



Healthcare is a Human Right: International Students Speak Out on Healthcare Inaccessibility in Manitoba

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Introduction

AS THE COVID-19 pandemic laid bare many health inequities across Canada, startling examples of the unique healthcare challenges that international students in Manitoba face were publicized across various media outlets. The public was introduced to Calvin, an international student who had just completed foundational courses at the International College of Manitoba and was set to resume studies at the University of Manitoba, who ended up with a medical bill of over \$123,000 (Lilley, 2021). Because he was in-between schools, he had no insurance coverage for his emergency surgery and the resulting 24-day hospital stay that ensued after he contracted COVID-19 at the hospital. The public also met Ella, an international student who sought help for mental health issues during the pandemic lockdown period resulting in a \$38,000 medical bill and her information being shared with the Canadian Border Services Agency (CBSA) (Favaro, 2022). During this time, she wasn't able to maintain her full-time student status and was registered in only one class instead of the minimum of three, leaving her with no insurance coverage. These cases are likely not surprising for international students who have been navigating the challenges of not having access to public health coverage for almost five years now.

Since the March 2018 amendment to the Residency and Registration Regulation of the Health Service Insurance Act, removing international students' eligibility for public health insurance (effective beginning September 2018), students and other community advocates have been sharing their experiences of healthcare in Manitoba and sounding the alarm on the

physical, emotional, mental, and financial stresses caused by this barrier to care. These cases publicized in the media, and the ongoing community-level campaigns around this issue, have helped to create awareness of the barriers students face in receiving proper healthcare and amplify the gaps in healthcare access and the private insurance scheme. This policy has led to an increase in the uninsured migrant population and overall unmet health needs in Manitoba, raising the question as to why healthcare access is viewed as a human right for some and treated as a commodity, or an incentive that can be turned on and off, for others.

Five years after public health insurance was rescinded from international students in Manitoba, and in the aftermath of the most volatile years of the COVID-19 pandemic, this report brings together testimonials shared by international students across a variety of venues to highlight the ongoing challenges they face with respect to healthcare access and the active ways in which students themselves have engaged in advocacy around this issue. In particular, we address the question of how international students in Manitoba have experienced and responded to this change in healthcare eligibility. The report relies on the results of a survey initiated by the Manitoba office of the Canadian Federation of Students calling for international students to share their experiences accessing healthcare services in Manitoba, as well as media analysis of media coverage on the advocacy efforts of students on this issue from 2018 to present. Student voices and political engagement are highlighted here to demonstrate the multiple ways that students have countered the narrative that private insurance is an equitable replacement for eligibility within the public system and have continuously highlighted the mental, emotional, and physical stresses and risks they are forced to assume as a result of this policy change. In doing so, they also have affirmed their position as members of Manitoban communities, who have human rights, and whose decisions and needs are not reducible to economic calculations.

Migrant Healthcare in Canada

THE CANADIAN HEALTHCARE system is a publicly funded system financed through taxes and administered by the provinces and territories. It allows Canadian citizens and permanent residents to receive medically necessary healthcare insurance coverage (IRCC, 2021). While the right to health is not explicitly described in the Canadian constitution, the Canadian Health Act (CHA) was implemented to ensure that Canadian residents have equal access to public healthcare (Jones, 2022). According to CHA the basic requirement for provincial/territorial health insurance coverage is residence in a province or territory (Health Canada, 2011). Residents are defined as individuals who are lawfully entitled to reside or remain in Canada, excluding tourists and visitors (Health Canada, 2011). Although the CHA provides a description of insured residents, it does not specify residency requirements, enabling provinces and territories to generally establish their own criteria for individuals without citizenship or permanent residence to receive public healthcare coverage (Health Canada, 2011).

Since the mid-2000s, Canada has brought in more people via temporary resident status immigration pathways than as permanent residents, despite the fact that many people on work or study permits eventually pursue permanent residency (Dauvergne, 2016). This precarious status migrant population includes people who either have legal authorization that is temporary and/or dependent on a third party, which includes international students,

migrant workers, asylum seekers, visitors on temporary residency visas (for example, in-land spousal sponsorship applicants), or who have expired visas or no formally recognized status (Goldring et al., 2009). Precarious status migrants have conditional or limited access to social and health resources. Because the healthcare system is managed and organized at the provincial and territorial level there are different eligibility policies for non-permanent residents and non-citizens across jurisdictions and these residents receive different levels of healthcare coverage based on their immigration status and the province or territory in which they reside. Immigration status has thus become a tool used to justify and sustain disparities in access to resources, rights, and social protections.

