

Mobile Vulnerabilities, Transnational Risks: Temporary Agricultural Migrants in Ontario



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Data & Methodology

Transnational Perspective: Determinants of Health and Migration System Theory

Data from Previous Research(2002-2006):

- 450 hours of participant observation in Canada including over 50 unstructured interviews
- Additional semi-structured interviews with 50 migrant workers, 15 farmers and representatives from other state and non-state intermediaries
- 4 ethnographic case studies with families in Mexico (10 weeks)
- 15 semi-structured interviews with spouses of SAWP participants in Mexico

Secondary Statistical Data:

- Human resources and Social Development Canada
- Citizenship and Immigration Canada
- Mexican Consulate of Canada, Mexican Government
- International Labour Organization, OECD

Quantitative survey (2008):

- Foreign workers in agriculture (SAWP & TFP in new NOC C &D)
- n=1000
- Ontario (Leamington, Bradford, Niagara, Simcoe, Kitchener, Cambridge, Collingwood, Alliston, etc.) , Quebec
- Community partners: United Food and Commercial Workers Union, Enlace Community Link, community and university research assistants
- Follow-up qualitative interviews, key informant interviews, focus groups





Methodological Considerations for Transnational Research

- Lack basic migrant farmworker population estimates
- The “migrant farmworker” population includes documented and undocumented migrants, FWs and SAWP workers
- Rare /hard to reach mobile population
 - Poor and largely inaccessible sampling frames
 - Frequent movement (national and international each year)
 - Isolated, remote areas, geographically dispersed
 - Social sensitivity and fear of reprimand
- Researcher access, gender and culture
- Limitations of existing datasets/sources
 - Poor access, privacy, politics
 - e.g. EDS, NPHS, CCHS do not capture these populations
- Underreporting and poor monitoring
- Ethics, power and vulnerability





Research Questions

- 1) What are the health concerns, risks, and needs of migrant farmworkers?
- 2) What are their experiences with the health care system?
- 3) How might problems/needs identified among farmworkers be resolved with reference to migration and/or health policy and practice?





Survey 2008



Survey of 1000 temporary migrants:

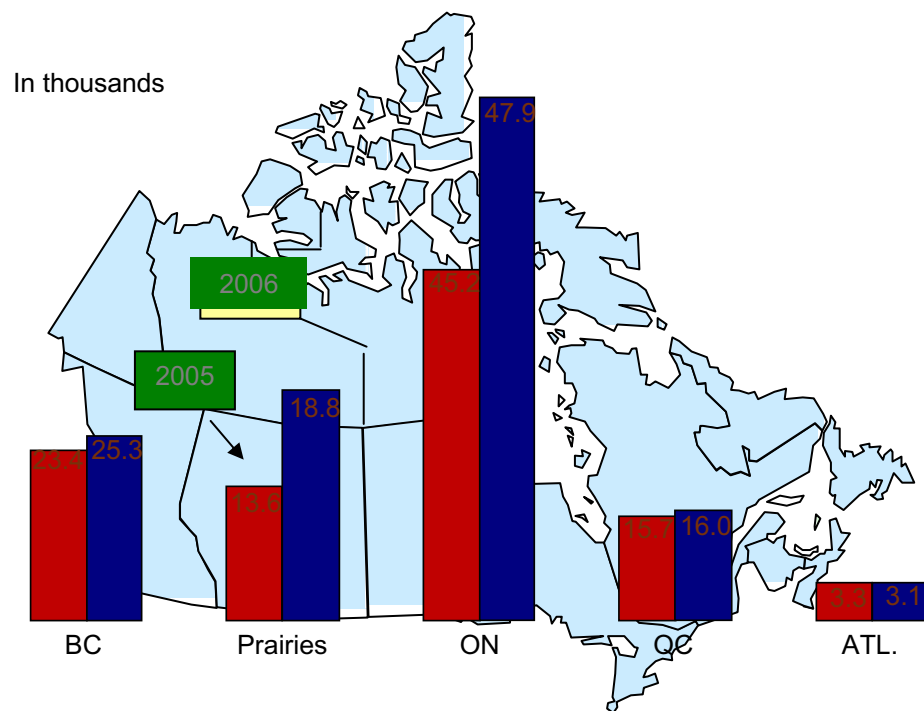
- Migration history
- Workplace characteristics
- Worker health status
- Occupational health risks/protections/training/rights
- Working and living conditions
- Workplace dynamics
- Migration- health history
- Contact with public health/health care sector and NGOs



