



Access to Health for Migrants with Precarious Immigration Status

Jill HANLEY
McGill School of Social Work

Community-based research project

‘Learning to be an Immigrant Worker’

- Baltodano, Chowdry, Hanley, Jordan, Shragge, Singh, Steigman & the Immigrant Workers’ Centre
- ★ Interviews with 50+ migrant workers on their labour experiences
- ★ Goal: Develop organising tools to encourage defence of labour rights



Policy-oriented research

- ✦ 'Barriers to Health for Women with Precarious Immigration Status'

- Oxman-Martinez, Khanlou, Weerasinghe, Agnew & Hanley

- ✦ Policy analysis of access to health

- ✦ Interviews with policymakers and NGOs

- ✦ Goal: Policy recommendations

Presentation Outline

- ★ Policy & Labour Context of Immigration
- ★ LCP & SAWP
- ★ Issues in Access to Health
- ★ Implications for Research
- ★ Implications for Organising

Policy Context

- ✦ Of ~ 500,000 annual migrants to Canada, more than 1/2 = temporary
- ✦ “Precarious Immigration Status”:
 - No permanent right to stay in Canada
 - Dependence on third party (employer, family member)
 - Ex. undocumented, trafficked, refugees, temporary visas (tourist, student, TFW, LCP, SAWP), sponsored family member

Policy Context, cont'd

- ★ Recent studies showing immigrants not faring as well as in the past (unemployment, less willing to take low-skilled jobs)
- ★ “Guestworker” programs fit well with “flexible” labour markets and “just-in-time” management
- ★ World Health Organisation links access to health with individual, family & group agency & power

Temporary Foreign Worker Program


- ✦ 110,000 per year = 1/5 of all migrants
- ✦ Temporary visas up to 2 years
- ✦ General program mostly professionals
- ✦ Low skill programs with specific criteria:
LCP, SAWP, LSPP

Live-In Caregiver Program

- ✦ Personal care for children, and adults with disabilities
- ✦ Must live in employer's home, visa tied to this employer
- ✦ Must complete 24 months of live-in work within 3 years to apply for permanent residency (no guarantees)

Seasonal Agricultural Worker Program

- ★ Bilateral agreement between Canada and Mexico, Guatemala, Jamaica, Barbados, others
- ★ Farm labour, hired in groups
- ★ Must live on the farm, visa tied to that employer
- ★ Maximum 10 months per year, no right to apply for permanency



We work near chemicals. Supposedly the chemicals are strong. Sometimes we'll be working and they'll be spraying right next to us – 50 meters away. They don't even give us mouth covers. This is gonna make us sick in the long run – but if we get too sick they send us to Mexico.

I've seen friends with lacerations on their hands – from the chemicals.... The boss should treat us for that not charge us for it! One got sick and they didn't treat him they sent him off to Mexico. It's not just its not fair. If you go back to Mexico where are they gonna get the money for treatment?


...

Issues in Access to Health

- ✦ Social isolation of workers (individuals in private home or groups on the farm) means difficult mental health context & difficult to get info
- ✦ Economic exploitation is standard (work hours, lack of overtime pay, respect) so difficult to refuse dangerous work or get time off for health
- ✦ Emotional confusion in employee/employer relationships can mean intervention in access to health
- ✦ General problems accessing health-related social rights (Workers' comp, EI, Medicare, Parental leave)

Problems encountered, cont'd

- ✦ Extreme gendered and racialized division of labour means more difficult living & work conditions
- ✦ Visa conditions enforcing work in conditions unacceptable to Canadians so difficult to change
- ✦ Constitute a form of subsidy to Canadian health privileges (health & social services, childcare, homecare, cheap food)
- ✦ Fear of deportation = principal form of control
- ✦ Long separation from family has important psycho-social implications



Health Resistance among Precarious Status Migrants: Modes of action

- ✱ Covert individual resistance
- ✱ Overt individual resistance
- ✱ Collective action

Research Implications

- ✱ Policy barriers well-documented
- ✱ Health implications beginning to be explored
- ✱ Little info on implications for migrants' employment, family life, socio-political integration or modes of resistance
- ✱ New team:
 - ✱ Hanley, Dagenais, Gravel, Lavoie, Lippel, Premji, Shragge

Organising Implications

☀ Modes of action

- ☀ Acknowledge and value covert resistance
- ☀ Provide individual advocacy as way to plug into something larger
- ☀ Acknowledge heightened risks for temporary workers
- ☀ Policy advocacy essential
- ☀ Transnational activism necessary

Concluding Challenges

- ✦ Lack of organising resources
- ✦ Extreme precarity of this population (economic, immigration)
- ✦ Long-term horizon for most of these struggles, short-term visas
- ✦ Isolated workplaces
- ✦ Overall trend towards privatization and restriction of services