Without access to public health insurance, precarious status migrants either go without any coverage and pay all expenses out of pocket or purchase private health insurance. Private insurance options vary, but generally have limited medical coverage – only covering a limited set of medical services and a portion of the overall costs. Even with private insurance, a person is likely to accrue medical expenses. Furthermore, eligibility for private insurance is dependent on maintaining one’s immigration status. This means that changes in university enrolment or employment, for example, which may require applying for a new permit or visa, are particularly vulnerable periods.

These disparities in healthcare coverage have significant implications on people’s health. People report delays in seeking care due to fear of costs or deportation leading to undiagnosed chronic diseases with serious complications, refusing treatments when diagnosed due to inadequate finances resulting in prolonged illness, inadequate preventive care, feelings of social exclusion, fear, and mistrust towards health institutions, psychosocial problems and mental health struggles, and overall poorer health outcomes (Cloos et al., 2020; Hynie et al., 2016; Rousseau et al., 2014). Although international students are more likely to migrate to Canada with pre-existing networks, educational experiences and skills, and resources compared to many other precarious status groups, many still experience intense precarity while living in Canada with temporary status. International students are faced with the financial burden of a high cost of tuition and increasing living costs, navigating the Canadian education system, adjusting to Canadian linguistic, communication, and cultural norms, coping with restrictive employment policies, enduring racial microaggressions, while being at a higher health risk with restricted healthcare access (Brunner, 2022; El Masri & Khan, 2022).

The COVID-19 pandemic further entrenched precarious conditions for all migrants, including students (Brunner, 2022; Firang, 2020). The restrictions

implemented due to the pandemic, along with the already existing health inequalities, affected not only their access to healthcare but other determinants of health. As places of work closed their doors and university classes moved online, international students struggled financially; often ineligible for the Canada Emergency Response Benefit (CERB), as well as the Canada Emergency Student Benefit and Canada Student Service Grant. (Brunner, 2022). International students struggled to cover basic expenses, like food, and often lived in substandard and overcrowded dwellings. For those who did work, they were concentrated in frontline and essential services, putting them at higher risk of COVID-19 infection and transmission (OECD, 2020). International students navigated these conditions, along with fears of academic and immigration status interruption, while separated from established support systems and precarious access to social and healthcare programs.

Manitoba Political and Policy Context

STATISTICS CANADA CALCULATES that 36.6 percent of immigrants who are admitted as permanent residents, first arrive in Canada temporarily on work or study permits, or as refugee claimants (Statistics Canada, 2022c). A study permit is a document that is required for “foreign nationals to study at designated learning institutes (DLIs) in Canada” (IRCC, 2023). In order to procure a study permit, a person must be enrolled in a DLI, prove they have enough money to pay for tuition fees, living expenses, and return transportation for themselves and any family who come with them, have a medical exam demonstrating good health, a police certificate documenting no criminal record, and lastly “prove to an officer that [they] will leave Canada when [their] study permit expires” (IRCC, 2023). Statistics Canada notes that one in two international student graduates remain in their province of education for one year after graduation, evidencing the claim that international students provide skilled labour and contribute to local economies (Statistics Canada, 2022a).

In May of 2019, Education and Training Minister Kelvin Goertzen announced that international student enrolment in Manitoban post-secondary institutions increased by 17 percent in 2018, welcoming over 18,000 international students from over 100 countries in the same year (Government of Manitoba, 2019). The government of Manitoba has put forward a concerted effort to attract more international students who will contribute to the province’s

economy (Browning & Elnagar, 2022). However, also in 2018, the Progressive Conservative government excluded international students from public healthcare coverage, leaving them to purchase private health insurance from their institutions, thus adding to tuition costs that are already three and a half times higher than fellow Manitoban students (Statistics Canada, 2022b) and living costs upwards of five times more than those of a student who resides in Manitoba (Lamoureux, 2019, p. 1050).

Public healthcare coverage for international students varies across provinces and territories. There are several provinces or territories where international students are fully eligible for public healthcare insurance, including Alberta, New Brunswick, Newfoundland and Labrador, Northwest Territories, Prince Edward Island, and Saskatchewan. There are three provinces that offer some type of healthcare for international students, though it is severely restricted for certain groups. In British Columbia, international students pay a monthly fee to access the public health system. Quebec has a reciprocity agreement with ten different European countries which enables residents of these countries to register for the free public health insurance if they become international students. All other international students in Quebec are ineligible. In Nova Scotia, anyone who has legally resided in the province for at least 12 months and is present in the province for 183 days every calendar year is eligible for health coverage, so international students can access public health coverage in their second year. Lastly, there are three subnational jurisdictions that do not provide public health insurance to international students – Ontario, Yukon, and as of 2018, Manitoba. Nunavut is exempt as they do not host any learning institutions for international students.