Southern Ontario



Temporary Migration in Canada: Recent Trends

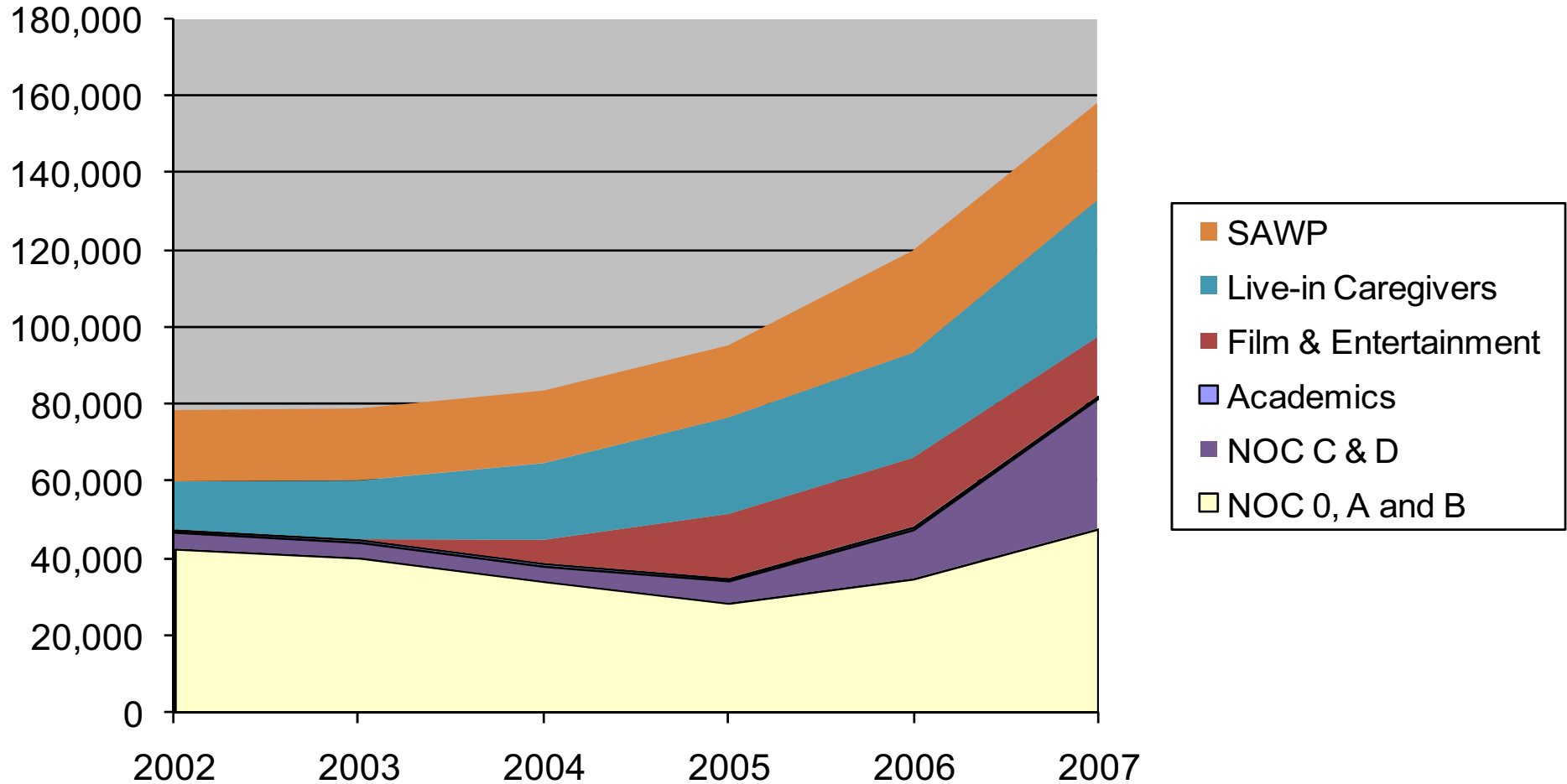


Source: Citizenship and Immigration Canada

- The annual flow of Temporary Migrant Workers into Canada now exceeds 100,000 per year.
 - In 2006, there was slightly more than 112,000 TMWs entering Canada
 - This is up from some 80,000 only a decade earlier and double the number arriving in 1980.
- Approximately 20,000 migrant workers are concentrated in agriculture, most of which were admitted through the Seasonal Agricultural Worker Program
- Currently, the United States is the top source country for TMWs to Canada. Following the USA are **Mexico**, France, and the Philippines.
- Between 1991 and 2003, 2,063,022 temporary migrant workers reached Canada, including 443,799 in 2001-03 alone.



