



**Migrant Worker Health Expert Working Group**

67 University Ave, west, Waterloo, ON, N2L 3C5

Phone: 1-519-635-9850

Email: [www.migrantworker.ca/contact/](http://www.migrantworker.ca/contact/)

Website: [www.migrantworker.ca](http://www.migrantworker.ca)

July 24, 2020

**The Honourable Carla Qualtrough P.C, M.P.**

**Minister of Employment, Workforce Development and Disability Inclusion**

Government of Canada House of Commons

Ottawa, Ontario

K1A 0A6

Via email: [Carla.Qualtrough@parl.gc.ca](mailto:Carla.Qualtrough@parl.gc.ca)

Dear Minister Qualtrough,

Please accept this letter on behalf of the Migrant Worker Health Expert Working Group, a team of researchers, clinicians, and occupational health and infectious disease experts who specialize in migrant workers' support, health and rights. This group was formed in March 2020 to address urgent concerns for migrant agricultural worker health and safety in the context of the COVID-19 pandemic. We reached out to Employment and Social Development Canada (ESDC) in March 2020 and shared recommendations directed at a pandemic response that prioritizes migrant worker health and safety. Upon request by ESDC, we developed further recommendations focused on worker health and safety to inform federal action, which we offered in May 2020. This letter follows up on this communication, and aims to spark further joint action to build migrant worker health and rights into the core of Canada's ongoing pandemic response, as well as to inform regulatory changes to the Temporary Foreign Worker Program (TFWP) as Canada takes steps to "build back better." We want to reiterate our offer to provide continued support and input toward the shared goal of preventing further deaths and COVID-related illnesses among migrant agricultural workers as well as to ensure the health and safety of this essential workforce more broadly.

We are dismayed by the untimely deaths of three migrant agricultural workers exposed to COVID-19 in Ontario: Bonifacio E. Romero, Rogelio Muñoz Santos and Juan Lopez Chaparro. These deaths were undeniably shaped by well-documented social inequalities and poor on-farm working and living conditions experienced by many migrant agricultural workers in Canada, as well as a lack of timely and accessible medical care. Over the past several months, against the backdrop of growing numbers of infections (over 1150 in Ontario alone) and mounting [media](#) attention to migrant workers falling through the jurisdictional cracks, migrant agricultural workers across the country are reporting a host of barriers to accessing care, as well as experiences of discrimination and racism, and many workers claim

they are forced to isolate on employers' properties well after the mandatory 14-day quarantine. Some have been compelled by their employers to sign documents stating that they will not leave the farm property or receive visitors for the entirety of their contracts. On July 3rd, [Erika Zavala](#) and [Jesus Molina](#), who were working on a farm in BC, were repatriated for violating their employer's no-visitor policy when two members of a local support group brought them culturally-appropriate food and clothing. Such employer actions misinterpret health guidelines, violate workers' rights, pose serious concerns for workers' mental health, and compromise workers' access to vital services and supports, including health care.

Since 2010, there have been myriad reforms to the TFWP, with significant changes made in response to the HUMA report in 2014. However, many of these reforms have been in the interest of program efficiency, enhancing employer access to workers, and tightening border security. While some regulatory changes have attempted to enhance workplace inspections, the persistence of a compliance-oriented complaint-based approach has failed to keep workers safe and ensure their access to the rights and protections to which they are entitled.

Consequently, reforms to date have been insufficient in addressing the underlying problems with migrant agricultural worker program streams. Most importantly, such reforms have done little to enhance protections for workers' rights or their health and safety, especially vital in the context of the COVID-19 pandemic.

Despite the TFWP falling within federal jurisdiction, there exists a responsibility void, characterized by a patchwork of inconsistent and glaring gaps in protection for this workforce, particularly with regard to health care, adequate housing enforcement, implementation of provincial labour standards, and access to legal rights and compensation. To make meaningful change will require a "whole of government" approach as outlined in the Global Compact for Safe, Orderly and Regular Migration, to which the federal government is not only a signatory but has also taken a leadership role in globally (See: [Guiding Principles](#)). To this end, we have suggested, and continue to propose, that ESDC take responsibility for coordinating regulatory requirements to ensure that overarching standards are clear and enforceable in every region of Canada. In particular, a number of federal-level departments along with ESDC, such as IRCC, Agriculture and Agri-Food Canada, Health Canada, Public Health Agency of Canada, Global Affairs Canada, and Treasury Board Canada, have vital roles to play in ensuring the protection of migrant workers' human rights and their health and safety in Canada. There is a pressing need for ESDC to take direct responsibility in coordinating across federal, provincial, and regional jurisdictions to mitigate further risks to agricultural workers.

Immediate action is required by the federal government to prevent further tragedies among migrant agricultural workers. In addition to many recommendations we have outlined for ESDC (as per their request), as experts in the field, below we identify

**five key priority actions** for the federal government to take. We recognize that the measures outlined below span jurisdictions and mandates of different departments, that is, that no single government department has the capacity to address them all. We also recognize that the interventions necessary require resources. However, we believe ESDC must play a vital role in coordinating their implementation across ministries and jurisdictions.

It is time for federal leadership to protect the health and safety of migrant agricultural workers. We therefore ask the federal government to show its commitment and take immediate action to:

1. **Implement the Migrant Worker Health Expert Working Group (MHWEWG) recommendations**, “[Recommendations for Overcoming Health Challenges Faced by Migrant Agricultural Workers during the COVID-19-Virus Pandemic](#)”, submitted to ESDC in late March of this year (subsequently updated in May). In addition, recognizing that workers’ precarious status largely determines the health risks that they disproportionately face, we endorse advocates’ recommendations that migrant agricultural workers be granted access to permanent residence; the process of applying for open work permits be streamlined ensuring workers’ ability to retain their status in the SAWP or TFWP agricultural stream in subsequent years; and workers’ engagement in both health and safety enforcement and prevention initiatives be immediately strengthened.
2. **Implement more comprehensive and transparent anti-reprisal mechanisms and a national policy of no premature repatriations.** Reprisals, particularly those prompting repatriation, are typically the culmination of employer retaliation and non-adherence to public health and workplace safety requirements. These mechanisms must prohibit restrictions on freedom of movement and association fostered by the COVID-19 context. Employers cannot limit the human or labour rights of migrant workers in the name of public health. To make anti-reprisal mechanisms meaningful, protocols must be in place to ensure alternative employment, housing and income support for individuals who bring forward complaints.
3. **Strike an interjurisdictional committee to meet urgently, that includes the participation of the Migrant Worker Health Expert Working Group, to ensure collaboration across ministries.** This committee should adopt a mandate to empower and financially support provincial agencies to work towards national standards in housing and health services for migrant agricultural workers. They must also show leadership to ensure that all provinces can implement policy changes to improve migrant agricultural workers’ experiences in Canada, as outlined in our [recommendations to the Ontario government](#).
4. **Establish federal housing standards** that address inconsistencies across provincial and municipal jurisdictions and are guided by health and safety

considerations outlined in our recommendations and in consultation with Health Canada and the Ministry of Municipal Affairs and Housing.

5. **Make all data and information on inspections, complaints and repatriation publicly accessible** (medical, dismissal or voluntary), ideally via the Government of Canada's Open Government Portal a government website.

Below, please find our detailed federal recommendations, developed at the request of ESDC (Appendix B). Our provincial recommendations developed specifically for the government of Ontario are [available online here](#), and are also attached as a separate document. We are confident that these documents provide important guidance on how to improve conditions for migrant agricultural workers in the context of COVID-19 and beyond.

Given the continued urgency of this situation, we look forward to hearing from Minister Qualtrough as soon as possible. For reference, we have listed a brief timeline of our communication with ESDC staff in Appendix A below. We are seeking future communication and evidence-based conversations toward the shared goal of enhancing protections for migrant agricultural workers' rights and health.

Sincerely,

The Migrant Work Health Expert Working Group\*

**Bob Barnettson, PhD**, Professor, Faculty of Humanities and Social Sciences, Athabasca University

**Tanya Basok, PhD**, Professor of Sociology and Anthropology, University of Windsor

**C. Susana Caxaj, RN, PhD**, Assistant Professor, Arthur Labatt Family School of Nursing, Western University

**Amy Cohen, MA**, Professor, Anthropology Department, Okanagan College

**Donald Cole, MD, MSc, FRCP(C)** Emeritus Professor, Dalla Lana School of Public Health, University of Toronto

**Carlos Colindres MLT, MSc, CIC**, Public Health Emergency Consultant, Complex Health, Disaster and Emergency Management Consulting Group

**Natalie Drolet, MA, LLB**, Executive Director/Staff Lawyer, Migrant Workers Centre

**Jason Foster, PhD**, Associate Professor, Faculty of Humanities and Social Sciences, Athabasca University

**Jill Hanley, PhD**, Associate Professor, School of Social Work, McGill University

**Jenna L. Hennebry, PhD**, Associate Dean, Associate Professor, School of International Policy and Governance, Wilfrid Laurier University

**Eduardo Huesca, MA**, Migrant Farmworker Program Coordinator, Occupational Health Clinics for Ontario Workers (OHCOW) Hamilton and Toronto Clinics

**Stephanie Mayell, MA**, SSHRC Doctoral Fellow, Department of Anthropology, University of Toronto

**Janet McLaughlin, PhD**, Associate Professor, Department of Health Studies, Wilfrid

Laurier University

**Michelle Tew, RN, BScN, DOHS, COHN(C)**, Occupational Health Nurse,  
Occupational Health Clinics for Ontario Workers (OHCOW) Hamilton Clinic

**Leah F. Vosko, PhD**, Professor, Faculty of Liberal Arts & Professional Studies, York  
University

**Anelyse Weiler, PhD**, Assistant Professor of Sociology, University of Victoria

\* Names in alphabetical order. Perspectives expressed in this document do not necessarily represent  
views of all members of the expert working group.

