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Recommendations for Overcoming Health Challenges Faced By Migrant Agricultural Workers during the COVID-19-Virus Pandemic*

Migrant Worker Health Expert Working Group**:

Bob Barnetson, PhD, Professor, Faculty of Humanities and Social Sciences, Athabasca University
C. Susana Caxaj, RN, PhD, Assistant Professor, Arthur Labatt Family School of Nursing, Western University
Amy Cohen, MA, Professor, Anthropology Department, Okanagan College
Donald Cole, MD, MSc, FRCP(C) Emeritus Professor, Dalla Lana School of Public Health, University of Toronto
Carlos Colindres MLT, MSc, CIC, Public Health Emergency Consultant, Complex Health, Disaster and Emergency Management Consulting Group
Natalie Drolet, MA, LLB, Executive Director/Staff Lawyer, Migrant Workers Centre BC
Jason Foster, PhD, Assoc. Professor, Faculty of Humanities and Social Sciences, Athabasca University
Jill Hanley, PhD, Assoc. Professor, School of Social Work, McGill University
Jenna L. Hennebry, PhD, Assoc. Professor, Balsillie School of International Affairs, Wilfrid Laurier University
Eduardo Huesca, MA, Migrant Farmworker Program Coordinator**,** Occupational Health Clinics for Ontario Workers (OHCOW) Hamilton and Toronto Clinics
Stephanie Mayell, MA, Doctoral Student. University of Toronto, Department of Anthropology
Janet McLaughlin, PhD, Assoc. Professor, Faculty of Human and Social Sciences, Wilfrid Laurier University
Michelle Tew, RN, BScN, DOHS, COHN(C), Occupational Health Nurse, Occupational Health Clinics for Ontario Workers (OHCOW) Hamilton Clinic
Leah Vosko, PhD, Professor, Faculty of Liberal Arts & Professional Studies, York University

* This is a living document.
**Names in alphabetical order. Perspectives expressed in this document do not necessarily represent views of all members of the expert working group.

While these recommendations have a focus on immediate steps required to address COVID-19 among migrant agricultural worker populations, especially in regards to maintaining their health and safety, we recognize that this populations' precarious status largely determines the risks that they disproportionately face. As such, we endorse advocates recommendations that migrant agricultural workers be granted permanent residence.

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Introduction:

Beyond the context of the pandemic, migrant agricultural workers (MAWs) in Canada face several challenges both in maintaining their health and accessing health care services. During the current COVID-19 pandemic, employment and housing conditions predispose this workforce to heightened risks and challenges. Outbreaks that have occurred on farms and in other areas of food production reveal elevated levels of risk that must be mitigated to keep MAWs safe and healthy going forward.

There are many steps that federal agencies, in partnership with provincial and regional authorities, can take to both prevent and mitigate the health risks that can lead to outbreaks among MAWs.

Below, the Migrant Worker Health Expert Working Group (MWHEWG) has outlined key health care gaps and challenges as well as respective solutions that can be taken both to prevent COVID-19 spread and mitigate the various consequences that may occur if/when a future outbreak were to occur on a farm, in a greenhouse or any kind of food production facility where MAWs are predominantly employed. This document is not meant to be exhaustive, but rather, to propel necessary conversations for action. Evidence and recommendations will evolve as scholarship and current issues on the topic emerge and the MWHEWG will provide ongoing updates.

I. Pre-departure and Arrival in Canada

Challenges

1. **Lack of available and/or consistent information for MAWs** to evaluate health, safety, livelihood and mobility implications of participating in migrant worker programs this season (*see examples 1 and 2*). MAWs are not provided sufficient/appropriate resources, support and information that enable them to be aware of the potential health risks, the process for accessing health care, insurance, and workers compensation, as well as broader rights and responsibilities, when in Canada under Temporary Foreign Worker Programs. Resources that do exist are often not available in workers' preferred language and with specific consideration of accessibility issues workers may face (e.g. various digital and written literacy). Also, sending country governments have varying levels of engagement with workers and resources, and may not have capacities to provide sufficient information.

> Example 1:
> To participate in the SAWP this year, the government of Jamaica has asked migrant farmworkers to sign a waiver before departure. The waiver, or Instrument of Release and Discharge document, outlines the risks involved in the decision taken by the workers, warning that "international travel has the potential of increasing the risk of, the spread of, and exposure to the virus." Workers are required to declare that despite the risks outlined they have "made the decision to travel to Canada to work." In signing the waiver, MAWs agree to incur the responsibility "for any cost, damages and/or loss that may occur or be incurred as a result of any exposure to said virus." Furthermore, the waiver states

> the Jamaican government "is not liable for any harm, injury, loss, costs, or damage which may arise," as a result of becoming ill with COVID-19. In the absence of any messaging from the Canadian government to reassure Jamaican MAWs they will be provided health care and treatment in Canada for as long as required, many fear contracting the virus in Canada and being repatriated without care, or worse.

