



Precarious immigration status, precarious health

**Working together to ensure healthcare
for all women living in Quebec**

An unacceptable situation	Women* who cannot access healthcare	8
	Making the health of all women a priority	10
Women with precarious immigration status and precarious health	Who are the women with precarious immigration status?	12
	Let's meet these women	14
	Sharing their stories	16
Living without access to essential health services	What are these essential services?	20
	Essential sexual and reproductive health services	21
	Women without RAMQ coverage: overview of individual consequences	22
	Infographic: consequences for women and their families of not having RAMQ coverage	23
Negative consequences for society	Women without RAMQ coverage: overview of societal consequences	24
	Infographic: societal consequences	25
Insuring the essentials: an agreed-upon solution	Why offer health insurance coverage to all women?	30
	Examples of health insurance coverage elsewhere to inspire Quebec	32
	An agreed-upon solution	34
	These health sector organizations unite their voices in support of this solution	35
	Be part of the solution!	36
	References	38

* In this report, the term “woman” and the use of the feminine form are used as inclusively as possible. This refers to all persons in need of the services mentioned, regardless of gender identity, sex assigned at birth, or gender expression.



Today, some women living in Quebec do not have access to essential health services that every woman needs.





Being deprived of essential sexual and reproductive health services has individual and societal consequences.

Individual because...

it undermines the safety, health, and well-being of these women and of their families.

Societal because...

it is an issue of public health and gender equality that impacts us collectively and we must respond.

Addressing it is a win-win situation for these women and for Quebec society.

Women who cannot access healthcare

Women without health insurance

In Quebec, the healthcare system is public and universal. In principle, the Quebec government is committed to providing access to health services based on an individual's needs, not on one's ability to pay for them.

Yet today, some women living in Quebec cannot access the healthcare services they need because they do not have health insurance.

These are women who live here, but whose immigration status is precarious.

Their status does not give them access to the public health and drug insurance in Quebec, nor to the Interim Federal Health Program (IFHP), which is intended primarily for refugees and asylum seekers.

... and without financial means

In most cases, women with precarious immigration status do not have the financial means to purchase private insurance. And, when they do, most private insurance policies provide little or no coverage for sexual and reproductive health services.

Without provincial insurance coverage, or even when they have private insurance coverage, they must still pay for the health services they need.

For most of these women, being deprived of public insurance coverage means not having access to healthcare.



A situation with many consequences

This situation leaves many women extremely vulnerable and forces them to bear an inordinate and discriminatory economic burden.

The consequences are numerous, not only for these women and their families, but also for Quebec society as a whole.

A solution exists, and there is a consensus

After a major rallying of Quebec society, we have reached a consensus on a solution.

This solution brings together many people and organizations working in law, immigration, health, and social services.

With a united voice, we consider it imperative to act and remedy this situation. It is time to ensure that all women living in Quebec, without exception, have the right to be insured for essential sexual and reproductive health services.

A promising solution

Providing coverage for essential women's health services has only positive impacts.

While ensuring the safety, health, and well-being of these women and their families, this solution is also a strategic investment for Quebec society because it:

- Improves the health of the population as a whole
- Contributes to gender equality by strengthening opportunities for integration and combating violence against women
- Reduces health system costs and facilitates the work of healthcare teams by providing access to preventive services

So, why nothing yet?

The solution

To guarantee all women living in Quebec access to RAMQ insurance coverage to ensure they receive essential sexual and reproductive health services.





Making the health of all women a priority

We care about people with precarious immigration status

Doctors of the World is an international medical organization with programs in nearly 80 countries. Our organization has been active in Canada since 1996.

Since 2011, we have been operating a primary care clinic in Montreal, dedicated solely to people with precarious immigration status.

The people who come to the clinic are not covered by a public or private health insurance plan, nor can they afford to pay for their own care.

Our multidisciplinary team welcomes them free of charge. The team is made up of nurses, social workers, and various volunteer healthcare professionals, including physicians and pharmacists.

The clinic is open 2-3 days a week for free and confidential consultations. We offer primary health care and social support services. In 2021, we provided care to 1,458 people in need of healthcare support.

Every week, time slots and resources are dedicated exclusively to women's health. In cases of pregnancy, we assess their health status, identify high-risk pregnancies, provide some ongoing follow-ups, and redirect those who require emergency care to the appropriate services.

We also accompany these women to help them access safe and affordable abortion services. We also assess and treat sexual and reproductive health issues in general.





The story behind our mobilization

Between 2016 and 2021, Doctors of the World and its partners coordinated a major mobilization so that all children living in Quebec would be covered for the health services they need.

Since June 2021, the adoption of Bill 83 has guaranteed all children of families with precarious immigration status the right to benefit from the *Régie de l'assurance maladie du Québec* (RAMQ) insurance coverage.

However, the problem of access to sexual and reproductive health services for the women we serve at the clinic was not resolved by Bill 83 and has still not been addressed.

The Minister of Health and Social Services is open to studying this issue before making a decision.

A strong medical and social consensus

We, therefore, launched a campaign around this issue in the spring of 2022. We published a report documenting the situation and asking the Government of Quebec to guarantee all women living in the province insurance coverage for essential sexual and reproductive health services.

