

Canada is second to none in its generosity and fairness toward newcomers, as shown by our world-leading refugee resettlement system. But, Canada has no tolerance for those who take advantage of its generosity.

Recent changes to the IFHP should ensure that those who were rejected asylum no longer receive tax-payer-funded benefits that are more generous than those provided to Canadians.

With the recent reforms to the IFHP and the new asylum system in Canada, genuine refugees are getting the protection they need sooner. Failed asylum claimants with unfounded claims are being removed from Canada more quickly, and the generosity of Canadian taxpayers is no longer being abused.

#### Chris Alexander MA

Minister of Citizenship and Immigration,  
Government of Canada, Ottawa, Ont.

#### Reference

1. Stanbrook MB. Canada owes refugees adequate health coverage. *CMAJ* 2014;186:91.

*CMAJ* 2014. DOI:10.1503/cmaj.114-0031

#### Response to Alexander

Alexander's letter<sup>1</sup> in response to Stanbrook's editorial<sup>2</sup> is filled with inaccuracies.

Alexander states that "all genuine refugees in Canada receive primary health care coverage." Not true. Alexander must know that refugee claimants are not initially deemed as failed claimants or successful claimants in need of protection until they have had their refugee hearing. Until then, many are not receiving access to primary and preventive care, and some have no insurance in their first few weeks in Canada, which places communities at risk of preventable infectious diseases.

Alexander states "that those seeking asylum are not entitled to more generous benefits than those that Canadian taxpayers and legal immigrants receive." The minister must know that refugee claimants are lawfully within our borders, follow the rules and so are perfectly "legal." Alexander should know from the website of his own department that, under the previous system, claimants were receiving coverage that was identical to what low-income Canadians received through social assistance programs.

Alexander has publicly suggested that doctors are misleading Canadians. The Canadian Medical Association and other national health profession bodies have expressed concerns about these cuts. Alexander's office has failed to respond to a request for a meeting from the leadership of these organizations and he continues to ignore a request from Canadian Doctors for Refugee Care to publicly debate these issues.

Alexander, a former Canadian diplomat in Afghanistan, can do better than respond with a misinformation campaign to the suffering of people fleeing persecution.

#### Meb Rashid MD, Philip B. Berger MD

Cofounders (Rashid, Berger), Canadian Doctors for Refugee Care; Medical Director (Rashid), Crossroads Clinic, Women's College Hospital; Medical Director (Berger), Inner City Health Program, St. Michael's Hospital Toronto, Toronto, Ont.

#### References

1. Alexander C. Health care and refugees in Canada. *CMAJ* 2014;186:614-5.
2. Stanbrook MB. Canada owes refugees adequate health coverage. *CMAJ* 2014;186:91.

*CMAJ* 2014. DOI:10.1503/cmaj.114-0032

#### Docs should set an example

How much money have organizations like Canadian Doctors for Refugee Care raised for Canadian refugees who need medical care? Setting up a charity can be a huge undertaking, so how about physicians lobby larger medical organizations, like the Canadian Medical Association,

to take a stand and do some real work?<sup>1</sup>

Respectfully, Canadian Doctors for Refugee Care likely has many members. Most doctors in Canada are not in want of more money. How many members would sign a public pledge refusing to charge refugee claimants any fee? How many members have put pressure on their own hospitals to treat refugee claimants free of charge?

I suspect that the general public sees only a bunch of rich doctors asking other people to put up more money. This isn't a great image. Lobbying the government is good, but I think what will get the public to join our cause is putting our money where our mouths are. Health advocacy demands that we as doctors set an example, which is a huge challenge to be sure, but one that is noble and worthwhile.

Doctors frequently admonish the public about bad eating habits and obesity. How much do we as a group publicly show that we incorporate healthy living in our lives? How many physicians are obese? How many smoke? How many never exercise? Doctors have advocated loudly for safe cell-phone use in cars, yet many doctors use cellphones while driving. When will we demand higher standards for ourselves, before we demand it of others?

#### James Chan MD

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#### Reference

1. Stanbrook MB. Canada owes refugees adequate health coverage. *CMAJ* 2014;186:91.

*CMAJ* 2014. DOI:10.1503/cmaj.114-0033

#### CORRECTION

#### Inaccurate numbers in Salon article

A Salon article<sup>1</sup> published in the Apr. 15, 2014, issue of *CMAJ* indicates that "[a]lmost 150 schools in over 60 countries are training Canadian students." The figures should have appeared as 130 schools and 30 countries.<sup>2</sup> *CMAJ* apologizes for any confusion this oversight may have caused.

#### References

1. Barer ML, Evans RG, Hedden L. False hope for Canadians who study medicine abroad. *CMAJ* 2014;186:552.
2. Returning to Canada. Ottawa (ON): Canadian Resident Matching Service. Available: [www.carms.ca/en/returning-to-canada](http://www.carms.ca/en/returning-to-canada) (accessed 2014 Apr. 2)

*CMAJ* 2014. DOI:10.1503/cmaj.114-0034