# NOT JUST A FEW BAD APPLES: VULNERABILITY, HEALTH AND TEMPORARY MIGRATION IN CANADA

**ABSTRACT**

With the support of CERIS Ontario Metropolis Centre and the Public Health Agency of Canada, this research identifies the myriad of health risks for international temporary migrants in agriculture, and characterizes the factors that may increase their vulnerability. Based on a quantitative survey of nearly 800 temporary migrants in agriculture, carried out in partnership with the United Food and Commercial Workers Union, this research points to three important realities: 1) temporary migrants are a *vulnerable population* due to largely *structural* factors, 2) there are *transnational* health implications of temporary migration, such that, when temporary migrants become ill, they are unlikely to receive adequate treatment and thus return home with the illness unresolved, and 3) *risk, vulnerability* and *transferability* are compounded for this group and consequently, concerns regarding migrant health, particularly with respect to communicable/infectious, food-borne and water-borne disease, need to extend beyond the individual worker to both to migrants' home communities and Canadian communities.

**JENNA L. HENNEBRY**

Jenna Henneby is the associate director of the International Migration Research Centre (www.wlu.ca/imrc) and an assistant professor in the Departments of Communication Studies and Sociology at Wilfrid Laurier University. Her research specializes in comparative studies (North America and Europe) of migration, focusing on foreign worker programs, migrant rights and health, the formation of migration industries around migration flows, remittances and development, racialization and social inequality, globalization and transnationalism.

As employment of temporary migrants in Canada increases in response to employer demand, it is important to recognize that health and safety of temporary migrants impacts health and safety across Canadian workplaces and Canadian communities. Moreover, temporary migrants, particularly those in lower-skilled jobs, may be more vulnerable to health risks than are resident workers. In addition, temporary migration, by its circular nature, has transnational health risks and implications for migrants, families and communities in sending and receiving countries.

Canadian temporary labour migration has reached a historical high, with 192,519 temporary migrant workers admitted in 2008, and 251,235 temporary migrant workers present in Canada on December 1st, 2008. The number of temporary migrants entering Canada's lower-skilled occupations was 65,801 in 2008 (CIC 2009). Combined with those already working in Canada, there are sizeable numbers of temporary migrants in lower-skilled occupations (nearly 100,000), many of whom have entered Canada under the new Pilot Project for Occupations Requiring Lower Levels of Formal Training (NOC C and D)[1] (referred to as the "NOC C and D Pilot"). In lower-skilled occupations there was a 122% increase in employer requests for temporary migrant workers between 2005-2007, resulting in a jump from 29,281 confirmed temporary worker positions in NOC C and D levels in 2005 to 66,014 positions in 2007 and 101,917 by 2008 (HRSDC 2009c).[2] Comparatively, requests for foreign workers in higher-skilled occupations increased by 39% during that same period. Furthermore, between 2005 and 2007 there was a 265.7% increase in the number of confirmed foreign worker positions in Alberta and a 91.4% increase in Ontario (HRSDC 2008).[3] Across Canada in 2007, there were 155,704 confirmed Temporary Foreign Worker *positions*, most of which (over 80,000) were in the top ten lower-skilled occupations (NOC C and D).[4] By 2008, the number of confirmed positions rose to 176,368, with nearly 60% concentrated in lower-skilled occupations (HRSDC 2009c).

Employment of temporary migrants in Canadian agriculture has increased significantly within the last 15 years. This is largely in response to employer demand for workers through both the Seasonal Agricultural Worker Program (SAWP) (from fewer than 5000 in to roughly 20,000 yearly) and through the NOC C and D Pilot, with the majority concentrated in Ontario. In 2008, there were 27,740 confirmed positions on labour market opinion confirmations under the Seasonal Agricultural Worker Program, 18,539 of which were in Ontario (HRSDC 2009c). In 2007, when the SAWP was combined with the NOC C and D Pilot, about 30,000 confirmed foreign worker positions were concentrated in the agricultural sector. Another 2,041 workers were hired as food, beverage and tobacco processing attendants, 6,005 as food counter attendants, and 1,609 as butchers and meat cutters, and so on. (HRSDC 2008).[5] This suggests that a growing share of occupations with high rates of workplace injury, and with a direct connection to the Canadian food system, include foreign worker positions.

Growing employer demand for temporary migrant workers across lower-skilled occupations, and program developments such as the Expedited Labour Market Opinion (E-LMO) will no doubt further increase the number of temporary migrants in Canada, particularly in lower-skilled jobs. Although the Foreign Worker Program is framed as temporary, the impacts on Canadian workplaces and communities, and likely on immigration flows, are likely to be far more enduring.

