

Health Care Access for Temporary Migrant Farmworkers Canada

by
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Ethics Statement

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Abstract

Temporary migrant farmworkers have been coming to Canada through the Seasonal Agricultural Workers Program (SAWP) since 1966. Since then, the program has greatly expanded and has become a cornerstone of Canadian agricultural production, as migrant workers fill job needs Canadian workers do not. An identified issue, however, is that some temporary migrant workers experience barriers to accessing health care during their work terms in Canada. This capstone employs two central methodologies: a literature review, which includes a jurisdictional scan, and a set of interviews. The aim of this capstone is to contribute to the body of knowledge on healthcare access for SAWP participants and suggest policy options to reduce the barriers temporary migrant farmworkers experience when attempting to access health care in Canada.

Keywords: SAWP; TWFP; healthcare access; British Columbia; repatriation

Dedication

This capstone is dedicated to the generations of temporary foreign workers who built Canada.

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I would like to thank the grassroots organizers and academics that came before me and whose work informed my own. Your commitment and dedication to social change is a constant inspiration and reminds me what kind of a policy analyst and researcher I want to be.

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Table of Contents

Approval	ii
Ethics Statement.....	iii
Abstract	iv
Dedication	v
Acknowledgements.....	vi
Table of Contents	vii
List of Tables	ix
List of Acronyms	x
Chapter 1. Introducing the SAWP in Canada.....	1
1.1. Introduction.....	1
1.2. History of the SAWP	1
1.3. Current Components of the SAWP.....	2
1.4. Barriers to Accessing Health Care.....	4
Chapter 2. Methodology	6
2.1. Interview Participants	6
2.2. Excluded Participants	7
2.3. Literature Review	7
Chapter 3. Literature Review	8
The Problem:.....	8
3.1. Liminality and Other Barriers.....	8
3.2. Citizenship Status and Access to Health Care	9
3.3. The Employers' Perspective	10
3.4. Unionization and the SAWP.....	10
3.5. Conclusion and Implications of the Literature Review	11
Chapter 4. Cross-jurisdictional scan	13
4.1. Purpose.....	13
4.2. Manitoba	13
4.3. Barriers to Accessing Health Care.....	14
4.4. Unionization.....	15
4.5. Ontario	16
Basic Overview	16
4.6. Unionization and Labour Law	17
4.7. Barriers to Accessing Health Care.....	17
4.8. Quebec	20
4.9. An Overview	20
4.10. Structural Exclusion from Social Programs	21

4.11.	Human Rights and the SAWP	22
4.12.	Unionization	22
4.13.	The Limitations of Unionization	24
4.14.	Comparing Key Factors in Manitoba, Quebec, and Ontario.....	24
Chapter 5. Interview Findings		26
5.1.	Interview Limitations.....	28
Chapter 6. Policy Objectives, Criteria, and Measures		30
6.1.	Evaluation Criteria.....	30
6.2.	Overview of Evaluation Criteria.....	31
6.3.	Effectiveness	32
6.4.	Cost	32
6.5.	Administrative Complexity.....	33
6.6.	Stakeholder Acceptance.....	33
Chapter 7. List of Policy Options.....		35
7.1.	Evaluation of Policy Options	36
7.1.1.	Policy Option One	36
	Analysis of Evaluation	38
7.1.2.	Policy Option Two	38
	Analysis of Evaluation	39
7.1.3.	Policy Option Three.....	40
	Analysis of Evaluation	42
7.2.	Policy Option Recommendation	43
7.3.	Limitations	44
Chapter 8. Conclusion		45
References.....		47

List of Tables

Table 1.	Comparing Key Factors in Manitoba, Quebec, and Ontario	24
Table 2.	Examining Key Policy Considerations	31
Table 3.	Assessing Policy Option One.....	37
Table 4.	Assessing Policy Option Two.....	39
Table 5.	Assessing Policy Option Three.....	41

List of Acronyms

CA	Collective Agreement
SAWP	Seasonal Agricultural Workers Program
TFWP	Temporary Foreign Worker Program
UFCW	United Food and Commercial Workers

Chapter 1.

Introducing the SAWP in Canada

1.1. Introduction

The Temporary Foreign Workers Program (TFWP) has four streams, all of which bring temporary migrant labour to Canada. Temporary migrant farm workers come through one of two streams: the Seasonal Agricultural Workers Program (SAWP), or the Low Skill Pilot Program (LSPP). Because the majority of temporary migrant farm workers who come to Canada do so through the SAWP, this project will be focusing on this program specifically.

The SAWP is operated by the federal Ministry of Human Resources and Skills Development Canada and the Ministry of Citizenship and Immigration, in partnership with the government of the country migrant workers come from. Although the SAWP is a federal program, employment and other pertinent components of work contracts, such as health care, housing, and occupational health and safety, are regulated and enforced by the provinces where temporary migrant farm workers are employed. Given the intersectional nature of the SAWP program, as it involves both the federal and provincial levels of government, this capstone will explore policy options presented to both of these governments in relation to health care access for SAWP workers.

1.2. History of the SAWP

The SAWP was introduced in 1966 as an agreement between Canada and Jamaica. That year, 264 Jamaican temporary migrant workers came to Ontario. Since then, the program has expanded, and includes Mexico and several other Caribbean countries. The countries that participate in the SAWP are: Anguilla; Antigua and Barbuda; Barbados; Dominica; Grenada; Jamaica; Montserrat; St. Kitts-Nevis; St. Lucia; St. Vincent and the Grenadines;

Trinidad and Tobago. In order to qualify for the SAWP, employers have to meet the following criteria, which has been set by the Canadian federal government:

1. the TFWs hired must be citizens from Mexico or participating Caribbean countries
2. production must be in specific commodity sectors
3. the activity must be related to primary agriculture

It should be noted that Canada has not yet signed and ratified the United Nations *International Convention on the Protection of All Migrant Workers and Members of Their Families*, which is currently the only international instrument in existence to protect the rights of migrant workers.

1.3. Current Components of the SAWP

Canada depends on thousands of temporary migrant workers annually to meet unmet labour needs. The Conference Board of Canada projects a growing labour shortage in all sectors, with 113,800 unfilled jobs in 2025 (2). Ontario hires the largest concentration of temporary migrant farm workers in Canada, with Quebec and BC being the second and third largest employers, respectively. In 2017, BC farms hired approximately 7,500 temporary migrant farm workers (Weiler, Cohen). Of these 7,500 workers, women make up less than 4% of this workforce (Weiler, Cohen).

Generally, the recruitment process is initiated by the employer in Canada. When an employer who is unable to obtain Canadian workers begins an application, Human Resources and Skills Development Canada reviews the application and approves or rejects it. They provide an opinion on the likely impact of hiring a migrant worker on the Canadian labour market; this is called a Labour Market Opinion (LMO). In order to be approved, the employer has to provide proof that: “a job offer is genuine, with wages and conditions that meet program guidelines; that an employer has made a reasonable effort to hire or train Canadians for the job; and that the entry of a foreign worker will not affect a labour dispute” (Read *et. al*, 7).

The Canadian governments meets annually with participating countries to agree on a Memorandum of Understanding, which then serves as the employment contract outlining roles and responsibilities for employees and employers alike, as well as the participating country and the Canadian government. According to the Read *et al.* although the SAWP is jointly administered by Canada and the partnership countries, it relies heavily on input from private employers. However, while private employers give input on the contracts produced between governments, workers have no say in the contracts they ultimately sign. This is one example of a power imbalance between workers and their employers. This bilateral agreement serves as the employment contract (Read *et al.*, 6). This contract includes the minimum hours of work an employee must be given during their time in Canada (which is a minimum of 240 hours of work within a six-week period) and the maximum duration for which an employee can work (the maximum duration is eight months). In accordance with the contract, the employer is responsible for the following:

- 1) housing, including a furnished cooking area, and
- 2) registration for private health insurance and workers compensation (Read *et al.*, 7).

Employers are also responsible for covering the costs of applying for and obtaining work permits and private health insurance, though they can take this money out of paycheque deductions. In Ontario, the worker is responsible for paying for rent by way of paycheque deduction, and for reimbursing the cost of the work permit and private insurance (Read *et al.*, 7).

The contract also outlines the following:

- Specific conditions of employment
- Rate of payment (which should be equal to provincial minimum wage or rate paid to Canadian workers for the same job) (Read *et al.*, 7).
- Expected workday (which is 8-12 hours)
- One day of rest per six days of working
- Employer is expected to provide transportation to and from work

- Employer is expected to “provide transportation for any medical issues that may arise and, though not stipulated in the contract, is expected to provide workers with transportation to purchase basic living supplies such as food” (Read *et al.*, 7).

