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Who gets in? The Price of Acceptance in Canada

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The Canadian nation state is often applauded for its open and welcoming attitude towards Others. The Prime Minister of Canada has openly stated that “Diversity is our strength.” However, who gets in suggests who and what Canada values. Through the stories of Jazmine, Nico and Harold shared by Global News, I will illustrate how Canada continues to discriminate against people with disabilities. Using critical disability studies and critical race theory, I explore the assumptions the “excessive demand,” point system, and medical exam make in labelling and disregarding disabled applicants who are read as undesirable and unworthy. Finally, I reflect on the dangers of these media stories which focus on the accomplishment/contributions of the parents without considering the inherent values of the children.

KEY WORDS: Immigrant | Disability | Medical exam | Point system

Inadmissible Others

Over the years in Canada, multiple stories have been shared in the media about families denied permanent residency because of a family member. This mostly involves a child that has been flagged by Immigration, Refugees and Citizenship Canada (IRCC- formerly Citizenship and Immigration Canada) as a potential burden on Canada’s health and/or social services because of an assumed disability or health related need. These stories will be further explored and unpacked in this paper to understand current concerns in immigration policies as it relates to those with disabilities. This paper will also build on earlier works of Chadha (2008), El-Lahib and Wehbi (2012), Hanes (2009), and Wong (2011) who show how Canada’s immigration policies continue to divide people as desirable/undesirable.

The Canadian borders can be constructed as a site where people are divided as worthy (those who can pass through; are believed to be/become productive members of society; wage earners) and unworthy (those denied entrance; are accepted as being too costly; those thought of as potential burdens, dependants, and unproductive members of society) (Hanes, 2009; Wong, 2011). These beliefs are written in laws, entrenched in policies and reinforced through daily life. The exclusion of disabled people through Canada’s immigration policies and the lack of critical scholarship further renders them invisible (Capurri, 2010; Dossa, 2009; El-Lahib, 2015; Sandys, 1998).

Below I share three stories of family members who were assessed by IRCC as people who may cause a potential burden on Canada’s health and/or social services. I discuss the dangers of such stories which continue to reinforce long held negative stereotypes about

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people with disabilities, and how these stories challenge Canada's claim of inclusion and diversity of all peoples.

In 2014, Global News shared the story of Jazmine, a 14-year-old Deaf person living in the Philippines, who was deemed "medically inadmissible" to join her mother in Canada. Karen entered Canada through the live-in caregiver program. Her mother made the decision to leave her in the care of her grandparents so she could work in Canada and give her daughter a better quality of life. As a Deaf person, Jazmine learned sign language at an early age and communicated with her family through American Sign Language. When Karen filed her application to bring her daughter to Canada, IRCC indicated that Jazmine would be a "burden" on Canada's health-care system because she is a Deaf person (Azpiri, 2015b). Jazmine's story received media wide coverage leading to public outcry. With the support of Karen's employer and community members including Deaf advocates Jazmine was eventually allowed to enter Canada under humanitarian and compassionate grounds.

Two years later, in 2016, Nico, a 13-year-old with Down Syndrome and his family were denied permanent residency because IRCC believed he may one day be a burden on Canada's health and social services (Bourbeau, 2016). Felipe, Nico's father was offered a job as a Professor at York University in Ontario, Canada. The family relocated from Costa Rica to Canada. While the entire family had to undergo a medical exam to become permanent residents, Nico was singled out by IRCC to undergo further medical examination. He was subsequently deemed medically inadmissible given the potential cost the government felt he would be on Canada's health and social services. At the time of the decision by IRCC, Nico was already in school in Ontario, Canada and was not accessing any additional resources. Nico's case brought greater attention to how Canada's immigration policies discriminates against disabled applicants impacting their ability to enter and stay in the country. His family ended up leaving Canada but were later granted permission to return and obtain permanent residency status under humanitarian and compassionate grounds.

More recently in 2017, Harold an 18-year-old person diagnosed as having an intellectual disability living in the Philippines with his brother and father, was denied entry into Canada because IRCC estimated that he would be a burden on Canada's health care system (Russell & Hill, 2017). Like Karen, Harold's mother Mercedes entered Canada through the live-in caregiver program. Over the past 7 years she has worked with some of the most vulnerable people, with the hope of one day reuniting with her family in the country she has made home. Since receiving the letter that assessed her son as medically inadmissible, Mercedes has taken her story public to shed light on the discriminatory immigration policies that prevents her from reuniting with Harold in Canada. At the time of this paper, Mercedes is separated from Harold and tells Global News that she must decide whether to return to the Philippines or abandon her dream of reuniting with her family.

