families reported that for them, the US was no longer safe and they sought asylum in Canada.[5] Due to the Safe Third Country Agreement, which does not permit asylum claims from the United States at official border crossings, many asylum seekers have crossed through unofficial border crossings, most of them in the provinces of Quebec and Manitoba.[6]

With rising numbers of children who are asylum seekers trickling across the US-Canada border, a number of issues have come to light. On arrival in Canada, each asylum seeker is given health coverage under a national program known as the Interim Federal Health Program (IFHP). Created in 1957 to provide universal health coverage for basic medical and supplementary allied healthcare (eg, urgent vision/dental care, therapeutic interventions, assistive devices, etc.) to all categories of refugees, the program has undergone immense change in recent years.[7,8] In 2012, IFHP coverage to refugee claimants was stopped for those arriving from designated "safe" countries of origin (DCOs), including the US. After the Canadian Supreme Court deemed these changes unconstitutional in accordance with the Canadian Charter of Rights and Freedoms, full coverage to all refugees was re-instituted in 2016.[7,8] However, in the interim, many physicians had stopped accepting patients with IFHP, citing a lack of understanding of coverage and difficulty with reimbursement.[8] However, children and families seeking asylum by crossing into Canada from the US are unable to obtain health care despite having IFHP coverage due to several challenges, such as confusion over

coverage, lengthy reimbursement processes for providers, an optional and difficult registration process, and poor continuum of care for patients.[8,9,10] For children with medical complexity, these challenges are even more pronounced. Though not systematically studied, clinically, we have seen children with no access to essential formulas and limited feeding tube supplies, as many physicians do not know how to help families receive these physician-prescribed resources under IFHP. Some families have ended up in the emergency departments for non-emergent issues, such as feeding tube replacements or developmental services, in need of consistent primary care and service navigation.

Unlike government-sponsored or privately sponsored refugees, asylum seekers arrive in Canada with limited access to social services. In Toronto, one of the most popular destinations for asylum seekers from the US, families are crowded into makeshift accommodations, from old hotels and dormitories to shelters.[11] Families remain in these conditions for an uncertain period of time, trying to find housing while being financially supported by minimal welfare subsidies.[12] Many seek temporary work permits in low-paying, transient jobs. Refugee children, including asylum seekers, are more likely to face high rates of child poverty and food insecurity, relying on community food banks or school lunch programs in the absence of a federal food support program.[13] While all children in Canada have the right to go to school regardless of immigration status, many require additional support for speech therapy, occupational therapy, or psychoeducational assessments, which is limited because of inadequate municipal or provincial funding.

For asylum seekers in Canada, their legal status remains uncertain until an Immigration and Review Board (IRB) hearing takes place to determine if their claim meets criteria for a person requiring protection. Currently, families are waiting months or years before their hearing, leaving them in a state of uncertainty; current estimates have wait times up to 24 months.[14] In mixed-status families, there are children who were born in Canada and are automatically granted Canadian citizenship, while siblings were born in the US with US citizenship and parents with citizenship in neither country. For mixed-status families, immigration hearings can be especially frightening, with the possibility that a parent might be deported and separated from their child who has the legal right to remain in Canada.[15] The negative, deleterious consequences of forcibly separating children from their parents, as seen at the US/Mexico border, is undeniable.[16] Increased stress due to poverty, poor housing, and social

isolation may all contribute to poor mental health of both parents and child. The long-term impact of toxic stress from these adverse childhood experiences (ACEs) is well known.[17]

More concerning, Canadian sentiment toward supporting refugees may be shifting, with rising populist governments across the country. In 2018, the province of Quebec elected a new right-leaning populist government with a focus on reducing immigration and tightening border security. Ontario, Canada's most populous province, also elected a conservative majority government in 2018, intending to reduce already limited services for asylum seekers. In 2017 Canada saw an all-time high for hate crimes, which rose by 47% compared to the previous year, and mainly targeted the Jewish, Muslim, and Black communities.[18] While Canada typically has endorsed values of multiculturalism, tolerance, and inclusivity, these new trends raise the alarm that populist rhetoric in other countries, like the US, may be influencing our own values in Canada.

The UN Convention on the Rights of the Child clearly states that children have the right to live, grow, and learn in safe, supportive environments.[19] Shifts in global immigration policy have changed the landscape for migration patterns. In Canada, there has been a rise in asylum seekers from the US, creating risk for these children facing poor access to health care, housing, and food. Even in Canada, hundreds have experienced detention and many have been separated from their families.[20] In the United States, many reports note that thousands of children have been detained and separated from their families. As described above, the risk for toxic stress and poor mental health is high, including living with uncertainty, poverty, food insecurity, and housing insecurity.

As signatories to the UN Convention on the Rights of the Child, which has not been signed by the US, Canada and Canadian pediatricians have a duty to advocate for the well-being of all children. Many asylum seekers across our shared border are our shared children--citizens of one country, siblings who are citizens of the other and parents who are not protected by either of our countries.[21] Pediatricians on both sides of the border must work together to advocate for better support for these children. Facilitating the transmission of health information, when children arrive in either country, may support better health care. Improving our collective understanding of each other's health systems may promote better care for families in transition by helping direct them to services they

need. Understanding the experiences of these children and families through collaborative, community-based research is essential to developing and understanding evidence-based solutions for care. Finally, collective, collaborative advocacy to push policymakers to stand up for what is right for children -- regardless of their immigration status -- is essential in supporting the well-being of refugee claimant children across both borders.

