



DECENT WORK & HEALTH NETWORK

September 20, 2022

Rt. Hon. Justin Trudeau
Prime Minister of Canada
80 Wellington Street
Ottawa, Ontario, K1A 0A2
justin.trudeau@parl.gc.ca

Hon. Sean Fraser
Minister of Immigration, Refugees and Citizenship
Confederation Building, Suite 110
House of Commons, Ottawa, Ontario, K1A 0A6
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RE: Permanent residence for all is critical for our patients' health

Dear Prime Minister Trudeau and Minister Fraser,

The Decent Work and Health Network is a coalition of health providers advocating for improved working conditions as a way to achieve better health outcomes. As a group of doctors, nurses, health workers and public health experts, we advance evidence-based interventions to protect and promote the individual and collective health of our patients and communities.

We are encouraged that Prime Minister Trudeau has given the Minister of Immigration a mandate to “explore ways of regularizing status for undocumented workers”¹ and that a parliamentary motion has passed unanimously asking the Minister of Immigration to create a plan to give permanent residency to workers of all skill levels.²

Health workers know firsthand that full and permanent immigration status is a critical determinant of health. **On behalf of the Decent Work and Health Network, we urge you to develop a comprehensive regularization plan for all undocumented people, without exception, and permanent residence for all migrants, including those in low-waged jobs.**

Full and permanent immigration status should be considered a minimum floor of rights – when any group is excluded, the collective health of our communities is impacted. A recent review of

¹ Minister of Immigration, Refugees and Citizenship Mandate Letter, December 16, 2021.

<https://pm.gc.ca/en/mandate-letters/2021/12/16/minister-immigration-refugees-and-citizenship-mandate-letter>

² <https://www.cbc.ca/radio/thehouse/sean-fraser-immigration-temporary-permanent-residency-1.6484505>

existing research found that “immigration status is the foundational determinant of health for people without status in Canada.”³

The health evidence for a comprehensive regularization program is clear. Lack of full and permanent immigration status for all leads to:

- **Poor working conditions that undermine health:** Without immigration status, workers are unable to assert their rights due to fear of deportation. This often leads to being forced to accept low pay and poor working conditions that put workers’ health at risk. Undocumented migrants report wage theft,⁴ higher risk of injury,⁵ and sexual exploitation.⁶ Throughout the COVID-19 pandemic, workplace outbreaks in Canada were most prevalent in migrant-centric industries, including agriculture; healthcare, long-term care, social assistance, food manufacturing, educational services, and transportation and warehousing.⁷ Lack of permanent residence status drives precarious working conditions, which both undermines our collective public health and contributes to poor individual health outcomes.
- **Lack of access to healthcare and other critical services:** Many undocumented people, along with other migrants across the country, do not have health insurance. High costs of healthcare and fear of deportation among people without status is a major barrier to accessing healthcare and social services.⁸ In particular, fear that healthcare information will be shared with immigration authorities can discourage accessing healthcare and support.⁹ Migrants are also more likely to be without a family doctor and face barriers in accessing diagnostic tests.¹⁰ In Ontario, research on emergency room visits shows that uninsured patients are less likely to be admitted, more likely to leave without treatment, and more likely to die on arrival or during their stay in the emergency department. Meanwhile, their conditions are 43% more likely to be classified as severe, indicating that they delay accessing care.¹¹ These systemic barriers to accessing care can have detrimental downstream impacts on a patients’ overall health and the health of our communities.

³ Gagnon, M., Kansal, N., Goel, R. et al. Immigration Status as the Foundational Determinant of Health for People Without Status in Canada: A Scoping Review. *J Immigrant Minority Health*, October 3, 2021

⁴ Behind Closed Doors: Exposing Migrant Care Worker Exploitation during COVID-19. 2020.

https://migrantrights.ca/wp-content/uploads/2020/10/Behind-Closed-Doors_Exposing-Migrant-Care-Worker-Exploitation-During-COVID19.pdf

⁵ Villegas PE. Fishing for precarious status migrants: surveillant assemblages of migrant illegalization in Toronto. *Canada J Law Soc.* 2015;42(2):230–252

⁶ Pashang S. Entrapped bodies: illegalized trafficked youth in Canada. *Int J Mental Health Addict.* 2019;17:370–384.

⁷ Buchan SA, Smith PM, Warren C, et al. Incidence of outbreak-associated COVID-19 cases by industry in Ontario, Canada, 1 April 2020–31 March 2021. *Occupational and Environmental Medicine.* January 12, 2021

⁸ Hynie M, Ardern CI, Robertson A. Emergency Room Visits by Uninsured Child and Adult Residents in Ontario, Canada: What Diagnoses, Severity and Visit Disposition Reveal About the Impact of Being Uninsured. *J Immigr Minor Health.* 2016 Oct;18(5):948-956. doi: 10.1007/s10903-016-0351-0. PMID: 26860406.

⁹ Gagnon, M., Kansal, N., Goel, R. et al. Immigration Status as the Foundational Determinant of Health for People Without Status in Canada: A Scoping Review. *J Immigrant Minority Health*, October 3, 2021

¹⁰ Siddiqi AA, Wang S, Quinn K, Nguyen QC, Christy AD. Racial disparities in access to care under conditions of universal coverage. *Am J Prev Med.* 2016;50:220–5.

