

Healthcare access for migrants with a precarious migration status in Montreal : review of the situation & possible solutions

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Importance of issue

Migrants with a precarious migration status (MPMS)

- Magnitude of international migrations
 - National security perspective
 - Migrants' situation increasingly precarious
- Particularly vulnerable
 - Limited access to healthcare
 - Other harmful health determinants
- Possible impacts on public health

Terminology

Who are the MPMS?

New immigrants (<1 year)	219 157 Canada, 37 575 Québec (2006, CIC)
Asylum seekers	21 380 (2006, CIC) People deported 11 286 (2006, CBSA)
Temporary workers	112 658 (annual entries, all categories, 2006, CIC)
Live-in caregivers	
Victims of human trafficking	<i>600-800?</i> (illegal entries? 2006, RCMP) <i>12000-15000?</i> (including « arranged marriages » and others, 2005, group of NGO)
Persons from a country under moratorium	<i>4000-5000?</i> (2002-2005, CCR)
Persons between two status	?? (persons who lost their work permit...)
Undocumented migrants	<i>100-500 000</i> Canada, <i>20-50 000</i> Montreal?

Reasons: temporary status, frequent changes, sharing health and living conditions

Methodology

- Literature revue
- Semi-structured interviews
- Additional data collection
- Analysis

Results

Part A : Portrait of MPMS

- Reasons of precarious status
 - Entry to Canada mainly legal
 - Reasons of precarious/absent migration status
 - Temporary or employer-linked visa
 - Request for refugee status rejected
 - Expired student/visitor visa...
- Sociodemographic aspects
 - Young population, sometimes with children
 - Origins
 - Similar to Canadian immigration
 - Linked to status at entry

Results

Part B : Health and living conditions

- Housing
 - Unhealthy, overcrowded, promiscuity
- Job & income
 - Precarious & undeclared jobs, exploitation, minimal salaries
- Problematic access to education
- Regularization procedures & immigration policies
 - Long, complex & costly
 - Family reunification slow or impossible
 - Numerous temporary/complicated visas = increased number of MPMS

Results

Part B : Health and living conditions

- Mental health
 - Stress, distrust, loneliness
 - Fear of authorities, fear of denunciation
 - Vicious circle precarious migration status & poor mental health

- Access to healthcare
 - Limited, delayed, temporary or absent
 - Late because of high costs, fear or misunderstandings
 - Worsening of health status
 - Problematic access to CSST (work health & safety)

Access problem no1: Waiting period (WP)

Category	Status or type	Condi- tions	Health services						
			Public healthcare coverage (RAMQ/FFHP)	Emergency care	Perinatal care	Familial/sexual violence	Diseases with impact on public health	None urgent care/follow-up	CSST
Immigrant	Economic class	No	None for 3 months (WP)	No	Yes	Yes	Yes	No	Yes?
	Family class		Then RAMQ	Yes	Yes	Yes	Yes	Yes	
	Other categories		Yes	Yes	Yes	Yes	Yes	Yes	
Temporary worker	Temporary foreign worker (high-skilled)	Yes	None for 3 months	No	Yes	Yes	Yes	No	TFW Yes?
	Lower-skilled occupation worker		Then RAMQ	Yes	Yes	Yes	Yes	Yes	LSOW Yes?
	Live-in caregiver		None if looses	No	No	No	Yes	No	LCG No

Access problem no2:

Interim Fed. Health Program (IFHP)

Category	Status or type	Health services						
		Public healthcare coverage (RAMQ/IFHP)	Emergency care	Perinatal care	Familial/sexual violence	Diseases with impact on public health	None urgent care/follow-up	CSSST
Refugee	Asylum seeker	IFHP	Yes	Yes	Yes	Yes	No	Yes?
	Refugee	RAMQ (IFHP if WP)	Yes	Yes	Yes	Yes	Yes	Yes
Other	Person from moratorium country	IFHP	Yes	Yes	Yes	Yes	No	Yes?
	Human trafficking victim (declared)	IFHP	Yes	Yes	Yes	Yes	No	Yes?

Access problem no3:

Link between job & healthcare coverage

Category	Status ou type	Condi- tions	Health services						
			Public healthcare coverage (RAMQ/IFHP)	Emergency care	Perinatal care	Familial/sexual violence	Diseases with impact on public health	None urgent care/follow-up	CSST
Temporary workers	Temporary foreign worker (high-skilled)	Yes	None for 3 months (WP)	No	Yes	Yes	Yes	No	TFW Yes?
	Lower-skilled occupation worker		Then RAMQ	Yes	Yes	Yes	Yes	Yes	LSOW Yes?
	Live-in caregiver		None if loses employer	No	No	No	Yes	No	LCG No
	Seasonal agricultural worker	Yes	RAMQ	Yes	Yes	Yes	Yes	Yes	Yes
None if loses employer			No	No	No	Yes	No	No	
Other visa	Student	Yes	None except if agreement with country of origin	No	No	No	Yes	No	No

Access problem no4: No access to healthcare

Category	Status or type	Health services						
		Public healthcare coverage (RAMQ/IFHP)	Emergency care	Perinatal care	Familial/sexual violence	Diseases with impact on public health	None urgent care/follow-up	CSST
Other visa	Visitor	None	No	No	No	Yes	No	No
	Student	None except if agreement with country of origin	No	No	No	Yes	No	No
	Student dependant	None except if Qc grant beneficiary	No	No	No	Yes	No	No
Other	Person between two status	None	No	No	No	Yes	No	No
	Undocumented migrant	None	No	No	No	Yes	No	No
	Other	None	No	No	No	Yes	No	No

Challenges

Improving health of MPMS

- Additional health obstacles linked to status
- Usually not part of organizations/institutions mandate
 - Budget & regulation constrains
 - Underground & informal work
- Very complex health & migration situations
 - Time consuming
 - Lack of resources
 - Professionally & personally confronting

Possible interventions

Improving health of MPMS

- Improve documentation of MPMS issue
 - Importance of MPMS population (quantitative approach)
 - Impact on individual health & public health
 - Impact on systems & actors (institutions, health system...)
- Support family reunification
 - Important impact on migrants' mental health

Possible interventions

Improving health of MPMS

- Consider changing or eliminating the waiting period
 - Complete abolition?
 - Cancellation of debt if prolonged residency?
 - Exemption for urgent care?
- Improve healthcare services for MPMS
 - Target especially perinatal, paediatric & urgent care
 - Improve State's responsibility & change policies?
 - Discretionary budgets for vulnerable MPMS?
 - Palliative services (ex: Médecins du Monde)?
 - Advocacy
 - RASMi Réseau d'action pour la santé des migrants

Conclusion

- Increasingly important issue
- Actual situation jeopardizes
 - Universality & accessibility principles of health law
 - Equity & social justice values of health policies
- Need to better document
- Worries about impact on health
 - Multiple harmful health determinants
 - Precarious period often very long
 - Short-term and long-term impacts

Thank you! Merci!

Questions?

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