WORK, STUDY, PAY TAXES, BUT DON'T GET SICK: BARRIERS TO HEALTH CARE BASED ON IMMIGRATION STATUS

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CITIZENS FOR PUBLIC JUSTICE

Executive Summary

Universal access to health care is perceived as a fundamental Canadian value, with roots that trace back to the first province-wide universal health care plan in Saskatchewan in 1947. Likewise, Canada purports to be a world leader in providing a fulsome welcome to refugees and migrants, with plans to grant permanent residence status to at least half a million immigrants per year. Yet, at the same time, Canadian immigration and health policies strip hundreds of thousands of Canadian residents from accessing health care based on their immigration status.

This report by Emilio Rodriguez with Citizens for Public Justice (CPJ) and Tracy Glynn with the Canadian Health Coalition discusses the inequities and varying degrees of health care access for refugees and migrants in Canada. In this report, we delve into the many barriers that refugees and migrants face in accessing health care, and the implications for both the affected individuals and Canadian society at large. The barriers we investigate include: 3-month wait periods on landed immigrants and refugees; temporary work permits that tie access to health care to a specific employer; refusal of medical care to non-status residents; unsafe working conditions; medical inadmissibility; and medical deportations.

This report exposes significant inequalities in access to health care based on immigration status. The consequences and impacts of this discrimination are far-reaching and violate fundamental human rights. We situate unequal access to health care within a larger trend in Canadian immigration of limiting access to rights and essential services, especially for lower-income and racialized migrants. In addition, we address common myths and arguments used to justify restrictions on access to health care based on immigration status. We conclude with key policy recommendations to work towards equitable access to health care.

We recommend that Provincial Governments:

- Provide public health insurance to all migrants, untied to their employer or job status, for the entire duration of their stay in Canada. This includes extending access to health care in-between applications for individuals in maintained status.
- Eliminate the 3-month waiting period to access public health care for landed immigrants, refugees, and temporary residents.
- Increase credential recognition of internationally-trained health care professionals (IEHP), and provide more efficient processes to integrate them in the health care system.

And that the Federal Government:

- Establish accessible pathways towards permanent status for all migrants, including a broad regularization program for non-status individuals. Granting permanent residence status would remove many of the barriers related to accessing health care.
- Repeal the "excessive demand" provision from the *Immigration and Refugee Protection Act*, which discriminates against individuals with disabilities and medical conditions, and disqualifies them from obtaining permanent residence status.
- Eradicate the abhorrent practice of medical deportations, and provide adequate and timely access to health care for all migrants, especially those who are subject to unsafe workplace conditions. Implement measures to ensure adequate working conditions for all migrant workers.

List of Abbreviations

BVOR	**Blended Visa Office-Referred** – A government partnership with private sponsors to resettle refugees.
CBSA	**Canada Border Services Agency** – shares responsibility for the administration and enforcement of the Immigration and Refugee Protection Regulations
CHA	**Canada Health Act** – Canada's federal legislation for publicly funded health care insurance.
CIMM	**Standing Committee on Citizenship and Immigration** – House of Commons committee that studies matters related to immigration and citizenship.
CPJ	**Citizens for Public Justice** – A national, progressive organization of members who are inspired by faith to act for social and environmental justice in Canadian public policy.
IEHP	**Internationally Educated Health Professionals**
IRCC	**Immigration, Refugees and Citizenship Canada** – Government department responsible for matters dealing with immigration to Canada, refugees, and Canadian citizenship.
IRB	**Immigration and Refugee Board** – An independent administrative tribunal in Canada responsible for making well-reasoned decisions on immigration and refugee matters.

CPJ and its work in this field

Citizens for Public Justice (CPJ) is a national, progressive organization of members who are inspired by faith to act for social and environmental justice in Canadian public policy. Our work focuses on three key policy areas: poverty in Canada, climate justice, and refugee and migrant rights. We analyze policies on a range of issues in Canadian immigration through a rights-based, public justice lens. Through research, policy monitoring, and publishing, we bring attention to the impact of legislative change on refugees and refugee claimants, and on the groups that privately sponsor them to come to Canada. We speak out against policies that disregard the rights and pre-migration experiences of refugees and migrants in Canada. CPJ communicates its analysis and framing through public presentations, writing, advocacy, and workshops to audiences including public officials, media outlets, religious leaders, national coalitions, and CPJ members.

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Introduction

"Sheldon McKenzie didn't have to die." That was the message that Justicia for Migrant Workers, a grassroots group of migrant farm workers and allies, carried during their Harvesting Freedom tour across the country in the summer of 2016.[1] For 12 years, Sheldon McKenzie did manual labour on Canadian farms during the growing seasons, sending the money he made to his wife and two daughters in Jamaica. He lived to be 39 years old.

In 2015, McKenzie was seriously injured while working on a farm in Leamington, Ontario. The injury left him on life support. His family tried to stop his deportation so he could access the quality health care of which Canada boasts, and yet, Canada stripped McKenzie of his health care coverage as soon as he was no longer able to work. McKenzie died before his advocates were able to get him a humanitarian visa to access the critical care he needed.

Migrant advocates across Canada are calling on federal and provincial governments to uphold the principles of the *Canada Health Act* and stop treating temporary foreign workers, migrant student workers, refugees, and non-status people as disposable or second-class patients: shipping them back home like a broken toy when their bodies are injured or sick, or demanding that they pay out of pocket for the health services that they fund through their own tax contributions.

The *Canada Health Act*, enacted by Parliament in 1984, outlines five national principles: universality, accessibility, comprehensiveness, portability and public administration. This report details cases where these principles have been violated in relation to migrants with precarious status in Canada. The five principles of the *Canada Health Act* flow from two overarching objectives for Canadian health care policy, namely that everyone in Canada should have timely access to all medically necessary health services, regardless of their ability to pay for those services; and that no one suffer undue financial hardship as a result of having to pay for health care.

This report, produced by Citizens for Public Justice, provides an overview of the barriers that migrants in Canada face to access publicly-funded health care. It also highlights instances of discrimination and violations of rights, such as in cases of medical deportations and medical inadmissibility. Moreover, we provide a rationale and policy recommendations for extending health care to all Canadian residents, contending that this is a requirement to fulfil Canada's human rights obligations.

Access to health care & COVID-19

Longstanding demands for better migrant access to health care have been exacerbated by the deepening health inequities of the COVID-19 pandemic. Research has shown that migrant and racialized communities have been disproportionately impacted by COVID-19. They also face discrimination within Canadian health care systems and the health impacts of being disproportionately impacted by poverty, food insecurity, and housing insecurity. Additionally, migrants and racialized communities are over-represented in frontline occupations including food production and health care.[2] Moreover, research has shown that immigrants – particularly those holding a temporary status – face much lower access to COVID-19 testing and COVID-related health care than Canadian citizens.[3]

As migrants are not monolithic, there are differences in how people experience and access health care based on factors like race and socioeconomic status. A study based on 2000-2010 data from the Canadian Community Health Survey found that, amongst migrants overall, white migrants and those with higher income were more likely to have a regular doctor.[4] Moreover, research suggests that the amount of time since immigration is an important predictor for utilization of health care.[5] This is likely related to immigration status, as many migrants

must wait for several years until they can receive permanent residence, and with it, reliable and consistent access to public health insurance across all provinces.

However, there are many precarious immigration streams that severely limit or completely disallow access to permanent residence. Workers in these streams (e.g., in the agricultural and care work sectors), often earn low wages, have their immigration status tied to their employer, and have extremely limited access to health care and other forms of provincial and federal services. Yet, they are also often engaged in abusive and dangerous work conditions, performing labour that is considered "essential."

