National Immigration Health Policy

Existing Policy, Changing Needs, and Future Directions

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ABSTRACT

Canada has a long history of welcoming immigrants and a longstanding immigration policy framework. The historic principles that govern immigration selection and processing also include regulatory policies in the area of health.

Based on historical principles that pre-date Confederation, Canadian immigration health policy has remained relatively constant. Policies are based on the identification of specific individuals and the exclusion, if appropriate, of the affected individuals – an approach that continues today. During the past three decades, however, evolutionary changes in the patterns, volume and demography of immigration have created situations that may necessitate changes to existing policy frameworks. This paper reviews current immigration health policies and practices in Canada, describes the nature and impact of existing challenges, and proposes some alternatives for future consideration.

La traduction du résumé se trouve à la fin de l'article.

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Immigration is a fundamental pillar on which Canada has been built. Beginning with European colonization, the medical assessment of migrants is one of the nation's oldest migration-related activities. Despite this long history, Canada's immigration health activities continue to reflect traditional approaches initially designed in an era when most immigrants and a small number of refugees came from Europe. Later, they were revised to prevent the arrival of migrants with chronic, costly health conditions. In recent decades, however, most immigrants and refugees have come from Asia, Africa, the Middle East, the Caribbean and South America, and have different health backgrounds and diseases. There is also a growing recognition that migration and population mobility are major factors underlying the processes of globalization. Changes in immigration health policy are needed to reflect these new realities.[1]

Countries have long recognized that travellers can import disease and have taken steps to protect their own populations. In Biblical times, lepers were isolated and their movements controlled to limit their contact with others. By the 14th century, the spread of plague in Europe due to mercantile expansion triggered the development of quarantine. Inspecting arrivals, denying admission, and either holding or treating them due to the real or suspected presence of disease became standard maritime practices.[2] Quarantine practices came to the Americas in the 1700s, as European exploration and settlement brought cholera, plague, and "ship fever" (typhus) to the colonies.

Focus later shifted to other transmissible diseases, such as tuberculosis and syphilis. In the 19th century, concerns grew to include chronic and non-infectious diseases that were likely to make new arrivals dependent on publicly funded social and health services, such as chronic psychiatric disorders, developmental impairment, alcoholism, seizure disorders, and chronic tuberculosis. The masters of vessels bringing passengers to Canada were subject to a fine or bond for landing individuals who later became "public charges" because of disease or infirmity.

Assessing new arrivals for the presence of serious infectious disease, or the presence of illnesses that would impose a drain on public services, has remained the funda-

mental principle underlying the Canadian approach to immigration health. Similar approaches are observed in other developed nations with longstanding immigration programs, such as Australia, New Zealand, and the United States.[3]

AREAS OF POLICY

Current immigration health practices

Current immigration health practices and policies are defined in the *Immigration and Refugee Protection Act* rather than national health legislation.[4] Until recently, Canadian immigration health practices have been solely designed to select and render inadmissible certain individuals on the basis of risk to public health or public safety, or on an excessive demand on health services. That process involves a medical examination for persons applying for, or already selected for (i.e., in the case of sponsored refugees), resettlement in Canada. Immigration applicants who have evidence or history of certain treatable infections (i.e., currently syphilis or pulmonary tuberculosis) are admissible with the provision that they contact public health officials after arrival for appropriate follow-up.

Those identified as having conditions that would render them inadmissible due to potential excessive demands on health services may be refused admission permanently. Such conditions could include: certain cancers, potential multi-organ failure, end-stage disease, and serious incapacity requiring extensive nursing care. Conditions that lead to medical inadmissibility are generally identified through self-report.

These immigration health practices are thus narrowly focussed on assessing inadmissibility and not on identifying other health conditions that might impact on the newcomer's life in Canada, or on other Canadians (in the case of infectious diseases), or on the Canadian health care system in general. Focussing solely on inadmissibility therefore impedes the development of more modern and potentially useful approaches.

KEY ISSUES

Changes in immigration patterns

When immigration health assessments were developed, immigrants destined to Canada were quite different than they are today. Until the 1970s, most newcomers to Canada arrived from Europe and the United States. Over the past 35 years, however, the demography of immigration has changed dramatically.[5] Currently, most immigrants come from Asia, the Middle East, the Caribbean, and Africa where the health environment may be profoundly different from that in Canada. In addition, the diversity of immigrant groups often results in marked health disparities between and within cohorts of immigrants and refugees. This is particularly true for refugees in cases where violence, torture, and trauma often affect both physical and mental health.[6] These variations in health characteristics between and within migrant groups, and the sustained disparities between their origins and destinations in Canada, may have future health implications for the individual and the community. The development of more targeted immigration health assessments that more accurately reflect current world conditions and migrant demography is under consideration. The usefulness of a "one size fits all" immigration medical examination in a world of great health disparities is being re-evaluated.

NEW IMMIGRATION CHARACTERISTICS AS A STIMULUS FOR RENEWED IMMIGRATION HEALTH POLICIES

As described above, many standard immigration health activities were developed in times when both the nature of immigration and the health characteristics of immigrants were very different than those observed today. The evolution of the immigration process, as well as modern changes in the management and control of illness, have created situations that may necessitate changes to the traditional policy basis of immigration health. Areas of current interest follow.