When temporary migrant farm workers come to Canada, they come through a contract with one employer. Because this contract is with one employer, once they are in Canada, they are unable to change employers. However, starting June 5th, 2019, SAWP participants can apply for an open work permit in the case of abuse or discrimination by employers. However, it is then their responsibility to find another work contract. If workers receive a good review from their employer, they are able to come back to Canada for further work terms, either with the same employer or with another. Indeed, employers can choose to bring back the same workers for consecutive years. However, if workers receive a negative review, they can be removed from the pool of workers who are considered for employment through the SAWP. This review goes to the Mexican consulate, which determines which workers are brought back, which are removed from the list, and which are added.

The SAWP can be confusing to employees because of its temporal nature, with questions arising over what taxes and under what conditions workers labour. SAWP participants do pay taxes and are eligible for the Canada Pension Plan and certain Employment Insurance Benefits; they are also eligible to receive health care after three months of working in Canada. However, as each province can regulate and enforce their own health care and labour legislation, some of components of how the SAWP participants access health care vary. In the majority of provinces, temporary migrant farmworkers have access to health care after three months of employment, and until then, are frequently covered by private insurance. The employer is responsible for paying for the private insurance; however, they can deduct it from their employees’ paycheques.

1.4. Barriers to Accessing Health Care

As previously mentioned, migrant workers pay federal and provincial taxes. However, despite paying into programs such as EI, healthcare, etc., their access to these services is greatly restricted. Barriers to social programs and health care services include a

combination of: workers' long work hours; lack of accessing transportation to and from facilities; lack of services in rural areas; language barriers; cultural differences; lack of information on available services; lack of knowledge on the part of front line health workers on the SAWP and insurance practices; social isolation; unequal power dynamics between employers and employees; and fear of medical repatriation. This project acknowledges the highly complex and intersectional nature of these issues and will present policy recommendations that best integrate as many components as is feasible, with the aim of reducing barriers SAWP participants experience in accessing health care.

One of the intersecting issues between labour and health care access temporary migrant farm workers face is the risk of repatriation. Employers have the option to unilaterally terminate the worker's contract, without workers having the right to appeal their decision. When workers are injured on the job, employers have repatriated workers, without ensuring that they have access to the health care necessary in their home countries to address their injuries. As Molnar (2018) explores, between 2001 and 2011, 787 medical repatriations occurred in Ontario, out of 170,315 workers employed there.

Documentation of repatriation are not unique to temporary migrant farm workers; workers in the Live-in Caregiver Program (LCP), which is another stream in the TFWP, have also extensively experienced this issue (Molnar). This suggests that there may be a connection between some basic components of the TFWP and repatriation.

There are a number of barriers temporary farmworkers face when attempting to access healthcare. As the literature review will explore, these barriers are intersectional, and cannot be divorced from the vulnerable status temporary migrant farmworkers have in Canada. This project seeks to gain a better understanding of the access temporary migrant farmworkers have to healthcare while working in Canada, and to propose policy options intending to address their difficulties in accessing healthcare.

Therefore, the policy issue I am exploring is that: Too many temporary migrant farmworkers have impediments to accessing healthcare during their work term in Canada.

Chapter 2.

Methodology

I utilize both primary and secondary data in a mixed methods approach. Information sources include interviews, case studies, news articles, and academic articles. With regards to secondary data, a literature review as well as a jurisdictional scan are included as part of my core methodologies. I've also conducted interviews with SAWP experts, including but not limited to: advocacy coalitions; researchers; union representatives who work with temporary migrant farmworkers; and civil servants. All interviews are conducted over the phone or in person in the Lower Mainland. Given the sensitive nature of the research, all the interviewees are anonymous.

2.1. Interview Participants

To have a strong grasp on government, civil servants, especially those working in labour and health, are included as interviewees. Advocacy coalitions, specifically, organizations that work in advocating for the rights of temporary migrant farmworkers, are also included. They are valuable because they have extensive, first-hand knowledge on the issues temporary migrant farm workers face in accessing healthcare, and in the ways in which government policy and regulation interacts with their efforts. Lastly, union representatives are included as interviews because, similarly to advocacy coalitions, there have been and are a number of unions that currently work with temporary migrant farm workers. All interviews will also be instrumental in providing feedback to the policy options I am proposing. None of the interviews were recorded or taped; I instead took notes during interviews and sought confirmation of the information interviewees shared before quoting them. All interviews took place in the Lower Mainland, either over the phone, or in the offices of participants. I obtained Ethics Approval from Simon Fraser University before contacting potential interviewees and conducting any interviews.

2.2. Excluded Participants

Due to time constraints and ethical considerations, I do not interview temporary migrant farmworkers for this project. I acknowledge this as a limitation and encourage other researchers and policy analysts to include the perspectives of temporary migrant farmworkers in future research. Although I contacted farm owners and groups representing farm owners, such as the BC Fruit Growers' Association, to request interviews, I did not receive any replies from them. These would have been highly significant interviews to have conducted, as a great deal of the factors impacting healthcare access for temporary migrant farm workers are contingent on their employers and bosses; for example, transportation, access to information, and so on.

2.3. Literature Review

A literature review provides a strong understanding of where current research is situated. Given that government legislation is crucial in the SAWP / TFWP, I also explore government sources, in order to have a clear understanding of the legal and policy components of temporary migrant workers employment and rights. The literature review includes sources from a number of provinces, as this is a federal program with comparable elements between provinces. Indeed, a jurisdictional scan is an important part of the secondary research in this capstone, as various Canadian provinces have different provincial health and labour policies, which can be compared to each other. The provinces I have chosen to compare are Manitoba, Ontario, and Quebec.

Chapter 3.

Literature Review

The Problem:

Healthcare access for temporary migrant farmworkers is a complex and intersectional issue. Some of the intersecting barriers temporary migrant farm workers face when attempting to access healthcare include: long work hours; lack of transportation; lack of services in rural areas; language barriers; cultural differences; lack of information on available services; and social isolation. There have been cases in which employers have restricted employees from leaving the premises after work (Molnar).

I recognize the limitations of my project and its scope and encourage future academics to expand on this topic, as whatever policy options are proposed in this capstone, it is unlikely that they will be able to address all facets of the barriers temporary migrant farmworkers experience when attempting to access healthcare.

3.1. Liminality and Other Barriers

Liminality refers to migrant workers inhabiting a gray area, in which legislation and regulation are ambiguous, and where migrant workers do not have the legal standing to access their rights as Canadian citizens or permanent residents can. This liminality is constructed by migrant workers' temporariness as non-citizens, thereby being relegated to a liminal space in the nation. This greatly limits their ability to access their rights without fear of repatriation or other adverse effects.

An important factor that corresponds to liminality is that participation in the TFWP of temporary migrant farmworkers is tied to their employer. Although starting in 2019, workers can now access open work permits in extreme circumstances of abuse or discrimination, it is difficult for workers to find new employers once they are in Canada, and there is no guarantee that they will be granted an open work permit. Therefore, the

very structure of the program impacts vulnerability and therefore the ability of workers to access their rights. Within this context of, the risk of repatriation has been identified as a very real and present threat. As Molnar explores, between 2001 and 2011, 787 medical repatriations occurred in Ontario, out of 170,315 workers employed there. This means that 787 farm workers were sent back to their home countries due to injuries on the job or other medical needs acquired during their time working in Canada.

The experience of liminality cannot be divorced from the intersections of globalization, citizenship and immigration, and labour laws, which shape and impact the access to health care these same workers have (Barnes, 655). Indeed, as Barnes argues, it is necessary to explore the treatment of workers coming in through the SAWP as an outcome and factor of globalizing labour patterns. He explores the relationship between these factors, and how advocacy coalitions, such as the Agricultural Workers Support Center (AWSC), Justicia for Migrant Workers (J4MW) and Migrant Worker Community Program (MWCP), interact with the policy frameworks of and practices within the SAWP. Although it is important to examine the greater circumstances surrounding the necessity of the SAWP it is outside the scope of this project. I encourage other policy analysts and academics to incorporate this consideration in their work on this highly intersectional issue.

3.2. Citizenship Status and Access to Health Care

Preibisch and Otero come to the conclusion that citizenship status has a significant impact on workplace health and safety, which includes access to health care. After interviewing both immigrants and migrants, they find that migrants receive a narrower range of social protections than immigrant workers, even when immigrant workers are employed precariously. Through their interviews, Preibisch and Otero found that 69% of temporary migrant workers work when they are ill or injured and avoid reporting health concerns (185). This is largely due to the risks workers face when reporting their injuries, among which are repatriation. To quote: “farmworker advocates said that a common employer response to illness or injury among migrants was firing the individual and arranging his or her deportation. This practice has been widely documented in eastern

Canada” (186). As such, SAWP participants often have to choose between living with their injuries or facing possible unemployment and deportation.

3.3. The Employers’ Perspective

Narushima and Sanchez explain the perspective of employers of migrant employees and their subsequent treatment of participants in the SAWP. They collected data from individual interviews with farm owners who employ temporary migrant farmworkers in Southern Ontario, Canada. Nine employers or their representatives were interviewed by the researchers (169). They identified four major streams of thought out of the interviews they conducted: employer dependency on migrant farm workers; the fragmented views of occupational safety and health on the part of employers; a blurring of boundaries between the work lives and personal lives of migrant farm workers; and a reluctance to implement health promotion plans (170). They find that although farm owners / farm management hypothetically separate the private and work lives of temporary migrant workers, given that farmworkers live on their employers’ property and are often dependent on farm owners / farm management for transportation and other essentials, these lines between private and work life are often blurred. These essentials also include language translation, a result of lack of resources available to temporary migrant farm workers in their own languages.

