Report Summary:

Challenges Faced by Temporary Migrant Agricultural Workers*
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Introduction

Temporary migrant agricultural workers (TMAWs) are contracted under the Seasonal Agricultural Worker Program (SAWP) or the Temporary Foreign Worker Program (TFWP) Agricultural Stream [1]. They are legally permitted to live and work in Canada for up to 8 months of each year, but many return every year for decades. Despite the fact that many workers spend more time in Canada than their home countries, they have no pathway to permanent residency [2]. Roughly half of the TWAWs destined for British Columbia are sent to work in the Okanagan Valley (approximately 3,000 in 2016). This report outlines key health concerns faced by TMAWs in the Okanagan based on a literature review carried out by our team and research conducted by two authors of this report: Dr. Caxaj (UBC Okanagan) and Professor Cohen (Okanagan College).

Background

TMAWs are restricted from staying/working on a continuous basis in Canada and they are required to live in employer-provided housing for the duration of their contract, which usually means on their employer’s property [3]. The majority of TMAWs, both male and female, have dependents in their countries of origin, and limited to no post-secondary education [4]. They are eligible for workplace/disability benefits, and most, but not all, protections as specified under the employment standards act [5]. All TMAWs are eligible for full coverage under MSP after a 3-month waiting period, and it is an obligation of the employers to register workers for MSP [6]. Yet in over 4 years we have yet to encounter one worker who has been enrolled. SAWP workers are insured with Cowan Insurance or Great West Life, both private, for-profit companies that provide only limited coverage. Employers are required to register their workers for medical insurance and pay the premiums to these companies directly, however, premiums are deducted from workers’ wages [7]. Workers typically do not have the knowledge, health literacy, or support to enroll for MSP.
Key concerns

Key concerns highlighted by workers include:
- a prevalence of occupational health hazards
- inadequate living conditions that negatively impact their psychological and physical health
- poor working conditions
- reluctance to report injuries or access health care services because workers fear medical repatriation, loss of employment or other forms of employer retaliation

If workers do access the health care system, the lack of direct-billing and official interpreters, violations of privacy, lack of understanding of workers’ precarity, and limited assistance in seeking injury compensations affect the care that they receive. Poor living conditions and working conditions also directly contribute to poor health outcomes and sometimes, life-threatening situations for workers. Examples of these issues include:
- Lack of training and provision of safety equipment when working with pesticides
- Expectation to accept unsafe workplace practices (unstable ladders, insecure transport)
- Absence of legally-required breaks during a work shift
- Incidents of sexual harassment and assault
- Strict farm and house rules limiting workers’ ability to leave farms or have visitors
- Confiscation of workers’ personal identification including work and immigration visas and passports; punitive action for refusing unsafe work
- Accommodations with inadequate ventilation, substandard washroom facilities, lack of running water, pest problems, including insect, mice and rat infestations
- Severe overcrowding in sleeping quarters (up to 15 people per room)
- Lack of support when seeking medical treatment for injuries or illnesses sustained on the job, and in some cases direct pressure to not seek treatment
- Lack of support when pursuing compensation for workplace-related injuries or disabilities
- Inconsistent access to translators and violations of privacy when accessing health care

In a worker’s own words:

“Most of the time we don’t say anything about what happens to us. We bear it, mostly for our families. If they were to kick us out of the program, we wouldn't have the money we earn here which helps us out a lot in Mexico. We know if we raise a fuss or try to demand our rights, what they [consular officials] do is remove us from the program.”
Temporary Migrant Agricultural Workers and RAMA volunteers.

**Recommendations**

We can work together to better address the concerns faced by TMAWs. Many challenges faced by this group are exacerbated by physical and social isolation and limited contact with public services. Potential strategies to address these challenges include:

1. **Improve oversight and monitoring of health risks and challenges**
   Implement unscheduled, ‘surprise’ inspections to (a) monitor and regulate inadequate housing conditions, and, (b) address occupational health and safety risks. Establishing reporting mechanisms to identify repeat-offenders (i.e. employers) may also help improve basic living standards for workers.

2. **Implement workplace health and safety preventative strategies**
   Provide more comprehensive training and education in occupational health and safety for workers. Provision of safety equipment, training in the use of pesticides, and bilingual health and safety resources can help build a healthier and safer workplace environment. Workers must feel safe opting out of overtime or consecutive work days without punishment. Decreasing workers’ isolation and promoting connections with public health and social workers can assist TMAWs in cases of physical or sexual harassment or assault.