Recent Trends in Temporary Migration



Source: HRSDC, 2008

Temporary Migration in Canada: Policy Directions



*“Our objective is to continue to ensure that families are reunited and that qualified **workers** get here sooner, while respecting the fundamental principle of fairness.”*

— Minister Diane Finley

- SAWP Expansion
- Bill C -11/Bill C-17
- IRPA Changes (2002)
- Low-Skill Pilot
- E-LMO (Expedited Labour Market Opinion)
- PNP
- Bill C-50





Expanding and Expediting TMWPs

- **Low –Skill Pilot**
Pilot Project for Occupations Requiring Lower Levels of Formal Training or National Occupational Classification (NOC) C and D
- **Expedited Labour Market Opinion (E-LMO)**

Carpenters	Manufacturing & Processing Labourers
Civil Engineers	Mechanical Engineers
Commercial Janitors, Caretakers	Mech. Engineering Technologists
Construction Labourers	Petroleum Engineers
Crane Operators	Pharmacists
Delivery Drivers	Registered Nurses
Dental Technicians	Residential Cleaning & Support Workers
Electrical & Electronics Engineers	Retail Salespersons/Clerks
Food and Beverage Servers	Roofers
Food Counter Attendants	Ski and Snowboard Instructors
Food Service Supervisors	Specialized Cleaners
Heavy-Duty Equipment Mechanics	Steamfitters, Pipefitters
Hotel Front Desk Clerks	Surveyor Helpers
Hotel Room Attendants	Tour and Travel Guides
Industrial Electricians	Welders
Industrial Meat Cutters	Machinists
Ironworkers	



The Seasonal Agricultural Worker Program (SAWP)

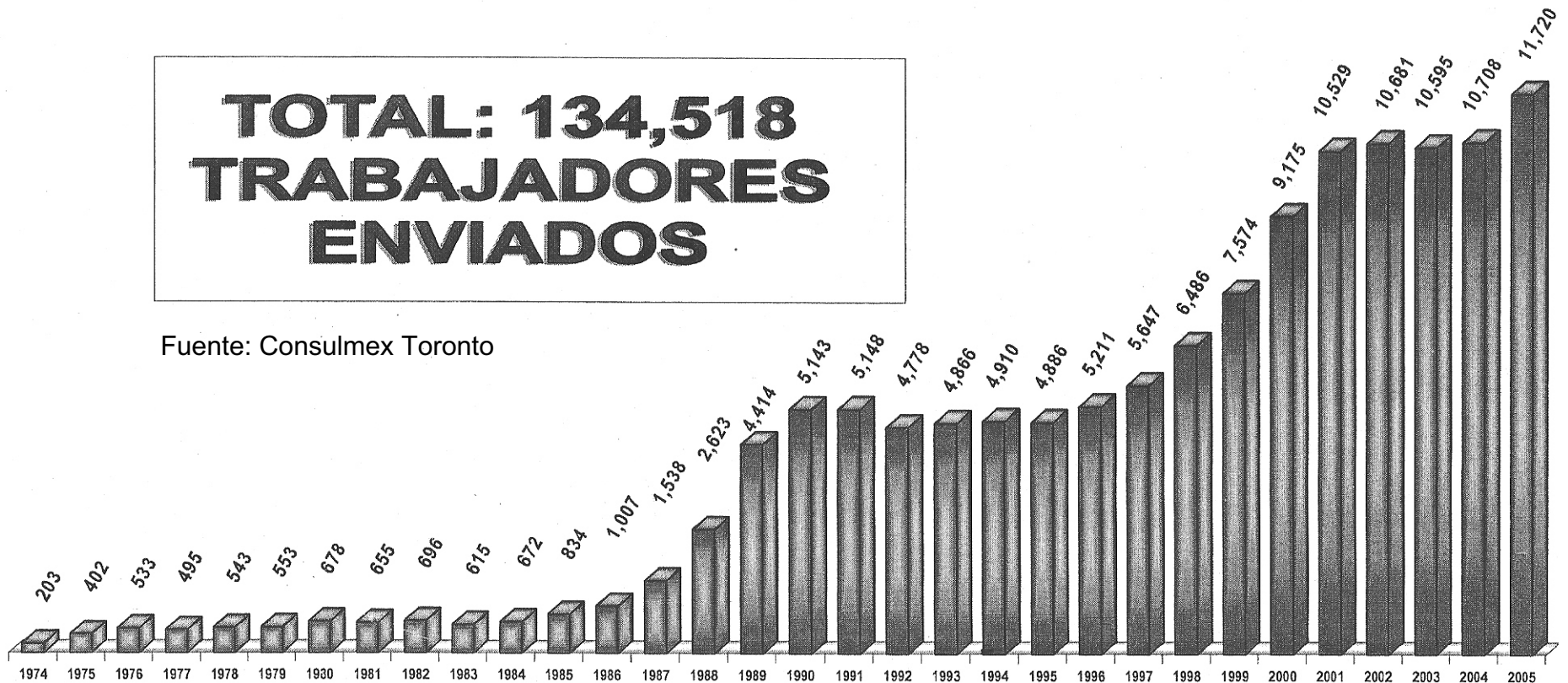
- Canada has bilateral memoranda of understanding (MOU) in place with: Jamaica (1966), Mexico (1974), Trinidad and Tobago (1967), Barbados (1967), and the Organization of the Eastern Caribbean States (Antigua and Barbuda, Commonwealth of Dominica, Grenada, Montserrat, St. Kitts-Nevis, Saint Lucia, St. Vincent and the Grenadines) (1976), and Guatemala (2003*).
- In 1966, only 264 Mexican workers came to work on Canadian farms through the SAWP, and by 2002 the number increased to 10,739, and over the last ten years, the number of SAWP participants has doubled (CIC, 2005; FARMS, 2005). In 2004 the total number of foreign temporary workers that entered under the SAWP for all of Canada almost doubled the 1995 estimate, reaching approximately 18,000. In 2006 the total number of vacancies filled in Ontario alone was 17,786 on nearly 1,500 farms (FARMS, 2007).
- Ontario employs the majority of these workers in agricultural sectors including tobacco, vegetables, fruit, greenhouses, and tree farming (FARMS, 2005).
- Quebec employed a significant number of migrant workers (5,217) in 2007: 3,037 Mexican and 165 Caribbean workers through the SAWP and 2,015 Guatemalan workers through the Foreign Worker Program (F.E.R.M.E., 2007). This is a significant increase since 2000 when only 1611 migrant workers came to work on Quebec farms.
- Also, with recent expansions of the program in the western provinces, British Columbia now employs over 2,000 SAWP workers.
- At least 75% of SAWP participants are Mexican. According to the Mexican government a total of 134,518 Mexicans have participated during the 30 years of the program's existence. The majority of temporary migrants are men, but increasing numbers of women enter every year.
- There has been a rapid growth in the number of Guatemalan workers in particular during recent years, from 215 migrants in 2003 to 2,015 migrants in 2007.