In 2011, under an NDP majority government, in response to grassroots advocacy highlighting the gaps in healthcare services for international students, eligibility for Manitoba health insurance was extended to, and well-received by, international students. From 2012 to 2018, international students were eligible for provincial healthcare insurance in Manitoba. In 2018, with the Progressive Conservatives in government, debates in the legislature began to circulate regarding removing healthcare coverage, resulting in the removal of eligibility for provincial health coverage for international students the following fall semester. The government justified the elimination of healthcare for international students as a cost saving measure of about 3.1 million dollars (Bergen, 2022; Hoyer, 2018), representing 0.05% of the overall provincial health budget for 2018 (Government of Manitoba, 2018).

In the legislature, then-Premier Brian Pallister belittled the impact this change will have on students, noting that with Manitoba's lower tuition

rates relative to other provinces, international students, “with their math skills”, will nonetheless recognize “the real savings they’ll derive by being in a province that has growth opportunities” (2018, p. 632). This change in eligibility was not without political opposition, with MLA Cindy Lamoureux stating “this government is taking advantage of” international students and “jeopardiz[ing] their healthcare” (2018, p. 178). MLA Jon Gerrard lamented that the government “has forgotten how important international students are to all of us” (2019, p. 916). Health inequities for international students were further exposed during the global pandemic in the spring of 2020. MLA and Opposition Critic for Health, Senior and Active Living, Uzoma Asagwara, stated in the legislative assembly on March 19th, 2020, a week after COVID-19 was declared a global pandemic, that “it is all of our responsibilities to make sure that every single Manitoban has equitable access to healthcare in this province, and that includes our international students, it includes our migrant workers, it includes folks who are undocumented. It means all Manitobans, those without identification, those who are transient and homeless as well” (p. 852).

The day after the province of Manitoba announced the repeal of international students’ healthcare eligibility, the University of Manitoba released a notice expressing its commitment to support international students and outlined plans to explore options for private healthcare insurance in collaboration with other post-secondary institutions in Manitoba (UM Today, 2018). Presently, universities and colleges in Manitoba offer various private insurance options to provide healthcare coverage for international students. The University of Manitoba, University of Winnipeg, and Brandon University offer healthcare coverage for international students through the Manitoba International Student Health Plan, provided by Manitoba Blue Cross. International students at Manitoba Institute of Trade and Technology, Assiniboine Community College, Canadian Mennonite University, International College Manitoba, and University College of the North receive healthcare coverage through the Student Medical Insurance Plan administered by Guard.Me insurance provider. International students at the Red River College Polytechnic and Université de Saint Boniface receive healthcare coverage through Galivan: Student Health and Wellness, and Green Shield Canada insurance providers, respectively. Costs and coverage, therefore, vary across different institutions in Manitoba. Enrolment in a private health insurance plan is mandatory for all international students, who pay for this alongside their tuition.

International Student Healthcare Advocacy

SINCE ELIGIBILITY FOR public healthcare was rescinded for international students, various community groups have mobilized around the issue of healthcare access in Manitoba for international students and other migrant groups who face similar barriers. These community groups have organized several protests and rallies, met in person with legislators, organized letter writing campaigns, and created online campaigns to raise awareness on the issue. The Canadian Federation of Students Manitoba has been one of the leaders in this campaign, bringing together various stakeholders and providing a platform for students to voice their concerns and their stories. The Canadian Federation of Students is an advocacy organization formed in 1981, which represents over 500,000 undergraduate, graduate, mature and part-time students across Canada. The Federation provides students from across the country with an effective and united voice, provincially and nationally and seeks to facilitate spaces and foster opportunities for students to join together in creating lasting change and winning victories, both on and off campus. The organization campaigns for issues ranging from accessible, high-quality post-secondary education to healthcare access for all.

The Canadian Federation of Students is one of many student and community groups who spoke out against the 2018 policy change. After the removal of healthcare coverage for international students, the University of Manitoba Student Union (UMSU) president, in a press release, assured

students that the union will continue to fight against the policy while providing an affordable alternative (UMSU, 2018). Since this time, UMSU, along with other student unions across the province, have supported the fight for healthcare for international students.