Many people from health, social service, legal, and immigration institutions and organizations have joined our campaign, demonstrating a strong medical and social consensus on this issue.

Our wish for the future

This report outlines the current lack of insurance coverage for essential sexual and reproductive health services and its consequences as a major public health and gender equality issue.

We want this issue to remain on policymakers' agendas and explain to them that it is our collective interest to find a solution. We want to make sure that a decision is made by the Government of Quebec, and that this decision protects the health of women and their families.

Join us in demanding that all women living in Quebec have the right to essential sexual and reproductive health services.



Who are the women with precarious immigration status?

Women who live in Quebec without health insurance

An estimated 50,000 people live in Quebec without access to public health insurance coverage due to their precarious immigration status.

These people are neither asylum seekers nor accepted refugees.

Their immigration status is called “precarious” because it is neither permanent, guaranteed, nor clearly established.

These individuals, including the women discussed in this report, live in Quebec without being eligible for health insurance coverage or the Interim Federal Health Program.

Women awaiting permanent residence



Long-term temporary residents



Women waiting for a renewal of their status



Female workers with a permit of less than 6 months



Female foreign students



Women who have lost their status



In Quebec, at least

50,000 people

live without access to public health insurance coverage because of their precarious immigration status.



Women with varied and evolving immigration statuses

These women have diverse backgrounds and immigration statuses that are likely to change.

For example, they are:

- Temporary foreign workers holding a work permit of less than 6 months
- Foreign students or spouses of foreign students
- Women with a temporary resident visa
- Women waiting for their permanent residence or sponsored by a Canadian citizen
- Women with no established status, i.e., the status they had upon arrival has expired and has not yet been renewed due to administrative delays, lack of funds or their status has been denied

With very few exceptions, most of these women are not insured by the RAMQ.

Women who choose Quebec, not “tourists”

These women have a plan for their lives to settle in Quebec for the long term or often permanently.

They have lived, worked, and paid their taxes here for several years without benefiting from RAMQ insurance coverage like other taxpayers.

They do not engage in birth tourism, i.e., they do not arrive in Quebec at the end of their pregnancy to give birth and automatically obtain Canadian citizenship for their unborn child.

Furthermore, many did not plan to become pregnant, as is the case for one in two women in Quebec.

In fact, these women with precarious status are already here: they live, work, and study in Quebec. It's their home.

Women for whom health services are inaccessible

The socio-economic and psychosocial conditions of these women vary greatly. Some can support themselves, but others are in extremely precarious situations for various reasons.

A precarious financial context

The most vulnerable women live in very difficult conditions. Their precarious immigration status often limits their employment opportunities and their ability to earn a living. They lack the financial resources to ensure the basic needs of their families. They are often financially dependent on an employer and/or spouse, which limits their autonomy.

They do not have the means to purchase private insurance, or they are required to pay for medical expenses billed before they even receive the services they need.

Private insurance is not enough

Even if they do buy insurance in some cases, it usually does not cover sexual and reproductive health services.

High medical costs to pay

Requiring them to pay medical costs prohibits access to health care for many of these women. In addition to the basic costs, which are already in the hundreds or thousands of dollars, they are charged a 200% surcharge by Quebec's public institutions and most physicians.

Let's meet these women

Introducing Sara, Maria, Rebecca, and Dina. They live in Quebec, working or studying.

However, they are not eligible for the Quebec health insurance plan because of their precarious immigration status.



Country of origin: Tunisia
In Quebec for the past 6 years
Married to a Canadian citizen

Works part-time for an office cleaning company

Her taxes are withheld at source

Immigration status

Waiting for her permanent residence via sponsorship

Open work permit

Insurance coverage

Her open work permit does not provide access to RAMQ

Has private health insurance that does not cover family planning, pregnancy follow-up, birth services, or postnatal services

Will be eligible for RAMQ when she obtains permanent residence



Country of origin: Colombia
In Quebec for the past 2 years
Single

Works full-time as a patient attendant in a CHSLD

Her taxes are withheld at source

Immigration status

Work permit of less than 6 months linked to an employer

She left her job because she was a victim of harassment. She finds herself without status because she lost her work permit

Insurance coverage

Her work permit does not give her access to RAMQ

Does not have private insurance: her financial resources are insufficient



Rebecca
24 years old

Country of origin: Mexico

In Quebec for the past 4 years

Dating a Quebec student

In the process of obtaining a master's degree in political science at Laval University

Immigration status

Study permit

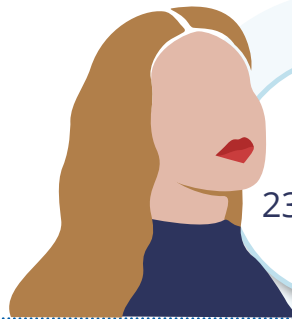
Implied status: waiting for her post-graduation work permit after obtaining her master's degree

Insurance coverage

The study permit does not give access to RAMQ

Has private health insurance that does not cover family planning, pregnancy, birth services, or postnatal services

Will be eligible for RAMQ when she obtains her post-graduation work permit



Dina
23 years old

Country of origin: Slovenia

In Quebec for the past 3 years

Single

Works as a tour guide

Immigration status

Implied status: her Working Holiday Visa (WHV) has expired and her permanent residence application is being processed

Insurance coverage

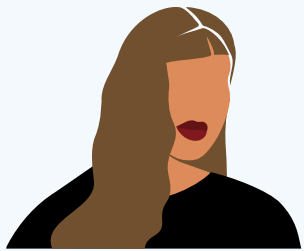
Her visa does not provide access to RAMQ

Has private health insurance which does not cover abortion

Will be eligible for RAMQ when she obtains her permanent residence

Sharing their stories

Here are the impacts of not having RAMQ insurance coverage for essential sexual and reproductive health services.