3.4. Unionization and the SAWP

Unionization is one of the approaches temporary migrant farm workers have attempted to use to improve their working and living conditions while working in Canada. Vosko explores union organizing as a path to creating systemic change within the SAWP. The United Food and Commercial Workers Union (UFCW) attempted, and succeeded, in unionizing two groups of seasonal agricultural workers participating in the SAWP in British Columbia (883). Vosko explores deportability and examines to whom it applies, and finds that through the structure of the SAWP, deportability especially applies to the workers participating in the program. She suggests that participants in the SAWP experience threats and acts of deportation, regardless of their legal status, which is largely

due to their vulnerable position in Canadian society, and their dependence on the acceptance and approval of farm owners (884). Unionization through UFCW is an attempt to address their poor working conditions and inability to access health care, through securing collective agreements (CA).

What Vosko finds, however, is that due to the structure of the SAWP, CA's are not respected or followed. Given that CA's frequently center around seniority, this does not address the issue of repatriation; employers can choose not to call back workers who are covered through the CA and would build up seniority through working at that farm. Moreover, CA's do not address repatriation. This is just one example of the limitations of unionization, although one of the most pertinent ones. Vosko suggests that unionization can only do so much for temporary migrant farm workers but has historically fallen short of the desired outcomes. This implicitly makes a case for a need for the federal or provincial governments to legislate change in relation to the SAWP.

3.5. Conclusion and Implications of the Literature Review

This literature review explores the policy problem, that too few temporary migrant farm workers have access to health care while working in British Columbia, as an intersectional and complex issue. Although some of the barriers to accessing health care are legislative, namely, that temporary migrant farm workers in BC have access to health care after three months of working here, that is not the only barrier they experience. As Hennebry *et al.* argue, a large part of the issues arise from the very structure of the SAWP. The SAWP creates the conditions of liminality, a "third space" that temporary migrant workers occupy, that increases their vulnerability, and makes it difficult for them to access essential services and to advocate for themselves. Perhaps the largest structural component that impacts health care access is the risk of repatriation that all migrant workers face through the TFWP. Indeed, as Prebisch and Otero explore, the practice of deporting temporary migrant farm workers who have fallen ill or are injured has been widely documented in eastern Canada, though is in no way a feature unique to those provinces.

Attempts to address some of the issues arising out of the SAWP, through practices such as unionization and grassroots organizing, have their limitations. This suggests that there is a need for government implemented structural change in the program, that will address some of the deep-seated issues temporary migrant workers experience when attempting to access healthcare.

Chapter 4.

Cross-jurisdictional scan

Provinces: Manitoba, Ontario, Quebec

4.1. Purpose

The purpose of the jurisdictional scan is to identify and explore factors that vary between provinces to determine if they have an impact on the barriers of access to health care for temporary migrant farm workers. All Canadian provinces, with the exception of Newfoundland, participate in the SAWP. The largest employers are Ontario and Quebec, with British Columbia following in third. Since this is a federal and provincial program, this scan will be examining the healthcare access barriers temporary migrant farm workers experience in Manitoba, Quebec, and Ontario. Manitoba has been chosen for its decision to remove the three-month wait period for provincial health care access for temporary migrant farm workers, while Quebec and Ontario have been chosen for being the largest employers of migrant farmworkers. Ontario is also of interest for being the first province to participate in the SAWP. Moreover, unionization for SAWP workers is illegal in Ontario, while permissible in Manitoba and Quebec. Because unionization is a factor commonly explored in academic literature examining the SAWP, the jurisdictional scan will cover it as well.

4.2. Manitoba

This section explores the healthcare access of temporary migrant farmworkers in Manitoba, as ways of analyzing factors impacting barriers. In Manitoba, the majority of SAWP employees are Mexican (Read *et al.*, 6). In 2011, out of the total 28,845 Mexicans employed through the SAWP, 320 of these were employed in Manitoba (Read *et al.*, 6). Employers are responsible for covering up to half of the workers' transportation costs to and from Manitoba (Read *et al.*, 7).

In Manitoba, as in other provinces, temporary migrant farmworkers live on the farms they work, or nearby, in spaces owned by their employers. These spaces tend to be rural, and distant from shopping areas or medical and other services (Read *et al.*, 7). This geographical isolation is a large factor in limiting the health care access for temporary migrant farm workers, as a lack of mobility makes it difficult for them to get to the services they need. Furthermore, temporary migrant workers are reliant on their employers for transportation, whether it be to access grocery stores, banks, or doctors.

4.3. Barriers to Accessing Health Care

There SAWP participants in Manitoba experience a number of barriers in their attempt to access health care. Among these are lack of knowledge of health care coverage; lack of access to transportation; hours of work that preclude them from being able to seek medical help; dependency on employers for future work and positive references; and fear of medical repatriation. In 2014, the Manitoba provincial government began providing health care coverage for SAWP participants upon their arrival in Manitoba, which was different from their previous practice of only allowing them to access health care through private insurance. However, even with this provincial change, they still experience barriers to accessing health care.

One of the central issues is, as previously mentioned, lack of knowledge on health care coverage. As Read *et al.* explore, “workers are often unaware of how the Canadian healthcare system functions” (28). This unawareness, and difficulty in accessing information on the health care system, is an impediment to their accessing health care. Therefore, one of the recommendations the CCPA report, Read *et al.*, makes, is that the provincial government provide English language instruction to temporary migrant farmworkers, so that they can better navigate the Manitoba provincial system, which is operated in English (35).

However as “Migrant Voices”, notes, “Regardless of insurance coverage, though, workers who have experienced a severe injury or illness are often repatriated” (Read *et al.*, 28). It may be cheaper or more convenient to send a worker back to their home

country rather than take them to get medical attention and wait for them to recover before they can start working again. As “Migrant Voices” notes, there are cases in which it is easier for an employer to send a worker back to their home country than to reorganize their duties or adjust the work load for the injured worker (28). The awareness of being repatriated for medical reasons is a strong incentive for workers to work through their injuries, and not seek medical help.

Another barrier to healthcare access is the reliance that workers have on their employers. Workers are generally dependent on their employers for transportation, which means that they would need to ask their employer to transport them to a medical facility. The employer would then find out about the medical condition of the worker, which would put the worker at risk of medical repatriation. Moreover, even if the worker was not repatriated, when employers can choose which workers to bring back to their farm, or which workers to recommend staying in the program, they are more likely to choose workers who are healthy, rather than those with health issues (Read *et al.*, 28). Workers may also not want to lose a day of wages by going to the hospital / medical facility (Read *et al.*, 28). However, given the long hours temporary migrant farm workers have, their choices in clinics that are open late are limited (Read *et al.*, 27).

4.4. Unionization

Some temporary migrant farm workers in Canada have been attempting to unionize in order to access their rights, better working conditions, and accessing health care. While unionization is banned in a number of provinces, including Ontario, it is technically legal in Manitoba. However, this does not mean that it is without challenges. Although the right to form or join a union is enshrined in the *Canadian Charter of Rights and Freedoms*, and is respected by Manitoban provincial laws, migrant workers in Manitoba are discouraged from engaging in conversations that have to do with unions (Read *et al.*, 30). When the possible outcome of being discovered is repatriation or a negative review, workers are highly vulnerable and may not feel comfortable trying to unionize (Read *et al.*, 31).

Indeed, in 2007, a group of temporary migrant farm workers tried to unionize in Portage la Prairie, Manitoba, at Mayfair Farms. They successfully unionized with United Food and Commercial Workers (UFCW), who negotiated a wage increase on their behalf, increasing to greater proportions after 70 hours of work per week. Their representation only lasted for two years, until in 2009, their employers heavily encouraged the workers to decertify the union. Although the reason for decertification cited by the farms was that workers were no longer offered as many overtime hours as a result of UFCW's negotiations, migrant advocates offered a different explanation. As the CCPA explored, "Migrant advocate Pablo also indicated that workers faced hostility and surveillance from the employer" (Read *et al.*, 31). Furthermore, when the decertification vote occurred, only 26 out of 50 agricultural workers that had were employed at Mayfair and participated in the SAWP were in the country. Lastly, the vote occurred after a "contentious private meeting between Mexican government officials and workers at this particular farm. In this meeting, the Mexican Consulate threatened to repatriate workers who voted in favour of the union (Rural Migration News 2009)." (Read *et al.*, 31). The Mexican Consulate also threatened to blacklist workers who did not vote in favour of decertification, thereby banning them from the SAWP (Russo, 5). If workers are threatened with repatriation, this undercuts the ability of unions to represent them.

