

## Key Facts

- Up to 500,000 people in Canada do not have health insurance. Though healthcare is supposed to be allocated on the basis of need rather than the ability to pay, we also allocate healthcare on the basis of immigration status.
- In January 2014, the provincial government introduced the Ontario Temporary Health Program (OTHP) to “provide access to essential and urgent health care, as well as medications coverage to refugee claimants living in Ontario, regardless of the status of their claim or the country they are from.”
- Only Quebec provides full medical, diagnostic and hospital coverage to all asylum seekers. Ontario provides primary care and urgent hospital services to refugees denied health care by Ottawa. But it imposes a three-month wait. Other provinces have similar restrictions.

## Introduction<sup>1</sup>

### *New Immigrants and the 3-Month Wait Period*

In Ontario, BC and Quebec, new immigrants (economic immigrants, family class, live-in caregivers) and returning Canadians have to undergo a 3-month waiting period before they get provincial health insurance. During this time, people are expected to either purchase private insurance (which many can't afford, and often doesn't cover the conditions they need anyway) or go without healthcare.

### *OHIP on Arrival or Acceptance*

Those with approved Humanitarian and Compassionate (H&C) claims, who have refugee status on arrival (government-assisted refugees and privately-sponsored refugees), are in the Seasonal Agricultural Worker Program, and have a full time work permit can access OHIP on arrival/acceptance without a waiting period.

### *Refugees, Refugee Claimants and the Interim Federal Health Program (IFHP)*

In the past, protected persons that were selected overseas as well as refugee claimants that arrived in Canada to seek asylum both got the same access to health services that any Canadian citizen on social assistance does. They could access doctors, hospitals, emergency services as well as medications, some basic dental and vision care. In April 2012, the Canadian federal government made substantive reductions to the IFHP, which removed access to supplemental and preventative for a large number of refugees and claimants. In addition, all claimants from “Designated Countries of Origin” (DCO) lost access to all healthcare coverage.<sup>2</sup>

### *Temporary Foreign Workers*

While both live-in caregivers (after the 3 month wait) and seasonal agricultural workers have access to health insurance, they both operate in extremely precarious work environments where access is limited by other factors. Live-in caregivers live in their employers' homes and employers may hold on to their health insurance cards. Seasonal agricultural workers have on many occasions been deported upon developing a health condition. They also live in rural areas where transportation to health clinics as well as racism from local healthcare providers can be issues.

### *Non-Status or Undocumented*

People who arrived in Canada without documents or become non-status have no health insurance. Even if they have lived in Canada for decades, are undergoing a H&C claim, are facing serious medical issues, non-status people have no health insurance at all. In addition, non-status people often do not seek help due to a fear of denial of service, debt, and deportation.



## Community Advocacy

- *Health for All* (H4A) is a grassroots organization fighting for access to health services and universal health coverage, irrespective of immigration status. H4A is a multidisciplinary group of migrants, healthcare professionals, students, activists and allies who believe that health is a fundamental human right and a matter of social justice.
- *Canadian Doctors for Refugee Care* will be holding a third National Day of Action on June 16th. Events are being organized across the country, including Montreal, Ottawa, Hamilton, London, Winnipeg, Saskatoon, Calgary, Edmonton, and Vancouver. Visit: [www.doctorsforrefugeecare.ca](http://www.doctorsforrefugeecare.ca).
- *The Right to Healthcare Coalition* in Ontario has been advocating for an end to the 3-month waiting period since 2011.
- In December 2013, Ontario joined five other provinces (AB, MB, SK, NS, & QC) to fund refugee claimants health care that was cut by the federal government. The Ontario Temporary Health Program offers immediate coverage to children under 18, pregnancy and births, and claimants with life-threatening conditions.

**For more information:**  
[www.migrantmothersproject.com](http://www.migrantmothersproject.com)

The Migrant Mothers Project is a participatory action research project led by Rupaleem Bhuyan at the Factor-Inwentash Faculty of Social Work (University of Toronto) in collaboration with a network of community based organizations, legal advocates, activists and immigrant women. This research is supported through the Social Sciences and Humanities Research Council's Standard Research; CERIS, and the University of Toronto.

## Case Study

*A 39-year-old Nigerian woman had lived in the Netherlands for 12 years before coming to Ontario as a landed immigrant. She applied for immigration in 2006, and when she learned of her acceptance in 2009, she was in her third trimester of pregnancy with gestational diabetes. She read materials provided to her by immigration, which spoke of Canada's universal health care system. Aware of the importance of her and her baby's health, the day after her arrival to the country, she proceeded to the OHIP office where she was informed she would have to wait 3 months before getting access to health insurance. She attempted to find private insurance but was denied owing to a pre-existing condition (pregnancy). Within a week of her arrival in Canada, she went into labour, required a cesarean section, and was left with a bill of \$12 000, which she is now paying in monthly installments.*

## Gender and Uneven Access to Healthcare

- The lack of legal status can impact the mental and physical health of undocumented migrants. Increased stress and isolation along with the physical demands of jobs can be detrimental to their well-being.
- Non-status migrant women often face additional barriers in seeking access to the limited healthcare available to non-status people.
- Advocates within the anti-violence against women community have found that women who experienced violence are less likely to come forward to report instances of abuse or seek treatment for the resulting injuries.
- Non-status women facing domestic violence are less likely to seek medical care following abuse due to fear of disclosing status and deportation.
- Many abused pregnant women without status do not seek out prenatal care and only go to the hospital for emergency situations or to deliver.
- There is little access to medication or continuing medical services for non-status women and their children.
- For women who are raped and experience forced pregnancies, there are few (if any) options to access abortions.
- Survivors of gender based violence, such as women who have experienced torture, human trafficking, or female genital mutilation, often go without the required specialized services and care due to their lack of status.
- Immigrant survivors of violence with legal status also face challenges when seeking treatment, as Canadian health practitioners are often unprepared or have not been trained to treat complex abuse cases
- Women with long term health issues as a result of the abuse require specialized and cultural sensitive services in order to treat the physical and mental health trauma they have experienced.

*Acknowledgements: Krittika Ghosh, Ritika Goel, and Health 4 All  
Design and editing: Tings Chak and Rupaleem Bhuyan*

## References

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2. [www.ccrweb.ca/en/refugee-health-care-impacts-recent-cuts](http://www.ccrweb.ca/en/refugee-health-care-impacts-recent-cuts)
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4. [www.cfms.org/attachments/article/995/CFMS%20Position%20Paper%20on%20Refugees%20and%20Asylum%20Seekers.doc](http://www.cfms.org/attachments/article/995/CFMS%20Position%20Paper%20on%20Refugees%20and%20Asylum%20Seekers.doc)