**Cc: The Right Honourable Justin Trudeau**

Office of the Prime Minister

80 Wellington Street

Ottawa, ON K1A 0A2

Email: justin.trudeau@parl.gc.ca

**Cc: The Honourable Chrystia Freeland**

Deputy Prime Minister of Canada

344 Bloor Street West, Suite 510

Toronto, ON M5S 3A7

Email: Chrystia.Freeland@parl.gc.ca

**Cc: The Honourable Jean-Yves Duclos**

President of the Treasury Board

600 Charest Blvd East, Suite 201

Québec, Quebec G1K 3J4

Email: Jean-Yves.Duclos@parl.gc.ca

**Cc: The Honourable Patty Hajdu**

Minister of Health

705 Red River Road, Suite 3

Thunder Bay, ON P7B 1J3

Email: Patty.Hajdu@parl.gc.ca

**Cc: The Honourable Marco Mendicino**

Minister of Immigration, Refugees and Citizenship

511 Lawrence Avenue West

Toronto, ON M6A 1A3

Email: marco.mendicino@parl.gc.ca

**Cc: The Honourable Marie-Claude Bibeau**

Minister of Agriculture and Agri-Food

175 Queen Street, Suite 204

Sherbrooke, Quebec J1M 1K1

Email: Marie-Claude.Bibeau@parl.gc.ca

**Cc: The Honourable Steve Clark**

Minister of Municipal Affairs and Housing  
100 Strowger Blvd.  
Brockville, ON K6V 5J9  
Email: [steve.clark@pc.ola.org](mailto:steve.clark@pc.ola.org)

**Cc: The Honourable Ahmed Hussen**

Minister of Families, Children and Social Development  
48 Rosemount Avenue, Unit B  
York, ON M9N 3B3  
Email: [Ahmed.Hussen@parl.gc.ca](mailto:Ahmed.Hussen@parl.gc.ca)

**Cc: The Honourable Bardish Chagger**

Minister of Diversity and Inclusion and Youth  
100 Regina Street South, Suite 360  
Waterloo, ON N2J 4P9  
Email: [hon.bardish.chagger@canada.ca](mailto:hon.bardish.chagger@canada.ca)

**Cc: The Honourable Francois-Philippe Champagne**

Minister of Foreign Affairs  
632 Grand-Mère Avenue, Suite 1  
Shawinigan, Quebec G9T 2H5  
Email: [Francois-Philippe.Champagne@parl.gc.ca](mailto:Francois-Philippe.Champagne@parl.gc.ca)

**Cc: Marie-Claude Landry**

Chief Commissioner of the Canadian Human Rights Commission  
344 Slater Street, Floor 08  
Ottawa, Ontario K1A 1E1  
Canada  
Email: [marie-claude.landry@chrc-ccdp.gc.ca](mailto:marie-claude.landry@chrc-ccdp.gc.ca)

## Appendices

### Appendix A:

#### Timeline of Communication between Migrant Worker Health Expert Working Group and ESDC

1. March 30th: Request to meet to discuss concerns/challenges anticipated for migrant agricultural workers in light of COVID-19 pandemic (communication regarding Susana Caxaj's research had jump-started communication). ESDC staff organize the first meeting (see below).
2. Friday April 3rd: First [set of recommendations](#) shared with ESDC, responding to original guidelines developed by the agency.
3. Tuesday April 7th: First meeting with ESDC to discuss these recommendations. Expert Working Group agrees to develop terms of reference in the interest of maintaining collaboration with the agency, sent via email on April 17, 2020.
4. May 19th: [Detailed health care challenges and recommendations](#) (see latest version attached as Appendix B), as requested by ESDC shared with the agency.
5. May 29th: Follow-up discussion with ESDC and Expert Working Group to review detailed recommendations. ESDC commits to looking through recommendations and identifying areas of interest, both in the short-term and long-term.
6. June 1 & June 22nd: Updates and requests for follow-up on recommendations by the expert working group.

## **Appendix B:**

### **Recommendations for Overcoming Health Challenges Faced by Migrant Agricultural Workers during the COVID-19-Virus Pandemic \***

Original distributed/ published on Friday May 19th, 2020

Updated on May 25th, 2020

Updated on June 9, 2020

Last updated on July 22, 2020

\* This is a living document.



## Table of Contents

Introduction - page 2

### I. Pre-departure and Arrival in Canada - page 2 - 9

Challenges/gaps - page 2 - 6

1. Lack of available and/or consistent information for migrant agricultural workers (MAWs) to evaluate health, safety and livelihood implications
2. Aggregate housing and travel routes represent heightened risk for virus transmission
3. Limited infrastructure and oversight to ensure accommodations adhere to requirements for 14-day quarantine.
4. Confusion and lack of clarity about payment entitlements during 14-day quarantine may result in poor adherence to public health measures
5. Inconsistent or negligent provision of groceries and other necessary amenities
6. Inappropriate restrictions and surveillance of MAWs in respective communities may create anxiety and fuel discrimination

Recommendations - page 6 - 9

Recommendations to address points 1 through 6

### II. Work and Stay in Canada - page 9 - 18

Challenges/gaps - page 9 - 13

7. Risk of virus spread as a result of workplace conditions
8. Risk of virus spread as a result of grouped housing
9. Inadequate reporting mechanisms may deter MAWs from making complaints and limit monitoring of public health measures
10. MAWs have limited knowledge of, and ability to access health care services
11. Limited public health data and monitoring

Recommendations page 13 - 18

Recommendations to address points 7 - 11

### III. Responding to an Outbreak and Mitigating Negative Consequences - page 18

Challenges/gaps - page 18 - 21

12. Barriers to accessing and navigating health services
13. Lack of standard responses and transparency when an outbreak occurs
14. Lack of comprehensive follow-up care for MAWs who test positive
15. Addressing concerns and needs in regard to loss of income and alternative housing

Recommendations - page 21 - 24

Recommendations to address points 12 - 15

### IV. References - page 25 - 28

### V. Figures 1- 4 - page 29 - 32

## Introduction

Beyond the context of the pandemic, migrant agricultural workers (MAWs) in Canada face several challenges both in maintaining their health and accessing health care services. During the current COVID-19 pandemic, employment and housing conditions predispose this workforce to heightened risks and challenges. Outbreaks that have occurred on farms and in other areas of food production reveal elevated levels of risk that must be mitigated to keep MAWs safe and healthy going forward.

There are many steps that federal agencies, in partnership with provincial and regional authorities, can take to both prevent and mitigate the health risks that can lead to outbreaks among MAWs.

Below, the Migrant Worker Health Expert Working Group (MWHEWG) has outlined key health care gaps and challenges as well as respective solutions that can be taken both to prevent COVID-19 spread and mitigate the various consequences that may occur if/when a future outbreak were to occur on a farm, in a greenhouse, or any kind of food production facility where MAWs are predominantly employed. This document is not meant to be exhaustive, but rather, to propel necessary conversations for action. Evidence and recommendations will evolve as scholarship and current issues on the topic emerge, and the MWHEWG will provide ongoing updates.

### I. Pre-departure and Arrival in Canada

#### **Challenges/gaps**

1. Lack of available and/or consistent information for MAWs to evaluate health, safety, livelihood and mobility implications of participating in migrant worker programs this season (see examples 1 and 2). MAWs are not provided sufficient and appropriate resources, support, and information that enable them to be aware of the potential health risks, the process for accessing health care, insurance, workers' compensation, and broader rights and responsibilities when in Canada under the Temporary Foreign Worker Program (TFWP). Resources that do exist are often not available in workers' preferred language and with specific consideration of accessibility issues workers may face (e.g. various digital and written literacy barriers). Sending country governments also have varying levels of engagement with workers and resources and may not have the capacity to provide sufficient and accurate information.

**Example 1:**

To participate in the SAWP this year, the government of Jamaica has asked migrant farmworkers to sign a waiver before departure. The waiver, or Instrument

of Release and Discharge document, outlines the risks involved in the decision taken by the workers, warning that “international travel has the potential of increasing the risk of, the spread of, and exposure to the virus”. Workers are required to declare that despite the risks outlined, they have “made the decision to travel to Canada to work.” In signing the waiver, MAWs agree to incur the responsibility “for any cost, damages and/or loss that may occur or be incurred as a result of any exposure to the virus.” Furthermore, the waiver states the Jamaican government “is not liable for any harm, injury, loss, costs, or damage which may arise” as a result of becoming ill with COVID-19. The Government of Mexico is also requiring SAWP participants from that country to sign a similar document assuming all the potential risks associated with travelling to and working in Canada during the pandemic. In the absence of any messaging from the Canadian government to reassure MAWs they will be provided health care and treatment in Canada for as long as required, many workers fear contracting the virus in Canada and being denied adequate support or repatriation without care.

**2. Aggregate housing and divergent travel routes taken by MAWs heighten the risk of virus transmission**, especially among asymptomatic persons. MAWs come from various regions within sending countries, and many workers travel from rural to urban settings to depart for Canada. Health systems in countries of origin may not have the capacity to test workers prior to departure [1].

**Example 2:**

Several support organizations and community-based researchers from Ontario, British Columbia, Nova Scotia and Quebec have received phone calls from MAWs desperate for information about the living and working conditions they can expect this season. After receiving information from a research coordinator in BC, one worker commented: “I would rather die in Mexico than in Canada.” MAWs may not have access to accurate information regarding which pre-existing conditions and ages cause heightened risk for serious complications or death from COVID-19. Most MAWs do not have access to the timely/detailed information about health risks, living and working conditions needed to weigh the risks of coming to Canada. Without access to job security or income loss benefits, many MAWs feel pressure to come even in the face of great uncertainty and health risks.

**3. Limited infrastructure and oversight to ensure accommodations adhere to requirements for the 14-day quarantine.** Decades of research have documented crowding and poor ventilation in farmworkers’ housing [2,3]. Anonymous accounts in Southwestern Ontario on farms where the largest outbreaks have occurred reveal there has not been a clear departure from these prior conditions to ensure adequate quarantine measures [4]. Without explicit coordination, support and oversight by government agencies, adequate housing

standards that adhere to quarantine guidelines are unlikely to be consistently implemented [5]. Furthermore, ESDC inspection of housing under the new [Immigration and Refugee Protections Regulation](#) oversight of housing conditions does not currently ensure high fidelity with actual housing conditions because they will be conducted remotely, with an emphasis on data that is easily fabricated (e.g., tape measure photo between furniture). And in terms of COVID-19 prevention strategies for aggregate housing in Canada, phone inspections have been shown to be ineffective [6].

- 4. Confusion and lack of clarity about payment entitlements during 14-day quarantine** may result in poorer adherence to public health measures. MAWs across the country have expressed concerns that they will not be paid, or not be paid the full amount they are owed. Many MAWs also have expressed that they do not know who is responsible for paying them, where the money is coming from, or when they will receive it. Employers may also lack a clear understanding of expectations (see example 3).

