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Health care and WSIB challenges for temporary foreign workers

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Note: This presentation has been modified from the original version to remove preliminary findings from current ongoing research. Please contact the authors for finalized findings of the WSIB-RAC funded research, which should be available in July, 2011.

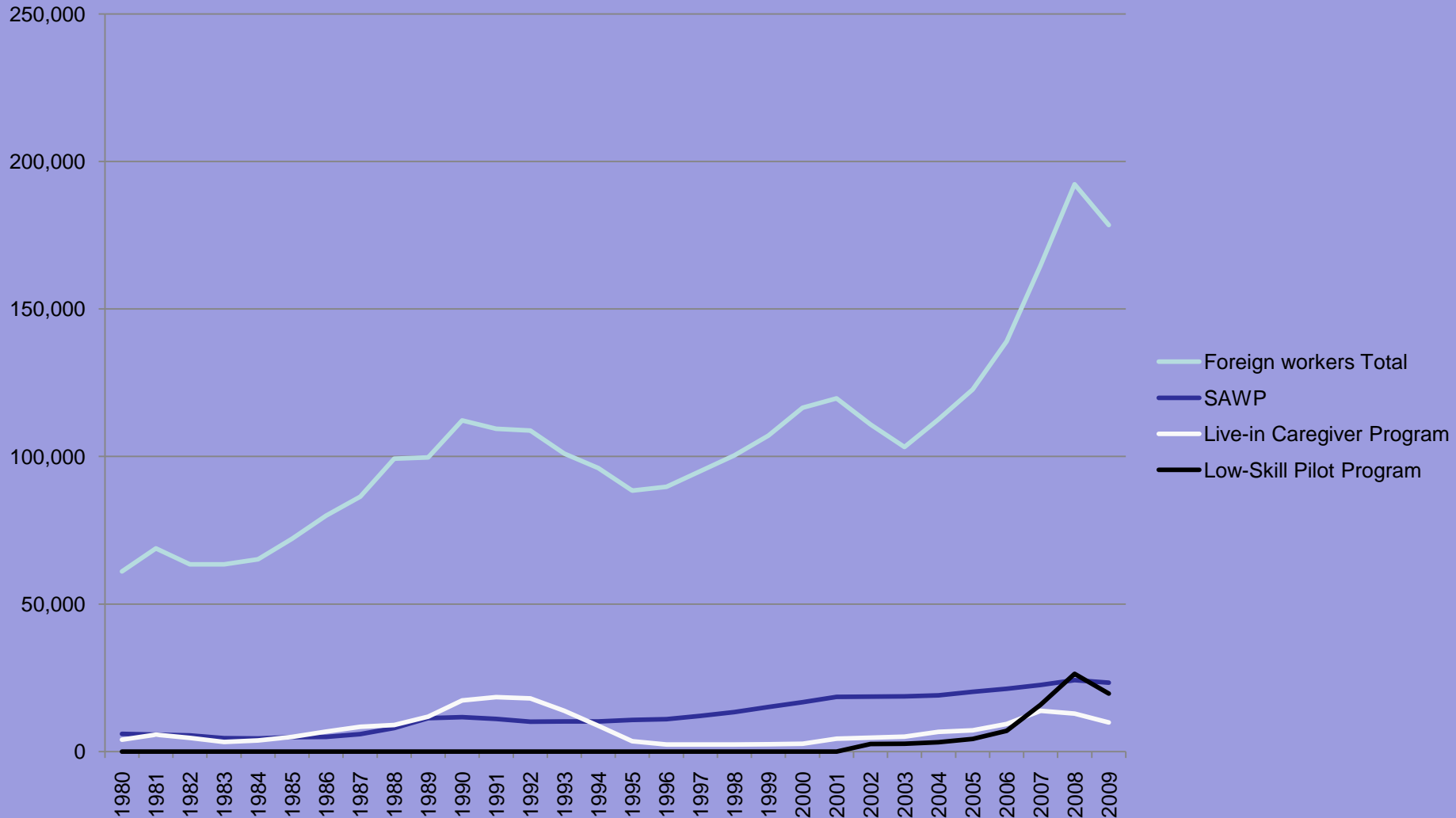
Presentation Overview

- Trends in temporary migration
- Study methods
- Health challenges and problems
- Barriers to health care access
- WSIB research – preliminary findings
- Case studies
- Conclusions
- Recommendations