PROGRAMA DE TRABAJADORES AGRICOLAS TEMPORALES 2005 MEXICO - CANADA

ESTADISTICA ANUAL DEL ENVIO DE
TRABAJADORES AGRICOLAS A CANADA,
(1974-2005)

**TOTAL: 134,518
TRABAJADORES
ENVIADOS**

Fuente: Consulmex Toronto





SAWP/PTAT



El Programa de trabajadores agrícolas temporales México-Canadá (PTAT), Provincia y Genero , 2007*

Province	Females	Males	Total**	%
Alberta	110	494	604	4%
British Columbia	33	2000	2033	14%
Prince Edward Island		72	72	1%
Manitoba		283	283	2%
New Brunswick		6	6	0%
Nova Scotia	4	38	42	0%
Ontario	330	7797	8129	57%
Quebec	65	2936	3001	21%
Saskatchewan	21	51	72	1%
Total	563	13677	14242	100%

Source: PTAT, Mexico, 2007



Mobile Vulnerability: Factors that Contribute to Vulnerability in Mexico

- Many migrants come from poorest regions in Mexico
- Largest numbers of SAWP from regions most affected by climate change & globalization
- Health exams not required annually for Mexico
- Inconsistencies, corruption and bribery or falsification of health examinations (e.g. significant number of Mexican workers surveyed indicate that they have or have know someone who has paid to pass or circumvent the medical exam).
- TFWP increases role of unregulated 3rd party recruiters/agencies may increase the possibility of circumventing health exams





Determinants of Health for Migrants

WHO World Health Assembly, Executive Board, December 2007

- Vulnerable to health risks during movement; exposures to hazards and stresses of displacement
- Often poverty, marginality, limited access to social benefits and health services

“... low-skilled and seasonal migrant workers are often concentrated in sectors and occupations with high levels of occupational health risks” (WHO, 2007).



Mobile Vulnerability: Factors that contribute to vulnerability in Canada

- **Living and working conditions** on Ontario's farms have been documented to be very poor and pose numerous health risks to this population (McLaughlin, 2007; Hennebry, 2007, 2006; Preibisch, 2004; Weston, 2000; Basok, 1999)
- **Political, social, economic vulnerability** high for this population due to the legal framework of temporary migration and the SAWP, with workers having little recourse for mistreatment, health problems, problems accessing health care, etc.



Living Conditions

Migrant farm workers live in overcrowded housing on farm sites, with poor food preparation and cleaning amenities, untreated water supplies, in proximity to pesticides and fertilizers, with poor waste management, with respect to both food and household waste as well as human waste and waste water treatment :

- Inconsistent/ insufficient housing inspections
- Housing proximity to fertilizers, pesticides, dangerous equipment, not regulated
- Lack of specific guidelines (i.e. no requirements for potable/drinking water and wastewater treatment, waste removal, housing capacities, sanitation, etc.)

Poor facilities for food preparation and eating



“Pues así los servicios que necesitamos casi no tiene muy bien, no. Pues, este, cuando llegue no teníamos ni en que hacer de comer....”