2. Aggregate housing and divergent travel routes taken by MAWs represent a heightened risk of virus transmission, especially among asymptomatic persons. MAWs come from various regions within sending countries, and many travel from rural to urban settings to depart for Canada. Health systems in countries of origin may not have the capacity to test workers prior to departure [1].

> Example 2:
> Several support organizations and community-based researchers from Ontario, British Columbia, Nova Scotia and Quebec have received phone calls from MAWs desperate for information about the living and working conditions they can expect this season. After receiving information from a research coordinator in BC, one worker commented: "I would rather die in Mexico than in Canada." MAWs may not have access to accurate information regarding which pre-existing conditions and ages cause heightened risk for serious complications or death from COVID-19. Most MAWs do not have access to the timely/detailed information about health risks, living and working conditions needed to weigh the risks of coming to Canada. Without access to job security or income loss benefits, many MAWs feel pressure to come even in the face of great uncertainty and health risks.

3. Limited infrastructure and oversight to ensure accommodations adhere to requirements for the 14-day quarantine. Decades of research have documented crowding and poor ventilation in farmworkers' housing [2,3]. Anonymous accounts in Southwestern Ontario on farms where outbreaks have occurred reveal there has not been a clear departure from these prior conditions to ensure adequate quarantine measures [4]. Without explicit coordination, support and oversight by government agencies, adequate housing standards that adhere to quarantine guidelines are unlikely to be consistently implemented [5]. Furthermore, ESDC inspection of housing under the new Immigration and Refugee Protections Regulation oversight of housing conditions does not currently ensure high fidelity with actual housing conditions because they will be conducted remotely, with an emphasis on data that is easily fabricated (e.g. tape measure photo between furniture). And in terms of COVID-19 prevention strategies for aggregate housing in Canada, phone inspections have been shown to be ineffective [6].

4. Confusion and lack of clarity about payment entitlements during 14-day quarantine may result in poorer adherence to public health measures. MAWs across the country have expressed concerns that they will not be paid, or not be paid the full amount they are owed. Many MAWs also have expressed that they do not know who is responsible for paying them, where the money is coming from, or when they will receive it. Employers may also lack a clear understanding of expectations (*see example 3*).

Example 3:
In mid-April, a BC employer, and representative of the growers association in the region, publicly stated [7] that he planned to give money to workers during quarantine only in the form of an 'advance' that must be repaid by workers. Uncertainty regarding payment can cause challenges in adhering to quarantine measures. For instance, several BC workers have reached out to our research team anxious to start working before the quarantine period is completed because they worry about not being able to send money home to their families. And in April and May, workers have reported that they have not been paid for the number of hours that they are entitled. They chose not to pursue a complaint regarding their unpaid wages because they did not want to be perceived as troublesome by their employer. Another group of MAWs who arrived in Southwestern Ontario completed the quarantine period but were never told they would be paid their wages for this time. These workers did not seek this information from their employer for fear of reprisal and instead opted to "wait and see" what appears on their paycheque.

5. Inconsistent, and in some cases negligent, provision of groceries and other necessary amenities for MAWs. A member of our Expert Working Group was contacted by a group of MAWs in Southeastern Ontario because they had not been provided with adequate amounts of food during their 14-day quarantine period. The workers feared facing reprisals from their employer so they did not make a formal complaint. A similar situation was noted among worker advocates in Niagara. In both regions, local volunteers delivered food to the workers, but not all workers are connected to volunteer groups, nor should this be their responsibility. In these and other regions, MAWs are also concerned about the lack of culturally-appropriate, affordable and sufficient food options that they are being provided with through delivery. Many individuals in this workforce may work long hours engaged in strenuous physical labour. Thus, their priority for nutritious, culturally-appropriate as well as sufficient food is very relevant to their health status [8]. In other cases, MAWs are unsure if money can be deducted from their pay for amenities during the quarantine period (see example 4).

Example 4
The federal guidelines stipulate the provision of food to MAWs during the 14 days isolation, but they are unclear about who is to cover the cost of the food. Upon arriving at a large farm in Nova Scotia and entering the mandatory quarantine period, MAWs contacted a member of our research team seeking clarification about who pays for their food during isolation. These workers explained that their employer provided them with groceries, but said they must pay back the cost of food after they begin working. The employer returned the following day with a contract for workers to sign promising repayment of the food cost, which was $125 each for this period, an amount that far exceeds what an individual MAW would typically spend on food. These workers were powerless to refuse the contract for fear they will be placed "under suspicion" by their employer. All 41 workers ultimately signed the contract agreeing to wage

deductions for food during the quarantine. In Ontario, recently arrived MAWs were not provided nutritious or familiar grocery items. These workers reached out to a local support group asking for bottled water, as they had only been provided with sugary soda drinks, which they believed to be causing headaches. They also expressed hunger as well as gastrointestinal pain and discomfort as a result of difficulties tolerating and preparing unfamiliar foods. Further, they noted concerns over its nutritional content.

