



## **Improving the Health of Migrant Workers: A Community Health Nursing Advocacy Project**

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This paper is based on a group advocacy project that was completed in the undergraduate course, NSGD 3007 Community Health Nursing during Fall 2020. Each student contributed equally to the project. Dr. Elliott was the instructor for the course and provided mentorship throughout the development of this manuscript.

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### **Abstract**

**Background:** Migrant workers play a critical role in Canada's economic structure. Yet, they face insurmountable challenges as they strive to make a living in Canada; one of the most significant issues experienced by migrant workers in Canada pertains to adequate access to health care. A community health nursing course completed during Fall 2020 term afforded five students the opportunity to explore the inequities migrant workers face and the necessary reforms needed to ensure the health, safety, and wellbeing of migrant workers who come to Canada to work, regardless of their status.

**Purpose:** The aim of this paper is to share knowledge with other health care professionals in the hopes of fostering community collaboration and formulating approaches to mitigate the exploitation faced by migrant workers in Canada.

**Implications:** The persistent marginalization and exploitation encountered by migrant workers makes them extremely vulnerable to inequality and injustice. Strategies that nurses can employ to mitigate the marginalization and exploitation of migrant workers in Canada are discussed.

**Conclusion:** Migrant workers deserve adequate access to health care. Nurses can advocate for migrant workers through collaboration with community agencies to build an engaging social responsibility strategy.

**Keywords:** Migrant workers, advocacy, social responsibility, universal healthcare, abuse and vulnerability, COVID-19.

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Social responsibility allows nurses to respect the distinctive qualities, values, and beliefs of every individual, as well as to advocate for justice and reform for marginalized groups. Through advocating for migrant workers, nurses can foster a cause and suggest change to policy reform.

According to the Canadian Community Health Nurses Standards of Practice (2019), nurses have a social responsibility to advocate for vulnerable groups such as migrant workers. Miramontes et al. (2015) and the World Health Organization (WHO) (2015) demonstrate support for this claim, noting that more work is needed to ensure health equity for migrants. Through a group advocacy project in an undergraduate community health nursing course, five nursing students were afforded the opportunity to raise awareness of the lived experiences of Canadian migrant workers and suggest strategies for improved health. The Canadian Community Health Nurses Standards of Practice was used as a framework. The aim of this paper is to share the knowledge that was gained from the project in the hopes of formulating approaches to improve the health status of migrant workers in Canada.

### **Background**

Each year, Canada relies on migrant workers to contribute to its economic affluence. Most migrant workers come from areas with high unemployment and poor economic conditions such as Mexico, Caribbean, the Philippines, Indonesia, Latin America, and Thailand. Most migrant workers find employment in agriculture or as caregivers, while others secure employment in a variety of jobs including fast food, canneries, processing and packing plants (McLaughlin & Tew, 2018).

Many temporary migrant laborers arrive in Canada each year to cover agricultural labor shortages. While research has determined that migrant agricultural workers are made vulnerable and are exposed to exploitation as a result of their temporary status, there has been less attention paid to the subjective experiences of migrant agricultural workers in terms of workplace health and safety (Caxaj & Cohen, 2019). In 2015, it was estimated that there were 154,859 work permit holders under the temporary foreign workers program in Canada (Caxaj & Cohen, 2019). These workers return yearly to Canada, facing exploitation, compromising their health and safety, working in areas that have inadequate and rigid living or working conditions, poor cultural dislocation, their legal rights are not followed, and they have no protection while working to put food on Canadian tables (Caxaj & Cohen, 2019).

While Canadian employers must comply with provincial labor law their deportability, limited labor mobility, and predominance of complaint-based redress mechanisms make them difficult to enforce. As a result, while the federal immigration system has created vulnerable structures, the government has traditionally shied away from taking responsibility for the subsequent labour rights breaches, focusing instead on protecting Canadian employment and the local labour market (Marsden et al., 2020)

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Many migrant workers are given false information by their recruiters who promise easy access to permanent residency in Canada, free public access to healthcare and education, only to find out once they arrive in Canada they have been misinformed (Salami et al., 2018). Most are afraid to access any form of healthcare for fear of being sent back home or the possibility of jeopardizing future work permits or immigration acceptance (Salami et al., 2018).