These student-led initiatives have also found support within the wider community. Manitoba Organization of Faculty Associations (MOFA), representing approximately 1600 academic staff across the University of Manitoba, University of Winnipeg, Brandon University, and Université de Saint-Boniface has voiced support for the reinstatement of provincial healthcare coverage for international students and their dependents. Furthermore, local labour and social justice organizations, such as the Manitoba Federation of Labour (MFL), the Social Planning Council of Winnipeg (SPCW), and Migrant Manitoba have also continued to actively participate in advocacy efforts by writing letters to policy officials, doing media on the issue, and joining other student-led organizing efforts.

In 2020 the Canadian Federation of Students Manitoba partnered with fourteen community organizations and groups to form the Healthcare for All Coalition. The coalition brings together organizations and allies that believe healthcare is a human right and should be accessible to all people living in Manitoba, including international students and their dependents, without the fear of debt, deportation, or discrimination (CFS Manitoba, 2022). The coalition has done much work to create awareness about the issue, including mobilizing students, community groups, and unions in public events and rallies, organizing letter-writing campaigns and petitions which have been read in the Manitoba legislature, press releases on emerging issues, and engaging directly with policy makers. A petition on the issue of healthcare access created and mobilized by the Healthcare for All Coalition has been read aloud in the Manitoba legislature 20 times by seven different members of the legislative assembly in 2021 and 2022.

Methods

THIS REPORT BRINGS together the voices of international students in Manitoba who have engaged with the healthcare system and the ongoing efforts at the community level to facilitate platforms for student voices. To do so, it brings together two data sources: a collection of student testimonials gathered by the Canadian Federation of Students during the COVID-19 pandemic and a media analysis of coverage on international student healthcare since 2018, emphasizing the testimonies students shared with the media.

Many international students have taken to the media to share their experiences — either part of a press conference or rally organized by community advocates, including the Canadian Federation of Students, or on their own. These accounts not only provide first-hand testimony on the lived experiences of students, but also highlight the role international students themselves have played in bringing attention to this issue and advocating for themselves in their communities. In this report, we draw from a media analysis of articles from national and local level news sources covering the issue of healthcare access for international students from 2018 to 2022. Articles were retrieved using the Eureka database and coded thematically using Dedoose qualitative coding software. This analysis was part of a larger project examining the political discourses and debates mobilized around international student access to healthcare in Manitoba.

Acknowledging that not all students feel comfortable or have the opportunity to engage with media, this data was brought together with an anonymous survey conducted by the Canadian Federation of Students. In

2021, the Canadian Federation of Students created a brief survey to understand the impact of the lack of public healthcare among international students in Manitoba, especially amid the COVID-19 pandemic, and to mobilize within their public-facing advocacy work. Because international students are temporary residents and may be hesitant to contribute for different reasons, the survey was anonymous to make it more comfortable. The data collection happened during the pandemic, so social media (Instagram, in particular) was the most effective way to connect with students. The survey had a mixture of closed-ended and open questions. Closed-ended questions included questions such as confirming respondents are international students and where they studied, which were also used to confirm respondents were members of the target population. The open-ended question asked students to discuss accessing healthcare in Manitoba, giving the students the liberty to detail their experiences as they would like.

Overall this data highlights the numerous ways international students have spoken out and engaged around this issue and the challenges they continue to face around healthcare access.

Findings

INTERNATIONAL STUDENT ENGAGEMENT with the media and the anonymous testimonials in the CFS survey together spoke to (1) the financial stress and limits of private health insurance; (2) experiences accessing healthcare characterized by fear, uncertainty, and risk; and (3) how ineligibility for public healthcare coverage connects to feelings of exclusion and not being treated as community members with equal human rights.

Financial Stress and the Limits of Private Health Insurance

The financial burden and stress associated with accessing healthcare was a widely shared view in students' testimonials. Not only are students required to pay for their private insurance plan, but they still find themselves paying out-of-pocket medical expenses due to the limitations of their plans and their implementation.

Students discuss how the private insurance option is not a comparable replacement for public health insurance, as many health services are not covered by the insurance and access to care may still require upfront payments. *The Manitoban* reported that international students at the University of Manitoba pay \$1032 per year for healthcare coverage (McKillop, 2022). One student noted, "I still have to pay for my prescription medications on a separate plan" (CFS Survey, testimonial #8), signifying the compounding

costs associated with international students' private health care plans. Another testimonial also showed some important medical services excluded from the private insurance plan; "I have a history of kidney and respiratory disease, but blood tests and required examinations are not covered by my private health insurance" (CFS Survey, testimonial #12). Depending on the medical service provided, expenses may be partially reimbursed by the insurance company after the fact. Harpal Singh, an international student at Red River College Polytechnic, shared during a rally at the legislature how "some students go into debt to pay their bills while awaiting reimbursement for medical fees as they are forced to pay upfront" (McKillop, 2022). This was echoed by Fardeen Zareef, an international student who recently graduated from the University of Manitoba, who stated that "we're only under the leverage of private compan[ies]" (McKillop, 2022).

