

Annual OPIRG Women and Health Conference, 2003

**Includes:
Final Report**

By Karine Rogers, Erika Franklin, and Amanda Harrison

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**Supervising Professor: Prof. Marg McGraw, Trent University
Trent Centre for Community-Based Education**

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Workshop Report
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Karine Rogers, Erica Franklin, Amanda Harrison

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Summary

Historically OPIRG and students working with the Trent Centre for Community Based Education (TCCBE) have run an annual conference on Women and Health at Trent University. In the past the conference has always been organized by students in Marg Hobbs' Women, Health and the Environment, or Women and the Welfare State. This year, the option was given to students of Marg McGraw's Immigrant Women in Canada 387H class to organize the conference, making the focus of the conference immigrant women's health. As this class is only a half year long, we quickly realized that we did not have the time to organize an entire conference, and sought out an alternative. As the Ontario Health Coalition (OHC) was holding a day long teach-in at Peterborough Collegiate Vocational School (PCVS) on the privatization of health care, we decided to collaborate with the OHC's event. On March 1, 2003, Karine facilitated a one hour workshop called "Universal Medicare? Confronting the Barriers Marginalized Communities face in Accessing Health Care in Canada" at the OHC's teach-in. Erica and Amanda had also prepared workshops to present at the teach-in, but there was a very poor turnout, and not enough participants to attend all three workshops in the morning. Participants for the other workshops attended Karine's instead, with a total of thirteen participants. Erica and Amanda were planning on presenting their workshops in the afternoon, however due to the poor turnout, the entire afternoon's events were cancelled.

Despite the unanticipated lack of participants at the teach-in, we do not regret having coordinating our event to coincide with the OHC's. The act of coordinating an event with another community organization is an important exercise in coalition building; it is important in grassroots organizing to highlight the ways in which different organizations have intersecting issues, which ultimately strengthens events.

It was later decided that Erica and Amanda would conduct their workshops in collaboration with other events going on in Peterborough for anti-racism week (March 23-28). The two workshops were transformed into a roundtable discussion with the Women's Group that meets at the New Canadian Centre every Friday afternoon. Collaborating with the New Canadian Centre was very useful for many reasons. The discussion was useful in that Amanda and Erica were able to put together the practical experience of the women in the group with the research they had conducted. Jovanna is a volunteer at the New Canadian Centre who facilitates the women's discussion group and was the person that Amanda contacted to organize the discussion. Jovanna expressed an interest in having students from Trent University conduct similar events at the New Canadian Centre in the future.

Logistics

As we were participating in a pre-planned event, the OHC had already taken care of all organizing logistics, including booking the space, providing lunch and refreshments, booking speakers, and advertising. As we were interested in having targeted advertising, we e-mailed/faxed out a press release and posters to the organizations on OPIRG's community contacts list. We also made a poster advertising our workshops and posted widely on campus and downtown.

Although we had sent out e-mails and faxes to the New Canadian Centre, among other community organizations, the women in the discussion group told us that they were unaware of the OHC's conference. Fezi, from Peterborough's Community Race Relations said that she had received the email and thought that the conference was for people who worked with immigrants. In hindsight, the outreach would have been more effective in reaching a targeted audience if we had distributed posters to various community organizations in person rather than faxing or emailing them. The New Canadians Centre has regular potluck events, which might be worth attending to advertise a conference. Jovanna also said it would be effective to call and talk directly to her about events. Erica and Amanda noticed that language was a barrier in their discussion. After writing the advertisement for the conference that we had thought was inclusive, we realized the academic language could have been problematic.

Finances

Though we are not aware of the total expenditures of the teach-in, the cost to rent five rooms at PCVS for the day was \$170, and OPRG paid \$150 to help offset costs. This money came directly out of OPRG's budget, and no additional fundraising on our part was required.

Final Thoughts

As mentioned above, we felt that organizing a conference in a semester did not seem realistic. New ideas for community based projects should be examined for next year.

