“Part of Being Canadian Is Having Access to Healthcare”: Framing the Boundaries of Healthcare Deservingness for Non-Citizens through the Interim Federal Health Benefits Program

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ABSTRACT

Background  In June 2012, the Canadian government cut eligibility to the Interim Federal Health Program (IFHP) for some refugees and refugee claimants.

Analysis  Drawing from news sources, this article examines the ways different actors—politicians and advocates—framed deservingness and undeservingness to support or contest the IFHP cuts. Deservingness refers to the ways value or worth is allocated to differently situated individuals based on their social location.

Conclusions and implications  The authors explore how deservingness is understood through a lens of citizenship, focusing on immigration status, understandings of “illegality” and criminalization of non-citizens, and varying versions of “Canadian values.” They argue that different interlocutors participated in the drawing and redrawing of boundaries of social and moral worth related to both presence in and access to social goods in Canada.

Keywords  Frame analysis; Immigration policy; Healthcare; Deservingness; Refugee claimants

RÉSUMÉ

Contexte  En juin 2012, le gouvernement canadien a réduit l'admissibilité au Programme fédéral de santé intérimaire (PFSI) de certains—certaines réfugiés-réfugiées et demandeurs-demandeures d'asile.

Analyse  Tiré de sources d'actualité, cet article examine la manière dont différents acteurs—des politiciens et des défenseurs—ont conceptualisé le mérite et l'indignité pour appuyer ou contester les réductions du PFSI. Le mérite se réfère aux manières dont la valeur est attribuée aux individus situés différemment en fonction de leur emplacement social.

Conclusions et implications  Les auteures explorent la manière dont le mérite est compris dans l'optique de la citoyenneté, en se concentrant sur le statut d'immigration, la compréhension de
“l’illégalité” et la criminalisation des non-citoyens et diverses versions des « valeurs canadiennes». Elles soutiennent que différents interlocuteurs ont participé à établir et redéfinir les limites de la valeur sociale et morale liées à la présence et à l’accès aux biens sociaux au Canada.

Mots clés Cadre d’analyse; La politique d’immigration; Soins de santé; Mérite; Demandeurs d’asile

Introduction

On June 30, 2012, the Canadian government implemented an Order-in-Council (OIC), titled “Order Respecting the Interim Federal Health Program, 2012,” which drastically reduced eligibility to the Interim Federal Health Program (IFHP) for refugees and refugee claimants (Citizenship and Immigration Canada, 2012b).1 The IFHP, first implemented in 1957, considers the specific vulnerabilities that refugees and refugee claimants experience, including their financial situation and need for comprehensive healthcare (their situation was originally viewed as comparable to Canadian citizens on social assistance) [Wallace, 2014]. Before 2012, IFHP benefits included doctor and emergency visits as well as supplementary care such as prescription medications. As a comparison, “Landed” or permanent residents receive access to provincial universal health insurance plans, although in Quebec, Ontario, and British Columbia most have no coverage for their first three months in the country and may need to resort to private health insurance (Atwal, 2016; Goel, Bloch, & Caulford, 2013).

The Order-in-Council that led to the IFHP cuts followed changes implemented under Bill C-31, the Protecting Canada’s Immigration System Act, in 2012. Among the changes was the organizing of inland refugee claimants into two categories: those coming from designated countries of origin (DCOs), whose applications are fast-tracked since they are determined to be non-refugee producing, and those coming from non-DCOs (Citizenship and Immigration Canada, 2013).

Through the OIC, refugee claimants from non-DCO countries were granted access to “Health-Care Coverage & Immigration Medical Examinations” (Citizenship and Immigration Canada, 2012a). In this case, “health-care coverage” mirrored the treatment Canadian citizens and permanent residents received under their universal provincial healthcare plans but did not include supplementary benefits (Barnes, 2013). Alternatively, those coming from DCO countries were granted access to only “Public Health or Public Safety Health-Care Coverage & Immigration Medical Examinations,” which included coverage for medical and diagnostic services “only if they are required to diagnose, prevent or treat a disease posing a risk to public health or to diagnose or treat a condition of public safety concern (such as HIV or TB)” (Citizenship and Immigration Canada, 2012a, p. 1).

The changes also affected government-assisted refugees (GARs) and privately sponsored refugees (PSRs). These two groups, unlike refugee claimants, the Canadian government selects and approves abroad. With the cuts, both were initially allocated “health-care coverage.” However, subsequently, GARs were shifted to “expanded healthcare coverage,” which allowed them supplemental services including “audiology care, emergency dental care, home care, long-term care, services provided by a midwife, occupational therapy,
physiotherapy, post-arrival health assessments, psychotherapy by a registered clinical psychologist, speech-language therapy, and vision care” (Barnes, 2013, p. 13).

Changes to the IFHP augmented what is widely acknowledged as an already patchy system of determining healthcare eligibility for non-citizens (Canadian Council for Refugees, 2013; Elgersma, 2008; Villegas, 2013), what Willen (2012) refers to as the development of “two-tiered—or multi-tiered—healthcare systems that provide high quality care to citizens and authorized residents while shunting individuals with precarious status into patchy and unreliable networks of NGO- or charity-based care” (p. 807). According to the Canadian Council for Refugees (2013), the changes “create[d] a complex series of categories, based on immigration status” (p. 1). They also imposed the devolution of immigration policing onto the health sector, which had to evaluate eligibility. This led to the turning away of people “because of confusion, or, in some cases, an unwillingness to take on IFH clients due to the increased complexity” (p. 2).