These financial burdens also affect students' academic lives and can strain their parents' finances. A student shared how paying out-of-pocket for medical expenses resulted in both financial stress and a terrible academic situation, "I've been denied many times by many places that do not accept our insurance. I got COVID and because of my pre-existing conditions, it hit me badly! But no clinic accepted seeing me, even for a phone visit! They told me that they don't have a contract with my insurance company. I need to pay them out of pocket first and then claim it later. This caused me financial stress and put me in a terrible academic situation, all because I couldn't see a doctor and because of my pre-existing conditions. It took a long time for me to recover." (CFS Survey, testimonial #3). Although Manitoba Health committed to cover testing and treatment costs regardless of insurance status, many people reported being unaware of this information (Bergen, 2020). Likewise, Kunal Rajpal shared at the Healthcare for All rally on October 4, 2022, how he was worried about paying for his healthcare costs and his parents being financially stressed, after sustaining injuries from an accident, "I'm in a potentially life-threatening situation and I'm thinking of hospital bills and money, and my parents going broke" (McKillop, 2022).

As described above, students experienced that many healthcare providers in Manitoba did not have the capability to direct bill the plan offered by insurance companies. As noted by one student, "Generally, people do not recognize private insurance and would ask for the provincial healthcare plan. Either healthcare professionals are not being informed about this plan or the system is outdated and doesn't include the private healthcare insurance company for international students" (CFS Survey, testimonial #7). Another student's testimonial also stated, "I was refused treatment in a clinic

because they did not take people without a [Manitoba] health card!!” (CFS Survey, testimonial #10). It is not always clear whether students were refused services altogether or whether they were refused services unless they paid the fee directly; however, for students with tight budgets who can’t afford these fees, the resulting impact is the same experience of inaccessibility. A testimonial noted, the defining factor that characterized their experience with healthcare was “[n]ot having a lot of access to resources”, following up with “if you want to access it, it’s expensive” (CFS Survey, testimonial #11).

Student testimonials also suggest they did not feel well-equipped with the information necessary to utilize their private insurance plans effectively or navigate the complexities of being privately insured in a system created to work predominantly with the public system. For example, students were unaware of what their insurance covered or not, or how to properly claim out-of-pocket expenses from the insurance companies when they were eligible for reimbursement. This gap in information prevented students from accessing services that were covered by their insurance, because they were fearful of the cost, and not seeking reimbursement for their already paid bills because they didn’t know how to go about it. A student shared, “I felt like we pay for healthcare but were never really told how to use it. When I first went to a doctor in Canada, I just paid for things out-of-pocket. I didn’t know how to direct bill and had to figure out how to submit claims later on my own. I wish that there was more information about how to use our coverage” (CFS Survey, testimonial #6). Rajpal makes a similar point, saying that students are left bearing the full responsibility of navigating the private healthcare system, which “becomes really difficult” to “understand how health coverage works” (Bergen, 2022).

Lastly, private insurance coverage requires that students maintain their immigration status. Students facing life challenges, including illness or mental health issues, who need to step back from their studies do not feel like they have the genuine ability to do so, as this may compromise their immigration and health insurance status. “All of a sudden, people are facing some challenges that they themselves cannot navigate, so some of them have to opt out of school, and if you opt out of school, you don’t have medical coverage,” states international student Calvin Lugalambi to the *Winnipeg Free Press* (Sanders, 2022). Because students acquire their health insurance via the university, and pay for them alongside tuition, they are generally valid on a semester-by-semester basis (although the details of this may vary by provider). He elaborates, “When such people most need help, they are scared to seek it because they are uninsured, so they avoid going to the

doctors just because they know they're going to get put in hospital bed, it's going to charge them so many thousand dollars. It's really appalling and very sad." There can also be gaps in insurance when students transition between programs — as Lugalambi's own case — and after graduating when former students are awaiting arrival of their post-graduate work permits, as in the case of Ololade Fashina. A former international student, Fashina had just graduated from the University of Manitoba and was awaiting her post-graduate work permit when she found out that her private insurance would not cover her after graduation (Annable, 2022). Three months later, when Fashina's baby arrived early, she was sent a hospital bill for over \$30,000, which was followed by harassing phone calls when the bill went to collections. After six months of emotional, mental, and financial stress, and with media pressure, Blue Cross agreed to cover the bill.