Although unionization is a tactic that is legally available to temporary migrant farm workers, in the context of the risks they would have to take upon themselves, including the risk of being repatriated and being discouraged from discussing unionization, it is not an accessible and feasible option.

4.5. Ontario

Basic Overview

Ontario was the first province to create and participate in the SAWP, beginning in 1966. After considerable lobbying by tobacco farmers, Ontario began employing temporary migrant farm workers from Jamaica. Ontario is now the largest employer of temporary migrant farm workers out of all Canadian provinces. They employ roughly 17,000

migrant workers annually, which is roughly half of all temporary migrant farm workers in Canada (Pysklywec *et al.*, 1039).

As in other provinces employing workers through the SAWP, temporary migrant farm workers live on the farm or nearby property owned by the farm owner, paying a fee as a deduction out of their paycheque for their lodging. However, as Reid-Musson notes, because Canadian farmers are obligated to house migrants, farm workers tend to live on farm property, and be dependent on their employers for transportation. The implicit (and sometimes explicit) responsibility of employers to provide transportation for workers is a barrier for some SAWP participants in accessing health care. Employers might be busy, unwilling, or unable to provide transportation, and workers may feel uncomfortable with their employers knowing of their injuries or health care needs.

Through the contract set up by the Mexican consulate and the federal Canadian government, workers are employed for a minimum of six weeks to a maximum of eight months. In the context of health care, workers are generally covered by private insurance for the first three months of employment, before receiving Ontario provincial health coverage.

4.6. Unionization and Labour Law

Within Ontario's labour laws, all farmworkers, including those employed through the SAWP, are exempt from the majority of labour standards, such as the right to collectively bargain and unionize, and overtime pay (Reid-Musson, 719). It was only in 2006 that farm workers received occupational health and safety standards.

4.7. Barriers to Accessing Health Care

The barriers to accessing health care are similar for temporary migrant farm workers employed in Ontario as they are for those employed in British Columbia and Manitoba. These barriers include: lack of knowledge on health care coverage; lack of access to transportation; hours of work that preclude them from being able to go seek medical help; dependency on employers for future work and positive references; fear of medical

repatriation; and being excluded from the province's labour standards, including the ability to collectively bargain and unionize.

As Reid-Musson explores, living on farms or farm owned property presents an issue of immobility to temporary migrant farm workers. Their immobility is a central issue in accessing services, such as health care and food. Migrant workers are then reliant on their employers for transportation, which presents an issue especially if they want to access health care or another similarly sensitive service. Although some temporary migrant farm workers address this need for transportation by purchasing, sharing, or borrowing bicycles, this practice did not last long. As Reid-Musson finds, following the deaths of a number of temporary migrant farm workers in Ontario, whom had been biking and hit by cars, some farm owners have banned temporary migrant farm workers from having and using bicycles (725). Drawing from Reid-Musson's interviews with farm owners, she writes of two Norfolk farmer owners who stated that they "outright discourage or prohibit migrant employees from bicycling, explaining that they do so out of concern both for how they will be held accountable as well as for their workers' safety, should anything grave occur" (725). However, from a legal standpoint, farm owners are not in the right. To quote a Mexican consulate staff member, whom Reid-Musson interviewed:

We have informed employers that they can't prohibit workers from biking. Even if it might be your property you can't control who comes and goes, especially when it comes to daily mobility. So we've been opposed to these bans even though we know the risks and implications of biking around here. We're talking about adults here, not just humble Mexican worker (725).

However, in the context of medical repatriation and other structural components of the SAWP, farm workers may be fearful of disobeying farm owners and the restrictions they demand. This has increased migrant workers' reliance on employers for transportation, thus increasing their immobility and vulnerability.

Another barrier to health care that temporary migrant workers experience is the hours temporary migrant farm workers work. As Reid-Musson explores, this is an issue that intersects heavily with transportation. For example, if temporary migrant farm workers have no way of moving around, they are bound to the farm. Whenever there is a need for

them to work, they are called over. To quote Reid-Musson: “Workers are made available beyond paid work hours and spaces; they can be called on conveniently to and from nearby dormitories as required” (727). This often results in their working even longer hours than their contract allows, and in their having even less time to access health care services. When interviewing a farm worker about his hours of work and mobility, he said: “We don’t have much time to move around normally. Because work, work, work. Every day it’s work. It’s just work. It’s from seven in the morning sometimes 12 or 1 o’clock at night” (727). This results in SAWP participant’s work schedules acting as a barrier to them accessing health care, since few medical centres / hospitals will be open at those hours.

Moreover, as in other provinces, structural components of the SAWP also act as barriers to temporary migrant farm workers accessing health care. Two of the largest structural factors acting as barriers are the ability of employers to repatriate employees; and employers being able to “name” employees they want to return, or, consequently, give negative reviews to those they think should not. Migrant workers must be “named” by employers to return to work in Canada. Moreover, they can be repatriated for any reason and subject to removal from Canada, usually within 24 hours (Reid-Musson, 719). Furthermore, as Orkin *et al.* observe, “Medical repatriation of migrant farm workers in Ontario”, repatriation is a common response to workplace injuries. Within the program’s international agreements, they can cite: “the employer, after consultation with the [worker’s] government agent, shall be entitled for non-compliance, refusal to work, or any other sufficient reason, to terminate the worker’s employment... and so cause the worker to be repatriated” (E193). Orkin *et al.* examined data collected over a period of 11 years; over this period, they found that out of the 170,315 workers who had arrived in Ontario as temporary migrant workers, 787 were repatriated for health-related reasons (E194). This means that 4.26 medical repatriations occurred for every 1,000 workers arriving in Ontario (E194). They also examined the country of origin and corresponding rate of medical repatriation and found that the lowest number of medical repatriations occurred amongst Mexican workers. This is important because employers can select the workers’ country of origin, and stereotypes about workers’ ethnic backgrounds and their rate of injury impact workers’ employment. This also creates a degree of competition

amongst countries within the SAWP, with embassies siding with employers rather than assisting workers in order to maintain that country's standing and perceived desirability within the program (Preibisch and Otero, 188).

Lastly, language barriers are a barrier to temporary migrant workers accessing health care as well. As Pysklywec *et al.* explore, physicians treating temporary migrant workers are often challenged by language barriers and cultural differences. These language barriers and cultural differences complicate follow-up visits, and compliance with medical recommendations after consultation. Moreover, there is concern with interpreters; since many migrant workers do not speak English, there is a need for translators. More often than not, if employers or supervisors act as interpreters, there are concerns over confidentiality (1041). The lack of services in migrant workers' own language and / or their lack of ability to speak the language of the province in which they are working, presents a considerable barrier to them accessing health care.

4.8. Quebec

This section will explore Quebec and the administration of their temporary foreign worker programs for agricultural workers. As I do not speak French, this section only draws on articles and briefs that were available in English.

4.9. An Overview

Roughly 5000 temporary migrant farm workers are annually employed in Quebec, making it one of the largest employers of seasonal agricultural labour (Pysklywec *et al.*, 1039). Quebec is somewhat different from other provinces which participate in the program, as the province has a unique control over immigration. Through the Canada-Quebec Accord, both the federal and the Quebec provincial government share jurisdiction over immigration to Quebec. This means that in addition to the federal government allowing entry of workers, Quebec's government must also grant consent for any worker coming in through the SAWP (Russo, 33). An "Acceptance Certificate" must therefore be issued from the Quebec government; it is valid for one season (Russo, 33).

4.10. Structural Exclusion from Social Programs

SAWP participants are, as in other provinces, excluded from a number of social programs, including: legal aid; welfare; education; and French-language classes. Moreover, SAWP participants are not covered by a number of provisions in the *Labour Code*, and cannot claim benefits for a number of injuries, such as industrial accidents or occupational illnesses. The workers' precarious statuses and lack of legal protections create a situation in which they feel uncomfortable exercising or accessing their rights, an example of which is healthcare. To quote Jill Hanley, professor at McGill School of Social Work: "I think it just puts them in a position that they don't feel like they can say if they're having problems (...) Migrant farm workers often work 14-hour days with long periods between mealtimes and no water to drink out in the field (...) They live in crowded dormitories with 40 people to a bathroom and 20 people to a stove" (Scott, 1-2). This quotation illustrates both the negative working and living conditions workers experience, as well as their vulnerability, which acts as a barrier to them accessing services or asking for better conditions.

