



April 23, 2021

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Hon. Christine Elliot
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Re: COVID-19 vaccination process recommendations for migrant agricultural workers in Ontario

Dear Premier Ford, Minister Elliot, and Minister Hardeman,

As members of the [Migrant Worker Health Expert Working Group](#) (MWH-EWG), we aim to keep abreast of advances on the ground regarding the COVID-19 vaccination process for migrant agricultural workers in Ontario. It is very positive to see tremendous efforts by you and your colleagues to keep Ontarians safe during these unprecedented times, and we appreciate the efforts you have taken to prioritize vulnerable populations such as migrant agricultural workers. However, we have identified some issues with current vaccination processes across regions in the province. Below, we have outlined four key concerns, which are followed by a series of focused recommendations for your consideration.

Key concerns:

1. Vaccine portfolios in sending countries are not the same as Canada (e.g., in Mexico there are several approved vaccines that are not offered in Canada, but there is no Moderna, while in most of the Caribbean sending countries, at present AstraZeneca is the primary or only vaccine available), and the mixing of vaccine brands has yet to be proven safe and effective. Some recently-arriving migrant agricultural workers have already received a first dose of a COVID-19 vaccine in their sending country, and the brand may not be available in Canada.



2. Workers continue to report threats of reprisal by employers if they do not take the vaccine (e.g., told they will not be invited back next season). Workers receiving vaccinations at the airport are transported to different regions of the province. Many of these workers and organizations supporting them are not aware of any follow-up plans in place to ensure timely administration of a second dose of the same type and brand of vaccine.
3. Workers who received a first dose of the vaccine in Ontario have been scheduled to receive a second dose four months later, regardless of the duration of their time in Canada (while the average stay is about six months, some contracts are less than four months). Workers' temporary status will continue to pose barriers to receiving the second dose of the vaccine unless the timeframe for administration of the second dose is shortened.
4. We have heard several reports that workers have not had the opportunity to have their questions answered about the vaccine. Workers with chronic health conditions, allergic reactions, or other health issues which may be affected by a vaccine, have not been provided a clear and consistent mechanism to consult with a health professional with adequate language and cultural competencies at vaccine sites as is the recommendation regarding appropriateness of vaccination.

Recommendations:

Vaccine Scheduling (initial dose)

- Workers need scheduling details, including which specific vaccine is being provided, and potential side-effects.
- As part of initial communication, it should be made clear to workers, that although the vaccines are strongly recommended, no one should force them to take the vaccine.
- During the scheduling processes, and as part of the notices that health units are sending to employers, the role of the employer should be reviewed, with an emphasis on ensuring they do not pressure workers towards vaccination, noting that vaccination is not currently mandatory.
- Employers and workers should be advised that that regardless of whether a worker accepts to be vaccinated, everyone is expected to continue following COVID-19 safety measures.
- Health Units should identify a phone line that workers can call if they are facing pressure or threatened with loss of employment if they are not vaccinated, and a process should be outlined to address these situations. This phone line should be provided to workers as part of scheduling information.
- If vaccination will occur after the initial quarantine period, paid sick time should be confirmed with both workers and employers, since workers may experience reactions following vaccination, that although mild or 'normal', may require some time for recovery. The availability of this sick time should also be communicated to workers as part of the registration process, as it may help contribute to worker confidence in accepting the vaccine.
- Health professionals should confirm that individual workers are provided with informed consent before scheduling and administering the vaccine. If workers are unsure, require more time or information, with counselling as needed, alternative options for receiving the vaccine at a later date should be made available to them
- A worker's scheduled date of return to their home country should be noted when the first vaccine is scheduled/given to ensure that second doses are able to take place at least two weeks prior to the worker leaving Canada.



Vaccine location considerations

- As vaccines are offered in airports, staff should communicate to migrant agricultural workers that their entry into the country is not contingent on them agreeing to being vaccinated. Considerations for pre-vaccination briefing, as is occurring in some sending countries, and requirements for informed consent should be considered in this context (see above).
- Staffing should include the provision of health care practitioners available to answer questions that require a more personalized assessment (beyond what intake or vaccination staff may be capable of doing adequately).
- Adequate and sufficient translation services should be available at all vaccination locations.
- Once on farm, vaccines should be provided in accessible locations - in privacy on farms, in supportive community settings, or in local health care facilities.

Vaccine Scheduling (second dose)

- If provided in the worker's home country, date, type (adenovirus vs RNA), and brand of vaccine should travel with the worker to Canada. Any guidelines available regarding mixing vaccine types and brands should be utilized in deciding on what vaccine should be used for the second dose.
- At the time of the first dose, workers should be informed that they will receive a second dose of the vaccine and they will be contacted with details as that time approaches.
- The follow up process for second doses should be clarified by public health, taking into account vaccine brand availability. When this process has been finalized, it should be clearly communicated to workers as part of airport or other site vaccinations.
- Second dose timing should take into account the worker's work permit expiry date, to ensure that workers receive their second dose of vaccine prior to returning home, as the vaccines provided in Ontario may not be available in their home country.
- Workers should also have the opportunity communicate directly to public health units to safeguard workers' access to this second dose (ideally an information sheet should be given to them in their language upon their first vaccination, with a preliminary second dose date, and number to call if they should need to depart Canada before this date).

Vaccination Process

- Informed consent must be confirmed upon arrival, as per usual protocols but with language translation / interpretation assistance as needed.
- Workers require instructions/guidance in their preferred language regarding when and how to seek care if serious reactions of concern occur.
- Workers require instructions/guidance on relevant compensation or sick leave benefits to which they are entitled should they encounter any adverse effects as a result of the vaccine.

Reprisal Considerations

- Workers should not receive reprisals/threats of reprisal for not consenting to a COVID-19 vaccine (e.g., loss of employment and/or threat of loss of employment, either immediately or in a subsequent season).
- Workers should have the opportunity to report reprisals to authorities. Towards this end, local health units should provide contact information for local migrant worker support organizations in their region and the Office of the Worker Advisor.



Our goal in sharing these recommendations is to highlight the issues we are seeing on the ground through our various networks and to support the important work that your staff is undertaking. We welcome an opportunity to discuss the vaccination process with regards to migrant agricultural workers in Ontario, and we would be pleased to answer any questions regarding our recommendations. Please contact us via our migrantworker.ca website contact, <https://www.migrantworker.ca/contact/> or contact Dr. Susana Caxaj scaxaj@uwo.ca or Dr. Jenna Hennebry at jhennebry@wlu.ca.

Sincerely,

The Migrant Worker Health Expert Working Group (migrantworker.ca)

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