**Example 3:**

In mid-April, a BC employer, and representative of the growers' association in the region, publicly stated [7] that he planned to give money to workers during quarantine only in the form of an 'advance' that must be repaid by workers. Uncertainty regarding payment can cause challenges in adhering to quarantine measures. For instance, several workers in BC have reached out to our research team anxious to start working before the quarantine period is completed because they worry about not being able to send money home to their families. In April and May, workers have reported that they have not been paid for the number of hours that they are entitled, or that their employers were deducting a portion of the quarantine pay from their regular cheques. They chose not to pursue a complaint regarding their unpaid wages because they did not want to be perceived as troublesome by their employer. Another group of MAWs who arrived in Southwestern Ontario completed the quarantine period but were never told they would be paid their wages for this time. These workers did not seek this information from their employer for fear of reprisal and instead opted to "wait and see" what appeared on their paycheque.

- 5. Inconsistent, and in some cases negligent, provision of groceries** and other necessary amenities for MAWs. A member of our Expert Working Group was contacted by a group of MAWs in South-eastern Ontario because they had not been provided with adequate amounts of food during their 14-day quarantine period. The workers feared facing reprisals from their employer, so they did not make a formal complaint. A similar situation was noted among worker advocates in Niagara. In both regions, local volunteers delivered food to the workers, but not

all workers are connected to volunteer groups, nor should this be their responsibility. In these and other regions, MAWs are also concerned about the lack of culturally-appropriate, affordable and sufficient food options that they are being provided with through delivery. Many individuals in this workforce may work long hours engaged in strenuous physical labour. Thus, their priority for nutritious, culturally-appropriate, as well as sufficient food is very relevant to their health status [8]. In other cases, MAWs are unsure if money can be deducted from their pay for amenities during the quarantine period (see example 4).

**Example 4**

Upon arriving at a large farm in Nova Scotia and entering the mandatory quarantine period, MAWs contacted a member of our research team seeking clarification regarding their employer's responsibilities. The employer provided workers with a document to sign promising repayment of the food cost, which was \$125 each for this period, an amount that far exceeds what an individual MAW would typically spend on food. These workers were powerless to refuse the contract for fear they would be placed "under suspicion" by their employer. All 41 workers ultimately signed the contract agreeing to these wage deductions for food during the quarantine. In Ontario, recently arrived MAWs were not provided nutritious or culturally-appropriate grocery items. These workers reached out to a local support group asking for bottled water, as they had only been provided with sugary soda drinks, which they believed to be causing headaches. They also expressed hunger as well as gastrointestinal pain and discomfort as a result of difficulties tolerating and preparing unfamiliar foods. Further, they noted concerns over its nutritional content. While government authorities have clarified that workers must pay for the cost of food, workers have no control over the type of food that is provided to them and whether or not it is affordable. This is both a huge financial burden and health concern for many workers.

**6. Inappropriate restrictions and surveillance of MAWs** in respective communities and/or by their employer, are creating anxiety and discriminatory treatment of workers. In Norfolk and Niagara regions of Ontario, workers have been racially profiled by grocery store cashiers and questioned about their quarantine period. Furthermore, without adequate guidance by both provincial and federal agencies, local health units have developed ad hoc surveillance methods that may disproportionately target MAWs (see example 5).

**Example 5**

In May, employers of MAWs in the Haldimand and Norfolk region were given "migrant farmworker identification cards" by the local public health unit, with space to list each worker's name, date of arrival, and two-week quarantine period information [9]. These cards were not offered to other travellers returning from abroad to this region, who also are required to complete the quarantine period.

The local public health unit stated that these cards were voluntary and designed to assist workers and employers in organizing essential safety information. However, there was immediate opposition to the practice of the health unit, as a public health authority issuing these cards, suggesting that it may give the broader community the impression that these workers are public health threat, who should expect to be questioned or interrogated on their quarantine period compliance. This encourages racial profiling by way of “carding,” and further entrenches racism towards and social exclusion of MAWs in the region. Furthermore, it perpetuates a myth that these workers are “bringing disease” from afar. Similarly, protectionist and discriminatory views of migrant workers in light of COVID-19 have been documented in BC and Alberta [10]. The use of migrant farmworker ID cards was abandoned by the health unit in late May due to such criticisms.

### **Recommendations to address challenges related to Pre-departure and Arrival**

- 1. Re:** Lack of available information for MAWs to inform their participation in the program
  - a. Federal agencies should ensure clear and continued communication to MAWs about key COVID-19 safety and employment issues in an accessible manner, in workers’ preferred language [11].
  - b. Federal agencies should provide clear up-to-date direction and resources to farmers to ensure the information needs of workers, including non-English speaking workers to remain informed on current public health measures, and updates on policy decisions that impact their workplace and living conditions. This information should also be posted in common living quarters and updated weekly. Online material should be reviewed weekly (at a minimum) and updated promptly as new directives are released.
- 2. Re:** Heightened risk of virus transmission due to travel and aggregate accommodation
  - a. Federal agencies should work with provincial and local health authorities to ensure on-farm testing for MAWs within days upon arrival [11]. This testing should be carried out using mobile health care vans to ensure accessibility and prevent employer mediation.
- 3. Re:** Limited infrastructure and oversight for accommodation during the 14-day quarantine
  - a. If MAWs are to be accommodated on the farm during the quarantine period, federal agencies should carry out inspections within 72 hours of workers’ arrival (see recommendation e for further details).
  - b. During this inspection, MAWs should be provided with a ‘housing checklist’ in their preferred language that they can submit anonymously to the inspector to provide further insight regarding living conditions. A phone number to discuss any additional concerns with an inspector and interpreter where needed should be provided in addition to this checklist to address potential literacy issues.

- c. Federal and provincial governments should show leadership in providing safe and dignified accommodations for MAWs during this period. Given the state of housing on many farms, hotel stays for MAWs during this period may be most appropriate, as implemented in BC [12]. Such an arrangement will be a benefit to both employers and workers to ensure strict adherence to quarantine measures and a decreased burden for accommodation for employers.
- d. If point c. is not implemented, stricter standards considering that MAWs originate from separate households, their health, and comfort should be developed. These standards should be enforced via unannounced on-farm inspections which include MAW interviews independent from the employer (see also section below). If quarantine accommodation is found to be unacceptable, ESDC should coordinate alternative housing and work for affected workers as necessary. In such instances, employer provided housing must include the following:
  - i. Workers should each be housed in private rooms.
  - ii. If they cannot be provided with a private room, sleeping facilities with a minimum separation of two metres between sleeping areas and the entrance/exit and use of temporary floor to ceiling barriers between sleeping areas must be set up to prevent droplet spread. In addition to the bed, an accommodation space of the length of the bed by one meter should be within the perimeter of the barriers. (ex. Figure 1).
  - iii. Each worker should have a route to the entrance/exit of the sleeping quarters without having to enter the barriered sleeping areas
  - iv. MAWs should be provided with easy to clean individual storage space for their possessions and clothing.
  - v. Proof of adequate hand-washing stations and washrooms for a maximum of five workers per unit.
  - vi. Adequate kitchen space, dining areas and other common living spaces should be sufficient to enable workers to maintain appropriate physical distance. Staggering of work and break schedules can facilitate physical spacing practices.
  - vii. Interior walls that are smooth and painted or covered with a treated material that can be easily maintained.
  - viii. Floors made of materials that can withstand regular wet washing.
  - ix. Regularly scheduled cleaning by professional cleaning staff of all common areas. This staff should use best practices specific to COVID-19 [13].
- e. All conditions listed in point d should be explicitly stated in workers' contracts going forward and where possible, added as an addendum to existing contracts.

- f. ESDC should provide MAWs with clear and accessible methods to anonymously report a lack of adherence to quarantine measures via a 'live' phone call in their preferred language.
- 4. Re:** Lack of clarity regarding payment entitlements during the 14-day quarantine
    - a. ESDC should provide workers with clear and accessible information in their preferred language about their payment entitlements during the 14-days of quarantine, including when they will receive their payment, who is responsible for administering it, and that there are no deductions from pay due to COVID-19 safety requirements.
    - b. This information should be distributed along with a direct phone line, with interpreters if needed, to report concerns with receiving this pay (as stated in point 3a).
  - 5. Re:** Inconsistent and/or negligent provision of amenities to workers
    - a. Upon arrival MAWs should be provided clear and accessible information about food provision during the isolation period.
    - b. ESDC should develop specific standards for employers to follow in regard to the provision of groceries and access to money transfer services for workers. Such standards must specify employers' commitment to weekly delivery of groceries to employees that reflect workers' food and spending preferences (i.e. affordable and culturally acceptable) and coordination of services to ensure workers can send money back to their families promptly and regularly.
  - 6. Re:** Inappropriate restrictions and surveillance of MAWs
    - a. ESDC should issue a communication to employers, provincial and local health authorities stating that any disproportionate targeting of MAWs during this pandemic represents a violation of human rights. This statement should make clear that: (i) workers cannot be restricted to a farm and cannot be punished for leaving so long as they are abiding by public health measures to the same standard as anyone else living in Canada; and (ii) most outbreaks to date have been brought into farm/facility by a community contact, rather than being introduced by workers coming from abroad into the region.
    - b. Farm inspection interviews with MAWs should include questions to assess inappropriate restrictions imposed on them by their employer.
    - c. All workers should be provided with mental health service lines and legal advocacy resources, including local phone numbers, in their preferred languages, upon arrival (as further outlined in recommendations 10, 14c and 16a). These services should be covered automatically for all workers to the extent that their private insurance does not.
    - d. Following the quarantine period, employers' commitment to the provision of groceries should include staggered provision of a vehicle for grocery pick-up, money transfer (including remittances), and access to other community



supports and services by workers in groups of five, with a minimum of one outing per week whenever possible. If not possible, safe alternatives for leaving the farm as needed should be explored (e.g., taxi voucher, bicycle with necessary safety equipment, etc.).