This article examines the deservingness frames stakeholders mobilized through Canadian news sources to understand, support, and counter the 2012 IFHP cuts. It proposes that the cuts exemplify the mobilization of deservingness in contemporary discussions about non-citizens accessing social entitlements. Deservingness refers to the value imbued onto individuals, depending on their social location(s), and how actors use that value to rationalize whether someone is accepted into a community (Anderson, 2013; Chauvin & Garcés-Mascareñas, 2012; Fassin, 2005; Willen, 2012, 2015; Yukich, 2013). Stakeholders supporting IFHP cuts, including federal Conservative Party representatives, rationalized them as a strategy to promote the public health and safety of Canadians, reduce expenditures, and “defend” the immigration system. In contrast, opponents used human rights, legal, and cost-benefit analyses to make their case. This article argues that such deservingness frames illustrate two key processes. The first process involves the different, but sometimes overlapping, versions of the mobilization of nationalisms. Specifically, the article focuses on versions that promoted the protection of “legitimate” citizens and the nation and those that promoted humanitarian practices toward non-citizens. The second involves the “boundary work” in which actors engage as they seek to open or close access, often creating additional boundaries of exclusion in the process (Lamont & Molnar, 2002; Marrow & Joseph, 2015; Wimmer, 2008). It is proposed that examining deservingness frames furthers understandings of how social exclusion operates in relation to different categories of non-citizens. The analysis also contributes to understandings of immigration debates in Canada and their circulation through news stories. These debates have national and international significance given ongoing discussions of refugee resettlement and the provision of social entitlements for non-citizens in Europe, the United States, and other sites around the world (Biehl, 2015; Gea-Sánchez, Alconada-Romero, Briones-Vozmediano, Pastells, Gastaldo, & Molina, 2017; Martínez, Wu, Sandfort, Dodge, Carballo-Dieguez, Pinto, Rhoses, Moya, & Chavez-Baray, 2015).

**Theoretical framings: Boundaries and deservingness**

A focus on deservingness allows scholars to understand how the mapping of “value” or “worth” onto individuals and communities occurs in relation to their perceived qualities (Brown, 2013; Horton, 2004; Larchanché, 2012; Marrow & Joseph, 2015; Reid,
As Willen (2012) argues, deservingness involves a process of delineating who should have access and entitlement as well as the appropriate extent to award those two factors, a process involving evaluations of morality or “moral worth” (Horton, 2004, p. 474; see also Sirriyeh, 2015). Conceptually, deservingness has been operationalized to discuss the framing of responses to natural disasters (Reid, 2013), welfare services for immigrants (Yoo, 2002), immigrant sanctuary (Yukich, 2013), poverty (Katz, 2013), and healthcare access for migrants (Goldade & Okuyemi, 2012; Horton, 2004; Larchanché, 2012; Leon Spensy, 2015; Willen, 2012, 2015).

Deservingness is also a useful concept for examining the operation of boundaries (Lamont & Molnar, 2002). “Boundary work,” as Lamont and Molnar (2002) discuss, involves the interplay between symbolic and social boundaries. Symbolic boundaries are comprised of the negotiated categories that divide “objects, people, practices, and even time and space” (p. 168). When those categories become rigid, become “objectified,” and lead to “unequal access to and unequal distribution of resources (material and nonmaterial) and social opportunities[,]” (p. 168) they become social boundaries. This mode of inquiry facilitates a focus on 1) the constitution of barriers, and 2) the work in which actors engage to shift, expand, or constrict barriers (Wimmer, 2008).

In terms of social entitlements, boundary work is often performed on the basis of citizenship, centering the citizen/non-citizen divide. However, this process is not monolithic. A focus on precarious immigration status—lack of permanent residency or citizenship, including being either a refugee, refugee claimant, tourist, person crossing the border undetected, or person with expired visas or permits—has opened up discussions about the “gradations of citizenship” that non-citizens experience (Goldring, Berinstein, & Bernhard, 2009). Thus, immigration status is a socially and politically contested boundary that can be shifted, reworked, and negotiated, albeit in limited ways.

Such boundary work involves the production of migrant illegalization, or the ways in which certain people are identified as not belonging due to their documents or perceived immigration status (De Genova, 2002; Villegas 2015). The categories and experiences under precarious immigration status allow for specific identifications of migrants as undeserving of presence and access to social goods. This is regardless of migrants’ legal entitlement to remain in a country at least temporarily, as in the case of refugee claimants. For example, representations of migrants identified as undeserving under the lens of refugee determination include “economic migrants” depicted as “cheating” the system as well as refugees and refugee claimants depicted as dependent “victims” who are imagined to become “public charges” (Pratt & Valverde, 2002; Zetter, 2007). Such representations often depend on nationalist arguments, since immigration status is an important determinant in deciding whether non-citizens are welcomed into an “imagined community” or “community of value” (Anderson, 1991; Anderson, 2013).