6. Inappropriate restrictions and surveillance of MAWs in respective communities, or, by their employer, are creating anxiety and discriminatory treatment of workers. In Norfolk and Niagara regions of Ontario, workers have been racially profiled by grocery store cashiers and questioned about their quarantine period. Furthermore, without adequate guidance by both provincial and federal agencies, local health units have developed ad hoc surveillance methods that may disproportionately target MAWs (*see example 5*).

Example 5
In this region, employers have been given "migrant farmworker identification cards" by the local public health unit, with space to list each worker's name, date of arrival, and two week quarantine period information [9]. These cards have not been directed or offered to other travellers returning from abroad to this region, who also are required to complete the quarantine period. The local public health unit has stated that these cards are voluntary and designed to assist workers and employers organize key safety information. However, there has been opposition to the practice of the health unit, as a public health authority issuing these cards, suggesting that it may give the broader community the impression that these workers are a risk and warrant questioning or interrogation on their quarantine period compliance, and that workers can expect this questioning. This encourages racial profiling by way of 'carding,', and further entrenches racism towards and social exclusion of MAWs in the region. Furthermore, it perpetuates a myth that these workers are 'bringing disease' from afar. Similarly, protectionist and discriminatory views of migrant workers in light of COVID-19 have been documented in BC and Alberta [10]

<u>Recommendations to address challenges related to Pre-departure and Arrival</u>

1. *Re: Lack of available information for MAWs to inform their participation in the program*
    a. Federal agencies should ensure clear and continued communication to MAWs about key COVID-19 safety and employment issues in an accessible manner, in workers' preferred language [11].
    b. Federal agencies should provide clear up to date direction and resources to farmers to ensure the information needs of workers, including non-English speaking workers to

remain informed on current public health measures, and updates on policy decisions that impact their workplace and living conditions. This information should also be posted in common living quarters and updated weekly. Online material should be reviewed weekly (at a minimum) and updated promptly as new directives are released.

2. *Re: Heightened risk of virus transmission due to travel and aggregate accommodation*
    a. Federal agencies should work with provincial and local health authorities to ensure on-farm testing for MAWs within days upon arrival [11]. This testing should be carried out using mobile healthcare vans to ensure accessibility and prevent employer mediation.
3. *Re: Limited infrastructure and oversight for accommodation during the 14-day quarantine*
    a. If MAWs are to be accommodated on the farm during the quarantine period, federal agencies should carry out inspections within 72 hours of workers' arrival (see *recommendation e* for further details).
    b. During this inspection, MAWs should be provided with a 'housing checklist' in their preferred language that they can submit anonymously to the inspector to provide further insight regarding living conditions. A phone number to discuss any additional concerns with an inspector and interpreter where needed should be provided in addition to this checklist to address potential literacy issues.
    c. Federal and provincial governments should show leadership in providing safe and dignified accommodations for MAWs during this period. Given the state of housing on many farms, hotel stays for MAWs during this period may be most appropriate, as implemented in BC [12]. Such an arrangement will be a benefit to both employers and workers to ensure the most strict adherence to quarantine measures and a decreased burden for accommodation for employers.
    d. If point c is not implemented, stricter standards taking into account that MAWs originate from separate households, their health, and comfort should be developed. These standards should be enforced via unannounced on-farm inspections which include MAW interviews independent from the employer (see also section below). If quarantine accommodation is found to be unacceptable, ESDC should coordinate alternative housing and work for affected workers as necessary. Employer-provided housing should include:
        i. Ideally, workers should each be housed in a private room.
        ii. If they cannot be provided with a private room, sleeping facilities with a minimum separation of two metres between sleeping areas and the entrance/exit and use of temporary floor to ceiling barriers between sleeping areas must be set up to prevent droplet spread. In addition to the bed, an accommodation space of the length of the bed by one meter should be within the perimeter of the barriers. (ex. Figure 1).
        iii. Each worker should have a route to the entrance/exit of the sleeping quarters without having to enter the barriered sleeping areas

iv. MAWs should be provided with easy to clean individual storage space for their possessions and clothing.
v. Proof of adequate hand-washing stations and washrooms for a maximum of five workers per unit.
vi. Adequate kitchen space, dining areas and other common living spaces should be sufficient to enable workers to maintain appropriate physical distance. Staggering of work and break schedules can facilitate physical spacing practices.
vii. Interior walls that are smooth and painted or covered with a treated material that can be easily maintained.
viii. Floors made of materials that can withstand regular wet washing.
ix. Regularly scheduled cleaning by professional cleaning staff of all common areas. This staff should use best practices specific to COVID-19. [13]
x. Access to adequate washing machines and dryers for regular personal use

e. All conditions listed in point d should be explicitly stated in workers' contracts going forward and where possible, added as an addendum to existing contracts in their preferred language
f. ESDC should provide MAWs with clear and accessible methods to anonymously report a lack of adherence to quarantine measures via a 'live' phone call in their preferred language.

