

OPINION

Suspending immigration over Ebola is misguided and goes against international law

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Members of the Médecins sans frontières (Doctors Without Borders) Ebola response team assist each other in securing protective suits and face shields outside the General Referral Hospital of Mongbwalu in the Democratic Republic of Congo during outbreak preparedness and infection prevention activities on Tuesday. MICHEL LUNANGA/GETTY IMAGES

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On Tuesday, the federal government suspended the [processing of immigration applications](#) – and the validity of previously issued immigration documents – for residents of Ebola-affected countries. For now, the measure affects Congolese, Ugandan and South Sudanese migrants to Canada. It is misguided, unsupported by scientific evidence and, crucially, inconsistent with [Canada's obligations](#) under international law.

The [International Health Regulations](#) – the world's main agreement on international co-operation to address disease outbreaks – are clear that travel bans should be avoided where reasonably available alternatives exist. Research shows that in most cases, restrictions on international travel are ineffective at containing disease spread, stigmatize people from affected countries and discourage future outbreak reporting. [Immigration](#) restrictions are an even more disproportionate public-health response, as they intrude more deeply on people's rights.

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Canada should know better by now. We have a long history of using discriminatory travel and immigration rules for [political theatre](#) rather than [public health](#). The 1885 Chinese Immigration Act, for example, restricted the entry of Chinese migrants on public health and moral grounds that were not applied to Europeans. Although our immigration laws have changed, the racialized narratives underlying them have persisted. During the COVID-19 pandemic, Asian communities faced [widespread stigma](#), despite early data showing that more infected non-resident travellers arriving in Canada came from Europe than from Asia.

To be sure, decisions during public-health crises are never made on science alone. As the Minister of Health has [pointed out](#), the fast-approaching FIFA World Cup raises legitimate questions of co-operation on public health between Canada and its co-hosts – the United States and Mexico. Large sporting events test systems, but those pressures do not justify measures that are both unlawful and ineffective.

If Canada believes that additional protections are needed during the World Cup, it should continue to work through the mechanisms that already exist under international law: transparent notification through the International Health Regulations system, co-ordination with WHO, and clearly justified, time-limited, evidence-based measures.

As it stands, it is hard to see any practical benefit from the blunt wholesale suspension of immigration documents and applications. Canadian citizens, permanent residents and other foreign nationals not from the affected countries who have recently been to the identified countries can still enter Canada, but as of May 30 may be subject to health assessments at the border and a 21-day quarantine. There is no apparent reason why the same response is inadequate to address the potential health risks posed by migrants from affected countries.

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What this suspension really does is prolong an already gruelling process for people seeking – and in some cases already approved – to move to Canada for work, study, family reunification or refugee protection. Many may have arranged employment, finances and housing, and perhaps uprooted families, on the promise of a decision. Now they are told, with potentially no end date, that their travel documents are suspended or their immigration file is on hold because of an outbreak in their country of origin, regardless of whether they have been near the affected region, or whether they pose any individualized risk at all.

This overbroad and heavy-handed policy is exactly what the International Health Regulations were designed to prevent. The IHR require that measures be based on scientific principles, be proportionate to the risk and respect human rights. A blanket suspension of immigration processing for entire nationalities fails each of those tests. It discriminates on the basis of nationality and perceived disease status.

We know from past outbreaks that stigma and exclusion do not stop the virus. They erode trust and make it harder for health authorities to reach the people who most need care. Rather than sowing division and xenophobia through the use of a [controversial immigration law](#), we should be standing firm with affected countries, offering resources in both medical personnel and supplies, and throwing our full diplomatic weight behind WHO's leadership of the Ebola response.

In moments of global crisis, solidarity is not a moral luxury. It is a public-health necessity.

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