Reliance on private insurance plans leads to international students accumulating significant financial bills, deters students from visiting and accessing medical care, and creates a financial burden for both students and their parents/guardians, all of which could affect their academic and immigration trajectories and overall well-being. Additionally, this suggests students end up in emergency rooms when early intervention or proactive care could have mitigated this situation. This should be a concern for both students as well as health policymakers concerned about emergency room capacities. Overall, student perspectives and experiences demonstrate that the private insurance options are an inadequate substitute for providing healthcare coverage for international students and do not represent genuine access to the right to healthcare.

Fear, Uncertainty, and Risk

Uncertainty characterizes a lot of international students' experience of healthcare, in relation to whether their insurance will be accepted and applicable to the services they need, and the overall cost if it does not. The fear surrounding these uncertainties is echoed throughout the CFS survey with a number of testimonials weighing the risks of deteriorating health versus the costs of seeking healthcare.

Students repeatedly describe experiencing crisis situations where they felt their health to be under serious risk and that medical attention was necessary, but they chose not to seek help. This is because they were uncertain if their private plan would cover their care, how they would be

received by healthcare professionals, and were fearful of the hospital bill or other medical fees. This can mean avoiding care until the issue becomes so acute that the student ends up in an emergency situation, which often means more severe health impacts and a more expensive medical procedure. For instance, a student shared that they avoided visiting the hospital when they had COVID-19 because of the high charges —

“I am always nervous to visit a doctor because I never know what it will cost me and how much. I prefer staying sick rather than going to the doctor because the charges are astronomically high and scary. I had COVID and I was hoping to die instead of having to rack up a hospital bill, luckily it didn’t reach to that point. Long story short I don’t know if I can even access proper healthcare and I have heard horror stories about what the private insurance offers” (CFS Survey, testimonial #5).

Unfortunately, this is not an isolated event. Tolani Olanreaju, an international student attending the Healthcare for All rally in November 2021, told the CBC that “it makes me less inclined to want to [get] healthcare, and sometimes I postpone things that I should get checked. Healthcare is not accessible, and it makes things really hard” (Liewicki, 2021). Olanreaju has private health insurance and has to pay roughly \$65 every time she goes for a medical assessment.

One student spoke about stress and uncertainty they felt after getting pregnant as an international student during COVID-19. They note that there were very few resources available to them, and although they sought out support from a non-profit clinic, they still “paid thousands of dollars out of my own pocket for ultrasounds” (CFS Survey, testimonial #1). Some visitations, they continue, were not covered by any insurance at which time healthcare providers “even recommend[ed] I get an abortion because they would cover it.” This left the student feeling “depressed and there wasn’t much I could do about it.” They go on to say that “there was even a night when I got violently and seriously ill, but I chose to stay at home and not go to the hospital because my coverage had not kicked in yet.”

Not only does access to healthcare represent health and financial risks, but also risks related to immigration. Several accounts covered in the media show hospital administration in Winnipeg engaging with border authorities (CBSA) and sharing patient information with them when health expenses rendered are significant and are not fully covered (Annable, 2022; Favaro, 2022). Community advocates across the country have successfully made the case that engagement with border authorities is a violation of patient

confidentiality (for example, Hudson, 2021). Likewise, community advocates in Manitoba have denounced this practice as not only a breach of privacy but as leading to the exacerbation of physical and mental health challenges for precarious status migrants in Manitoba.

International students must navigate these fears in relative isolation, often without direct family support to guide them through the situation or care for them when they are ill. This affects not only the student, but their families as well. When he spent time in the hospital, Lugalambi said his family was scared, “they are thousands of miles away... all they can do is call and hope for the best” (Lilley, 2021).

Fear, uncertainty, and risk are associated with questions of whether or not private insurance will cover services, how much it will cost, and what kind of impacts this will have on physical and mental health if they cannot afford to access care. If they do access care, they are left with the emotional and financial toll of negotiating the bill and navigating the risks to their personal security and residency if they are in a vulnerable immigration situation. As described by international student Callum Morrison, “It’s just frustrating that there are these weird, arbitrary rules about who gets healthcare” (Darbyson, 2021a). These policies feel arbitrary to students who are long-term residents of Manitoba, contributing community members, and people who deserve basic human rights. Rather than recognize this, the current system positions international students as “outsiders” based solely on their immigration status, and leaves them to navigate their healthcare on their own via limited private contracts.

