



The systemized exploitation of temporary migrant agricultural workers in Canada: Exacerbation of health vulnerabilities during the COVID-19 pandemic and recommendations for the future



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ABSTRACT

In 2018, 55,734 jobs in Canadian agriculture were filled by temporary migrant workers, accounting for nearly 20 percent of total employment in this sector. Though referred to as temporary, those migrant workers often fill long-term positions and provide crucial support to the Canadian agricultural industry, which has seen an increasing disengagement from the domestic workforce in the last fifteen years. Health vulnerabilities faced by temporary migrant workers are already well documented. In addition, there are multiple systemic factors inherent within the structure and implementation of the Temporary Foreign Worker Program that contribute to the perpetuation of health inequities within this population. The COVID-19 pandemic has both exacerbated many of these disparities and further increased the risk of labour rights violations and vulnerability to exploitation for these workers. As Canada's 2020 growing season comes to an end, thousands of temporary migrant agricultural workers are returning to their native countries. With planning for next year's growing season already commencing, this timely analysis aims to examine health vulnerabilities faced by TMAWs during the COVID-19 pandemic. Five key areas are examined: occupational injuries, substandard living conditions, psychological difficulties, lack of access to healthcare and barriers in exercising labour rights. Building on this analysis, recommendations for policy and practice aimed at improving migrant workers' health are discussed.

1. Introduction

Every year, nearly 60,000 temporary migrant agricultural workers (TMAWs) leave Mexico, the Caribbean and Central America to come work in Canadian agriculture as part of temporary work programs for “low-skilled” workers (Akuoko-Asibey et al., 2020). Though referred to as temporary, they often fill long-term positions and provide crucial support to the Canadian agricultural industry, which has seen an increasing disengagement from the domestic workforce in the last fifteen years (Agriculture, 2025). Although the number of positions approved this year by the Seasonal Agricultural Worker Program has not yet been released, it is almost certain that, due to the current COVID-19 pandemic and resultant border closures, it has been reduced. In March 2020 alone, there were 43% fewer TMAW arrivals in the country, compared to the same period last year (Falconer, 2020). The unprecedented public

health measures taken to limit the spread of the virus and the subsequent shortage in farm labour further underscores the indispensable role that TMAWs play in preserving Canadian food security. While the Canadian government has enforced strict travel restrictions and closed Canada's borders to non-residents, it has continued to issue temporary work permits for agricultural workers and has allocated 50 million dollars to help cover the costs of their mandatory 14-day self-isolation (Agriculture and Agri-Food Canada, 2020). Given the growing labour shortage faced by the agricultural sector, those measures were necessary to limit loss of harvests and to ensure Canadian food security. However, the COVID-19 pandemic has exacerbated many previously existing health disparities for TMAWs and increased the risk of labour rights violations. As Canada's 2020 growing season comes to an end, thousands of TMAWs are returning to their native countries. With planning for next year's growing season already commencing, this timely analysis aims to examine health vulnerabilities faced by TMAWs during the COVID-19 pandemic. Five key areas are examined: occupational injuries, substandard living conditions, psychological difficulties, lack of access to healthcare and barriers in exercising labour rights. Building on this analysis, recom-

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mentations for policy and practice aimed at improving migrant workers' health are discussed.

