

December 9, 2015 1:00 –2:30 PM Eastern Time

# Knocking on Doors and Breaking Down Walls: Advocacy for Immigrant and Refugee Children

**Meb Rashid, MD**

Medical Director, Crossroads Clinic  
Toronto, Ont.

**Paul Caulford MSc, MD CCFP, FCFP**

Medical Director  
Canadian Centre for Refugee and Immigrant Healthcare  
Scarborough, Ont.

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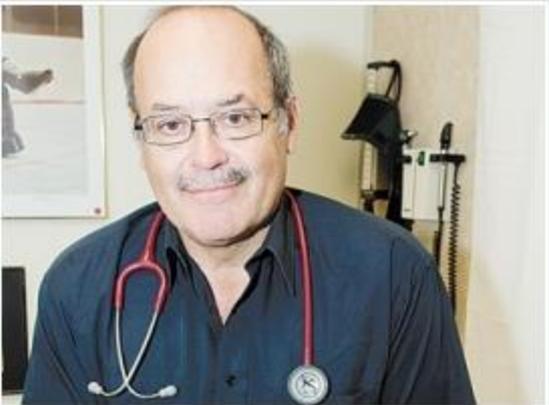
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# Advisors on Tap



## **Dr. Paul Caulford, MSc, MD CCFP, FCFP**

Dr. Paul Caulford has practiced family medicine for 37 years in Scarborough, Ontario, Canada's most ethno-racially diverse community. His practice centres on vulnerable health populations, with a primary focus on refugee and immigrant health care.

# Advisors on Tap



## **Dr. Meb Rashid**

Dr. Rashid is the Medical Director of the Crossroads Clinic, which serves newly arrived refugees in Toronto. He is a co-founder of Canadian Doctors for Refugee Care, an organization that advocates for refugees to access health insurance.

# What province/territory are you from?

*Answer via Adobe Connect : Poll  
OR RSVP to access instruction email*



- BC
- AB
- SK
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- ON
- QC
- NB
- NS
- PEI
- NL
- YK
- NWT
- NU
- Other



# Who is joining in?

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- **What is your role?**
  - Health Professional (physician, nurse, etc)
  - Social services professional
  - Settlement worker
  - Educator
  - Public Health worker
  - Other



# How often do you (or your organization's) work with or on behalf of immigrants and/or refugees?

*Adobe Connect Poll*

*OR RSVP to access instruction email*

- *Most of the time*
- *Some of the time*
- *Rarely*

# Federal Cuts to the Refugee Insurance Is Canada Still a Place of Refuge?

Meb Rashid MD



# Health Insurance for Refugees



# Historical Coverage through Federal Program

- Provides access to physicians, diagnostics, laboratory testing (as with provincial health programs)
- Also provides medication access as well as emergency dental and vision care (identical to Social Assistance Programs)
- Provided to all refugees
- For urgent and essential care but has been interpreted very broadly

# Changes to the Program

At the end of April 2012, the Federal Govt announces sweeping changes to the IFH program

All refugees will lose access to federal coverage for “supplemental services”- medications, emergency dental services, optometry services, access to assisted devices and prosthetics (Gov’t Assisted Refugees taken off the list June 30, 2012)

Some will lose access to essentially all medical care

# CIC document

## *Pregnancy*

Scenario: A physician confirms that a patient is pregnant. She receives pre-natal health services for an uncomplicated pregnancy, delivers the baby in a hospital, and receives post-partum follow-up.

Pregnancy does not pose a risk to public health and is not a condition of public safety concern. Most pre-natal, delivery, and post-partum health services are considered essential services.

IFHP Coverage based on client's status:

<b>Refugee claimant (Non-DCO country)</b>	<b>Refugee claimant (DCO country); Rejected Refugee Claimant</b>	<b>Protected Person</b>
-Consultation fees for the initial assessment and follow-ups by a physician or registered nurse, and cost of required tests. -No prescribed medication	-None.	-Consultation fees for the initial assessment and follow-ups by a physician or registered nurse, and cost of required tests, if patient is not or was not eligible

# Rationale for these cuts?

- Cost?
- Deterrent to refugee migration?
- Concern about bogus refugees?
- Equity?
- Political capital?



News / Canada

# Ontario reinstates basic health care for refugees

Ontario is joining five other provinces to defy Ottawa's refugee health cuts, saying it will reinstate basic and urgent coverage for claimants.

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## Court: Gov't cuts to refugee health care 'cruel and unusual' treatment



### CTV National News: Harshly worded ruling



The Federal courts have handed down a stinging ruling to restore medical care for refugee claimants. Robert Fife has the details.

### CTV News Channel: Should gov't fight decision?



Columnist Michael Taube discusses whether it is worth it for the Conservatives to fight a federal court ruling that cuts refugee benefits.