4. *Re: Lack of clarity regarding payment entitlements during the 14-day quarantine*
    a. ESDC should provide workers with clear and accessible information in their preferred language about their payment entitlements during the 14-days of quarantine, including when they will receive their payment, who is responsible to administer it, and that there are no deductions from pay due to COVID-19 safety requirements.
    b. This information should be distributed along with a direct phone line, with interpreters if needed, to report concerns with receiving this pay (as stated in point 3a).

5. *Re: Inconsistent and/or negligent provision of amenities to workers*
    a. Upon arrival MAWs should be provided clear and accessible information about food provision during the isolation period, and who is to cover the cost.
    b. ESDC should develop specific standards for employers to follow in regards to the provision of groceries and access to money transfer services for workers. Such standards must specify employers' commitment to weekly delivery of groceries to employees that reflect workers' food and spending preferences (i.e. affordable and culturally acceptable) and coordination of services to ensure workers can send money back to their families promptly and regularly.

6. *Re: Inappropriate restrictions and surveillance of MAWs*
    a. ESDC should issue a communication to employers, provincial and local health authorities stating that any disproportionate targeting of MAWs during this pandemic represents a violation of human rights. This statement should make clear that: (i) workers cannot be restricted to a farm and cannot be punished for leaving so long as they are abiding by public health measures to the same standard as anyone else living in Canada; and (ii) most outbreaks to date have been brought into farm/facility by a community contact, rather than being introduced by workers coming from abroad into the region.
    b. Farm inspection interviews with MAWs should include questions to assess inappropriate restrictions imposed on them by their employer.
    c. All workers should be provided with mental health service lines and legal advocacy resources, including local phone numbers, in their preferred languages, upon arrival (as further outlined in recommendations 10, 14c and 16a). These services should be covered automatically for all workers to the extent that their private insurance does not.
    d. Following the quarantine period, employers' commitment to the provision of groceries should include staggered provision of a vehicle for grocery pick-up and money transfer (including remittances) by workers in groups of five, with a minimum of one outing per week whenever possible. If not possible, safe alternatives for leaving the farm as needed should be explored (e. g. taxi voucher, bicycle, etc.).

II. Work and Stay in Canada

<u>Challenges</u>

7. **Risk of virus spread as a result of workplace conditions,** including close contact at some job sites (i.e. transportation, confined spaces), inadequate/inconsistent measures to ensure physical distancing in the workplace, lack of access to appropriate PPE (e.g. masks, gloves), and poor enforcement of workplace and health and safety standards. These issues make workers more susceptible to COVID-19 virus spread, but also, may result in coercive conditions that inhibit their ability to insist upon health and safety standards, or to refuse unsafe work. Specific challenges include:
    a. Lack of specified protocols, oversight and support for employers to determine to what extent physical distancing measures can or cannot be followed.
    b. Lack of guidance on alternative protocols to keep workers safe if physical distancing is deemed impossible for certain workplace activities.
    c. Lack of guidance and oversight in regards to the sharing of equipment and tools among workers create conditions that can quickly spread the virus. Lack of sanitation equipment in fields and greenhouses means surfaces of shared items cannot be regularly sanitised. Much agricultural equipment requires more than one operator, such as sets of harvesters or planters which are not designed to allow for physical distancing of two metres.

d. The nature of MAWs' status (related to the naming process, employer-specific work permit, temporary status, etc.) creates conditions that make it difficult for workers to refuse unsafe work, putting them at heightened risk of workplace illness and injury. Within the pandemic context, previously reported hesitation to refuse and report unsafe work for fear of reprisal may increase MAWs' risk of exposure to COVID-19 [14, 15].
e. Limited proactive oversight of workplace and health and safety standards has allowed several farms to operate without MAWs having adequate access to break times to take meals and use the washroom. Some workers have reported no access to running water (see example 6). These conditions further heighten MAWs' susceptibility to COVID-19.