Stories like these provide us with an opportunity to interrogate the tensions between Canada enjoying its multicultural welcoming identity, and the reality of applicants with disabilities who continue to be read as medically inadmissible. Even though the Prime Minister claims that "Diversity is our strength," and touts state sanctioned multicultural policies, our system fails to address systems of oppression and unequal power relations between groups (Bannerji, 2000; Thobani, 2007). These national myths of inclusion encourage people to apply to Canada only to be shocked when the national narrative about

diversity and inclusion does not include everyone. Therefore, the questions I aim to explore in this paper are:

1. What do the stories of Jazmine, Nico and Harold tell us about diversity in Canada?
2. How does the “excessive demand,” medical exam and point system in Canada’s *Immigration and Refugee Protection Act* reinforce an ableist belief system?

Theoretical Frameworks

In this paper I use critical disability studies and critical race theory to explore the relationship between migration and disability through the stories of Jazmine, Nico, and Harold. Critical disability studies (CDS) is an interdisciplinary theory of disability studies that allows us to understand how a body’s perceived differences are made explicit through a capitalist society that values ableist norms. Campbell (2009) tells us that ableism is,

A network of beliefs, processes and practices that produces a particular kind of self and body (the corporeal standard) that is projected as the perfect, species-typical and therefore essential and fully human. Disability then is cast as a diminished state of being human. (p. 44)

In other words, a body’s perceived limitations are made explicit in an ableist society that places value on bodies accepted as normal. CDS allows us to understand that disability is a social relationship where socially constructed differences (those read as deviances, defects), society’s interpretation of these differences, and social conditions shape experiences of disabled people. The preference for the corporeal standard became apparent during the industrial revolution and the increased demand for workers in the West (Thobani, 2007). Since people with disabilities fall outside of the social expectations of normalcy, they experienced social disadvantages caused by physical, institutional, and attitudinal barriers (Devlin & Pothier, 2006; Hanes, 2009; Shildrick, 2012) as they were viewed as incapable of contributing to society through productive work (Goodley, 2014). El-Lahib (2015) adds that, “...discourses of dependent bodies are used to maintain the dominance of those who are constructed as independent and able-bodied...” (p. 213). In other words, there are material consequences to classifying someone as able or disabled, where the latter is associated with poor health, unproductivity, and unworthiness, further used to justify the exclusion of people read as disabled.

The other theory I employ in this paper is critical race theory (CRT) which is an interdisciplinary intersectional theory that recognizes that racism is embedded in the social fabric of society (Lopez, 2003; Razack, Smith, & Thobani, 2010). We often fail to see how it continues to shape our social and organizational structures (Lopez, 2003; Watts & Erevelles, 2004). CRT’s intersectional lens stresses the importance of rejecting the additive approach to oppression and the need to focus on how different systems of oppression intersect and interlock in an overarching structure of domination. An intersectional lens allows us to shift the center of analysis according to the speaker, where all group members experience varying amounts of oppression and privilege in the system (Razack, Smith, & Thobani, 2010). Generally missing from CRT are stories of disabled people.

The lack of an intersectional approach between disability studies and CRT has led to a lack of interrogation of how race and disability intersect and/or interconnect to shape a person's experiences. Below I describe the need for greater critical analysis from an intersectional CDS and CRT lens allowing us to ground our work in the historical contexts and structural conditions within which these categories of differences are related.

Disability and Race as Social Constructs

CDS and CRT scholars assert that race and disability are social constructs that speak to "human exclusion, based on scientific management systems, successfully developed with modernity" (Dossa, 2009, p. 5). Using the work of Haney Lopez, Erevelles (2011) explains how race is grounded within societal beliefs about bodily differences reinforced by the eugenics and scientific movement which justified the subordination of racialized people. With regards to disability, Lennard Davis (2006) tells us that normalcy is defined as, "...constituting, conforming to, not deviating or different from, the common type or standard, regular, usual" (p. 3). Therefore, the non-disabled, White, youth, male body is held up as the ideal in a capitalist knowledge based society that values productivity (Slater, 2013). Through this process, "...we transform a disability into a disadvantage by privileging non-disabled norms" (Razack, 1998, p.152) which have material and social consequences. Racialized people who can pass as normal are labelled as "acceptable" while Others are dismissed and rejected as "deviant". This is particularly evident in Canada's immigration policies by the bodies marked as desirable and allowed to pass through the Canadian borders while the Other is turned away and marked as undesirable (Wong, 2011).

The Use of Stories and Counter Narratives

Both CDS and CRT scholars use counter stories, counter narratives and first-person accounts to challenge and subvert racist and ableist ideologies of race and disability (Erevelles, 2011; Shildrick; 2012). These scholars provide a space where stories and experiences of those at the margins can be told. Shifting our position to the margins allows us to further understand how interlocking systems of oppression (e.g. race, disability, and immigration status) interconnect and impact the social, cultural, economic and political experiences of marginalized people.