In 1966, the seasonal agricultural worker program (SAWP) was implemented, affording migrant workers with valid work permit the eligibility for Ontario Health Insurance Plan (OHIP) in Ontario or the respective Canadian health care system in which they work. Federal authorities use migration policy to regulate who can recruit migrant employees and under what conditions they can work. Despite its control over work permits, the federal government has always played a minor role in workplace regulation, and many migrants continue to face barriers as it relates to accessing health care (Marsden et al., 2020). Labor standards do not seem to be adequately enforced for this marginalized population; there exists a lack of transparency, increased vulnerability, abuse, and ill-treatment (Jeffords, 2020). Furthermore, they are subjected to exploitation, marginalization, and abuse from employers (Canadian Council for Refugees, 2020).

### **The Issue**

Migrant workers are at the forefront of Canadian economical agricultural success, yet their value is continually eroded through the lowering of the labor standards to maintain Canadian economic advantages (Canadian Council for Refugees, 2020). Due to the lack of transparency and increased vulnerability faced by migrant workers, they are left open to exploitation from the very individuals that recruit their services (Canadian Council for Refugees, 2020). The barriers that migrant workers face continue to foster social injustice beyond the regards of the principles imposed on this marginalized group. Through the advocacy project, the challenges faced by migrant workers were debated along with strategies that could potentially curtail the challenges. It was identified by the advocacy group that reform is desperately needed in existing policies to improve the health/well-being and the working environment of migrant workers. By empowering migrant workers and providing support and awareness, migrant workers will be less marginalized and segregated, ensuring improvement and better access to healthcare services (Caxaj et al., 2020). To facilitate realizing their rights, migrant workers need access to identification documents, basic government services, and financial and other resources (Migrants in Countries in Crisis, n. d).

While migrant workers are important to the Canadian economy through supplying low-cost labor which is unpalatable to most Canadian workers, their jobs are insecure, hours are long, they are subjected to unhealthy and unsafe environments, and additionally, they experience discrimination and exploitation (Salami et al., 2018).

Speaking on the behalf of, and supporting migrant workers, promoting their rights, and exploring options and solutions to inequities, are ways that nurses can fight for equality and just treatment for this vulnerable population. This is viewed as the true meaning of advocacy. According to the Canadian Nurses Association (CNA) (2017) *Code of Ethics*, nurses are required to bring awareness to social injustices and advocate to improve the inequalities and social

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determinants that are faced by those who cannot speak for themselves. This is articulated through the seven primary values and responsibility statements.

Nurses, through social responsibility and awareness, should lobby for reform through legislation ensuring just treatment for marginalized groups. Unfortunately, Canadian temporary foreign worker programs, through their lack of transparency, continues to enable exploitation and abuse faced by migrant workers (Khare et al., 2020). As such, during Fall 2020, five nursing students, under the direction of their professor, completed an advocacy project as a component of the undergraduate course Community Health Nursing. These students chose to study the health inequities faced by migrant workers in the hopes of advocating for change.

### **Understanding the Immigration System**

Migrant workers enter Canada through two main avenues. The first possible access is the seasonal agricultural workers program (SAWP) which has existed since 1966 and states that all migrant workers with a valid permit are to be eligible for provincial health care. The SAWP is an agreement between the Canadian government and the sending country government, where individual workers are not involved in the negotiations and have little say in their recruitment (Caxaj & Cohen, 2019). Under the SAWP, worker recruitment is overseen by ministries of labour in sending countries, and workers must return to their country by December 15th of each year and can stay for no longer than eight months in Canada (Caxaj & Cohen, 2019). The second stream of entry for migrant workers is the Temporary Foreign Worker Program Agricultural Stream (TFWP Ag Stream). Recruitment by the TFW Ag Stream is run by nongovernment agencies who charge the migrant workers large fees (Caxaj & Cohen, 2019).

When migrant workers come to Canada, they are contracted to specific employers for specific work. Migrant workers can only change employers and jobs with the agreement of their employer and, in the case of SAWP workers, their home country government. This makes it exceedingly difficult for migrant workers to change jobs (Background on Migrant Workers, n.d).