Other researchers and advocacy organizations have come to similar conclusions. Justicia 4 Migrant Workers finds that the structural components of the Temporary Foreign Worker Program lead to workers experiencing systemic vulnerability. To quote an interview with a SAWP participant they include in their piece: "Egildio says, 'They treat us like slaves. The Mexican government sells us and the Canadian government exploits us'" (14, Anonymous). This quotation highlights the lack of trust workers have in the system, which can make them reticent to access services. As Marcia Ribeiro, who works for *Le Centre d'appui pour les travailleurs et travailleuses agricoles migrants du Quebec*, explains, 'Even though these people come to Quebec as part of a legal work program they feel and act as if they are illegal workers. They are afraid to stand up for their rights. They don't even know what their rights are' (15). The lack of knowledge workers have with regards to their own rights is a fundamental barrier that keeps them from accessing them. Moreover, feeling threatened and fearful in their work program is a fundamental issue that is tied to systemic power inequalities through the program. Roberto Nieto, who also works for the Centre, elaborates on the systemic power

inequalities between workers and their employers, stating: “Employers have the ultimate word in deciding if workers are blacklisted and under what terms they will be sent home. Workers are not consulted, and politics hamper their avenues of defense. ‘If a boss dislikes someone, they can mark them down as alcoholic, even if they never drank a day in their life’” (Anonymous, 15). The ability to arbitrarily and one-sidedly punish workers, without right of appeal or consultation, is a core issue in workers’ vulnerability. However, the most serious form of this power imbalance is the ability of employers to repatriate workers. As Roberto finds: “A boss can send a worker back to Mexico for whatever reason- no judge, no appeal. The boss says the word, and the worker pays for the ticket’. Often the order comes with 24-hour’s notice” (Anonymous, 15). Given that medical repatriation is a documented phenomenon, this is part of the reason why workers do not report injuries or access healthcare services.

4.11. Human Rights and the SAWP

Recently, a Human Rights Commission Report in Quebec found that Temporary Foreign Worker Programs violate migrant workers’ rights. Published in 2012, the *Commission des Droits de la Personne et Droits de la Jeunesse (Quebec Commission for Human Rights and Youth Rights)* calls on the Quebec government to address the systemic discrimination migrant workers experience. In their report, they argue that workers experience systemic discrimination and vulnerability, which is "induced by a system that facilitates the violation of the fundamental rights and liberties of migrant workers” (2). They recommend that there should be established an independent tribunal whereby workers can make their case in situations of repatriation decisions made by the employer, the consulate of their country of origin, or the Canadian Border Services Agency (2).

4.12. Unionization

Quebec is one of the provinces in which the unionization of SAWP workers is legal. However, the provincial government has historically acted to challenge and limit the ability of temporary foreign workers to unionize. In 2003, under Jean Charest’s government, his policy of “Reengineering of the State” involved limiting labour unions in

Quebec and abolishing unions formed by domestic care workers. These were first steps in a process of drastic changes in labour relations (Russo, 34). UFCW became engaged in a legal battle that included complaints to the Quebec Labour Relations Board (QLRB). While the Quebec government attempted to intervene, arguing that Mexican workers faced a different set of circumstances than other workers, the QLRB held that engaging in collective bargaining is a right. However, the legacy of union suppression arguably has lasting consequences.

Despite unions historically being suppressed and challenged by the provincial government, UFCW has helped farm workers in tangible and significant ways. For example, UFCW recently helped a temporary migrant farm worker become the first migrant worker in Canada to be granted an open work permit. An open work permit means that, since the worker comes to Canada through one contract with one employer, upon being awarded an open work permit, they are no longer bound to work for that one employer. They can seek out another farm to work on and are allowed to stay in the country for the duration of the original work permit. The first open work permit was awarded in the summer of 2019, as a result of the worker experiencing abuse from his employer. The worker, who is going under the name of Mr. Perez, had been working in Canada for the past ten years through the SAWP. For the last two years, he had been experiencing psychological and financial abuse by his employer, who would insult Mr. Perez and threaten him. The employer would not allow Mr. Perez to take breaks, drink water, or have protections such as a hat or sunglasses while working outside. He would use his position of power over Mr. Perez to threaten him with repatriation. As Mr. Perez stated (about his employer): “He was using binoculars to monitor us at times, and you couldn’t even take a break (...) The boss constantly embarrassed and yelled at me in front of my co-workers. He told me that Mexicans are lazy and that I would be sent back to Mexico. I felt very stressed and anxious.” Mr. Perez decided to take action after he fell ill, and his employer’s response was to chase him down a field. Although it is important that the union was able to help Mr. Perez, his experiences highlight systemic power imbalances between employers and employees.

4.13. The Limitations of Unionization

However, unionization and the subsequent shift in power relations between workers and employers has resulted in fewer SAWP participants being brought to Quebec. Because employers can choose to bring workers through the SWAP or the LSPP, reducing the power imbalance has resulted in workers opting to bring in workers through the LSPP, which has a different set of regulations than the SAWP. Moreover, this practice intersects with ethnicity, as SAWP workers are generally Mexican, while workers coming in through the LSPP tend to be Guatemalan. To some degree, there is a sense of generalization of workers' characteristics and subsequent use of racism, as employers pit workers against each other while making assumptions about workers' characteristics as being predicated on their ethnic backgrounds (Preibisch, Otero,188). However, as Preibisch argues, "the trend towards Guatemalans and away from Mexicans may be better explained by the industry's reaction to the labor movement's campaign to organize Mexican workers, that has resulted in seven applications for union representation, two of which have resulted in contracts" (Preibisch, 420). Therefore, unionization can be viewed negatively by employers, resulting in workers not being brought back for a subsequent work term and employers moving towards the LSPP.

4.14. Comparing Key Factors in Manitoba, Quebec, and Ontario

The table below offers a comparison of key factors between Manitoba, Quebec, and Ontario. The key factors are: whether there is a three-month waiting period for accessing provincially-funded healthcare; whether private insurance is utilized by SAWP participants; whether SAWP participants are legally able to unionize; whether SAWP participants are housed on farm property; if SAWP participants can be repatriated to their countries of origin; and whether employment standards protections are in place for SAWP participants.

Table 1. Comparing Key Factors in Manitoba, Quebec, and Ontario

Factors	Manitoba	Quebec	Ontario
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Three-month wait period for accessing healthcare	No	Yes	Yes
Private insurance coverage	No; farm workers are covered by provincial healthcare once they start working	Yes, until provincial healthcare starts	Yes, until provincial healthcare starts
Unionization	Yes	Yes	Cannot unionize
Live on farm property	Yes; live on farm property	Yes; live on farm property	Yes; live on farm property
Repatriation	Yes; can be repatriated	Yes; can be repatriated	Yes; can be repatriated
Employment Standards Protection	Yes, as of 2008	Some provisions	Yes, as of 2006

Chapter 5.

Interview Findings

As part of my core methodology, interviews were conducted with key stakeholders who work or organize with SAWP participants. I conducted six interviews, the majority of which were conducted over the phone, with organizers from unions; academics who research the SAWP in Canada; grassroots organizers who work directly with the SAWP participants across Canada; and an interviewee who is employed by the BC provincial government.

The interviews yielded a number of valuable and interesting findings. Among them, I found that the most pressing barriers, as identified by the majority of participants, are connected to the unequal relationship between employers and farm workers. This includes the ability of the employer to end the contract and repatriate workers, not sending for the worker again the following year, and to write a negative review about the worker, which ensures that they will not be admitted into the SAWP program again. As one participant said, “workers are not even acknowledged as people. They are faceless, humanless. Not even a number, just a brown body”. This sentiment, that workers are not even considered people, is one that is connected to the large power inequalities between workers and employers. The lack of autonomy of SAWP participants is inextricably tied to these power dynamics, where employers have a great say in the current and future employment of workers. Given the power their employer has, temporary migrant farm workers are often scared to try to access health care, as they’re scared of what their employer may do if they find out.

Another important concern identified through interviews was that the regional health authorities’ employees (such as receptionists) lack knowledge on processing and billing health care visits for SAWP participants. In British Columbia, as in most provinces, SAWP participants have access to health care after three months of working in BC. Until then, they are covered through private insurance. A number of interviewees shared that, when front line staff don’t know how to process insurance requests or paperwork

pertaining to the worker's insurance, the workers are asked to leave. In other cases, SAWP participants are asked to pay the cost of treatment upfront; as many SAWP participants do not have that money on hand, this can act as a deterrent to accessing medical treatment. Avoiding treatment can exacerbate the illness or injury workers have, and subsequently lead to a greater injury or worsened health condition.

Moreover, regional healthcare authorities are oftentimes not trained in the complexities of the employer / employee relationship of SAWP participants, and sometimes take actions that put SAWP participants at risk. For example, a number of interviewees described how front-line staff at hospitals are unaware of temporary migrant farm workers living situations and will send bills and medical results to their manager's offices. This often results in their managers or employers having access to their confidential medical results, which violates the worker's privacy and puts them at risk. Given that medical repatriation is a risk many SAWP participants experience, the risk of not having their confidentiality assured can act as a deterrent for them accessing healthcare. Another example of increased risk due to front-line staff not being trained in SAWP participant experiences is tied to language. Many temporary migrant farmworkers have challenges in explaining to doctors in English what their symptoms are. Although translation services are available through regional healthcare authorities, according to interviewees, there have been a large number of cases where front-line hospital staff will call in the temporary migrant farm workers' employer or supervisor to provide translation services for the patient. This results in the employer or supervisor knowing confidential information about the workers' health.