### CTV News Channel: 'Cruel and Unusual Treatment'



Robert Fife discusses the ruling overturning the government's plan to cut refugee benefits and says it will likely go to the Supreme Court.

# So What Should be the Response?

<http://www.youtube.com/watch?v=RiNDtUaNudk>



# Canadian Doctors for Refugee Care

- Created after an email message
- Began with the visit to Joe Oliver's office-was to be the sole act of protest
- Realized we were speaking for a community that was unable to be advocate for themselves

# Canadian Doctors for Refugee Care

- Basic tenets:
  - engage the media as a means to educate Canadians about this policy
  - vigorously investigate claims about those affected
  - rigorous about ensuring that accuracy of any information that was disseminated
  - build broad coalition
  - focus exclusively on one issue

## Canadian doctors occupy government offices over healthcare cuts

About 80 doctors in Toronto stage sit-in to protest against funding cuts to health services to refugees

A group of doctors on Friday briefly occupied an office belonging to a senior Canadian government minister to protest against planned government cuts to health services offered to refugees.

In Toronto, about 80 doctors staged a demonstration at the office of Conservative government cabinet minister Joe Oliver.

Oliver was not there at the time, and the group left after half an hour after police arrived, before continuing the protest on the street.

The cuts, which supporters estimate will save about CAD\$100m over five years, are aimed at discouraging "unfounded" refugees from coming to the country, according to the government.

However, some doctors have said the move will simply delay much-needed treatment for vulnerable people and social groups that will end up costing more money in the long-run.

"We are extremely frustrated with the misinformation on this issue," Jane Pritchard, a family physician who works with refugees, said in a statement.

"We do not see refugees requiring healthcare as a public drain on the system. Instead we see future citizens protecting and improving their health as an investment that benefits the entire community," she added.

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- Canadian Association of Social Workers
- Canadian Dental Association
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- Canadian Nurses Association
- Canadian Pharmacists Association
- Canadian Association of Community Health Centres
- Canadian Doctors for Medicare
- Canadian Association of Midwives
- Canadian Federation of Nurses Union
- Canadian Psychiatric Association
- Canadian Paediatric Society
- Association of Medical Microbiology and Infectious Diseases Canada
- Médecins du Monde
- Public Health Physicians of Canada
- Canadian Association of Occupational Therapist



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# 'Day of Action': Doctors, activists protest refugee health care cuts

CTV  
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Canadian doctors call for the reversal of the 'cruel and unusual' refugee health care cuts.

[Extended: Calls for reversal of health care cuts](#)

# What Next?

<https://www.youtube.com/watch?v=75FmimeFnu8>



[bloggingforburma.blogspot.com](http://bloggingforburma.blogspot.com)

Early release, published at [www.cmaj.ca](http://www.cmaj.ca) on August 27, 2012. Subject to revision.

CMAJ

COMMENTARY

## Enter at your own risk: government changes to comprehensive care for newly arrived Canadian refugees

Neil Arya BSc MD, Josephine McMurray MBA, Meb Rashid MD

On June 30, 2012, most refugees to Canada, including those who arrive seeking asylum, had major cuts to health insurance coverage provided by the Interim Federal Health Program. Coverage for many is now limited to conditions deemed a public health or public security concern.

At the eleventh hour, following unprecedented activism by health care providers, editorials from national newspapers and letters from medical associations, refugees sponsored by the government and certain privately sponsored refugees were excluded from the cutbacks. In the succeeding 2 months, confusion has reigned among refugees and providers, with eligible refugees requiring urgent care being turned away from emergency departments while the government partially reverses course.

### Canada's role and programs

The 1951 United Nations Convention Relating to the Status of Refugees defines refugees as people in need of protection because of a "well-founded fear of being persecuted."<sup>1</sup> Canada accepts about 25 000 per year and, as a signatory to this convention, the Constitution of the World Health Organization and the Universal Declaration of Human Rights, should guarantee such refugees the universal right to the highest attainable stan-

own and make a claim for refugee status — will be affected by the revised Interim Federal Health Program. In 2011, a total of 24 900 people made requests for asylum from within Canada.<sup>2</sup> The government now divides refugee claimants into 2 categories: those from designated countries of origin (countries the government determines to be generally safe and should not be producing people in need of protection) and those from other countries. At the time of this article's publication, the list of designated countries of origin is still not available.

Under the revised program, Citizenship and Immigration Canada describes 4 categories of insurance: health care coverage, expanded health care coverage, public health or public safety health care coverage, and no coverage.<sup>3</sup>

Refugee claimants who arrived from a designated country of origin before June 30, 2012, including most privately sponsored refugees and successful claimants, will lose insurance for medications, prosthetics, assistive devices, and emergency dental and vision care. Only medications prescribed to prevent or treat a public health threat will be covered.

