

# **CFPC** Position Statement: A call to limit the detention of immigrants

## May 2019

This position statement was created by the members of the Prison Health Program Committee of the College of Family Physicians of Canada (CFPC). The committee aims to represent the interests of all CFPC members who provide care to incarcerated men, women, and youth and to these individuals' families and communities; for these CFPC members this care may be part of a broad-scope family practice or a special interest/focused practice.

## Background

While the issue of migrant detention dominated the news in 2018 due to developments in the United States, Canada also has a long history of detaining immigrants. In the federal government's fiscal year of 2016–2017 alone Canada detained more than 6,000 migrants, including 162 minors—of whom 11 were unaccompanied.<sup>1</sup>

Migrants may be detained in Canada for not providing identification deemed adequate by immigration authorities, for being at risk of not attending immigration appointments such as those prior to deportation, for being deemed a threat to public safety, or for administrative purposes, such as to complete an admission interview. The vast majority of migrants who are held in immigration detention are not suspected of having committed a serious crime.<sup>2</sup>

The Canadian Border Services Agency (CBSA) is responsible for the detention of migrants. However, more than one-third (38.5 per cent) of individuals detained for immigration purposes in 2016–2017 were held in the prison system rather than in specific CBSA-managed facilities.<sup>1</sup> Detention status is reviewed monthly in administrative hearings, but there is no set time limit for detention; in 2016–2017 in Canada 439 detainees were held for more than 90 days.<sup>1</sup>

Both nationally and abroad, Canada has faced criticism over its immigration detention system. Given the lasting repercussions of the federal government's separation of Indigenous families in the past, an Indigenous organization in Canada has called for a review of Canada's migrant detention practices.<sup>3</sup> Recent unexplained deaths and hunger strikes of detained migrants in custody have galvanized action regarding this situation in Canada.<sup>4,5,6,7</sup> The Global Detention Project—a not-for-profit human rights organization based in Geneva, Switzerland—has compared Canada's system unfavourably with those of many similar countries, and our country's use of prisons for the detention of migrants is one source of criticism.<sup>8</sup> Furthermore, in contrast with much of the European Union, the Canadian framework for immigration detention has no time limits in place, leading to the possibility of indefinite detention.<sup>8</sup> The CFPC believes the Canadian government can and must do more to reduce the use and adverse health effects of immigration detention.

#### Health effects of immigration detention

Imprisonment and detention can have substantial adverse effects on the health of detained individuals, their families, their surrounding communities, and even detention workers.<sup>9</sup> Many migrants have been traumatized by their journeys or by events in their countries of origin, and Canadian research has shown that immigration detention may exacerbate or trigger mental health crises in these vulnerable migrants.<sup>10</sup> Also, Canada's policy of having no time limit for detention may have particular psychological effects on detainees, as shown by research from Australia, a country that has come under intense scrutiny since 2001 when it implemented an immigration detention policy with no time restriction.<sup>11</sup> Evidence from Australia points to adverse mental health and psychosocial effects on adults, families, and children that may extend well beyond release into the community as well as developmental harms affecting children.<sup>12,13</sup>

Other evidence from Australia, the United States, and other countries indicates the risk of death is higher for people in immigration detention relative to the general population due to causes including cardiovascular disease, cancer, and suicide, which in some cases could be attributed to poor medical care.<sup>14,15,16</sup> In Australia, where detention has no time limit, data from the Australian Human Rights Commission reveal rates of anxiety and depression approaching 90 per cent as well as poor mental health of children in immigration detention.<sup>17</sup> Further, detention has been associated with new psychiatric illness in children and adults, with length of detention associated with the likelihood of psychiatric illness in adults.<sup>17</sup> Immigration detainees also experience poor outcomes in other aspects of health, as shown by studies on oral health and musculoskeletal problems in Australia, quality of life in Sweden, access to medical care in Mexico, and continuity of care in the United States. <sup>18,19,20</sup> A study of migrants in Europe found detention centres have been associated with an increased burden of antibiotic resistance, which pointed to the need for improved living conditions and access to health care for this population.<sup>21</sup>

### **Relevance to physicians**

Family physicians are frequently the primary providers of health care to people being held in immigration detention. We are deeply concerned about the impact of Canada's immigration detention system on the health of people being held, their families, and our communities. The CFPC recognizes its responsibility to advocate for public policy that promotes the health of patients and communities.

### **Policy alternatives**

The CFPC believes the federal government should end indefinite detention of immigrants, and further take steps to limit the use of detention, given the demonstrated adverse health effects of imprisonment and detention. Many European Union countries have set statutory limits to detention; for example, the limit is three months in France and Sweden and six months in Germany.<sup>22,23,24</sup> After these periods of detention detainees are to be released, regardless of the respective government's case or concerns.

## Calls to action

1. The CFPC calls for the federal government to limit the use of immigration detention as a practice given the health harms associated with imprisonment and detention.

2. The CFPC recommends that Canada immediately end the indefinite detention of migrants. The CFPC suggests that Canada implement a 90-day time limit for immigrant detention, within which the government should resolve any concerns it has about a migrant.

3. The CFPC recommends against holding migrants for immigration detention purposes in provincial prison systems.

4. The CFPC calls for an end to the shackling of detainees who require care outside of detention facilities. The level of care people in detention receive should be at least equivalent to that afforded to Canadians in general, with special attention paid to their vulnerabilities.

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