Race and Disability and Its Relationship to the Eugenics Movement

It is important to mention that disability studies is still grounded within Whiteness: the Eurocentric, White, male perspective which racialized scholars continue to challenge (see the work of Parin Dossa (2005, 2006, and 2009), Nirmala Erevelles (2002, 2005, and 2011), and Sherene Razack (1998). In addition, early disability studies did not speak to how interlocking systems of oppression (race, class, gender) impacted the experiences of disability (Dossa, 2009; Stienstra, 2002). Erevelles (2011) explains how racialized Black bodies *became* disabled and the property of Whites through the colonial encounter and the forceful removal of Black bodies from the African continent to the West. Through their forceful removal, Black bodies were constructed as biologically and intellectually inferior and in need of control and regulation. Thus, it is understandable why CRT scholars

distanced themselves from disability in their scholarship. Using CDS and CRT allows us to understand how social and material factors disable bodies and renders them incapable of participating in a capitalist nation state which separates, regulates and marks bodies based on their presumed productivity (Soldatic & Meekosha, 2012).

Methodology

I use discourse analysis in this paper to deconstruct and analyze power, relationships, patterns, as well as political and philosophical influences and leanings. Discourse analysis broadly defined is the study of social life as it is understood through language. This type of analysis allows for the investigation of meaning in conversation and culture. There are various ways to employ discourse analysis, however this paper will take a macro-level approach, drawing on Foucauldian traditions which involve the study of language and ideology in society (Shaw & Bailey, 2009).

Most importantly, in this type of discourse analysis, the primary focus involves trying to understand the role of power and knowledge in society, helps to identify patterns of language and how language is used to establish meaning (Shaw & Bailey, 2009). Primarily, I will aim to deconstruct taken-for-granted assumptions and understand what such assumptions mean for individuals through their stories, and in wider society (Shaw & Bailey, 2009). Problematizing and challenging taken-for-granted assumptions is useful as this helps to look beyond the literal meaning of language, and allows for the study of complexity, ultimately helping to unpack ideas and practices (Shaw & Bailey, 2009). This methodological approach is borne out of a social constructivist paradigm which places importance on individuals and their understandings of the world (Creswell, 2009). This lens places importance on individuals and the subjective meanings of their experiences. The goal of this type of analysis is to gain a deeper understanding of perspectives, and inductively develop and generate meanings from text (Creswell, 2009).

Specifically, for this paper, discourse analysis allows us to understand relationships of power as demonstrated in the *Immigration and Refugee Protection Act's* construction of inadmissible applicants and how the stories of disabled applicants are taken up by the media. To better understand the relationship between migration and disability, I provide a summary of the changes made to Canada's *Immigration and Refugee Protection Act* and its impact on applicants with disabilities.

A Snapshot of Canada's Changing Immigration Policies

In the book *Exalted Subjects*, Sunera Thobani (2007) traces the making of Canada into a White settler state. Through the development and implementation of Canadian laws by White settlers, the land originally known as Turtle Island was rendered *terra nullius* and ahistorical, normalizing the colonial encounter. The encounter included the forceful removal of First Nations from their land, and the education of their children through a Eurocentric curriculum that denied their history, their language and criminalized their way of life (Razack, 1998; Thobani, 2007).

As Canada continued to build itself into a settler nation state, immigration policies were enforced. In 1869, Canada's first immigration act entitled, *An Act Respecting Immigration and Immigrants (1869 Act)* set out to recruit White, Anglo-Saxon "healthy" individuals

willing to work and build a new home and a new country for themselves and their families (Chadha, 2008; Hanes, 2009). The 1869 *Act* outlined a clear preference for French and British subjects based on overt racist assumptions that those closest in appearance to earlier White settlers would have an easier time integrating into Canadian society given similar living conditions. This would be because of the settler's belief in White superiority and scientific racism which viewed racialized people as less intelligent (Razack, 1998; Thobani, 2007). The restrictions placed on racialized people did not stop Canada from exploiting able-bodied racialized people for their cheap labour. For example, *The Chinese Exclusion Act* in 1885 imposed a head tax on Chinese immigrants to dissuade Chinese families from immigrating and settling in Canada. Therefore, many Chinese men who contributed to the building of the Canadian nation state through their labour did not benefit from the privileges associated with being a White Canadian citizen (Thobani, 2007). The 1869 *Act* also gave the federal government the right to deny entry to paupers who may become a public ward and to people with mental and physical disabilities (Chadha, 2008).

In her paper, Ena Chadha (2008) showed how the 1886 *Immigration Act*,

...established a highly developed medical and legal structure for excluding prospective immigrants with disabilities. Like past legislation, the 1886 *Act* required the Master of every vessel arriving at a Canadian port to report if any passengers were "lunatic, idiotic, deaf and dumb, blind or infirm, stating also whether they are accompanied by relatives able to support them or not...[.]...In addition to these federally enforced financial penalties for failure to report or support a disabled passenger, other legal sanctions were also imposed by provincial governments to repel immigrants with disabilities.