Example 6
In focus group interviews with Mexican workers from the interior of BC (n = 20, unpublished work conducted in 2019), half a dozen workers reported that they had been denied access to breaks to eat their lunch, accessing the washroom, or drinking water. Most of these individuals had been working on this farm for several years but were hesitant to speak up for fear that it would affect their position in the program. Other respondents shared that they had been provided with inadequate washing machines to wash their clothes, and had no choice but to show up to work with unwashed clothes. These conditions create a heightened risk of virus transmission of workers. Since workers are often unwilling to report such conditions, it is impossible to identify these challenges without implementing comprehensive unannounced inspections. These recent findings replicate those from our 2010 survey with 600 migrant farmworkers in Ontario (See: J. McLaughlin & J. L. Hennebry, "Backgrounder on Health and Safety for Migrant Farmworkers" IMRC Policy Points, Issue I, December 1, 2010. International Migration Research Centre, Waterloo, Ontario.)

8. Risk of virus spread as a result of grouped housing and inconsistent implementation of physical distancing measures. This risk is particularly notable given that:

a. Expert opinion [16] indicates that congregate living environments represent the highest risk of virus transmission, and as such, necessitate a targeted public health strategy to successfully 'flatten the curve.' Furthermore, shared facilities such as washrooms, dining areas and bunk beds represent significant barriers to maintaining physical distancing, which is one of the most important measures to prevent the rapid spread of COVID-19.
b. These are all typical housing conditions for MAWs [17, 18], representing real risks of virus-transmission among workers. In fact, MAWs in various regions have expressed concerns that they are not able to comply with physical distancing measures because of crowded housing conditions. Specifically, they are concerned about shared rooms and amenities (kitchens, kitchen utensils, washroom spaces and fixtures) (see example 7).
c. Lack of clear and concrete guidelines and support for employers to provide accommodation for MAWs that meets adequate physical distancing standards.

Example 7

In Southern Ontario, MAWs entering mandatory isolation at a large fruit farm reached out to local advocates and expressed concern over their shared kitchen and bathroom spaces. Housed in a trailer, each worker was provided with their own bedroom for the isolation period, but after the isolation period workers were told they would be housed two or three to a room. All workers living in the trailer share one small kitchen and one bathroom. They were not provided with adequate sanitation supplies to regularly disinfect shared surfaces, and furthermore, they have been instructed to stay in their housing at all times, even after the 14-day quarantine. These workers are concerned that such crowded and inadequate living conditions will place them at risk for COVID-19 throughout the season.

9. Inadequate reporting mechanisms that deter MAWs from making complaints and limit the government's ability to effectively monitor lack of adherence to public health measures, or inadequate housing or work conditions. This challenge is made more difficult because of:

a. An inadequate number of unannounced inspections that ensure impartial participation of workers in their preferred languages. Recently launched ESDC inspections do not outline a clear protocol that will ensure unmediated workers' participation in inspections.
b. Lack of comprehensive indicators of employers' adherence to public health measures, housing standards and workplace standards vis-a-vis inspections and other oversight measures, all of which require consideration in assessing workers' overall health and safety within the current context.
c. Lack of assurance and clear mechanisms to protect workers' livelihood and secure alternative housing in case of non-compliance by employers.
d. Lack of accessible mechanisms for anonymous reporting to ESDC, because many workers are not fluent in English or French, and they are not comfortable leaving a complaint on an automated phone line.
e. In the case that a worker does report an anonymous complaint to ESDC, the worker receives no follow-up or communication from government agents, creating a disincentive and a sense of mistrust among workers who have previously contributed to existing oversight mechanisms. All of these gaps limit the possibility of proactive/preventative response to COVID-19 spread. (see example 8).

Example 8
In BC, several migrant agricultural workers felt discouraged when trying to make an anonymous complaint to ESDC because they were unable to reach a person and they did not understand the audio-recorded message. In other cases, support organizations in BC such as Migrant Workers Centre have helped workers report anonymous complaints to ESDC for a variety of housing and employment concerns. Yet workers receive no updates or information from ESDC and are not aware of any government response to the concern. In many cases, this has made workers less interested in reporting concerns to Canadian authorities.

10. MAWs have limited knowledge of, and ability to, access health care services. and public health measures complicate healthcare access for workers. To illustrate:

a. Many workers lack awareness of what local clinics are running and what protocols are in place to access them. Furthermore, most workers throughout the country do not have access to a primary care medical provider.
b. English language and digital literacy fluency pose many barriers for workers to access telemedicine and other health resources and health professionals to provide adequate care [18] .
c. Transportation, a common barrier for workers for decades, is further complicated by various interpretations of public health measures by employers and others (e.g. see challenges under 6). These barriers also pose challenges for continuity of care including follow-up related to lab test results and accessing medical prescriptions.
d. Workers' inability to independently access medical services (without employer mediation) is well documented in the literature [19 - 24]. Without clear protocols to ensure this type of access, workers are further dependent on employers to access necessary medical services and treatment. Prior research indicates that workers may be hesitant to report medical concerns which can exacerbate preventable and/or treatable medical conditions. This same challenge will make it more difficult for workers to report symptoms of COVID-19 in a timely fashion, especially if they fear a loss of livelihood, repatriation, or employer retaliation (see example 9).
e. Many workers could not register for provincial health coverage despite eligibility because of Service Canada office closures. While several provinces have waived the wait-period to enrol in provincial health coverage and have guaranteed access to treatment related to COVID-19 to all persons in their jurisdiction, this information has not been consistently and clearly communicated to workers. In fact, many are unsure or misinformed about how to access health services at this time.

