



Network of healthcare professionals delivers care to people with precarious status

December 14, 2019

By Samantha Ponting, HSA Communications

Ingrid Mendez and her partner didn't come here from Guatemala because they thought Canada was a beautiful country.

"I'm not saying it's not," she explained. "No, we're here because we were forced to leave. We came here because we needed to save our lives and those of our families."



Now Mendez works actively to support migrant communities who are struggling to access basic services in BC. She serves as the executive director of Watari Counselling and Support Services in Vancouver and is an active member of Sanctuary Health.

Sanctuary Health is a network of health care professionals and community advocates who first came together in 2012 when the then-Conservative government made cuts to health coverage available to refugee claimants and privately sponsored refugees through the Interim Federal Health Program (a 2014 federal court ruling later found the move unconstitutional).

Largely based in the lower mainland, Sanctuary Health's members advocate for health care for people in Canada with precarious immigration status.

"We are just a collective trying to support people in any way that we can," explained Mendez.

Sanctuary Health's recent advocacy efforts have focused on the call to provide health care coverage to babies under three months of age born in BC to parents with precarious status.

Only newborns with at least one parent eligible for MSP qualify for MSP coverage as of their dates of birth. Otherwise, there is a three-month waiting period to become eligible for coverage.

“Right now, we have a baby who was born a few months ago and had to go to the ICU, and they have a huge bill because this baby is not eligible for MSP,” explained Mendez.

For families in precarious situations, this three-month waiting period can be cruel. When their babies get sick, they don’t know what to do, said Mendez. “There is a lot of fear and uncertainty.”

Mendez is frustrated by a common narrative she encounters that accuses people with precarious status of committing “birth tourism,” which she says is used to justify denying health services to certain communities. She said people are reluctant to name the real causes of displacement.

“People are here because Canadian mining companies are back there in Mexico and Central America and South America invading ancestral territories and pushing people out,” she said.

“Those are not birth tourists. They are not here because they want to take advantage of the system. No, they are here because they have no other choice.”

According to Mendez, women sometimes come to Canada believing that their partners will complete sponsorship applications for them.

“Once they are here, they realize that’s not going to happen,” said Mendez. She said they are sometimes survivors of emotional abuse or sexual violence.

Watari often partners with Sanctuary Health on community outreach and support work.

For women who need access to health care during their pregnancy, this may mean assisting them in filling out an application for MSP, if they’re eligible, or providing them with a referral to Reach Community Health Centre or the RICHER Initiative out of BC Children’s Hospital – the only two places Mendez says pregnant women with precarious status may be able to access health services in Vancouver.

“But it’s always a struggle in trying to support people, and trying to find out where we can send them,” she said.

For those who are able to apply for MSP, Mendez says the process can be onerous and frustrating. She recounted a case in which a family was asked to provide proof of a study permit or work permit for their seven-year old, despite the father providing proof of a work permit for himself.

“How do they obtain a study permit for a seven-year old? It’s just ridiculous,” said Mendez.

Mendez said that for too many people, obtaining MSP is dependent on the ability to access case support or translation services.

“We’ve been saying to the ministry, ‘Open a door that is wide enough for people to find out about it without having to get in touch with us.’”

When it comes to delivering community health care, Mendez sees potential in the community health centre (CHC) model. “We are supporting the process for new community health centres,” she said, noting that some CHCs in Toronto and Ottawa have been able to serve people with precarious status because they have a specific funding stream for this work.

“But the bigger issue is when, let’s say, somebody is diagnosed with cancer. Then the CHCs fall short.”

“Really the best thing here is healthcare for all, regardless of whatever immigration status they have,” asserted Mendez, who has repeatedly witnessed the harm caused to those excluded from the health system.

Health services in action

With gaps in the system, Sanctuary Health has stepped into action when people with precarious status have needed support, often during medical emergencies. “When there is an emergency, we go and support people, and we call our friends or members of the collective and they come with us,” said Mendez.

In the case of migrant agricultural workers, access to health care can be particularly challenging. They are often in remote locations without access to transportation. Only workers whose work permit is valid for six months or more are eligible for MSP, and for these workers, there is still a waiting period to access coverage, which can last between two to three months.

With limited resources, Sanctuary Health has taken volunteer nurses and doctors to farms to provide urgent care.

Sanctuary Health also organizes health care fairs for agricultural migrant workers in Vancouver, Abbotsford, Chilliwack, and across the Fraser Valley. They are looking to expand them to other regions across BC, including Vancouver Island.

The health care fairs have been widely attended. Last June, a health care fair in the Fraser Valley organized in collaboration with Archway Community Services saw 250 agricultural migrant workers participate, said Mendez.

The health care fairs are an opportunity to provide migrant agricultural workers access to different health practitioners – such as physiotherapists or occupational therapists – and to provide them with basic health services, such as flu vaccinations.

Farm work can be physically taxing, and a short consult with a health expert can, for example, explain why certain pain exists, and provide advice on positions to use during farm work.

“A lot of the time, they complain so much of back pain,” said Mendez. “Here, there are a lot of techniques that people know, and if we pass them along, it makes a huge difference.”

Sanctuary Health has also organized mental health workshops for migrant farm workers. Mendez says it can be difficult for migrant workers to recognize that they are facing mental health challenges, amidst new feelings of sadness or fatigue.

“Sometimes they say, ‘What is with me? What’s going on? I don’t understand,’” explained Mendez. “They don’t recognize that it’s everything combined. It’s the fact that they are not with their families. There is also a lot of abuse that is going on on the farms.”

“They have to continue working, and that’s another fault of the system. Most of them come with a work permit that is tied to the farm, so the farmer has a lot of power over them. If they complain of any abuse then they are told ‘we are going to send you back,’” said Mendez.

Mendez said there is a great need for more volunteers to participate in the health care fairs, including physiotherapists, counsellors, social workers, occupational therapists, nurses, dental hygienists, massage therapists, and psychologists, among others.

Health care professionals interested in volunteering for a health fair are invited to contact Ingrid at ingrid@watari.ca. Watari supports people with precarious status through its Latin American Community Action Program, and is accepting donations for the program through www.watari.ca/donate.

This article originally appeared in the December 2019 issue of HSA's magazine The Report. To read the full issue, [click here](#).

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