

## **Introduction**

This deputation is being made by OHIP For All. OHIP For All is a group of concerned health care providers, community organizations, and community members calling for the provision of OHIP for all regardless of immigration status. We believe health is a fundamental human right. We recognize precarious immigration status and precarious employment conditions as significant social determinants of health. We also acknowledge that policies or legislation that discriminate against particular groups can have negative and harmful consequences for the health and well-being of that community, and society at-large.

## **The erroneous conflation of sex work and human trafficking**

We would like to take this opportunity to cite the Canadian Public Health Association, a leading public health advocate. In its 2014 position paper 'Sex Work In Canada', this organization clearly outlines the importance of distinguishing between sex work and human trafficking [1]:

*Sex work refers to the consensual exchange of sexual services between adults for money or goods. A distinction must be made between sex work and the acts of human trafficking and obtaining sex by coercion or exploitation that often accompany sex work. Sex work and sex trafficking are not interchangeable terms, but are often grouped together.*

We support the Report of 'Supporting Survivors of Human Trafficking' which also highlights the importance of understanding the difference between trafficking and sex work and recognizes the important to avoid the city policy which increase the vulnerability of the sex workers.

## **The ineffectiveness of and harm caused by policies based on law enforcement**

The Centre for Health and Gender Equity, a U.S based health policy organization working for sexual and reproductive health and human rights of women and girls worldwide has stated that:

*Conflating human trafficking with prostitution results in ineffective anti-trafficking efforts and human rights violations because domestic policing efforts focus on shutting down brothels and arresting sex workers, rather than targeting the more elusive traffickers.*

A recent systematic review and meta-analysis of quantitative and qualitative studies was conducted regarding the associations between sex work laws and sex workers' health, demonstrated that [2]:

*The quantitative evidence clearly shows the association between repressive policing within frameworks of full or partial sex work criminalisation—including the criminalisation of clients and the organisation of sex work—and adverse health outcomes.*

*Qualitative evidence demonstrates how repressive policing of sex workers, their clients, and/or sex work venues deprioritized sex workers' safety, health, and rights and hinders access to due process of law.*

## **The trend towards unemployment and job precarity and its impact on health**

To create a healthier and more equitable Greater Toronto Area for all, we believe that any legislative or policy changes should NOT push workers into further precarity. The Wellesley Institute, a not-for-profit research and policy institute seeking to improve health and health equity in the GTA have noted the increasing precarity of work across various employment sectors currently [3]:

*The link between unemployment and ill-health has been clearly established. Research on the aggregate level has shown that high levels of unemployment in both society and neighbourhood are correlated with poor health and increased mortality.*

*However, the negative impact on health is not limited to unemployment. Precarious employment encompasses forms of work that have limited social benefits and statutory entitlements, job insecurity, low wages, and high risks of ill health. Increasing numbers of Canadians are precariously employed. Over the period 1976-2003, growth rates of multiple job holders, self-employed with no employees and part-time workers outstripped growth rates in total employment. And, it appears that the great recession of 2008 has accelerated the move to precarious work.*

*The interaction between immigration status, employment and health disparities is crucial for the Canadian workforce that is increasingly reliant on immigrants. Migrant workers are over-represented in dangerous industries and in hazardous jobs, occupations and tasks. A recent systematic review found 48 scientific papers, the majority of studies show that immigrant workers are at high risk for occupational injuries, diseases and death.*

## **Recommendations:**

### **Supporting vulnerable, precarious and exploited workers regardless of the type of employment**

Rather than discriminatory legislation and policy against sex workers, holistic center or body rub parlours, we believe legislation and policy changes that aims to support vulnerable, precarious and exploited workers, regardless of type of employment, is more effective.

- 1) Increasing the labour rights and ability to unionize for workers.
- 2) Adopting a human-rights and person-centred approach which empowers workers

- a) Taking leadership from the precarious workers, migrant workers and sex workers themselves regarding what would be effective policies against trafficking of individuals. OHIP For All is concerned that the proposed 'city staff outreach model' in which city staff would enter work sites may potentially endanger workers, violate worker and client privacy, and increase the surveillance of work sites, which would push workers further into precarity. Critically, the systemic review and meta-analysis of studies regarding the associations between sex work laws and sex workers' health, cited earlier, recommends: "*The removal of criminal and administrative sanctions for sex work is needed to improve sex workers' health and access to services and justice.*"
- b) Providing access to free, voluntary health care services for all workers.

As the Canadian Public Health Association has recommended:

*A framework of public health and business law would create the conditions that enable sex workers to access necessary health services and sexual health education initiatives to promote safer sex practices. In addition, such a framework would enable sex workers to have increased control over sexual exchanges, decrease sexual exploitation and violence, and reduce the risk of disease transmission. This approach should be driven by sex workers in order to develop culturally and contextually appropriate and accessible services.*

- c) Sanctuary City

Expanding upon and implementing the Sanctuary City policy of 'Access without Fear' for residents and workers with precarious immigration status.

- d) As the Canadian Public Health Association has provided:

*At a societal level, social exclusion, stigma, and discrimination make it difficult for sex workers to access services, disclose their profession, and receive equitable prevention services and treatment.*

The City should adopt a non-discriminatory approach with all individuals engaged in the sex industry and ensure that anti-human trafficking policies, training modules and initiatives apply a human rights-based, non-discriminatory approach.

## **Conclusion**

Our experiences as health care providers working with migrant communities across the GTA confirms and is consistent with public health literature and health research: that criminalization

and surveillance is the antithesis to greater health equity for any group of people. The conflation of sex work with human trafficking leads to negative health repercussions for sex workers. Migrant sex workers are differentially and disproportionately impacted by such ideological responses that are rooted in racism, xenophobia and patriarchy. As such, we strongly believe that the City of Toronto needs to focus on strengthening workers' rights by establishing dignified living wages and access to unionization and building access to equitable and non-carceral health care services for all.

**References:**

- [1] [https://www.cpha.ca/sites/default/files/assets/policy/sex-work\\_e.pdf](https://www.cpha.ca/sites/default/files/assets/policy/sex-work_e.pdf)
- [2] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6289426/>
- [3] [https://www.wellesleyinstitute.com/wp-content/uploads/2010/12/Work\\_and\\_Health.pdf](https://www.wellesleyinstitute.com/wp-content/uploads/2010/12/Work_and_Health.pdf)