Migrant Workers in Canadian Agriculture

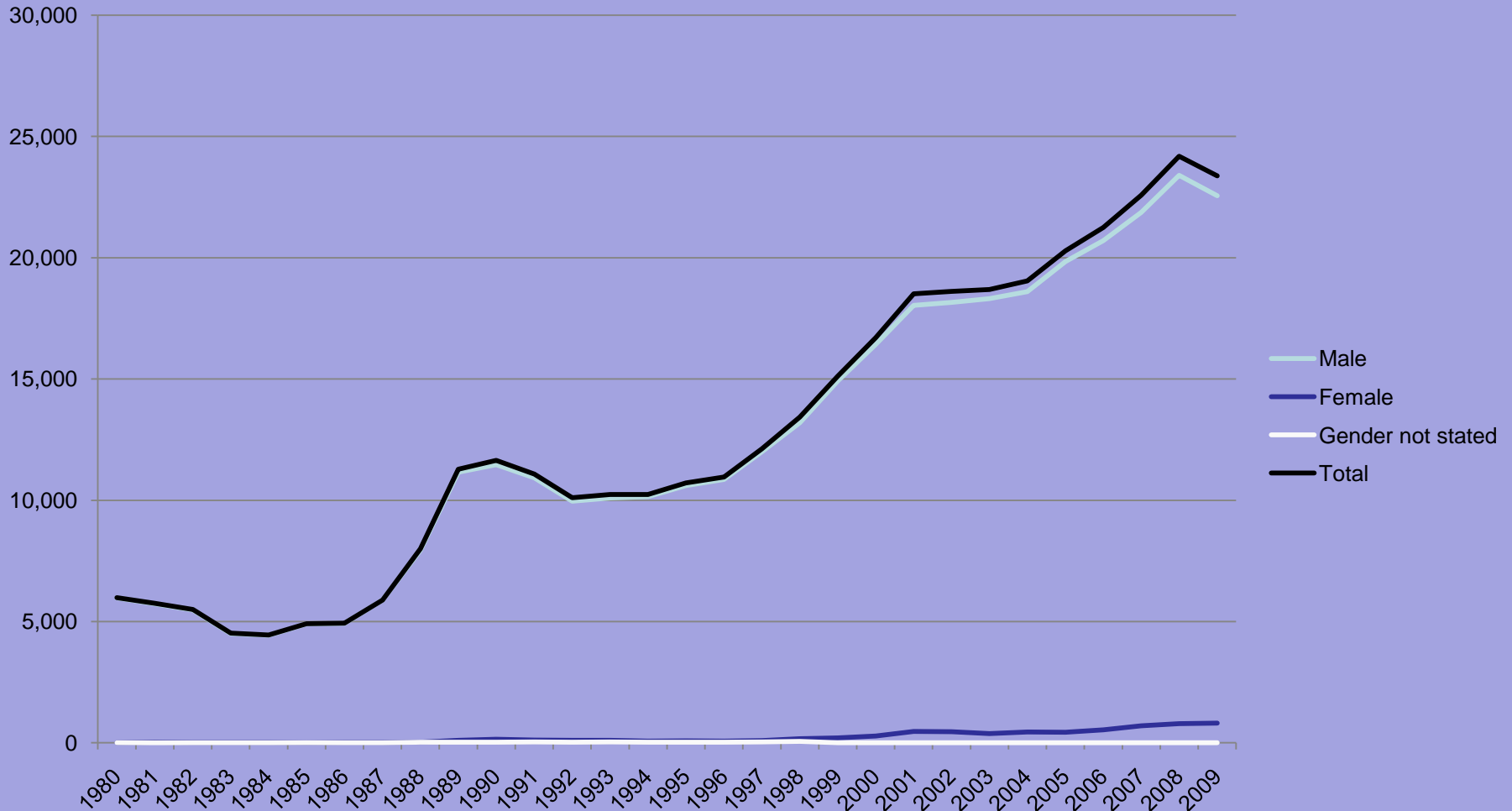
- Seasonal Agricultural Worker Program (SAWP)
 - Since 1966
 - Bilateral agreements with specific source countries (Mexico, Caribbean)
 - 8 month seasonal
 - Commodity-based
 - No 3-month waiting period for health coverage
- “NOC C and D Pilot” Temporary Foreign Worker Program (TFWP)
 - Since 2002
 - Lower skilled occupations requiring little or no formal education
 - Open source countries (e.g. Thailand, Guatemala)
 - Up to 24 month contracts
 - Non-specific industry/commodity
 - 3-month waiting period for health coverage

Comparative TFWPs over Time

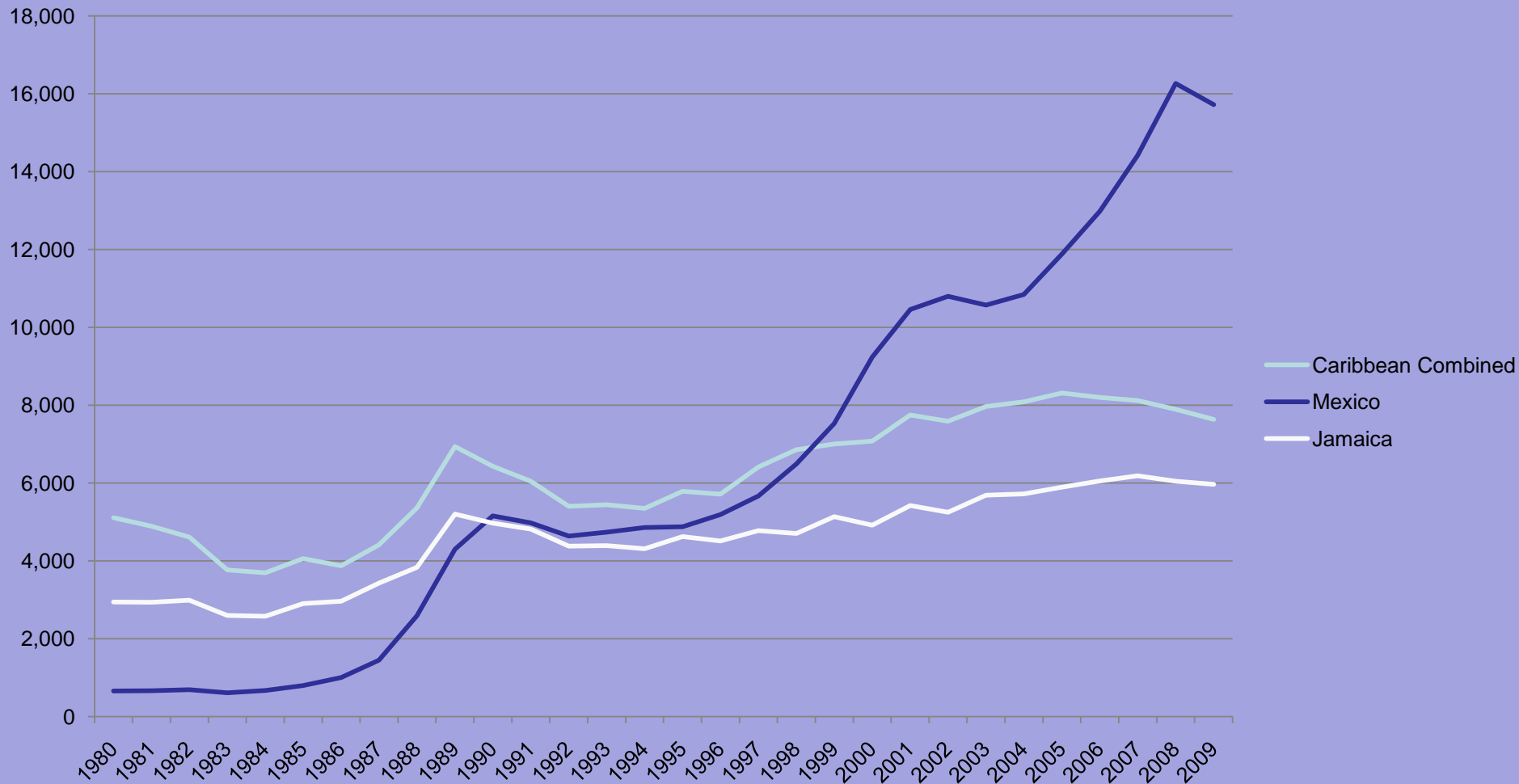


Data shows entry totals per year. Data derived from Citizenship and Immigration Canada (CIC), Facts and Figures, 2009. Available online: www.mappingmigration.com.