2. Increased workload and work-related injuries during the COVID-19 pandemic

When the COVID-19 pandemic was declared in Canada in March 2020, TMAWs and farm owners faced great pressure to ensure that there would be no disruption in the food supply chain, despite the farm labour shortage (Han, 2020). This resulted in an increase in work demands for TMAWs who had arrived early in the season and led to multiple reports of abuse. The Migrant Workers Alliance for Change reported over 1100 complaints from TMAWs between March and May 2020, regarding a variety of issues, including excessive increase in workload (Unheeded warnings, 2020). There were reports of TMAWs working upwards from 15 h a day, seven days a week, to make up for workers who would be unable to travel (Unheeded warnings, 2020). There were also reported threats from employers to withhold wages if specific production targets were not attained (Unheeded warnings, 2020). In every single case, workers were not compensated with overtime pay (Unheeded warnings, 2020). It is reasonable to assume that the escalation of TMAW's workload would contribute to an increase in work-related injuries. Even before the pandemic, agriculture was recognized as a dangerous industry in Canada, with 1256 agriculture-related fatalities and over 15,000 hospitalizations reported between 1990 and 2000 (Unheeded warnings, 2004). However, there is a lack of clear data concerning the number of work-related injuries affecting TMAWs specifically. To our knowledge, none of the official organizations responsible for collecting data on workplace health and safety have kept statistics that allow the differentiation between TMAWs and permanent residents' injuries (McGrady and O'Hagan, 2015). It is, however, known that between 2001 and 2011, there were 787 TMAWs who were repatriated from Ontario back to their home country due to various health conditions, including musculoskeletal conditions, and external trauma (Orkin et al., 2014). Organizations have also produced estimates for the prevalence of work-related injuries among TMAWs, most of them ranging between 25 and 32% (Unheeded warnings, 2012; McLaughlin, 2009). The World Health Organization (WHO) reports that occupational injury rates for immigrant workers, including temporary migrant workers, occur at approximately double the rate of native workers in Europe, and that this trend is likely similar elsewhere in the world (McGrady and O'Hagan, 2015; Unheeded warnings, 2003). A variety of interlocking factors may be the source of the increased risk of injuries for TMAWs, including long hours of strenuous work without adequate rest, exposure to agrochemicals, airborne dust and animal-borne diseases, lack of adequate protective equipment, safety training or sanitation facilities, and fear of reporting accidents and injuries to authorities (McLaughlin, 2009). A study conducted in Quebec reported that less than half of the province farmers employing TMAWs were observing the legal health and safety requirements (McGrady and O'Hagan, 2015). In addition to inappropriately heavy workloads, deficiencies in working and living conditions can combine to create a very specific set of health vulnerabilities affecting TMAWs.

3. Substandard living conditions and the spread of the SARS-CoV-2 virus

Substandard living conditions on farms have been documented by decades of research prior to the pandemic (Unheeded warnings, 2020). Some of the reported issues regarding living conditions include crowding, lack of access to drinkable water, lack of access to adequate food storage facilities, such as refrigeration, close proximity with agrochemicals, inadequate sanitation facilities and even the presence of animals and pest infestations (Unheeded warnings, 2020; Unheeded warnings, 2012). Additional health hazards arise from on-site living conditions, particularly for TMAWs participating in the Seasonal Agricultural

Worker Program, which requires workers to live in employer-provided housing (Unheeded warnings, 2012). Despite a 2018 federally commissioned study finding "a wide variation of what is deemed an acceptable housing standard" and "gaps in the housing inspection process" that "can potentially cause harm or injury to the workers", no national standard for TMAWs housing exists (Unheeded warnings, 2018). As the pandemic unfolded, stories of mass outbreaks of COVID-19 among TMAWs were uncovered by the media, leading to public outrage over the unsuitable living and work conditions that eventually led to the death of three TMAWs (Han, 2020). Although all three deaths occurred in Ontario, stories were similar across the country: unsanitary infrastructures, substandard living conditions and mishandled quarantines. The Migrant Workers Alliance for Change reports that unsanitary housing was the second-most frequent complaint from TMAWs between March and May 2020 (Unheeded warnings, 2020). There were multiple reports of cramped living conditions that made it impossible to quarantine or maintain social distancing once the quarantine period was over (Unheeded warnings, 2020). There were also several cases where separate accommodation was not provided for workers awaiting COVID-19 test results, including those who were symptomatic (Unheeded warnings, 2020). Public health authorities have indicated that congregate living conditions represent the highest risk factor for the transmission of the SARS-CoV-2 virus and have consequently advocated for the implementation of strict physical distancing measures (Unheeded warnings, 2020). In the light of the recent pandemic, the typical crowded and unsanitary living conditions faced by TMAWs have finally been recognized as important factors contributing to health disparities.