Overcrowded and
poorly ventilated
housing



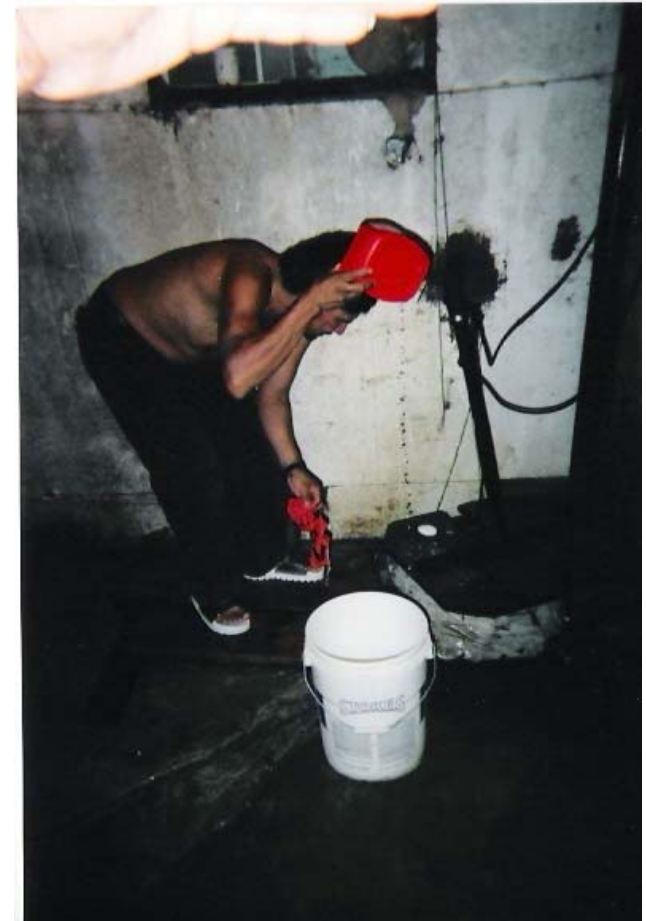
Poor sanitation, poor access to clean drinking water, poor washing and bathing facilities



“The tap water smells and tastes bad... I don't know if its contaminated with pesticides... when we can we try to buy water from the store.”

“There is only one washroom for 20 people”

“The washroom is right next to the kitchen... the space where we live is very small...there is nothing to divide the space.”



Proximity to Pesticides





Working Conditions

Environmental factors:

- Migrant farm labourers work during the seasonal months that correspond with high rates of enteric, foodborne and waterborne disease transmission, and they are concentrated in the industries and regions with the highest rates of infection
- directly affected by climate variability, conditions of extreme heat, long hours of exposure to the sun, rain, etc.; waterborne diseases from water sources shared with wildlife or domestic animals; West Nile from mosquitoes or other vector-borne diseases, Hantavirus from field mice, etc.

Safety Training and Equipment:

- Untrained and unprotected use of fertilizers, such as manure, irrigation systems, and food handling practices create potential vehicles and points of human contact for food and waterborne diseases
- There are no stipulations in the SAWP regarding health and safety training, safety equipment provisions, the handling of pesticides and fertilizers, food handling practices, field sanitation, access to clean water, etc.

Working Conditions



Source: El contrato, NfB

Access to clean water and appropriate sanitation while living and working



- Many farms in Ontario use well water in their homes.
- Temporary migrant housing does not always have clean drinking water
- While working in fields, workers may have to use temporary toilets or have no access to a toilet at all
- There are rarely handwashing facilities in the field, and workers typically eat lunch on work sites

“ There are no portable washrooms... if I have to go ... I go on the field or I wait until I go home.”





Health Care

Migrant workers do not have adequate timely access to health care :

- Transportation and isolation
- Communication and Culture
- Fear of reprimand
- Provider-level limitations (e.g. Doctors lacking knowledge of WSIB)
- No health card (FWP versus SAWP)





Transnational Risks:

- Temporary migrants come into contact with a host of health risks while participating in the program, in both Canada and in Mexico – potential sites of exposure and transferability that do not respect national borders
 - Often workers return to their country of origin (and their families) ill or injured without having received adequate care in Canada, and often do not receive adequate care in sending countries
 - Transnational health risks, infectious and communicable diseases (e.g. food & waterborne diseases, HIV, TB)
 - Long separations from families and communities of origin, make migrant workers and their families at risk for mental illness, family strain and in some cases has led to domestic violence, divorce, etc.
 - Families engage in temporary migration together and they often share the economic, social, and *health* costs



Mobile Vulnerabilities & Transnational Risks

- Migrants (particularly migrant farmworkers and NOC CD) originate from the poorest, less developed regions and face a host of health risks related to poverty, poor health care and infrastructure, migration, and climate change
- Inconsistencies, corruption and bribery or falsification of health examinations (qualitative evidence – large number of Mexican workers indicate that they have or know someone who has paid to pass the medical exam). Also, with the TFWP unregulated role of 3rd party recruiters/agencies may increase this possibility
- Once in Canada, untrained and unprotected use of fertilizers, such as manure, irrigation systems, and food handling practices increase points of human contact for food and waterborne diseases
- Migrant farm labourers work during the seasonal months that correspond with high rates of enteric, foodborne and waterborne disease transmission, and they are concentrated in the industries and regions with the highest rates of infection
- Poor, crowded housing exacerbates these risks, and further increases risks of other communicable disease transmission (e.g. TB), sexually transmitted diseases (particularly Gonorrhea, Chlamydia, HPV, HIV)
- Migrants often return home to Mexico without receiving adequate treatment (no departure examinations)