Equality and Belonging

Many student testimonials point to the question of equality and fairness, noting the inequalities they see between international students and their domestic student peers regarding both tuition and healthcare expenses. Furthermore, they speak of healthcare as a human right and highlight the many ways they contribute to their Manitoban communities, connecting their healthcare status to their broader sense of belonging.

Referring to the idea of fairness, Rajpal, an international student who spoke with CBC News in May 2022, explained, “I had to pay a lot of money from my own pocket, which seems a bit unfair and everyone else is able to go and get healthcare for free” (Bergen, 2022). Further reflections connected

these ideas of fairness to human rights and equality as a key principle of healthcare in Canada. A testimonial noted,

“Although the benefits [of private insurance] may be the same as regular citizens, we still must pay a lot more for a plan that is sometimes not recognized. I am being trained to be a healthcare professional, and my professors always tell me about the equality in healthcare so that everyone can get the care they need. Yet, some of my healthcare coverage, as an international student, is always limited compared to my domestic peers. International students already must pay triple or more for tuition compared to domestic students, and it is unfair if we have to pay more for healthcare services. Free healthcare is a human right, and it should be accessible to everyone regardless of their background” (CFS Survey, testimonial #7).

This disparity in accessing care leaves international students with unique stresses not faced by other post-secondary students in Manitoba. Within this theme of healthcare for all as a matter of fairness, many current and former international students bring up human rights. As one international student, who continues to attend each of the rallies at the legislature calling for expanded healthcare access, remarked, “I don’t want to stand here again and call on our government to give us healthcare, to call on our government to give us a basic human right, something we deserve” (McKillop, 2022).

These perspectives were further represented with respect to health inequities during the COVID-19 pandemic. At the height of the pandemic there were immense vaccine inequalities throughout the world as well as in Manitoba. Many individuals with precarious status, including international students, were unable to attain COVID-19 vaccinations due to the lack of a provincial health card (CFS Survey, testimonial #9). Vaccines were eventually made available to everyone, regardless of immigration status, which University of Manitoba student Callum Morrison described as “a big thing [for] the people who have been left out” (Darbyson, 2021b). Even when vaccinated, people without public health insurance faced difficulties ascertaining the medical documentation that allowed them to access spaces and services where vaccination was mandatory to enter. “One of the biggest consequences of having private health insurance is not being able to access any kind of online data or book to get a COVID-19 vaccine since the pandemic started. I also had to use a paper immunization record to go to places with restrictions where the business’s management weren’t well informed about any documentation outside of the vaccination card, so I was refused service until I recently received my proper vaccination card, which became available after a long way for most

international students” (CFS Survey, testimonial #4). After describing being denied a vaccination, a student lamented, “I feel like a stranger without a healthcare even though I have been living in Canada for more than 3 years now” (CFS Survey, testimonial #2). These testimonials show that barriers to medical care and vaccinations are not only unequal access to healthcare but also unequal access to the city – in both real concrete ways, such as when vaccinated students were refused entry to city spaces because they were not provided with the same documentation, or in more symbolic ways such as feelings of being a stranger and not belonging.

Often sidestepping these nuances, policymakers tend to frame immigration as a matter of economic calculation, for both the Manitoba government and international students themselves. For example, former Minister of Advanced Education, Skills, and Immigration, Jon Reyes, noted recently in the legislature that “Manitoba is the ‘destination’ of choice for international students from all over... these are students who want to come here because there are low tuitions and the best Provincial Nominee Program for them to stay in Manitoba permanently” (2022, p. 2735). Indeed, international students see the value of studying in Manitoba and often make sacrifices in order to come to Canada. As expressed by Calvin Lugalambi, “We come here from so far... some people [empty] their pockets so they can educate their kids” (Lilley, 2021). Likewise, international students contribute a lot to Manitoba communities and economy as well, through studying and working, and other contributions throughout the province. In 2018, the year that public healthcare eligibility was removed, it was estimated that international students contributed over \$400 million to Manitoba’s GDP (McKillop, 2022). “We use public transportation, we pay rent, we pay tuition, and we have many expenses here,” Mabel Quecano commented to CBC (Hoye, 2018), highlighting the many ways international students contribute to the economy and also the range of expenses they already take on. When healthcare for international students was removed in 2018, “it took me by surprise,” Ingrid Diaslara, a University of Manitoba student, told CBC, “I didn’t expect that because Manitoba is a very open place for international students” (Hoye, 2018).