People whose refugee claims have been rejected and those arriving from a designated country of origin after June 30, 2012, will have even less coverage: they will receive health services only if their condition poses a risk to public

**Competing interests:** None declared.

This article has been peer reviewed.

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Neil Arya, [neilarya@schulich.uwo.ca](mailto:neilarya@schulich.uwo.ca)

**CMAJ 2012. DOI:10.1503/cmaj.120938**

## Canada owes refugees adequate health coverage

Matthew B. Stanbrook MD PhD

Refugees arriving in Canada have long received health coverage broadly similar to that available to Canadians receiving social assistance. This changed dramatically in mid-2012, when the federal government enacted substantial cuts to the Interim Federal Health Program. These cuts reduced access to health care for most refugees; some lost all health coverage except for treatment of conditions deemed a threat to public health or safety.

The cuts prompted widespread objections and warnings about adverse consequences from health professionals and others nationwide, which went unheeded. A recent study provides alarming evidence that these consequences have indeed come to pass.<sup>1</sup> This report was based on data provided by clinicians across Canada using an online reporting tool. While this report has the usual limitations of such surveys, including uncertainty about how systematic or representative the findings are, it provides important documentation of sentinel events in a manner

represent virtually every medical organization in Canada (including the Canadian Medical Association). As justification for their policy, MPs have repeatedly put forward the need to address migrants with false claims to refugee status.

At stake here is not merely the up-front cost of refugee care, but also the decency of Canada's humanitarianism. The tone of the government's response paints refugees as aliens who are to be treated with suspicion, not as guests in our country deserving hospitality and needing help, and certainly not as citizens in waiting. Yet, considering that nearly 40% of refugees will become Canadian citizens,<sup>2</sup> what we spend on them initially can be seen as an investment in the health of future Canadians who will go on to contribute to our economy and the growth of our country. They deserve to be valued accordingly. The problem posed by a minority of claimants who may be bogus will not be solved by taking away health coverage from refugees generally.

# Response from the Govt

...But this government does not expect hard-working taxpayers to pay for health benefits for **failed refugee claimants** that they themselves do not receive.

Indeed, most Canadians do not have access to government-funded supplemental health care. These are measured changes that will stop the **abuse of Canada's** overburdened health-care system by asylum seekers, especially those who have already been rejected by our fair and independent refugee determination system, but will still provide necessary care for those persons who are most likely to be found to be bona fide refugees.

This is not simply about saving taxpayers \$100 million; it is about treating both hard-working Canadians and legitimate refugees fairly, while cutting off benefits to those who **abuse Canada's generosity**.

*JASON KENNEY*

*Minister of Citizenship, Immigration and Multiculturalism*

*Ottawa*

*Republished from the Winnipeg Free Press print edition June 1, 2012 A13*

# Gov't Response to Health Care concerns

- This is the work of “a small group of militant leftists”

Jason Kenney



# Militant Leftists?



“The College of Family Physicians of Canada does not consider itself a hard-core pressure group or a left-wing militant organization, says Eric Mang, director of health policy and government relations for the college”



**Chris Alexander** @calxandr · Mar 18

@JohnMcCallumMP You + Garneau are a disgrace: mis/disinformation all the time. Canada welcomed over 1,100 Syrian refugees in 2013. #cdnimm

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**Chris Alexander** @calxandr · Mar 18

@RitikaGoeI @HasanMSheikh You are unbelievably naïve -- and rude. In 2012, #UNHCR rated Canada the most generous country to refugees.

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**Chris Alexander** @calxandr · Mar 16

@KPDorman Your ability to waste taxpayers' dollars in indefensible ways, while ignoring federal policy on refugees, amazes most Cdns.

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**Chris Alexander** @calxandr · Mar 18

@HasanMSheikh Your misplaced innocence wld be endearing were it not so costly both in taxpayers' dollars + to the integrity of our system.

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**Chris Alexander** @calxandr · Mar 16

@acaudarella You are clearly lost. All visitors to Canada have rights. Only refugees, immigrants and citizens deserve health care.

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# Outrage not isolated to Health Care workers





## Why cutting health care for asylum-seekers makes no sense

ANDRÉ PICARD

The Globe and Mail

Published Monday, May. 14 2012, 3:09 PM EDT

Last updated Monday, Sep. 10 2012, 11:24 AM EDT

199 comments

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It is hard to imagine a gesture more cynical than nickel-and-diming people who have escaped torture, rape, starvation, war and other forms of persecution and sought out Canada as the land of hope and opportunity.

Yet, the federal government is doing just that with mean-spirited cuts to the Interim Federal Health Program, which covers health costs for asylum-seekers.