Sara's story

Sara worked part-time at an office cleaning company. She received minimum wage. Her Canadian spouse did not have a steady job, and he relied partly on Sara's income to support the couple's needs. Despite her meager salary, Sara paid for private health insurance.

She began the process of obtaining a contraceptive method and realized that her insurance did not cover the doctor's fees, the IUD, and the procedure to insert it.

She could not afford to pay the \$480 required to obtain it.

While trying to raise the money, Sara discovered she was pregnant - a pregnancy that was not planned at this point in her life. She also learned that her private insurance did not cover pregnancy or childbirth costs.

Sara's partner was concerned about their financial situation. The relationship had become strained. Sara found herself financially dependent since she was not able to pay all the costs of pregnancy care on her own. Her partner began to control the couple's expenses, ultimately controlling Sara.

Sara still managed to pay for a few follow-up visits. Her pregnancy was progressing but had not gone well. Sara had to stop working. She was under stress and her mental health was shaken. Her blood pressure was rising. She needed more frequent pregnancy follow-up visits, but she could not afford them.

Sara was showing signs of pre-eclampsia, and her only option was to go to a hospital emergency room. Sara had to have an emergency C-section and delivered at 27 weeks. Her baby had to stay in the neonatal intensive care unit for more than 3 months. She was instructed to have the baby in postnatal follow-up at the High-Risk Pregnancy Unit (HRPU).

Sara owes the hospital almost \$15,000 for her delivery and the postpartum services she received. She entered into a payment agreement to pay back the money as best she can. Her spouse refuses to help her pay this debt, as it is not in his name.



Maria's story

Maria had been living and working in Quebec for two years. She wished to settle here permanently. She loved her job in a CHSLD, but the arrival of a new supervisor changed the situation. He harassed her and even went so far as to try to sexually assault her.

Maria lived alone and needed her job to support herself. She did not know how to react to her superior's behaviour, especially since her immigration status was linked to her employer. Her job depended on it.

For some time, she had been trying to ignore uterine pain and abnormal bleeding. Because she had no medical coverage and could not afford to pay for health services, she did not seek help.

The situation at work was unbearable and Maria decided to protect herself by suddenly quitting her job, without notice. Overnight, she found herself without financial resources. She tried to transfer her work permit to a new employer. Her health condition slowed down her search and her visa expired. Maria had found herself without status.

Her health deteriorated, she was stressed and depressed. The people around her were worried. They raised the money necessary to allow her to undergo medical examinations. The news was terrible: Maria had cervical cancer. To begin treatments that might cure her, she would have had to pay several thousand dollars per day for chemotherapy. Maria was unable to afford these costs.

Several weeks passed and with the help of an organization that supports immigrant workers, she applied to the Minister of Health and Social Services for discretionary coverage from RAMQ. The request was accepted, but the application process took too long, and her cancer was too advanced to be treated. Maria passed away a few months later.



Rebecca's story

Rebecca graduated from Laval University. She wants to become a parliamentary journalist in Quebec City. After her master's degree, she was able to apply for a post-graduation work permit and be covered by RAMQ. In the meantime, Rebecca was paying for private insurance.

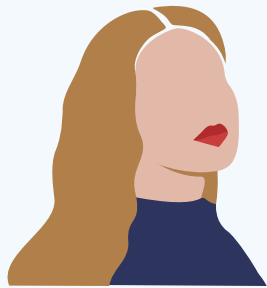
Since contraceptive services are not covered by private insurance, she decided to pay for a medical consultation to receive a prescription for oral contraceptives. Despite this, she became pregnant. Having a child at this point in her life was not in her plans, or her partner's. But terminating the pregnancy was not an option either.

Rebecca and her partner managed to raise the \$700 needed for an initial consultation with a doctor. The doctor told her that she had genital symptoms that suggested chlamydia infection. Such an infection posed significant risks to her pregnancy - for herself and her baby.

She learned that her private insurance did not cover the screening and treatment of STIs. Rebecca had to therefore pay a little over \$400 to access these services. Once again, she managed to raise the money, but this expense had a major impact on her budget. She had to delay and even forego other follow-up services.

Rebecca was anxious and worried about her health and her baby's health. She was also very concerned about her financial situation. Despite the difficulties she faced, she graduated from university and was finally able to apply for a work permit.

Rebecca was able to obtain her post-graduation work permit. However, she faced further delays before she could receive and benefit from RAMQ coverage. She succeeded in obtaining it just in time for her delivery. At the time of delivery, however, the healthcare team had to deal with Rebecca's incomplete medical records and take extra precautions due to irregular pregnancy monitoring. Her baby was born, and fortunately, they are both healthy.



Dina's story

Dina fell in love with Quebec. She wanted to settle here and, as the expiry of her WHV approached, she applied for permanent residency.