Access to health care & immigration status

Canadian citizens and permanent residents have access to public health insurance across the country. Refugees screened by the United Nations High Commissioner for Refugees and resettled through one of the three sponsorship categories (Government-Assisted, Privately-Sponsored, and BVOR) arrive in the country with permanent status. So do "landed immigrants" through some of the economic migration streams, which usually target "high-skilled" individuals ranked on factors like education, age, and proof of funds to support themselves and their families for at least one year in Canada – estimated at $24,733 CAD for a family of four in 2022.[6] Resettled refugees, in contrast, face a three-month waiting period to access public health insurance in most provinces. In that period, they are temporarily protected by the Interim Federal Health Program. Notably, this program experienced severe cuts during the Harper government and was reinstated in 2016 by the Trudeau government, thanks to the advocacy of migrant rights activists and sponsorship agreement holders.[7] CPJ issued a statement welcoming the move, citing a study on private refugee sponsorship in which it found that approximately one-third of church-connected sponsorship agreement holders (SAHs) reported their sponsoring groups decreased or ended their involvement out of fear of added liability for health costs.

International Students and Temporary Foreign Workers all hold temporary status in Canada. In December, 2021 there were approximately 777,000 temporary foreign workers in Canada, a seven-fold increase from 2000, and approximately 350,000 new international students per year. Many individuals in these categories are able to work towards the required years of study and/or work to apply for permanent residence. Some streams, however, such as the Seasonal Agricultural Workers, systematically exclude workers from this possibility. While on temporary permits, migrants face varying degrees of vulnerability in their access to health care depending on their specific work or study permit, the status of their applications, and the province in which they reside.

Refugee claimants – individuals who have claimed asylum in Canada – are not able hold temporary resident status while they await decisions from the Immigration and Refugee Board (IRB), but some of them can apply for a work permit. They are temporarily covered by the Interim Federal Health Program until they receive a response,

as they are not eligible for provincial health cards.[8] If refugee claimants receive a negative decision from the IRB, they will have coverage until their removal from Canada.

In the case of people without status – equivocally referred to as "undocumented" or other derrogatory and misleading terms – they lack access to nearly all provincial and federal health, social, and legal services, with wide-ranging implications for their overall wellbeing. People without status have typically entered the country with some form of status such as a temporary work permit, student visa, or tourist visa which has since expired, or they may have made a refugee claim which fails or is withdrawn. They live under the constant threat of arrest, detention, and deportation, and violations of their inherent human rights.

The complexity of the Canadian immigration system in part contributes to many people's experiences of "illegality" and forced temporariness, with permanent status reserved for only a portion of migrants. Canada's health care system already poses multiple barriers to certain populations' access, even if they hold permanent resident status or Canadian citizenship. The Canadian Human Rights Tribunal, for example, found the Government of Canada guilty of discriminatory underfunding of health services for people living on First Nations reserves. Groups like the Black Health Alliance have long highlighted gaps in health outcomes among Black communities compared to the white population. These barriers are further exacerbated for those with precarious status.

Nell Toussaint came to Canada from Grenada in 1999. After her visitor via expired, she stayed in the country as an irregular migrant. She repeatedly tried but failed to regularize her status. In 2009, Nell Toussaint requested but was denied access to Canada's Interim Federal Health Program. The program gives limited health care benefits to asylum seekers, resettled refugees, and detained migrants. The Immigration Minister, with discretionary powers over such applications, refused to support Toussaint's application. Toussaint then challenged the ministerial decision, but failed to win the support of the Federal Court and the Federal Court of Appeal. In 2013, Toussaint finally became a permanent resident with access to health care, but by then she had suffered "irreversible sicknesses."

During a hearing last June, Canadian government lawyers tried to argue that Touissant's case was an abuse of the process because federal courts had already adjudicated the case. Justice Paul Perell, presiding over the case, disagreed and found the government lawyers' arguments to be offensive. He noted that the arguments perpetuate negative stereotypes of irregular migrants. Justice Perell said:

> *In a dog whistle argument that reeks of the prejudicial stereotype that immigrants come to Canada to milk the welfare system, Canada mischaracterizes Ms. Toussaint's Charter claim as a right to receive free health care anywhere in the world regardless of one's lack of status.*
>
> *Since Ms. Toussaint's claim does not assert a right to free health care anywhere in the world regardless of one's lack of status, Canada's argument is a fallacious straw man argument that might successfully knock down claims that are not being asserted.*[9]

Barriers to accessing health care based on immigration status

Denying public health coverage based on immigration status is not an accidental oversight, but a conscious decision embedded in Canadian public policy. Conservative estimates found that approximately 500,000 Ontario residents were without health insurance in 2016 – attributed mainly to barriers related to immigration status, explored in the following section.[10]

Wait times upon arrival

In some of Canada's most populated provinces, resettled refugees and economic migrants who arrive in the country with permanent residence must wait three months to access public health insurance. In March 2020, Ontario suspended the 3-month wait. However, the waiting period remains in British Columbia and Quebec as well as in the Northwest Territories and Yukon. Each province includes varying exemptions for the 3-month wait. In Ontario, prior to its temporary suspension in 2020, the 3-month wait did not apply to "protected persons," which included resettled refugees. However, it did apply to permanent residents entering through economic channels as well as those entering through family reunification. Research has shown that this waiting period results in substantial health consequences for immigrants, especially for infants, children, people of colour, and those experiencing pregnancy.[11] This policy worsens health inequities and increases health spending, costing more for delayed treatment than if coverage had been provided upon arrival.

The stated purpose of these provincial wait time policies is often to protect against "health tourism," and safeguard health care dollars.[12] But in this regard, decision-makers are profoundly misguided. Resettled refugees and economic migrants who arrive in the country with permanent residence are intending to reside in Canada *permanently*. They are not visitors engaging in "health tourism," but taxpayers who fund the health care system and deserve to access it upon arrival. The delayed costs of treatment only end up increasing health care spending in the long run.

Moreover, the official websites of the BC and Ontario Governments recommend people purchase private insurance during their wait period, which costs on average $500-920 CAD a month, and up to $1,835 CAD per individual for three months.[13] The expectation that resettled refugees, temporary foreign workers, and newcomers pay this amount on top of the exceedingly high costs of moving to Canada is not only unfeasible for many, but it also contradicts the spirit of CHA's direction to provide care based on need and not the ability to pay.[14] Just like delaying care, pushing people into poverty also demonstrably contributes to increased health care spending overall.

In sum, these wait time policies are based on a premise (i.e., the prevention of "health tourism") that doesn't apply to the specific population they affect (resettled refugees and new immigrants); they increase the costs to the health care system in the long terms; and they contradict the CHA's principles of accessibility and universality.

Access to public health care insurance tied to employment or employers

Depending on the immigration stream and province of residence, migrants may be eligible to access health care only if they have full-time employment, or their access may be tied to a specific employer. For instance, in Ontario, temporary foreign workers must hold a work permit and be employed full-time for an employer in Ontario for a minimum of six months.[15] In addition to increasing migrant workers' vulnerability to multiple human rights abuses, tying health care access to employment and/or a specific employer poses many health barriers. For instance, a temporary resident of Ontario who is employed full-time, but working remotely for a Canadian employer located outside the province is completely ineligible to receive health care coverage in Ontario – even

though they pay provincial income taxes. Similarly, a temporary resident who is engaged in casual or shift work (even if on a full-time basis) for an Ontario employer may face refusal, as the Service Ontario offices that issue the provincial health cards typically request job contracts longer than six months. Moreover, temporary residents who are unemployed or between jobs face heightened vulnerability, as they are not eligible for provincial health coverage.