### Structural vulnerability and health risks among temporary migrants in agriculture

As temporary migration increases and program developments are implemented nationally, governments must consider the health implications of all forms of temporary migration in Canadian workplaces and communities. Research must also respond to this changing workforce and examine what the impacts of lower-skilled temporary migration will be on worker health and rights (both for temporary migrants and residents). It must also take into account which difficulties temporary migrants will face in accessing health services, as well as legal and insurance frameworks that are designed for residents. To begin answering some of these questions about health and temporary migration in the agricultural sector, the remainder of this article outlines the preliminary findings of the largest quantitative survey, to date, of temporary migrants in Canada.

From the extensive body of research on temporary migration in U.S. agriculture, it has been established that agricultural temporary migrants should be considered a *vulnerable population*. Indeed, migrant workers work in a dangerous industry, are often members of an ethnic minority, have difficulty in accessing health care, and are often of lower socio-economic status (Cooper et al. 2004, Frank et al. 2004). Researchers have found that these migrants experience poor living and working conditions, heightened health risks, and suffer from high rates of musculoskeletal disorders, pesticide and fertilizer-related conditions (e.g. chronic respiratory symptoms or skin health), injuries, and communicable diseases (Cameron et al. 2006, Villarejo 2003).

Temporary migrants employed in Canadian agriculture likely face health risks analogous to those in the US. Indeed, a growing body of research suggests that temporary migrants in Canadian agriculture face increased health risks. Research has pointed specifically to heightened risks due to the following: legal status tied to the employment contract; working during the months that correspond with high rates of enteric/food-borne/water-borne disease transmission; unprotected/ untrained use of pesticides and farm equipment; social exclusion, poor access to transportation and communication barriers; and poor and overcrowded housing (Bolaria 1992, Hennebry 2008, McLaughlin 2007, Preibisch 2004, PHAC 2007,Weston 2000).

Canadian temporary labour migration has reached a historical high, with 192,519 temporary migrant workers admitted in 2008, and 251,235 temporary migrant workers present in Canada as of December 1st, 2008.

This largely qualitative research on temporary migration in Canadian agriculture has often been dismissed as anecdotal and providing evidence of little more than "a few bad apples" or isolated experiences. With the support of CERIS (Ontario Metropolis Centre) and the Public Health Agency of Canada (PHAC), and in partnership with the United Food and Commercial Workers Union (UFCW),[6] a quantitative survey of temporary migrants in Ontario's agricultural sector has been carried out in order to ascertain the extent to which these vulnerabilities can be characterized as structural and broad-based experiences for temporary migrants in agriculture. Standardized questionnaires were administered to nearly 600 temporary migrants working in agriculture across Southern Ontario (n=576), with most respondents from Mexico and Jamaica entering Canada through the Seasonal Agricultural Worker Program (SAWP). The questionnaire covered a range of themes: migration history, skills transfer and training, health status and history, occupational health risks/protections, living conditions, contact with and access to health care, health coverage, and support services, etc. Findings pertaining to living conditions, working conditions, and access to health care and insurance will be presented in the following sections.

### Living conditions

Nearly 150 of the migrants who were interviewed agreed with the statement that "my residence is hazardous to my health." Common problems that were identified were crowded housing, poorly ventilated rooms, lack of adequate cooking and washing facilities, untreated water supplies, and living in close proximity to pesticides and fertilizers. In fact, nearly 50% of temporary migrants interviewed claimed that their housing was inadequate with respect to at least two factors on a housing condition matrix that was compiled from thirteen indicators designed to measure living conditions (crowded, poorly ventilated, etc.). During follow-up qualitative questions on living conditions, migrants claimed:

> *The tap water smells and tastes bad….I don't know if it's contaminated with pesticides.*

> *The space where we live is very small…there is nothing to divide the space.*

> *The kitchen is right next to the washroom…. There are no beds, just some mattresses on top of one another.*

> *Water in the house is putrid. We cannot drink, cook, or brush our teeth. Scratches in skin get itchy and infected after bathing. Clothes, hair, and skin smell rotten. We have to fill up juice jars from the farm's barn about 1 mile away. There is no washroom in our building; we use a bottle at night.*

Poor, crowded housing is not only uncomfortable and arguably inhumane, but it also exacerbates health risks, and further increases the risks of communicable disease transmission (e.g. tuberculosis), and sexually transmitted diseases (e.g. HPV and HIV). While not *all* migrant worker housing is inadequate, it is most surely *inconsistent*. This is in part because housing for temporary migrants in agriculture is under-regulated. There are no specific federal guidelines with respect to housing capacity, proximity to pesticides, access to clean drinking water, proper ventilation, for example (HRSDC 2009b). As well, monitoring and enforcement vary by region and province, and farm housing does not typically fall under provincial tenant law (the *Residential Tenancies Act* in Ontario, to name but one).