The experience at the New Canadians Centre proved to be a vital component of Erica and Amanda's research process. Although some community-based publications were researched by Erica, Amanda and Karine, discussing the issues with local women proved foundational. Perhaps in the future, the discussion group could be attended closely to the beginning of the research endeavour, with a follow-up meeting planned to discuss research findings. Some of the women expressed interest in forming a working group to lobby for more universal health care. This would be another great opportunity to connect with the Ontario Health Coalition.

Filling in the Gaps: The Economic Role of Domestic Work, Immigration Policy and the Barriers Domestic Workers Face in Accessing Overall Health in Canada
By: Erica Franklin
For: Marg McGraw
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The increased entry of middle class white women into the Canadian workforce has left a labour shortage in a very important part of the Canadian economy. This labour shortage is occurring in a sector that keeps capitalist economies afloat, however this sector is unaccounted for when measuring economic activity in economic terms. The sector that I am referring to is women's unpaid labour carried out in the domestic realm. This labour gap is currently being filled being filled by women from third world countries, mainly from the Philippines as well as the Caribbean who come to Canada as temporary workers under the Live In Caregiver Program (LCP). The purpose of this essay is to examine how the health of foreign domestic workers is compromised through institutional barriers created by discriminatory immigration policies as well as through the social and economic barriers that domestic workers may face when living and working in Canada.

There are a number of factors that affect the health of foreign domestic workers in Canada today. I will discuss their health in the context of immigration policy while at the same time providing an explanation of how immigration policy has become increasingly restrictive as women of colour from third world countries were require to fill the labour gap that Canada attempted to fill with European women in the domestic realm. I will discuss the way in which immigration policy affects domestic workers' access to health

care in Canada. I will also discuss the barriers that are present in the Health Care system that limit domestic workers ability to fully utilize the system, such as linguistic and cultural barriers. The first half of the essay will discuss the history of Canadian immigration policy as it pertains to domestic workers. An emphasis will be placed on the institutionalized racism and discrimination that these policies were founded upon. The second half of the essay will examine domestic workers in a contemporary context. It will discuss how racism present in Canada's social conscience and institutions creates barriers for domestic workers in terms of attaining full health.

The word health will be used throughout this essay in its broadest sense. Health not only refers to an absence of disease or access to health care. The health of foreign domestic workers will be discussed in relation to a number of determinants such as social networks, linguistic barriers, emotional health and economics. This holistic notion of health will be used to frame the context of domestic workers lives. The immigration policies that shape domestic worker's lives and hence play a significant role in determining their overall health will also be discussed.

In order to provide an understanding of the various factors that influence their lives, it is necessary to provide the historical context that is shaping the lives of domestic workers today. The history of immigration policies that pertain to domestic workers have become increasingly restrictive as Canada realized that women from Europe were less likely to immigrate to Canada for domestic work. The restrictions increased as women from third world countries began to fill the shortage of labour in the domestic realm. In post war

Canada, preferred domestic workers were those from Britain and Western Europe, however, the supply of labour from this part of the world was not sufficient enough to fill the demand. Recruiting women from third world countries was a last resort by the Canadian nation to fill the shortage of labour in the domestic realm.¹ When the ethnic/racial composition of domestic workers shifted from white and European to women of colour from the third world, the deterioration of domestic workers' working conditions followed.² One of the most significant changes was the decline in immigration status that domestic workers were assigned. Women from Britain and Europe who came to Canada as domestic workers had always received landed immigrant status upon their arrival to Canada. This trend was changed as Canada began to recruit women from third world countries. In 1911, Canada experimented with the importation of domestics from the Caribbean and the temporary nature of domestic work in Canada was introduced. These women were not granted landed immigrant status and were deported from Canada three years later due to a recession in the economy.³ Similar schemes to bring in domestic workers from third world countries under temporary status took place from 1955 until 1967⁴. It was not until the 1970's that temporary work programs to bring in domestics as migrant workers became a permanent characteristic of Canadian immigration policy, leaving domestic workers with no freedoms and rights of citizenship.⁵ In 1973, the Temporary Employment Authorization Program was implemented which stipulated that domestic workers could only come to Canada for a

¹ Arat-Koc, Sedef. "Good Enough to Work but not Good Enough to Stay: Foreign Domestic Workers and the Law," *Locating Law: Race, Class Gender Connections*, ed. Elizabeth Cornack (Halifax: Fernwood Publishing, 1999) 125.