Example 9
In the fall of 2019, a worker sustained a severe workplace injury while working on a farm in the region of Oxford County, Ontario. Their employer had met their responsibility of taking the worker both for immediate care, and then for follow up specialist care to receive treatment. Yet the worker had not received impartial translation. This worker reached out to a member of the expert working group for guidance about potential workplace compensation options. As per the workers' request, this individual provided translation during the workers' next specialist appointment, which was the first opportunity he had to share their account of the injury with a health care provider. The specialist agreed that this was a workplace injury, but was not aware that MAWs were entitled to workplace compensation. Once this was explained to them, the specialist communicated to the worker that she would report this injury to WSIB. At this point, the employer expressed opposition to this action, suggesting instead the worker was to blame for their condition. The specialist countered that this was not possible. Such instances illustrate the need for workers to have access to impartial medical treatment, appropriate translation and resources and also understand the severity and implications of

their health challenges (e.g. entitlement to compensation). These considerations are salient to MAWs' health system navigation in light of the COVID-19 context.

11. Limited public health data and monitoring

a. In many regions, especially in provinces like BC and Quebec, where public health units have not been consistently involved in housing inspections in prior years, public health units lack experience working with MAWs and may have limited knowledge of how to reach workers, farms and employers. For instance, we have found that some public health units in Western Canada require assistance in physically locating farms and workers [25].
b. Limited data have been collected or, at very least, made publically available, in regards to MAWs' health, safety, housing and prior enforcement issues in agriculture.

Recommendations *to address challenges related to Work and Stay in Canada*

7. *Re: Risk of virus spread as a result of workplace conditions*

a. Employers should be provided with clear guidance on how to maintain physical distancing during agricultural work activities, such as the use of (a) rotating shifts to reduce the size of cohorts of workers conducting work in the same location at one time, with a maximum number of workers per cohort that ensures the ability to practice physical distancing [26].; (b) adjusting speed of various processes to enable safe physical distancing and; (c) provision of adequate shade, seating and spaced break and lunchtimes to help facilitate adequate physical distancing among workers.
b. Federal agencies (both ESDC labour inspectors and health inspectors) must conduct unannounced or proactive inspections on-site (protecting workers from exposure to inspectors, who themselves should be tested for Covid-19 routinely) during a regular work shift. These inspections should seek to determine whether or not physical distancing is possible, and if not, ensure alternative protections for workers are in place (discussed below). They should also seek to determine whether employment standards protections, such as daily rest, working hours etc. are being respected.
c. During such inspections and in their literature directed at farmworkers in multiple languages, federal agencies should underline workers rights to refuse unsafe work, and indicate that such refusal will not compromise migrant workers' residency status.
d. When physical distancing is deemed impossible for certain tasks, federal agencies should support employers to implement alternative protocols to protect workers. Each alternative to physical distancing should be determined in accordance with best evidence, and will require specialized training and workers' input (vis-a-vis workplace safety committees) to minimize undue hardship on employees. Examples of alternatives include the use of plexiglass to divide workers from one another into contained areas [27] and the provision of personal protective equipment [28]. Processes for worker input can be carried out in accordance with fundamental Internal Responsibility System principles that ensure worker and employer collaboration to identify and address workplace OHS standards and concerns. Training for workers should be

accessible, in their preferred language, and provide sufficient time to gage workers' full understanding of all procedures.

e. Federal and provincial agencies should employ state of the art methods for risk analysis to generate options for infection exposure control in different farm-agricultural production contexts e.g. banding frameworks [29].
f. Employers should also implement additional practices to maintain optimal levels of workplace health and safety in light of COVID-19, such as improving building ventilation and conducting daily health checks [30].
g. Federal agencies should conduct unannounced inspections on-site during a regular work shift to determine whether or not physical distancing is possible, and if not, ensure alternative protections for workers are in place (discussed above).
h. ESDC and other federal agencies should collaborate and help coordinate communication between employers, workers and respective provincial ministries of labour. Such coordination will ensure that health and safety considerations are taken up across each province and help mobilize relevant resources and infrastructure to support workers' health and safety [11]. MAWs should be provided with accessible phone numbers in their preferred language to be able to communicate directly with ministries of labour.
i. MAWs should be provided clear, accessible information, in their preferred language that states that they have the right to refuse unsafe work. This information should be accompanied with an accessible means to report concerns to ESDC, and resources for legal advocates and services in their preferred languages that can provide workers with adequate representation. ESDC should commit to providing alternative employment to workers in these situations, and if alternative employment is unavailable, ensure their eligibility and access to the CERB.

