On June 5, 2014 the Migrant Mothers Project in collaboration with Women Abuse Council of Toronto: WomenACT hosted a National Symposium on Intersections of Violence Against Women and Precarious Immigration Status in Toronto. The Symposium was a full-day event held at the University of Toronto and engaged with an active network of service providers, activists, policy analysts, researchers and immigrant women in Canada. For each of the afternoon workshops, a corresponding policy brief was disseminated to all participants.

This report is one of a series produced from workshops that took place on the afternoon of the June 5th symposium. The Access to Health Care workshop provided a space for participants and facilitators to engage in dialogue about access to health care, especially for refugee claimants who have been impacted by the cuts to Interim Federal Health Care. There were a total of 22 attendees including researchers, social workers, settlement workers, policy makers, and service providers who work in community-based organizations that serve immigrants and women.

The Access to Health Care workshop was facilitated by Sideeka Narayan from Access Alliance and Krittika Ghosh from the Ontario Coalition of Agencies Serving Immigrants (OCASI). Krittika provided an overview on health services for immigrants in Canada. Sideeka discussed community and advocacy efforts to improving health outcomes for the most vulnerable immigrants, refugees, and their communities. Strategies were offered during the workshop including how to address systemic inequities and applying anti-oppressive principles in health care practice.

### Discussion Themes

The Access to Health Care Workshop addressed numerous challenges facing immigrants who have experienced various forms of gender-based violence as they access health care services. Several themes that came up during the dialogue included: 1) violence against women as a systemic issue, 2) changes to the Federal Health Care Program, 3) challenges with access to healthcare services, and 4) taking action/sharing resources as a tool for advocacy.

### Violence Against Women as a Systemic Issue

The Access to Health Care workshop attendees played close attention to violence against women as a systemic issue. Facilitators and participants agreed on adopting a systems perspective looking at oppression, sexism, racism and gender. Moreover, that violence against
women is rooted in the economic, social and political inequity of women. At the same time, attendees discussed how “culture” is often framed as the root cause of violence within immigrant communities and that the focus on culture can mask attention to systemic inequalities. The workshop attendees explored a range of "isms" that may contribute to violence—nationalism, racism, sexism, heterosexism, classism, ageism, ableism. Discussions in the Workshop highlighted the ways in which policy changes have exacerbated intersections between sexism and racism. Concerns were raised on how entering Canada does not guarantee essential health care services in particular for undocumented women and their children. Many of immigrant women who are uninsured are denied services by clinics and walk-ins or face long wait times. Different narratives and stories were shared around why immigrant or refugees do not get access to health care. Participants shared that misconceptions and anti-immigration sentiments exist and that these populations are not considered as part of the "Canadian" community.

**Changes to the Federal Health Care Program**

Participants discussed the role of immigration policies and the systemic barriers impacting access to health care for women. In particular, there was an emphasis on the changes to the Interim Federal Health Care program in 2012. In April 2012, the Federal government made substantial changes to Interim Federal Health Care program which provides basic health care to refugees and refugee claimants. The program previously paid for basic health care for refugee claimants until they left Canada or became eligible for provincial health care. Facilitators explained the implication of Bill C31 on all various stakeholders. For many refugee claimants who are not aware of these changes assume that certain health care services would be provided when in reality the services have been discontinued. In addition, this puts health care providers in difficult situations – who want to provide services but are told not to. These gendered implications deny women the right to access prenatal care or access to abortion. Discussions around the idea of who are considered "wanted" and "unwanted" citizens, given Canada’s colonial history in a post 9/11 era.

On July 4, 2014, the recent federal court ruling, deemed cuts to federal interim health for refugees as “unconstitutional”. Ottawa has four months to adjust its policy but states plans to appeal. The IFHP has been in existence since 1957 and administered by Citizenship and Immigration Canada.

**Pregnancy and challenges with Access to Health Services**

A major theme that arose during this workshop involved access to health care for women during pregnancy. Immigrants who are uninsured, due to their precarious status, including women in their 20s and 30s are in their prime years for reproduction. Workshop attendees shared that uninsured women lack adequate prenatal care, may have limited income or family support, and may delay medical care until later in their pregnancy; factors that all increase the risks of complications during pregnancy or the birth. Workshop attendees also discussed
precarious immigration status as a structural determinant of poor health including mismanagement of chronic diseases and increased stress, anxiety and poor mental health.

**Taking Action and Sharing Resources**

Workshop attendees exchanged several examples of how to best to move forward to address intersecting sexism and racism affecting health care services for immigrant women. Organizations such as Access Alliance, OCASI, the Canadian Doctors for Refugee Care and the Rights of Nonstatus Women's Network were all examples of organizational efforts that were discussed that address these systemic issues in their work. Participants were interested around specific organizational initiatives including: OCASI's newest initiative is providing sexual violence training, Access Alliance's "West-end non-insured walk-in clinic and the work of Afghan Women's Organization.

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