The 1906 *Immigration Act* included a more strict and detailed list of conditions for the exclusion of specific applicants and outlined conditions under which a person could be deported. The 1976 *Immigration Act* was amended under Pierre Trudeau's government opening Canada's doors to people from non-Western countries (Hanes, 2009; Thobani, 2007). This was accepted as a liberal move more in line with Canada's claim of valuing diversity and inclusion. While the racist, sexist, and homophobic language in the *Immigration Act* changed over time to better reflect Canada's claim of inclusion and diversity, the shift in immigration policies maintained its emphasis on excluding people with disabilities based on the belief of who would contribute to productively building the nation state (Chadha, 2008; El-Lahib & Wehbi, 2012; Hanes, 2009; Wong, 2011).

In 2002, Canada passed the *Immigration and Refugees and Protection Act (IRPA)*. Unlike previous immigration acts, the current *IRPA* does not overtly list disability as a prohibited ground; rather the language of the act spoke only of the excessive demand some applicants might place on Canada's health and social services. In the next section of this paper, I will illustrate how the excessive demand unfairly targets applicants like Jazmine, Nico, and Harold.

Currently, to become a citizen in Canada one must be deemed admissible under the current *IRPA*. A person may apply under the permanent or temporary residence programs in the following categories (CIC, 2017):

Permanent residence under the following categories:	Temporary residence under the following categories:
<ul style="list-style-type: none"> • Federal skilled worker • Family sponsorship • Investors, entrepreneurs and self-employed • Canadian Experience Class • Skilled Trades Workers • Provincial nominees • Refugees 	<ul style="list-style-type: none"> • Foreign students • Temporary foreign workers • Visitors

While the current *IRPA* does not explicitly state that disabled applicants will not be admitted into Canada, Section 38 1(c) states that: “A foreign national is inadmissible on health grounds if their health condition (c) might reasonably be expected to cause excessive demand on health or social services” (*IRPA*, 2001). The government of Canada defines excessive as,

- a) a demand on health services or social services for which the anticipated costs would likely exceed average Canadian per capita health services and social services costs over a period of five consecutive years immediately following the medical examination, unless there is evidence that significant costs are likely to be incurred beyond that period, in which case the period is no more than 10 consecutive years; or
- b) a demand on health services or social services that would add to existing waiting lists and would increase the rate of mortality and morbidity in Canada as a result of the denial of or delay in the provision of those services to Canadian citizens or permanent residents. (CIC, 2016)

The dominance of the medical paradigm in the *IRPA* and the individualization of disability mark disabled people with symbolic meaning and capital where they were/are accepted as a potential health and financial risk. Through this construct, disability is not seen as a systemic issue which allows for the continuation of the ableist capitalist system that categorizes people based on productivity, profitability, trainability, employability, and utility (Dossa, 2005; El-Lahib, 2015; Soldatic & Meekosha, 2012).

While immigration policies no longer explicitly discriminate against applicants with disabilities, the language used to explain what constitutes an excessive demand allows the Canadian nation state to continue to regulate internal and external populations. These further disadvantages persons with disabilities and low-income families, based on ideologies that persons with disabilities cannot contribute to society and will be a “drain” on the system (El-Lahib, 2015; Hanes, 2009; Wong, 2011). Moreover, the excessive demand does not take into consideration disabled applicants ability and desire to contribute to Canadian society (Capurri, 2010; Hanes, 2009; Wong, 2011).

The language used to explain excessive demand is in direct contradiction to the *Canadian Charter of Rights and Freedom* Section 15(1) and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). Section 15(1) of the

Charter indicates that one should not be discriminated based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability. While the UNCRPD was created to address the exclusion and continued discrimination of people with disabilities (United Nations, 2006). While Canada continues to make strides forward in the creation and implementation of legislations to protect the rights of citizens with disabilities, it clearly draws a line between those who are born in Canada and lucky enough to be granted citizenship (read: pass/fall within Canada's understanding of able bodied) and those who are attempting to immigrate. This raises the question of how Canada truly feels about disabled people and their place in Canadian society.

In the next section, I discuss how the point system and medical exam are used as tools by IRCC to further screen and reject applicants with disabilities based on presumed burden to Canada. Both tools have scarcely received critical attention in academia (Dossa, 2009; El-Lahib & Webhi, 2012; El-Lahib, 2015) and in the community.

The Point System

The introduction of the point system in the 1967 *Immigration Act* was presented as a fairer and more objective way to assess the admissibility of prospective immigrants based on Canada's labour market needs at the time. Currently, a score of 67 out of 100 points in six selection criteria for immigrant applicants in the independent and sponsored classes is needed to be considered for admission. The selection categories include: education, language ability in English and/or French, applicant's age, work experience, arranged employment, and adaptability (Citizenship and Immigration Canada, 2013).