8. Re: Risk of virus spread as a result of grouped housing

a. In addition to all actions taken as stated under recommendations for housing related to the quarantine period (see point 3, challenges and recommendations), employers should meet strict requirements to ensure workers are able to physically distance in their employer-provided accommodation. Federal agencies should clearly communicate these requirements to all employers. To support employers, tax breaks could be added to new funding through the Agri-Food Workplace Protection Program to facilitate employer provision of rental trailers and housing renovations/additions, to increase space and the numbers of washrooms and handwashing stations.
b. Given the risk of viral transmission in congregate settings, we believe that housing standards should exceed typical provincial housing requirements outlined by FARMS in Ontario or the Industrial Camps Regulation in BC. A midseason, on-site inspection should ensure that each employer is providing housing that meets the following requirements:
    i. Sleeping facilities with a minimum separation of two metres between beds and the entrance/exits with an additional one-meter accommodation area on one side of the bed to provide space for personal use such as changing clothes, stretching etc. (ex. Figure 2).
    ii. Each worker should have a route to the entrance/exit of the sleeping quarters

without coming within two meters of any of the beds or accommodation areas (ex. Figure 3).

iii. If beds cannot be at least two meters apart, use of temporary floor to ceiling barriers between beds must be set up to prevent droplet spread. In addition to the bed, an accommodation space of the length of the bed by one meter should be within the perimeter of the barriers. (ex. Figure 4)..

iv. MAWs are provided with easy to clean individual storage space for their possessions and clothing.

v. Proof of adequate hand-washing stations and washrooms for a maximum of five workers per unit.

vi. Adequate kitchen space, dining areas and other common living spaces should be sufficient to enable workers to maintain appropriate physical distance. Staggering of work and break schedules can facilitate physical spacing practices.

vii. The surface of the interior walls is smooth and painted or covered with a treated material that can be easily maintained.

viii. Floors are made of materials that can withstand regular wet washing.

ix. Common areas have scheduled regular cleaning by designated cleaning staff or workers are provided with appropriate training and resources (cleaning supplies, PPE, etc.) for COVID-19 specific cleaning of common areas based on up to date best practices[13].

c. Federal agencies can help fund and coordinate, in partnership with public health units and/or provincial health ministries, alternative accommodation for workers that provide them with safe housing if their employer is found to be non-compliant or if the employer requires assistance to become compliant. Hotels, boarding houses, universities and college residences in nearby cities/towns can be reserved ahead of time in anticipation of potential challenges.

9. Re: Inadequate reporting mechanisms that deter MAWs from making complaints and limit the government's ability to monitor non-compliance

a. Federal agencies, in close coordination and partnership with provincial agencies, should conduct unannounced on-site inspections both in workplaces and housing. These inspections should (a) allow workers' participation in their preferred language without the presence of an employer; (b) adequate and clear proof of workplace conditions that enable physical distancing (see point 7, recommendations, above); housing conditions that allow the same (see point 8, recommendations, above) and; (d) clearly posted communication about workers' right to refuse unsafe work, and resources to support them to do so if necessary. This information should be repeated verbally by inspectors during each site visit to employers in their prefered language.

b. Federal agencies, in close coordination and partnership with provincial agencies, should provide relevant materials and coordination to ministries of health, labour and public health units to distribute information about workers' right to refuse unsafe work and their entitlement to physical distance measures and other public health protections in both their workplace and housing.

c. ESDC should staff their anonymous 'tip line' with a person who can document MAWs' complaints in real-time, and patch in a translator as necessary to ensure workers can communicate their concerns in their preferred language. Each complaint should be followed up with a phone call to each worker, if they so choose, notifying them of the actions taken as a result of their complaint. If no action is taken, the worker should be explained how this decision was made.
d. Given workers' heightened risk of illness coupled with a heightened fear of losing their employment and status at this time, MAWs should be granted open work permits if it is necessary for them to leave their employment situations due to COVID-19 related concerns/issues/ illness. Workplace injury and compensation boards should be explicitly mandated and supported to enable MAWs to return to work. Federal agencies should facilitate transfers and employment opportunities for MAWs when necessary.
e. The naming system under the SAWP (wherein employers choose by naming the workers who will return the next season and unnamed workers are often denied reentry) should be suspended (and ideally eliminated) to decrease the potential of coercion and the difficulties for workers to refuse unsafe work. Furthermore, building off recent developments that fast-track workers' permission to switch employers before being issued a new work permit, federal agencies should grant open work permits to MAWs make it easier for workers to refuse unsafe work if they are exposed to workplace or housing risks that heighten the risk of being infected with COVID-19. In addition, All medical cases among workers should be followed to prevent medical repatriation without an adequate evaluation and protocol in place by ESDC [see 30].