### Working conditions

Migrant workers also face significant health risks that are tied to their working conditions, in particular because they must perform repetitive tasks and heavy lifting, and are untrained and unprotected in handling chemicals in the workplace. When asked if they have received health and safety training, most Mexican workers said that they had not received any training (62%), while 35% of Jamaican workers stated that they had not received training related to health and safety. Nearly half of the respondents who work in direct contact with chemicals apply them without such necessary protection as gloves, masks, and goggles, thus exposing themselves to harmful substances that may cause various viral, respiratory, neurological and physical illnesses. For example,

> *We don't have anything to protect ourselves. We have to buy the necessary equipment, such as boots and gloves. I have been suffering from constant infections on my skin from fumigations.*

> *I apply chemicals without protection. We have to work under extreme heat conditions; sometimes some of us vomit and get headaches, itchy skin and blurred vision.*

In addition, poor field sanitation and untrained use of fertilizers heighten the potential for increased points of human contact with food and water-borne diseases, as well as potential food contamination (e.g. E. Coli and salmonella). In particular, the untrained and unprotected use of fertilizers (e.g. manure) and irrigation systems, poor field sanitation, and poor food handling practices (e.g. lack of gloves, contact with human or animal waste, lack of washing facilities) put the TFWs at risk of contracting these diseases. Almost half of the respondents indicated that they have no access to a washroom or washing facilities while working. For example, one worker stated: "*There are no portable washrooms [where we work]….If I have to go…I go in the field or I wait until I go home. There is also nowhere to wash your hands.*" Despite these concerns, fear of repatriation means that migrants are less likely to report unsafe practices or refuse unsafe work: "*Supervisors threaten to replace us with Cambodians if we don't work hard enough. Employees are repatriated for reporting abusive supervisors or dangerous workplaces.*"

These working conditions impact migrant health and heighten health risks for workers. Health problems are commonly cited by workers, such as: exhaustion (65%), back pain (60%), muscle fatigue (52%), headache (41%), leg cramps (40%), joint pain (35%), and burning or itching skin (34%). For example, one worker said: "*I have headaches and feel dizzy two to three times a week….I started feeling sick when we began the pruning.*" Given these findings, it is not surprising that many workers 55% (almost three hundred migrants) agreed with the statement that their work was hazardous to their health.

Poor, crowded housing is not only uncomfortable and arguably inhumane, but it also exacerbates health risks, and in particular, further increases the risks of communicable disease transmission and sexually transmitted diseases.

### Access to health care and insurance

When temporary migrants experience symptoms or injuries, they face significant barriers to accessing adequate care, including dependence on the employer for transportation and access to health insurance, language barriers, fear of reprimand, termination of their contract and repatriation. Although most workers attribute the health problems they reported to work (69%), less than one quarter of these workers reported seeing a doctor in Canada about these symptoms. As the following quotes from migrant workers show, there are many barriers to accessing care:

> *A person who drove over my foot did not want to get in trouble – so I did not report it. Also, I did not have a health card.*

> *When we get sick, we tell our employer but he doesn't do anything nor takes us to the doctor. He tells us that that's why bikes are for.*

Migrants identified fear of repatriation or loss of work as a common barrier to accessing health care. Nearly half of all workers (45%) stated that their co-workers work while sick because they are afraid of the employer, and 55% do not want to lose hours of paid work. Of those that have sought care, many indicated facing language problems when communicating health concerns to health care workers (46%). Although SAWP migrants are eligible for the Ontario Health Insurance Plan (OHIP) upon entry into Canada, almost 20% of workers interviewed (over 100 workers) said that they did not have an (OHIP) card.

For migrants in the NOC C and D Pilot, there is a three-month probationary period during which time they do not have access to OHIP, but employers must provide private health insurance to workers. However, out of fear of loss of employment, lack of information about the coverage, or due to the up-front costs of receiving care, most migrants opt to postpone medical visits or treatment, especially during this probationary period. These barriers to accessing health care mean that many workers continue to work without treatment, often returning to their country of origin sick or injured. For SAWP migrants who return yearly, these health problems can persist without treatment and may mean that workers are refused entry to the program in following years. In addition, migrant workers also face barriers to accessing Workplace Safety and Insurance Board compensation (WSIB). Among those workers interviewed who have had work-related accidents, 76% reported not receiving compensation. Survey responses also show that few migrants are aware of WSIB (93% said that they did not know how to file a WSIB claim), and in many cases migrants are repatriated or return to countries of origin before claims are filed or processed. There are also challenges tied to determining workplace injury or illness, and difficulties following up on claims from outside the country.