4. Psychological difficulties

Aside from the difficult working and living conditions that may lead to physical injuries and poorer health outcomes, TMAWs are also at a greater risk for the development of various mental health disorders such as depression, anxiety disorders, and substance use disorders (Unheeded warnings, 2012; Otero, 2010). In Canada, there is a paucity of research concerning mental health amongst TMAWs. However, qualitative research has revealed that mental health disorders are a common challenge experienced by TMAWs (Salami et al., 2015). Studies have linked those psychological difficulties to a wide range of stressors including poor working conditions, that often involve physically strenuous and dangerous work, lack of access to adequate rest, vacation or recreational activities, poor working relations, exploitative conditions in the workplace, unsanitary housing conditions, and, most importantly, social isolation and feeling of loneliness (Otero, 2010; Salami et al., 2015; Preibisch and Hennebray, 2011). Separation from families may contribute to this feeling of loneliness, as the Seasonal Agricultural Work Program (SAWP) does not allow for visitor's visas or work permits for family members. As a result, SAWP workers, of which 95% have children, will not see their family for up to eight months per year, sometimes for decades in a row (McGrady and O'Hagan, 2015, Unheeded warnings, 2012, Hennebray et al., 2016). Additionally, it has been reported that during the pandemic, the mental health of migrant workers has considerably worsened (Doyle, 2020; Evra and Mongrain, 2020). While the causes for this deterioration have not yet been investigated, it is possible to suppose that it could be linked to an increase in the intensity and quantity of stressors faced by TMAWs during the pandemic such as the deterioration of work and living conditions, the uncertainty surrounding the right of TMAWs to work and stay in Canada due to the constantly evolving public health regulations, the risk of contracting the virus and the potential physical and financial implications of an infection. Moreover, the implementation of social distancing measures, although inconsistent, may have contributed to the exacerbation of TMAWs' social isolation, which has repeatedly been linked with poorer mental health outcomes, as well as an increase in all-cause mortality (Leigh-Hunt et al., 2017).

5. Barriers to healthcare access

While TMAWs face greater work-related injury and disease risks than their Canadian counterparts, they also face greater barriers when accessing healthcare. An Ontario study found that almost 20% of surveyed migrant workers did not have a health card and that 55% worked despite illness or injury for fear of telling their employer (Hennebry et al., 2016). TMAWs' lack of knowledge on how to navigate and use the healthcare and compensation systems, in combination with language barriers and relatively limited literacy, have often been reported to limit their access to healthcare services (Unheeded warnings, 2012). A survey of nearly 600 TMAWs revealed that 93% of them did not know how to make a workers' compensation claim, that 92% did not know how to fill out hospital forms and that 85% of them did not know how to make a health insurance claim (Unheeded warnings, 2012). A British Columbia survey reported that 74% of TMAWs had a poor or very poor understanding of their medical insurance (McGrady and O'Hagan, 2015; Otero, 2010). The combination of these factors can contribute to the under-utilization of health services by TMAWs and to the under-reporting of work-related injuries. Even before the pandemic, it is estimated that only 10% of work accidents leading to injuries were reported to the Worker's Compensation Board (McGrady and O'Hagan, 2015; Otero, 2010). In the context of the pandemic, those vulnerabilities were exacerbated: many workers were unable to register for provincial health coverage despite eligibility due to governmental offices closures; many were unable to access primary care due to the decision of health centres to limit services to existing clients, particularly for non-COVID-19 related concerns; and many faced barriers in language and access to technology that prevented them from using telemedicine health services, which are still being used as a preferred method of assessment by many health care providers in order to decrease the risk of COVID-19 transmission (Unheeded warnings, 2020). These barriers in accessing healthcare, in combination with the non-observance of public health guidelines and the reluctance of many TMAWs to report illnesses, led to insufficient COVID-19 testing and likely contributed to the spread of the virus among TMAWs. Employers themselves, whose mediation of access to health care has frequently been criticized, have also been reported to dissuade TMAWs from reporting COVID-19 symptoms (Han, 2020; Unheeded warnings, 2012). Once again, this is not a recent phenomenon, as research has repeatedly highlighted cases of employers dissuading their workers from reporting occupational injuries or work-related illnesses (Unheeded warnings, 2012). Employers are responsible for providing private health insurance to their TMAWs, for ensuring that their workers receive provincial health cards, for authorizing time off work to attend medical appointments and for providing safe and timely transportation to health centres (Unheeded warnings, 2012). They are involved in all stages of accessing healthcare services. Thus, any reluctance to report their workers' injuries constitutes a significant obstacle to obtaining medical care.