² Arat-Koc, *Locating Law* 125.

³ Arat-Koc, *Locating Law* 139.

⁴ Arat-Koc, *Locating Law* 142.

period of two years.

The nature of immigration laws after Confederation changed because Canada, as a nation builder, saw that women of European descent had a role in reproducing the “whiteness” of the nation as well as a role in transmitting British culture and civilization.⁶ An immigration act passed in 1910 gave the government the official power to discriminate on the basis of race. The clause stated that the government could “prohibit for a stated period or permanently, the landing in Canada...of immigrants belonging to any race unsuited to the climate or requirements of Canada.”⁷ This discriminatory clause was not removed from Canadian immigration policy until 1978. Canada did not want women of colour to have a role in the reproduction of the nation. To Canada, these women were only useful economic terms.

On a similar note, Dionne Brand points out that racialized stereotypes of femininity contributed to Canada’s relegation of reproductive and domestic roles. She says “Canadian immigration policy, which demanded that domestic workers coming from the Caribbean on work permits have no encumbrances (children) or appendage, indicates the ideological form of Black femininity accepted and recognized by the state.”⁸ By not permitting women of colour who had family members into the country as domestic workers, Canada was ensuring that the women would not attempt to settle in Canada.

⁵ Arat-Koc, *Locating Law* 142.

⁶ Arat-Koc, *Locating Law* 129.

⁷ Arat-Koc, *Locating Law* 139.

⁸ quoted in Arat-Koc, Sedef. “Immigration Policies, Migrant Domestic Workers and the Definition of Citizenship in Canada.” *Deconstructing a Nation: Immigration, Multiculturalism and Racism in '90's Canada*, ed. Vic Stazewich (Halifax: Fernwood Publishing, 1992) 236.

Any settlement by women of colour and their families would have threatened the temporary nature of domestic work as well as the “whiteness” that the nation was attempting to found itself upon. The notion of Black femininity referred to by Brand is one that was socially constructed to justify slavery. Black women were not regarded as the weaker sex like their white counterparts. White women were ascribed roles of domesticity and motherhood while black women were ascribed roles as labourers.⁹ Similarly, Canada readily relegates roles to middle class white women to uphold family values, and at the same time relegates labour related roles only to women of colour. For the migrant worker, their temporary status acknowledges that they are important to the Canadian economy, but are not wanted as a member of the nation.¹⁰

Contemporary immigration policy surrounding domestic workers has not significantly improved in terms of citizenship rights. The Temporary Employment Authorization Program stipulated that domestic workers could come to Canada under temporary status and had to reside in the home where they found employment. After two years of domestic work, the woman would have to return to the country that she immigrated from. If a domestic worker was interested in applying for landed immigrant status, she would have to do so from that country. In 1981, the name of the Temporary Employment Authorization Program was changed to the Foreign Domestic Movement (FDM). The only aspect that changed with the name of this immigration policy was that a domestic worker who had worked two continuous years under the FDM could apply for landed

⁹ Arat-Koc, *Deconstructing a Nation* 236.

¹⁰ Arat-Koc, *Deconstructing a Nation* 236.

immigrant status from Canada¹¹. In 1992, the FDM was changed to the Live-in Caregiver Program (LCP). Rather than becoming less restrictive, this newly named policy made it increasingly difficult for women to immigrate to Canada as domestic workers despite the fact that the demand for domestic workers in Canada has always exceeded supply. Under the LCP, eligibility for initial entry into Canada demands that the applicant have completion of the equivalent of grade twelve education as well as six months of full time training in a field or occupation related to being a caregiver (domestic worker)¹². After much lobbying by organizations such as INTERCEDE (International Coalition to End Domestic? Exploitation) this policy was changed so that six months of formal training could be replaced with twelve months of practical experience¹³. Canada has continued to retain in its immigration policy what is considered by many domestic workers to be the most oppressive pillars of the policy: the live-in requirement and the temporary migrant/visitor status. Canada's unwillingness to extend citizenship rights to a community of people who contribute greatly to the Canadian economy demonstrates the institutionalized racism the nation perpetrates. It is a demonstration of the fact that Canada is still holding on to racist values used in nation building based on the notion of white supremacy.