References

1. Immigrant population in Canada, 2016 census of population. Statistics Canada. https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2017028-eng.htm. Published October 25, 2017. Accessed June 11, 2019.
2. Lambert E. Canadian response to the "boat people" refugee crisis. *The Canadian Encyclopedia*. https://www.thecanadianencyclopedia.ca/en/article/canadian-response-toboat-people-refugee-crisis . Published July 5, 2017. Accessed January 12, 2019.
3. Government of Canada. https://www.canada.ca/en/immigration-refugees-citizenship/corporate/publications-manuals/annual-report-parliament-immigration-2018/report.html . Updated February 26, 2019. Accessed May 22, 2019.
4. Asylum claimants processed by Canada Border Services Agency (CBSA) and Immigration, Refugees and Citizenship Canada (IRCC) offices, January 2011 - October 2018. Government of Canada. https://www.canada.ca/en/immigration-refugeescitizenship/services/refugees/asylum-claims/processed-claims.html . Updated December 14, 2018. Accessed January 12, 2019.
5. Shenoy R. Refugees asking for asylum in Canada argue the US is no longer safe. Public Radio International. https://www.pri.org/stories/2018-09-07/refugees-asking-asylumcanada-argue-us-no-longer-safe. Published September 7, 2018. Accessed January 12, 2019.
6. Canada-U.S. Safe Third Country Agreement. Government of Canada. https://www.canada.ca/en/immigrationrefugeescitizenship/corporate/mandate/policiesoperational-instructions-agreements/agreements/safe-third-country-agreement.html. Updated June 23, 2016. Accessed January 12, 2019.
7. Abdihalim H. Interim Federal Health Program for refugees: looking back and moving forward. *Univ Ottawa J Med*. 2016;6(2):33-35.
8. Ruiz-Casares M, Cleveland J, Oulhote Y, Dunkley-Hickin C, Rousseau C. Knowledge of healthcare coverage for refugee claimants: results from a survey of health service providers in Montreal. PloS One. 2016;11(1):e0146798.
9. Chen B. Liew J. Refugees once again have full health benefits but some practitioners still don't know that. CBC news [Internet]. 2017. [cited July 25, 2018]. https://www.cbc.ca/news/opinion/refugee-health-care-1.4105120
10. Antonipillai V, Baumann A, Hunter A, Wahoush O, O'Shea T. Impacts of the Interim Federal Health Program reforms: a stakeholder analysis of barriers to health care access and provision for refugees. *Can J Public Health*. 2017;108(4):435-441.
11. Stone L. Toronto stands by data showing almost 40 percent of people in shelters are refugee claimants. *The Globe and Mail*. https://www.theglobeandmail.com/canada/toronto/article-toronto-stands-by-datashowing-almost-40-per-cent-of-people-in/. Published November 4, 2018. Accessed January 12, 2019.
12. Rizvic S. Refugees are trapped in Toronto's housing crisis, but solutions exist. The Tyee. https://thetyee.ca/News/2018/10/25/Refugees-Trapped-Toronto-Housing-Crisis/. Published October 25, 2018. Accessed January 12, 2019.
13. Howard A, Edge J. Enough for all: household food security in Canada. The Conference Board of Canada. Published August 2013. Accessed June 11, 2019:8-10.
14. Zilio M. Refugee system not equipped to deal with surge in asylum seekers at Canada-U.S. border, auditor-general says. *The Globe and Mail*.

https://www.theglobeandmail.com/politics/article-refugee-system-not-equipped-to-deal-with-surge-in-asylum-seekers-at/. Published May 9, 2019. Accessed May 22, 2019
15. Huncar, A. 'Why did they do this to mommy?': Ottawa urged to reunite Edmonton family after mom's deportation. Canadian Broadcasting Corporation. https://www.cbc.ca/news/canada/edmonton/edmonton-immigrant-families-niger-sali-mohamed-1.4746770. Published July 16, 2018. Accessed May 22, 2019.
16. Teicher MH. Childhood trauma and the enduring consequences of forcibly separating children from parents at the United States border. *BMC Med*. 2018;16(1):146.
17. Shonkoff JP, Garner AS, American Academy of Pediatrics Committee on Psychosocial Aspects of Child and Family Health; Committee on Early Childhood, Adoption, and Dependent Care; and Section on Developmental and Behavioral Pediatrics. The lifelong effects of early childhood adversity and toxic stress. Pediatrics. 2012;129(1):e232-e246
18. Police reported hate crime, 2017. Statistics Canada. https://www150.statcan.gc.ca/n1/daily-quotidien/181129/dq181129a-eng.htm . Published November 29, 2018. Accessed January 12, 2019.
19. United Nations Convention on the Rights of the Child. United Nations Human Rights Office of the High Commissioner. https://www.ohchr.org/en/professionalinterest/pages/crc.aspx Ratified September 2, 1990. Accessed January 12, 2019.
20. Canadian Border Services Agency, Government of Canada. Annual detention statistics: 2012 – 2017. https://www.cbsa-asfc.gc.ca/security-securite/detent/stat-2012-2017-eng.html . Updated March 28, 2018. Accessed May 22, 2019.
21. Wright T. Americans make up 3rd largest group of asylum seekers coming to Canada. *Huffington Post*. https://www.huffingtonpost.ca/2018/11/19/americans-asylumseekers-coming-to-canada_a_23594171/. Published November 19, 2018. Accessed January 12, 2019.