6. Barriers to exercising labour rights

The recent aggravations of exploitative and dangerous work conditions were only made possible by a pre-existing lack of basic policies to protect TMAWs. Although migrant workers are theoretically protected by the same labour legislation as their Canadian counterparts, the precariousness of their immigration status makes the exercise of their rights largely inaccessible (Han, 2020). The core issue lies in the structure of Canada's Temporary Foreign Worker Program itself, not only because of its transient nature, but most importantly because of the exclusivity of the work permits tying TMAWs to a single employer. The closed-permit system empowers employers to functionally act as immigration officials, using threats of dismissal and consequently, the loss of the right to remain in the country, to exploit their workers (Han, 2020). This creates an important power imbalance that is conducive to abuse. As a result, many TMAWs do not exercise their rights to taking days off, breaks, overtime pay or minimum wage (Unheeded warnings, 2020;

McGrady and O'Hagan, 2015). TMAWs are also excluded from the Labour Relations Act, which makes them unable to unionize and negotiate better work conditions. This system makes it difficult for TMAWs to formulate complaints or to escape situations of abuse since they are completely dependent on their employer for food, housing and the right to stay in Canada. In cases where TMAWs would choose to report employment abuse, recourses may be slow, costly and difficult to pursue outside of Canada, as legal counsel, expert evidence, and translation services may often be required (Han, 2020; McGrady and O'Hagan, 2015). Other factors such as language barriers, social isolation and lack of access to support services all increase TMAWs' vulnerability to exploitation. Although recruitment fees have been banned by the federal government since 2009, there are still reports of workers becoming deeply indebted to job recruiters and finding themselves in situations of coercion and forced labour - a form of human trafficking (Foster and Luciano, 2020).

7. Recommendations

As farms are already preparing to receive new TMAWs and with the pandemic still at its peak across North America, it is crucial that measures be taken to limit the spread of the virus and to ensure the health and security of all workers. The following recommendations aiming to improve the health of TMAWs are not meant to be exhaustive but rather to instigate necessary conversations, raise awareness and prompt action.

7.1. Create a dedicated path to permanent residency for TMAWs

Unlike temporary live-in caregivers who are eligible to apply for permanent residency after two years of continuous work, SAWP workers have no dedicated path for transition (Prokopenko and Hou, 2018). After a period of eight months per year in Canada, they are required to leave the country. Many come back every year for decades. For many TMAWs, gaining permanent residency is more about the ability to exercise their rights than it is about migration itself (Han, 2020). We recommend that Immigration and Citizenship Canada grant permanent residency status to all TMAWs, as their ability to stay in the country should not be entirely at the discretion of their employer or third-party agencies. Giving permanent status to TMAWs would not only facilitate their access to healthcare, but it would also give them the agency to exercise their rights and leave situations of abuse where their health is jeopardized.

7.2. Implement federal housing standards

It has long been recognized that the lack of uniformity in housing standards and the inadequate implementation of inspection procedures can pose a threat to the health of TMAWs (Han, 2020; Unheeded warnings, 2018). We recommend the implementation of federal housing standards that should be established in consultation with public health agencies. These housing standards should include mandatory provisions for the COVID-19 pandemic, in accordance with public health experts' recommendations (Unheeded warnings, 2020). For the period of the pandemic, explicit guidelines about physical distancing, usage of personal protective equipment and sanitation protocols should be provided to employers in order to ensure safe housing plans for TMAWs.

7.3. Renew the federal fund to cover quarantine costs for TMAWs and implement inspection mechanisms ensuring that the funding program conditions are respected

On April 13th, 2020, the Canadian government announced a \$50 million fund to help employers put in place the necessary measures for the mandatory 14-day quarantine period of all TMAWs arriving from abroad. In most provinces, the responsibility to provide TMAWs with safe transportation, accommodation and adequate access to food and basic supplies was assumed by their employers. TMAWs were also supposed to receive 60 h pay for the two weeks during which they could not

work. Although the next growing season is already approaching, the federal government has not announced the renewal of its funding program for 2021. *We recommend that a new fund be created in order to provide safe and dignified accommodation for TMAWs during their 14-day quarantine period and during all additional necessary self-isolation periods*, given that those measures are still mandatory and recommended by public health authorities in 2021. Since many failures were reported in employers' usage of the fund, *we recommend that regular audits be put into place to monitor employers' usage of the federal subvention and to ensure that TMAW's receive the salary and benefits planned in their work contracts. Alternatively, we propose that the federal or provincial government assume the role of housing and feeding TMAWs during all necessary self-isolation periods.*

7.4. Develop guidelines to prevent the spread of the SARS-CoV-2 virus in the workplace

During the past growing season, there were multiple reports of inadequate sanitary and social-distancing measures being implemented in the workplace, with cases where symptomatic workers awaiting COVID-19 test results were sent to work in close proximity with their colleagues ([Unheeded warnings, 2020](#)). *We recommend that public health authorities provide employers with clear standards regarding physical distancing, usage of personal protective equipment and sanitation protocols in the workplace.*

7.5. Implement effective inspection procedures to ensure that recommendation B, c and d are respected

The recommendations B, C and D should be enforced by frequent ad hoc in-person inspections, that include private interviews with TMAWs conducted in a manner that ensures workers' anonymity. Non-compliant employers who are found to put their workers' health at risk should be sanctioned by appropriate disciplinary measures. TMAWs working for non-compliant employers should be granted open-work permits allowing them to seek employment elsewhere, with housing and financial support in the interim to ensure that their status and livelihood in Canada is not threatened.

