

LETTERS

A forgotten vulnerable group: Canadian children visiting relatives in the developing world

Editorial staff of *CMAJ* recently boasted of championing the health needs of “vulnerable populations.”¹ It has been more than a decade since *CMAJ* championed better access to safe and appropriate pretravel clinical prevention for vulnerable Canadians travelling overseas.² The most vulnerable group of travellers is children and their immigrant parents who visit friends and relatives living in economically poor countries.

In Calgary, imported cases of malaria are mapped mostly to municipal wards with the highest proportion of immigrant travellers returning from Africa and South Asia.⁴ Epidemiological studies among Canadians consistently identify travellers who visit friends and relatives in economically poor countries as bearing the greatest burden of preventable travel-related diseases such as malaria, hepatitis A and typhoid fever.⁵ Yet, the federal and provincial governments continue to avoid addressing this ongoing problem, in part because of constitutional confusion over responsibility.⁶

Across Canada, provincial governments such as Ontario^{7,8} have removed pretravel clinical prevention from public insurance plans, while at the same time paying physicians in other countries for unregulated care, when travellers seek medical attention for fully preventable or self-treatable diseases. This financing paradox applied to travel medicine’s continuum of care perversely promotes cash-strapped high-risk travellers to avoid effective pretravel clinical prevention for life-threatening conditions and vaccine-preventable diseases such as malaria.

However, need for publicly funded pretravel services will grow. The federal government recently announced an ambitious plan to increase immigration to

nearly 1 million people over the next three years,⁹ with most coming from developing countries. With changing demographics, there will be increasing travel back to home countries in the tropics and subtropics, opening Canada up to increasing risks of imported infectious diseases. We are likely less prepared now than during the outbreak of severe acute respiratory syndrome in 2003, especially as government policies toward pretravel clinical prevention continue to undermine the building of sustainable local public health and medical capacities.

Provincial governments continue to view pretravel clinical prevention for vulnerable groups, such as travellers who visit friends and relatives in developing countries, as being medically unnecessary. This implies that working-class immigrants and their Canadian children have a “choice” not to leave Canada if they cannot afford all out-of-pocket expenses associated with necessary prevention to visit their home country safely. However, travel is a mobility right under the Canadian Charter of Rights and Freedoms¹⁰ and not simply a “choice.”

Children of immigrants from other Western countries may travel freely to visit relatives, and there are few travel restrictions for overseas relatives to visit Canadians at home. Grandparents and extended family members living in poorer nations in Africa, Asia and Latin America face very different prospects, often being prohibited from visiting Canada because of fears of economic migration. Thus, the only realistic way for these children to keep personally connected with friends and relatives is to travel to destinations with substantial health risks and limited medical care. Therefore, various levels of government neglect to protect Canadian children travelling internationally.

CMAJ states that it champions vulnerable groups. What about taking up the cause of

vulnerable children who visit friends and relatives in economically poor countries, whose only fault is to have parents who were born in another part of this world?

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