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MOVEMENTS TO CANADA OF REFUGEES
WITH TUBERCULOSIS

(Note submitted by the Canadian Delegation
for information)

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INTRODUCTION

1. Canada has always reacted sympathetically within her means to refugee problems -- probably because so many Canadians are immigrants themselves or the children or grandchildren of immigrants. Being a major immigration country, Canada has been able to offer refugees one of the most acceptable solutions to their predicament: a new home. Unfortunately, statistics of refugees accepted by Canada have not always been kept separate from those of other immigrants, except for certain identifiable refugee movements (for example, IRO movement, Hungarian refugees, etc.). Those movements for which statistics are available included 238,534 refugees from 1945 to the end of 1960. Many of these were handicapped persons or required medical or welfare assistance. Canada acknowledges the notable contribution which these refugees have made to Canadian social, cultural and economic life.

WORLD REFUGEE YEAR

2. During World Refugee Year the Canadian Government reviewed its refugee policies and made a number of significant changes. The present refugee policy consists of three separate components:

- (a) As in the past, to accept within the ordinary immigration programmes as many refugees as can qualify as immigrants in the normal way. Also to contribute Canada's fair share financially to international programmes of refugee aid. During World Refugee Year and subsequently, the selection of refugees as ordinary immigrants was facilitated by a relaxation of the usual immigrant selection standard. In 1960 and 1961 occupational and age criteria were not applied to refugees - they were admitted if they were personally suitable, of good health and character and likely to be able to establish themselves in Canada without undue difficulty. Under this policy, several thousand refugees are admitted to Canada each year.

- (b) A second phase of current policy, one which has been in effect in a somewhat different form for several years, has been to facilitate the admission of refugees from Europe, including those who are ill or disabled provided private individuals or agencies in Canada are willing to sponsor them and accept responsibility for them. From the beginning of World Refugee Year to the end of June, 1961, in addition to the refugees sponsored by close relatives in Canada, a total of 446 applications were made by private individuals, organizations, church groups, etc., for refugee families including a total of 898 persons. 358 of these applications for a total of 717 persons had been completed and the refugees had arrived in Canada. The remainder were in process at the end of June, 1961. Most of these refugees came from Austria, Italy, Germany, France, Belgium, Switzerland and Greece. It is intended to continue this programme indefinitely. Normally dossiers of refugee cases eligible for sponsorship are provided by Canadian Immigration offices in Europe who have found it impossible to accept the refugee under the unsponsored programme. This means that no refugee is rejected by a Canadian mission in Europe until all possibilities are exhausted. The Canadian Government assists sponsors of refugees by providing interest-free transportation loans from Europe to destination in Canada where required.
- (c) The third component of present policy consists of the special measures for World Refugee Year. In 1959, for example, Canada made a cash grant of \$290,000 to the United Nations High Commissioner for Refugees and \$60,000 to the Inter-Governmental Committee for European Migration to assist in the transportation of European refugees from the Far East. In 1960, this country made to UNRWA, in addition to its usual grant of \$500,000 in cash and a million and a half dollars in the form of wheat flour, a special grant of a further million dollars in wheat flour, that is a total of three million dollars to aid the Palestinian refugees. However, perhaps the most widely publicized and dramatic measure adopted by the Canadian Government during World Refugee Year was the tubercular refugee programme, which is described in detail below.

3. As a result of World Refugee Year (although after it formally ended) the Prime Minister of Canada announced on July 12, 1960, that the Canadian Government had adopted the following policy with respect to the admission of orphaned refugee children:

"In individual cases prospective adoptive parents in Canada may apply for the admission of an individual orphaned refugee child to be brought to Canada for purposes of legal adoption subject to two provisos, namely:

- (a) In such cases the provincial child welfare authorities concerned shall have approved the application and confirmed that suitable Canadian children are not available, and
- (b) shall have undertaken to give continuing supervision to the proposed adoption during the probationary period required by provincial laws.

When these provisos have been complied with, arrangements will be made by the federal authorities which will permit the admission of such a child to Canada."

4. Since this policy was announced, a substantial number of inquiries have been received by the federal and provincial governments, however, it is too soon as yet to comment in more detail on this programme.

MOVEMENT OF REFUGEES WITH TUBERCULOSIS

5. It has been the policy of the Canadian Government for a number of years that refugees with tuberculosis (or other physical handicaps) may be admitted to Canada upon the sponsorship of close relatives in this country provided they can take care of the persons sponsored and the Province of Residence agrees to provide necessary medical care. However, during World Refugee Year, the Canadian Government with the co-operation of several Provincial Governments undertook the admission of large groups of unsponsored refugees suffering from tuberculosis, together with their families. This programme took place in three separate phases as follows:

- (a) First Movement - This comprised 100 patients and 245 members of their families in five air flights from December 15, 1959, to February 4, 1960.