## II. Work and Stay in Canada

### Challenges/gaps

7. Risk of virus spread as a result of workplace conditions, including close contact at some job sites (i.e., transportation, confined spaces), inadequate/inconsistent measures to ensure physical distancing in the workplace, lack of access to appropriate PPE (e.g., masks, gloves), and poor enforcement of workplace and health and safety standards. These issues make workers more susceptible to COVID-19 virus spread, but also may result in coercive conditions that inhibit their ability to insist upon health and safety standards, or to refuse unsafe work. Specific challenges include:
  - a. Lack of specified protocols, oversight and support for employers to determine to what extent physical distancing measures can or cannot be followed.
  - b. Lack of guidance on alternative protocols to keep workers safe if physical distancing is deemed impossible for certain workplace activities.
  - c. Lack of guidance and oversight in regard to the sharing of equipment and tools among workers create conditions that can quickly spread the virus. Lack of sanitation equipment in fields and greenhouses means surfaces of shared items cannot be regularly sanitised. Much agricultural equipment requires more than one operator, such as sets of harvesters or planters, which are not designed to allow for physical distancing of two metres.
  - d. The nature of MAWs' status (related to the naming process, employer-specific work permit, temporary status, etc.) creates conditions that make it difficult for workers to refuse unsafe work, putting them at heightened risk of workplace illness and injury. Within the pandemic context, previously reported hesitation to refuse and report unsafe work for fear of reprisal may increase MAWs' risk of exposure to COVID-19 [14, 15].
  - e. Limited proactive oversight of workplace and health and safety standards has allowed several farms to operate without MAWs having adequate access to break times to take meals and use the washroom. Some workers have reported no access to running water (see example 6). These conditions further heighten MAWs' susceptibility to COVID-19.

#### Example 6

In focus group interviews with Mexican workers from the interior of BC (n = 20, unpublished work conducted in 2019), half a dozen workers reported that

they had been denied access to breaks to eat their lunch, accessing the washroom, or drinking water. Most of these individuals had been working on this farm for several years but were hesitant to speak up for fear that it would affect their position in the program. Other respondents shared that they had been provided with inadequate washing machines to wash their clothes and had no choice but to show up to work with unwashed clothes. These conditions create a heightened risk of virus transmission of workers. Since workers are often unwilling to report such conditions, it is impossible to identify these challenges without implementing comprehensive unannounced inspections. These recent findings replicate those from our 2010 survey with 600 migrant farmworkers in Ontario [16].

8. Risk of virus spread as a result of grouped housing and inconsistent implementation of physical distancing measures. This risk is particularly notable given that:
- a. Expert opinion [17] indicates that congregate living environments represent the highest risk of virus transmission, and as such, necessitate a targeted public health strategy to successfully ‘flatten the curve.’ Furthermore, shared facilities such as washrooms, dining areas and bunk beds represent significant barriers to maintaining physical distancing, which is one of the most important measures to prevent the rapid spread of COVID-19.
  - b. These are all typical housing conditions for MAWs [18, 19], representing real risks of virus transmission among workers. In fact, MAWs in various regions have expressed concerns that they are not able to comply with physical distancing measures because of crowded housing conditions. Specifically, they are concerned about shared rooms and amenities (kitchens, kitchen utensils, washroom spaces and fixtures) (see example 7).
  - c. Lack of clear and concrete guidelines and support for employers to provide accommodations for MAWs that meet adequate physical distancing standards.

**Example 7**

In Southern Ontario, MAWs entering mandatory isolation at a large fruit farm reached out to local advocates and expressed concern over their shared kitchen and bathroom spaces. Housed in a trailer, each worker was provided with their own bedroom for the isolation period, but after the isolation period workers were told they would be housed two or three to a room. All workers living in the trailer share one small kitchen and one bathroom. They were not provided with adequate sanitation supplies to regularly disinfect shared surfaces, and furthermore, they have been instructed to stay in their housing at all times, even after the 14-day quarantine. These workers are concerned that such crowded and inadequate living conditions will place them at risk for COVID-19 throughout the season.

- 9.** Inadequate reporting mechanisms that deter MAWs from making complaints and limit the government's ability to effectively monitor lack of adherence to public health measures, or inadequate housing or work conditions. This challenge is made more difficult because of:
- a. An inadequate number of unannounced inspections that ensure impartial participation of workers in their preferred languages. Recently launched ESDC inspections do not outline a clear protocol that will ensure unmediated workers' participation in inspections.
  - b. Lack of comprehensive indicators of employers' adherence to public health measures, housing standards and workplace standards vis-a-vis inspections and other oversight measures, all of which require consideration in assessing workers' overall health and safety within the current context.
  - c. Lack of assurance and clear mechanisms to protect workers' livelihood and secure alternative housing in case of non-compliance by employers.
  - d. Lack of accessible mechanisms for anonymous reporting to ESDC, because many workers are not fluent in English or French, and they are not comfortable leaving a complaint on an automated phone line.
  - e. In the case that a worker does report an anonymous complaint to ESDC, the worker receives no follow-up or communication from government agents, creating a disincentive and a sense of mistrust among workers who have previously contributed to existing oversight mechanisms.
  - f. All these gaps limit the possibility of proactive/preventative response to COVID-19 spread. (see example 8).

**Example 8**

In BC, several migrant agricultural workers felt discouraged when trying to make an anonymous complaint to ESDC because they were unable to reach a person and they did not understand the audio-recorded message. In other cases, support organizations in BC such as Migrant Workers Centre have helped workers report anonymous complaints to ESDC for a variety of housing and employment concerns. Yet workers receive no updates or information from ESDC and are not aware of any government response to the concern. In many cases, this has made workers less interested in reporting concerns to Canadian authorities.

- 10.** MAWs have limited knowledge of and ability to access health care services. To illustrate:
- a. Many workers lack awareness of what local clinics are running and what protocols are in place to access them. Furthermore, most workers throughout the country do not have access to a primary care medical provider.
  - b. Lack of English and French language and digital literacy pose many barriers for workers to access telemedicine and other health resources and for health professionals to provide adequate care [19].

- c. Inadequate transportation, a common barrier for workers for decades, is further complicated by various interpretations of public health measures by employers and others (e.g. see challenges under 6). These barriers also pose challenges for continuity of care, including follow-up related to lab test results and accessing medical prescriptions.
- d. Workers' inability to independently access medical services (without employer mediation) is well documented in the literature [20 - 25]. Without clear protocols to ensure this type of access, workers are further dependent on employers to access necessary medical services and treatment. Prior research indicates that workers may be hesitant to report medical concerns, which can exacerbate preventable and/or treatable medical conditions. This same challenge will make it more difficult for workers to report symptoms of COVID-19 in a timely fashion, especially if they fear a loss of livelihood, repatriation, or employer retaliation (see example 9).
- e. Many workers could not register for provincial health coverage despite eligibility because of Service Canada office closures. While several provinces have waived the wait-period to enrol in provincial health coverage and have guaranteed access to treatment related to COVID-19 to all persons in their jurisdiction, this information has not been consistently and clearly communicated to workers. In fact, many are unsure or misinformed about how to access health services at this time.

#### Example 9

In the fall of 2019, a worker sustained a severe workplace injury while working on a farm in the region of Oxford County, Ontario. Their employer had met their responsibility of taking the worker both for immediate care, and then for follow up specialist care to receive treatment. Yet the worker had not received impartial translation. This worker reached out to a member of the expert working group for guidance about potential workplace compensation options. As per the worker's request, this individual provided translation during the worker's next specialist appointment, which was the first opportunity he had to share his account of the injury with a health care provider. The specialist agreed that this was a workplace injury but was not aware that MAWs were entitled to workers' compensation. Once this was explained to them, the specialist communicated to the worker that she would report this injury to the WSIB. At this point, the employer expressed opposition to this action, suggesting instead the worker was to blame for his condition. The specialist countered that this was not possible. Such instances illustrate the need for workers to have access to impartial medical treatment, appropriate translation and resources and understand the severity and implications of their health challenges (e.g., entitlement to compensation). These considerations are salient to MAWs' health system navigation in light of the COVID-19 context.

**11. Limited public health data and monitoring**

- a. In many regions, especially in provinces like BC and Quebec, where public health units have not been consistently involved in housing inspections in prior years, public health units lack experience working with MAWs and may have limited knowledge of how to reach workers, farms and employers. For instance, we have found that some public health units in Western Canada require assistance in physically locating farms and workers [26].
- b. Limited data have been collected or, at the very least, made publicly available, in regard to MAWs' health, safety, housing and prior enforcement issues in agriculture.

**Recommendations to address challenges related to Work and Stay in Canada**

**7. Re: Risk of virus spread as a result of workplace conditions**

- a. Employers should be provided with clear guidance on how to maintain physical distancing during agricultural work activities, such as the use of (a) rotating shifts to reduce the size of cohorts of workers conducting work in the same location at one time, with a maximum number of workers per cohort that ensures the ability to practice physical distancing [27]; (b) adjusting the speed of various processes to enable safe physical distancing and; (c) provision of adequate shade, seating and spaced break and lunchtimes to help facilitate adequate physical distancing among workers.
- b. Federal agencies (both ESDC labour inspectors and health inspectors) must conduct unannounced or proactive inspections on-site [28] (protecting workers from exposure to inspectors, who themselves should be tested for COVID-19 routinely) during a regular work shift. These inspections should seek to determine whether or not physical distancing is possible, and if not, ensure alternative protections for workers are in place (discussed below). They should also seek to determine whether the full suite of provincial employment standards protections applicable to agricultural workers, and documented to be ill-enforced, such as daily rest, working hours etc. are being respected. This must be done in a manner that allows workers to speak directly to inspectors about their workplace problems without the veritable threat of reprisal (i.e., in the absence of supervisors, employers and managers) [28, 29].
- c. During such inspections and in their literature directed at farmworkers in multiple languages, federal agencies should underline workers' right to refuse unsafe work and indicate that such refusal will not compromise migrant workers' residency status.
- d. When physical distancing is deemed impossible for certain tasks, federal agencies should support employers to implement alternative protocols to protect workers. Each alternative to physical distancing should be determined in accordance with best evidence, and will require specialized training and workers' input (vis-a-vis workplace safety committees) to minimize undue

hardship on employees. Examples of alternatives include the use of plexiglass to divide workers from one another into contained areas [29] and the provision of personal protective equipment [30]. Processes for worker input can be carried out in accordance with fundamental Internal Responsibility System principles that ensure worker and employer collaboration to identify and address workplace OHS standards and concerns. Training for workers should be accessible, in their preferred language, and provide sufficient time to gauge workers' full understanding of all procedures.

