

Consular Case Management and Traveller Protection By Dawn M. Barker

Foreign Affairs Canada goes to extraordinary lengths to help Canadians in trouble abroad, however their mandate is limited by legal, moral and privacy laws.

The FAC website lists actions its officers can and cannot take (for instance, they can assist with evacuation in case of war or natural disaster, and comfort and assist victims of robbery or violence, but they cannot intervene in private legal matters, get you out of prison, pay your hotel expenses or perform marriage ceremonies).

In order to illustrate exactly how far FAC can go in various instances, case management director Dave Dyet proposed two hypothetical cases to a group of travel professionals and journalists during a recent Travel 101 seminar in Ottawa.

Dyet said that in each consular case, FAC will center its communications on dealing with one individual (point of contact) within the family of the affected traveller, to streamline communications. This point of contact will then take on the task of keeping the rest of the family informed.

In the first case that Dyet recounted, a “Mrs. Smith” makes a call to FAC from her home in B.C. She says that she has received a call in the night from a hospital in Thailand, where her son has been living for five years, saying that he had been in a motorcycle accident, and requesting that she send funds to cover the medical bills. Mrs. Smith does not know the extent of injury her son has incurred, however she said she was told he is in a coma. Mrs. Smith is an elderly woman, and is having difficulties dealing with the stress of the situation.

Such calls are sometimes genuine, while others are a scam to draw money from unsuspecting Canadian families. Mrs. Smith is advised not to send money until the case is proven valid.

At this point, the FAC officer will open a case file, obtaining the name, date of birth, place of residence and place of work of the victim. He will determine if there are other family members who may step in as the point of contact, to relieve some of the burden from “Mrs. Smith”, and then verify whether young Mr. Smith has registered with ROCA, the Registry of Canadians Abroad.

FAC will obtain Smith’s passport application to certify that he is indeed a Canadian citizen. If indeed Smith is not Canadian, FAC will inform officers of Smith’s country of citizenship. If he is Canadian, Embassy representatives will visit the hospital to determine Smith’s condition and obtain a recent medical report. They will provide FAC with a report on whether the hospital’s facilities are equipped to properly deal with Smith’s medical situation, and request that he be evaluated by the treating doctor for a possible medical evacuation.

Next, the Embassy will determine whether Smith has employer-based or private medical insurance, get the name of the hospital, the location, and the name of the person who contacted Mrs. Smith. Once the validity of the case is proven, the officer will try to determine if the mother has the financial resources to send funds for the medical bills, or whether she could raise the money from family and friends. He will also obtain the contact information of the subject’s family doctor in Canada to open a direct line of communication with the hospital in Bangkok, and offer the Operations Centre as a means of facilitating this.

The embassy will even get information about any possible friends Smith has in Thailand, since familiar voices are beneficial to comatose patients.

If Smith succumbs to his injuries, the point of contact will be assisted in making travel

arrangements to go to Bangkok to retrieve the body.

Case B revolved around 15 year old “Sarah Stonefield” who has been staying at an overseas hostel for the past two weeks. The hostel administrator contacts FAC to say Sarah is not well but refuses medical attention. He said Sarah, originally from Halifax, is travelling through Europe for a year, working along the way, and that several weeks prior to arriving at the hostel she met a young man and fell in love with him. He surmises that this is the reason she doesn’t want to leave, and that hostel staff have reported Sarah being ill in the mornings, leaving him to think she may be pregnant.

The actions FAC will take in such a case are similar to those of Case A (obtaining personal information on the citizen, insurance information, and verifying with ROCA).

However, Dyet said, in this hypothetical instance, the plot thickens: Sarah must leave the hostel within the next couple of days, and the hostel admin feels she should return to her family in Canada. Officers call the hostel, but Sarah is out and will not return until late that night. It is Friday morning, and the hostel is located 200 km from the mission.

In such cases, there are constraints because Sarah is a minor. Consultation must begin with FAC headquarters, with Sarah’s parents or legal guardians, and possibly with the children’s aid society. FAC must be sure that no custody orders or custody conflicts exist before contacting the parents, to be sure the parent with custody is contacted. As well, FAC must check the passport control list.

FAC would ask the hostel admin not to ask Sarah to leave before officers can reach the hostel, and would arrange immediate travel arrangements to the hostel. When the officer meets with Sarah, he would explain how he got the report of her condition, and suggest that he could help her make an appointment with a doctor, even offering to accompany her or pay the doctor’s fee upfront if those were the only reasons for her refusal. These fees will later have to be repaid by Sarah’s family.

If she continues to refuse, the officer would verify whether there are any provisions in local laws, based on humanitarian grounds, that specifically relate to helping minor children.

Contact would be made with social assistance professionals, possibly the International Social Services representative for advice (if there is such an office in the country), and appropriate action would be taken, in consultation with headquarters.

As these two instances depict, each of the hundreds of cases FAC receives each month is unique, and must be handled with care and skill.

In 2004, FAC opened 189,229 new cases, and during the first 10 months of 2005, there were 172,331 new cases. The vast majority of these (about 68 per cent) were passport-related cases, while about 15 per cent were ROCA cases, 10 per cent involved citizenship, and only about seven per cent were consular cases like the fictitious ones Dyet outlined. Even at seven percent, that means that FAC’s officers dealt with more than 1,300 new cases each month last year.