One of the central themes that came out of the interviews was that SAWP participants experience discomfort in attempting to access health care services, often to due lack of information on their rights or knowledge on the medical system in Canadian provinces. Several interviewees suggested a good policy option would be to provide more information, through workshops and info sessions, to workers, on the insurance coverage they have and their rights in the program.

The working conditions SAWP workers experience act as a deterrent to them accessing healthcare services. Oftentimes, SAWP participants can work long hours; as few medical establishments or clinics are open late, this makes it difficult for workers to access healthcare. Although workers could take a few hours off work, this is also difficult, because not working a couple of hours means a loss in wages; and, they may be scared that their employer will be angry at them and not want to bring them back the following year.

Lastly, some barriers identified through interviews are largely situational and, according to interviewees, have little possibility of being improved through changes to the SAWP program itself. Given that some farms are located in rural areas, there is generally limited healthcare access available in those communities. Moreover, especially when farms are located in rural areas, transportation is an even greater impediment, as workers are more reliant on their employers to reach a healthcare provider. The servicing of healthcare in rural communities is a larger contextual issue that cannot be addressed through this capstone.

The interviews I conducted therefore yielded a number of valuable outcomes, especially a greater understanding of the barriers SAWP participants experience when accessing healthcare. These barriers include: unequal power dynamics between SAWP employers and employees; lack of knowledge on the part of regional health authorities; lack of knowledge on the part of SAWP participants; issues around confidentiality; issues around hours worked; and situational barriers.

5.1. Interview Limitations

Due to time and ethical considerations, I could not interview SAWP participants themselves. At the time of completing this capstone, no farm owners, managers, or associations representing farm owners had replied to my queries or requests for interviews. Lastly, the federal government could not accommodate my request for an interview. All of these key players would have been valuable to interview and gain their

perspectives and thoughts; I acknowledge their lack of participation in this research process as a limitation to the overall capstone.

Throughout the process of the interviews, a limitation of my scope was addressed by interviewees. This project is examining healthcare access for temporary migrant farm workers; however, it does not discuss mental health and emotional well-being.

Unfortunately, little research is available documenting the mental health of SAWP participants. One can imagine that there would be challenges in adapting to a different country, and working with new people, many of which, it is possible, they have never met in their lives, in a country where they are separated from their families. However, at the moment, very little academic work exists exploring the mental health of temporary migrant farm workers. I acknowledge this limitation in my own research and hope that future researchers will examine mental health and well-being as a component of healthcare access for SAWP participants.

Chapter 6.

Policy Objectives, Criteria, and Measures

The ultimate goal of this project and according policy recommendations is to reduce the barriers temporary migrant farmworkers experience when attempting to access healthcare while employed in British Columbia. Barriers to accessing healthcare for temporary migrant farmworkers is a complex and multifaceted issue, which is why it is important to consider how policies can act in tandem to address structural components in the operation of the SAWP that act as barriers to access.

6.1. Evaluation Criteria

Criteria is used to evaluate policy options proposed in order to identify the best options to recommend and implement. The goal is to produce policies that will be the most instrumental in reducing barriers to access of healthcare for temporary migrant farmworkers, while being implementable and feasible from an administrative, cost, and stakeholder point of view.

The criteria are:

1. Effectiveness
2. Cost
3. Administrative complexity
4. Stakeholder acceptance.

The measures, which will be explored in more detail alongside each policy option, have an index of 1, 2, or 3, 1 denoting the lowest score, 2 an average score, and 3 the highest score. These policy options will be judged according to evidence from my literature review and interviews. Administrative complexity will be analyzed according to number of actors. Actors are defined as agencies within government. 1 actor will be considered low complexity; 2-3 actors will be considered medium complexity; and 4 actors or more

will be considered high complexity. In this circumstance, low complexity will receive a score of 1; medium a score of 2; high a score of 3. The two measures will be added up and divided by two; this number will be the score given to administrative complexity.

Not all criterion are weighed equally. Effectiveness will be more heavily weighed than the other criterions, because without effectiveness, the policies have no need to be implemented. As such, effectiveness will be doubly weighed. All other criterions will be weighed equally to each other.

6.2. Overview of Evaluation Criteria

Table 2. Examining Key Policy Considerations

Criteria	Definition	Measures
Effectiveness	Ability of temporary migrant farm workers to access health care upon implementation of the policy.	<ul style="list-style-type: none"> • Increase in temporary migrant farmworkers accessing health care. • Increased perception of temporary migrant farmworkers in their ability to access healthcare (would be determined by confidential, government administered surveys).
Cost	<ul style="list-style-type: none"> • Annual cost to the federal government • Annual cost to the provincial government 	Expected Cost (to be determined upon further research and interviews).
Administrative complexity	<ul style="list-style-type: none"> • Number of actors that need to be engaged. Actors are understood as separate stakeholders 	Complexity determined upon: <ul style="list-style-type: none"> • 1 actor; 2-3 actors; 4 or more actors
Stakeholder acceptance	<ul style="list-style-type: none"> • Would grassroots organizations support this policy? • Would employers support this policy? • Would government support this policy? 	Expected support level: <ul style="list-style-type: none"> • positive; neutral; negative (denoted by 1, 2, or 3).

6.3. Effectiveness

The first criteria is effectiveness. Effectiveness can be defined as: meeting the needs outlined throughout this paper, namely, the reduction of barriers farm workers experience in accessing health care. As the goal is the reduction of barriers to accessing healthcare services for temporary migrant farmworkers, an effective policy would denote a decrease in barriers to healthcare; as well as a perceived reduction in barriers to healthcare access on the part of temporary migrant farmworkers. The reduction of perceived barriers is important because some temporary migrant farm workers might be hesitant or fearful accessing health care if they do not know it is their right to do so. An effective policy would impact the perception temporary migrant farmworkers have with regards to their access to healthcare, or, in other words, their increased perception of healthcare as a right they have access to. However, it should be noted, that the perceived barriers to accessing health care cannot be predicted by this researcher. As I do not have the ability to communicate with temporary migrant farm workers, due to ethical and time constraints, I suggest future academics conduct surveys and focus groups with temporary migrant farm workers on their perceptions to barriers in accessing health care.

Effectiveness is the most important of all the evaluation criteria. This is because, without the policy option being effective, then there is little point in implementing the policy itself. This criterion is weighed more heavily than the majority of other criterions on the basis of it being the most important.

6.4. Cost

The second criterion is cost. In order for the policy options to be feasible, there needs to be consideration of how much it would cost to implement and maintain the policy options. When considering cost, it is related to two groups: cost to the provincial government; and cost to federal government. Cost to farm owners and farm workers will not be considered, because these policies will be implemented at a federal and provincial level, and will have minimal, if any, cost ramifications to these two actors. Not every policy option will impact both the federal and provincial governments; however,

remembering that each of these two groups might have to shoulder a component of the costs associated with each policy option is important.

It is impossible to predict or estimate the costs each policy option would entail. As the majority of policy options proposed are not currently implemented in any province or at any level of government, there is no way to accurately predict costs. Therefore, the policy criterion of cost will be assessed on a comparative scale, ranking low, medium, or high. A low cost will be given a number value of 3; medium cost a number of 2; and low cost a number of 1.

6.5. Administrative Complexity

The third criterion is administrative complexity. Given the intersectional nature of the SAWP, where two levels of government, the federal level and provincial level, are involved, one of the policy considerations is the level of administrative complexity of each policy option. As the SAWP is a federal program, which each province has a large degree of freedom in implementing and regulating, all the recommended policy options have to be tailored with an understanding of how the federal and provincial governments share responsibility in the context of this program. Coordination between and amongst varying levels of government and communicating with other organizations, such as regional health authorities, impacts administrative complexity.

6.6. Stakeholder Acceptance

The fourth and last criterion is stakeholder acceptance. The identified stakeholders are grassroots organizations, which work with temporary migrant farmworkers directly; employers of temporary migrant farmworkers, participating in the SAWP; the Canadian federal government; and provincial governments. In circumstances where the policy would be implemented at a federal level, the federal government would be the decision maker, not the stakeholder; however, the provincial government would be a stakeholder. In circumstances where the provincial government would be the decision maker, the federal government would be a stakeholder. In order for the policy option to be feasible,

the provincial government especially has to approve the policy, in order to allocate the necessary resources to it. Moreover, farm workers should also be consulted on the policy options proposed and eventually accepted and implemented by the provincial government. However, since I was not able to consult with temporary migrant farm workers, due to ethical and time constraints, the I recommend that future researchers directly consult participants on the SAWP, to better gain an understanding of their perceptions of recommended policy options.

It should be noted that it is difficult to predict stakeholder acceptance. This project cannot claim to know or fully understand how stakeholders will feel about each policy option put forward. Indeed, stakeholders may also vary amongst themselves in their reactions to policy options. However, I use the interviews I conducted, as well as articles reviewed, to inform my analysis of stakeholder acceptance for each policy option I propose and explore. I also include considerations of cost and changed workload (for example, added work to farm owners) to predict stakeholder acceptance. I recommend future academics and policy analysts to conduct broader, in-depth surveys and focus groups with pertinent stakeholders on policy options addressing barriers to health care access for temporary migrant farm workers in the future.