- e. Federal and provincial agencies should employ state of the art methods for risk analysis to generate options for infection exposure control in different farm-agricultural production contexts e.g. banding frameworks [31].
  - f. Employers should also implement additional practices to maintain optimal levels of workplace health and safety in light of COVID-19, such as improving building ventilation and conducting daily health checks [32].
  - g. Federal agencies should conduct unannounced inspections on-site during a regular work shift to determine whether or not physical distancing is possible, and if not, ensure alternative protections for workers are in place (discussed above).
  - h. ESDC and other federal agencies should collaborate and help coordinate communication between employers, workers and respective provincial ministries of labour. Such coordination will ensure that health and safety considerations are taken up across each province and help mobilize relevant resources and infrastructure to support workers' health and safety [11]. MAWs should be provided with accessible phone numbers in their preferred language to be able to communicate directly with ministries of labour.
  - i. MAWs should be provided clear, accessible information, in their preferred language that states that they have the right to refuse unsafe work. This information should be accompanied with an accessible means to report concerns to ESDC, and resources for legal advocates and services in their preferred languages that can provide workers with adequate representation. ESDC should commit to providing alternative employment to workers in these situations, and if alternative employment is unavailable, ensure their eligibility and access to adequate income support.
- 8. Re: Risk of virus spread as a result of grouped housing**
- a. In addition to all actions taken as stated under recommendations for housing related to the quarantine period (see point 3, challenges and recommendations), employers should meet strict requirements to ensure workers are able to physically distance in their employer provided accommodation. Federal agencies should clearly communicate these requirements to all employers. To support employers, tax breaks could be added to new funding through the Agri-Food Workplace Protection Program to

facilitate employer provision of rental trailers and housing renovations/additions, to increase space and the numbers of washrooms and handwashing stations.

- b. Given the risk of viral transmission in congregate settings, we believe that housing standards should exceed typical provincial housing requirements outlined by FARMS in Ontario or the Industrial Camps Regulation in BC. A midseason, on-site inspection should ensure that each employer is providing housing that meets the following requirements:
  - i. Sleeping facilities with a minimum separation of two metres between beds and the entrance/exits with an additional one-meter accommodation area on one side of the bed to provide space for personal use such as changing clothes, stretching etc. (ex. Figure 2).
  - ii. Each worker should have a route to the entrance/exit of the sleeping quarters without coming within two meters of any of the beds or accommodation areas (ex. Figure 3).
  - iii. If beds cannot be at least two meters apart, use of temporary floor to ceiling barriers between beds must be set up to prevent droplet spread. In addition to the bed, an accommodation space of the length of the bed by one meter should be within the perimeter of the barriers. (ex. Figure 4).
  - iv. MAWs are provided with easy to clean individual storage space for their possessions and clothing.
  - v. Proof of adequate hand-washing stations and washrooms for a maximum of five workers per unit.
  - vi. Adequate kitchen space, dining areas and other common living spaces should be sufficient to enable workers to maintain appropriate physical distance. Staggering of work and break schedules can facilitate physical spacing practices.
  - vii. The surface of the interior walls is smooth and painted or covered with a treated material that can be easily maintained.
  - viii. Floors are made of materials that can withstand regular wet washing.
  - ix. Common areas have scheduled regular cleaning by designated cleaning staff or workers are provided with appropriate training and resources (cleaning supplies, PPE, etc.) for COVID-19 specific cleaning of common areas based on up to date best practices [13].
- c. Federal agencies can help fund and coordinate, in partnership with public health units and/or provincial health ministries, alternative accommodation for workers that provide them with safe housing if their employer is found to be non-compliant or if the employer requires assistance to become compliant. Hotels, boarding houses, universities and college residences in nearby cities/towns can be reserved ahead of time in anticipation of potential challenges.

**9. Re:** Inadequate reporting mechanisms that deter MAWs from making complaints and limit the government's ability to monitor non-compliance

- a. Federal agencies, in close coordination and partnership with provincial agencies, should conduct unannounced on-site inspections both in workplaces and housing. These inspections should ensure (a) workers' participation in their preferred language without the presence of an employer; (b) adequate and clear proof of workplace conditions that enable physical distancing (see point 7, recommendations, above); (c) housing conditions that allow the same (see point 8, recommendations, above) and; (d) clearly posted communication about workers' right to refuse unsafe work, and resources to support them to do so if necessary. This information should be repeated verbally by inspectors during each site visit to employees in their preferred language.
- b. Federal agencies, in close coordination and partnership with provincial agencies, should provide relevant materials and coordination to ministries of health, labour and public health units to distribute information about workers' right to refuse unsafe work and their entitlement to physical distance measures and other public health protections in both their workplace and housing.
- c. ESDC should staff their anonymous 'tip line' with a person who can document MAWs' complaints in real-time, and patch in a translator as necessary to ensure workers can communicate their concerns in their preferred language. Each complaint should be followed up with a phone call to each worker, if they so choose, notifying them of the actions taken as a result of their complaint. If no action is taken, the worker should receive an explanation regarding how this decision was made.
- d. Given workers' heightened risk of illness coupled with a heightened fear of losing their employment and status at this time, MAWs should be granted open work permits if it is necessary for them to leave their employment situations due to COVID-19 related concerns/issues/ illness. Applications for open work permits should not impact workers' ability to continue to participate in the SAWP or the Agricultural Stream of the TFWP. Workers' compensation boards should be explicitly mandated and supported to enable MAWs to return to work. Federal agencies should facilitate transfers and employment opportunities for MAWs when necessary.
- e. The naming system under the SAWP (wherein employers choose by naming the workers who will return the next season and unnamed workers are often denied re-entry) should be suspended and ideally eliminated to decrease the potential of coercion and the difficulties for workers to refuse unsafe work. Furthermore, building off recent developments that fast-track workers' permission to switch employers before being issued a new work permit, federal agencies should grant open work permits to MAWs to make it easier for workers to refuse unsafe work if they are exposed to workplace or housing risks that heighten the risk of being infected with COVID-19. In addition, all medical cases among workers should be followed to prevent medical repatriation without an adequate evaluation and protocol in place by ESDC [see 30].



- 10. Re:** MAWs have limited knowledge of and ability to access health care services
- a. Clear methods to access local primary care services clinics must be prioritized for this population since they may require accompaniment and adequate follow-up care during their time in Canada. Models of health service outreach and care, such as what is available through Grand River and Quest Community Health Centres in Southern Ontario, should be replicated in regions where MAWs work and live in order to provide direct contact between MAWs and health care providers in their preferred languages [see 34]. Furthermore, connections to relevant support agencies should be put in place. Since these services are not always known and/or available in all communities, a provincial repository of services should be available to inform workers of services available across the province.
  - b. Federal agencies should work with provincial ministries of health as well as regional health units to ensure that MAWs are provided information in their preferred language in an accessible manner about:
    - i. What local clinics are accepting clients, in what manner (e.g. physical or by telephone, etc.) and how to request an appointment if necessary, to ensure workers can readily obtain this information, a phone line to assist workers to make an appointment should be made available to them and phone line staff should have the capacity to coordinate translation for workers.
    - ii. What medical services they are automatically eligible for in their specific province of residence. Medical services that are available to them through their private insurance provider should also be made clear to them.
    - iii. Information on primary care providers particularly able to serve MAWs by telephone, virtually or face-to-face. Dissemination of this information can be facilitated through provincial directories organized by regions that provide up-to-date information about primary health clinics best equipped to care for and support MAWs. This information should be provided to MAWs upon arrival, in their preferred language, and in an accessible/electronic format that is regularly updated.
    - iv. How to report COVID-19 symptoms or participate in screening at a local site with the assistance of a clinician.
  - c. MAWs should also have access to remote mental health services in their preferred language. Appointed services must have the capacity to provide intakes over the phone in the client's preferred language. Phone numbers for these services should be distributed by local health units through the support of federal and provincial leadership (further outlined in recommendations 6, 14c and 16a).
  - d. Employers should be required to provide MAWs with independent means of transportation to access health and wellbeing services including health care, pharmacy, groceries, etc. These means of transportation should be made

convenient, confidential and unmediated to ensure uninhibited reporting and treatment of any health care issues. Potentially acceptable arrangements include the provision of taxi vouchers where available and access to insured vehicles for licensed workers.

- e. Through the leadership of ESDC, all provinces should commit to providing immediate and full health services to MAWs. This commitment needs to be clearly communicated to this workforce. To address workers' potential apprehension, it should be made clear that no workers will be medically repatriated as a result of seeking care. Furthermore, given that a medical condition may put workers in a position in which they could lose their legal status in Canada, access to medical care should be extended to all undocumented persons, including MAWs.

**11. Re: Limited public health data and monitoring**

- a. ESDC and IRCC should work closely with public health units to share relevant data and contact information about employers (via LMIAs) and workers (via work permits). This data can ensure that public health units can develop systematic and timely monitoring and outreach strategies that can prevent or quickly act in the event of an outbreak. At the same time, there must be firewalls between public health, ESDC and IRCC officials to protect workers from actions such as deportation.
- b. A systematic process should be developed to both collect and share relevant health and social care data, including workers' compensation data, that can guide timely and locally specific health recommendations for MAWs now and in the future.
- c. Up-to-date public health measures and directives need to be provided to employers and workers in an accessible manner in their preferred languages in multiple formats to keep them informed of latest practices that may affect their work and living conditions.

### **III. Responding to an Outbreak and Mitigating Negative Consequences**

#### **Challenges/gaps**

**12. Barriers to accessing and navigating health services**

- a. As discussed above (see point 10), MAWs face several challenges accessing and navigating health care services. They may fear the consequences to their livelihood, status and accommodation if they were to report COVID-19 symptoms. They often lack information about health resources and legal entitlements that may provide protection to them during this time [35].
- b. Ongoing research in BC also indicates that MAWs may lack basic knowledge of how to access emergency medical treatment. Not knowing one's address

when prompted by the dispatcher, or panicking because the dispatcher is speaking to a worker in English, are situations that have been documented as recently as two months ago [36].

- 13.** Lack of standard responses and transparency when an outbreak occurs
  - a. Outbreaks in MAW workplaces and accommodations are evidence that either directives are not being followed properly and/or the directives are ineffective. Concerns raised by MAWs who have experienced outbreaks, especially in regard to housing and workplace conditions, suggest that more concrete measures could be taken to prevent virus spread.
  - b. There is not currently a consistent protocol in place to thoroughly investigate these cases, tracking the transmission source, and identifying perpetuating factors. This creates further uncertainty both for workers on these farms as well as MAWs across the country who fear that they may experience similar situations.
  