Canada's Seasonal Agricultural Workers Program (SAWP)

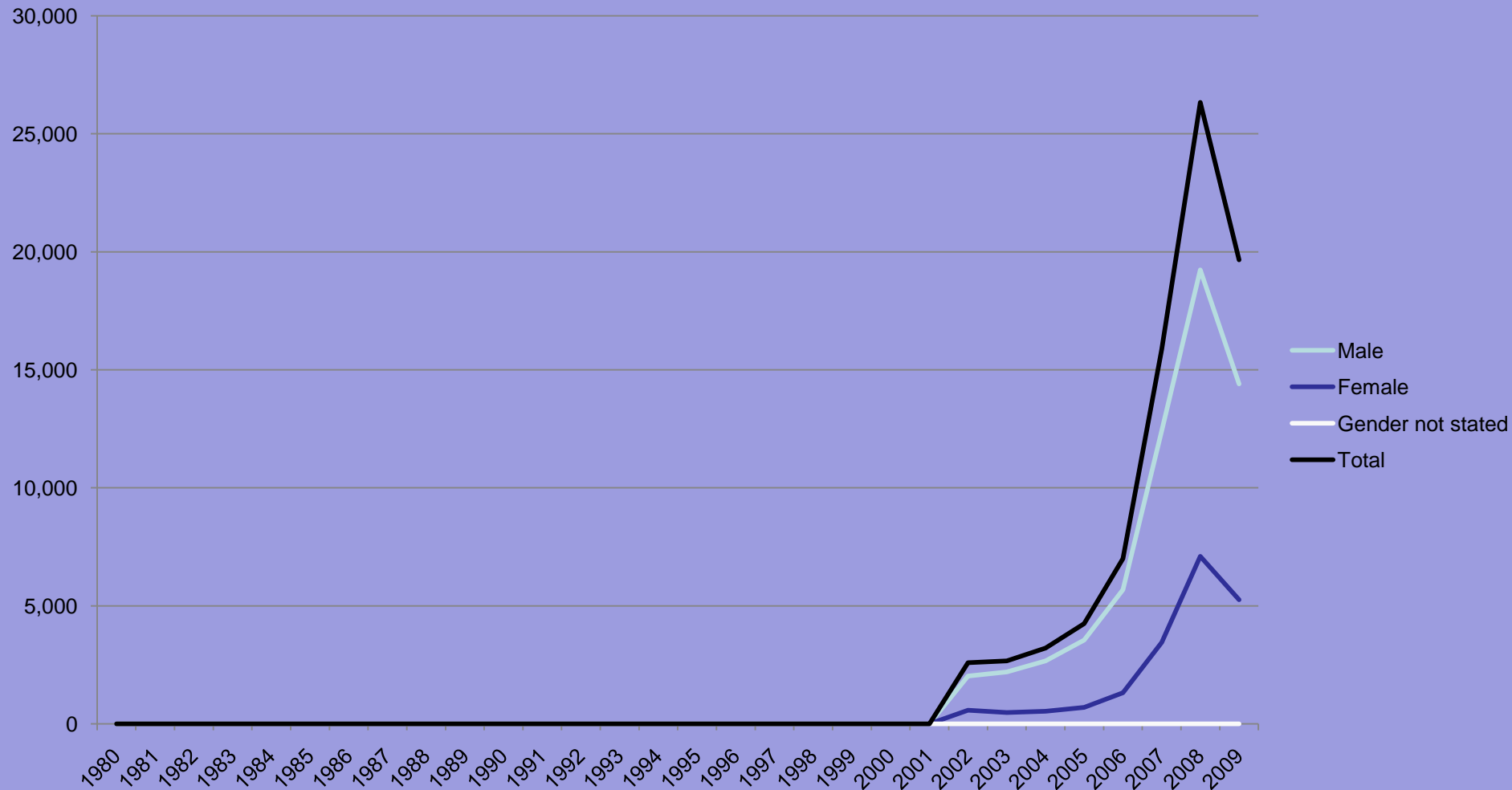


SAWP by Country Over Time



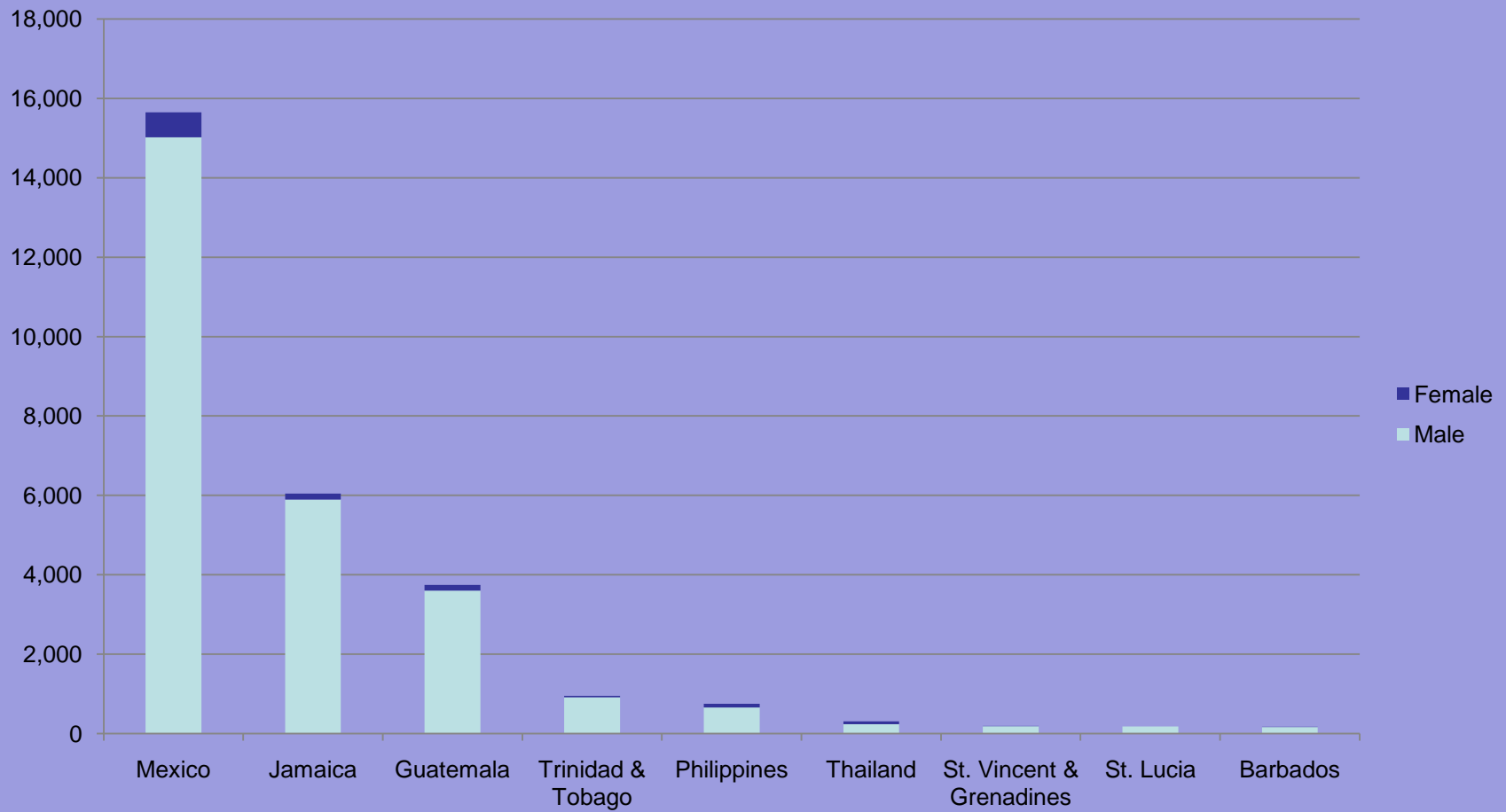
Source: Data derived from Citizenship and Immigration Canada (CIC), Facts and Figures, 2009. Available online: www.mappingmigration.com