Prince Edward Island requires that migrant workers arriving on the island have a valid work permit of at least 183 days before qualifying for Medicare. Meanwhile, the federal government has made it more attractive for seafood processors to hire workers for 180 days at a time, which means that many workers in PEI are unable to get a provincial health card because of a mere three days difference.

In the case of Seasonal Agricultural Workers (a category that is already subject to coercive employment practices with serious consequences for health and safety), their medical coverage needs to be coordinated by their employer, either through the provincial government or private insurance. A 2015 report by the Canadian Centre for Policy Alternatives found that 92% of Mexican migrant farm workers surveyed in BC, who were eligible for provincial health insurance, were not signed up by their employer.[16] Moreover, researchers in a 2021 study found that many temporary foreign workers they interviewed in Prince Edward Island did not know the difference between public and private health insurance, and those covered by employer-provided private health insurance did not always know how to use it. The study, "Safe at Work, Unsafe at Home: COVID-19 and Temporary Foreign Workers in Prince Edward Island," revealed that some migrant workers had tried to use their public insurance to access health care and were surprised that it did not cover prescription medications and certain medical treatments. Other temporary foreign workers interviewed for the study said they were not paid for taking time off work when they fell ill.[17]

Coverage for individuals with maintained status

In BC, several organizations and human rights coalitions successfully campaigned for public health coverage to be extended for people with maintained status – that is, individuals who have submitted an application to renew or extend their permits but have not received an answer yet.[18] This is particularly needed at a time when IRCC reports a backlog of 2.7 million people and undetermined wait times. People with maintained status living in provinces without this provision can lack access to public health insurance for several months or even years at a time. They can also incur costs while applying for public health insurance. For example, in Ontario, people on maintained status can apply to the OHIP Eligibility Review Committee to keep their OHIP coverage. However, they may incur health care costs when their OHIP eligibility is being assessed and have to seek reimbursement from OHIP once their eligibility is confirmed.

Refusal of care for stateless, non-status individuals

Deepan Budlakoti has been in need of health care since 2017 when he suffered second-degree burns to his face and several parts of his body while helping a friend repair a truck. Budlakoti is considered stateless by Canada even though he was born in Ottawa. Canada tried to deport Budlakoti to India after he was convicted of drug and firearm offences in 2010. The Canadian government argued that Budlakoti was not a Canadian citizen because he was born to foreign nationals who worked at the Indian High Commission, and that Budlakoti's offences warrant his deportation to India, a country he has never visited, let alone lived in. Lacking citizenship, when Budlakoti's body was badly burned, he had to pay for health care with the support of friends. Amnesty International, Citizens for Public Justice, the Canadian Health Coalition, and the Canadian Union of Public Employees (CUPE), the largest union in the country, are among those demanding Deepan's Canadian citizenship be restored immediately so he can access health care.[19]

Unsafe workplace conditions

Inadequate access to health care for migrant workers is especially concerning. Migrants often work in unsafe conditions without a union to represent them and without legislated health and safety protections for Canadian citizens and permanent residents. Migrant farm workers frequently suffer from musculoskeletal injury, eye and skin problems, sexual health conditions, and mental health concerns. Language barriers, lack of transportation, long workdays and fear of repatriation are compounding factors that prevent access to health care services, according to Pysklywec and colleagues.[20] Migrant Workers Alliance for Change has noted that inadequate translation services for migrant workers has resulted in health care providers sharing personal information with employers, causing privacy breaches, "medical repatriation" and lay-offs.[21]

Manitoba, Ontario and PEI are among the few provinces with special legislation protecting temporary foreign workers. PEI recently modernized its *Temporary Foreign Worker Protection Act*; however, local migrant advocates note it must do more to remove the onus on migrant workers to make complaints about their workplace.[22,23] Tying immigration status to employment makes it especially precarious for migrant workers to complain about unsafe working conditions. In addition to untying health care access from employment and specific employers, workplaces should be regularly inspected for health and safety concerns.

Medical inadmissibility due to "excessive demand"

Another policy that runs counter to the proclaimed "Canadian values" of inclusivity and universal access to health care is the exclusion of individuals that are deemed "medically inadmissible" to Canada because they can cause "excessive demand," (38.1.c. of the *Immigration and Refugee Protection Act*).[24] When applying for permanent residency, individuals will face rejection if they have medical conditions that could surpass a cost of $24,057 per year in the span of five consecutive years – which, among other issues, is discriminatory towards persons with disabilities. The Parliamentary Standing Committee on Citizenship and Immigration (CIMM) recommended the repeal of this "excessive demand" provision in December 2017.[25] The provision remains in place – albeit, with a recent increase in March 2022 reflected in the amount cited.

In 2017, between 900 and 1,000 individuals and their families were deemed medically inadmissible to Canada because of the "excessive demand" provision.[26] That same year, prior to the recommendation to repeal the provision by the CIMM, the then Minister of Immigration, Refugees and Citizenship Ahmed Hussen acknowledged that the provision is not compatible with Canadian values.[27] As one witness before the CIMM said, if Terry Fox and Rick Hansen were applying for permanent residency in Canada, both of them would be denied under the excessive demand provision.[28] The rationale behind this provision, as with other health care restrictions on migrants, is presented as an economic concern, but without legitimate data or other evidence. Instead, it indicates thinly veiled sentiments of xenophobia, ableism, racism, classism, and other forms of systemic oppression.

In addition to the deficient economic arguments, this policy is unequivocally discriminatory towards people with disabilities. Another ground for medical inadmissibility is "Danger to the public safety," which includes "sudden incapacity (loss of physical and mental abilities)."[29] Numerous scholars, lawyers, and advocates argue that these provisions are not compatible with several international treaties ratified by Canada with related legal obligations, including the Convention on the Rights of the Child, the Convention on the Rights of Persons with Disabilities, and the UN Declaration on Human Rights.[30] On the 2016 International Day of Persons with Disabilities, Prime Minister Justin Trudeau stated: "let us take action to break down the barriers that exclude Canadians with disabilities. We cannot rest until persons with disabilities have the same opportunities as everyone else." Yet, as a submission to the CIMM reads, the *Immigration and Refugee Protection Act* "wholly depicts disability in negative

terms. Disabled people are construed as a threat to Canadian resources, as needy, as an 'excessive demand.'"[31] Ultimately, they are rejected and deported when their medical conditions threaten to surpass the threshold established.

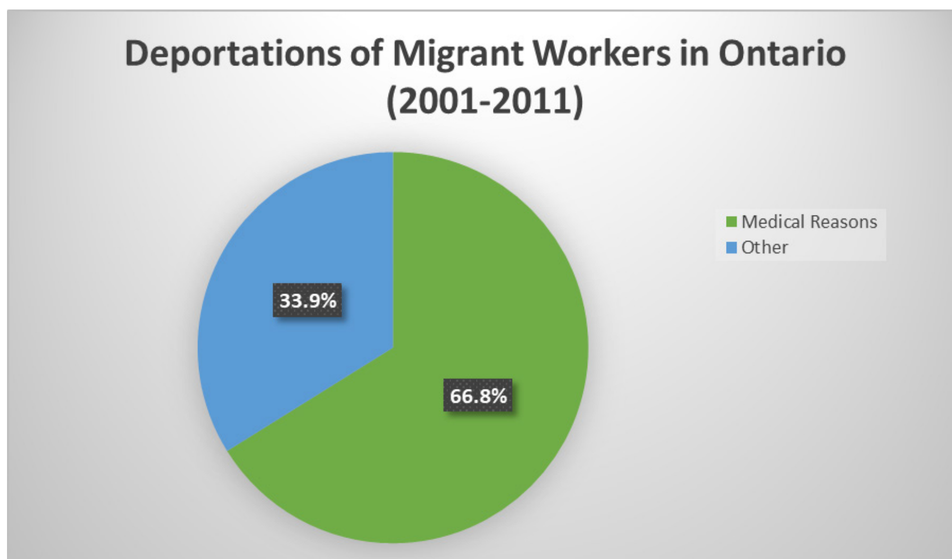
Moreover, the provision has also been deemed "anti-poor."[32] If the applicants are able to afford thousands of dollars to hire an immigration consultant or lawyer, they can challenge the administrative decisions in court – which, incidentally, costs Canadian taxpayers to defend the provision. This is on top of the cost of the Immigration Medical Exam that all permanent residency applicants must take to determine their "admissibility", which ranges from $150 to $280 per person (on average, $1300 for a family of five).