3. **Facilitate engagement of health professionals in culturally safe practice**
Clinicians may benefit from more familiarity with the context in which workers live and work. When interacting with TMAWs clinicians should: (a) ensure privacy and access to an interpreter (b) consider the factors that result in underreporting of injuries; (d) assess interest in registering for MSP; (e) guarantee direct billing and; (f) demonstrate awareness of workers’ fear of deportation and general vulnerability.

4. Reduce barriers to accessing primary care
When possible, bring clinicians to workers in order to provide workers with education on injury prevention, importance of injury reporting, and associated rights and entitlements and preventative health practices (e.g. reproductive health, mild infections). Support workers in navigating Worksafe channels, registering for MSP, and accessing public resources and services available to them. Consistently ensuring direct-billing from workers’ private insurance is important to reducing financial barriers for health care access for TMAWs.
References


Report Case Studies*:
All cases provided here are factual and have been directly witnessed by authors of this report. Pseudonyms have been used to protect workers’ privacy and safety.

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A. Camila Lopez, Invasion of Privacy

1. Overview:
Camila, became pregnant during her time in Canada. She did not wish to continue with the pregnancy, but did not want to seek medical treatment in Canada because she was fearful of her employer finding out about the pregnancy and repatriating her to Mexico. Camila had a relative in Mexico courier her a medical abortion pill, misoprostol, which she administered to herself. When complications arose, several days later, RAMA members called 911 and she was transported to the hospital in an ambulance. She had experienced an incomplete abortion and required surgical evacuation to complete the process. She advised RAMA members that she did not want her employer to find out the reason for her hospitalization, as she feared she would be immediately sent home or not be allowed to return the next year. She asked us to ensure the doctors and nurses did not disclose this information to anyone. Unfortunately, one of the physicians disclosed all the information pertaining to her condition and procedure to her employer, violating her rights under the Personal Information Protection Act as well as patient-doctor privilege.

2. Missed opportunities

Access to primary care services.
Camila reported to RAMA volunteers that she had assumed she would be able to access birth control at her local pharmacy when she arrived in Canada. With limited English language knowledge, no access to public transportation or a vehicle, and limited understanding of the primary health care system, she was unable to secure birth control that may have prevented an unintended pregnancy. Had she had the knowledge and ability to access a clinic, she may have been able to be better advised about potential complications of taking a medical abortion pill and been able to better monitor her health status.

Lack of translator/navigator in hospital.
During her time in hospital, Camila relied heavily on RAMA volunteers who provided translation for her over the phone (because of her location). Camila was never offered an official translator to support her during times that volunteers were not available and no one ever spoke privately with Camila to ensure that she felt comfortable with RAMA volunteers providing translation. Camila spent the majority of her time in the hospital alone.
**Violation of privacy/lack of sensitivity**
Camila expressed ongoing concern that her employer would find out about her health condition. She asked RAMA volunteers on several occasions to translate her wishes to on-call nurses that her medical information was not to be shared with others, especially her employer. RAMA volunteers explained the delicacy of the situation (i.e. her fear of repatriation, costs to her livelihood). Had clinicians respected hospital policy to not disclose health information without the explicit permission of a patient, and, further, considered the unique vulnerability of the patient, this violation of privacy may have been prevented.

**Financial costs to the health care system**
An earlier intervention in an outpatient setting may have prevented the use of emergency resources and hospital services. This would require however, that the patient have more direct and earlier access to health care services to meet her reproductive health needs.

**B. Miguel Ortiz, Repatriation due to injury**

1. **Overview:**
RAMA members were contacted by a worker who was experiencing intense pain in his neck, shoulder, and chest. Despite repeatedly telling his supervisors about his symptoms, he was never taken to a clinic or the hospital. When RAMA volunteers accompanied this worker to the emergency room, the attending physician diagnosed him with tendonitis caused by repetitive motion associated with his workplace duties. Medical personnel recommended that he receive physiotherapy and refrain from working. Despite the fact that a WCB claim was filed on behalf of this worker, he was dismissed and sent back to Mexico within weeks following his injury. He was not requested in the subsequent season and is currently attempting to regain a position in the SAWP. The worker believes his dismissal and subsequent deportation were a direct result of seeking medical attention and filing a WCB claim for his work-related injury.