NOC C&D (Low-Skill Pilot) Annual Entries



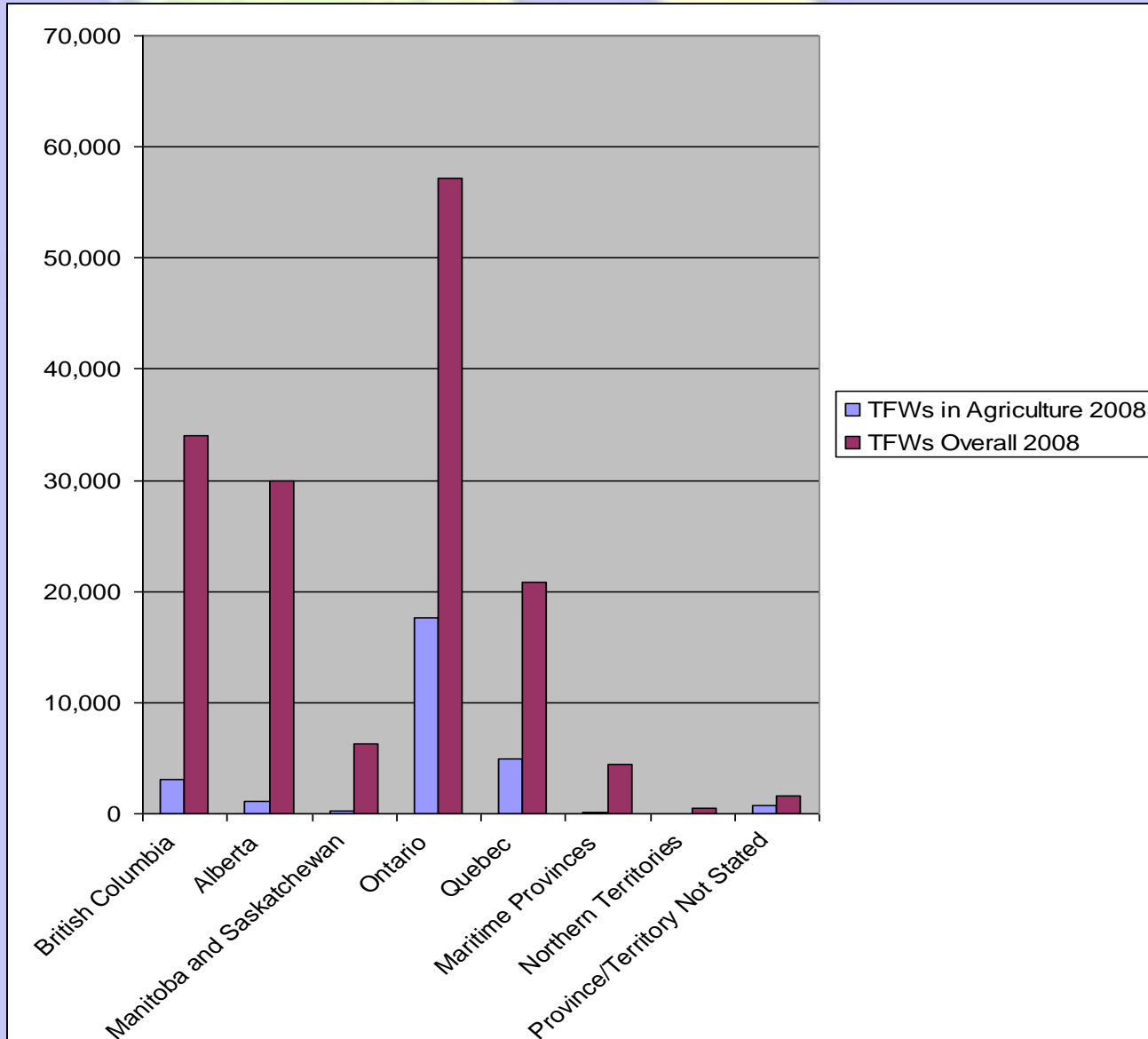
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TFWs in Agriculture by Country of Citizenship, 2009



Data shows entry totals per year. Data derived from Citizenship and Immigration Canada (CIC), Facts and Figures, 2009. Available online: www.mappingmigration.com.

TFWs by Canadian Region



Based on
2009 CIC
data

Major centres of migrant farmworker employment in Ontario



Overview of Data and Studies

Previous Research (2002-2009):

- Doctoral theses by McLaughlin (2009) and Hennebry (2006)
- Ethnography in Canada, Mexico and Jamaica
- Hundreds of qualitative interviews with migrant workers, employers, government, NGOs, health care providers

Health Survey and Focus Groups (2008-2009):

- N=576 migrant workers throughout Ontario (PI: Hennebry)
- Community partners: Agricultural Workers Alliance (AWA), Enlace Community Link, community and university research assistants
- 4 sets of focus groups with health care practitioners, public health officials, service providers (n=35)
- Funding from PHAC and CERIS

Current WSIB Research (2010-2011):

- WSIB –RAC funded study led by Hennebry and McLaughlin
- 100 interviews with sick/injured workers; 30 case studies
- OHCOW (M. Pysklywec, M. Tew, T. Haines) as co-investigators
- Community Partners: AWA, IAVGO