- (b) Second Movement - This comprised 111 patients and 98 accompanying family members arriving in three special flights from July 19, 1960, to August 1, 1960 (plus 10 passengers on a scheduled commercial flight).
- (c) Third Movement - This comprised 114 patients plus 158 family members and arrived in Canada in four flights from February 23, 1961 to March 16, 1961.

The complete movement included 325 tubercular patients and 501 family members for a total of 826 refugees.

Selection and Examination

First Movement

6. The refugees were selected from camps in Austria, Germany and Italy with pre-selection done by the United Nations High Commissioner for Refugees. Negotiations were completed with those Canadian provinces which had previously indicated a willingness to co-operate and all arrangements were made for transportation, simultaneous with commencement of examination of the refugees. As a result, the first group arrived in Canada within three weeks after the examination of refugees began. This first movement was restricted by the terms of the Government decision to 100 tubercular cases and their families and in order to include the maximum number of refugees within this authority, it was decided to accept only families having one member suffering from tuberculosis. As a result, the first movement included a greater total of refugees than either of the other two. For the same reason, the initial movement excluded those refugees who had relatives in Canada, since it was believed that such persons would be brought to Canada by private sponsorship.
7. In addition to tuberculosis, other physical defects did not bar the family from admission, provided the bread-winner in the family, aside from his tubercular condition, was not otherwise so physically handicapped that he would be unable to earn a living in Canada. Applicants with criminal records, chronic alcoholics, drug addicts and refugees with mental illnesses were not accepted. In mental cases, the problem was the very serious shortage of institutional space for this illness in Canada.

Second and Third Movements

8. The refugees were selected in Austria, Germany and Italy. Emphasis was placed on selection from refugee camps, although other refugees were also accepted. Candidates were secured by Canadian immigration offices in these countries from their own records. No limitations were placed on the number of tubercular cases in any one family nor were refugees with relatives in Canada barred from inclusion. The other criteria of the first movement were continued.

Assembling, Transportation and Reception

9. In all three movements, ICEM assisted in assembling the refugees for examination and then ensured that the immigrants were on hand at the various embarkation points. ICEM attended to the shipment of excess baggage by sea.

10. All the refugees came to Canada on chartered air flights (except for ten refugees who did not have active tuberculosis who were transported on a regular scheduled flight). Consideration was given to moving the refugees by sea but in view of the nature of their ailment, it was decided to use pressurized aircraft chartered from Canadian Pacific Air Lines. The actual tuberculosis cases were isolated on the aircraft and a medical officer and nurses were on each flight. The flights were arranged to pick up the refugees in successive countries and the aircraft brought the refugees to various points across Canada. Medical documents for the tuberculosis patients had previously been forwarded to the provincial health authorities concerned and sanatorium officials were on hand to meet the refugees on disembarkation. The arrival of the refugees attracted considerable interest and on hand to welcome each flight were church groups, service organizations, friends and relatives as well as municipal and provincial dignitaries.

Co-operation of Provincial Authorities

11. In Canada, the responsibility for tuberculosis institutions rests with the provincial governments. As soon as the Canadian Federal Government decided to accept tubercular refugees in this country, the provinces were approached for assistance and the response was extremely generous. In most instances, the province accepted full responsibility for the medical treatment of the tuberculosis cases while the Federal Government assumed responsibility for transportation and other expenses. The Federal responsibility extends until such time as the

refugees become self-sufficient after which they will be treated as ordinary residents of Canada for general welfare purposes. Naturally the Federal authority will be available at all times for advice, counsel and assistance where necessary.

Care in Sanatoria

12. All the tuberculosis patients were admitted to sanatoria for examination and observation while other members of the family were given complete medical examinations. The tubercular patients in general were treated with antibiotics and rest although in a number of cases, surgery was necessary. At the end of July, 1961, only 43 patients were still in sanatoria, including four from the first movement, 7 from the second movement and 32 from the third. Naturally, most of those released were still under observation and some were receiving out-patient treatment.