Another factor that further compounds the barriers to accessing health care is that temporary migrants have invested time and energy to come to Canada (often borrowing money to pay recruiting agency fees or deposits to the IOM[7]). If faced with termination of employment, many choose to remain in Canada. While searching for another employer before the expiry date of their work permit, temporary migrants cannot legally work for another employer, and have no access to public health care. Moreover, since housing is typically arranged through the employer (or on work sites), workers are likely to be evicted upon termination. There is no mechanism in place to assist workers to locate alternative employers with valid LMOs, so those who choose to stay in Canada are likely to become unemployed, homeless and without access to health care. Moreover, after their work permits expire, many become non-status migrants, and find themselves in an arguably more vulnerable position.

## Conclusion

In 2007, the World Health Organization (WHO) stated that many migrants are vulnerable to health risks during movement and often experience poverty, marginality, and limited access to social benefits and health services. The WHO also noted that temporary lower-skilled migrants, and seasonal migrants in particular, are often concentrated in sectors and occupations that have high levels of occupational health risks. In Canada, lost time claims for injury in manufacturing, services, construction, food, services and agriculture (where NOC C and D and SAWP migrants are employed) in Ontario are particularly high (WSIB, 2007). Aside from being employed in occupations with high injury rates, temporary migrants participating in Canada's NOC C and D Pilot or the SAWP, are particularly *vulnerable*, due to a number of predominantly structural factors that heighten health risks for this group (Figure 1).

**Figure 1**
**Top ten factors that heighten vulnerability for NOC C and D and SAWP migrants in Canadian agriculture**

1. Migration status and access to health care, which are tied to employers/employment contract
2. Concentration in occupations with high rates of accidents/injury
3. No *independent* reporting mechanism (for health violations/abuse) and appeals process
4. Inadequate rights and protections to enable fair labour representation
5. Inconsistent/inadequate housing guidelines and under-regulated housing
6. Social exclusion, poor access to transportation, language barriers, illiteracy
7. No mechanism to assist workers in switching employers or sector-specific work permits
8. No direct path to permanent residency
9. LMO process has no consequences for employer infractions (e.g. health/safety violations)
10. Debts to third-party recruiters/intermediaries

Findings from this research support a number of related arguments pertaining to temporary migration in Canada. First, many of the factors that increase vulnerability for lower-skilled temporary migrants are *structural*, and therefore related to the policies, practices and institutional and legal frameworks (noted in Figure 1), rather than to the choices or actions of individuals. Second, there are *transnational* health implications of these vulnerabilities, such that when temporary migrants become ill, they are unlikely to receive adequate treatment and thus return home with the illness unresolved. Third, *risk, vulnerability* and *transferability* are compounded for this group and consequently, concerns regarding migrant health, particularly with respect to communicable/infectious, foodborne and waterborne diseases (hepatitis A/B, tuberculosis, HIV/AIDS, salmonellosis, E. coli, etc.) need to extend beyond the individual worker to migrants' home communities and Canadian communities. Finally, this research provides support for the argument that temporary migrants in agriculture (and arguably other low-skill occupations) face heightened vulnerability to health risks that are not only *structural but also pervasive*, and not simply a case of exceptional circumstances or "just a few bad apples."

### References


Bolaria, B.S. 1992. "Farm Labour, Work Conditions and Health Risks." In *Rural Sociology in Canada*. Edited by D. A. Hay and G. S. Basran. Toronto: Oxford University Press.

Cameron, L. et al. 2006. "Occupational Health Survey of Farm Workers by Camp Health Aides." *Journal of Agricultural Safety and Health* 12, 2: 139-153.

Cooper, S.P., et al. "Ethical Issues in Conducting Migrant Farm Worker Studies." *Journal of Immigrant Health* 6.1 (2004): 29-39.

Canada. Citizenhip and Immigration Canada (CIC). 2009. *Facts and Figures 2008: Immigration Overview – Permanent and Temporary Residents*. Ottawa.

———. Citizenhip and Immigration Canada (CIC). 2008. *Facts and Figures 2007: Immigration Overview – Permanent and Temporary Residents*. Ottawa.

———. Human Resources and Social Development Canada (HRSDC). 2009a. Extracted data by request, Temporary Foreign Worker Program. Ottawa.