Precarious employment status

- Precarious work: “those forms of work involving atypical employment contracts, limited social benefits and statutory entitlements, job insecurity, low job tenure, low wages and high risks of ill health”
– Vosko (2003)

Precarious migration status

- Noted by absence of: (1) work authorization; (2) residence permit; (3) not depending on another person (e.g. employer) to remain in the country; (4) access to social rights and services such as education and health care; and (5) being able to sponsor family.
- Goldring et al. (2009)

Factors that Heighten Vulnerability and Limit Rights

- Communication difficulties, isolation, poor community integration
- Workers cannot freely change employers
- Limited rights for all farm workers (including collective bargaining)
- Fear of dismissals, deportations and lack of formal appeals process
- No input into living, working and contract conditions
- No right to stay or settle in Canada following contract, or family visits

Main Health Concerns and Risks Raised during Research

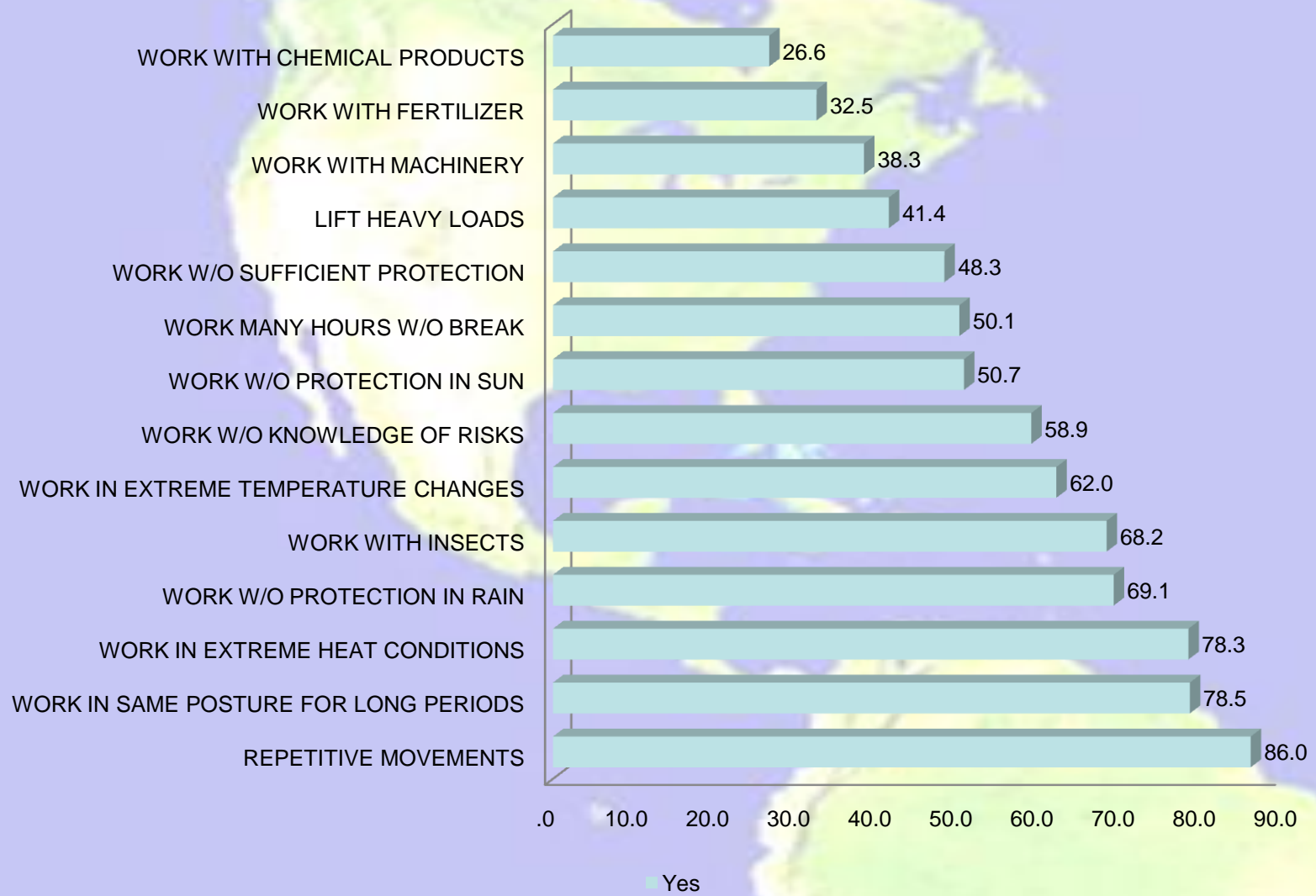
- General health (nutrition, weight, sleep)
- Sexual and reproductive health (STIs, pregnancies)
- Mental and emotional health (depression, anxiety, addictions)
- Unsafe transportation
- Occupational Health:
 - Pesticide exposure
 - Musculoskeletal
 - Climatic exposures

Common reported symptoms: muscle/joint pain, eye irritations, headache, nausea, stomach pain, sun burn, rashes, coughing, chest pain, and exhaustion