Boundary work operates through framing, which involves examining different versions of social actions or events (Entman, 2004; Yukich, 2013). Often, frames involve “taken for granted,” “self-evident,” and “common sense” interpretations and categorizations (Olausson, 2009). As Willen (2015) proposes, frames operate as filters that interpret social reality. And an interpretation can shift depending on the filter used, leading to the shifting of boundaries (Chong & Druckman, 2007). Frames also lead to
action; they organize how something comes to be defined as a “problem” as well as the necessary steps to address it (Croucher, 1997).

While the above research has begun to examine the ways in which deservingness frames operate, two important gaps remain. First, how do such frames feed into already structured, yet often contradictory, understandings of nationalisms as depicted through news stories? Second, how do such frames demonstrate the boundary work enacted by social actors to produce instances of inclusion and exclusion? These are the research questions this article aims to address.

Methods
Our analysis focuses specifically on sources from Canadian newspapers (both print and digital). The reporting of news was chosen because it is a key site that influences how people understand immigration debates, changes in policy, and particular migrant groups (Bleich, Bloemraad, & de Graauw, 2015; Chavez, 2001; Estrada, Ebert, & Lore, 2016; Mahtani, 2008; Santa Ana, 2002). News sources also distill and relay state discourse, a process that influences how people think about specific events. Finally, news sources are readily available to the public, provide an array of opinions that allow scholars to assess discursive framings, and notably are curated for the public and by the public (particularly through letters to the editor and online comments sections).

We used a news database (LexisNexis) to create a catalogue of news stories focusing on the IFHP cuts. Our goal was to generate a broad sample to understand the diversity of viewpoints and reactions to the cuts. To do this, we included mainstream national newspapers with broad circulation, and wide audiences, and which varied in their political leaning (i.e., the Toronto Star, the Globe and Mail, and the National Post). We also included regional and religious news sources to increase the geographic variation and political perspectives of audiences and publishers. We identified articles and opinion pieces discussing the IFHP during the period from January 2010 to January 2015. This period was chosen because discussions about the cuts emerged before their implementation in 2012 and the debate continued afterward. News stories selected included opinion pieces written by members of the government as well as legal and healthcare advocates; these are important texts to understand how different “sides” construct their platforms, mobilize them publicly, and speak to specific audiences (constituencies, healthcare providers, etc.). We understand these opinion pieces as media sources because they were vetted and published by newspapers and packaged in a news publication.

Our search used a combination of the following terms: a) immigrant, refugee claimant, asylum-seeker, non-status, undocumented, migration, precarious status; b) healthcare, Interim Federal Health Program, social services; c) deserving (undeserving and their variations), worth; and d) Canada. From that search, we identified articles that spoke directly to the IFHP cuts, yielding 147 articles in 33 news sources. Given our sample, we included all sources netted after our initial sifting for relevance in the analysis.

We utilized both inductive and deductive analysis. That is, we came to the research looking to understand the ways deservingness frames operated in relation to the IFHP, but we also were open to the data leading us to other findings. We began by creating
two broad coding categories using the qualitative research software Nvivo, under which we coded fragments of articles related to deservingness and undeservingness. Co-authors coded a small initial sample together to obtain consistency and then divided the remaining sources among them. We examined the language utilized in specific stories or texts as well as the assumptions they mobilized and the types of narratives or ideas that were invisibilized (Entman, 1993). Deservingness codes promoted refugee claimants as worthy of receiving healthcare benefits. Undeservingness codes framed refugee claimants as unworthy of access and presence in Canada. We then further coded our two broad categories into more specific codes. For instance, as Table 1 illustrates, undeservingness frames identified migrants/refugees as a threat to Canada using criminalizing language such as “frauds,” “bogus,” “abusive,” or “illegal.” They also referred to the cost savings the cuts would provide to Canada. Deservingness frames identified migrants/refugees as “vulnerable” and in need of protection from a “humanitarian” Canadian state.

Table 1: Un/deservingness frames in Canadian news media coverage of IFHP cuts (n = 147)

<table>
<thead>
<tr>
<th>Undeservingness</th>
<th>Code</th>
<th>References</th>
<th>News sources</th>
</tr>
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<tbody>
<tr>
<td>Protecting Canada from refugees/refugee claimants as</td>
<td>Fraud</td>
<td>26</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Bogus</td>
<td>76</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>Abusive</td>
<td>28</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>Medical &amp; birth tourism</td>
<td>17</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>“Illegality”</td>
<td>36</td>
<td>18</td>
</tr>
<tr>
<td>IFHP cuts as cost savings</td>
<td></td>
<td>21</td>
<td>26</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Deservingness</th>
<th>Code</th>
<th>References</th>
<th>News sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulnerability</td>
<td>General</td>
<td>196</td>
<td>93</td>
</tr>
<tr>
<td></td>
<td>Children</td>
<td>22</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Gender (women)</td>
<td>37</td>
<td>20</td>
</tr>
<tr>
<td>Nationalism, nation building as humanitarian</td>
<td>Human rights</td>
<td>38</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>Canadian values</td>
<td>107</td>
<td>68</td>
</tr>
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</table>