- 14.** Lack of comprehensive follow-up care for MAWs who test positive
  - a. If a worker tests positive, follow-up care is made more difficult in cases when a worker does not speak English and requires either a clinician who speaks their language or access to a translator. As some workers have reported anxiety and other psychological challenges as a result of testing positive, non-English speakers may require mental health services, and clinicians must provide treatment in workers' preferred language. These challenges have been observed in outbreaks in BC by authors of this report.
  - b. In addition, health care providers may not be familiar with workers' private insurance [19] and provincial health coverage for workers is often not well understood among both workers and clinicians [24, 34]. Recent outreach with workers indicates that many workers fear being deported, having to pay out of pocket for services, or medical repatriation or job loss as a result of presenting with symptoms of COVID-19 to health facilities. In many regions, workers are expected to navigate the health care system without support in their own language and with limited knowledge of local services (see example 10).

**Example 10**

Research in BC from 2014 - 2018 revealed that many clinics lack knowledge of MAWs' entitlements to health services, and many do not have a practice of directly billing workers' private insurers, meaning MAWs may be responsible to pay anywhere from \$60 - \$200 per medical visit. For years, workers have reported difficulties being reimbursed for these medical costs and may have difficulty paying out of pocket for care. Since 2019, researchers in the BC interior have launched an intervention consisting of an outreach worker and legal advocate for MAWs. This outreach worker has been instrumental in helping MAWs affected by COVID-19 access primary care services without paying out of

pocket expenses, since the practice following an outbreak may be to refer workers to a primary care physician. Wherever these ad-hoc services are not available however, workers may struggle to access translation, prevent out of pocket expenses, and find clinicians that recognize their eligibility for provincial health coverage (because of challenges outlined in point 10). Similar challenges with coverage recognition have been identified in Ontario, and although COVID-19 related care is guaranteed by the province, MAWs will require a provincial health card to be able to access their test results. This may heighten stress and uncertainty among workers exposed to COVID-19.

**15. Addressing concerns and needs in regard to the loss of income and alternative housing**

- a. At the moment, there is significant confusion among workers about what process they should follow to receive wage compensation resulting from a COVID-19 outbreak. If compensation is not received in a timely manner, workers may incur debt and hardship, especially because many are sole breadwinners to dependents in their countries of origin.
- b. Some workers may face barriers accessing the Canadian Emergency Response Benefit and other avenues for income compensation. Eligibility criteria may pose a particularly challenging barrier for MAWs who are transient and may be new to the country, in addition to potential language and literacy barriers.
- c. At the moment, there is a lack of clear return to work standards for MAWs who become infected. A lack of transparency and clear guidelines can create pressure to return to work too early and make it more difficult for workers to receive adequate care that ensures their full recovery or protects their co-workers. In addition, a lack of standards can pose a threat to workers' job security.
- d. As past outbreaks have shown, once positive cases are reported on farms, workers are justifiably frightened for their health and safety. Although this is a critical point for virus containment, in many cases workers have not felt adequately protected from further virus transmission at this time.
- e. Currently, clear national standards that support the provincial and regional implementation of adequate housing provisions to facilitate virus containment for MAWs in the case of an outbreak are not in place. Without these standards, containment measures when positive cases are suspected will remain limited and inconsistent. Furthermore, inadequate and inconsistent housing standards across jurisdictions creates confusion and general health challenges for this population.
- f. Many workers have been participating in agricultural programs for years or even decades [37]. Although these individuals are entitled to income tax returns, many will have difficulty accessing these funds, especially if they did not return to Canada this year. Furthermore, these individuals represent an

important component of the Canadian workforce, who had reasonable grounds to believe that they would be able to maintain their participation in the agricultural program this season.

**16. Addressing social stigma and isolation**

- a. As stated above (see point 6, challenges and recommendations), inappropriate restrictions and surveillance of MAWs, especially when fuelled by discriminatory or xenophobic assumptions, may pose mental health challenges for this population, and increase their sense of isolation.
- b. In the case of an outbreak, workers are uniquely susceptible to experiences of stigma and isolation as well as fears of repatriation. Feelings of helplessness and isolation have been expressed by many workers who have experienced outbreaks and are heightened by some workers' governments requiring workers to sign waivers that exclude them from protection from their official representatives if they are to become infected with COVID-19 (see example 1). Challenges outlined in points 12 and 13 make it difficult for workers to access services that can support them if they were to experience undue anxiety or stress.
- c. It is well-documented that workers often experience discrimination as well as intimidation of various forms [29]. They may also experience further discrimination as a result of an outbreak. Self-isolation requirements, which further physically segregate an already segregated workforce, create hardship for this workforce.

**Recommendations for responding to an outbreak and mitigating negative consequences**

**12. Re: Barriers to accessing and navigating health services**

- a. In the event of an outbreak, all information and resources related to health care services and entitlements (as outlined in recommendations, point 10) should be distributed again to workers vis-a-vis physical paper delivery. In addition, this same information should be sent via audio-recorded WhatsApp or text messages to all workers residing on the farm and working in that facility. Federal agencies can help ensure that updated information in an accessible format is developed, and furthermore, help fund audio-recorded messages to be delivered by appropriate and experienced organizations. This information must include clearly stated commitments that: (a) all health services will be provided regardless of status; (b) workers' concerns regarding housing and workplace conditions will be thoroughly inspected, and (c) alternative housing and alternative work (or wage compensation) will be provided to workers if necessary. An ESDC phone line that can walk workers through potential concerns and options if necessary should also be provided

at this time. This phone line should be accessible to workers in their preferred language (as outlined in point 3a and 4b).

- b. Provincial emergency dispatchers should provide explicit details on the process they will follow when taking a call from a worker in another language so that this process can be shared with MAWs. Emergency dispatchers should also be ready to expect calls from workers who may not understand their questions, or how to answer them. A clear plan to mitigate these challenges is needed to ensure (a) immediate access to a translator and; (b) alternative methods to ascertain workers' address.

**13. Re:** Lack of standard responses when an outbreak occurs

- a. Federal agencies should ensure that employers are provided with clear step-by-step instruction and support to best isolate workers and contain the spread of the virus. This can be implemented through clear standards that can be developed for all regional health units to follow.
- b. At the time of reporting a condition, immediate isolation and testing for infection among the group of workers who had any contact with the initial case should be carried out. Employers should notify federal agencies immediately to ensure adequate coordination of all steps that must be taken (including housing and workplace inspections). Anticipating potential delays, federal agencies should develop a protocol to involve necessary agencies at different levels of government to expedite action as a result of a potential outbreak.
- c. A thorough investigation should be carried out, documenting: (a) demographics of infected migrant and local workers; (b) relevant details on the workplace environment, including spacing (e.g. the number of workers per square metre), ventilation, PPE provision, facilities and sanitation protocols; (c) recent housing reports, modifications and inspections; and (d) the likely potential sources and pathways of transmission. Furthermore, interviews with an adequate number of employees and all relevant supervisors and employers should be conducted to verify the information and gather further contextual insight into the mechanism of virus spread. This information should be developed into a case report that highlights persistent uncertainties, lessons learned and concrete recommendations for employers and migrant and local agricultural workers. Furthermore, these findings can inform the modification or upgrading of existing public health directives if existing protocols are found to be insufficient.
- d. Targeted outreach to workers should include the provision of accessible education regarding testing and the rationale for testing in workers' preferred language. Strategies should be employed to enable workers to make an informed choice about whether or not they would like to participate in testing without the mediation or presence of a boss or supervisor.

**14. Re:** Comprehensive follow-up care for MAWs who test positive

- a. In addition to the actions outlined above (see 12, recommendations), federal agencies should develop clear recommendations for provincial and local health authorities to ensure:
  - i. Provision of third-party translation for all MAWs, as necessary, when communicating with clinicians;
  - ii. Health status assessments as needed (minimum daily) by qualified staff
  - ii. Access to mental health services and supports in their preferred languages; and
  - iii. Local clinics direct bill private insurance companies for care provided to workers or, if this is not a viable option, that the province funds all health services for workers.
- b. In partnership with support organizations and local health units, federal agencies should develop and publish a list of relevant health services that meet the needs of MAWs in all regions of the country. This list can be updated regularly and distributed to workers via text and WhatsApp messages.
- c. Specific strategies are needed to ensure that culturally-appropriate mental health services for MAWs in their preferred languages are immediately available in an accessible manner (as further outlined in recommendations 6, 10c and 16a).

**15. Re:** Addressing concerns and needs in regard to the loss of income and alternative housing

- a. Federal and provincial agencies should facilitate a more expedited process for workers' compensation adjudication for those sick or required to self-isolate. Workers should receive a provisional amount of funds after 10 business days, even if a decision has not been made by the appropriate agency.
- b. Federal and provincial agencies should clearly specify what agency will be responsible for compensating workers for wage loss (e.g. workplace injury boards, Service Canada, etc.). This information must be presented in an accessible manner in the workers' preferred language.
- c. If employers will be filing a wage compensation claim on workers' behalf, an accessible summary report in a worker's preferred language, with clear and realistic timelines, should be provided to each employee.
- d. The eligibility criteria for income in the prior year for the Canadian Emergency Response Benefit should be waived for all essential workers, especially migrant workers who must face a pandemic in a foreign country.
- e. Once a positive case is suspected on farm, interviews should be conducted immediately in a worker's preferred language to ascertain current housing and workplace conditions (as per above), and each worker's risk of infection (as per banding approaches).
- f. In cases in which employer-provided housing is found to be inadequate to contain and prevent future virus transmission, federal agencies should support

provincial and local health authorities to provide alternative housing in nearby hotels and university/college residence for workers. This housing should enable adequate isolation and distancing for both confirmed positive cases and suspected cases (all workers living on the same site should be considered potential cases).

- g. Clear and explicit return to work standards should be communicated to employers, clinicians and workers by federal agencies, to guide necessary steps if MAWs are exposed to COVID-19. If a workplace environment is deemed too dangerous to resume operations, federal agencies should assist MAWs in finding alternative employment, or they should automatically receive wage compensation.
- h. The federal government must work with the Canada Revenue Agency as well as consular officials to develop streamlined protocols to ensure workers are able to access their tax returns in a timely fashion, both among workers who have returned to Canada and those who have remained in their countries of origin.
- i. The federal government must address job insecurity and wage loss challenges that have been faced by regular SAWP or TFWP Agricultural participants who were unable to return to Canada as a result of COVID-19.