Migrant workers are covered under most of the same protections as Canadian farm workers. They are protected by the Charter of Rights and Freedoms, Workplace Safety and Insurance Act, Ontario Human Rights Code, and the Occupational Health and Safety Act. They can file health and safety and employment standards complaints with the Ministry of Labour. They can also sue non-compliant employers for breach of contract. However, in practice, many workers are unaware of their rights or fear exercising them due to the risk of loss of employment, income, or work permit. This not only affects their current employment but also any possible future employment which many are not willing to risk. Migrant workers, as with all agricultural workers in Ontario, are excluded from certain provisions of the Employment Standards Act and cannot legally unionize (Background on Migrant Workers, n. d). Identifying migrant workers, providing translation, providing opportunity to reveal occupational injuries, maintaining confidentiality, and cooperating with community partners are things that nurses can do to improve health care access and outcomes for this group. Exploring and understanding the client's cultural perspective through sharing one's life narrative allows others to get insights into

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migrants' physical, emotional, and spiritual strengths and shortcomings through cultural knowledge (Bokinskie & Evanson, n.d).

### **Migrant Workers and their Rights**

Thousands of migrant workers temporarily leave their home country to work in a foreign country, hoping for a better life for themselves and their families. These positions are highly sought after, and the application process can be quite competitive. The priority of the applicants is to get hired, without any real regard or knowledge about the environment or work conditions they might be faced with, until they are bound by the terms of their contract (Glauser, 2014). Once they arrive at their destination, many are denied the basic standards and needs of living such as proper shelter, food, clothes, healthcare, and other necessities of life (Glauser, 2014). Migrant workers continue to be fearful of their employment status and as such, they accept conditions that are unjust and exploitative. Applicants are issued work permits which specifies the employer and their location, occupation, and restrictive conditions that they must adhere to (Government of Canada, 2020). In Canada, health insurance and care are provided on a one-size-fits-all basis, with provincial health-care systems created for Canadian citizens and residents and meant to include migratory workers. However, delays during the application process and delays in receiving health cards results in many migrant workers not receiving the health care they need (Healthcare and Insurance for Migrant Workers, n,d).

### **One Migrant Worker Story**

For privacy reasons, the name of the migrant worker will not be used. In 2004, a migrant care worker came to Canada from the Philippines for a job that would require her to work 12–14-hour days and extended hours during weekends. Her pay was approximately 8 dollars per day and her work permit stipulated five precise conditions:

1. She was not permitted to attend any educational institution or take any academic, professional, or vocational training courses.
2. She was not authorized to work in any occupation other than stated.
3. She was not authorized to work for any employer other than stated.
4. She was not authorized to work in any location other than stated.
5. She was required to leave Canada by a specific date.

Being in Canada without family or other forms of support, this worker was trapped in a position of exploitation. With no understanding of her legal rights and no access to the legal system, this mistreatment took place, and it continues to take place today. Immediate action needs to be taken to stop the exploitation that many migrant workers continue to encounter.

### **Importance of Addressing the Health Issues/Inequalities**

In 2019, 56,850 agricultural workers came to Canada, an increase of 36.7% from 2017. Within Ontario, migrant workers accounted for 41.6% of all agricultural workers in 2017 (Rodriguez, 2020). The programs in which these workers arrive under offer almost no access to permanent residence in Canada.

The COVID-19 pandemic has further exposed the vulnerable experiences of migrant workers because of inadequate, unsanitary, and cramped living conditions. In the province of Ontario, Bonifacio Eugenio Romero from Mexico was the first migrant worker to die of COVID-19 in May 2020. A week later, Rogelio Muñoz Santos, a worker also from Mexico, died from the virus in Ontario. He was the third migrant worker in the province to die from COVID-19 (Rodriguez, 2020; Ontario Health Coalition, 2020). This is a crisis within a crisis. The Migrant Workers Alliance for Change (MWAC, 2020) received 1162 complaints between March 15 to May 15, 2020, on behalf of migrant workers. Most of these complaints are on the lack of adequate health and safety protections, fear of losing income, lack of permanent resident status, fear of asking for decent housing, accessing healthcare information or declaring their labour rights (MWAC, 2020). They also did not know who to contact for health information while additionally being prevented from leaving farms. Lack of access to permanent resident status is the root cause of all migrant worker issues. Permanent resident status allows workers the ability to exercise their basic labour rights, to access healthcare, and to access income supports. Migrant workers pay taxes and thus should have similar legal rights as other Canadian taxpayers. In September's Throne Speech, Prime Minister Justin Trudeau stated that migrant workers deserve full support and protection, but there is still no strategy in place to regularise the nearly 1.6 million migrants in Canada who do not have permanent residency status. Because they have been denied permanent residence status, migrants who grow our food, care for our families, and sustain our communities are subjected to employer abuse and exploitation, as well as being denied access to fundamental services (Voiceonline, 2020).