Testimonials from students suggest that Manitoba being a welcoming place for international students extends beyond such economic calculations. Feelings of belonging are strongly associated with access to the basic social and health resources of the community – the ways people in Manitoba take care of each other. This shapes the extent to which international students feel welcome in Manitoba and the extent their membership in the community

and overall humanity is recognized. Lugalambi continues by noting that students “appreciate the opportunity, but we need [policies] to be fair... if we get health complications, many of us may not be able to survive because we don’t have the ability to pay” (Lilley, 2021). Welcoming international students into Manitoba communities requires more than just offering a study permit and employment. It requires recognition of their basic human rights and what is required in order to fulfill them. Over the last five years, international students have clearly articulated that the financial costs and mental stress of trying to access healthcare services in Manitoba is prohibitive.

Conclusions and Recommendations

THE REMOVAL OF eligibility for public healthcare coverage for international students in Manitoba in 2018 had a significant impact on student well-being, exacerbated financial and mental stress, and pushed students to take health risks they wouldn't normally take. For the last five years, international students have been voicing their concerns about the inaccessibility of healthcare in Manitoba by engaging with media and doing interviews, joining grassroots movements and forming associations, writing letters and petitions, and meeting with policymakers and university officials. Through this work, as visible in their statements to the media and their testimonials collected by the Canadian Federation of Students, the limits of private insurance cause them considerable financial challenges. They describe how this puts them in an unfair and uncertain position regarding whether they are able to access healthcare, and therefore physical and mental health, relative to their Canadian resident peers. This inequality not only affects their physical and mental health and well-being, but their sense of belonging in their communities more broadly.

In particular, the COVID-19 pandemic exacerbated these challenges significantly and laid bare the significant gaps in coverage based solely on private insurance. While students worried about factors such as their academics, housing, unemployment, financial insecurity, and travel restrictions; they also had to worry about staying healthy in order to avoid

visiting healthcare centers for diagnosis and treatments that could strain their financial resources. Students were hesitant to access healthcare due to financial costs, fear of being turned away by some health institutions, ineligibility for some medical services and the stigma of not having public healthcare coverage (the feeling of being undeserving). Students with no family support were also at risk of falling into depression and battling other mental health struggles due to the lockdown conditions, travel restrictions, and the closure of leisure outlets for entertainment and connecting to community (Firang, 2020). Health systems can adapt to crisis. This was evident in the expansion of health insurance coverage for COVID-19-related testing and treatment in Manitoba (Bergen, 2020) and across Canada (Schmidt et al., 2023) and rapid responses to support Ukrainian refugees' access to health coverage (IRCC, 2022). Additionally, in the context of ongoing concerns around the capacity of emergency rooms in Manitoba (for example: Brock, 2022), policies such as accessible coverage for as many people residing in Manitoba as possible, that facilitate timely access to healthcare services prior to the situation rising to the level of an emergency, would be beneficial for both hospitals and patients alike.

Apart from pragmatic considerations, international students themselves refer to healthcare as a human right and advocate for the reinstatement of public healthcare insurance for themselves and their families. The United Nations High Commissioner for Refugees (UNHCR) agrees that healthcare “is a fundamental human right for all” (2023). In order for rights to be meaningful, however, they must be accessible. As outlined in this report, international students in Manitoba have described repeatedly how the financial and mental tolls of trying to get healthcare are major barriers to accessibility. Furthermore, students have clearly articulated how recognition of healthcare needs is a recognition of one's humanity; commitment to address those needs is recognition that their humanity is valued. Manitoba has consistently emphasized that it values the labour and financial revenue that international students contribute (Browning & Elnagar, 2022), but reinstating public health coverage would signal that the province also values their humanity.

Expanding eligibility for public health insurance to international students and their families would significantly expand access and address many of the healthcare challenges highlighted by students in their advocacy. However, reinstating healthcare as linked to a study permit, as it was prior to 2018, is not enough to reduce all of the healthcare inequities international students face. For students, like Ella and Calvin, who experience a gap in their immi-

gration status because the papers are being processed or because they have to reduce their course load, there will continue to be healthcare accessibility challenges as they move through these processes. All students in Manitoba should be able to transfer institutions or take a reduced study load when necessary, and also access the physical and mental healthcare they need, without the worry of going into debt or going without basic life essentials in order to pay for healthcare. Furthermore, if healthcare is a human right, they should be able to access it in their communities in Manitoba, where they have built a life and a support network. In order to fully address these needs, it is necessary to implement public healthcare coverage for all people living in Manitoba, regardless of immigration status.

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