Constructing the boundaries of deservingness as a nation-building project
The intensification of globalization and increased migratory flows force nation-states and their citizens to think about how to navigate the presence of non-citizens within their territories. This issue is particularly relevant for welfare states, given that they must consider how non-citizens will fit into existing systems of social entitlement. Through our analysis of the IFHP news coverage, we identified frames articulating healthcare un/deservingness from a range of different interlocutors: politicians, medical practitioners, and other advocates/activists. In articulating specific frames, actors also tended to insert themselves into specific nation-building projects. Those arguing
for refugee deservingness and the reinstatement of the IFHP drew upon the entrenched belief that humanitarianism was a core “Canadian value,” particularly to protect vulnerable populations such as refugees (Basok & Simmons, 1993). Alternatively, undeservingness frames drew on notions of refugees and refugee claimants, and other migrants more broadly, as criminals and “frauds,” influenced by discourses of national security, fiscal responsibility, and the need to protect the nation from perceived external “threats.”

**Protecting Canada from dangerous strangers and “bogus” refugees**

The construction of refugee claimants as undeserving in relation to the IFHP was guided by the following logic: refugees and refugee claimants are “illegal” and/or “immoral” and therefore a threat to the nation. Much of this discourse came from representatives of the Conservative government, which had a majority in Parliament during the time covered by our study. For example, on July 5, 2012, the then Minister of Citizenship, Immigration and Multiculturalism, Jason Kenney, was quoted responding to a letter from the Toronto Board of Rabbis:

> I don't see anyone arguing that we have a moral, legal or humanitarian obligation to provide taxpayer-funded health insurance to people visiting Canada or to illegal immigrants … I find it peculiar they [Toronto Board of Rabbis] would choose to raise this concern for rejected asylum claimants or those with [fraudulent] [sic] claims. (quoted in Levy-Ajzenkopf, 2012, emphasis added)

Kenney’s comment illustrates the boundary work involved in moving categories of people eligible to be present in Canada (refugee claimants) toward “illegality” of access and presence. This process entailed the evaluation of migrants’ morality and deservingness as a sense of national duty and responsibility. Kenney was a prominent figure in this work (similar to the Le Pens in France or anti-immigrant politicians in the United States). He stood out due to his high visibility and frequent coverage in the news (a word search netted a reference to his name in 52 of our sources, either through direct citation or engagement with his comments) as well as the fact that his message, and that of his staff and colleagues, did not vary much across time.

A related strategy in the construction of undeservingness involved the criminalization of refugee claimants through references to national security. In a *Montreal Gazette* article from June 30, 2012, Kenney stated, “This legislation will help stop foreign criminals, human smugglers and those with unfounded refugee claims from abusing Canada’s generous immigration system and receiving taxpayer-funded health and social benefits” (quoted in Lalonde, 2012, emphasis added). The comment drew on the idea that refugees and refugee claimants may have engaged in criminal acts before arriving in Canada, an assumption that ignored the extensive criminal checks required for all claimants.

The depiction of refugee claimants as threats also involved a process of quantifying the legitimacy of claims through the language of “rejected” refugee claimants and “fraudulent” claims. For example, Alex Pavlich, the Immigration Minister’s press secretary, stated in a 2013 *Toronto Star* article: “[T]he majority of asylum claims made in Canada are unfounded” (quoted in Keung, 2013, emphasis added). Similarly, in an ed-
itorial in the *Coronation Review*, Kevin Sorenson, a Conservative Member of Parliament from Crowfoot, Alberta, stated

There are countless stories in the media on an almost daily basis of bogus refugees, serious criminals, and those who have committed crimes against humanity trying to take advantage of Canada’s generous asylum system. This abuse wastes limited resources on bogus claims while legitimate refugees have to wait in the queue behind them. It also undermines public confidence in our immigration system. (Sorenson, 2012, emphasis added)

Like Pavlich and Kenney, Sorenson referred to the idea of a substantial number of refused claimants through his use of the term “countless.” He also alluded to a temporal frequency through the phrase “daily basis.” By focusing on refused claims, without providing evidence or context, the comments influenced audiences to think they were an overwhelming issue, which was not the case. He also promoted the idea that the refugee determination system that produces refused refugee claimants was fair. To contextualize, while refugee acceptance rates are generally about 40 percent in Canada (Schwartz, 2015), scholars have documented inconsistent approval rates across members responsible for adjudicating claims, calling into question both the impartiality of the Immigration and Refugee Board and approval rates as an accurate way to measure “truth” and “validity” (Rehaag, 2008; Sheppard, 2012).

A third strategy to construct refugee claimants as undeserving in relation to the IFHP involved framing refugee claimants as “abusive” through economic cost-effectiveness and zero-sum arguments, portraying refugees and refugee claimants as underving of healthcare because they were seen to benefit from services that were better than what some Canadian citizens/taxpayers received. A common statement made through this frame was that refugees/refugee claimants accessed “gold-plated health care” not provided to Canadian citizens (read: taxpayers) (“Health Care Abused,” 2012; Keung, 2013; Komarnicki, 2014; Taylor, 2012b). However, as stated above, the IFHP was specifically designed to provide similar benefits to those granted through social assistance programs. Furthermore, the Canadian Council for Refugees (2013) noted that the IFHP “never covered more than essential services. Figures show that refugee claimants generally needed very little health care and cost the taxpayer significantly less than the average Canadian” (p. 1). Similarly, the Canadian Healthcare Association (2012), citing Citizenship and Immigration Canada statistics, noted that “the average per-person cost for the Interim Federal Health Program in 2011–2012 was $660, compared to a $6,141 per-capita cost for health and social services for Canadians” (p. 6).

