
EDITORIAL

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Exploration of Social and Political Factors that Impede Migrant Healthcare Availability and Access in Canada Amidst COVID-19

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1 | INTRODUCTION

Canada has a global reputation for attracting and welcoming international migrants, including temporary workers, students, refugees and asylum seekers. (1) Yet,

as a nation, we consistently fail the migrants crossing our borders with respect to their healthcare needs and access. (2-4) International migrants face numerous and longstanding barriers to care, magnified in complexity as a result of their diversity in origin and legal status within

ABSTRACT

Canada is a leading nation for international migration, yet fails to adequately respond to the healthcare needs of migrant populations. In this editorial, we explore why this is so. We posit that the reactive approach of the systems and stakeholders responsible for assuring healthcare access during the COVID-19 pandemic has been detrimental to our vulnerable and marginalized populations, and by extension, all citizens. Now, amidst a second wave of COVID-19, we must act – more decisively and compassionately than ever before, with the support of rigorous research and co-designed sustainable strategies. Otherwise, we remain bystanders abetting a system that has failed to effectively address the health needs of those that enter this country seeking a better life.



KEYWORDS

Migrants, Access, Health Policy, Health System, Canada, Inequity

Canada. (2,3) While these issues have been raised in Canadian political discourse, policy attention remains limited. (5) The COVID-19 pandemic has served to bluntly resurface many of these barriers to care among international migrants, whose particular vulnerability to COVID-19 is well-documented. (4-8) For many, cultural and language barriers, alongside overcrowded living conditions, present challenges in being able to observe public health advice and measures. (4-6) For others, poor or insecure working conditions, financial precarity, and stigma from host populations heighten vulnerability by increasing the fear associated with seeking treatment or disclosing symptoms. (4, 6)

Although some measures have been taken to facilitate access to care amidst COVID-19 for some migrant populations in Canada, such as the expansion of public health insurance in certain provinces, these measures appear temporary and have been poorly communicated. (4) The ambiguity of these initiatives and their inconsistent implementation has furthered injustices towards migrants. (7) Furthermore, while media reports and scientific literature have highlighted unacceptable disparities in healthcare access among migrant populations, discourse around why these disparities exist and why addressing them is difficult is less apparent. In this editorial, we explore three reasons for our lack of headway in advancing policies and actions to assure healthcare access to international migrant populations living in Canada, both during and beyond the COVID-19 pandemic.

2 | PRESSURE, SPOTLIGHT, AND REPERCUSSIONS

Despite the persistent demand by activists for political action to improve healthcare provision for international migrants in Canada, (2, 3) as well as the spotlight that COVID-19 has placed on the injustices towards migrant populations, (4-8) action has been slow. It is not until there are “unacceptable” or “unpopular” consequences affecting the general Canadian populous that political action seems to occur. Consider the treat-

ment of migrant farmworkers across Canada, whose crowded housing conditions have triggered several outbreaks during the COVID-19 pandemic. (4, 5) Outbreaks among this population, who comprise 10% of all agricultural workers in Canada, occurred in the spring, sparking concerns about a possible food shortage. Only with this threat to Canadian food security did action seem to be triggered on the policy front. (5)

3 | CONFUSION AND DIFFUSION OF RESPONSIBILITIES

The complexity and labyrinthine processes of health policy and decision-making have also contributed towards delays in establishing and implementing needed reforms in healthcare access for international migrants. There appears to be a lack of clarity in terms of who holds responsibility and decision-making “power” among both the general public and policymakers themselves. This confusion regarding accountability has contributed towards a diffusion of responsibility across various levels of the health and policy landscape. Exemplifying this is the stop-gap measure whereby the federal government allocated funds to farm owners (i.e., \$1,500 per worker) in order to address migrant farmworker housing issues (i.e., provide migrant workers with suitable accommodation and supplement salaries while they quarantine). (5) However, without appropriate oversight and attention to where this money was directed, farmers may have misused these funds and possibly pressured migrants to work during quarantine periods. (5) Preferable to a one-off allocation would be the implementation of provincial or federal policies to prevent the situation from happening in the first place by protecting the rights of migrant workers. For instance, two key policies in this regard include “income support and open work permits for migrants who will lose wages or jobs because of sickness, quarantine, or economic downturn” and “access to paid emergency leave as needed, with a minimum of 21 days for all workers, regardless of immigration status.” (5)

4 | ECONOMIC ESSENTIALITY

Enacting federal or provincial health policy changes that address inequities in migrant healthcare becomes even more complex given that migration policy is largely motivated by economic interests. For example, migrant populations that bolster the economy in their respective provinces seem to be the ones that receive quicker support and action from the government. For instance, in Québec, regulations for international students were established relatively rapidly, given their financial importance in supporting institutions of higher education, and the overall provincial economy. (9) Additionally, those migrant populations providing essential services during the first wave of the COVID-19 pandemic were given accelerated healthcare and social support. (8) By contrast, less economically attractive migrant populations, such as undocumented or illegal migrants who may be more vulnerable to COVID-19, have yet to see measures taken on their behalf. (7) Unfortunately, this tendency to view the deservingness of action (i.e., provision of care or legal status) as a function of essentiality of international migrants to individual provinces or the national economy is not exclusive to Canada, nor confined to the current pandemic. (10)

5 | MOVING FORWARD

The social and political context in which we attempt to address the healthcare needs of those among the most vulnerable in our country is highly complex. The demand and rationale for policies that provide equitable access to migrant healthcare are strong, especially given the urgency for strengthening public health measures during the pandemic. However, unclear jurisdictional responsibilities, diffusion of responsibilities, and lack of a long-term vision impede serious policy attention. Exploring these ideas further through the systematic analysis of policy statements, journal articles, and media reports is necessary. Moreover, the co-development of actionable strategies by political and health decisions makers will be especially critical as we transition into a

period of vaccine provision, the uptake of which may be resisted by migrant populations overlooked in public health efforts.

The reactive approach that we have historically pursued in addressing inequities in healthcare access has been detrimental to our vulnerable and marginalized populations, and most notably to international migrants. As advocates of universal healthcare in Canada, at a time where it is essential to safeguard the health of all people in our borders, we must act now – more decisively and compassionately than ever before. Otherwise, we remain bystanders abetting a system that has failed to effectively address the health needs of those that come into this country seeking a better life.

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