

Commentary

Nursing Research With Refugee Claimants: Promoting the Protection of Human Rights

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In August 2010, 490 Tamil migrants arrived on a ship off the coast of British Columbia, Canada, seeking refuge. They had fled Sri Lanka, a country known for its human rights abuses (UN News Service, 2011). For more than 25 years fighting endured between the Sri Lankan government and the Tamil Tigers, a militant organization seeking to create an independent Tamil state in the North East region of Sri Lanka. The effects and aftermath of the war have been devastating for thousands of civilians.

This event spurred negative public opinion in Canada towards refugee claimants (“persons who have fled their country and are asking for protection in another country”; Canadian Council for Refugees, 2010) and the Canadian immigration and refugee system. A short time later, the federal government introduced Bill C-49, *Preventing Human Smugglers From Abusing Canada’s Immigration System Act*. This bill was initially rejected by Parliament, but with the election of a majority Conservative government in the spring of 2011 the proposed legislation was re-introduced as Bill C-4 (Public Safety Canada, 2011).

C-4 is an aggressive bill. It is meant to penalize human smugglers (people “who facilitate, for a profit, those who enter Canada illegally”; Public Safety Canada, 2011), but in actuality the legislation would punish refugee claimants by depriving them of certain rights and by reducing their access to health care. Proposed changes include increased use of detention; prohibition of appeals for rejected claims; restriction of the scope of health-care benefits under the Interim Federal Health Program (Canada’s health insurance scheme for refugee claimants); and denying, for a period of 5 years, those accepted as refugees (“persons who were forced to flee their countries due to persecution”; Canadian Council for Refugees, 2010) the right to (1) sponsor their family members, (2) apply for residency, and (3) travel outside of Canada.

As a signatory to the Geneva Convention, Canada is bound to respect, protect, and provide for those who seek refuge within its borders. Further, the Canadian Nurses Association (2004) has stated that human rights must be safeguarded and that nurses are pivotal in promoting and upholding human rights. Bill C-4 violates the right to health care and other rights known to be necessary for health. Detention, reduced health-care benefits, restricted social networks, and continuous precarious status have been shown to be detrimental to one's health (Robjant, Hassan, & Katona, 2009; Silove, Sinnerbrink, Field, Manicavasagar, & Steel, 1997; Silove, Steel, & Watters, 2000). Limited health-care coverage will translate to unaddressed health concerns and exacerbate conditions that constrain nurses and others from providing adequate care. Bill C-4 clearly violates human rights. Efforts by health professionals such as nurses are urgently needed in order to build public support for refugee claimants as well as for refugees.

Promoting the Protection of Human Rights Through Research

Nursing research has a longstanding commitment to social justice and has provided vital leadership in studying vulnerable populations. A significant proportion of the literature on the health of minorities, cross-cultural care, and research methods for working with diverse groups has been contributed by nurses. Working closely with communities — reaching out to the most isolated and marginalized to learn about the social conditions that influence well-being and how psycho-social concerns might be addressed through nursing care — has been central to many nursing studies. Refugee claimants are an understudied population requiring prompt attention.

In 2008 the World Health Assembly adopted a resolution calling on member states, including Canada, to improve the health of migrants (World Health Organization [WHO], 2008). A Global Consultation on the health of migrants was held subsequently, in 2010, to achieve consensus on priority areas and to formulate strategies for meeting identified objectives (WHO, 2010). Key priorities included monitoring migrant health; improving the social security of migrants; increasing the capacity of the health-care system to address the health concerns of migrants; ensuring that health services are culturally, linguistically, and epidemiologically appropriate; and promoting the right of all migrants to health and equal access to health services. Research on the health concerns of refugee claimants, the conditions affecting the health of this population, and the service needs of this population could well produce evidence to support these objectives and would give voice to this group. Most importantly, the research could produce evidence questioning the validity of

measures such as those proposed under Bill C-4 and would promote the rights of refugee claimants.

Action Is Needed Now

Bill C-4 is one example of a growing anti-immigrant sentiment in Canada. The implications of its passage go beyond the immediate and harmful effects it would have on refugee claimants. Passage of this bill would mean that Canadians are willing to accept the notion that some human beings are of lesser value than others. While C-4 targets refugee claimants, future legislation could target any group. Nurses are in a privileged and powerful position and have a duty to act on human rights issues. Research is one means of combating the unfair and destructive discourse that portrays refugee claimants as less than human. Through collective action nurses can counter the anti-refugee/immigrant rhetoric in health care and beyond.

More information on Bill C-4 can be found at <http://ccrweb.ca/en/c4-action>.

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