1. Increased attention to the health status of migrants selected for admission

Canada's immigration medical exam (IME) has been primarily directed towards the identification of the approximately 2,000 immigrants each year who are inadmissible to enter the country. The health status of the approximately 250,000 immigrants and refugees who are admitted annually has garnered little attention. Since the immigration medical examination represents migrants' first formal contact with the Canadian health sector, this represents a significant lost opportunity in terms of both individual and population health.[7] This exam could provide an opportunity for health prevention and promotion activities, such as counselling or vaccination.[8] It could also form the basis of an applicant's personal health record for the future.

Some countries have begun to utilize their immigration medical examination as a tool for population-based public health interventions, in addition to the legal requirements of immigration legislation.[9] Certain diseases that are present in high rates in some populations, such as refugees, lend themselves to easy treatment prior to resettlement.[10] In some cases, it may be more effective and efficient to intervene prior to resettlement – even if this intervention is not part of the formal immigration medical screening protocol.[11] Consideration is being given to expanding the use of this examination, beyond the sole purpose of identifying those who are medically inadmissible, to take advantage of a unique opportunity to begin health promotion or population-based disease treatment.

2. Increased attention to the health needs of immigrants and refugee claimants who present for immigration medical assessment in Canada

One of the major changes of the past 30 years has been the establishment of the legal right to request immigrant or refugee status from within Canada. This change creates policy challenges to existing immigration medical activities that were designed to take place outside the country to determine an applicant's right to enter the country.

Only a few thousand people apply annually from within Canada for permanent resident status. They receive the usual IME and can be deemed medically inadmissible and told to leave the country. This is a very rare occurrence, however, and most are deemed medically admissible and permitted to stay in Canada.

Each year, approximately 40,000 persons claim refugee status from within Canada and receive the standard IME, which is designed to determine medical

inadmissibility. However, refugees are not subject to excessive demand regulations and successful claimants will be allowed to remain in Canada no matter what their medical condition may be. If they are suffering from tuberculosis or syphilis, the two diseases of public health significance that the IME tests for, they will receive treatment.

Consequently, using a medical exam that is designed primarily to determine medical inadmissibility for categories of people who are already in Canada, and will most likely remain here, does not make sense. The actual health status and service requirements of these individuals become more important than finding conditions that might have rendered them inadmissible if they were examined abroad.[12] Currently, attention is being given to the specific health needs of immigrants and refugees who arrive without having been examined overseas.

The current system for sharing migrants' medical information between the immigration department and provincial and territorial public health authorities has not been updated to reflect the fact that not all IMEs take place abroad. This has led to complex, redundant procedures and the loss of medical information that could form the basis of the migrant's health record in Canada. Practical steps to improve information exchange and reduce redundancy are being considered and developed.

New initiatives

The presence of health conditions not related to potential inadmissibility has not been an area of significant legislative concern. Consequently, information related to the health of applicants destined for admission has not been systematically used, either for population-based health assessments or to assist in integrating the new arrival into the Canadian health care system.

A specific example of how this situation can be improved is the routine testing of immigrants for HIV, introduced in January 2002. This testing focusses on identifying the disease to expedite counselling and referral to appropriate services. It demonstrates how the immigration health examination may be used to improve the health of new arrivals, rather than only identifying conditions that could bar admission.

DIRECTIONS FOR POLICY

This paper has reviewed the current basis for Canadian immigration health policy and described areas where improvements are underway. These revisions reflect the modernization and redefinition of approaches to an increasingly important aspect of national health planning.[13] Current population demographics in Canada indicate that immigration will be the major driver for population growth in the foreseeable future.[14] As the foreign-born and their offspring become ever larger cohorts of the Canadian population, health issues and concerns related to immigration will assume even greater importance.

The legislative requirements of the immigration process will continue to require the evaluation of immigrants for potential inadmissibility. However, these requirements also provide an important opportunity to begin a more thorough consideration of the health of those who will take up residence. Using the immigration medical examination as an entry point into the Canadian health care system for newcomers could be an important step in that direction. Given the profound changes in the nature of Canadian immigration and the continued existence of global health inequities, this approach will help to ensure that the specific needs of migrants will be more effectively recognized and managed over the short and long term.

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RÉSUMÉ

Le Canada est depuis longtemps une terre d'accueil pour les immigrants et possède un cadre d'action de longue date en matière d'immigration. Les principes historiques régissant la sélection des immigrants et les méthodes relatives à l'immigration comprennent aussi des politiques de réglementation dans le domaine de la santé.

Fondée sur des principes datant d'avant la Confédération, la politique sanitaire canadienne en matière d'immigration est demeurée relativement inchangée. Elle vise à identifier certaines personnes et à exclure, le cas échéant, celles qui sont atteintes – une approche qui est toujours en vigueur aujourd'hui. Au cours des trois dernières décennies, cependant, l'évolution des tendances, du volume et des caractéristiques démographiques de l'immigration a créé des situations qui pourraient nécessiter que l'on modifie le cadre d'action existant. Le présent article examine les politiques et les pratiques sanitaires actuelles en matière d'immigration au Canada, décrit la nature et les incidences des défis existants et propose quelques pistes de solutions.