



THE CANADIAN  
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Via email: Jennifer.McKinley@cbsa-asfc.gc.ca; David.Beal@cic.gc.ca

Jennifer McKinley  
Interactive Advance Passenger Information  
Division  
Canada Border Services Agency  
355 North River Rd, Tower B, 14th Floor  
Ottawa, ON K1A 0L8

David Beal  
Acting Director, Document and Visa Policy  
NHQ – Admissibility  
Immigration, Refugees and Citizenship Canada  
180 Kent Street  
Ottawa, ON K1A 1L1

Dear Ms. McKinley and Mr. Beal:

**Re: Medical Screening Questions and Electronic Travel Authorizations**

I am writing on behalf of the Immigration Law Section of the Canadian Bar Association (the CBA Section) to raise some concerns about the medical questions asked of individuals applying for Electronic Travel Authorizations (ETAs).

The CBA is a national association representing over 36,000 jurists, including lawyers, notaries, law teachers and students across Canada. Our primary objectives include improvement in the law and in the administration of justice. The CBA Section's mandate covers citizenship and immigration law issues, including legislative changes, administration and enforcement.

The medical questions asked of those applying for ETAs include:

- Do you have a health condition for which you are receiving regular treatment?
- Do you have a kidney condition that requires dialysis?
- Are you travelling for medical reasons or treatment?
- Do you have a history of illness, hospitalization, injury or surgery in the last 6 months?
- Do you have, or will you obtain, health insurance that is valid in Canada for the duration of your stay?

The questions differ greatly from those asked on application forms for travellers who require a visa:

- Within the past two years, have you or a family member ever had tuberculosis of the lungs or been in close contact with a person with tuberculosis?
- Do you have any physical or mental disorder that would require social and/or health services, other than medication, during a stay in Canada?

In addition, the nations for which Canada requires travel visas are not the same as the nations of residence for which medicals are required. It therefore cannot be said that a traveller needing a visa would necessarily undergo more extensive health investigation through an immigration medical.

It appears that travellers who do not require visas (and thus require the ETA) face greater scrutiny about health conditions than those who require visas. We question why this greater scrutiny has been built into the ETA system, especially for temporary residents entering as visitors. Visitors do not have access to public health care insurance. For this reason, they cannot constitute a drain on Canadian health or social services. Section 38(1)(c) of the *Immigration and Refugee Protection Act* (IRPA), which makes individuals inadmissible if they “might reasonably be expected to cause excessive demand on health or social services,” has no relevance for visitors.

Our other concern revolves around the uncertain meaning of “treatment” in the ETA medical questions. The term is not defined in IRPA or the *Immigration and Refugee Protection Regulations*. In contrast, the term “health services” used on temporary residence applications is defined in the Regulations. The lack of definition of “treatment” raises a host of questions. For example, does treatment include prescription medication, follow-up post-operative monitoring or prescription eyewear? An ETA applicant could honestly interpret “treatment” differently than CBSA, yet CBSA might see the applicant’s interpretation as a misrepresentation and declare the applicant inadmissible. This is not a trivial concern.

We ask for an opportunity to discuss these concerns. Please contact me (514-397-4824) at your convenience to arrange a meeting or call.

Yours truly,

*(original letter signed by Eugene Oscapella for Stéphane Duval)*

Stéphane Duval  
Chair, CBA Immigration Law Section