Medical deportations

One of the most severe examples of denial of health care based on immigration status occurs in instances of medical deportation. Medical deportation or medical repatriation occurs when someone who is injured or ill is removed from a country. A 2014 study of migrant farm workers in Ontario found that 787 repatriations occurred between 2001 and 2011, with the majority (66.8%) due to medical reasons or external injuries.[33] In Sheldon Mackenzie's case, which we have referenced earlier on the report, officials stripped him of his work visa and health care coverage as officials attempted to deport him.[34]

Deportations during the COVID-19 pandemic

Since May 2020, the United Nations Network on Migration has called on all governments to not deport migrants during the pandemic.[35] However, Canada continued its practice of medical deportations throughout a global pandemic. *The Walrus* told the story of Jatinder Singh who had come to Canada as an asylum seeker in 2017 and was deported in 2021, following a vehicle hitting his truck on an Ontario highway in March 2021.[36] The police that arrived at the accident discovered that Singh's asylum claim had been rejected in 2019. The police detained him and handed him over to the Canada Border Services Agency (CBSA) for deportation. Singh was jailed in Ottawa before being transferred to an immigration detention centre in Laval, a site where detainees often engage in hunger strikes against their unsafe conditions, and where many detainees had tested positive for COVID-19. Singh lost the appeal of his deportation order. The appeal tried to make the case that COVID-19 had killed more than 300,000 and infected more than 25 million people in India. At the time, media reports showed people in India dying for lack of oxygen.



"On June 15, as Singh was placed on a plane and removed from the country, the federal government considered the rapidly spreading Delta variant so dangerous that it had suspended all incoming commercial and private flights from the country in April—flights would not resume until the end of September," wrote Isabel Macdonald for *The Walrus*. CBSA figures revealed that from March 11, 2020 to February 21, 2022, Canada deported 18,418 people to more than 150 countries, including to locations where COVID-19 was rampant and lack of access to both medical treatment and vaccines was prevalent.

Wrongful refusal of publicly-funded health care

Even in instances where immigrants are eligible for public health coverage, staff from provincial health agencies and health clinics are left to figure out the complex set of exceptions and conditions on their own. This can result in the wrongful denial of care, as was reported in 2017 when refugees were barred from receiving health care by practitioners despite being eligible under the Interim Federal Health Program.[37]

In another instance, Aurelia (not her real name), a refugee claimant in Fredericton, worried about the hefty medical bills she received when she was pregnant in 2018. She paid some of the bills out-of-pocket, then was eventually reimbursed for the payments after an advocate told her she didn't have to pay for health care as a refugee claimant.

Wait time periods, employment requirements, and variations among immigration streams further complicate the task of service providers, when the provision of health care could be based on one simple principle (consistent with the spirit of the CHA): residence in Canada equals access to health care.

Access to health care part of a larger problem

Lack of access to health care is a particularly acute manifestation of a wider problem within Canada's immigration system.

Many of the barriers that limit access to health care for newcomers stem from stringent eligibility requirements for federally funded settlement services. As the 2018 report, "Improving Settlement Services Across Canada" by the Standing Committee on Immigration and Citizenship states, the problem extends beyond health care, as many newcomers are not eligible for settlement services altogether.[38] International students, temporary foreign workers, and refugee claimants are barred from these services – even though a significant portion of them eventually obtain permanent residence after years in Canada without access to critical supports.

Activist Gabriel Allahdua speaks at a rally organized by the Healthcare for All Coalition on August 3, 2022.

Tying access to fundamental rights and essential services to stringent eligibility requirements affects the individual and Canadian communities at large, with severe consequences for people in situations of greater vulnerability. In the "Improving Settlement Services Across Canada" report, settlement officers in a rural Manitoba community noted that limiting eligibility criteria for services affects temporary foreign workers "who need help as much as, and sometimes more than permanent residents."[39] They also noted that an inability to provide these services affects rural communities more acutely, where access to other kinds of non-governmental support is more rare.

Even laudable initiatives like the Ontario government directives introduced in March 2020 that provided funding for physician and hospital services for individuals without public health insurance fall short from addressing the underlying problem.[40] People who are ineligible to access public health insurance due to their immigration status (such as international students, temporary foreign workers between contracts or on casual employment, and non-status individuals) remain vulnerable to sudden changes in policy, or to health care providers that are unaware of these temporary directives. Even with the available information on provincial government websites, it is unclear what services covered by public health insurance will be provided to the uninsured at no cost.

Given the questionable objectives of these policy restrictions, the often inconsistent and arbitrary nature of their application, and their violations of multiple human rights conventions, federal and provincial governments should be hard-pressed to justify their existence. In instances of medical deportations and denial of life-saving procedures, the eligibility restrictions go against fundamental values that Canada purports to hold.

But laws and policies are not created in a vacuum. Restrictions on access to health care respond to beliefs that many Canadian residents hold about migrants and refugees. For example, a literature review by Monica Gagnon and colleagues revealed that people without immigration status are popularly portrayed as morally inferior, as taking advantage of Canada's generosity, or as threats to national security. The idea that people without status do not deserve access to health care and social services because they do not contribute to the system is prevalent in Canada.[41] Others have argued that only taxpayers and Canadian citizens are deserving of care, while those without status are undeserving because they do not contribute to the tax base (a false assertion), thereby straining the system for "real" Canadians. We will address this and other common beliefs in the following section.

Addressing myths and common arguments

MYTH: Migrants abuse the system by not paying taxes and using public services

All migrants pay taxes in one form or another. Individuals who are working in Canada through legally-recognized means pay both provincial and federal income taxes.[42] This includes temporary foreign workers of all streams and international students. In addition, the latter pay exponentially higher tuition fees, a significant financial contribution for public and private educational institutions. In Ontario, the 2017 tuition fees for international students were, on average, triple the cost of those for domestic students, and that gap has continued to rise.[43]

People who, for one reason or another, have lost their status in Canada also contribute to the tax pool by paying sales taxes yet, they don't receive any direct benefits from federally-funded income supports or services. What is more, the vast majority of these individuals are seeking ways to regularize their status, which would allow them to pay provincial and federal taxes as other Canadian residents do. Yet, the Canadian immigration system continues to put individuals (particularly those who are racialized and in low-wage sectors) in a maze of never-ending barriers that enable a loss of status, with little to no options to recover it.

Lost in that bureaucratic maze, unable to access timely health care due to her undocumented status, Nell Toussaint went blind, lost her hearing and part of her leg, and experienced kidney failure and stroke after not getting adequate treatment for diabetes. On August 17, the 51-year-old woman from Grenada who has been in Canada for 23 years cleared an important legal hurdle for health care for herself and all undocumented people in Canada. The Ontario Superior Court of Justice denied an attempt by the Canadian government to dismiss Toussaint's claim. Armed with a 2018 UN report[44] that condemns Canada for discriminating against Toussaint based on her immigration status and for failing to meet its international obligations to her "right to life," Toussaint is seeking $1.2 million from the federal government and demanding that irregular migrants be granted access to essential health care.