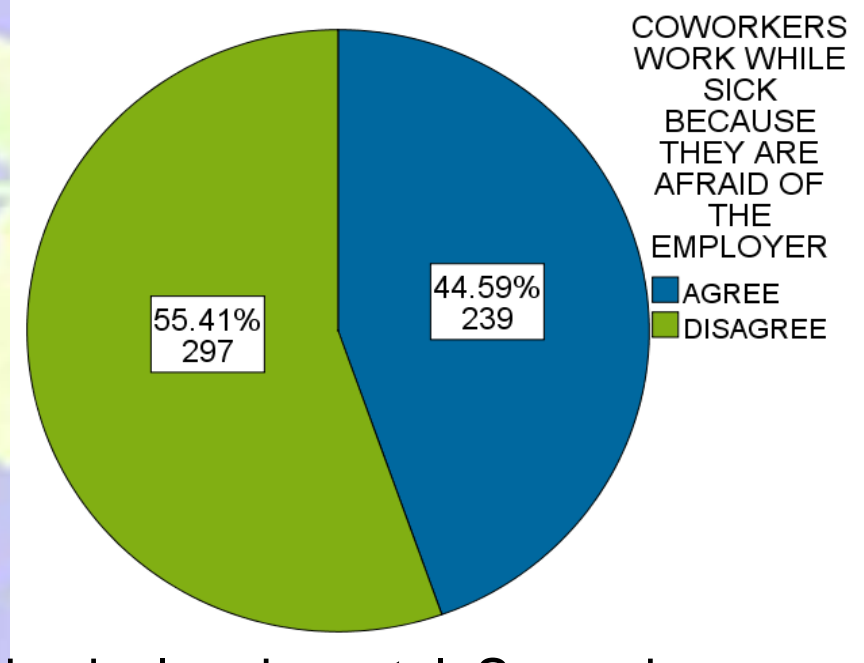
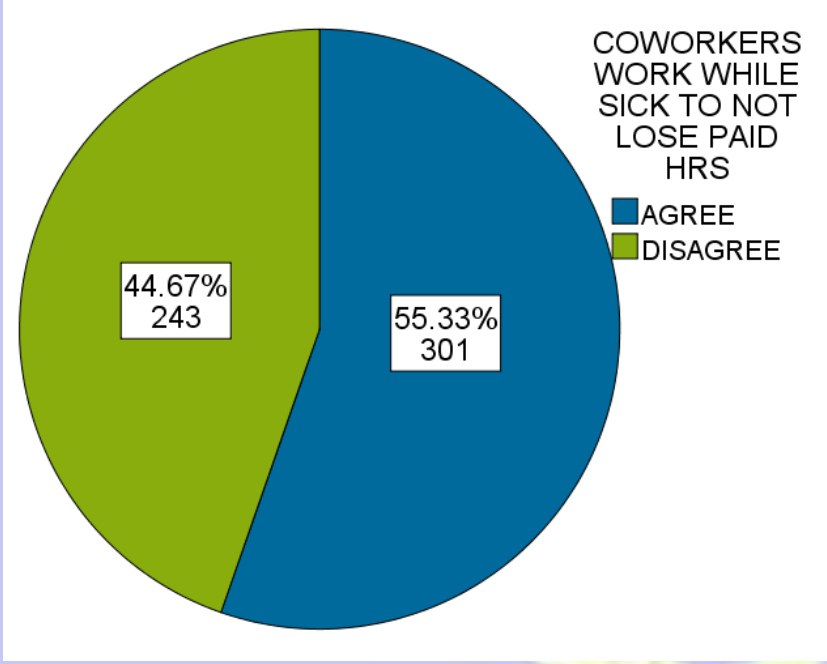
Employment and working conditions

- High demand and low control
- Long/inconsistent hours
- Poor and inconsistent occupational health and safety (OHS) protections and training
- Precarious nature of contracts
- Risks of farm work

Work Risks



Working While Sick or Injured

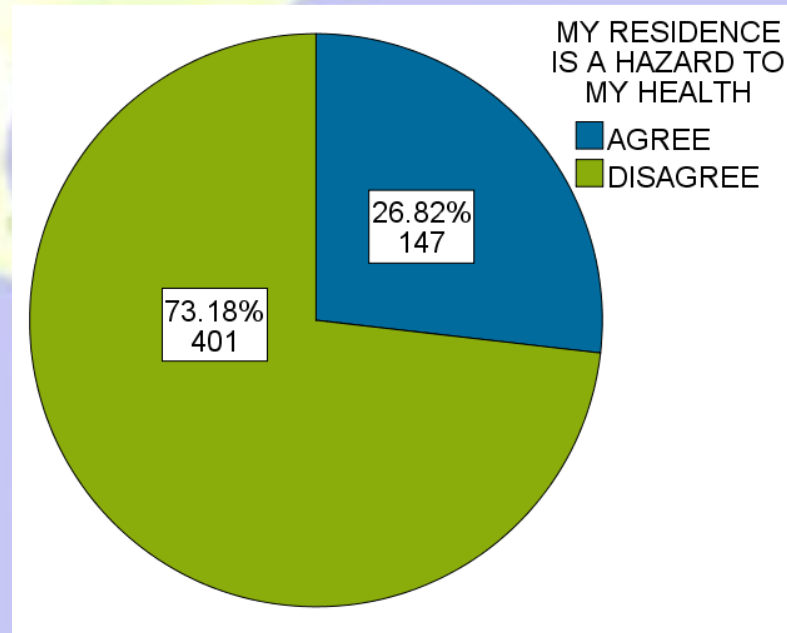


“Stop the threats from supervisors – physical and mental. Supervisors threaten to replace us with Cambodians if we don’t work hard enough. Employees are repatriated for reporting abusive supervisors.” (Guatemalan Worker, St. Thomas, July 2008).

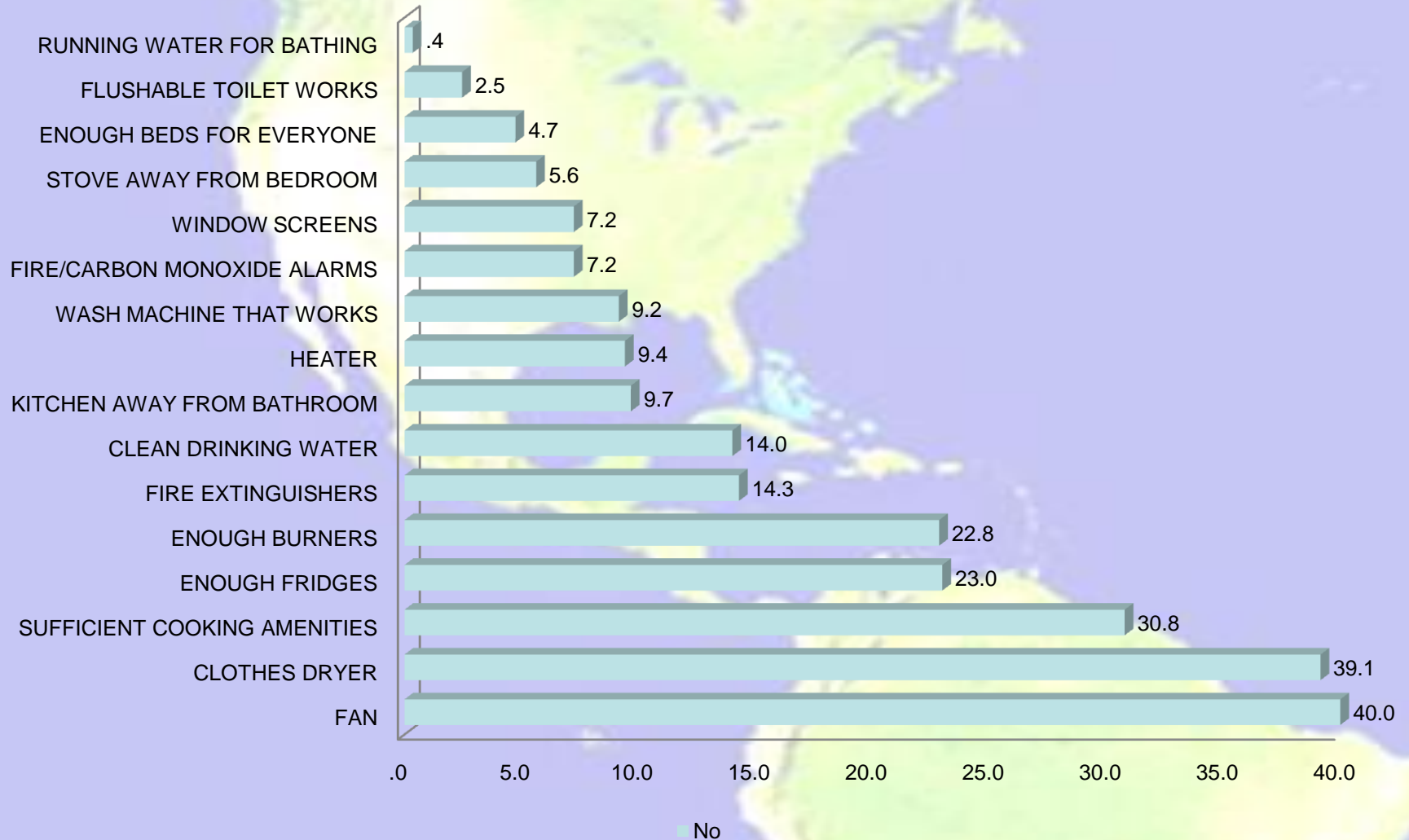
“We are always afraid of repatriation. The employers try to keep us intimidated, afraid of being sent home.” (Mexican Worker, Simcoe, June 22, 2008).