¹¹ Hynie M, Ardern CI, Robertson A. Emergency Room Visits by Uninsured Child and Adult Residents in Ontario, Canada: What Diagnoses, Severity and Visit Disposition Reveal About the Impact of Being Uninsured. *J Immigr Minor Health.* 2016 Oct;18(5):948-956. doi: 10.1007/s10903-016-0351-0. PMID: 26860406.

- **Worse health outcomes, including for families and children:** Fear of deportation and social isolation can have severe mental health impacts and can also deter migrants and refugees from accessing health services.¹² In addition, being separated from their families and being denied the agency to plan their future on their own terms can have a negative impact on both the physical and mental wellbeing of patients with precarious immigration status.^{13,14} Health inequity is also evident in children with birthright citizenship whose parents have precarious immigration status and may be pushed into low-wage employment or face a looming threat of deportation - all of which will impact access to preventive care for the child, as described above.¹⁵ Many families also migrate with their children whose access to healthcare is then tied to their parents' immigration status and can lead to worsening stress and outcomes for the child. Limiting access to preventative care for children can undermine efforts to mitigate spread of various communicable diseases.¹⁶ Ensuring full and permanent immigration status not only improves overall children's health, but also contributes to keeping communities strong and healthy.
- **Inadequate housing conditions that undermine health:** A recent study on living conditions of migrant workers in Ontario and British Columbia during the pandemic found that many lived in overcrowded and cramped spaces that led to further spread of COVID-19 infection and limited workers' ability to quarantine and recover.¹⁷ The same research showed that housing conditions resulted in the untimely death of several migrant farm workers in 2020 and 2021. For our migrant patients, housing is often tied to their employment contract and there have been reports of employers putting explicit restrictions on migrant workers' freedom, including imposing curfews. Some live-in care workers have reported being trapped in their employer's home and barred access to essential medication.¹⁸ Permanent residency would allow migrant workers to refuse unsafe housing that deter them from accessing urgent healthcare needs and following public health guidelines, such as quarantining during outbreaks.

As health workers who see firsthand that immigration status is a foundational determinant of health, we support the Migrant Rights Network's call for a regularization plan that is based in the following core principles:

- Ensure that migrants determine the program

¹² Hynie M, Arden C, Robertson A. Emergency room visits by uninsured child and adult residents in Ontario, Canada: what diagnoses, severity, and visit disposition reveal about the impact of being uninsured. *J Immigr Minor Health*. 2016;18(5):948–956.

¹³ Behind Closed Doors: Exposing Migrant Care Worker Exploitation during COVID-19. 2020. https://migrantrights.ca/wp-content/uploads/2020/10/Behind-Closed-Doors_Exposing-Migrant-Care-Worker-Exploitation-During-COVID19.pdf

¹⁴ Villegas PE. "I can't even buy a bed because I don't know if I'll have to leave tomorrow": temporal orientations among Mexican precarious status migrants in Toronto. *Citizsh Stud*. 2014;18(3–4):277–291

¹⁵ Foster, J. 'Because she was born here': how children with citizenship rights affect precarious status migrant worker experiences in Canada. *International Journal of Migration and Border Studies*. March 23, 2022.

¹⁶ Brabant, Z., Raynault, M-F. Health Situation of Migrants with Precarious Status: Review of the Literature and Implications for the Canadian Context—Part A. *Social Work in Public Health*, 27. June 1, 2012

¹⁷ Caxaj, S., Tran, M., Mayell, S. *et al*. Migrant agricultural workers' deaths in Ontario from January 2020 to June 2021: a qualitative descriptive study. *Int J Equity Health* 21, 98 (2022). <https://doi.org/10.1186/s12939-022-01692-7>

¹⁸ Behind Closed Doors: Exposing Migrant Care Worker Exploitation during COVID-19. 2020. https://migrantrights.ca/wp-content/uploads/2020/10/Behind-Closed-Doors_Exposing-Migrant-Care-Worker-Exploitation-During-COVID19.pdf

- Develop a simple broad program
- Clear and simple application process
- No exclusions or inadmissibility, including medical inadmissibility
- No detention or deportations
- Comprehensive communications strategy

A copy of a [brief](#) prepared by the Migrant Rights Network is attached, which includes more details on the implementation of each of these principles.

As you consider a regularization plan for migrants, we urge you to consider the negative health impacts of precarious immigration status and ensure that no one is left behind. A partial, small or exclusionary regularization program will leave too many of our patients behind. If the pandemic has taught us anything, it is that everyone is connected and the exclusion of any person or group of people from equal rights is harmful to the whole.

Equal rights for all by extending permanent residence to the 1.7 million migrants, including 500,000 undocumented migrants in the country, is a critical step in addressing health inequities in our communities.

As the leading voice in the media and with policy makers on critical health equity policy and workplace protections, we would be pleased to discuss this with you further.

Sincerely,



Denise Martins
Coordinator, Decent Work and Health Network



Sarah Shahid
Coordinator, Decent Work and Health Network

cc: Hon. Seamus O'Regan Jr., Minister of Labour
Hon. Jean-Yves Duclos, Minister of Health
Hon. Carolyn Bennett, Associate Minister of Health
Hon. Ahmed Hussen, Minister of Diversity and Inclusion