Despite the moves to make health care more accessible to migrants during COVID-19 such as Ontario's move to give public health insurance to everyone not previously covered, including migrants, the pandemic has not ended discrimination in Canada's public health care system. Additionally egregious is Canada using the courts, in the case of Nell Toussaint, to uphold systemic discrimination in health care.

MYTH: Providing coverage to migrants would be detrimental to the health care system

> "Better health for migrants isn't simply a moral imperative. It is an evidence-informed, economically wise choice that will improve health for all. It is a choice that must be made in defiance of populism, prejudice, and political expediency.[45]

Evidence suggests that some of the barriers put in place to deter access to medical coverage may increase financial costs to the system. Policies that restrict public health care access to migrants is based on data that demonstrates disproportionate burdens to the system. And if we take into account the fact that migrants are helping fund the system through their own tax contributions, it seems unfair to calculate their respective health care expenses altogether.

What is more, migration holds part of the solution to pervasive capacity issues in Canada's health care system. In June, 2022, Statistics Canada reported an all-time high of 136,800 job vacancies within the health sector throughout the first quarter of 2022 – nearly double the amount reported in the first quarter of 2020.[46] Meanwhile, there are thousands of trained professionals in health care whose foreign credentials have not been recognized due to prolonged wait times. Even more shameful is the fact that migrant workers who have provided essential services throughout the pandemic continue to be excluded from pathways to permanent residency, access to health care, and in some cases, are even still facing deportation.

Sanctuary Health reported that Claudia, a refugee claimant from Mexico who has lived in the country for four years, is facing deportation after her claim was rejected.[47] "I have been working cleaning COVID-19 treatment rooms because nobody wants such a dangerous job," Claudia said. "We hear constantly at work that there is a labour shortage, but the government is seeking to remove me to a country where I'm afraid for my family's life. How does that make sense?" Even though the federal government launched special programs to regularize the status of refugee claimants who worked in health care, Claudia was excluded due to their severely narrow criteria – in her case, because she did not provide direct care to patients.

A broad regularization program like the one requested in the #StatusForAll campaign would be a more comprehensive solution.[48] Similarly, a reduction of the immigration backlog (currently seating at over 2 million applications), and more efficient credential recognition processes could provide a much-needed increase in capacity to the health care system. The Registered Nurses' Association of Ontario said that roughly 26,000 nurses are ready and waiting to work in Ontario, but are unable to do so because of delays with their immigration processes or foreign credential recognition.[49] Access to health care for all migrants is integral to fulfilling the principles of accessibility and universality of the *Canada Health Act*. And in turn, better immigration policies and processes contribute to long-term solutions to structural problems in health care.

Policy recommendations for provincial governments

Provide public health insurance for all Canadian residents

One immediate solution is to provide all temporary residents full access to publicly funded health care—untied to their employer or employment status—for as long as their residence in Canada lasts. There is no justification to deny fundamental rights and social benefits to individuals based on their immigration status. Even from a purely financial standpoint (which should not supersede human rights obligations), these residents pay income taxes and contribute abundantly to the growth of Canada's economy, funding the same programs and bolstering the workforce of the very health care system that excludes them.

All provinces must remove systemic barriers in their health insurance coverage, including eliminating waiting periods and untying health care access to employment or immigration status. By doing so, the provinces would be upholding the *Canada Health Act* and its principles of comprehensiveness, universality and accessibility.

Eliminate the 3-month waiting period for Medicare

The 3-month waiting period for public health insurance that resettled refugees and landed immigrants must go through is based on the misguided assumption that these individuals might engage in "health tourism." By definition, these are individuals who are settling in Canada permanently. The 3-month waiting period adds complexity and cost to a health care system that is already challenging to navigate for newcomers. It often results in refusal of care and delayed access to services. Canada must instead work to provide full and immediate access to all health care services, eliminating any barriers that might hinder the initial process of resettlement and integration.

Increase the credential recognition of Internationally-Educated Health Care Professionals in Canada (IEHP)

A report by the World Education Services noted that the Canadian government simply does not know how many internationally-trained health care professionals (IEHPs) are currently in the country.[50] The numbers we do know are already significant: IEHPs comprise 9 percent of registered nurses, 19 percent of licensed physicians, and 22 percent of nurse aides, orderlies, and patient service associates. But the data gaps and barriers to access credential recognition suggest that these numbers are just a fraction of the total.

Some of the well-documented barriers IEHPs face include: expensive qualifying exams, extremely limited access to residency training or other clinical requirements, and few options for obtaining and demonstrating competencies assumed to be gained only through "Canadian experience." Other problems that researchers note are insufficient access to bridging programs to fill specific training gaps and limited recognition of the transferable skills of IEHPs seeking related health care work outside of their original profession.

Removing the barriers for IEHPs has benefits for all parties involved. For migrants, it means a recognition of their credentials and higher income potential. For the health care system and Canadian residents at large, it translates into increased capacity.

Policy recommendations for the federal government

Extend permanent status pathways for all

A long-term solution is to provide an accessible pathway towards permanent residence to all temporary residents. This single action could give equal rights to 1.7 million people who currently reside in Canada, but who face multiple barriers due to their immigration status, including access to health, housing, educational training, and job mobility. Migrant rights networks, advocates, and allies in Canada have been championing this campaign for decades.

Parliament has unanimously called for a plan to be tabled by September 8, 2022 to "allow workers of all skill levels permanent residency." In parallel, Prime Minister Trudeau has instructed the Minister of Immigration to move ahead with "regularizing" (giving Permanent Resident status) status for undocumented people.[51] Providing permanent status fundamentally redresses the precarity embedded in temporary migration streams.

Repeal the "excessive demand" provision

The CIMM has already recommended the repeal of this provision in December 2017, but very little has been done since then (beyond increasing the "excessive demand" amount by a few thousand dollars). The excessive demand provision is discriminatory towards people with disabilities and individuals with severe illness. Further, it is not backed up by comprehensive data showing "excessive costs" or an "overburdening" of the health care system. It goes against fundamental values of the *Canada Health Act* and international treaties on disability rights to which Canada is signatory.

Conclusion

Universal access to publicly-funded health care is a fundamental Canadian principle. It is crucial that the health care system is truly universal and leaves no one behind. When considering the access to health care or lack thereof that migrants and refugees experience, it quickly becomes apparent that Canada has a long way to go in reaching genuinely universal health care in which all of society's members have access to its services. Migrants make important contributions to the publicly-funded health care system in Canada, yet face significant barriers to accessing it themselves based on immigration status. Given Canada's human rights obligations, removing the barriers that people face in accessing health care based on immigration status is imperative.

Bibliography

Barnes, Steve. "Health Care Access for the Uninsured in Ontario." *Wellesley Institute*. Wellesley Institute, June 2016. https://www.wellesleyinstitute.com/wp-content/uploads/2017/01/Health-Care-Access-for-the-Uninsured-Symposium-Report.pdf.

Bejan, Raluca, Kristi Allain, Tracy Glynn, Ann Wheatley, and Paola Soto Flores. "Safe at Work, Unsafe at Home." *Temporary Foreign Workers Maritimes*, June 1, 2021. https://tfwmaritimes.ca/pdf/Report-Safe_at_Work_Unsafe_at_Home-TFWMARITIMES-PEI-2021.pdf.

Bergeron-Oliver, Annie. "Major Immigration Backlog in Canada Leaving Thousands of Trained Health-Care Professionals on the Sidelines." *CTV News*, August 4, 2022. https://www.ctvnews.ca/health/major-immigra-%20tion-backlog-leaving-thousands-of-trained-health-care-professionals-on-the-sidelines-1.6015229.