### MORE RELATED TO THIS STORY

- How immigrants affect the economy: Weighing the benefits and costs
- Bowing to pressure, Kenney agrees to some refugee-bill amendments
- Immigrants more likely to develop diabetes, study shows

The IFHP payments cost \$84-million last year, a budget that will be slashed by about \$20-million annually.

Currently, refugee claimants are entitled to a full range of health-care services during the waiting period for provincial health insurance (a

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May 17, 2012 | Vote  0  0

## Refugee health cuts are bad for all of us

### Reducing coverage endangers them — and public health

The recent announcement by Federal Minister of Citizenship, Immigration and Multiculturalism Jason Kenney of dramatic changes to the Interim Federal Health Program (IFHP) has deeply disturbed health providers across Canada.

The IFHP covers temporary, basic health-care coverage to resettled refugees and those claiming asylum in Canada. Drastic cuts to the IFHP are to be implemented on June 30. The unified response by physicians across

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Winnipeg Free Press > Opinion > Analysis > THEY AREN'T ALL 'BOGUS' REFUGEES, AS PORTRAYED BY KENNEY

## ANALYSIS

Winnipeg Free Press - PRINT EDITION

# They aren't all 'bogus' refugees, as portrayed by Kenney

By: Tom Denton

Posted: 05/17/2012 1:00 AM | Comments: 4

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In the midst of the current brouhaha around the Harper government's effective cancellation of the interim federal health program for refugees, a major paradox is flying under the public's radar.

As health-care professionals -- doctors, dentists, pharmacists -- raise their protests in letters, interviews and even demonstrations, the popular focus is all on the plight of refugee claimants. These are the people who have arrived on our shores (usually at our international airports) and claimed refugee status. There were about 25,000 of these last year. Few arrive in Manitoba.

Canada's pugilistic minister of immigration, Jason Kenney is able to set up his usual man of straw, the "bogus refugee," in order to deflect criticism from his government's removal of the interim federal health coverage from many needy refugee claimants.

What is being missed in all of this is that the same removal of vital health care coverage applies also to government-assisted refugees (GARs) and privately sponsored refugees (PSRs).

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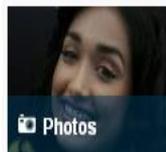


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### Inside thestar.com



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Opinion / Editorial Opinion

## Refugee health-care cuts threaten everyone's access

If refugees are unable to pay for treatment, hospitals and ultimately the provinces will have to absorb the cost.

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CARLOS OSORIO / TORONTO STAR

Doctors protest outside MP Joe Oliver's constituency office in Toronto earlier this month over the Conservative government's changes in health-care coverage for refugee claimants. (May 11, 2012)

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Opinion / Editorial Opinion

## Chopping health coverage for refugees is a false saving

The Harper government is poised to cut short-term drug coverage, dental care and vision care to refugees.

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CHRIS WATTIE / REUTERS

Canada's Immigration Minister Jason Kenney is bringing in reforms that will cut health services to resettled refugees and asylum seekers as of June 30, 2012.

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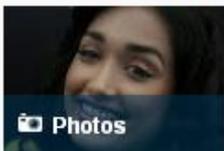
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 **MATT GURNEY** | 12/11/23 10:45 PM ET  
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# Kenney's mean bill hurts refugees – and Canada's rep 199



BY WARREN KINSELLA, GMI AGENCY

FIRST POSTED: MONDAY, JULY 16, 2012 08:48 PM EDT | UPDATED: MONDAY, JULY 16, 2012 08:55 PM EDT




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# The Canadian Jewish news

Wednesday, June 5, 2013

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Rosh Chodesh Tamuz occurs on Saturday, 08 Jun 2013

Havdalah (45 min): 9:42pm on Saturday, 08 Jun 2013

Shabbat times for Montreal

## Toronto rabbis urge PM not to cut refugees' health care

Andy Levy-Aizenkopf, Staff Reporter, Thursday, June 28, 2012

Tags: Canada  
3 Comments



The Toronto Board of Rabbis has sent a letter to Prime Minister Stephen Harper imploring him to stop modifications to the country's refugee health-care benefits program.

Changes to the Interim Federal Health Program, scheduled to take effect on June 30, mean the government would no longer provide supplemental health care to certain refugees during the year after they arrive in Canada, the board said.

"We have heard clearly from physicians across the country that people will face illness and even death if

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## Refugee health cuts: 50 prominent Canadians sign declaration demanding an end to 'suffering'

Author/physician Vincent Lam joins other famous signers "heartbroken" that Canada won't care for sick kids, pregnant women.

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BARBARA STONEHAM PHOTO

Dr. Vincent Lam, a Toronto physician as well as a Giller Prize-winning author, found the fellow prominent Canadians he contacted quick to join in signing a declaration calling on the federal government to restore health care funding to all refugees in Canada.