Many workers do not have access to media and local/international news or regular access to mailing/internet. To be effective, promotional efforts should target the areas which workers frequent or partner with organizations with well-established channels of accessible communication for the workers (Migrant Workers Health, n.d.). Migrant workers have little control over their work schedules, and sometimes their schedules change without notice. Furthermore, many workers do not have regular access to a telephone. Many workers are uninformed of their rights or are afraid that if they exercise these rights, they may lose their job or work permit. They can also be transferred or repatriated to their home country at any moment, with just a day's notice in some cases (Background on Migrant Workers, n.d.).

For migrant workers, whether it be border control and/or access to flights, the absence of translation and interpretation, or the systematic failure of government to provide even basic employment standards, these interweaving systems are creating extreme hardship and in some cases death (MWAC, 2020).

### **Healthcare System Challenges**

Seasonal migrant workers often experience language barriers that affects how they communicate and understand what they hear. Lack of independent transportation and lack of knowledge about the Canadian healthcare system also contributes to the barriers they face in accessing adequate service (Orkin et al., 2014). Employers are obliged to register the workers for Workplace Safety and Insurance Board [WSIB] benefits. To foster access to resources for employers and migrant workers, WSIB provides information pamphlets regarding the services in

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English, Spanish and French. Migrant workers have a waiting period of three months before full access to healthcare is granted, and again, it is under the discretion of their employer as to when they can access their health card (McLaughlin et al., 2012). Many migrant workers have unstable health care and coverage that is contingent on their employer. Those who are laid off for whatever reason, including illness or injury, may lose health insurance or avoid getting treatment for fear of deportation (Doyle, 2020).

Advocates for migrant workers' human rights report that if a migrant worker falls ill or becomes injured, the employer can terminate their employment; the worker can lose health coverage and even face deportation (Doyle, 2020). Workers do not report illness or injuries for fear of losing work hours and not receiving pay for time off due to illness (Khare et al., 2020). Workers that do decide to report an illness or injury lack the knowledge and know-how to make a worker injury claim. Unfortunately, sometimes they are persuaded by their employer to not file a WSIB claim (Migrant Worker health, 2021).

COVID-19 highlighted the unstable health coverage and extreme vulnerability of migrant workers (Doyle, 2020). Human rights activists noted that unjust labour policies and working conditions were responsible for the death of three migrant worker following their contraction of COVID-19 in an outbreak at an Ontario farm (Khare et al., 2020). Due to the COVID-19 pandemic, some provinces expanded the health coverage to uninsured migrant workers (Doyle, 2020) and waived the three-month waiting period for the OHIP coverage (Ontario, 2020). Since this is only a temporary solution, there is a need to establish permanent and universal coverage that would not depend on immigration status (Doyle, 2020).

### **Strategies for Change**

Nurses are in a position to create approaches that can mitigate the exploitation faced by migrant workers in Canada. Through the student advocacy project, the following strategies were highlighted as important for nurses to consider.

### **Upholding Community Health Nursing Standards**

Nurses are guided by professional standards. For community health nurses, the Community Health Nursing Standards must be followed. These standards guide nurses as they care for individuals, families, communities, and populations. While there are multiple standards to follow in working with migrant workers, the standard *Health Equity* is extremely applicable. This standard denotes that “community health nurses recognize the impacts of the determinants of health and incorporate actions into their practice such as advocating for healthy public policy. The focus is to advance health equity at an individual and societal level” (Community Health Nurses of Canada, 2019). At the core, nurses must strive to promote awareness and change. And through advocacy, nurses must mandate for reform for optimizing health through the principles of promotion of health, prevention of harm and drawing attention to the disparities experienced by every individual (Haddad & Geiger, 2020).