The history of Canadian immigration policy as it pertains to domestic workers is essential to understanding the conditions under which domestic workers live in Canada today. The racist notions used to construct the nation and to decide who would be granted Canadian

¹¹ Arat-Koc, *Locating Law* 145.

¹² Bakah, Abigail B. & Davia Stasiulis, *Not One of the Family: Foreign Domestic Workers in Canada* (Toronto: University of Toronto Press, 1997) 36.

¹³ Bakah 36.

citizenship have played a role in determining the level of citizenship that domestic workers are granted by Canadian immigration legislation today. The temporary worker status ascribed to domestic workers as well as the live in requirement of the LCP creates barriers for domestic workers in accessing overall health.

Canada's overt attempts to dissuade domestic workers from establishing a family or sponsoring their own in Canada threatens domestic workers' overall health. The example of one of the Caribbean domestic scheme implemented in the 1950's can be used to recognize similar patterns of the denial of the family to domestic workers that still exists today. When Canadian attempts to recruit women from Britain and Europe proved to be a failure, Canada resorted to recruiting labour from the Caribbean under the Caribbean domestic scheme¹⁴. When applicants arrived in Canada, the women from the Caribbean had to undergo gynecological exams as well as extensive medical exams to ensure that they were not pregnant.¹⁵ From a feminist discourse, this can be seen as another measure by the state to colonize women's bodies and control their sexuality. These measures were also an invasive attempt by the state to ensure that the sponsorship of family members will not take place. A similar mentality exists today as domestic workers are required to live in the home that they work in. There is no official legislation surrounding the freedoms of a domestic worker with respect to social relations, however it is common for domestic workers to be discouraged from creating social relations and from having partners stay in their room. This accepted norm is similar to the Caribbean domestic

¹⁴ Arat-Koc, *Locating Law* 140.

¹⁵ Arat-Koc, *Locating Law* 140.

scheme in that it deters settlement by the domestic worker.

A study conducted on Immigrant women's health concluded that healthy social relations were integral to immigrant women in maintaining a high level of health¹⁶. It is important to note here that there is little research conducted on domestic workers and their barriers in accessing health. As a result many of my findings are extrapolations of research conducted on immigrant women and health status in general. Domestic workers do not have landed immigrant status; they have a temporary worker status, however, they still share many similarities with immigrant women. Some similarities include shared exploitation as women and as workers, and linguistic, cultural and economic isolation¹⁷. A similar study on immigrant and refugee women's health cites that social isolation is related to the migration process which includes communication barriers, lack of knowledge of the host country, loss of socio-economic and family networks, and a lack of recognition of foreign credentials as well as racism¹⁸. Social isolation not only originates from the covert racism and stereotypes that are ascribed to immigrants in Canada, it is also the consequence of the live in requirement of the LCP. Institutional as well as individualized racism create barriers for domestic workers who are women of colour in creating social networks. Social networks have also been identified as a resource in maintaining overall health¹⁹.

¹⁶ Mulvihill, Mary Ann, Louise Mailoux and Wendy Atkin. "Advancing Policy and Research Responses to Immigrant and Refugee Women's Health in Canada." *Centres of Excellence for Women's Health*, Health Canada, 28 Feb. 2003, <http://www.cewh-cest.ca/en/resources/im-ref_health/im_ref_health.pdf>.

¹⁷ Mulvihill 12.

¹⁸ Mulvihill 12.

¹⁹ Mulvihill 12.