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- Mayor Ford opposes affordable Toronto waterfront homes | [☐](#)
- CEO behind synthetic pot Izms arrested in \$2-million drug raid
- City plans to buy waterfront condos to rent out as affordable housing | [☐](#)
- Elderly man and woman dead in city's west end, coroner investigating
- NEW Spy agency won't say if it uses Canadian embassies | [☐](#) 41

# Why Have the Cuts to IFH Elicited Such a Dramatic Response?

- Policy is so inherently flawed
- most vulnerable
- Leadership
- Health and immigration



# "Sunny Days"?

Saturday November 07, 2015

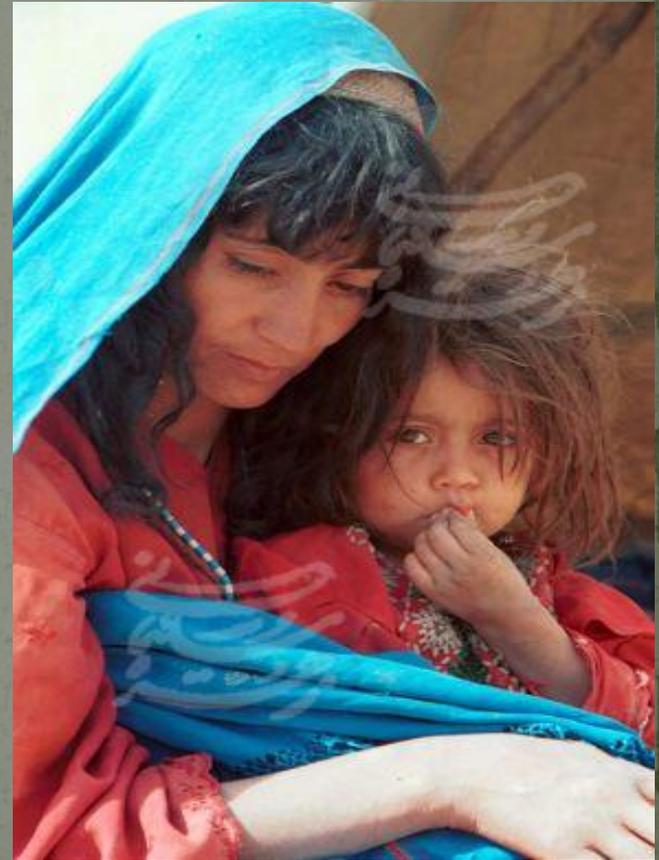
## **Liberals to fully restore refugee health-care cuts, says John McCallum**



Minister of Immigration, Refugees and Citizenship John McCallum takes one of the government's most time-sensitive portfolios with a commitment to resettle 25,000 Syrian refugees in Canada by the end of the year. (Fred Chartrand/Canadian Press)

# What was effective?

- Building broad coalitions
- Focus on one issue
- Maintaining Accuracy about claims
- Ensuring National Representation
- Building on existing networks



zsoleimani.com

“Today, as yesterday, a nation is judged by its attitude towards refugees.”

Elie Wiesel, Nobel laureate



<http://www.mideastdaily.org>



Kristofer Dan-Bergman, 2005

Thanks for your attention



# Advocacy: Knocking down walls



From Ethics to Action.....  
Addressing differentials and inequities in health

# Advocare, Advocatia

Summon, call to one's aide  
(French, medieval origin)

# 1999 Scarborough – a spawning ground of diversity

- Most ethno-racially diverse community in North America (UN)
- Canada's "First Port of Call"
- Over 120 countries of origin in the clinic
- Now Toronto's "3<sup>rd</sup> city"

A health care injustice stumbles on us

We did not set out to fix this healthcare inequity. It found us. Like SARS it fell into *our* laps.

We never set out to advocate for this problem.

One person “summoned us to her  
aide”, showed us the injustice

How.....

Because our colleague gave her a voice  
.....a community liaison group

Surprisingly she became a voice to the  
Canada

..... and for others

# Aisha: advocacy – from war to Canada



She had no say in her forced migration

# AISHA - 1999 - Scarborough

A Sickle crisis can be fatal





**CANADA**

**Provincial/Federal Health Card**

**NUMBER 0000000000**

Sponsored person, Refugee, Migrant worker....