**Boundary work and gradations of refugee status**

When the decision to cut IFHP eligibility for some refugee claimants became public in 2012, it was unclear whether the cuts included refugees sponsored from abroad. As stated earlier, there are two main avenues for applying for protection. The first involves claimants asking for protection on Canadian soil, either at a point of entry or inland. The second involves the government selecting refugees from established camps (government-assisted refugees, or GARs) or private groups sponsoring refugees (privately sponsored refugees, or PSRs).
An opinion piece published in the *Winnipeg Free Press* on May 17, 2012, titled “They Aren't All ‘Bogus' Refugees, as Portrayed by Kenney,” sought to make the distinction clear: 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). (Denton, 2012, emphasis added)

Such critiques had some success in enacting change. An article in the *National Post* published in early July 2012 stated the following:

Citizenship and Immigration’s website was changed to say that supplemental benefits would not be cut for a large group of refugees, specifically those selected and resettled from abroad by the government (government assisted-refugees or GARs) and those privately sponsored refugees who receive federal financial assistance. Previously, the “Summary of Changes to the Interim Federal Health Program” (posted in April) clearly showed that as of June 30, all “protected persons” (including resettled refugees and successful asylum claimants) would lose the supplemental benefits. (Taylor, 2012a)

The government did, in fact, reverse the cuts, but only in relation to GARs (Salter & Bahmanpour, 2013). This example demonstrates two instances of boundary work. First, we see the collaboration between the state and advocates to re-frame the boundaries of deservingness, though only slightly, excluding both privately sponsored refugees and refugee claimants. Second, while the reversal demonstrates an opening up of access for GARs through the language of “they aren’t all ‘bogus’” (Denton, 2012), advocates re-affirmed the government assumption that “bogus” refugees exist and that, given this, it was appropriate to deny services to some migrants. To understand the reasons for this approach, we now move to a discussion of the frames that advocacy and activist organizations used to call for a reversal of the cuts.

**Humanitarian “Canadian values”**

Unlike undeservingness claims that stemmed primarily from government representatives, deservingness frames mainly originated from advocates in the healthcare sector, grass-roots organizations, and legal professions. These frames expressed support for refugee claimants’ ability to access healthcare services through opinion pieces or through news stories that covered activist rallies. An overarching theme across these stories was a reference to “Canadian values.” To contextualize, the establishment of “Canadian values” as humanitarian and rights-based can be traced to legislation and political debates as well as Canadian foreign policy, namely its “humanitarian” missions (Razack, 2004). Such values, as in many nationalist manifestations, tend to be romanticized. For instance, it is common for politicians and reporters to describe humanitarian missions, which were more common in years past, as the “Canadian way,” despite research on how such operations operated under a colonial logic (Razack, 2004).
Several key policies can be used to illuminate this view of “Canadian values.” For instance, the 1982 Canadian Charter of Rights and Freedoms led to the embedding of key “rights” into the Canadian constitution, including “freedom of expression, the right to a democratic government, and the right to equality, including the equality of men and women” (Government of Canada, 2016). Legislation enacted in 1957, 1966, and 1984 led to the creation of the universal healthcare system in Canada, a move seemingly signalling “social progress” in the country and a differentiation from its neighbour to the south (Canadian Museum of History, 2010). Finally, the Multiculturalism Policy of Canada, established in 1971, is central to the ways the nation publicly recognizes “difference” and promotes social harmony. Canadian multiculturalism, in theory, assures that “a multicultural, integrated and inclusive citizenship will be every Canadian’s inheritance” (Government of Canada, 2012).

References to “Canadian values” were prevalent in deservingness frames. For example, an article in the Mississauga News published on June 16, 2014, referred to yearly protests organized in the month of June by those supporting the re-instatement of the IFHP: “Cuts to health care services for refugees made two years ago by the federal government fly in the face of Canadian values, a group of protestors said today during a rally at City Hall” (“Protestors Demand,” 2014, emphasis added). The article cited a supporter as follows: “Part of being Canadian is having access to health care ... These cuts go against what is a [sic] (fundamental) part of the Canadian identity” (quoted in “Protestors Demand,” 2014, emphasis added). Another article, in the Toronto Star, stated, “The stories are heartbreaking—and decidedly un-Canadian if you believe in our country’s tradition of giving medical care to refugees” (“Refugees Deserve Care,” 2012, emphasis added). Finally, a 2014 opinion piece also from the Toronto Star stated, “Canada, which prides itself on being more compassionate than its rough-and-tumble neighbor to the south, will soon have its very own under-class of people unable to obtain life-sustaining medication and treatment” (“Standing Up for Refugee Health,” 2014, emphasis added).