**16. Re: Addressing social stigma and isolation**

- a. In addition to actions outlined in recommendation 6 to address and mitigate the negative consequences of inappropriate surveillance or restriction, federal agencies should contribute to public dialogue that dispels xenophobic myths about COVID-19 transmission. For instance, including a dedicated ‘thank you’ for these workers’ contribution to Canada’s food security, and emphasizing community transmission as the main source of COVID-19 spread in official government communication.
- b. In partnership with support organizations and local health authorities, federal agencies should facilitate MAWs’ connections to virtual communities and virtual recreational hubs that are culturally appropriate and digitally accessible to them in their preferred languages. This may require the adequate provision of internet and phone services by a government agency that is overseeing accommodations for workers at this time.
- c. Federal inspectors should be provided with training to understand the unique barriers and challenges faced by this population. This can help ensure that inspectors approach workers in a sensitive and approachable manner that can help address or better assess experiences of isolation among workers.
- d. If workers are either directly affected by COVID-19 (e.g. because of an outbreak) or indirectly (through lay-offs, inadequate housing), they should be granted permanent residence.



#### IV. References

- [1] World Economic Forum. These are the OECD countries testing most for Covid-19. <https://www.weforum.org/agenda/2020/04/these-are-the-oecd-countries-testing-most-for-covid-19/>
- [2] McLaughlin, J., Hennebry, J., & Haines, T. (2014). Paper versus practice: occupational health and safety protections and realities for temporary foreign agricultural workers in Ontario. *Perspectives interdisciplinaires sur le travail et la santé*, (16-2).
- [3] Hennebry, J., McLaughlin, J., & Preibisch, K. (2016). Out of the loop:(in) access to health care for migrant workers in Canada. *Journal of International Migration and Integration*, 17(2), 521-538.
- [4] Message from an anonymous migrant worker at Greenhill Produce (April 28, 2020). Justicia for Migrant Workers. Retrieved May 10, 2020 from: <https://harvestingfreedom.org/2020/04/28/message-from-an-anonymous-greenhill-produce-migrantworker/>
- [5] Haley, E., Caxaj, S., George, G., Hennebry, J., Martell, E., & McLaughlin, J. (2020). Migrant farmworkers face heightened vulnerabilities during COVID-19. *Journal of Agriculture, Food Systems, and Community Development*, 9(3), 1-5.
- [6] Lancaster (May 7, 2020). Province did inspections by phone at Toronto care home where 21 residents died of COVID-19. <https://www.cbc.ca/news/canada/toronto/care-home-inspections-1.5558410>
- [7] MacNaul, S. (April 1, 2020). Protections urged for foreign farm workers. *Kelowna Daily Courier*. [http://www.kelownadailycourier.ca/business\\_news/article\\_17904c06-74a0-11ea-b8bf47729e912204.html](http://www.kelownadailycourier.ca/business_news/article_17904c06-74a0-11ea-b8bf47729e912204.html)
- [8] Weiler, A., McLaughlin, J., & Cole, D. (2017). Food security at whose expense? A critique of the Canadian temporary farm labour migration regime and proposals for change. *International Migration*, 55 (4): 48-63.
- [9] Craggs, S. (May 11, 2020). Haldimand-Norfolk issues COVID-19 ID cards to migrant farm workers. <https://www.cbc.ca/news/canada/hamilton/migrant-workers-1.5564783>
- [10] Croteau, J. (April 29, 2020). Diverse communities in Calgary facing discrimination over Cargill's COVID-19 cases. *Global News*.

<https://globalnews.ca/news/6885362/newcomers-immigrants-discrimination-calgary-cargill-covid-19/>

- [11] WHO (April 17, 2020). Preparedness, prevention and control of coronavirus disease (COVID19) for refugees and migrants in non-camp settings – Interim guidance. [https://www.who.int/publications-detail/preparedness-prevention-and-control-of-coronavirus-disease\(covid-19\)-for-refugees-and-migrants-in-non-camp-settings](https://www.who.int/publications-detail/preparedness-prevention-and-control-of-coronavirus-disease(covid-19)-for-refugees-and-migrants-in-non-camp-settings)
- [12] Temporary foreign workers self-isolating in government-managed accommodations. <https://news.gov.bc.ca/releases/2020EMBC0020-000689>
- [13] Environmental Health Resources for the COVID-19 Pandemic. (April 20, 2020). National Collaborating Centre for Environmental Health. <https://ncceh.ca/environmental-health-in-canada/health-agency-projects/environmental-healthresources-covid-19>.
- [14] Hennebry, J. L. (2010). Not just a few bad apples: vulnerability, health and temporary migration in Canada. *Canadian Issues/Thèmes Canadiens*, 73 - 77.
- [15] Caxaj, C. S., & Cohen, A. (2019). "I Will Not Leave My Body Here": Migrant Farmworkers' Health and Safety Amidst a Climate of Coercion. *International journal of environmental research and public health*, 16(15), 2643.
- [16] McLaughlin, J., & Hennebry, J. L. (December 1, 2010). Backgrounder on Health and Safety for Migrant Farmworkers. IMRC Policy Points, Issue I, International Migration Research Centre, Waterloo, Ontario.
- [17] Affidavit for Dr. Aaron Orkin. MD, MSc, MPH, PhD (c), CCFP (EM), FRCPC (April 7, 2020). [http://www.ohcow.on.ca/edit/files/mfw\\_docs/ao\\_affidavit\\_highlighted.pdf](http://www.ohcow.on.ca/edit/files/mfw_docs/ao_affidavit_highlighted.pdf)
- [18] Smith, A. "The bunk house rules: Housing migrant labour in Ontario." *Osgoode Hall Law Journal* 52, no. 3 (2015).
- [18] [19] Perry, J. A. Bunkhouse drama: An examination of control and agency among migrant farm workers in Ontario, Canada. University of Toronto (Canada), 2015.
- [20] Hennebry, J., McLaughlin, J., & Preibisch, K. (2016). Out of the loop:(in) access to health care for migrant workers in Canada. *Journal of International Migration and Integration*, 17(2), 521-538.
- [21] Cole, D., McLaughlin, J., Hennebry, J., & Tew, M. (2019). Precarious patients: A mixed methods study of health professionals' perspectives on providing care to

- Mexican and Jamaican migrants in Canada's Seasonal Agricultural Worker Program. *Rural and Remote Health* 19: 5313. <https://doi.org/10.22605/RRH5313>
- [22] McLaughlin, J., Hennebry J., & Haines, T. (2014). Paper versus Practice: Occupational Health and Safety Protections and Realities for Temporary Foreign Agricultural Workers in Ontario. *Pistes: Interdisciplinary Journal of Work and Health* 16(2): 2-17.
- [23] Pysklywec, M., McLaughlin, J., Tew, M., & Haines, T. (2011). Doctors Within Borders: Meeting the Health Care Needs of Migrant Farm Workers in Canada. *Canadian Medical Association Journal (CMAJ)*, 183(9): 1039-1043.
- [24] McLaughlin, J. & Tew, M. (2018). Migrant Farm Worker Health Care: Unique Strategies for a Unique Population. *Under-Served: Health Determinants of Indigenous, Inner-City, and Migrant Populations in Canada*. Neil Arya and Thomas Piggott (eds.), Scholars' Press: pp. 553-264.
- [25] McLaughlin, J., Tew, M., & Huesca, E. (2018). Compounded Vulnerabilities and Creative Strategies: Occupational Health of Temporary Foreign Agricultural Workers. Stephanie Premji, Ed. *Sick and Tired: Health and Safety Inequalities*. Fernwood.
- [26] Caxaj, C. S. & Cohen, A. Emerging best practices for supporting temporary migrant farmworkers in Western Canada. *Health and Social Care in the Community*. (accepted/in press)
- [27] Safety and health guidance. Covid-19 Infection Prevention for Agricultural Employers and Employees. California Department of Industrial Relations. Division of Occupational Safety and Health.  
<https://www.dir.ca.gov/dosh/Coronavirus/COVID-19-Infection-Prevention-in-Agriculture.pdf>
- [28] Vosko, L.F., Tucker, E., & Casey, R.M. (2019). Enforcing Employment Standards for Migrant Agricultural Workers in Ontario: Exposing Underexplored Layers of Vulnerability. *International Journal of Comparative Labour Law and Industrial Relations* 35(2) 227-254; Vosko, Leah F., et al. (2020). *Closing the Employment Standards Enforcement Gap: Improving Protections for People in Precarious Jobs*. Toronto: University of Toronto Press.
- [29] Gordon, S. (April 16, 2020). Holland Marsh farmers invent Plexiglass protection for workers during COVID-19. *Fruit and Vegetable*.

- [https://www.fruitandveggie.com/holland-marsh-farmers-invent-plexiglass-protection-for-workersduring-covid-19/?oly\\_enc\\_id=7243H5896512I2B](https://www.fruitandveggie.com/holland-marsh-farmers-invent-plexiglass-protection-for-workersduring-covid-19/?oly_enc_id=7243H5896512I2B)
- [30] Protecting Farm Workers and Temporary Foreign Workers During the COVID-19 Pandemic (May 13, 2020). BC Centre for Disease Control. BC Ministry of Health. <https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincialhealth-officer/covid-19/covid-19-pho-guidance-farms-farm-workers.pdf>
- [31] Sietsema, M., Radonovich, L., Hearl, F.J., et al. (2019) A control banding framework for protecting the US workforce from aerosol transmissible infectious disease outbreaks with high public health consequences. Health Security Volume 17, Number 2, 124-132. DOI: 10.1089/hs.2018.0103
- [32] Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 (COVID-19), May 2020 <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>
- [33] Orkin, A., Lay, M., McLaughlin, J., Schwandt, M. & Cole, D. (2014). Medical Repatriation of Migrant Farm Workers in Ontario: Coding and Descriptive Analysis. Canadian Medical Association Journal (CMAJ) Open. 2(3): E192-E198
- [34] Mayell, S. & McLaughlin J. (2016) "Migrating to work at what cost? The cumulative health consequences of contemporary labour migration," in Handbook of Migration and Health, ed. Felicity Thomas. Cheltenham, UK: Edward Elgar Publishing, 230-252.
- [35] Caxaj, C. S. & Plamondon. (March 2020). Nurses' role in improving health care access for migrant agricultural workers. Canadian Nurse. <https://canadian-nurse.com/en/articles/issues/2020/march-2020/nurses-role-in-improving-health-careaccess-for-migrant-agricultural-workers>
- [36] Unpublished/ongoing research currently led by Caxaj & Cohen in BC and personal communication with workers in Ontario.
- [37] Wells, D., McLaughlin, J., Lyn, A. & Díaz Mendiburo, A. (2014). Sustaining precarious transnational families: the significance of remittances from Canada's Seasonal Agricultural Workers Program.