HEALTH INSURANCE—DENIED

MEDICAL CARE -- DENIED

\$ 500 to use the E





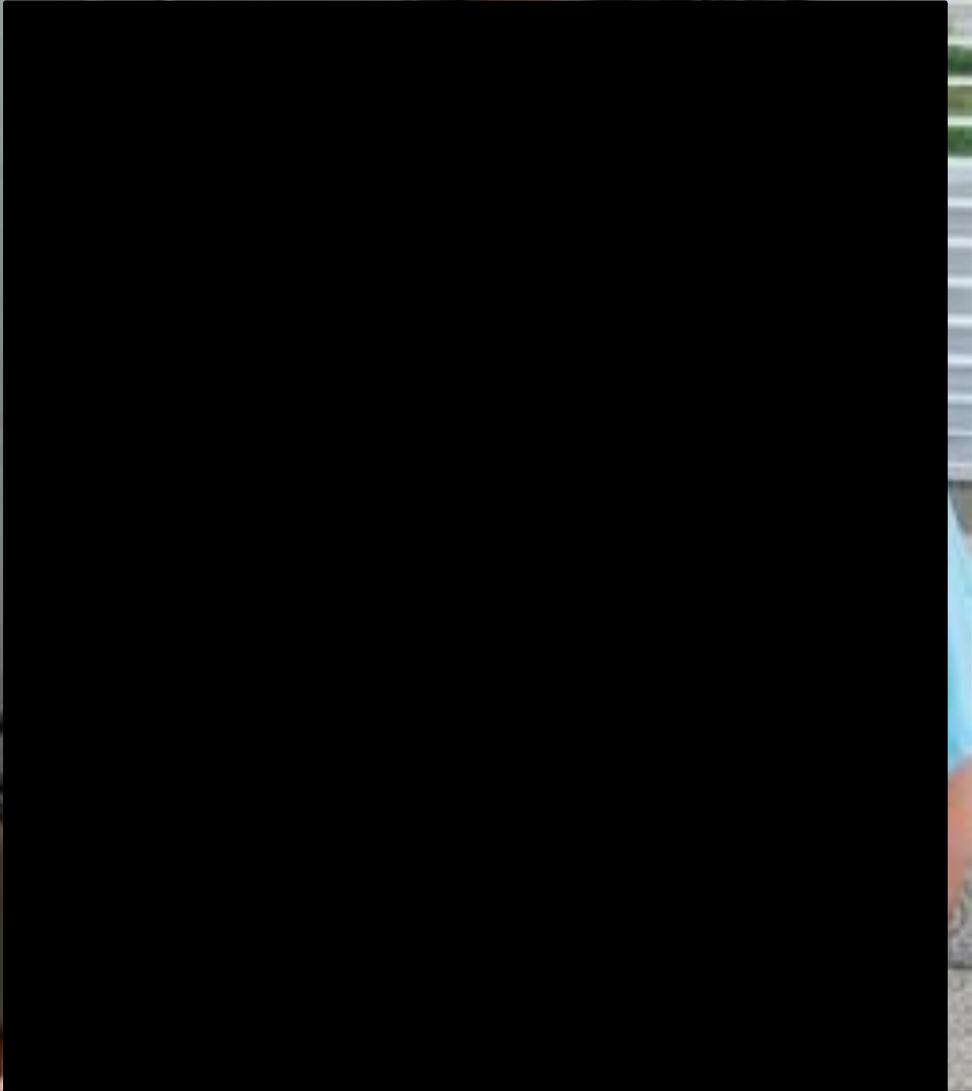
# The medical bill





# Aisha – a nurse?





# We began to ask questions - 1999

What we saw shocked us. Is this 1999 Scarborough?

Residents of Canada have universal access to medical care, right?

Was this a one off?

Were there others? How many?

If so, why?

**What we learned shocked us even more**

**lit search of all Canadian medical sites using the terms uninsured, new, refugee, Canadian yielded no results.**

**Biopsy of our Scarborough community with key informants ( CHCs, settlement agencies) revealed strong anecdotal evidence that thousands of refugees, migrant and undocumented lived and ofthen worked in Toronto**

**What we learned was compelling, authentic, pervasive, and sickening.**

# Many reasons for our uninsured

- Migrant workers
- TFWs( recent IBD, Nanny overworked pregnant)
- Visa students
- Undocumented
- Failed refugee claimants
- 3 month wait
- Sponsored persons

Our thinking took some unfamiliar directions...into some new territory

- **if it was Asha's job to put herself into nursing, then when she was sick, it was our job to help her.**
- **And if there was no clinic or system to do that, then it was our job to build one.**

Canada is the 5<sup>th</sup> most prosperous nation in the world

(UK, USA, Germany, France, Italy, all rank lower)

How did we earn such prosperity? Many reasons

# Refugees yesterday; Nation builders today

- PETER MUNK Mining, Philanthropist – Hungary
- MICHAELLE JEAN Governor General – Haiti
- K'NAAN – Musician – Africa
- PETER C NEWMAN – Author – Europe –Nazis
- ADRIENNE CLARKSON – Governor General –  
China – 1941 – war
- MARTA CAULFORD – Teacher, Scarborough –  
1956 Hungary – 6 years old

# Ethics and overcoming objections

- Who owns our medical knowledge and skills?
  - Held in trust for all in our society
- Who owns their success?
- They live and often work in our community
  - They build the hospital
- What does legality have to do with it?
- We are their neighbours. Our children play with theirs
- Many are women and children. What say did they have in their migration?