13. All patients were given basic English or French classes during their stay in sanatoria as well as the usual occupational therapy such as leatherwork, basket weaving, sewing and crocheting. According to the educational background and the ability of the individual, special courses in typewriting and the use of office machinery were given and various correspondence courses provided. In a number of instances where the patient was capable of light duties, part-time employment for a few hours a day was arranged. An example of this was the case of a Yugoslav girl who was a patient at the Royal Ottawa Sanatorium. This young lady worked a few hours each day, learning the Canadian techniques of her trade as a dental technician and returned to the sanatorium at the end of the day. Following discharge from the sanatorium, she immediately secured full-time employment in her occupation and is now well on her way to becoming successfully established in Canada. The social workers attached to the sanatoria played a major role which undoubtedly contributed to the quick recovery rate of the patients. There has been a close liaison between sanatorium rehabilitation officials and placement officers of the Immigration Branch. Immigration officers usually visit the patients at least once a month and of course the families of the refugees are located nearby to make it possible for them to visit the hospitalized member as frequently as possible.

Refugee Children

14. As might be expected, children of the refugees, particularly the younger ones, have adapted to the Canadian way of life with little or no difficulty. They are doing extremely well in school and most are above the Canadian average. Most after a year or more in Canada speak French or English with a Canadian accent. In many cases, young children have acted as interpreters for their parents. About 25 children were born to the refugee families after their arrival in Canada. In one case, a mother gave birth to a child in sanatorium and the child has been cared for by a member of a local church group.

Assistance by Private Agencies

15. In Canada, a great deal of welfare work is done by private organizations. In the refugee movements this is particularly evident. For example, the Canadian Citizenship Council in Calgary, has been very helpful. The Council has even taken the refugee mothers on guided shopping tours to show them how to shop wisely. In Winnipeg, the Society for Crippled Children and Adults of Manitoba, arranged for an artificial limb for one amputee case as well as his training under their rehabilitation programme. In many centres social gatherings have been arranged to enable the refugees to meet their new neighbours and establish themselves on a warm social basis. Many organizations, too numerous to mention but including all religious faiths and located in all parts of Canada, have been most co-operative.

Economic Establishment

16. In accepting these refugees, Canada was prepared for the problems and the responsibilities entailed. It was expected that a significant number would require long-term assistance. Nevertheless, the initial result has been most gratifying. Of the 826 persons involved in the three refugee movements, 223 were being maintained by the Immigration Branch at the end of June, 1961. The remainder were wholly or partially self-sufficient. It should be emphasized that in the initial establishment, the refugee families, (aside from the tuberculosis cases) were located in accommodation and provided with furniture, clothing and utensils, either by the Immigration Branch or by private organizations. When the head of the family or other wage earners in the family secured employment they were often able to become independent almost immediately. There have been some problem cases and some disappointments. On the whole, the establishment of the refugee families has proceeded well. A number of exceptional individual cases are worthy of mention:

- (a) A refugee family, including husband, wife and daughter. The wife was admitted to sanatorium in Nova Scotia and is now released. The husband, after a number of jobs in engineering work, joined a large oil company. In September, 1960, he purchased a service station with a repair shop and an auto body shop and now employs two Canadians on a full-time basis. He has an agency for the sale of new cars. The wife will shortly open a lunch counter specializing in European meals. The family has been well accepted in the area and the husband is a member of a local service club. He has been called upon on a number of occasions to give talks on his experiences in Europe. The daughter is considered an excellent student. The family is well on its way to becoming an outstanding success in Canada.
- (b) Another couple in Nova Scotia have opened a small clothing alteration business and are doing quite well. Their establishment also seems assured.
- (c) In the case of a refugee couple in Calgary, the husband had completed a 3½ year course in Austria as a commercial artist during which time his wife worked as a bookkeeper. The wife was tubercular but was not aware of this until the couple applied for emigration. After arrival in Canada, and treatment of the wife's tubercular condition, there seems little now to prevent their rapid establishment. The husband is already employed as a commercial artist and the wife who has made outstanding progress with English expects to return to employment as a bookkeeper.
- (d) A refugee family in Nova Scotia composed of husband, wife, son and daughter, accumulated savings of \$1,800 in less than 1½ years in Canada.
- (e) A refugee family in Toronto is doing well; the husband had been a grocery clerk, labourer and student draftsman. During his sanatorium treatment, he was taught English and the operation of a multilith machine. He has been employed as a multilith operator at the Toronto Stock Exchange for more than one year earning \$65.00 weekly. He is married and came to Canada with a wife and

five-year old daughter. A second child was born in July, 1960, in Canada. Although their income is not high by Canadian standards this family has no debts and has already purchased a new automobile. All are extremely happy and seem economically secure.