Immigration services were experiencing long processing delays, which delayed the process of Dina's application. Her permit expired and Dina found herself in a situation of implied status.

Dina became pregnant. She did not see herself having a child at this time in her life and wished to undergo an abortion. However, this service was not covered by her private health insurance. The cost of such a procedure is close to \$1,000 and she could not pay this fee since her entire salary was barely enough to pay her rent, health insurance, and basic expenses. She had also already invested her savings in her immigration process.

She contacted her ex-partner for help. He lent her some money, but it was not enough, and he took advantage of the situation to abuse her psychologically.

She contacted the clinic of Doctors of the World, which referred her to organizations that perform abortions. One of them agreed to finance part of the costs. Dina still had to pay a total of \$500.

Dina eventually had access to an abortion, but it took place when her pregnancy was advanced, which had impacts on her physical and mental health.

What are these essential services?

A continuum of services for women's sexual and reproductive health

Throughout their lives, women need health services that are specifically related to being a woman.

They must deal with many aspects of their reproductive and sexual health. They manage their menstrual cycles and often are responsible for their contraception. They must decide when to carry a pregnancy to term, and to ensure that they receive services when they do. They also follow preventative care for specific diseases (e.g., pap tests).

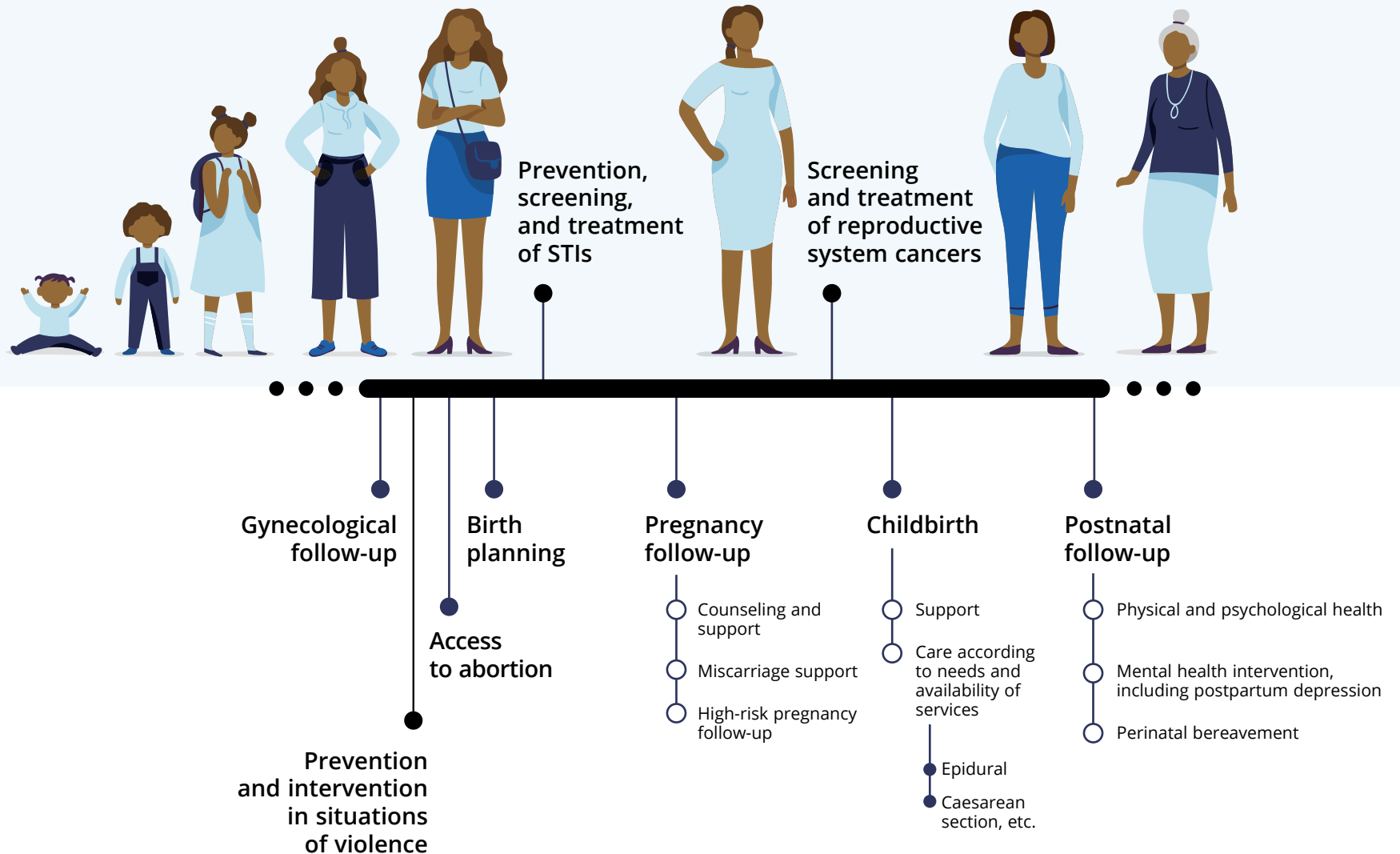
Being a woman also means being at greater risk of harassment and various forms of exploitation. Even more so when you are a woman with a precarious immigration status.