For the humanitarian “Canadian values” frame to be effective, it needed to be applied onto “deserving” subjects: those identified as having a “legitimate” need for protection. This meant that refugees and refugee claimants were regularly positioned as deserving because of their (presumed) vulnerability. One common manifestation of this frame involved the construction of refugee claimants as victims, or the most vulnerable members of society. For instance, an article in the Winnipeg Free Press from June 17, 2014, cited advocates who argued that “defending the human rights of the world’s most vulnerable citizens is an essential Canadian value” (Sanders, 2014, emphasis added). Similarly, an article in the Ottawa Citizen published on May 28, 2013, explained that the healthcare cuts “[pose] a serious threat to the health of Canada’s newest and quite vulnerable people” (Ponka, 2012, emphasis added). Finally, an article entitled “Cuts to Refugee Care Hurt Only the Deserving [emphasis added],” published in the Globe and Mail in 2013, stated:

Asylum seekers are, by definition, the neediest of the needy: They are fleeing war, violence, persecution, famine, often with little more than the clothes on their back. People fleeing from Somalia and Syria are not com-
This framing identified refugees/refugee claimants as vulnerable because of their social location: they experienced some type of persecution or distress that led to their migration, and that persecution made them deserving of Canadian humanitarianism. However, in claiming deservingness for some refugee claimants, advocates also implicitly accepted the possible existence of undeservingness. For example, Picard’s (2013) reference to “free dental care for three months” relies on the prevalent discourse of “health tourism” given Canada’s universal healthcare system, which is often framed as superior to the healthcare system in the United States and other countries (Villegas, 2013).

Another population included in the vulnerability frame was women and children. Many of the stories mentioning women focused on their presumed reproductive capacities. One article, published in the Leader Post, stated: “The cuts spared no one, not even children, pregnant women, and people who required life-saving medications” (Tyndall, 2014). Similarly, a 2013 article published in the Windsor Star stated:

Of course, those most affected by these cuts are women and children. Prenatal care, costs associated with birth and postnatal care are not covered. Women’s reproductive rights have been stripped away as contraception and pregnancy termination is now denied[,] increasing the possibility of life-threatening situations through the rise of back street abortions as has been noted in other countries. (Salter & Bahmanpour, 2013)

A doctor in Edmonton also referred to lack of healthcare for women as a life-threatening and costly situation: “Those are really the people I worry about—the pregnant women from Mexico who can’t deliver without being charged, who can’t have prenatal care because they’d have to pay for it out of pocket. That’s the group I worry about” (quoted in Komarnicki, 2014). Furthermore, a letter to the editor written by Hedy Fry (2014), a Liberal MP and the party’s Health Critic, published in the Montreal Gazette, stated: “The impact on pregnancies is particularly heart-wrenching. In many cases refugees’ newborns are premature, underdeveloped, with neurological problems and other complications because their mothers couldn’t get prenatal care.” Finally, a writer in the Toronto Star referred to “[a] young sexual assault victim denied health care for her pregnancy” (Keung, 2013).

Relatedly, another example of the vulnerability frame involved the privileging of children. However, this argument proposed that they should not be “blamed” for their parents’ actions. An article in the Windsor Star stated: “It’s one thing to subject adult refugees to medical fees … but refugee children should at least get some kind of coverage … If you need to punish, punish the mother, punish the father, but don’t punish the kids” (Salter & Bahmanpour, 2013). We can see how this frame differed from the protecting pregnant women frame. In this instance, children were depicted as the most vulnerable, and their parents, through the language of punishment, were criminalized, and therefore categorized as undeserving for seeking protection.

Finally, as with undeservingness frames, those mobilizing deservingness also drew on economic arguments, outlining presumed costs to the nation and its taxpayers. For example, one activist interviewed by the Canadian Jewish News stated, “People who
have health issues without coverage have nowhere else to go but the ER … If that happens, it will cost taxpayers far more than leaving the current program in place” (quoted in Levy-Ajzenkopf, 2012). An article published in the Montreal Gazette made a similar point: “[P]eople denied life-sustaining medication and treatment—at least those who don’t wish to just curl up and die—will end up at hospital emergency rooms, where they will be treated at high cost and released until their next crisis” (Goldman & Kline, 2012). The article referred to the fact that those without healthcare access tend to wait longer to see a doctor, often leading to more serious conditions. Similar findings have been identified in other contexts, including the U.S. (Okie, 2007). However, the focus of welfare states on protecting healthcare benefits makes the Canadian case slightly different. A letter from the Community Health Nurses of Canada to Jason Kenney, published in the Moncton-based Times & Transcript, reiterated this point:

By failing to provide upfront health services, there is a risk of greater future health complications, which will increase future health care costs on the public system once these individuals are granted more permanent status. This also makes it more difficult for newcomers to acquire the skills necessary to learn Canada’s languages, go to school or enter the job market. (Community Health Nurses of Canada, 2012, emphasis added)

In these narratives, “cost” involved the money the system would spend if people refrained from seeking care early on. Thus, preventative care became the best strategy because it would provide savings to Canada/Canadian taxpayers, a preoccupation that cuts opponents shared with cuts supporters. One could argue that this was a strategic argument to a broad audience well versed in the language of fiscal responsibility and austerity. However, the argument signalled a contingent deservingness. That is, the provision of healthcare became mutually beneficial and contingent on economic savings, making it a palatable economic and humanitarian argument. The nurses’ letter also referred to the cost to human capital, given the fact that being ill may prevent some people from preparing themselves for, and entering, the job market. Thus, the costs were multiplied for the nation and its productivity. Although an important observation, particularly in the role of healthcare in immigrant integration and future success, this line of argument again disproportionately focused on economic contribution and, through that process, ignored other forms of participation in which migrants engage.

