

Health Across Borders — Health Status, Risks and Care among Transnational Migrant Farm Workers in Ontario

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What you need to know

This research investigates the health status, risks and needs of migrant farm workers in Ontario, as well as their experiences with the health care system. Based on standardized questionnaires administered to 576 temporary migrant farm workers in Ontario between 2008-2010, qualitative interviews with workers and other key informants, findings show several factors that heighten their vulnerability to health risks, with respect to housing, health care access, and workplace safety. Most of these vulnerabilities are structural, and coupled with their mobility across borders, these risks become transnational.

What is this research about?

Roughly 30,000 migrant farmworkers come to Canada under the Seasonal Agricultural Worker Program (SAWP), and the more recent Pilot Project for Occupation Requiring Lower Levels of Formal Training, also called the Low-Skill Pilot Project (LSPP) each year to pick the strawberries, tomatoes and other crops which Canadians find in local farmers markets and grocery stores. This research aims to better understand the vulnerabilities faced by these migrant farmworkers to health risks while working and living on farms in Ontario.

What did the researchers do?

This study was funded by CERIS Ontario Metropolis Research Centre and the Public Health Agency of Canada, and was carried out in collaboration with K. Preibisch and J. McLaughlin, with the generous assistance of the United Food and Commercial Workers Union, Enlace Community Link, Justicia for Migrant Workers and others. The survey was carried out using a standardized questionnaire, which was administered face-to-face to a purposive non-random sample of migrant workers. Workers were recruited using a snowball sampling technique, with an emphasis on reaching workers from both Mexico and Jamaica in areas with high numbers of agricultural migrant workers (Leamington, Niagara, Simcoe and Bradford).

What did the researchers find?

Workplace Safety

Findings indicate a number of workplace risks encountered by migrant farmworkers, such as working in environments with extreme heat with insufficient breaks, performing repetitive movements and applying chemicals without sufficient protection, and unsafe transportation to and from work sites. Workers indicated that they are primarily transported using vans, and nearly half of the workers reported that there were no seatbelts in their work transportation (46.3%). Given the frequency of this transportation (to and from work sites, field locations, etc.), often on poorly lit county roads and highways, the potential for accidents and injury related to transportation is particularly high. Additionally, many workers (41.1%) claimed not to know about specific work risks that they might encounter on the job and 55% of workers surveyed agreed with the statement that their work was hazardous to their health.

Nearly half of the respondents surveyed work with chemicals and directly apply them without the necessary protection such as gloves, masks, and goggles. This exposes them to harmful substances that can cause several viral, respiratory, neurological and physical illnesses.

Nearly one quarter of the workers interviewed expressed not being trained to do their jobs, and many indicated not having sufficient information in their own language about workplace hazards and safe work practices. Over 60% of Mexican workers interviewed claimed not to have received any training or information related to health and safety issues in the work place. Comparatively, roughly 35% of Jamaican workers indicated that they had not received any information or training related to workplace health and safety. This likely reflects, in part, the different levels of English language skills among these groups of workers, with Mexican workers having lower levels of English language competency than their Jamaican counterparts.

Housing

Researchers found a number of specific shortcomings identified with respect to migrant worker housing, including poor facilities for food preparation and consumption, crowded and poorly ventilated sleeping areas, and a general lack of comfort, privacy, and necessary amenities such as adequate laundry facilities. A number of living sites were also identified to have poor sanitation, poor access to clean drinking water, and poor hand-washing and bathing facilities. Nearly 150 migrants interviewed agreed with the statement that "my residence is hazardous to my health."