In most cases, these situations require counseling, support, accompaniment, screening, diagnosis, care, and treatment.

This is the continuum of essential sexual and reproductive health services that every woman may need and that every woman should be able to access.

Having access to a continuum of essential services is a key factor in improving women's health, but also their empowerment.

Essential sexual and reproductive health services



Women without RAMQ coverage: overview of individual consequences

To avoid adding to their social and economic burden, most women who do not have access to RAMQ coverage limit or delay the consultations necessary for their health. They thus deprive themselves of preventive advice, support, accompaniment, screening, diagnosis, care, and treatment. Their health deteriorates, and some must stop working, meaning they can no longer support their families adequately.

If they choose to consult and pay, they resign themselves to going into debt or depending on someone else to pay the costs. It increases their financial dependence and insecurity. And the repercussions are multiplied: insufficient food, inadequate housing, multiple precarious jobs, and social isolation for the family.

Moreover, when they manage to receive services, the health and social services network personnel often lack awareness and training to respond to the needs of women with precarious immigration status. Thus, the quality of the services received can be affected. The services may also be poorly adapted to their needs.

Without a winning outcome, women experience stress and anxiety daily. Women are thus deprived of the right to decide for themselves about their bodies, their health, and their fertility.



**Consequences
for women and
their families
of not having
RAMQ coverage**

**Inaccessible
essential
services**

Gynecological follow-up
 Services for victims of violence
 Medico-social and medico-legal kits for victims of sexual assault
 Family planning service
 Perinatal follow-up
 Specialized follow-up High-risk pregnancy – GARE
 Pregnancy termination
 Non-emergency birth and delivery services

**No counseling,
accompaniment, screening,
diagnosis, or treatment for...**

Sexually Transmitted and blood-borne infections (STBBI)
 Gynecological diseases
 Cancer of the reproductive system
 Depression
 Mental health disorders
 Abuse
 Neglect
 Violence
 Effective contraception
 Miscarriage and associated treatments
 Placenta previa
 Congenital malformations
 Developmental problems of the fetus
 Low birth weight baby
 Breech baby
 Premature baby
 Twin pregnancies
 Pregnancy diabetes
 Hypertension
 Preeclampsia

Far-reaching impacts

Discrimination
 Isolation and social exclusion
 Loss of ability to work
 Poverty
 Psychological distress
 Loss of self-esteem
 Anxiety
 Economic dependence
 Pelvic infectious complications
 Infertility
 Complications during pregnancy
 Poor preparation for childbirth
 Complications during delivery
 Emergency caesarean section
 Premature birth
 Nutritional deficiencies in mother and baby
 Intrauterine growth retardation
 Need for care and hospitalization
 Death in utero
 Developmental delay in the child
 Death of women

Women without RAMQ coverage: overview of societal consequences

The problem of lack of insurance coverage is often perceived as an individual issue, when in fact it is a real societal issue. This problem has unrecognized, multiple, and costly repercussions for Quebec society as a whole.

Costs to our healthcare system

It has been proven that, when it comes to health, investing in prevention has many economic advantages. By providing essential services in a timely manner, we avoid having to deal with more complex and expensive health problems later.

A health system under pressure

The health and social services and all its staff suffer the repercussions from the lack of access to services:

- Increased use of emergency services and a greater need for specialized care
- A heavier administrative burden when people are not insured
- Increased workload for healthcare personnel

Other affected sectors of society

The vulnerability of these families is also reflected in other sectors of society: social services, employment, immigration, early childhood, the school system and, the community.

Having to pay for essential health services creates a tremendous economic burden that forces women to make difficult choices. They will need more social services, food aid and housing assistance. They will ultimately be less able to work, integrate and take part fully in society.

Their children will need more services within the educational childcare network and the school system.

Many of these societal consequences can be avoided.

Societal consequences

Pressure on staff and services

- Emergency responses instead of preventive interventions
- Need for specialized and prolonged services
- Increased workloads
- Increased costs
- Administrative problems
- Ethical challenges for healthcare personnel

More complex care

- Increased number of children living in vulnerable situations
- Need for specialized services

Health and Social Services sector

Community sector

Lack of RAMQ access

Education and daycare systems

Immigration sector

Increased requests for services

- Health and social services
- Food support
- Housing assistance
- Integration support
- Support for abused women and children

Obstacles to integration

- To learn the language
- To take part fully in society

Employment constraints



Not having access to RAMQ insurance coverage because of one's precarious immigration status:

it is a public health and gender equality issue with serious, frequent, and preventable societal consequences.



A fair and effective solution:

to provide all women insurance coverage for essential sexual and reproductive health services.

Why offer health insurance coverage to all women?

Providing insurance coverage for essential sexual and reproductive health services to all women living in Quebec is of paramount importance.

To prevent serious and preventable health problems

Adequate insurance coverage prevents many avoidable health problems.

By treating health problems as soon as they arise and providing appropriate health services, serious medical situations that may require even more care can often be avoided, and sometimes avoid situations that put the lives of women and their children at risk.

Living without adequate health insurance is also a source of daily stress and anxiety. Being insured is therefore a major factor in improving women's mental health. This, in turn, allows them, along with their children or unborn babies to avoid many conditions caused by stress and anxiety.