Discussion

The media and public made a clear distinction between undeservingness and deservingness frames to think through the IFHP cuts. Undeservingness frames constructed refugee claimants and refugees (and by extension other migrants) as a threat to Canada and its citizens through arguments about national security, criminality, and the use of social services. Deservingness frames used the language of humanitarian Canadian values to rationalize re-instating the IFHP, given refugees’ and refugee claimants’ perceived vulnerabilities. However, deservingness and undeservingness frames also converged in at least three points—the mobilization of Canadian nationalist frames, the shifting categorizations of migrants as deserving or undeserving de-
pending on migrants’ social locations and political goodwill, and the mobilization of contribution/cost. This boundary work demonstrated the contingency of and limits to deservingness frames.

**Canadian nationalist frames**

Stakeholders rationalized undeservingness frames through the fact that cutting the IFHP benefits would “protect” Canada. As in the U.S., Europe, and other contexts, immigration status was at the crux of this argument, and it manifested through depictions of refugees and refugee claimants as fraudulent or “illegal,” dangerous, and costly to the nation. As Cacho (2012) has argued, associating status with criminalization imbues that status with undeservingness:

> [T]he act of law-breaking reflects poorly on a person’s moral character. If following the law (legitimate or not) determines whether a person is moral or immoral, it is all but impossible for people assigned to certain status categories to represent themselves as moral and deserving. (p. 4)

Moreover, Flores (2003) argues that “immigrants and criminality are so closely connected rhetorically that the slippage from immigrant to criminal seems almost natural” (p. 363). In the Canadian context, in the past few decades, refugee protection and determination have increasingly become associated with discourses of security and fraud (Macklin, 2005; Pratt & Valverde, 2002). Furthermore, the IFHP cuts were one strategy among a list of immigration and refugee determination policy changes enacted by the Conservative government that increased the criminalization of migrants, limited access to security vis-à-vis permanent residence and citizenship, and decreased access to entitlements for non-citizens (Black & Keung, 2012). These changes upheld “group boundary markers,” cementing the distinction between citizens and non-citizens and “increas[ing] anti-immigration attitudes” (Boomgaarden & Vliegenthart, 2009, p. 518).

Alternatively, those who opposed the cuts promoted a version of “Canadian values” that constructed the nation as humanitarian and generous. In defining “Canadianess” and “Canadian values” as including universal healthcare and compassion, these framings resonate with Bauder (2008), who noted that “[h]umanitarian immigration is an important element in the construction of Canada’s identity as a liberal and compassionate country” (p. 84). While an important step to counteract illegalization/criminalization, this strategy also had its limits. The narrative of Canada as humanitarian has been widely contested, particularly given the nation’s history of exclusionary immigration policy and the fact that multiculturalism and its imagined mosaic have not led to equity for immigrant, racialized, and Indigenous peoples (Bannerji, 2000; Li, 2003; Razack, 2004; Thobani, 2007). While this framing of Canada’s humanitarianism opened the possibility for refugees and refugee claimants to become eventual members of the nation, it ignored the barriers that prevent them from attaining secure immigration status in Canada (Goldring & Landolt, 2013).

**Shifting categorizations**

Deservingness and undeservingness frames helped to designate the boundaries between inclusion and exclusion to healthcare. Undeservingness frames promoted by Conservative government officials deliberately sought to exclude refugees and refugee
claimants from healthcare benefits. However, stakeholders supporting cuts to the IFHP participated in one example of the moving of migrants from the undeserving to deserving category: government-assisted refugees (GARs). The decision to provide GARs with extended healthcare benefits demonstrated deservingness as socially constructed, with fluid boundaries. The decision was influenced by political pressure from the humanitarian “Canadian values” frame proponents, signalling the frame’s strength in Canadian political debates. This process tempered the blanket criminalization of refugee claimants. However, it also cemented the purported undeservingness of privately sponsored refugees and refugee claimants.