Living Conditions

- Housing is inconsistent and under-regulated
- *Nearly 80% of interviewed to date claim that their housing is inadequate with respect to at least two factors on the housing condition matrix (e.g. crowded, poorly ventilated, etc.).*



Living Conditions



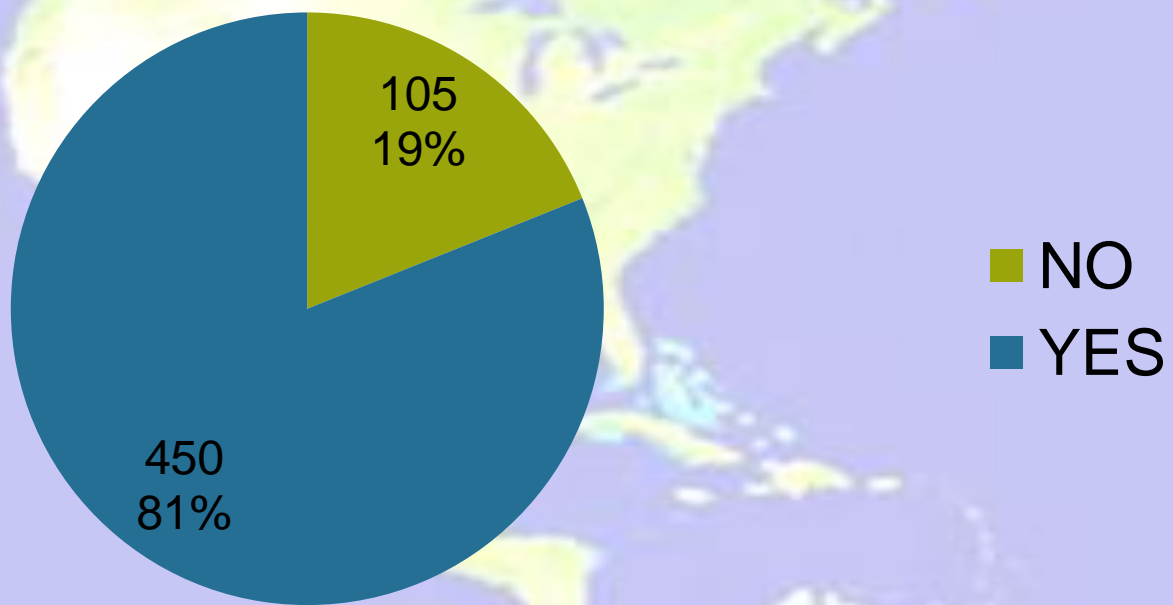
Barriers to Health Care:

- Inconsistent health card access
- Isolation / lack of transportation
- Fear of reporting concerns
- Language, literacy, cultural differences
- Timing
- Limited understanding of rights/entitlements
- Provider-level limitations (e.g. lack of rural physicians, occupational health specialists)
- Repatriations and mobile populations



Health Care Access

DO YOU HAVE AN OHIP CARD?

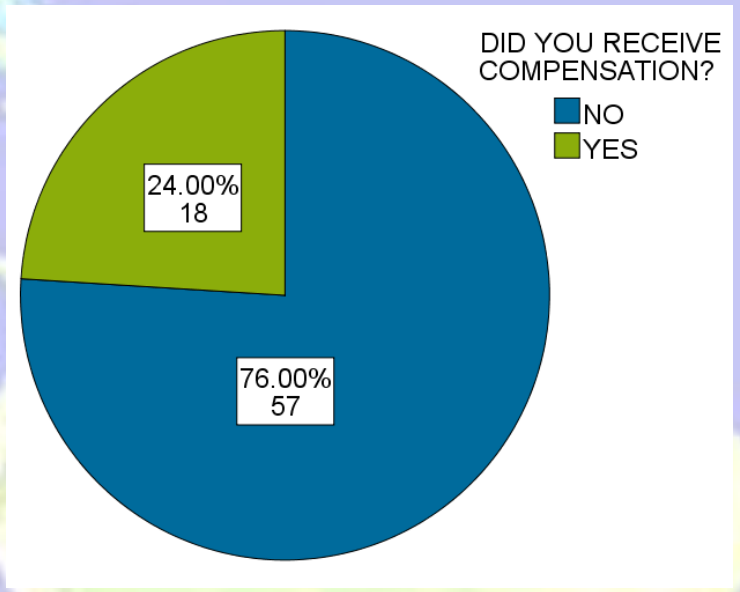
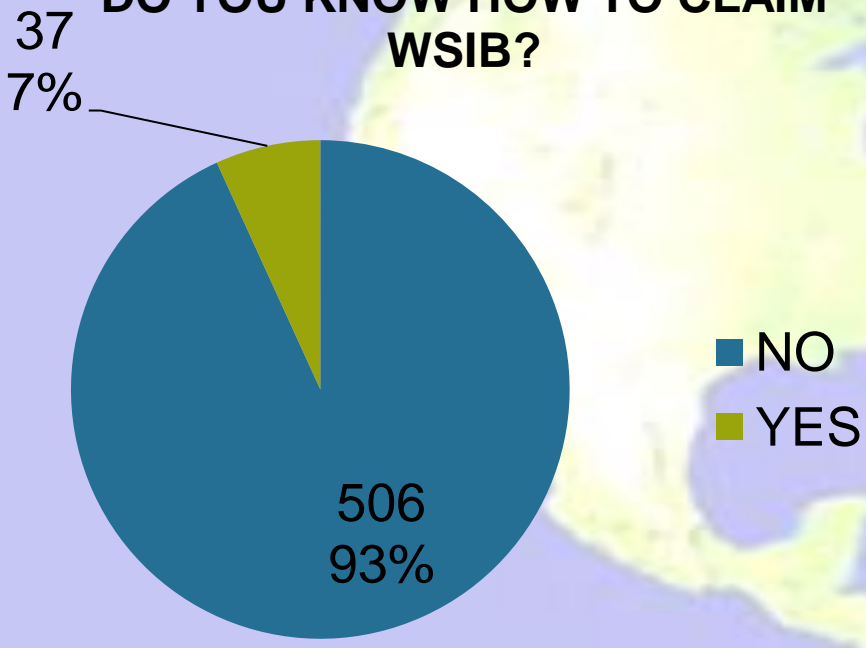