To reduce the vulnerability, fear, and stigma related to immigration status

Providing insurance coverage regardless of immigration status legitimizes access to health services, ensuring that women no longer have to worry about interference with their immigration process or dealing with discrimination within a health system that only treats those who can pay or may be suspected of engaging in birth tourism.

To relieve pressure on the health care system

Lack of insurance coverage constraints healthcare workers in providing care by creating conditions that threaten their medical and work ethics:

- Already, healthcare workers must apply two-tiered medicine, i.e., treat women according to their ability to pay
- Moreover, late intake of patients amplifies their workloads, and they have to treat more complex medical situations

Ensuring a continuum of sexual and reproductive health care can therefore contribute to reducing pressure on the health system. In addition, it can help the healthcare system to become more inclusive and sustainable.

Acting on social inequalities in health and promoting integration into society

Ensuring access to health services has a direct impact on the precarious situation of immigrant women.

Having access to public services eases the economic and health burden on women. They can spend their money to meet other basic needs, such as housing or food. Their quality of life is therefore improved as well as those of their families.

Addressing the economic and social determinants of health is an effective strategy to reduce social inequalities, facilitating integration into a new society and benefiting the whole community.

Providing these essential services means ensuring that every woman has the opportunity to grow and participate fully in society.

And ensuring equitable access for the entire population ensures better health for everyone.

To address gender inequalities and support women victims of violence

Like many women born here, women with precarious immigration status face various forms of violence throughout their lives.

Many of them have suffered violence in their country of origin and throughout their migratory journey, in addition to those experienced in Quebec: sexual violence, domestic violence, female genital mutilation, abuse, and harassment in the workplace or the healthcare system.

However, to receive support and care for the abuse they have suffered, women are often obligated to pay for these services. Worse: they are sometimes denied support services if they cannot pay. This issue can increase their financial dependence on their spouse or employer to pay for their care and can exacerbate existing situations of abuse.

Ensuring access to essential sexual and reproductive health services is, therefore, a critical means to help prevent violence against women, meet the needs of victims, and improve gender equality in our society.

Examples of health insurance coverage elsewhere to inspire Quebec

Some countries recognize that all people residing in their territory have the right to public health care, free of charge.

Other countries provide essential services to all pregnant women.

Here are some examples of provinces or countries that, with different health systems, have found ways to provide immigrant women with the essential healthcare services they need.



**In Canada**

Ontario is unique for the government and community programs it offers to migrant women with precarious status.

In Ontario

In March 2020, with COVID-19, the Ontario government implemented universal access to healthcare programs regardless of immigration status. Under this program, physicians who provide services to uninsured patients are paid by the hospital at their usual rate. Outside the hospital setting, the Ministry of Health has created special billing codes.

**In France**

Undocumented and low-income people have access to health care after 3 months of continuous residency. Persons who have been a resident for less than 3 months receive free essential health care. Care for pregnant women and newborns is part of this essential care.

**In the United States**

Nineteen states offer free prenatal and perinatal care to undocumented pregnant women.

**In Spain**

Since September 2018, the government has offered universal health care coverage to anyone living in the country, regardless of their immigration status, and without a waiting period.

An agreed-upon solution

In the spring of 2022, Quebec experienced an unprecedented mobilization.

Professionals from various backgrounds joined together to demand that the Minister of Health and Social Services guarantee all women, regardless of their immigration status, the right to RAMQ insurance coverage for essential sexual and reproductive health services.

This mobilization demonstrated an important medical and social consensus since it brought together people working in health and social services organizations, as well as people from the legal and immigration fields.

In all, 63 organizations submitted this request to the Minister.



Our proposed solution

Today, as one voice, we are asking :

To guarantee all women living in Quebec access to RAMQ insurance coverage to ensure they receive essential sexual and reproductive health services.

These health sector organizations unite their voices in support of this solution

Healthcare Institutions

- CHUM - Montreal University Hospital Center
- CHUQ
- CIUSSS West-Central Montreal
- McGill University Health Centre
- Montreal Heart Institute

Professional orders

- Quebec College of Physicians
- Ordre des Sages-Femmes du Québec

Professional Associations

- Association of Obstetricians and Gynecologists of Quebec
- Association des omnipraticiens en périnatalité du Québec
- Association des cardiologues du Québec
- Association pour la santé publique du Québec (ASPQ)
- Fédération des médecins omnipraticiens du Québec

Physician groups

- Jeunes médecins pour la santé publique
- Médecins québécois pour le régime public

Union organization

- Fédération interprofessionnelle de la santé du Québec (FIQ)

Universities

- Chaire Claire-Bonenfant – Femmes, savoirs et sociétés de l'Université Laval
- Canada Research Chair in Global Migration Processes
- Conférence des Doyens des Facultés de médecine du Québec
- Département de médecine sociale et préventive de l'Université Laval
- SHERPA University Institute

Be part of the solution!

Everyone can play a role in ensuring that all women living in Quebec can have access to RAMQ insurance coverage for essential sexual and reproductive health services.

To make a difference, we need to start by learning more about this public health and gender equality issue, engaging in conversations, and spreading the word. But we can do more and go further.

How you can be part of the solution

Here's how you can join the 63 organizations and institutions that have publicly advocated for insurance coverage for all women or contacted the Minister of Health and Social Services.