# What Next?

- We wrote the government to tell them – they already knew
- The government told us refugees should buy private insurance
- We explained why they can't
- The Government didn't care
- We told them we were opening a volunteer health clinic in the GTA – got their attention

May 2000, in a donated Church basement-a  
clinic begins – and a profound journey



**It was a very lonely time.  
It was a very enriched time  
and team.**

# THE CANADIAN CENTRE FOR REFUGEE AND IMMIGRANT HEALTHCARE

“ ..... where care matters more than a card”



MEDICAL ,DENTAL CLINICS; VACCINATIONS; MATERNAL AND PREGNANCY CARE; CHILDREN AND YOUTH NEW TO CANADA; HEALTH LITERACY;;WELCOMING AND SETTLEMENT PROGRAMS; COMMUNITY PARTNER DEVELOPMENT, HEALTH PROMOTION

Canada means the world to

# **WHY** we exist;

Why we get out of bed in the morning  
(and why would anybody care?)

- "All new to Canada receive the healthcare they require, unstintingly, and without judgment of their circumstances."
- "To provide humanitarian medical treatment and assistance to those new to Canada who find themselves medically uninsured."

# FUMILI – ALL THE OTHER STUFF



# VOLUNTEER DRIVEN

DOZENS OF DOCTORS, NURSES, ALLIED HEALTH AND SOCIAL WORKERS GENEROUSLY DONATE THEIR TIME AND RESOURCES TO HELP.

THEY DO NOT JUDGE THEIR PATIENTS, OR QUESTION THEIR LEGAL STATUS, OR THEIR ABILITY TO GAIN MEDICAL INSURANCE.

THEY CALL IN FAVOURS. THEY RECRUIT OTHERS TO VOLUNTEER THEIR PROFESSIONAL SERVICES OR EQUIPMENT.

THEY NAVIGATE THE HEALTHCARE SYSTEM AND SOCIAL SERVICES TO FIND CREATIVE WAYS TO DELIVER CARE AND ASSISTANCE, WORKING LONG HOURS IN THE SERVICE OF OTHERS.

# Volunteer professionals...our strength



It's not my job to help her !

.....no one helped us!

# Building a “Volunteer” Clinic - in Canada

- One person “summoned” us
- Take you on our CVC journey
- The problem found us
- Authentic, compelling, complellingly sickening. Shocking,

CANADA IS A NATION OF PIONEERS.