Scholars have questioned the point system's emphasis on fitting prospective immigrants as closely as possible to the existing Canadian demographic and labour market needs (Dossa, 2006; El-Lahib & Webhi, 2012; Hanes, 2009). El-Lahib and Webhi (2012) highlighted how the *IRPA* places a heavy emphasis on educational attainment (25 total points) and employability (25 total points) in the point system. Given the historical treatment of people with disabilities and the fact that they are the largest minority group in the world (Shakespeare, 2012) opportunities for them to complete post-secondary schooling and obtain work experiences are limited. Moreover, their value continues to be framed in a capitalist and ableist understanding of worth. A closer look at the current point system reveals that those between the ages of 18-35 receive the highest points in the age category. It can be assumed that the reason for this is because younger, non-disabled people are viewed as being in their prime working age to contribute to the Canadian economy (Dossa, 2005).

Moreover, the point system reifies the historical inequitable relationship between the global North and South where the former's emphasis on economic suitability of potential immigrants impacts the selection criteria and drains the resources from the South in the process (El-Lahib & Webhi, 2012; El-Lahib, 2015). The use of the point system fails to take into consideration the continued impact of colonialism and imperialism on disabled peoples' daily living. Environmental factors, unsanitary living conditions, lack of nutritional food, war, famine, infections, accidents, etc. has been found to lead to higher incidence of disability (El-Lahib, 2015; Shakespeare, 2012); however, this is seldom (if ever) taken into consideration when a disabled person applies under the independent or skilled category.

Through the point system, Canada continues to control, and manage people based on attributes that are deemed to be more in line with what Canada wants without much upheaval or questions of ethics from the public, reifying the negative stereotypes about disabled people. The lack of acknowledgement by the Canadian government about the barriers people with disabilities experience when seeking to come to Canada, suggests an inherent negative bias that is further perpetuated by the *IRPA*.

The Medical Exam

The second instrument used in the immigration process to decide if an applicant can be granted permanent residency status in Canada is the medical exam. The medical exam reinforces the scientific, fixed, biomedical understanding of the body where it categorizes people with disabilities as unhealthy, a threat to the health of the nation, and incapable of work. Therefore, “human beings can and frequently do end up being valued exclusively in economic terms, thus reducing them to commodities rather than sentient creatures with reason and feelings” (Capurri, 2010, p. 35). Potential migrants applying for permanent resident status in Canada are to undergo a medical exam to determine if they will be or may become a burden to Canada’s health and/or social services.

The exam itself speaks to the potential dependency disabled people pose on Canada’s limited resources (El-Lahib, 2015; Stienstra, 2012) reserved for disabled Canadians. IRCC tells us that, “An applicant must be in good health and have no conditions or illnesses that would pose a danger to Canadians or be very expensive to treat in Canada” (CIC, 2017). Moreover, the language used to describe the necessity of the medical test on IRCC’s website reminds us that people with disabilities are a social and economic burden on it’s health and social services reinforcing the negative stereotypes about disability.

The medical exam serves as a site in which we can further explore the convergence of migration and disability. Wiebe (2009) and Saltes (2013) employ Foucault’s use of biopolitics (bio-power) to illustrate how the medical exam has been used as an instrument to screen, regulate, classify, manage, and control the health of incoming immigrants to achieve the material, productive, and economic goals of the Canadian nation state. The medical exam screening creates the ideal “worthy” citizen who can pass through Canada’s borders, and rejects applicants marked as “excessive demand” who are in turn labelled unproductive. Those rejected are also labelled as unworthy and this narrative is reinforced by the state as Canada continues to select those deemed healthy. This reinforces disability as deviant (problematic), costly, and something to be avoided and excluded from society.

Selective Inclusion

Some groups (those referred to as dependents who tend to be women and children in the *IRPA*) and refugees applying for permanent residency are exempt from the excessive demand clause. What this tell us is that on their own, people with disabilities are not welcomed to enter Canada. Through push back from community members and the use of social media Jazmine and Nico were eventually granted the opportunity to enter and return to Canada under humanitarian and compassionate grounds. Applicants deemed medically inadmissible have an opportunity to provide the immigration officer with evidence of their “ability and intent” to reduce the cost and impact on Canadian health and social services

(CIC, 2016). These individual case assessments allow those with financial supports in place such as Nico's family or those who are able to use the media such as Karen and Mercedes, to bring greater attention to their situation. This can push the government to allow their child to stay/enter under humanitarian and compassionate grounds while others, without such means, are left behind and remain invisible.