RESEARCH SUMMARY

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Access to Health Care and Compensation

Though there were some common health problems cited by workers, including exhaustion (65.3%), back pain (60%), muscle fatigue (52.3%), headache (40.5%), leg cramps (40.4%), joint pain (35.4%), burning or itching skin (34.3%), stomach pain (23.9%), and sore throat (25.6%), few workers made visits to health care providers while in Canada. Less than one quarter of workers reported seeing a doctor in relation to health symptoms. Furthermore, despite the fact that the majority of these migrant workers attributed their health problems to work (69%), very few had accessed the workplace compensation system - the Workplace Safety Insurance Board (WSIB) in Ontario. An overwhelming majority of migrant farmworkers surveyed (93%) claimed they did not know how to access claims through the Workplace Safety and Insurance Board (WSIB).

Some of the barriers encountered by workers in accessing care and compensation include: language, transportation and cultural barriers; unwillingness to take time off work (or even inform employers) when sick or injured due to loss of income or the fear of repatriations; lack of information regarding health care insurance; and in some cases intervention by employers or sending country representatives.

Nearly half of all workers (44.5%) indicated that their coworkers work while sick because they are afraid of the employer. Nearly half of respondents expressed having problems with communicating health concerns to health care workers. Those who did not have problems indicated it was because a co-worker or a volunteer provides translation, or because they spoke English as a first language (e.g. Jamaicans).

How can you use this research?

This research indicates that migrant agricultural workers face heightened health risks while working in Canada, and many live in substandard housing. Migrant farmworkers also face significant barriers to accessing adequate care and compensation, including dependence on the employer for transportation and access to health insurance, language barriers, fear of termination of their contract and repatriation. Research and policy development must work to address and remove these barriers. Not only does this impact workers directly while they are in Canada, but there are also transnational health implications of these barriers, such that when workers become ill or injured they are unlikely to receive adequate treatment in Canada and thus may return home with the illness unresolved or without adequate compensation. From this research, we recommend a number of policy changes aimed at providing safer

workplaces and housing to migrant farmworkers, and to better facilitating access to health care and compensation systems for these vulnerable migrants.

Recommendations for Policy and Practice

- Start a transnational taskforce made up of representatives from all stakeholders including migrants, employers, governments, and communities, to focus on health and safety of migrant farmworkers.
- Provide workers and employers better information, equipment and resources regarding health, safety, rights and protections, EI benefits and WSIB in multiple languages.
- Provide access to a translator for medical emergencies and labour disputes.
- Implement detailed mandatory housing requirements into the Labour Market Opinion (LMO) system, as well as more frequent inspections (while workers are living on site).
- Deny subsequent positive LMOs for employers who have prematurely repatriated significant numbers of workers, or have failed to comply with health and safety regulations or standards.
- Provide access to OHIP upon arrival in Canada without a probationary period of 3 months for all migrant workers.
- Create confidential feedback system and appeals process for workers to enable more honest reporting.
- Provide access to permanent residency or open sectoral work permits to allow workers greater autonomy and reduce fear of reporting unsafe working or living conditions.
- Provide English language and other training opportunities for temporary migrants.
- Provide cultural competency, language training and information for employers and health care practitioners regarding migrant workers, their rights and benefits.

About the researchers

Dr. Jenna Henneby is an Associate Professor with the Balsillie School of International Affairs and the Associate Director of the International Migration Research Centre at Wilfrid Laurier University. Her research specializes in international migration policy, temporary migration programs, migrant worker rights and health, remittances and development.

Dr. Kerry Preibisch is an Associate Professor in the Department of Sociology and Anthropology at the University of Guelph where she specializes in the area of international migration and development. Her research interests are in the areas of gender and migration, international labour migration and global agro-food systems, im/migration issues in rural Canada, and rural development

Dr. Janet McLaughlin is an Assistant Professor of Health Studies at Wilfrid Laurier University's Brantford Campus, and is a Research Associate with the International Migration Research Centre. Her current research projects investigate gender-based violence against immigrant and migrant women in Canada, social determinants of health among migrant workers, access to health care and workers' compensation for migrant farm workers, and the impacts of family separation on migrant workers.

Keywords

Temporary Foreign Worker Program, migrant farmworkers, health, housing



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