2. **Missed opportunities:**

**Access to primary care services.**
With limited English language knowledge, no access to public transportation or a vehicle, and limited understanding of the primary health care system, Miguel was unable to seek medical attention on his own for his symptoms. Had he had the ability to access a clinic, he may have been able to take preventative measures before symptoms were exacerbated to the extent that he was in acute pain and no longer able to work.

**Lack of training/occupational best practices**
It is possible that if Miguel had been provided with workplace training, perhaps education on best ergonomic practices, he may have been able to better monitor emerging symptoms, and perhaps, even prevent his tendonitis. This would require him to have access to appropriate occupational health knowledge and support in his workplace to ensure his safety and physical health.
**Physical costs and consequences to patient’s livelihood**

For workers like Miguel, they must choose between addressing serious health concerns and maintaining their source of income. If Miguel had felt confident that he would not lose his job in order to comply with workplace standards to report on-the-job injuries, perhaps he would still be able to support his family through participation in the SAWP. By being deported, Miguel lost the opportunity to not only recover financially from this injury, but also, to recover physically through access to rehabilitation.

**Financial costs to the health care system**

An earlier intervention in an outpatient setting may have prevented the use of emergency resources and hospital services. This would require however, that the patient have more direct and earlier access to health care services.

In the News:
Sheldon McKenzie, participated in the SAWP for 12 years. After suffering a fatal head wound on the job in a tomato farm in Leamington, Ontario, the Jamaican consulate pressured for him to be returned to Jamaica where his family feared he would not receive adequate or timely care for his condition.

With the intervention of a cousin in Winnipeg, he was granted a temporary stay but died in hospital before being granted a more permanent legal stay.


**C. Yolanda Cantante, Prohibitive costs of care**

1. **Overview**

A volunteer from RAMA accompanied a worker to a walk-in clinic in the South Okanagan to serve as an interpreter. The physician advised the worker that she was likely suffering from a urinary tract or pelvic infection that she would need to have lab work done (blood and urine tests). However the lab fees were in excess of $200, and the lab would not bill the worker’s private insurance directly. The worker did not have the money to pay the fees and would have not been able to have the lab work done if RAMA had not paid on her behalf. Despite the fact that Cowan insurance certainly would have reimbursed the worker for the lab fees, temporary migrants are paid minimum wage and often send much of their money to their families in Mexico or the Caribbean. The delay in reimbursement can take weeks or even months, and often the workers are no longer in Canada when the cheques arrive at
their farms. Therefore, healthcare fees that workers must pay up front represent a very real barrier for many workers attempting to access care.

2. Missed Opportunities

**Access to primary care services**
With limited English language knowledge, no access to public transportation or a vehicle, and limited understanding of the primary health care system, Yolanda was unable to seek medical assistance without a bilingual volunteer. Even when workers are able to reach a clinic and communicate proficiently with a clinic's staff, they often will still face financial barriers to receiving care. This can even include medical procedures that are covered by Cowan insurance. If the worker was to be registered for MSP, one significant barrier to care could be addressed for individuals like Yolanda.

Yolanda represents the fraction of workers that are reached by RAMA, the only organization that provides medical accompaniment to workers. Composed of all volunteers, this organization has limited capacity to reach a large portion of workers requiring medical assistance. A targeted outreach strategy to address workers' health issues could help develop a more efficient model of care for workers that takes into account private insurance coverage.

**Financial costs to the health care system**
In this case, clinic staff were unwilling to carry out a procedure without payment upfront, and the patient and the volunteer organization bore the burden of the cost. In other cases, clinics and hospital staff may perform certain procedures assuming that the patient can cover the cost, or, that they are registered for MSP. In these cases, the health care system is reliant on the ability of the worker to navigate their private insurance model, and on workers' private insurance companies, to promptly provide payment for health services rendered. A large group of migrants working for most of the year in the Okanagan are eligible for MSP yet are not registered. This represents a significant, yet unnecessary, financial risk to the local health care system.

**In the News:**
When Benito Meneses first reported his symptoms of what would later be confirmed as a heart attack, his supervisor responded, "you Mexicans eat too much Chile." This is Benito’s 13th season under the SAWP program. Medical reports indicate that his current condition is a result of excessive and repetitive work strain. Benito hesitated to seek medical help, fearing it would jeopardize his status. "I kept working because from the moment we sign up to be temporary foreign farm workers, the Mexican Secretariat of Labour and Consulate emphasize we are in Canada to work and not to complain, be sick or rest," he said.
Source: CBC, Canada. August 26, 2017