When discussing the cost of supporting Jazmine in Canada, Karen wanted the Canadian government and the public to know, "I can give 100 per cent assurance that she won't be a burden. Firstly, I am working. I've got a full-time job. I work four jobs right now" (Azpiri, 2015a). The stories written about Jazmine by Global News do not mention how Canada would benefit from having her in this country, the discrimination Deaf people experience when trying to immigrate as a linguistic minority, and the ongoing exploitation of temporary workers from the Global South. Rather, the articles focus on the separation between mother and daughter, and provides evidence of Karen's hardworking nature by her employers in Canada.

The articles briefly mention how the *IRPA* discriminates against applicants with disabilities, but the majority of it focuses on what Karen has accomplished in Canada and disproving that Jazmine would be a burden since she is well adjusted and would not be costing the government any additional money. While the intention of the author is to bring to light how families continue to be separated due to being labelled medically inadmissible, the inherent discrimination through excessive demand and the medical exam are not called into question or critically interrogated.

What remains consistent in all three of these cases is the immense focus on the material contribution of the parents to Canadian society *in spite of* their child's disability. The title of two articles from Global News documenting Nico's story read, "Ontario professor's family may have to leave country over son's Down Syndrome" (McQuigge, 2016a) with the next article entitled, "University prof denied residency over son with Down Syndrome returning to Canada" (McQuigge, 2016b). These articles convey the worth of Nico's father to Canadian society as a respected professor. Similarly, the stories published about Jazmine, Global News chooses to focus on Karen's story by telling us that, "Karen Talosig came to Canada seven years ago in search of a better life and to support her daughter back in the Philippines" (Azpiri, 2015a). The news outlet mentions briefly the discriminatory immigration policies that prevents Jazmine from coming to Canada. Similar to Karen, Harold's mother Mercedes tells us that when she received the letter from IRCC letting her know that Harold was medically inadmissible,

It still makes me cry because I feel like I'm being betrayed because I work hard...[.]...I did the best I can to be a [law-abiding citizen] or a resident of Canada. I pay my taxes and because of Harold's condition I might not stay anymore in Canada. (Russell & Hill, 2017)

The articles written about Jazmine, Nico and Harold's inadmissible ruling by IRCC fail to acknowledge the value each individual would add to Canadian society, the violation of their Charter rights, and the contradiction of the Canadian government's commitment to making the country more welcoming and accessible as a signatory of the UNCRPD. Moreover, the continued disregard and framing of disabled applicants as an excessive demand reinforces the stereotype that disability is a "burden," a deficit within the

individual, and an economic risk to Canada's health and social services. This sends the message to Canadians with disabilities that they are only tolerated in Canada because they were born on this side of the border as opposed to being valued as human beings.

The framing of disability as a deficit also highlights the focus on the Eurocentric understanding and interpretation of disability. Shakespeare (2012) highlighted the importance of taking into consideration the Global South's understanding of disability since there is no universal consensus. However, those applying to Canada are presented with the option of taking up the definitions and labels in the Canadian immigration system, or withdraw their application as there isn't space to question the Canadian understanding of disability, currently framed as burdensome and of excessive demand.

Conclusion

Through this paper I have shown that while Canada has made some strides in the right direction to include previously excluded groups, people with disabilities continue to be marginalized. I have also attempted to illustrate that denying Jazmine, Nico and Harold the right to move and live in Canada is a violation of their basic rights and goes against Canada's international and national commitment to human rights. I have also called into question Canada's claim that diversity is our strength by highlighting how Canada continues to pick and choose which diverse identities are welcomed and which ones are a burden.

Canada has an opportunity to be a leader and work to break down and eliminate long held stereotypes about people with disabilities. If we continue to assess people based on ableist understandings of worth, we will lose the opportunity to discover new ways of being, and new ways of addressing social and economic issues. It is time for Canada to re-evaluate their immigration policies to better reflect its commitment to human rights, as only then will diversity truly be our strength.

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Author Note

Chavon Niles is a Guyanese-Canadian PhD Candidate (all but dissertation) at the Ontario Institute for Studies in Education at the University of Toronto. Chavon's doctoral thesis explores the migration experiences of racialized immigrant youth with in/visible disabilities living in the Greater Toronto Area. She hopes to better understand how participants' migration experiences come to shape their identity construction and participation (non-participation) in schools and health and human services. Chavon completed a Master's degree in Critical Disability Studies from York University focusing on regular and special education classroom teachers' perceptions of teaching students with IEPs, a Bachelor of Education degree from the University of Toronto with a specialization

in primary/junior education, and an Honors Bachelor of Science degree from McMaster University with an interest in supporting students with in/visible disabilities in the classroom.