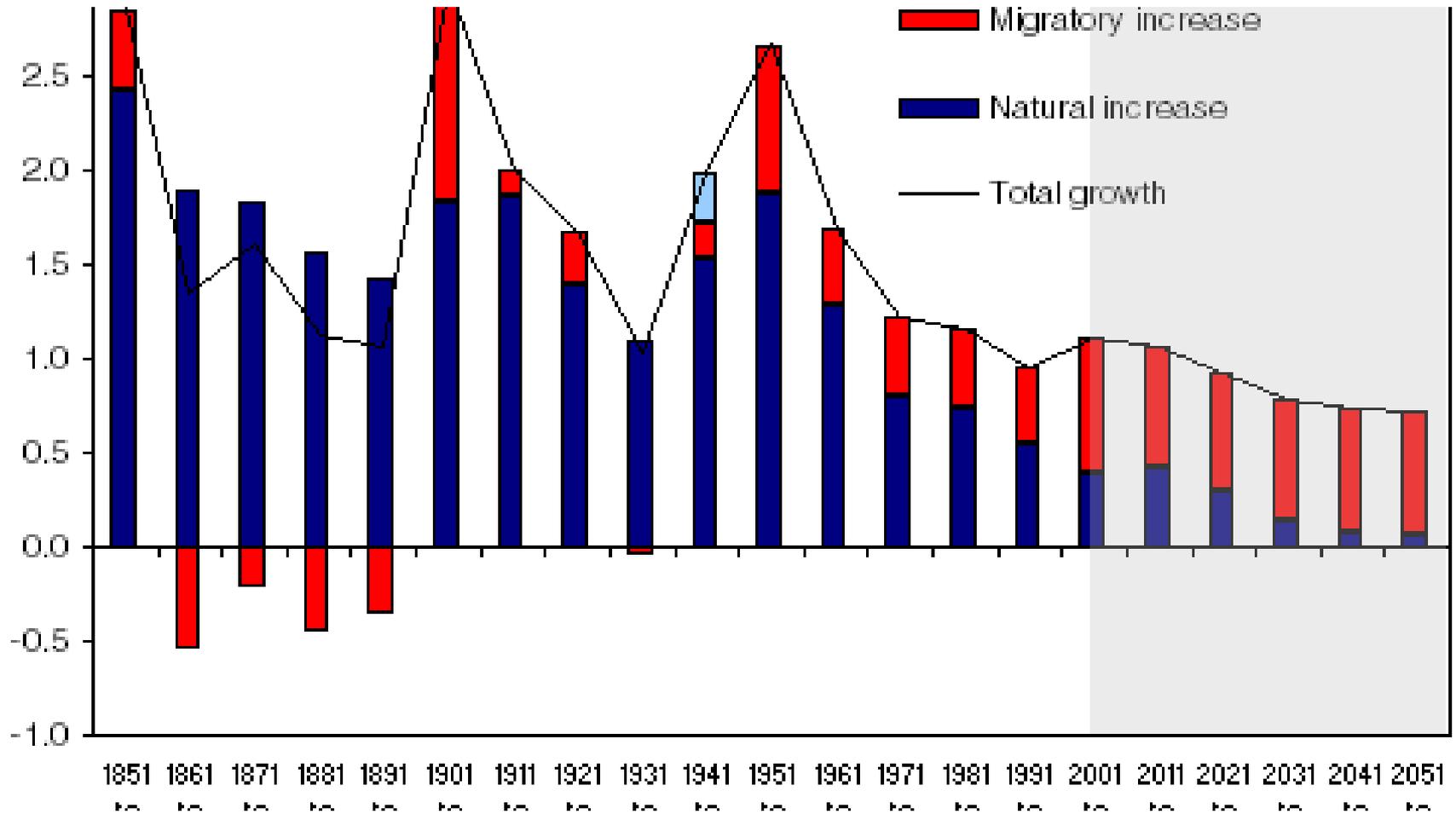
490,000

THE COMBINED POPULATIONS OF  
UPPER AND LOWER CANADA AND THE  
MARITIMES IN 1808

# POPULATION INCREASE OF 75 TIMES (in 200 years)

- ENGLAND INCREASED 7 TIMES
  - FRANCE INCREASED 2 TIMES
  - GERMANY INCREASED 4 TIMES
  - ITALY INCREASED 3 TIMES
- 
- **CANADA is a NEW WORLD NATION**
  - **BUILT BY IMMIGRANTS, REFUGEES AND OTHERS**
  - **A NEW WORLD NECESSITY**
  - **??? and RESPONSIBILITY**

# CANADIAN POPULATION GROWTH BY DECADE – 1851-2051



# Advocacy lessons.....

- Know your WHY ( you exist, why anybody should care) and say it in 15 seconds.

...everything we do at the volunteer clinic is dedicated to ensuring that everyone new to Canada receives the healthcare they need, unstintingly, and without judgment of their circumstances”

# Advocacy lessons

And then the how, and the what.....

.....we are a volunteer driven inter-professional team of providers who got together to think outside the box, to try to make make this happen.

..... we just happened to build this volunteer clinic. It's a fun place to make a difference  
Would like to join us?

# Advocacy lessons...

- Authenticity
  - When you tell your story it needs to spellbindingly pin-dropping
- Ethics to Action – start first?
- Abundance– change your perspective
- Build and grow a team
  - a set of principles to guide the team
  - Success is a by product – not the goal
  - No egos, no politics

# Advocacy lessons

- Intersections
  - Plentiful, purposeful and not to be missed
- Become an expert about what you do
- Ask questions, find out everything
  - Count everything
  - Publish, write reports, inform policy, educate
- Get and keep your facts straight – back up your advocacy with the truth and the numbers
- Honesty and Credibility

# Advocacy lessons

- Understand “charity”
  - quid pro quo”
  - Become a shiny penny
  - awards
- Messaging architecture
  - “illegal”, pioneers, humanitarian, Volunteer Clinic
  - Manage the message – change it.

# Advocacy lessons

- Advocacy is not a career trajectory
- Take risks when needed
- How you present
  - measured passion, calm and reassuring
  - Credible, impeccable

# Advocacy lessons...

- Understand the media better they understand themselves
- Intersections
  - Plentiful, purposeful and not to be missed
- Challenging concepts – who owns our medical knowledge? Do we own our success
- Plan for enemies ( maybe get fired)
- Relationships with the right people
- Motivate the 20% - get to the 18% tipping point on the Bell curve
- Develop a thick skin for a rough ride at times

# Advocacy lessons...

The Road to social justice in public healthcare is dotted with Radicals

- break the rules when they need to be broken
- don't be afraid
  - just get started
    - Success is the by product of social injustice and its compelling authenticity

## For more information



Caring for Kids  
New to Canada

[www.kidsnewtocanada.ca](http://www.kidsnewtocanada.ca)

## Tell us what you think of this webinar

<https://www.surveymonkey.com/r/CKNC-Dec9>