▪ *Less than one quarter of workers reported seeing a doctor in relation to health symptoms.*





DO YOU KNOW HOW TO CLAIM WSIB?



WSIB Challenges

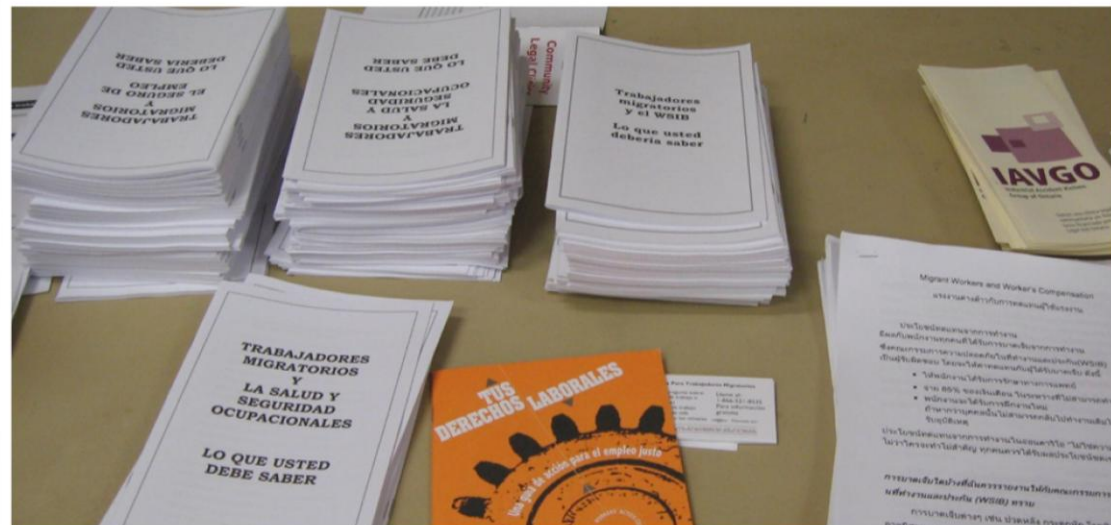
- Knowledge of WSIB varies among workers and doctors
- Fear of reporting (and pressure not to report – perhaps related to experience rating)
- Lack of private address, phone, internet, translators
- Difficulty of proving health issues' relation to work
- Inadequate support and workers punished for accessing support - Few appeals made and lengthy process
- Return to work disputes and early repatriations
- Difficult to follow cases once workers are repatriated
- Communication problems between doctors in home countries and WSIB
- Difficulty paying for exams, transport, etc. at home
- Once repatriated, can't benefit from retraining opportunities, mediated return to work
- Deeming of loss of earnings (LOE) benefits

Inconsistencies between countries

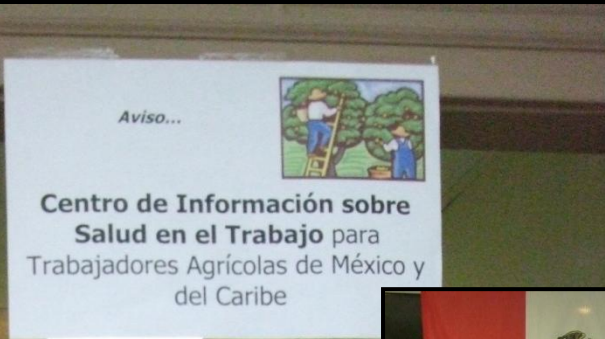
- Jamaican liaison service – higher number and more involved (Jamaicans pay fee)
- Mexican workers - language barriers
- Jamaica has assigned doctors
- Mexican doctors not as familiar with WSIB
- Both governments discourage assistance from outside sources
- New TFW (LSPP) program doesn't have consular involvement or experience with WSIB

Positive Changes

- WSIB outreach teams and multilingual support; physician education initiatives
- Involvement in education and legal support of legal clinics such as IAVGO and various labour and community groups



OHCOW Migrant Worker Health Project



Features of the Clinic

- No health cards needed
- Accessible times and locations
- Interpreters and bilingual info available
- Occupational health specialists
- More time for consultations



“These services permit us to communicate better and work with more tranquility because we have support in Canada.” –Mexican worker



Conclusions

- Canada has significantly expanded reliance on TFWs without adequate safeguards to protect and ensure rights
- TFWs face unique vulnerabilities due to precarious employment and migration status
- Health care and WCB systems designed for Canadians fail to adequately account for the issues facing TFWs

Recommendations to Improve Health Care and WCB

- Mobile, accessible HC services
- No repatriations before investigations
- Deeming and experience rating system revisited
- Obligation to re-hire injured workers, employment retraining, etc.
- Further involvement of legal clinics w/o penalty
- Sensitivity training to docs and WCB managers

Overall Recommendations

- Complaint-driven systems replaced with proactive random inspections of living and working conditions
- Clear, accessible info on rights and OHS provided to all
- Address root causes of vulnerabilities and address basic rights (e.g. freedom to change employment, freedom to choose residence, appeals process, right to organize, immigration status)



THANK
YOU!