References

- Azpiri, J. (2015, May 15a). Deaf teenager granted immigration to Canada. *Global News*. Retrieved on July 1st, 2017 from: <https://globalnews.ca/news/2002128/deaf-teenager-denied-immigration-to-canada/>
- Azpiri, J. (2015, August 26b). Deaf teenager finally reunites with mother in Vancouver after immigration battle. *Global News*. Retrieved on July 1st, 2017 from: <http://globalnews.ca/news/2185742/deaf-teenager-finally-reunites-with-mother-in-vancouver-after-immigration-battle/>
- Bannerji, H. (2000). *The dark side of the nation: Essays on multiculturalism, nationalism and gender*. Toronto: Canadian Scholars' Press Inc
- Barnes, C., Mercer, G., & Shakespeare, T. (1999). *Exploring disability: A sociological introduction*. Malden, MA: Polity Press.
- Bourbeau, A. (2016, March 21). Father sees mixed messages from feds on Down Syndrome. *Global News*. Retrieved on July 1st, 2017 from: <http://globalnews.ca/news/2591509/father-sees-mixed-messages-from-feds-on-down-syndrome/>
- Campbell, F. K. (2009). *Contours of ableism: The production of disability and abledness*. London, UK: Palgrave MacMillan.
- Capurri, V. (2010). *Canadian public discourse around issues of inadmissibility for potential immigrants with diseases and disabilities, 1902-2002* (Doctoral dissertation). Department of History, York University.
- Chadha, E. (2008). Mentally defectives not welcome: mental disability in Canadian immigration law, 1859-1927. *Disability Studies Quarterly*, 28(1).
- Citizenship and Immigration Canada. (2016). Excessive demand on health and social services. Retrieved on July 1st, 2017 from: <https://www.canada.ca/en/immigration-refugees-citizenship/corporate/publications-manuals/operational-bulletins-manuals/standard-requirements/medical-requirements/refusals-inadmissibility/excessive-demand-on-health-social-services.html>
- Citizenship and Immigration Canada. (2017). *Start your life in Canada*. Retrieved on July 10th, 2017 from: <https://www.canada.ca/en/immigration-refugees-citizenship/services/new-immigrants/new-life-canada.html>
- Collins, P. H. (1990). *Black feminist thought: knowledge, consciousness, and the politics of empowerment*. Boston: Unwin Hyman.
- Connor, D. J. (2006). Michael's story: "I get into so much trouble just by walking." Narrative knowing and life at the intersections of learning disability, race, and class. *Equity & Excellence in Education*, 39(2), 154-165. doi: 10.1080/10665680500533942.
- Connor, D. J. (2009). Breaking containment — the power of narrative knowing: Countering silences within traditional special education research. *International Journal of Inclusive Education*, 13(5), 1-21. doi: 10.1080/13603110701789126
- Creswell, J. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage Publications: USA.
- Davis, L. (2006). *The disability studies reader, second edition*. New York: Routledge.
- Devlin, R. F., & Pothier, D. (2006). *Critical disability theory essays in philosophy, politics, policy, and law*. Vancouver, B.C.: UBC Press.
- Dossa, P. (2005) Racialized bodies, disabling worlds: 'They [the service providers] always saw me as a client, not as a worker'. *Social Science and Medicine*, 60, 2527–2536.
- Dossa, P. (2006). Disability, marginality and the nation-state, negotiating social markers of difference: Fahimeh's story. *Disability and Society*, 4(21), 345-358. doi: 10.1080/09687590600680111
- Dossa, P. (2009). *Racialized bodies, disabling world: stories lives of immigrant Muslim women*. Toronto: University of Toronto Press
- El-Lahib, Y., & Wehbi, S. (2012). Immigration and disability: Abelism in the policies of the Canadian state. *International Social Work*, 55(1), 95-108. doi: 10.1177/0020872811407941