Chapter 7.

List of Policy Options

There are three central policy options proposed for consideration below, the goal being the reduction of barriers to temporary migrant accessing health care. The policy options are not mutually exclusive and can be considered in tandem.

1. End repatriation of temporary migrant farmworkers, and instead create a due process through which temporary migrant farmworkers can make their case for staying in the province. Employers would be required to fill out a form explaining the reason for terminating the contract of the temporary migrant farmworker and, if considered insufficient, will not be allowed to terminate their contract. In cases of medical issues, such as workplace accidents or medical emergencies, employers will not be allowed to terminate the contract of their workers and repatriate them to their home countries.
2. Change structural components of the SAWP through the federal government which decrease the vulnerability of temporary migrant farmworkers and attempt to remedy a highly unequal power dynamic, including:
 - a) Ending the practice through which, an employer can recommend a farmworker, or write a negative review which would mean them not being employed again in the future.
 - b) Facilitating the granting of open work permits in cases of abusive or discriminatory employers.
3. Establish the creation of a provincial Migrant Worker Advocacy Centre, which would be funded by the provincial government, and would provide assistance to farmworkers, through:
 - a) Provide information to temporary migrant farm workers, upon arrival in Canada, in their maternal language (usually Spanish), informing them of their rights in the province.
 - b) Provide assistance navigating local agencies such as the Workers Compensation Board (WCB).
 - c) Running a helpline which workers can contact for assistance through the phone.

- d) Provide workshops in the language spoken by workers on their rights and on occupational health and safety on farms.
- e) Provide workshops to front line health care staff, such as receptionists, on the SAWP and worker vulnerabilities, as well as on the insurance they are using.
- f) Facilitate an independent body to consider disputes between workers and employers and provide mediation services between employees and employers.

As explored in the jurisdictional scan, there are a number of variations between provinces. Yet, in spite of these variations, some things remain the same; namely, the barriers temporary migrant farm workers face in accessing health care. This suggests that there needs to be policy recommendations made that addresses the structural issues within the SAWP. As such, the majority of my policy options do not try to replicate what other provinces are doing, as SAWP participants in other provinces also experience barriers. Rather, the policy options I am putting forward aim to address the structural issues within the SAWP and aim to address the highly unequal power imbalance between the farm workers and employers, as well as government.

I will now explore each policy option and the rationale behind proposing them.

7.1. Evaluation of Policy Options

7.1.1. Policy Option One

This policy option recommends that the federal government end medical repatriation of temporary migrant farmworkers, instead creating an administrative process through which temporary migrant farmworkers can make their case for staying in the program. Employers would be required to fill out a form explaining the reason for terminating the contract of the temporary migrant farmworker. If the case worker assigned by the federal government considers the reasons illegal or insufficient, the employer will not be allowed to terminate their contract. In cases of medical issues, such as workplace accidents or medical emergencies, employers will not be allowed to terminate the contract of their workers and repatriate them to their home countries. Because immigration is a federal

responsibility, the federal government would be responsible for the creation, implementation, and continuation of this administrative process.

Table 3. Assessing Policy Option One

Criteria	Definition	Measure	Score
Effectiveness	Ability of temporary migrant farm workers to access health care upon implementation of the policy.	Increased percentage of SAWP participants in accessing health care services.	High (3): Increase in temporary migrant farmworkers accessing health care. High: Increased perception of temporary migrant farmworkers in their ability to access healthcare (would be determined by confidential, government administered surveys).
Cost	<ul style="list-style-type: none"> Annual cost to the federal government 	Cost in comparison to other policies.	Medium (2): In comparison to the other policy options, medium. The creation of an administrative process in cases of repatriation would require a medium level of financial resources. Change in law would be required, as well as case workers.
Administrative Complexity	<ul style="list-style-type: none"> Number of actors that need to be engaged. Actors are understood as separate stakeholders (for example, the provincial government is one actor) 	Complexity determined upon: <ul style="list-style-type: none"> 1 actor; 2-3 actors; 4 or more actors 	Medium (2): Due to number of stakeholders, medium administrative complexity. Employers; health authority to assess condition of worker; federal government would be engaged.
Stakeholder Acceptance	<ul style="list-style-type: none"> Would grassroots organizations support this policy? Would employers support this policy? Would provincial government support this policy? 	Expected support level: positive; neutral; negative.	Grassroots: Support Employers: Negative Provincial government: positive. Overall expected level of support: high for two, negative for one. Therefore, an overall ranking of positive.

Analysis of Evaluation

One of the barriers most commonly cited to SAWP participants accessing health care is the fear of medical repatriation. Addressing this concern through concrete policy change has the potential to improve access to health care for temporary migrant farm workers. As such, this was rated as high in the effectiveness category, as this policy has the potential to increase the number of SAWP participants who access health care, and increase the perception of SAWP participants that it is safe for them to do so. In comparison to other policies, this was denoted as a medium cost, as although the creation of an administrative process in cases of repatriation would require a medium level of federal government resources, no cost would be placed on employers or provincial government. Due to the number of stakeholders implicated in this policy, which would include the federal government; employers; and health authorities, this was given a medium level of administrative complexity. Lastly, stakeholder acceptance was given an overall ranking of positive, as grassroots organizations would find this a favourable option, and it is one of the most frequently recommended policy options academics and researchers recommend in journal articles. I predict that the provincial government would view this option favourably, as it would incur no cost or changes in their policy to them. I predict that farm owners would view this policy option negatively, because it would result in a loss of power to them. This policy change would incur no financial cost for farm owners, and minimal work for them in the case of a worker getting injured or ill; therefore, it is predicted their lack of support will not be too great.

7.1.2. Policy Option Two

Change structural components of the SAWP by the federal government to decrease the vulnerability of temporary migrant farmworkers and challenge a highly unequal power dynamic, including:

- a) Ending the practice by which, an employer can recommend a farmworker, or write a negative review which would mean them not being employed again in the future.
- b) Facilitating the granting of open work permits in cases of abusive or discriminatory employers.

Table 4. Assessing Policy Option Two

Criteria	Definition	Measure	Score
Effectiveness	Ability of temporary migrant farm workers to access health care upon implementation of the policy.	Increased percentage of SAWP participants in accessing health care services.	High (3): Increase in temporary migrant farmworkers accessing health care. High: Increased perception of temporary migrant farmworkers in their ability to access healthcare (would be determined by confidential, government administered surveys).
Cost	<ul style="list-style-type: none"> • Annual cost to the federal government • Annual cost to the provincial government • Annual cost to farm owners 	Cost in comparison to other policies.	Low (1). No cost to employers. Low cost to federal government. More staff needed. Some legislative change to terminate the review process. No cost to provincial government.
Administrative Complexity	<ul style="list-style-type: none"> • Number of actors that need to be engaged. Actors are understood as separate stakeholders (for example, the provincial government is one actor) 	Complexity determined upon: <ul style="list-style-type: none"> • 1 actor; 2-3 actors; 4 or more actors 	Medium (2): Would involve federal government; employers.
Stakeholder Acceptance	<ul style="list-style-type: none"> • Would grassroots organizations support this policy? • Would employers support this policy? • Would provincial government support this policy? 	Expected support level: positive; neutral; negative.	Grassroots: Positive Employers: Negative Provincial: Positive

Analysis of Evaluation

A frequently cited barrier SAWP participants experience when attempting to access health care is fear due to structural inequality. This policy aims to address some of the

structural power imbalances between employers and workers. This policy option ranked high in effectiveness, as it targets a core barrier migrant workers experience in accessing health care. With regards to cost, this received a low-cost measure, and would be the lowest cost policy option, as it would result in no added cost to the provincial government or employers, and a low cost to federal government. Low cost to the federal government is predicted because the permitting of open work permits has become an implemented policy starting with the summer of 2019; it would require little structural change. However, it might require an increased number of administrators hired to process open work permit request forms. The ending of worker recommendations would also not be a costly practice to end. Administrative complexity is ranked as low, because it would involve federal government, as well as employers, in the case of granting open work permits. Lastly, stakeholder acceptance was given a positive ranking. Grassroots organizations were supportive of this policy option in interviews, and this is a policy option that was recommended in a number of articles. Moreover, this policy would create no additional work or impact for the provincial government, which is why I predict that they would view this option favourably. However, it is predicted that employers would not view this policy option favourably, as the power imbalances between them and workers has systemically benefited employers. I acknowledge this as a problem; however, given the acceptance level of other stakeholders, this is still a policy I recommend. Moreover, beyond impacting the power imbalance between workers and employers, this policy will have no other impact on employers, such as financial impacts.

7.1.3. Policy Option Three

Establish the creation of a provincial Migrant Worker Centre, which would be funded by the provincial government, and would provide assistance to farmworkers, through:

- a) Provide information to temporary migrant farm workers, upon arrival in Canada, in their maternal language (usually Spanish), informing them of their rights in the province.
- b) Provide assistance navigating local agencies such as the Workers Compensation Board (WCB).

