



Canadian Academy of Health Sciences
Académie canadienne des sciences de la santé

e-Blast september 27, 2015

PRESIDENT'S MESSAGE



Dear Colleagues,

I am very pleased to serve as your President for the next two years. I was a founding Fellow of CAHS and have had several years of Board experience, so I know our history well and have a number of ideas for how to build on the excellent work of past leaders. In an e-blast just prior to the Forum this past week, John Cairns asked for feedback about

how Fellows were involved, individually or as a group, in response to the Syrian refugee crisis as well as for ideas about how CAHS Fellows could take constructive action. Thank you to all of you who let us know the ways in which you have been engaged.

A specific action for how the Academy can respond came from **Walt Rosser** who will organize a small group of Fellows to develop a Rapid Response (1-2 months) Guideline for history and physical examination of refugees in primary care settings, derived from the literature on best practices. Such a guideline could be useful to all health care providers. If you wish to volunteer or to nominate someone that you think would be helpful in developing such a Guideline, please send a message to Allison or myself.

Calvin Stiller indicated the need "to preserve our ability to give independent and fact-based advice" but also encouraged our Fellows to make financial contributions. If desired, such contributions could be sent through the Academy. **Noralou Roos** expressed concern about the delay to be able to sponsor a Syrian refugee family and encouraged Fellows to communicate concern to policymakers and the public. She has created a petition directed to the Honorable Chris Alexander, Minister of Citizenship and Immigration which be obtained from Noralou Roos, C.M., PhD, Director, EvidenceNetwork.ca Manitoba Centre for Health Policy. **Anita Molzahn** forwarded the action of the University of Alberta to set up a scholarship and a program of support for Syrian students (see <https://uofa.ualberta.ca/news-and-events/newsarticles/2015/september/ualberta-steps-up-efforts-to-help-students-affected-by-syrian-refugee-crisis>). She suggested an assessment on refugee health/well-being/health care, leading to best practices for Canadian health care professionals, which aligns with the action by Walt Rosser. **Francoise Baylis** forwarded actions being taken by Dalhousie based on the following principles:
1. Dalhousie should take action. 2. We should focus where we can make a difference. 3. We must partner with others. 4. We should develop both a short-

SECRETARY'S NOTE



Please remember that we rely on our Fellows, to keep us abreast of their own news and that of their

colleagues. We look forward to hearing from you throughout the year and to receiving photographs that we can use to promote our collective success!

Sincerely,

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and a long-term approach. **Carol Herbert** learned from the Provost at Western that a number of faculty there were “playing a leadership role in the development of a Refugee Sponsorship Fund. We are also able to leverage existing programs that offer support to international students and scholars in need. Actions include a refugee sponsorship fund, Syrian refugee awards and a scholars at risk program.” To learn more about these initiatives, please visit <http://uwo.ca/helpsyria/>.

Peter Singer, CAHS Foreign Secretary, contacted several large NGOs whose missions are directly relevant to the present crisis and whose capacities are substantial and asked for suggestions as to how CAHS might help. Replies were received from the following:

Marie Staunton of PlanCanada

1. We are doing assessments in Italy, Germany and Sweden and responding to needs of Syrian refugees in Egypt with medical programmes with partners in Lebanon and Jordan and in Iraq and Syria. I have talked to colleagues here about what is needed in the health area of Plan’s response. Immediately it is advocacy to governments, including that of Canada to:
 - Fund the response to the crisis (globally it is only 37% funded) including health supplies and treatment
 - Speed up processes to resettle refugees which are slow and damaging to physical and mental health
 - Provide safe routes to refuge

The Academy’s voice on health risks would of course be respected

2. Short term we are working directly and with partners on psychosocial counseling, health supplies, safe spaces for children. For these activities we use health practitioners who are experienced in working in complex emergencies.
3. Long term possibly a roster of health practitioners with appropriate skills of delivery or monitoring and evaluation.

Michael Messenger of World Vision

I’ve liaised with our teams... and at the moment we don’t see an immediate opportunity for the Canadian Academy of Health Sciences to support our work. However, we’re grateful for the offer, and if we identify a possible connection/supporting point, I’ll reach out to you.

David Morley of UNICEF Canada

Ways that CAHS could help may become apparent over meetings we are having over the coming weeks... but I am afraid I have no suggestions before your AGM.

Patricia Erb and Nicolas Moyer of Save the Children, Canada

From my perspective, and in light of Peter’s generous offer to engage the CAHS, I think the obvious options are:

- Speak out publicly with a call on the Canadian government to do more, on humanitarian aid, welcoming refugees to Canada (or both)
- Mobilize memberships in fundraising for one or more respected NGOs responding to the crisis and/or refugee-receiving organizations in Canada. [We would of course welcome an endorsement of the Humanitarian Coalition but this may be too selective an approach]

On the first point, the CAHS should be informed of the important

opportunity provided by the first ever foreign policy debate in federal electoral history coming on September. 28 (Munk debate). Any advocacy efforts channeled ahead of this have a real potential to influence government, as well as election discourse.

Gillian Barth of CARE Canada

Because CARE Canada is not engaged in healthcare per se in our emergency response activities, it is less relevant to our work in the region. By the sounds of your email, the Academy is well placed to provide analysis/advice on health issues in Canada, particularly as they relate to Syrian refugees. In that regard, I can see it highly useful to those groups engaged in these activities. Should the Academy undertake a third party fundraiser to raise funds for work in the region, it would be highly useful.

We hope that the responses received may provide CAHS Fellows with a range of possible ways to engage through initiatives at their host Universities, through NGO's involved in international health, as individuals and possibly by forming an interest group within CAHS. The crisis calls out for action by Canadians, but we must also realize refugee and immigrant health and social care is a long-term issue.

Sincerely,



Carol P. Herbert MD, CCFP, FCFP, FCAHS
President