According to Temporary Migrants: *Most Important Health Issues*

- Work and health: pesticide exposure, workplace accidents, no health and safety training or equipment
- Depression: related to isolation, lack of autonomy, transnational living, workplace and living relations and conditions, mistreatment
- Barriers to accessing health services: including language/translation/cultural problems, lack of information, transportation, employer consent, fear of loss of pay or employment, no health card, doctors lacking knowledge of WSIB

- **Safety and Equipment:** “We have to buy our own equipment such as gloves or raincoats otherwise we have to work without protection under the rain.”
- **Training:** “Between the workers we tell each other how to do the work, because no one else tells us how to do it.”
- **Working Conditions:** “There are no washrooms or a place where to wash our hands we normally have to wait until we get home.”
- **Transport/accidents:** “They transport us on the tractor. The Chinese workers are the ones who drive the tractors...there have been accidents once it was raining and since the Chinese guys are normally very desperate he carelessly drove and two workers fell one hurt his head badly...yesterday a piece of the tractor was broken when I hopped in, I felt the tractor was moving too much so I jumped it crushed into a tree. I told the employer to fix the tractor because I did not want to get in if it was broken, he only said ok, but did not fix it.”
- **Representation:** “We asked the consulate to talk to the employer about the working conditions, the man at the consulate told us, we can not talk to him (the employer) he does not speak English...I just hung up, I felt very impotent and frustrated because I could not communicate or say what I wanted to say.”
- **Living Conditions:** “The kitchen is right next to the washroom... some windows have screens for the mosquitoes some don't...there is one stove for 8 people... there are no beds just some mattress on top of each other.”
- **Health:** “I have headaches and feel dizzy two to three times a week...I started feeling sick since we began the pruning.”



According to Temporary Migrants: *Common Health Problems*

- Headache
- Nausea
- Stomach pain
- Sun burn
- Rashes
- Coughing and chest pain
- Joint pain
- Exhaustion

“15 days ago... I hurt my waist... this last pay cheque they didn't pay me for that... I couldn't work for 3 days, and they didn't pay me for those days. I think that they should pay me for those 3 days, because it was an accident I suffered at work, but they didn't pay me anything... and that is the problem here, I don't know how to speak English to tell them that I am paying for unemployment, and that it should cover me for the days I don't work...this medical insurance doesn't cover my medicine in order for me to get better.”



Conclusions: Mobile Vulnerabilities & Transnational Risks

- Mobile vulnerability
- Transnational health risks and exposures
- Need for inter-jurisdictional and transnational research and policy responses
- Immediate and long-term solutions
 - structural, institutional, and everyday practices



Immediate Steps

- Regulate better living and working conditions in SAWP contracts and MOU
 - Specific guidelines re: number of beds, rooms and bathrooms, wash basins, number of windows
 - Access to communication, transportation
 - Field/workplace sanitation regimes
 - Mandatory health and safety training and information
 - More frequent inspections and health exams (in and outside Canada)
- Start taskforce made up of representatives from all stakeholders including migrants, employers, government, etc.



Long-Term Recommendations for Policy & Practice (1)

- ✓ Access to permanent residency
- ✓ Change the point system to reflect low-skilled labour needs or desires
- ✓ Comply with ICMW and Occupational Health and Safety Act (OHSA)
- ✓ Discontinue Federal Income Tax, EI, CPP deductions for SAWP workers or better access and eligibility
- ✓ Provide English language and other training opportunities for temporary migrants
- ✓ Provide workers and employers to better information, equipment and resources regarding health, safety, rights and protections
- ✓ Monitor and regulate the program more actively with more frequent housing inspections and labour condition evaluations



Long-Term Recommendations for Policy & Practice (2)

- ✓ Provide cultural competency & Spanish language training for employers
- ✓ Improve access and costs of transportation and communication
- ✓ Create a mechanism to include worker preferences for work, etc.
- ✓ Consult workers on flight dates for departures and returns
- ✓ Create better feedback systems for workers and farmers
- ✓ Increase contact between employers, workers, FARMS, HRDSC, the Mexican Consulate, other intermediaries (NGOs, etc.)
- ✓ Better protect migrants human rights – unionization, etc.
- ✓ Discontinue practices that allow employers to select workers on the basis of national origin, race and gender, instead utilize “skill records” and create a “skills database.”



