

**Public Health**  
277 Victoria Street  
5<sup>th</sup> Floor  
Toronto, Ontario M5B 1W2

**Tel:** 416-338-7820  
**Fax:** 416-392-0713  
dmckeown@toronto.ca  
www.toronto.ca/health

**Reply:**

February 1, 2011

Sylwia Przewdziecki  
C/O Standing Committee on Finance and Economic Affairs  
Room 1405, Whitney Block, Queen's Park,  
Toronto, ON M7A 1A2

Dear Standing Committee Members:

I am writing to express strong support for the abolition of the OHIP wait period for newly landed immigrants in Ontario, being included in the 2011 Budget - at the very least for communicable diseases of public health importance.

These conditions, such as tuberculosis (TB), are severe diseases which can be spread to other Ontarians if they are not diagnosed and treated early. Meningococcal disease (causes infections of the brain), Typhoid, and Measles are other examples. TB, while thankfully not common in Ontario, still infects and kills millions every year around the world. Many Ontarians who settle here come from countries heavily affected by TB, and can unknowingly carry a dormant infection here, only to become ill in their new home.

Tuberculosis can kill even here in Ontario, with the best care available; treatment with multiple specialized antibiotics is very intensive and takes 6-24 months. TB is not as infectious as Chickenpox or Measles, but it spreads through the air when the ill person coughs, sneezes, or even talks. There are about 600 cases of TB diagnosed each year in Ontario. Rates have been falling because of long-standing control programs and intensive public health and medical management of cases, but the 3-month OHIP wait period remains an anomalous gap in the effort to contain TB in this province.

We have a collective vested interest in everyone in our communities with TB having timely access to care. Every day someone with infectious TB goes without health care, the infection can unwittingly spread through the air to others around them in our communities. Not all bad coughs are TB – but there is no real way to distinguish without medical assessment. Unless we as a province ensure that new immigrants have realistic, timely access to health care for communicable diseases, we are putting ourselves at risk every time a new immigrant becomes ill with TB during the OHIP wait period.

Commercially available health insurance packages to cover the OHIP wait period do not cover TB diagnosis or treatment. Insurance companies consider TB a "pre-existing condition" because of the long dormant period between initial infection and when people actually become ill and infectious. Thus new immigrants with TB are not covered even if they follow provincial advice to get bridge health insurance.

The current provincial program to pay for TB care for uninsured persons (TB-UP) does not address the very real barriers for new immigrants with "a bad cough" during the OHIP wait period getting the initial diagnosis of TB. If someone in the wait period goes to a walk-in for care, it will cost them several hundred dollars for the assessment and chest x-ray which might diagnose TB.

Not surprisingly, unless they are severely ill, most new immigrants will wait until they have OHIP coverage before they seek medical care. And yet, people with TB may be ill and infectious for many weeks before they reach this stage. TB-UP also does not cover hospital care even for those with the worst public health issues: people who are highly infectious, and people who have drug-resistant TB (XDR-TB which can also be spread to others). XDR-TB, which has been found in countries around the world including Canada, may be almost untreatable. These patients need to be safely in hospital for everyone's protection.

Landed immigrants have full status here in Ontario from the moment they arrive. They have met all Canadian immigration requirements, made a commitment to Canada, and are starting a new life here. They are not medical tourists, nor visitors, nor temporary students – they are already "us". If they were arriving with landed status from another province, they would have coverage; refugee claimants who may be refused status, and are not here by choice, have far better health care coverage. New immigrants deserve the same health care coverage as other legal Ontario residents; anything less is a shameful welcome and a risk to public health

In closing I strongly urge members of the budget committee to re-examine the three month waiting period for OHIP in general; and especially with regard to communicable diseases such as Tuberculosis.

Sincerely,

A handwritten signature in black ink, appearing to read "Dr. David McKeown". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Dr. David McKeown  
Medical Officer of Health