### **Engaging in Community Partnerships**

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Through fostering community partnerships, the goal is to create platforms to draw attention to inequities and facilitate change that promotes reform for what is right for migrant workers. Through partnership, recognition and communication, nurses can offer the support that is needed to navigate through a system that can be indifferent to the challenges that migrant workers face (Caxaj & Plamondon, 2020). For example, low literacy levels of migrants can result in misunderstanding, further creating barriers when trying to achieve healthcare needs (Caxaj et al., 2020). By providing education and tools to enhance awareness and autonomy, nurses can support migrant workers to make informed decisions when it comes to addressing issues regarding their health. By collaborating with individuals in the community who are experts in navigating through extremely complicated systems, the hope is that advocating for migrant workers will help with the hurdles faced in the health care system (Caxaj et al., 2020).

### **Advocating for Legislative Change**

The restrictions placed on migrant workers by immigration laws subjects them to exploitation and abuse, with seemingly no recourse for justice. According to Jeffords (2020), granting permanent resident status to migrant workers will ensure that they are exposed to fair and equal rights providing much needed protection. Canada depends on temporary foreign workers. They are a vulnerable population that needs to be recognized and spoken for. The nursing profession is largely recognized globally and thus can influence reform and fight for political change (Brokaw, 2016). By becoming more involved in a leadership role in the health and welfare of all individuals, nurses can assume a stronger voice for legislative changes. Through this project, awareness was created by not only sharing the knowledge gained about the topic with peers, but also through a written letter to the Minister of Immigration, Refugee and Citizenship Canada, Minister of Agriculture and Agri-Food, Minister of Employment, Workforce Development and Disability Inclusion, and Deputy Premier, Minister of Health as these stakeholders have the power to advance awareness and garner support for this cause.

Nurses can advocate for policy changes by writing and lobbying to uphold and fulfill the Canadian Human Rights Act of 1977 set by the Canadian Charter. Reforming policies that allow temporary foreign workers the opportunity to apply for permanent residency and be treated like any Canadian with full rights. An additional avenue is addressing how recruiters, that knowingly misinform these workers, have committed fraud and should be criminally charged (Salami et al., 2018).

### **Influencing Global Perspective**

Approaches aiding in structural changes as well as principles that reform social inequalities will contribute to global strategies which could promote and prevent substandard conditions and disparities faced by marginalized and vulnerable populations face (Vahabi & Wong, 2017). By advocating for universal health care for all foreign migrant workers regardless of immigration status, positive change may result. This issue extends to thousands of people living in Canada with uncertain immigration status, “including international students, rejected refugee claimants and people without documentation” (Doyle, 2020, para. 1).



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Accessible and equitable health care is a right of all humans and should be upheld; nurses need to follow the principles outlined by the World Health Organization which provides direction on the treatment of marginalized populations, advocating for equal access to health services. It is imperative that migrant workers, regardless of status, are treated fairly and humanely and that they receive adequate health care. This can be achieved by advocating for policy change on a global scale. Advocating for change in policy and regulations could garner the needed health protection and support that migrant workers need around the world. As a profession that is vital globally, nurses can change policy and create partnerships with agencies that will listen, understand the issues and are willing to make reforms at all levels.

### Conclusion

Migrant workers play an essential role in contributing to the success and wealth of the Canadian economy, yet these roles have rarely been recognized by the government, their employers, and much of the Canadian public. This marginalized group is often subjected to abuse and unjust treatment while they perform jobs that many Canadians refuse to do. While there are some laws in place to protect their rights, these are often denied for several reasons including lack of knowledge, fear of repercussion from trying to access services, as well as down and out abusive treatment from employers. In collaboration with other professionals and organizations, community health nurses can accurately assess the determinants of health and the needs of workers while providing education to the migrant worker community to allow them equitable access to Canadian health care – health care that they are entitled to. It is time that migrant workers are recognized for their contributions and more importantly, given the protection they deserve including equal access to health care, access to lodge complaints without fear of repercussions and ultimately, the same protections under the law that other Canadian taxpayers receive.

While existing methods have focused on responsive ways to address immediate, downstream elements, they do not identify the root causes of equity (Povall et al., 2014). To confront the root causes of health equity as it relates to migrant workers, social justice is needed. Specifically, social justice reform must be ignited. Through the building of relationships, empowerment of individuals and reflecting on one's own values, and beliefs, nurses have the power to reform policies to effectively make change and educate society (Shearer, 2016).

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