Transnational Environmental Risks for Migrant Farm Workers

Risks persist across borders

- Waterborne diseases from water sources shared with wildlife or domestic animals
 - *Shigella, E.coli, Campylobacter, Clostridium botulism, Giardia, Cryptosporidium, Salmonella, Cyclospora, Hepatitis A... (S.typhi/paratyphi, Vibrio cholera),*
- West Nile from mosquitoes or other vector-borne diseases
- Hantavirus from field mice
- Human to human spread under poor sanitary conditions



Transnational Risks

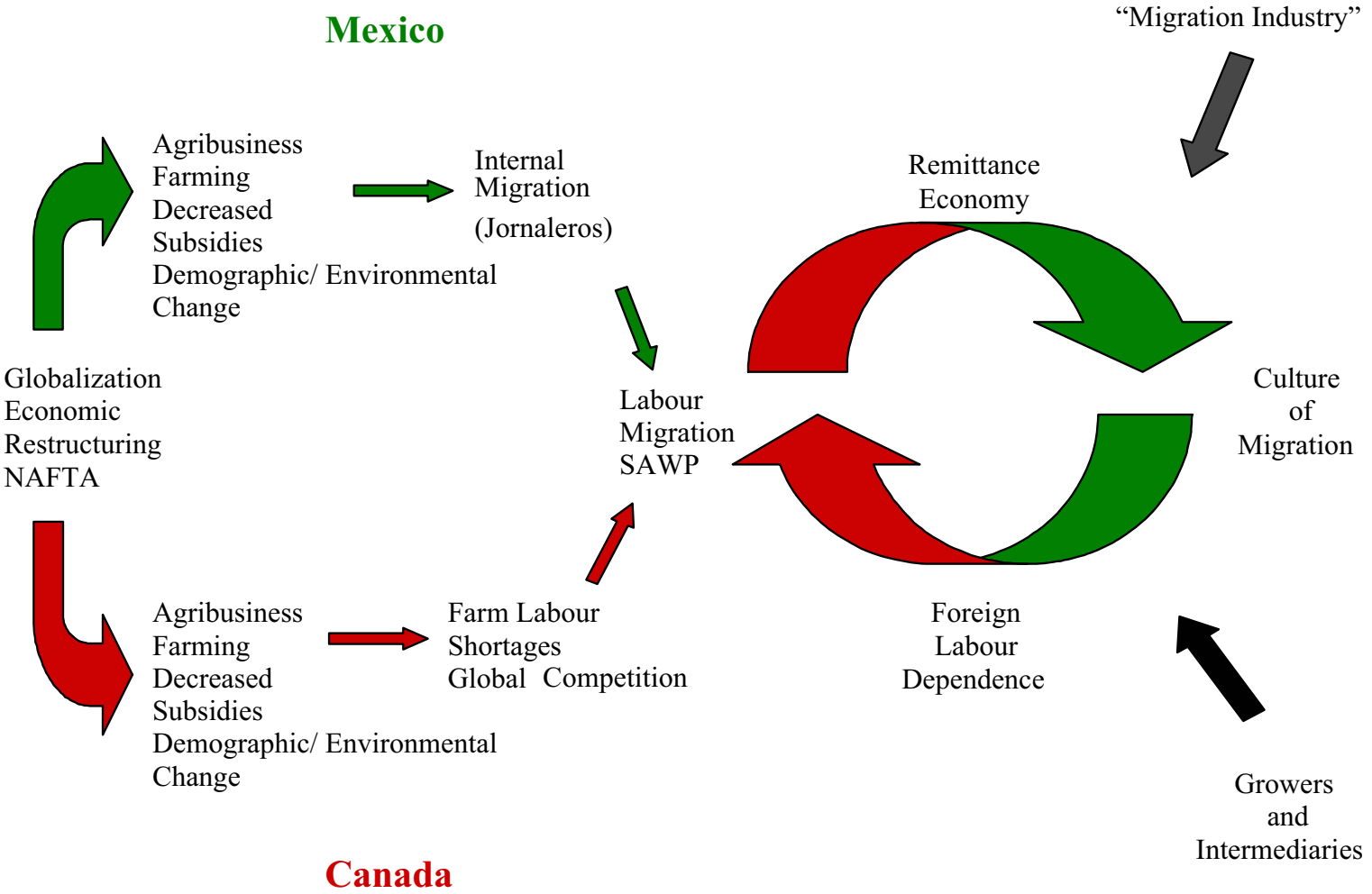
- Primary areas of concern are related to communicable & infectious disease, from outbreaks of E. coli & Salmonella to Hepatitis A and B, Tuberculosis, HIV/AIDS, etc.
 - Transferability may be increased due to living & working conditions
 - The numerous determinants of health that make migrant workers a vulnerable population
- Workers often return with health problems and require care, yet often do not receive adequate care in sending countries
- Families engage in temporary migration together and they often share the economic, social, and *health* costs