Conversely, those opposed to the cuts promoted deservingness frames, yet still often slipped into determinations of undeservingness. This occurred through the ways vulnerability was defined, and through the requirement that refugee claimants perform abject vulnerability to be considered “deserving.” It also occurred through the identification of women and children as more deserving of care. Cynthia Enloe (2000) has discussed the trope of womenandchildren (a run-on word that slips easily off the tongue in many human rights and development discourses) and how the reporting of news often utilizes it to depict both groups as “victims or dependents” (p. 96). Making a connection to “Canadian values,” Bauder (2008) argued that “[r]epresentations of ‘worthy’ refugees—predominantly women and children experiencing violence and/or victims of natural disasters—are used to confirm Canada as a gender-equal society that protects ‘vulnerable’ members of society and fulfils its humanitarian commitments on the world stage” (p. 88). Thus, despite being well intentioned, a focus on womenandchildren was as much about constructing and maintaining a particular version of the nation-state as it was about an interest in the well-being of women and children. Furthermore, while lack of prenatal care is an important barrier for women with precarious status (Ruiz-Casares, Rousseau, Laurin-Lamothe, Rummens, Zelkowitz, Crepeau, & Steinmetz, 2013), a focus on reproductive capacities occluded other healthcare barriers that women, men, and children may experience because of their immigration status (Thompson, Easwaralingam, Moffat, & Rafique, 2016). This focus constructed a hierarchy of deservingness in which women’s reproductive rights were placed at the top. One explanation could be that pregnant women will give birth to Canadian citizens, given existing citizenship policy. These citizens-in-process could be seen as awarding women increased deservingness. For instance, in their research with healthcare providers in Costa Rica, Goldade and Okuyemi (2012) found that “prenatal care was viewed as protective of the future national citizenry” (p. 884). However, as Chavez (2004) has demonstrated in the U.S., the fear/threat of women’s reproductive capacities and their potential to produce racialized citizen babies can also be mobilized to construct undeservingness. In Canada, this framing circulated through the language of “birth tourists” (Bell, 2013), a term similar to “health tourism” discourses that already circulated widely. The emergence of the term demonstrated the potential for the redrawing of deservingness in relation to womenandchildren. Furthermore, while children are often depicted as more deserving than their parents, another example of boundary work, this framing falls short when thinking about young racialized, immigrant youth, who are often not granted such privilege (Orellana & Johnson, 2012).
Contribution and cost
Finally, stakeholders mobilizing both deservingness and undeservingness frames utilized contribution to rationalize their valuations. This occurred through a focus on cost, contribution, and taxpayers. Supporters of IFHP cuts used the language of “gold-plated benefits” to create a divide between refugee claimants and Canadian citizens. In doing so, they upheld a hierarchy of belonging that centred citizens and identified refugees and refugee claimants as necessarily not taxpayers, disallowing them from being identified as economic subjects in the nation.

Opponents of program cuts depicted the IFHP as saving Canadian taxpayers money. Their rationale was that the cost of waiting to receive care until an emergency was more than preventative care. However, the framing signalled a nationalist argument that not only centred humanitarian arguments on “Canadian values,” but also aligned with nationalist arguments about cost savings from supporters of the cuts. Opponents of the cuts also depicted refugee claimants as future citizens, assuming a teleological move from refugee claimant or refugee status to permanent resident. However, as Goldring and Landolt (2012) have argued, the move from temporary to permanent resident has become increasingly complicated and restricted in recent years in Canada (and in other contexts), given additional requirements, steps, and probationary periods. Therefore, the argument that refugee claimants were Canadian citizens-in-waiting was limited given the narrow infrastructure in place to provide non-citizens in Canada with secure immigration status.

Conclusion
As we have illustrated, understandings and interpretations of the IFHP cuts demonstrate the boundary work used to draw lines between deservingness and undeservingness, often informed through understandings of nationalism, citizenship, belonging, and morality. On the one hand, those who mobilized understandings of undeservingness depicted refugee claimants as “bogus,” “fraudulent,” and criminal. They drew on the circulation of responses to a perceived “threat” to the social and economic viability of the Canadian nation. Yet this construction of undeservingness was not clear-cut. Government-assisted refugees (GARs) were eventually identified as deserving by the federal government and granted greater access to the IFHP. Privately sponsored refugees, and for that matter all refugee claimants, did not meet the same response.

On the other hand, those who argued for re-implementing IFHP benefits highlighted the deservingness of refugee claimants. However, through this process, they also constructed hierarchies of citizenship and belonging that had material consequences, including the denial of healthcare services for specific groups or those under specific circumstances (for instance, those deemed to not be vulnerable). This slippage into undeservingness is telling of the shifting boundaries of “worth” allocated to individuals or groups. Given the socio-political context in Canada (and, by extension, other countries that experience in-migration), discourses of migrant “danger,” “threat,” and “fraud” have a high circulation and can also influence deservingness frames.

Although our analysis focuses on one policy shift, it is a useful point of departure to examine the construction and mobilization of deservingness in other contexts and how it is used to enact social exclusion. Examining the framing of the IFHP cuts pro-
vides insight into how policy formation, implementation, reception, and advocacy take place and produce material effects for marginalized populations, including non-citizens. For instance, the IFHP cuts influenced the work of healthcare workers providing care, sometimes leading to a denial of care regardless of refugee claimants’ entitlement. They also informed news audiences about how to categorize deservingness and undeservingness vis-à-vis refugee claimants. In the context of the IFHP cuts, the struggle of refugee claimants to gain legal membership due to their immigration status led to barriers in obtaining social membership through “universal” healthcare. Therefore, examining un/deservingness also provides insight into the material, social, and emotional effects of the demarcation of belonging due to perceived moral worth.

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Note
1. In 2014, a Federal Court decision mandated that the government reinstitute coverage. A newly developed program came into effect while the government appealed the decision. In 2016, the IFHP was re instituted after a change in federal political leadership.

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