British Columbia Ministry of Health. *Coverage Wait Period*, October 20, 2021. https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/msp/bc-residents/eligibility-and-enrolment/how-to-enrol/coverage-wait-period.

Canada Health Act. 1984, c. 6, s. 1. https://www.canada.ca/en/health-canada/services/health-care-system/canada-health-care-system-medicare/canada-health-act.html.

Canadian Federation of Students Ontario. "International Students in Ontario." May 2017. https://cfsontario.ca/wp-content/uploads/2017/07/Factsheet-InternationalStudents.pdf.

Canadian Health Coalition. "Health Coalition Urges Ottawa to Assist 'Stateless Resident,'" June 7, 2022. https://www.healthcoalition.ca/health-coalition-urges-ottawa-to-assist-stateless-resident/.

CBC. "Islanders Invited to Weigh in on New Legislation Protecting Temporary Foreign Workers." *CBC News*, January 22, 2021. https://www.cbc.ca/news/canada/prince-edward-island/pei-temporary-foreign-workers-tfws-legeslation-1.5884794.

Chen, Y.Y. Brandon. "Refugees Once Again Have Full Health Benefits, but Some Practitioners Still Don't Know That." *CBC/Radio Canada*, May 9, 2017. https://www.cbc.ca/news/opinion/refugee-health-care-1.4105120.

Covell, Christine L., Elena Neiterman, and Ivy Lynn Bourgeault. "Scoping Review about the Professional Integration of Internationally Educated Health Professionals." *Human Resources for Health* 14, no. 38 (June 17, 2016). https://doi.org/10.1186/s12960-016-0135-6.

Dupeyron, Bruno, and Catarina Ianni Segatto. "Medical Inadmissibility Rules Make Canada a Laggard." *Policy Options*, April 30, 2018. https://policyoptions.irpp.org/magazines/april-2018/medical-inadmissibility-rules-make-canada-a-laggard/.

Gagnon, Monica, Nisha Kansal, Ritika Goel, and Denise Gastaldo. "Immigration Status as the Foundational Determinant of Health for People without Status in Canada: A Scoping Review." *Journal of Immigrant and Minority Health* 24, no. 4 (2021): 1029–44. https://doi.org/10.1007/s10903-021-01273-w.

Immigration, Refugees and Citizenship Canada. *Interim Federal Health Program: What Is Covered*, April 28, 2022. https://www.canada.ca/en/immigration-refugees-citizenship/services/refugees/help-within-canada/health-

care/interim-federal-health-program/coverage-summary.html.

Immigration, Refugees and Citizenship Canada. *Medical Inadmissability*, January 4, 2022. https://www.canada.ca/en/immigration-refugees-citizenship/services/immigrate-canada/inadmissibility/reasons/medical-inadmissibility.html.

Immigration, Refugees and Citizenship Canada. *Proof of Funds – Skilled Immigrants (Express Entry)*, June 15, 2022. https://www.canada.ca/en/immigration-refugees-citizenship/services/immigrate-canada/express-entry/documents/proof-funds.html.

Justicia for Migrant Workers. “Harvesting Freedom.” 2022. https://harvestingfreedom.org/.

Lebrun, Lydie A., and Leiyu Shi. “Nativity Status and Access to Care in Canada and the U.S.: Factoring in the Roles of Race/Ethnicity and Socioeconomic Status.” *Journal of Health Care for the Poor and Underserved* 22, no. 3 (2011): 1075–1100. https://doi.org/10.1353/hpu.2011.0075.

Macdonald, Isabel. “Why Is Canada Deporting Front Line Workers in the Middle of a Pandemic?” *The Walrus*, March 25, 2022. https://thewalrus.ca/pandemic-deportation/.

MacDonald, Scott. *Re: Repeal Section 38 (1) c of the Immigration and Refugee Protection Act*. Submission to the Standing Committee on Citizenship and Immigration, House of Commons Parliament of Canada, November 15, 2017. https://www.ourcommons.ca/Content/Committee/421/CIMM/Brief/BR9268114/br-external/ScottMacdonald-e.pdf.

Migrant Workers Alliance for Change.“Healthcare for Migrant Workers.” December 17, 2014. https://migrantworkersalliance.org/policy/healthcare2014/.

Migrant Rights Network. “Act on Historic Opportunity to Improve Lives of 1.7 Million People without Equal Rights.” 2022. https://migrantrights.ca/take-action/permanent-resident-status/.

Migrant Worker Hub. “Information on Filing Taxes for Migrant Workers.” September 3, 2019. https://migrantworkerhub.ca/wp-content/uploads/2019/10/FilingTaxes_final.pdf.

Ontario Ministry of Health. *Keeping Health Care Providers Informed of Payment*, *Policy or Program Changes*, March 25, 2020. https://www.health.gov.on.ca/en/pro/programs/ohip/bulletins/4000/bul4749.aspx.

Orkin, Aaron M., Morgan Lay, Janet McLaughlin, Michael Schwandt, and Donald Cole. “Medical Repatriation of Migrant Farm Workers in Ontario: A Descriptive Analysis.” *CMAJ* Open 2, no. 3 (September 17, 2014). https://doi.org/10.9778/cmajo.20140014.

Otero, Gerardo and Kerry Preibisch, “Citizenship and Precarious Labour in Canadian Agriculture,” Canadian Centre for Policy Alternatives, 2015. https://policyalternatives.ca/sites/default/files/uploads/publications/BC%20Office/2015/11/CCPA-BC_CitizenshipPrecariousLabourCdnAgri_web.pdf.

Pysklywec, Michael, Janet McLaughlin, Michelle Tew, and Ted Haines. “Doctors within Borders: Meeting the Health Care Needs of Migrant Farm Workers in Canada.” *Canadian Medical Association Journal* 183, no. 9 (July 14, 2011): 1039–42. https://doi.org/10.1503/cmaj.091404.

RSA Canada. “Destination Canada.” Accessed on November 10, 2022. https://www.rsagroup.ca/.

Sanctuary City Vancouver. “Policy Study of the ‘Three Month Wait’ in BC.” Accessed September 8, 2022. http://www.sanctuarycityvan.com/three-month-wait/.

Sanctuary Health. “Press Release: Family of Essential Pandemic Workers Facing Deportation; Ask Minister to Intervene.” August 3, 2022. https://sanctuaryhealth.blogspot.com/2022/08/press-release-family-of-essential.html.

Setia, Maninder Singh, Amelie Quesnel-Vallee, Michal Abrahamowicz, Pierre Tousignant, and John Lynch. “Access to Health-Care in Canadian Immigrants: A Longitudinal Study of the National Population Health Survey.” *Health & Social Care in the Community* 19, no. 1 (2010): 70–79. https://doi.org/10.1111/j.1365-2524.2010.00950.x.

Siddiqi, Arjumand A., Susan Wang, Kelly Quinn, Quynh C. Nguyen, and Antony Dennis Christy. “Racial Disparities in Access to Care under Conditions of Universal Coverage.” *American Journal of Preventive Medicine* 50, no. 2 (2016): 220–25. https://doi.org/10.1016/j.amepre.2014.08.004.

Singer, Colin. “Canada’s Healthcare System Could Be Boosted by Immigrants with Medical Education: WES.” *Canada Immigration News*, July 28, 2022. https://www.cimmigrationnews.com/canadas-healthcare-system-could-be-boosted-by-immigrants-with-medical-education-wes/.

Standing Committee on Citizenship and Immigration. *Building an Inclusive Canada: Bring- ing the Immigration and Refugee Protection Act in Step with Modern Values*, Edited by Robert Oliphant. December 2017. https://www.ourcommons.ca/DocumentViewer/en/42-1/CIMM/report-15/.