Working Conditions



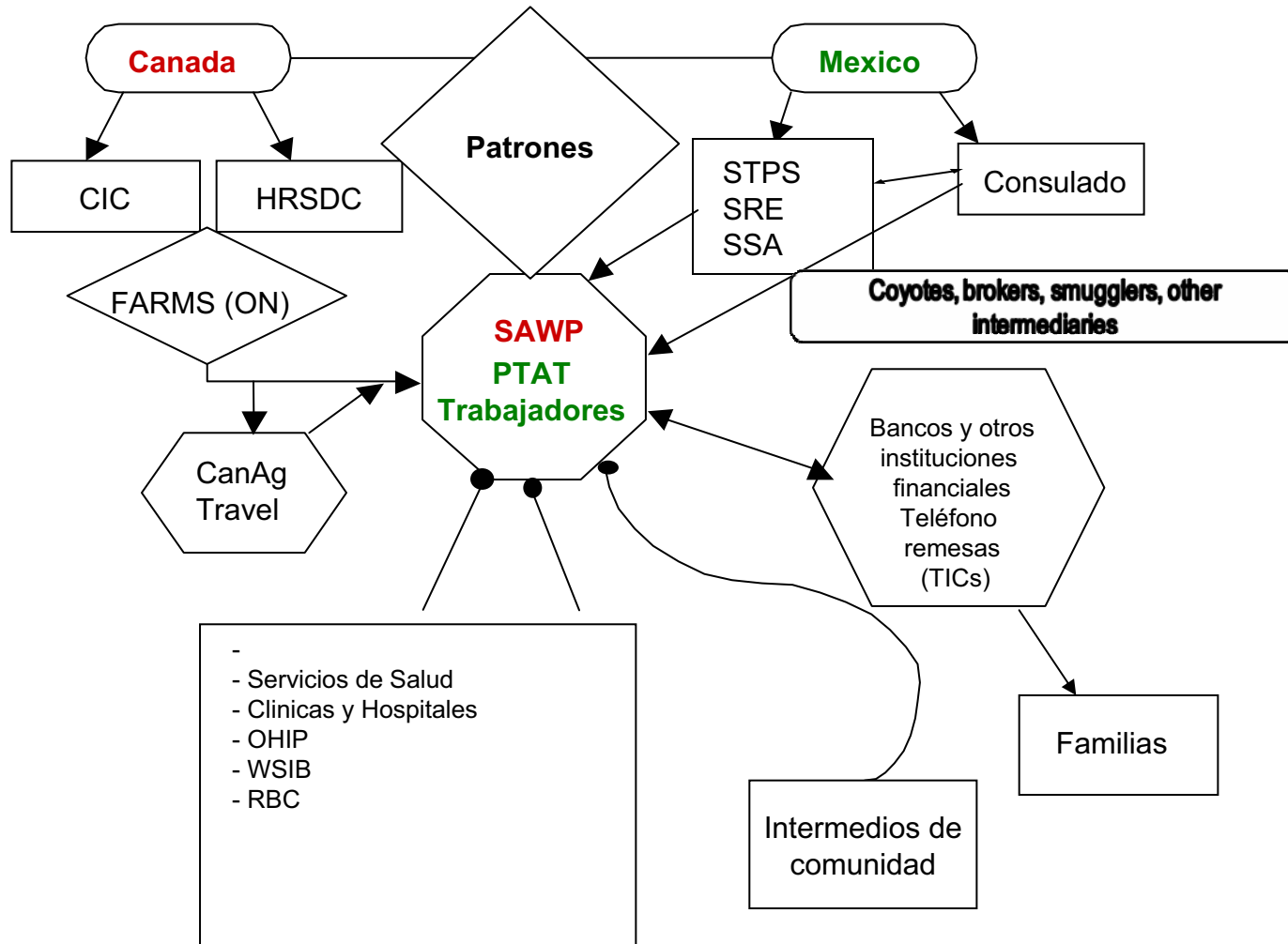
Globalization & Agricultural Labour Migration (Mexico-Canada)





- **the dangerous nature of farm work**
 - Workplace Safety & Insurance Board Annual Report for 2006 – Ontario, Lost Time Claims for Injury by Sector: 1,258 Agriculture, 5,215 Construction, 2,429 Food, 12,777 Manufacturing, and 20,803 in Services.
- **insufficient legal and policy frameworks**
 - poor monitoring, inadequate guidelines & regulation of working & living conditions)
- **insufficient health & safety protections and training**
 - e.g. handling of pesticides, provision of safety equipment, etc.

PTAT – Estructura organizativa



Legal Framework

- **Wages and Working Conditions**
- **Housing**
- **Recruitment of Foreign Workers**
- **Transportation and Work Permit Fees**
- **Employer-Employee Contract**
- **Health and Workplace Safety**
- Labour Laws/regulations: Provincial versus federal <http://www.labour.gov.on.ca/english/>



Mexican Temporary Agricultural Migration in Canada



- Temporary Foreign Workers Program

- Seasonal Agricultural Worker Program (SAWP)