Depending on your position, you can:



As an elected official

- Make this issue a priority for your caucus
- Address this issue in the House of Commons
- Discuss it with your counterparts responsible for women's issues, health, and immigration within all parties (opposition and government)

As a manager in the healthcare system

- Ensure that your services are adapted to this clientele
- Encourage your various internal departments to offer training for healthcare and administrative workers on this issue and the specific needs of women with precarious immigration status
- Make this issue a priority during your meeting with your superiors

As a staff member of a regional public health directorate

- Analyze the situation in your area
- Highlight the situation of women without RAMQ insurance coverage as a public health issue to provincial consultation bodies and health decision-makers
- Raise awareness within other CISSS and CIUSSS directorates on this issue

As a healthcare professional

- Educate yourself on the specific issues and needs of women with precarious immigration status
- Ask about barriers to accessing essential sexual and reproductive health services when assessing a patient with precarious immigration status
- Ensure that your services are adapted to this clientele
- Make this issue a priority during your meetings with your superiors

As a member of a professional order in the field of health

- Offer members of your order the opportunity to learn about the specific issues and needs of women with precarious immigration status
- Organize discussions within your Order to raise awareness among members
- Identify the issues and define possible solutions

As a member of the academic community in health and social services

- Act to ensure that these specific issues and needs of people with precarious immigration status are part of the training curriculum
- Encourage research on the needs of people with precarious immigration status

As a member of an organization providing services to women and immigrants

- Ask your clients about barriers to accessing sexual and reproductive health services
- Ensure that your services take into account the realities of these women and are adapted to them

References

Assurance maladie. *Aide médicale de l'État et soins urgents*, 24 janvier 2023.

online: www.ameli.fr/herault/assure/remboursements/cmu-aides-financieres/aide-medicale-etat-soins-urgents

Cleveland, Janet et Hanley, Jill. *Population sans couverture d'assurance-santé au Québec - estimé*, Institut universitaire SHERPA, 2020.

online: <https://sherpa-recherche.com/publication/population-sans-couverture-dassurance-sante-au-quebec-estime/>

Clinique internationale de défense des droits humains de l'UQAM, Médecins du Monde Canada. *L'accès aux soins périnataux pour toutes les femmes au Québec : Mythe ou réalité ? Portrait de l'accès aux soins périnataux des migrantes à statut précaire et de leurs enfants au Québec*, 2015.

online: https://ciddhu.uqam.ca/fichier/document/Laccès_aux_soins_périnataux_pour_toutes_les_femmes_au_Québec_Mythes_ou_réalité.pdf

De Benito, Emilio, v. e. « Undocumented migrants in Spain will have universal healthcare from day one », *El País*, 17 juillet 2018.

online: https://english.elpais.com/elpais/2018/07/17/inenglish/1531816315_449712.html

Direction de l'information légale et administrative (Premier ministre). *Qu'est-ce que l'aide médicale de l'État (AME) ?* Service public de la République française, 17 janvier 2022.

online: [www.servicepublic.fr/particuliers/vosdroits/F3079#:~:text=L'aide%20m%C3%A9dicale%20de%20l'%C3%89tat%20\(AME\)%20est,de%20r%C3%A9sidence%20et%20de%20ressources.&text=Une%20fois%20attribu%C3%A9e%2C%20l'AME,doit%20%C3%AAtre%20demand%C3%A9%20chaque%20ann%C3%A9e](http://www.servicepublic.fr/particuliers/vosdroits/F3079#:~:text=L'aide%20m%C3%A9dicale%20de%20l'%C3%89tat%20(AME)%20est,de%20r%C3%A9sidence%20et%20de%20ressources.&text=Une%20fois%20attribu%C3%A9e%2C%20l'AME,doit%20%C3%AAtre%20demand%C3%A9%20chaque%20ann%C3%A9e)

Fabi, Rachel E. et Taylor, Holly A. « Prenatal Care for Undocumented Immigrants: Professional Norms, Ethical Tensions, and Practical Workarounds », *The Journal of Law, Medicine & Ethics: a Journal of the American Society of Law, Medicine & Ethics*, 47 (3), 2019, p. 398-408.

online: <https://doi.org/10.1177/1073110519876172>

Ministère de la Santé et des Services sociaux. *Annexe 1 à la circulaire 2017-021 (03.01.42.19)*, 2017.

online: https://www.msss.gouv.qc.ca/inc/documents/ministere/acces_info/demandes-acces/2017-2018/2017-2018-1050-Document.pdf

Observatoire des tout-petits. *Accès aux soins de santé pour les femmes enceintes et les tout-petits de familles migrantes*, 2019.

online: <https://tout-petits.org/img/dossiers/migrant/Dossier-Acces-soins-migrants-complet.pdf>

Office québécois de la langue française. *Fiche terminologique – tourisme obstétrique*.

online: https://gdt.oqlf.gouv.qc.ca/ficheOqlf.aspx?Id_Fiche=26522662

Chesoi, Madalina et Kachulis, Eleni. *La citoyenneté canadienne : pratiques et politiques*, Bibliothèque du Parlement du Canada, Publication no 2020-64-F, 14 août 2020.

online: <https://lop.parl.ca/staticfiles/PublicWebsite/Home/ResearchPublications/BackgroundPapers/PDF/2020-64-F.pdf>