## V. Figures

Figure 1

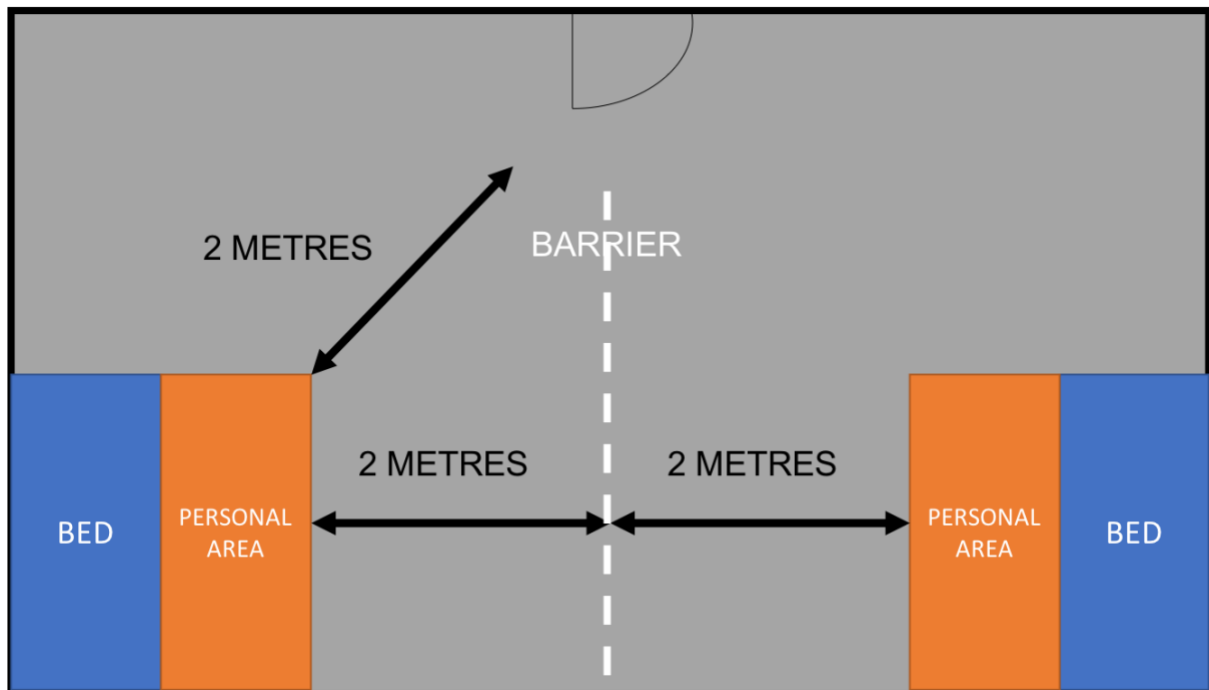


Figure 2

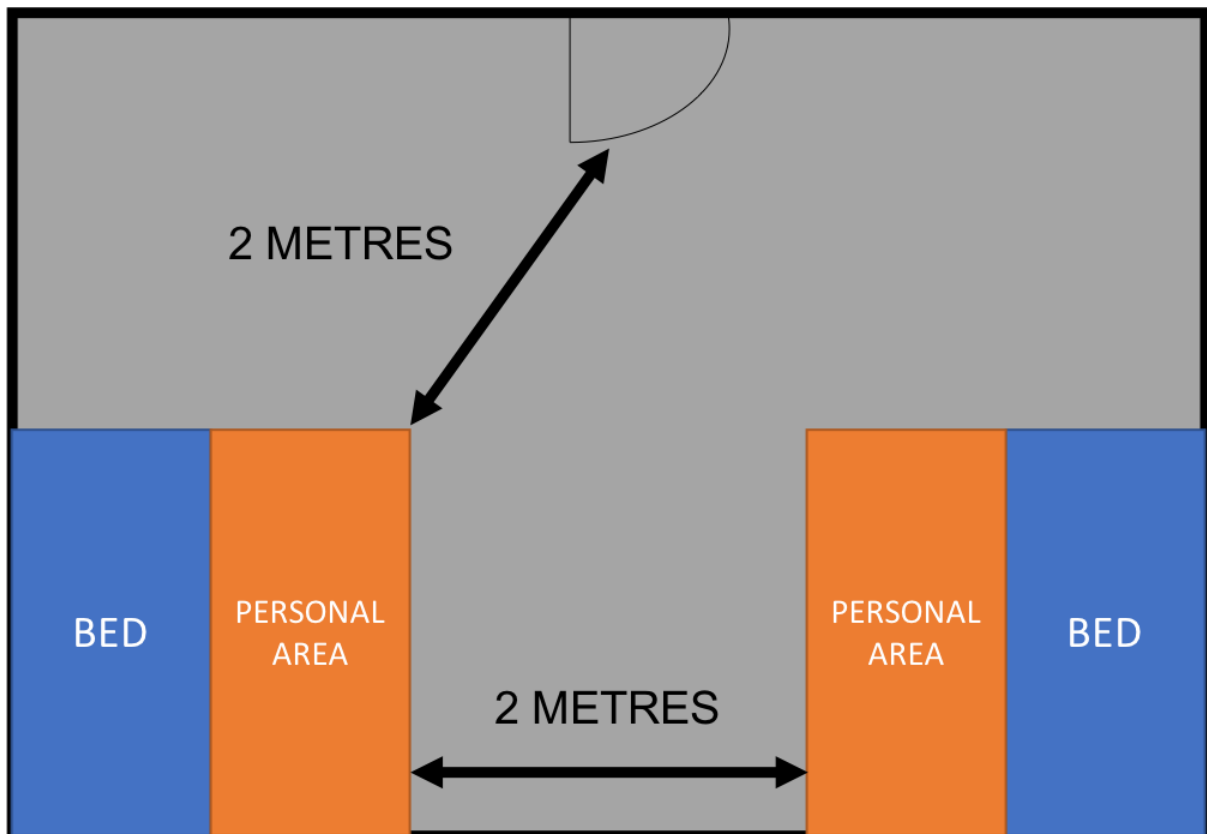


Figure 3

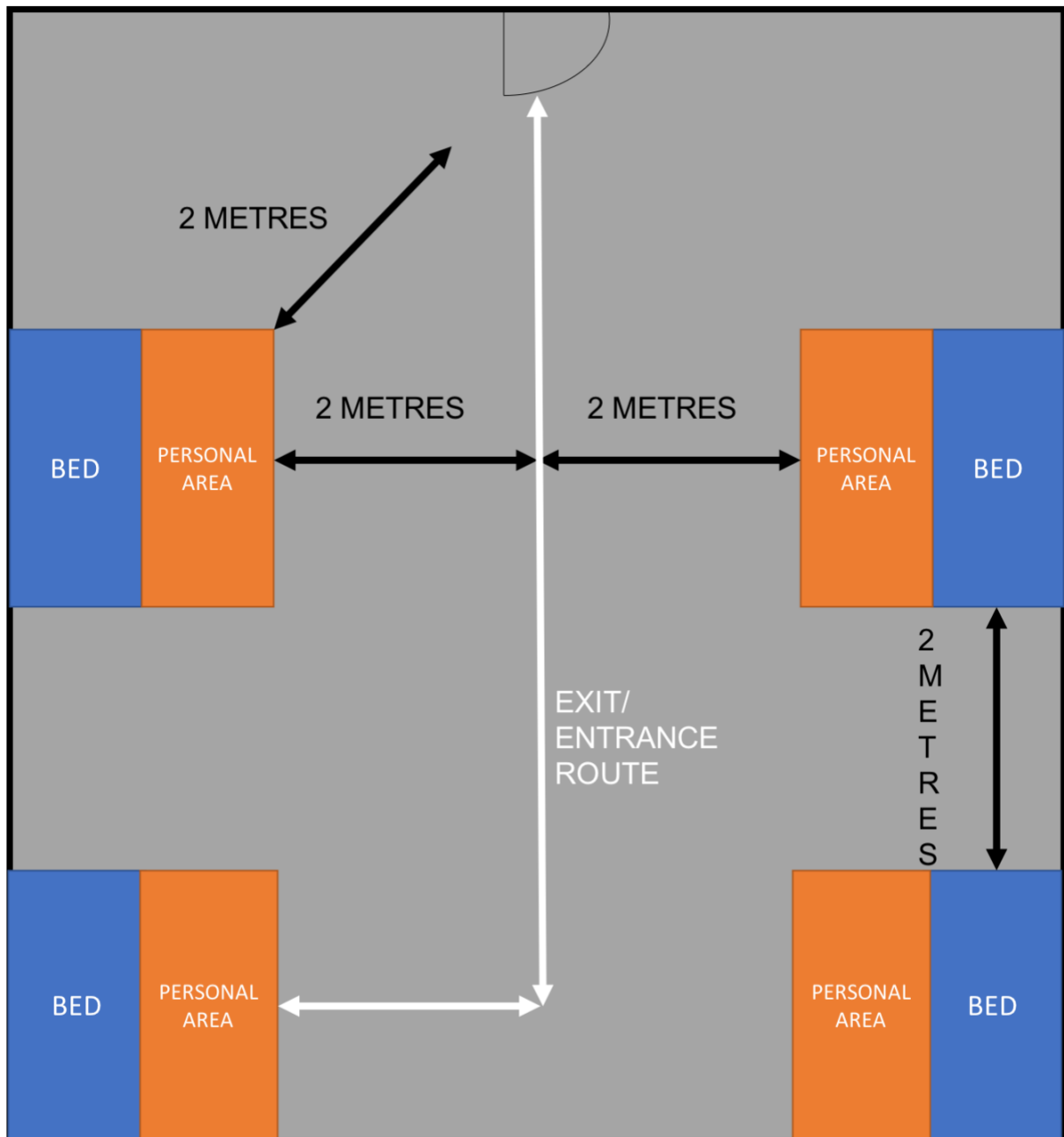


Figure 4