- c) Running a helpline which workers can contact for assistance through the phone.
- d) Provide workshops in the language spoken by workers on their rights and on occupational health and safety on farms.
- e) Provide workshops to front line health care staff, such as receptionists, on the SAWP and worker vulnerabilities, as well as on the insurance they are using.
- f) Facilitate an independent body to consider disputes between workers and employers, and provide mediation services between employees and employers.

Table 5. Assessing Policy Option Three

Criteria	Definition	Measure	Score
Effectiveness	Ability of temporary migrant farm workers to access health care upon implementation of the policy.	Increased percentage of SAWP participants in accessing health care services.	Medium: Increase in temporary migrant farmworkers accessing health care. High: Increased perception of temporary migrant farmworkers in their ability to access healthcare (would be determined by confidential, government administered surveys).
Cost	<ul style="list-style-type: none"> • Annual cost to the federal government • Annual cost to the provincial government • Annual cost to farm owners 	Cost in comparison to other policies.	Medium (1): Medium cost to provincial government. No cost to federal government or to farm owners.
Administrative Complexity	<ul style="list-style-type: none"> • Number of actors that need to be engaged. Actors are understood as separate stakeholders (for example, the provincial government is one actor) 	Complexity determined upon: <ul style="list-style-type: none"> • 1 actor; 2-3 actors; 4 or more actors 	Medium (2): Would not engage federal government, but provincial government would have to coordinate and liaison with farm owners; regional health authorities; workers

Criteria	Definition	Measure	Score
Stakeholder Acceptance	<ul style="list-style-type: none"> • Would grassroots organizations support this policy? • Would employers support this policy? • Would federal government support this policy? 	Expected support level: positive; neutral; negative.	Grassroots: Positive Employers: positive Federal government: positive Overall ranking: positive (3)

Analysis of Evaluation

This policy option aims at some of the core barriers SAWP participants experience in accessing healthcare, including: confusion over the medical system; lack of regional health authority knowledge, navigating local agencies, such as WCB, and conflicts with employers. As such, this policy option would rely on the provincial government to create a body / office that would provide information to SAWP participants on their rights; would answer their questions; and would help them navigate various institutions, such as WCB and the health care system. As mentioned previously, one of the core barriers SAWP participants experience when accessing health care is their confusion, as well as that of medical front-line staff, over the intersection of the SAWP and the healthcare system. Workers do not always have a strong grasp of what their insurance covers and how it operates, nor how MSP functions. At the same time, front-line staff at hospitals and clinics often lack understanding over the complexities of the SAWP and insurance that covers workers. This results in lack of access to medical services for workers, or risky behaviour on the part of front-line staff, such as receptionists sending confidential documents to the employers' offices. Education is a core way to remedy these knowledge gaps, and as such, this policy was ranked high for effectiveness. With regards to effectiveness, this was given a medium ranking, as there might be some increase in SAWP participants in accessing health care, but it does not address some of the power imbalances between workers and employers they experience when attempting to access health care. This was given a high cost ranking, as the creation of a Migrant Worker Centre would require new legislation, a number of support staff, and resources. However, it should be noted that this is given a high cost ranking with comparison to other policies

I've listed here; in and of itself, this would not be a very costly policy for provincial governments to implement. Administrative complexity was given a ranking of medium, as the provincial government would then have to liaise with bodies such as WCB; however, this policy option would not require changes from the federal government and would have minimal implications for employers. Lastly, in the context of stakeholder acceptance, grassroots organizations viewed this policy favourably. Although they are not a stakeholder, provincial government interviewees also viewed this policy option very favourably, agreeing that lack of knowledge is a core issue SAWP participants experience when accessing healthcare. Employers are predicted to view this option favourably as well, as it does not add financial cost to them, and adds minimal administrative work; namely, it would require coordination with Centre staff to agree upon dates when they could deliver workshops. Given that the Centre would include a help line for workers to access, this would potentially remove some of the assistance farm owners provide workers; therefore, by lightening their work load it might be seen as positively by employers.

7.2. Policy Option Recommendation

In order to address the systemic issues within the SAWP that act as barriers to temporary migrant farm workers to accessing health care, I recommend that all federal policy options be adopted and taken up into the administration of the SAWP federally. I also recommend the policy aimed at provincial governments to be taken up by participating provinces.

While considering effectiveness, cost, administrative complexity, and stakeholder acceptance, with regards to the Canadian federal government, provincial governments, farm owners, and advocacy coalitions I recommend that all policy options are simultaneously adopted.

Given that effectiveness was given a heavier weighing than any other policy criterion, the most important consideration is the degree to which the policy option would address the barriers SAWP participants experience when accessing health care, as well as their

perception of safety in accessing health care. Option 1, the end of medical repatriation and creation of due process, would address one of the most cited barriers SAWP participants experience when attempting to access healthcare in Canada. Another source of fear is negative reviews as employers, as well as being employed by an abusive or discriminatory boss. Policy option 2 targets both of these concerns by ending the review process and facilitating the granting of open work permits. Lastly, another core barrier is lack of knowledge on the part of health care professionals and SAWP participants, as well as lack of support for SAWP participants as they navigate institutions, such as the medical system. Policy option 3, by which the provincial government would provide workshops to both workers and health care professionals, would address these sets of barriers. Moreover, this policy option viewed as very favourable by all stakeholders and is predicted to be seen as positive by farm owners as well.

7.3. Limitations

I acknowledge that many of the barriers to accessing health care that temporary migrant farm workers experience will not be fully resolved by these policy recommendations. Rural communities continue to experience limited access to essential services, including health care, and this will not be positively impacted by these structural changes within the SAWP. Lack of transportation in rural communities will continue to be a barrier and will negatively impact the ability of temporary migrant farm workers to physically seek out health care. Moreover, the hours worked by SAWP workers can pose a challenge to them accessing clinics. I also acknowledge that this capstone did not address mental health and the consideration it should receive within the SAWP program. That being said, I recommend that future academics and policy analysts build on this research and address these barriers, examining how persisting obstacles impact temporary migrant farm workers, and how they can be addressed.

Chapter 8.

Conclusion

Temporary foreign workers are a cornerstone of the Canadian economy, with the SAWP bringing in agricultural workers to nine of ten Canadian provinces. In 2017, 40,000 workers came to Canada through the SAWP; and as labour shortages are expected to increase, we can presume that the number of temporary foreign workers needed in Canada will rise. However, as this capstone explored, too many temporary migrant farmworkers have impediments to accessing healthcare during their work term in British Columbia, Canada. It is imperative to address these issues, to ensure that temporary foreign workers in Canada are able to access health care.

The two core methodologies I employed were a literature review, including a jurisdictional scan, and interviews, which were instrumental in defining the current barriers temporary migrant farm workers experience when accessing healthcare. To reiterate, these barriers include: workers' long work hours; lack of transportation to and from facilities; lack of services in rural areas; language barriers; cultural differences; lack of information on available services; lack of knowledge on the part of front-line health workers on the SAWP and insurance practices; social isolation; unequal power dynamics between employers and employees; and fear of medical repatriation.

With these barriers in mind, I crafted three central policies, aiming to reduce some of the system barriers SAWP participants experience in accessing health care. Two of my policies are aimed at the federal government as they have significant power to change the structure of the SAWP. These two policies focused on the unequal power dynamic between workers and their employers and sought to redress this through creating protections for workers facing threat of medical repatriation; facilitating the granting of open work permits; and ending the end of work term review process. The last policy was aimed at provincial governments, and educating workers and regional health authorities, as well as ensuring that SAWP participants have access to support as they navigate health

care services. I recommend all three policy options, in order to address as many systemic barriers SAWP participants experience in accessing health care.

Limitations:

I acknowledge a number of limitations in my research and recommend that academics and policy analysts delve deeper in several areas. Due to time and ethical considerations, I could not interview SAWP participants. At the time of completing this capstone, no farm owners, managers, or associations representing farm owners had replied to my queries or requests for interviews. Lastly, the federal government could not accommodate my request for an interview. All of these key players would have been valuable to interview to gain from their perspectives and thoughts; I acknowledge their lack of participation in this research process as a limitation to the overall capstone, especially to my ability to fully analyze stakeholder acceptance.

Furthermore, through the process of conducting interviews, I discovered another pertinent limitation. Although this project is examining healthcare access for temporary migrant farm workers in Canada, it does not discuss mental health and emotional well-being. Unfortunately, little research is available documenting the mental health of SAWP participants. However, a number of interviewees spoke of the poor mental health and access to mental health services that some workers experience. I acknowledge this limitation in my research, and hope that future researchers will examine mental health and well-being as a component of healthcare access for SAWP participants.

I also acknowledge that the policies I put forward will not address some components of lack of access to health care, including access to transportation, hours worked by SAWP participants, and especially, lack of health care services in rural communities.

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