Standing Committee on Citizenship and Immigration. *Minutes of Proceedings*. 1st Session., 42nd Parliament, Meeting No. 85, 2017. https://www.ourcommons.ca/DocumentViewer/en/42-1/CIMM/meeting-85/minutes.

Standing Committee on Citizenship and Immigration. *Minutes of Proceedings*. 1st Session., 42nd Parliament, Meeting No. 86, 2017. https://www.ourcommons.ca/DocumentViewer/en/42-1/cimm/meeting-86/minutes.

Standing Committee on Citizenship and Immigration. *“Improving Settlement Services across Canada.”* Edited by Nick Whalen. 2019. https://www.ourcommons.ca/Content/Committee/421/CIMM/Reports/RP10577155/cimmrp26/cimmrp26-e.pdf.

Statistics Canada. *Impacts on Immigrants and People Designated as Visible Minorities*. 2021. https://www150.statcan.gc.ca/n1/pub/11-631-x/2020004/s6-eng.htm.

Toussaint v. Canada (Attorney General) 2022 ONSC 4747. https://www.socialrights.ca/2022/Toussaint%20v%20Canada%20OSC%20Decn.pdf.

UN International Covenant on Civil and Political Rights. Views adopted by the Committee under article 5 (4) of the Optional Protocol, concerning communication. No. 2348/2014. August 2018. https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPRiCAqhKb7yhstcNDCvDan1pXU7dsZDBaDUTGwvepRQQ4nwed0EKFgVQ1PMnrThSRVGq36Wd%2FdgnclNKEZT2ee5xTjoyNmiapxrxB8hNy3xID1qIQfO4XMfbSns9SrVKk2dshmsxA2QWVF9ozIsMPG5LTvkfhPliKEA%3D.

UN Network on Migration. UN Network on Migration Official Statement: Forced Returns of Migrants Must be Suspended in Times of COVID-19,” United Nations Network on Migrations, May 13, 2020. https://migrationnetwork.un.org/statements/un-network-migration-official-statement-forced-returns-migrants-must-be-suspended-times.

Walia, Harsha. *Border and Rule: Global Migration, Capitalism, and the Rise of Racist Nationalism*. Canada: Haymarket Books, 2021.

Wickramage, Kolitha, Paul J Simpson, and Kamran Abbasi. "Improving the Health of Migrants." BMJ, 2019, 366:l5324. https://doi.org/10.1136/bmj.l5324.

Withers, A.J., and Alex Tufford. *Submission to the Standing Committee on Citizenship and Immigration Regarding 'Medical Inadmissibility' in the Immigrant and Refugee Protection Act*. Parliament. House of Commons. November 15, 2017. https://www.ourcommons.ca/Content/Committee/421/CIMM/Brief/BR9255647/br-external/3.%20WithersAJ-e.pdf.

Yarr, Kevin. "P.E.I. Needs to Fix Poor Protection for Temporary Foreign Workers, Says Union." *CBC News*, October 7, 2021. https://www.cbc.ca/news/canada/prince-edward-island/pei-temporary-fooreign-workers-cupe-1.6202868.

Yun, Tom. "'People Are Suffering': ICU Nurse Says Staffing Shortages at Hospitals Are Getting Worse." *CTV News*, August 1, 2022. https://www.ctvnews.ca/health/people-are-suffering-icu-nurse-says-staffing-shortages-at-hos-%20pitals-are-getting-worse-1.6010031.

Endnotes

1 Justicia for Migrant Workers. Harvesting Freedom. 2022. https://harvestingfreedom.org.

2 Statistics Canada, "Impacts on Immigrants and People Designated as Visible Minorities," 2021. https://www150.statcan.gc.ca/n1/pub/11-631-x/2020004/s6-eng.htm.

3 Ibid.

4 Siddiqi, Arjumand A. et al., "Racial Disparities in Access to Care under Conditions of Universal Coverage," American Journal of Preventive Medicine 50, no. 2 (2016): pp. 220-225, https://doi.org/10.1016/j.amepre.2014.08.004.

5 Lebrun, Lydie A. and Leiyu Shi, "Nativity Status and Access to Care in Canada and the U.S.: Factoring in the Roles of Race/Ethnicity and Socioeconomic Status." Journal of Health Care for the Poor and Underserved 22, no. 3 (2011): 1075-1100, https://doi.org/10.1353/hpu.2011.0075.

6 Immigration, Refugees and Citizenship Canada. "Proof of Funds – Skilled Immigrants (Express Entry)," 2022. https://www.canada.ca/en/immigration-refugees-citizenship/services/immigrate-canada/express-entry/documents/proof-funds.html.

7 Immigration, Refugees, and Citizenship Canada, *Interim Federal Health Program: What Is Covered*, 2022. https://www.canada.ca/en/immigration-refugees-citizenship/services/refugees/help-within-canada/health-care/interim-federal-health-program/coverage-summary.html.

8 Ibid.

9 Toussaint v. Canada (Attorney General) 2022 ONSC 4747. https://www.socialrights.ca/2022/Toussaint%20v%20Canada%20OSC%20Decn.pdf.

10 Steve Barnes, "Health Care Access for the Uninsured in Ontario," Wellesley Institute, 2016, https://www.wellesleyinstitute.com/wp-content/uploads/2017/01/Health-Care-Access-for-the-Uninsured-Symposium-Report.pdf.

11 Sanctuary City Vancouver. “Policy Study of the ‘Three Month Wait’ in BC.” http://www.sanctuarycityvan.com/three-month-wait/.

12 British Columbia Ministry of Health, “Coverage Wait Period,” 2021. https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/msp/bc-residents/eligibility-and-enrolment/how-to-enrol/coverage-wait-period.

13 RSA Canada. “Destination Canada,” Royal & Sun Alliance Insurance Company of Canada, 2019. https://www.rsagroup.ca/.

14 Canada Health Act. 1984, c. 6, s. 1. https://www.canada.ca/en/health-canada/services/health-care-system/canada-health-care-system-medicare/canada-health-act.html.

15 Ontario Ministry of Health. “Temporary Foreign Workers,” https://www.health.gov.on.ca/en/public/publications/ohip/temp_foreign.aspx.

16 Gerardo Otero and Kerry Preibisch, “Citizenship and Precarious Labour in Canadian Agriculture,” Canadian Centre for Policy Alternatives, 2015. https://policyalternatives.ca/sites/default/files/uploads/publications/BC%20Office/2015/11/CCPA-BC_CitizenshipPrecariousLabourCdnAgri_web.pdf.

17 Bejan, Raluca et al., “Safe at Work, Unsafe at Home,” Temporary Foreign Workers Maritimes, June 1, 2021, https://tfwmaritimes.ca/pdf/Report-Safe_at_Work_Unsafe_at_Home-TFWMARITIMES-PEI-2021.pdf.

18 British Columbia Ministry of Health. “Medical Services Plan coverage continues for people with maintained status,” 2022. https://news.gov.bc.ca/releases/2022HLTH0132-000679.

19 Canadian Health Coalition. “Health Coalition Urges Ottawa to Assist ‘Stateless Resident,’” 2022. https://www.healthcoalition.ca/health-coalition-urges-ottawa-to-assist-stateless-resident/.

20 Pysklywec, Michael et al., “Doctors within Borders: Meeting the Health Care Needs of Migrant Farm Workers in Canada,” Canadian Medical Association Journal 183, no. 9 (2011): pp. 1039-1042, https://www.cmaj.ca/content/183/9/1039.

21 Migrant Workers Alliance for Change. “Healthcare for Migrant Workers.” 2014. https://migrantworkersalliance.org/policy/healthcare2014/.

22 CBC. “Islanders Invited to Weigh in on New Legislation Protecting Temporary Foreign Workers,” January 22, 2021, https://www.cbc.ca/news/canada/prince-edward-island/pei-temporary-foreign-workers-tfws-legeslation-1.5884794.