- (f) A refugee family in Toronto are making good progress. The husband learned English while in the sanatorium and upon discharge commenced training with the Y.M.C.A. He is now employed as Assistant Programme Secretary at a branch of the Y.M.C.A. earning \$3,500 a year. He is now studying in an endeavour to secure a full secretaryship. This family have no car or television set but have purchased an expensive piano for the children's studies. The children, aged 16, 14 and 11 are doing well in school.
- (g) A refugee family in Toronto are in the photographic business. In December, 1960, the husband opened his own photographic studio, and the family lives in an apartment above the shop. The husband secured loans from the Credit Union and the bank and also purchased equipment on credit. To date, a substantial portion of the debts have been repaid and the business appears to be flourishing.
- (h) Another refugee in Toronto has since discharge from sanatorium been employed as a jockey and an exercise boy and now has an agent acting on his behalf to secure a sufficient number of mounts for him to rely full-time on the earnings from his occupation.
- (i) A refugee family in London, Ontario, has just purchased a 7-room home in London and has it completely furnished. Despite these expenditures they still have \$200 in savings. The husband, wife and a 19 year old daughter are all employed and one son is in high school. All members of the family seem to have made a very quick adjustment to life in Canada.
- (j) A refugee family in Beamsville, Ontario, arrived in this country under the third tubercular movement. A son, aged 23, had previously been in Canada since 1958 and a daughter 20 had been here since December, 1960. When the family arrived here, the son commenced construction of a new 6-roomed house. He and his father, who has

just recently been discharged from the sanatorium, are doing all the work on the house. It is estimated that the home will be worth at least \$12,000 when completed and this asset will provide a firm basis for the establishment of the family.

- (k) A refugee family is now managing a farm near Toronto. The family head worked initially as a barber in a number of Ontario communities but was dissatisfied with his wages and decided to go into farming in view of some previous farm experience in Europe. He placed an advertisement in a large Toronto newspaper and secured employment as a farm manager. His salary is \$150. per month plus house, hydro electricity and some food. Since taking over the management of the farm, this refugee in 25 days plowed and seeded 150 acres of land. He has also done a considerable amount of repairs to farm equipment and is assisting the farm owner in renovating the farm buildings. The owner, understandably, is very impressed and this refugee by his hard work and enterprise seems assured of success.
- (l) A tubercular refugee family has been sponsored by a group of residents of Chilliwack, B.C. The family came forward in the third tubercular movement. The husband, wife and three children, are living in a completely furnished house, provided rent-free by the sponsoring group until the refugees are in a position to buy a home of their own. The people of Chilliwack donated all the modern furniture. A doctor and dentist have promised free medical and dental care for a year. A drug company has promised free prescriptions for a year. Both parents have been given English instruction for two to three hours daily. The eldest daughter is the best student in her class at school and the other two children are making excellent progress.
- (m) A refugee family, consisting of a husband, wife, a son aged 12, a daughter aged 7 and father-in-law, aged 67, went to Vancouver. Both husband and wife were admitted to sanatorium upon arrival but the father-in-law who was expected to require welfare assistance for the rest of his life, instead, with great personal initiative found a job as a caretaker and is looking after his grandchildren.

17. As can be seen therefore many refugees are making the most of their opportunities. Nevertheless some problems have been experienced with a few of the tubercular refugees. Although the refugees were informed in advance that they would be expected to enter sanatoria and take treatment for tuberculosis if required, it is apparent that a number were not prepared for the strict Canadian attitude towards the control of tuberculosis. Some were reluctant to enter sanatoria on arrival in Canada, apparently believing that treatment as an out-patient was sufficient. A few have refused to undergo surgery, even when the alternative has been indefinite confinement to a sanatorium with little possibility of complete recovery.

18. In some cases, it appears that long years in camps in Europe has taken away all initiative and pride and the refugee looks to the Government for maintenance. In several cases, the head of the family will be in a sanatorium for a long time and in at least one case, the family head is never expected to leave the sanatorium. The Canadian Federal Government will care for these families as long as is necessary providing them with a decent comfortable living. Refugees who are able to work and for whom employment can be located, are expected to help themselves. The assistance of social workers and doctors has been secured in an effort to solve some problem cases. Often an attitude of gentle firmness on the part of immigration officers has led the refugee to take the first steps leading to self-sufficiency.

19. On the whole the tubercular refugee programme was much more successful than could have been anticipated, and the refugees adapted themselves readily to their new environment and established themselves in a comparatively short time.