- El-Lahib, Y. (2015). The inadmissible “Other”: Discourses of ableism and colonialism in Canadian immigration. *Journal of Progressive Human Services*, 26(3), 209-228, doi: 10.1080/10428232.2015.1063355
- Erevelles, N. (2000). Educating unruly bodies: Critical pedagogy, disability studies, and the politics of schooling. *Educational theory*, 50(1), 25-47.
- Erevelles, N. (2011). *Disability and difference in global contexts: enabling a transformative body politic*. New York: Palgrave Macmillan.
- Foucault, M. (1965). *Madness and civilization: A history of insanity in the age of reason*. New York: Pantheon Books.
- Garland-Thomson, R. (1997). *Extraordinary bodies: Figuring physical disability in American culture and literature*. New York: Columbia University Press.
- Goodley, D. (2014). *Dis/Ability Studies: Theorizing disablism and ableism*. New York, NY: Routledge.
- Grech, S. (2011b). Disability and the majority world: Challenging dominant epistemologies. *Journal of Literary & Cultural Disability Studies*, 5(2), 217-219.
- Hanes, R. (2009). None is still too many: An historical exploration of Canadian immigration legislation as it pertains to people with disabilities. *Developmental Disabilities Bulletin*, 37(1 & 2), 91- 126.
- Hughes, B., & Paterson, K. (1997). The social model of disability and the disappearing Body: Towards a sociology of impairment. *Disability & Society*, 12(3), 325-340. doi: 10.1080/09687599727209
- Immigration and Refugee Protection Act, S.C. 2001. Immigration and Refugee Protection Regulations, SOR/2002-227. Immigration and Refugee Protection Regulations*. Definitions. Justice Laws. Available online at: <http://laws-lois.justice.gc.ca/eng/regulations/sor-2002-227/>
- Ladson-Billings, G. (1998). Just what is critical race theory and what’s it doing in a ‘nice’ filed like education. *International Journal of Qualitative Studies in Education*, 11(1), 7-24. doi: 10.1080/095183998236863
- Lopez, G. R. (2003). The (racially neutral) politics of education: a critical race theory perspective. *Educational Administration Quarterly*, 39(1), 68-94. doi:10.1177/0013161X02239761
- McQuigge, M. (2016, March 20a). Ontario professor’s family may have to leave country over son’s Down Syndrome. *Global News*. Retrieved on July 1st, 2017 from: <https://globalnews.ca/news/2588972/ontario-professors-family-may-have-to-leave-country-over-sons-down-syndrome/>
- McQuigge, M. (2016, August 10b). University prof denied residency over son with Down Syndrome returning to Canada. *Global News*. Retrieved on July 1st, 2017 from: <https://globalnews.ca/news/2875482/university-prof-denied-residency-over-son-with-down-syndrome-returning-to-canada/>
- Razack, S. H. (1998). *Looking white people in the eye: Gender, race, and culture in courtrooms and classrooms*. Toronto, ON: University of Toronto Press.
- Razack, S., Smith, M. S., & Thobani, S. (2010). *States of race: Critical race feminism for the 21st century*. Toronto: Between the Lines
- Reaume, G. (2000). *Remembrance of patients past: patient life at the Toronto hospital for the insane, 1870-1940*. Don Mills, Ontario: Oxford University Press,
- Russell, A. and Hill, B. (2017, June 4). Inadmissible: Canada rejects hundreds of immigrants based on incomplete data, Global News investigation finds. *Global News*. Retrieved on July 1st, 2017 from: <http://globalnews.ca/news/3551772/inadmissible-canada-rejects-hundreds-of-immigrants-based-on-incomplete-data-global-investigation-finds/>
- Saltes, N. (2013). ‘Abnormal’ bodies on the borders of inclusion: Biopolitics and the paradox of disability surveillance. *Surveillance & Society* 11(1/2), 55-73.
- Sandys, J. (1998). *Immigration and settlement issues for ethno-racial people with disabilities: An exploratory study*. Retrieved on June 1st, 2017 from: http://ceris.metropolis.net/wp-content/uploads/pdf/research_policy/RFP/Sandys1996.pdf
- Shakespeare, T. (2012). Disability in developing countries. In Watson, N., Roulstone, A., & Thomas, C. (Ed.). *Routledge handbook of disability studies* (pp.271-284). New York: Routledge.
- Shaw, S. E. & Bailey, J. (2009). Discourse analysis: what is it and why is it relevant to family practice? *Family Practice*, 26: 413–41.

- Shildrick, M. (2012). Critical disability studies: Rethinking the conventions for the age of postmodernity. In Watson, N., Roulstone, A., & Thomas, C. (2012). *Routledge handbook of disability studies* (pp. 30-41). New York: Routledge.
- Soldatic, K. & Meekosha H. (2012). Disability and neoliberal state formations. In Watson, N., Roulstone, A., & Thomas, C. (2012). *Routledge handbook of disability studies* (pp.195-210). New York: Routledge.
- Stienstra, D. (2012). Race/Ethnicity and disability studies: Towards an explicitly intersectional approach. In Watson, N., Roulstone, A., & Thomas, C. (2012). *Routledge handbook of disability studies* (pp. 376-389). New York: Routledge.
- Thobani, S. (2007). *Exalted subjects: studies in the making of race and nation in Canada*. Toronto. Buffalo: University of Toronto Press
- United Nations. (2006). *Convention on the rights of persons with disabilities*. Retrieved on June 1st, 2017 from: <http://www.un.org/disabilities/convention/conventionfull.shtml>
- Watts, I. E., & Erevelles, N. (2004). These deadly times: Reconceptualizing school violence by using critical race theory and disability studies. *American Educational Research Journal*, 41(2), 271–299. doi: 10.3102/00028312041002271
- Wong, H. S. (2011). Not welcome: A critical analysis of ableism in Canadian immigration policies from 1869-2011. *Critical Disability Discourses*, 4, 1-27.
- Wiebe, S. (2009). Producing bodies and borders: A review of immigrant medical examinations in Canada. *Surveillance & Society*, 6(2), 128-141.