Régie de l'assurance maladie du Québec (RAMQ). *Portrait des femmes enceintes sans couverture santé au Québec*, 28 juin 2022.

online: https://www.msss.gouv.qc.ca/inc/documents/ministere/salle-de-presse/Rapport_mandat_femmes_enceintes_2022-06-28.pdf

« Spain: Undocumented immigrants regain the right to health », *ECRE Weekly Bulletin*, 14th September 2018.

online: <https://www.ecre.org/spain-undocumented-immigrants-regain-the-right-to-health>

To go further

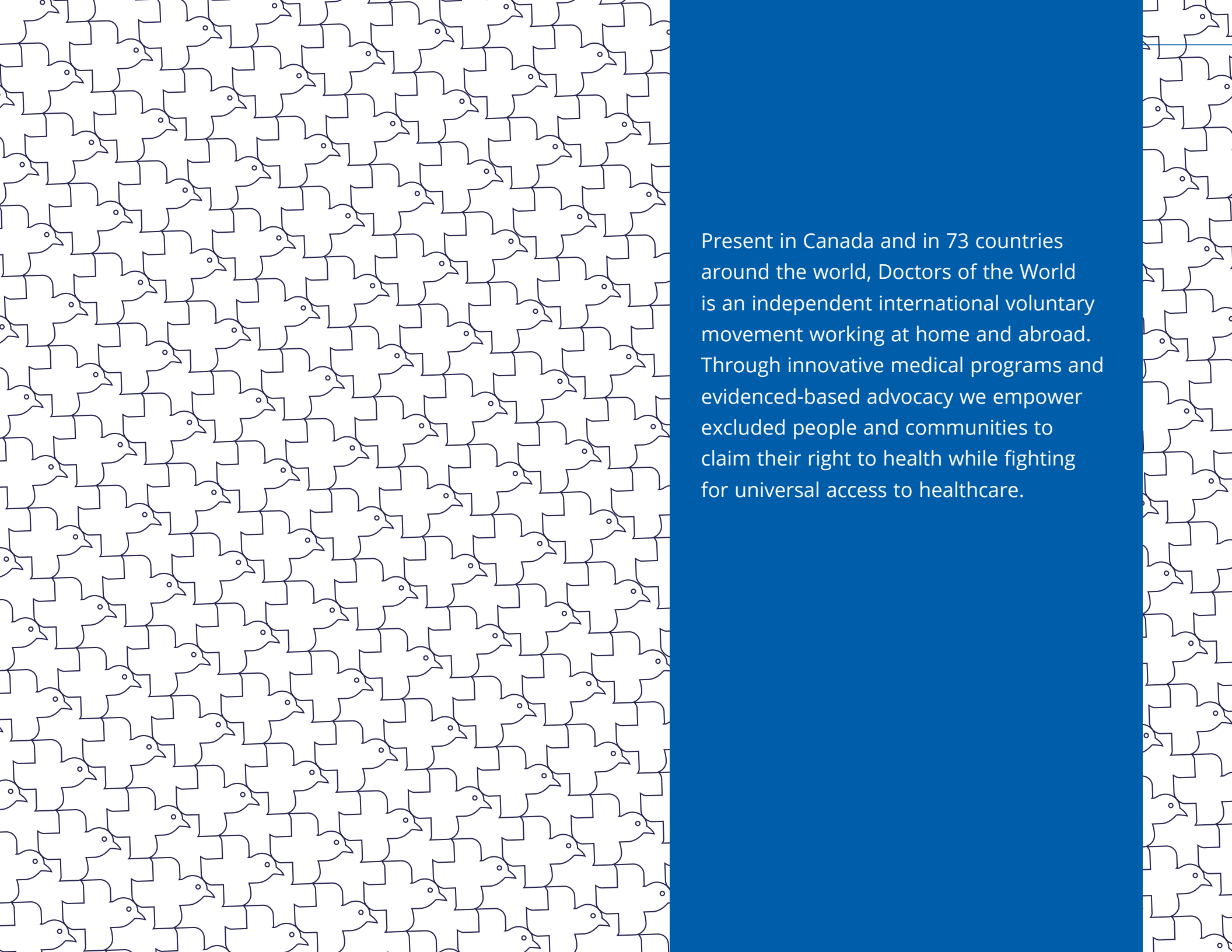
Médecins du Monde. *Mémoire : Santé sexuelle et reproductive des femmes vivant au Québec*, 17 mars 2022.

online: https://medecinsdumonde.ca/uploads/Memoire-Medecins-du-Monde-Sante-sexuelle-et-reproductive-des-femmes-migrantes-a-statut-precaire-vivant-au-Quebec_15avril-2022.pdf

Médecins du Monde. *Analyse juridique : Le droit des femmes migrantes à statut précaire de recevoir des soins et services de santé au Québec*, 1^{er} juin 2022.

online: https://medecinsdumonde.ca/uploads/20220606_Analyse-juridique-femmes-MSP-FINAL.pdf





Present in Canada and in 73 countries around the world, Doctors of the World is an independent international voluntary movement working at home and abroad. Through innovative medical programs and evidenced-based advocacy we empower excluded people and communities to claim their right to health while fighting for universal access to healthcare.



Follow us



doctorsoftheworld.ca