Deskilling is another threat to domestic workers' health. In the 1950's, the influx of women from Barbados to fill the domestic labour gap contributed to a brain drain from Barbados. This is because many of these women were highly educated.²⁰ The deskilling that domestic workers face when they enter Canada has been identified as a threat to their health²¹. This may be in part due to the fact that deskilling reduces ones economic status which is another health indicator. Deskilling is also a threat to health due to the fact that it may contribute to a decline in self esteem. Filipino women account for a large number of the domestic workers in Canada. Filipino's are the most likely out of Canada's immigrant population to have a university degree, yet the Filipino population is highly susceptible to economic and educational deskilling when they enter Canada²². Filipino women were not always economically discriminated against to such a degree in Canada. In the 1960's and 70's Filipino women in Canada worked in jobs traditionally assigned to women such as nurses and teachers. As the Canadian economy began to restrict, Filipino women were relegated to jobs in the domestic sector²³.

Another threat to domestic workers' health is the result of the live in requirement of the LCP. By living in their place of employment, boundaries between work and leisure are blurred for domestic workers. This often allows for the exploitation of domestic workers by their employers in the form of long working hours. A survey conducted by INTERCEDE found that only 35.24% of domestics worked a regular Ontario work week

²⁰ Arat-Koc, *Locating Law* 141.

²¹ Mulvihill 12.

²² "Canada: The New Frontier for Filipino Mail-Order Brides," *Status of Women Canada*, 23 Dec 2002, 28 Feb 2003, <www.swc-cf.gc.ca/pubs.html>

²³ *Status of Women Canada*.

of forty-four hours; 40.28% worked a 45-50 hour work week; 18.4% worked a 50-60 hour work week; and 6.08% worked more than sixty hours per week²⁴.

The LCP not only poses threats to the health of domestic workers in its insistence that domestic workers reside in the home of their employer. The LCP also creates an indirect threat to domestic workers' health by making eligibility for entry into Canada or eligibility for permanent residency highly restrictive. If after three assessments for permanent residency, a domestic worker had not been accepted by a federal immigration officer, immigration policy states that they are to be sent back to the country they immigrated from²⁵. Because of these tight restrictions, many domestic workers remain "illegally" in Canada as workers in what is called the shadow economy. In 1993, there were 25,000 - 30,000 illegal domestic workers in Toronto alone²⁶. This was largely in part due to the restrictive regulations of the LCP. In the Rosedale, Forest Hill and Bayview areas of Toronto, seventy per cent of the domestic workers are there "illegally"²⁷. An "illegal" immigration status poses a threat to health in that provincially provided health care would not be an option in the event of illness. An "illegal" domestic worker is also more susceptible to exploitation than those who are in Canada legally. This is because the threat of deportation may be used by their employers to demand long work weeks, an unfair wage or to demand that tasks be carried out that may pose a threat to health.

²⁴ Arat-Koc, *Deconstructing a Nation*, 233.

²⁵ Bakah 35.

²⁶ Bakah 35.

²⁷ Bakah 35.

An extension of citizenship rights to domestic workers in integral to improving their overall access to health. In doing so, Canada would be acknowledging that domestic workers play an integral role in the economy. Canada currently plays and opportunistic and exploitative role with regards to the lives of domestic workers. At the same time that the Foreign Domestic Movement was implemented in Canada's immigration policy, Canada abandoned its national child-care policy²⁸. This may be viewed as Canada's way of exploiting the fact that there are people from economically impoverished nations who are willing to work in the homes of affluent North Americans. It is also opportunistic in that it allows for the need for the national, publicly funded provision of child-care to be privatized and deregulated. As Canadian women enter the workforce, the invisible labour that they did in the home is being replaced by domestic labour being done by women who receive no citizenship rights and no recognition that the work they are performing is integral to the national economy.

It is apparent that the lives and the health of domestic workers are affected by the institutional barriers created by immigration policies that covertly discriminate on the basis of race as well as gender. In order to understand how the health of domestic workers is affected, health must be defined in the broadest terms. An examination of social and economic barriers that domestic workers may face while living and working in Canada provides an understanding of how their health is compromised through the conditionalities of the Live-in Caregiver Program. A history of Canadian immigration policy and nation building provides an understanding of some of the institutionalized barriers that domestic workers may face in their access to overall health when in Canada.

²⁸ *Status of Women 7.*