23 Yarr, Kevin. “P.E.I. Needs to Fix Poor Protection for Temporary Foreign Workers, Says Union.” CBC News, October 7, 2021, https://www.cbc.ca/news/canada/prince-edward-island/pei-temporary-fooreign-workers-cupe-1.6202868.

24 Immigration, Refugees and Citizenship Canada. “Medical Inadmissability,” 2022. https://www.canada.ca/en/immigration-refugees-citizenship/services/immigrate-canada/inadmissibility/reasons/medical-inadmissibility.html.

25 Standing Committee on Citizenship and Immigration. *Building an Inclusive Canada: Bringing the Immigration and Refugee Protection Act in Step with Modern Values*, Edited by Robert Oliphant. December 2017. https://www.ourcommons.ca/DocumentViewer/en/42-1/CIMM/report-15/.

26 Dupeyron, Bruno, and Catarina Ianni Segatto. “Medical Inadmissibility Rules Make Canada a Laggard.” Policy Options, April 30, 2018. https://policyoptions.irpp.org/magazines/april-2018/medical-inadmissibility-rules-make-canada-a-laggard/.

27 Standing Committee on Citizenship and Immigration. *Minutes of Proceedings*. 1st Session., 42nd Parliament, Meeting No. 86, 2017. https://www.ourcommons.ca/DocumentViewer/en/42-1/cimm/meeting-86/minutes.

28 Standing Committee on Citizenship and Immigration. *Minutes of Proceedings*. 1st Session., 42nd Parliament, Meeting No. 85, 2017. https://www.ourcommons.ca/DocumentViewer/en/42-1/CIMM/meeting-85/minutes.

29 Immigration, Refugees and Citizenship Canada. “Medical Inadmissability,” 2022. https://www.canada.ca/en/immigration-refugees-citizenship/services/immigrate-canada/inadmissibility/reasons/medical-inadmissibility.html.

30 Withers, A.J., and Alex Tufford. *Submission to the Standing Committee on Citizenship and Immigration Regarding ‘Medical Inadmissibility’ in the Immigrant and Refugee Protection Act*. Parliament. House of Commons. November 15, 2017. https://www.ourcommons.ca/Content/Committee/421/CIMM/Brief/BR9255647/br-external/3.%20WithersAJ-e.pdf.

31 Ibid.

32 MacDonald, Scott. *Re: Repeal Section 38 (1) c of the Immigration and Refugee Protection Act*. Submission to the Standing Committee on Citizenship and Immigration, House of Commons Parliament of Canada, November 15, 2017. https://www.ourcommons.ca/Content/Committee/421/CIMM/Brief/BR9268114/br-external/Scott-Macdonald-e.pdf.

33 Orkin, Aaron M., Morgan Lay, Janet McLaughlin, Michael Schwandt, and Donald Cole. “Medical Repatriation of Migrant Farm Workers in Ontario: A Descriptive Analysis.” *CMAJ Open* 2, no. 3 (September 17, 2014). https://doi.org/10.9778/cmajo.20140014.

34 Walia, Harsha. *Border and Rule: Global Migration, Capitalism, and the Rise of Racist Nationalism*. Canada: Haymarket Books, 2021.

35 UN Network on Migration. UN Network on Migration Official Statement: Forced Returns of Migrants Must be Suspended in Times of COVID-19,” United Nations Network on Migrations, May 13, 2020. https://migrationnetwork.un.org/statements/un-network-migration-official-statement-forced-returns-migrants-must-be-suspended-times

36 Macdonald, Isabel. “Why Is Canada Deporting Front Line Workers in the Middle of a Pandemic?” *The Walrus*, March 25, 2022. https://thewalrus.ca/pandemic-deportation/.

37 Chen, Y.Y. Brandon. “Refugees Once Again Have Full Health Benefits, but Some Practitioners Still Don’t Know That.” *CBC/Radio Canada*, May 9, 2017. https://www.cbc.ca/news/opinion/refugee-health-care-1.4105120.

38 Standing Committee on Citizenship and Immigration. *“Improving Settlement Services across Canada.”* Edited by Nick Whalen. 2019. https://www.ourcommons.ca/Content/Committee/421/CIMM/Reports/RP10577155/cimmrp26/cimmrp26-e.pdf.

39 Ibid.

40 Ontario Ministry of Health. *Keeping Health Care Providers Informed of Payment, Policy or Program Changes*, March 25, 2020. https://www.health.gov.on.ca/en/pro/programs/ohip/bulletins/4000/bul4749.aspx.

41 Gagnon, Monica, Nisha Kansal, Ritika Goel, and Denise Gastaldo. "Immigration Status as the Foundational Determinant of Health for People without Status in Canada: A Scoping Review." *Journal of Immigrant and Minority Health* 24, no. 4 (2021): 1029–44. https://doi.org/10.1007/s10903-021-01273-w.

42 Migrant Worker Hub. "Information on Filing Taxes for Migrant Workers." September 3, 2019. https://migrantworkerhub.ca/wp-content/uploads/2019/10/FilingTaxes_final.pdf.

43 Canadian Federation of Students Ontario. "International Students in Ontario." May 2017. https://cfsontario.ca/wp-content/uploads/2017/07/Factsheet-InternationalStudents.pdf.

44 UN International Covenant on Civil and Political Rights. Views adopted by the Committee under article 5 (4) of the Optional Protocol, concerning communication. No. 2348/2014. August 2018. https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPRiCAqhKb7yhstcNDCvDan1pXU7dsZDBaDUTGwvepRQQ4nwed0EKFgVQ1PMnrThSRVGq36Wd%2FdgnclNKEZT2ee5xTjoyNmiapxrxB8hNy3xlD1qlQfO4XMfbSns9SrVKk2dshmsxA2QWVF9ozlsMPG5LTvkfhPliKEA%3D.

45 Wickramage, Kolitha, Paul J Simpson, and Kamran Abbasi. "Improving the Health of Migrants." *BMJ*, 2019, 366:l5324. https://doi.org/10.1136/bmj.l5324.

46 Yun, Tom. "'People Are Suffering': ICU Nurse Says Staffing Shortages at Hospitals Are Getting Worse." *CTV News*, August 1, 2022. https://www.ctvnews.ca/health/people-are-suffering-icu-nurse-says-staffing-shortages-at-hos-%20pitals-are-getting-worse-1.6010031.

47 Sanctuary Health. "Press Release: Family of Essential Pandemic Workers Facing Deportation; Ask Minister to Intervene." August 3, 2022. https://sanctuaryhealth.blogspot.com/2022/08/press-release-family-of-essential.html.

48 Migrant Rights Network. "Act on Historic Opportunity to Improve Lives of 1.7 Million People without Equal Rights." 2022. https://migrantrights.ca/take-action/permanent-resident-status/.

49 Bergeron-Oliver, Annie. "Major Immigration Backlog in Canada Leaving Thousands of Trained Health-Care Professionals on the Sidelines." *CTV News*, August 4, 2022. https://www.ctvnews.ca/health/major-immigra-%20tion-backlog-leaving-thousands-of-trained-health-care-professionals-on-the-sidelines-1.6015229.

50 Singer, Colin. "Canada's Healthcare System Could Be Boosted by Immigrants with Medical Education: WES," Canada Immigration News, 2022. https://www.cimmigrationnews.com/canadas-healthcare-system-could-be-boosted-by-immigrants-with-medical-education-wes/.

51 Migrant Rights Network. "Act on Historic Opportunity to Improve Lives of 1.7 Million People without Equal Rights." 2022. https://migrantrights.ca/take-action/permanent-resident-status/.