7.6. Give TMAWs full access to social and medical services upon arrival and implement clear procedures to make those services accessible

In British Columbia, migrant workers are only eligible for provincial health care three months after their arrival, a period during which their employer is required to provide private health insurance. However private insurance plans provided to TMAWs are often not comparable to provincial services and have been frequently described as "bare-bones protection", with charges often needed to be paid upfront by the workers ([McGrady and O'Hagan, 2015](#)). Additionally, many primary health care centres, including most walk-in clinics, do not accept private health insurance ([McGrady and O'Hagan, 2015](#); [Otero, 2010](#)). *We recommend that all TMAWs be covered by complete provincial healthcare plans upon arrival and that measures to make healthcare services accessible be put into place.* Such measures should take into consideration specific barriers that TMAWs face when accessing healthcare such as, but not limited to, language barriers, lack of transportation to health centres, lack of access to technology to use telemedicine services and lack of understanding of their healthcare coverage and eligibility to paid sick leave ([McGrady and O'Hagan, 2015](#)). In the period of the pandemic, specific measures should be put in place to facilitate access to COVID-19 testing, and those measures should be inclusive of the estimated 200,000 to 500,000 migrant workers who are undocumented and who do not qualify for government support and resources ([Foster and Luciano, 2020](#)).

7.7. Address the lack of public health data and monitoring

Currently, there are major gaps in public health data regarding TMAWs. All relevant organizations, including Employment and Social

Development Canada (ESDC) and Immigration, Refugees and Citizenship Canada (IRCC), should actively collect pertinent data on TMAW's living conditions, work conditions, physical health and psychological well-being and share this information with public health agencies. The presence of a central, detailed and accurate database will significantly facilitate the identification of health vulnerabilities and the implementation of projects aiming to improve TMAWs' health. It can also ensure close monitoring and prompt rapid action in the context of the COVID-19 pandemic.

7.8. Address language barrier

Fluency in a culture's predominant language is a key indicator of social inclusion. Lack of language skills is a major barrier for TMAWs when it comes to navigation of health and social services. Language barriers can contribute to many challenges experienced by TMAWs during their stay in Canada including social isolation, lack of integration in their communities, lack of autonomy at, and outside of work, and inability to acquire information regarding labour rights, health coverage and access to the compensation system. In addition, the vast majority of safety training provided on Canadian farms is given either in English or in French ([Unheeded warnings, 2012](#)). The inability of many TMAWs to understand and receive effective basic training for the handling of dangerous agrochemicals and farm machinery represents a significant safety-risk and may contribute to the high rates of work-related injuries observed in this population. In the context of the current pandemic, the lack of translation of public health guidelines could have contributed to the misinformation concerning recommended sanitary measures and may be partly responsible for the spread of the virus among TMAWs. *We recommend that all TMAWs be provided with information regarding governmental directives, including public health recommendations, in their preferred language. Additionally, safety training should be provided in workers' preferred language to ensure that all can benefit from it, TMAWs and local workers included.* If this is not possible, access to translators and interpreters should be facilitated as needed. Interestingly, an Ontario survey revealed that 71% of TMAWs were interested in learning English during their stay in Canada. *Therefore, we also recommend that TMAWs be given access to language training programs, such as those offered to permanent newcomers by provincial or federal governments ([Unheeded warnings, 2012](#)).*

8. Conclusion

The recent pandemic has led to the infection of over a thousand TMAWs across Canada and to the eventual death of three of these workers to date. However, the larger issue stretches well beyond the past few months and is rooted in a system that consistently fails to protect TMAWs' health and rights. The COVID-19 pandemic has accentuated multiple health inequities that were previously easily overlooked, while also underscoring the crucial role that TMAWs play in ensuring Canada's food security. It is now the duty of local and national authorities to address major flaws in the structure and implementation of the Temporary Foreign Worker Program and finally break a cycle perpetuating injury, disease, and exploitation.

Declaration of Competing Interest

None to declare.

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