———. Human Resources and Social Development Canada (HRSDC). 2009b. "Assessment Under the Seasonal Agricultural Worker Program." Accessed January 18, 2009 at <www.hrsdc.gc.ca/eng/workplaceskills/foreign_workers/sawp_assess.shtml#hous>.

———. Human Resources and Social Development Canada (HRSDC). 2009c. *Temporary Foreign Worker Program Labour Market Opinion (LMO) Statistics, Annual Statistics 2005-2008*. Ottawa.

———. Human Resources and Social Development Canada (HRSDC). 2008. "The Temporary Foreign Worker Program, Recent Figures and Policy Development." Paper presented by R. Daly, National Metropolis Conference, Halifax.

Frank, et al. 2005. "Lessons Learned: Geographic Information Systems and Farmworkers in the Lake States." *Journal of Agricultural Safety and Health* 11, 1: 85-97.

Hennebry, J.L. 2008. "Bienvenidos a Canadá? Globalization and the Migration Industry Surrounding Temporary Agricultural Migration in Canada." *Canadian Studies of Population* 35, 2: 339-356.

The International Organization for Migration (IOM). 2008. *Segunda Evaluación Programa Trabajadores(as) Agrícolas Temporales a Canadá*. IOM.

McLaughlin, J. 2007. "Falling Through the Cracks: Seasonal Foreign Farm Workers' Health and Compensation across Borders." *The Industrial Accident Victims' Group of Ontario (IAVGO) Reporting Service* 21, 1: 1-18.

Preibisch, K. 2004. "Migrant Agricultural Workers and Processes of Social Inclusion in Rural Canada: Encuentros and Desencuentros." *Canadian Journal of Latin American and Caribbean Studies* 29, 57/58: 203-239.

Public Health Agency of Canada (PHAC). 2007. *Public Health Risks and Infectious Disease Exposure for Migrant Workers in Rural Ontario*. Ottawa. Author: J. Hennebry.

Weston, A. 2000. "Living and Working Conditions for Migrant Farm Workers in Canada:

Some Concerns." Paper presented at the *Trilateral Conference on Agricultural Migrant Labour in North America*, Los Angeles, CA.

Villarejo, D. 2003. "The Health of U.S. Hired Farm Workers." *Annual Review of Public Health* 24, 1: 175-193.

Workplace Safety and Insurance Board (WSIB). 2007. "Workplace Safety and Insurance Board Annual Report 2007. Statistical Supplement."

## Notes

[1] "NOC C and D" refers to the National Occupation Classification System codes for occupations that are generally considered "lower skill." Skill Level C – one to four years of secondary school education, up to two years of on-the-job training, training courses or specific work experience; and Skill Level D – up to two years of secondary school and short work demonstration or on-the-job training – for example, General Farm Worker is NOC 8431.

[2] In addition to the exclusion of the Seasonal Agricultural Worker Program in the calculation of these statistics, not all temporary migrants require an LMO to obtain a work permit. A number of exemptions exist, including those provided for in the *General Agreement on Trade in Services* and the *North American Free Trade Agreement*.

[3] These data were extracted in February 2008 from an operational database by HRSDC. These numbers may differ slightly from those reported in earlier or later tables due to adjustments to administrative data files as normally occur over time and reflect refinement in methods of calculation for the purpose of increasing accuracy.

[4] HRSDC provided this Foreign Worker System (FWS) data extraction (January 2009a). The estimated number of Temporary Foreign Worker (TFW) positions refers to the number of Labour Market Opinion (LMO) applications that were given either a positive or a neutral opinion (confirmation) between January 1 and December 31, 2007.

[5] These data were extracted in February 2008 from an operational database by HRSDC. According to HRSDC, these numbers may differ slightly from those reported in earlier or later tables due to adjustments to administrative data files as occur over time and reflect refinements in methods of calculation for the purpose of increasing accuracy.

[6] This survey was also designed and carried out with assistance from Enlace Community Link, Dr. Kerry Preibisch (University of Guelph), Dr. Janet McLaughlin (IMRC) and numerous graduate and community research assistants: Bibiana Alcalá (WLU), James Restrepo (UWO), Evelyn Encalada (OISE/UT), Haley Milkins, Jane Andres, and many others. Many thanks for their valuable contributions to this project.

[7] The International Organization for Migration (IOM) facilitates migration for temporary agricultural workers from Guatemala to Canada. In 2007, the IOM facilitated the employment of 2,255 Guatemalan temporary agricultural workers in Canada. Migrants must pay a deposit to participate in the program. For more details see *Segunda Evaluación Programa Trabajadores(as) Agrícolas Temporales a Canadá*, IOM 2008.