10. Re: MAWs have limited knowledge of, and ability to, access health care services

a. Clear methods to access local primary care services clinics must be prioritized for this population since they may require accompaniment and adequate follow-up care during their time in Canada. Models of health service outreach and care, such as what is available through Quest Community Health Centre in Southern Ontario, should be replicated in regions where MAWs work and live in order to provide direct contact between MAWs and healthcare providers in their preferred languages [see 32]. Furthermore, connections to relevant support agencies should be put in place. Since these services are not always known and/or available in all communities, a provincial repository of services should be available to inform workers of services available across the province.
b. Federal agencies should work with provincial ministries of health as well as regional health units to ensure that MAWs are provided information in their preferred language in an accessible manner about:
    i. What local clinics are accepting clients, in what manner (e.g. physical or by telephone, etc.) and how to request an appointment if necessary. A phone line to assist workers to make an appointment should be made available to them and phone line staff should have the capacity to coordinate translation for workers.
    ii. What medical services they are automatically eligible for in their particular province of residence. Medical services that are available to them through their private insurance provider should also be made clear to them.

iii. Information on primary care providers particularly able to serve MAWs by telephone, virtually or face-to-face. Dissemination of this information can be facilitated through provincial directories organized by regions that provide up-to-date information about primary health clinics best equipped to care for and support MAWs.This information should be provided to MAWs upon arrival, in their preferred language, and in an accessible/electronic format that is regularly updated.

iv. How to report COVID-19 symptoms or participate in screening at a local site with the assistance of a clinician.

c. MAWs should also have access to remote mental health services in their preferred language of choice. Appointed services must have the capacity to provide intakes over the phone in the client's preferred language. Phone numbers for these services should be distributed by local health units through the support of federal and provincial leadership (further outlined in recommendations 6, 14c and 16a).

d. Employers should be required to provide MAWs with independent means of transportation to access health and wellbeing services including healthcare, pharmacy, groceries, etc. These means of transportation should be made convenient, confidential and unmediated to ensure uninhibited reporting and treatment of any healthcare issues. Potentially acceptable arrangements include the provision of taxi vouchers where available and access to insured vehicles for licensed workers.

e. Through the leadership of ESDC, all provinces should commit to providing immediate and full health services to MAWs. This commitment needs to be clearly communicated to this workforce. To address workers' potential apprehension, it should be made clear that no workers will be medically repatriated as a result of seeking care. Furthermore, given that a medical condition may put workers in a position that they lose their legal status in Canada, access to medical care should be extended to all undocumented persons, including MAWs.

11. Re: Limited public health data and monitoring

a. ESDC and IRCC should work closely with public health units to share relevant data and contact information about employers (via LMIAs) and workers (via work permits). This data can ensure that public health units can develop systematic and timely monitoring and outreach strategies that can prevent or quickly act in the event of an outbreak. At the same time, there must be firewalls between public health, ESDC and IRCC officials to protect workers from actions such as deportation.

b. A systematic process should be developed to both collect and share relevant health and social care data, including workers' compensation data, that can guide timely and locally-specific health recommendations for MAWs now and in the future.

c. Up-to-date public health measures and directives need to be provided to employers and workers in an accessible manner in their preferred languages in multiple formats to keep them informed of latest practices that may affect their work and living conditions.

III. Responding to an Outbreak and Mitigating Negative Consequences

Challenges/gaps

12. Barriers to accessing and navigating health services

a. As discussed above (see point 10), MAWs face several challenges accessing and navigating healthcare services. They may fear the consequences to their livelihood, status and accommodation if they were to report COVID-19 symptoms. They often lack information about health resources and legal entitlements that may provide protection to them during this time [33].
b. Ongoing research in BC also indicates that MAWs may lack basic knowledge of how to access emergency medical treatment. Not knowing one's address when prompted by the dispatcher for example, or panicking because the dispatcher is speaking to a worker in English are situations that have been documented as recently as six months ago [34].

13. Lack of standard responses and transparency when an outbreak occurs

a. Outbreaks in MAW workplaces and accommodations are evidence that either directives are not being followed properly and/or the directives are ineffective. Concerns raised by MAWs who have experienced outbreaks, especially in regards to housing and workplace conditions suggest that more concrete measures could be taken to prevent virus spread.
b. There is not currently a protocol in place to thoroughly investigate these cases, tracking the transmission source, and identifying perpetuating factors. This creates further uncertainty both for workers on these particular farms as well as MAWs across the country who fear that they may experience the same.

14. Lack of comprehensive follow-up care for MAWs who test positive

a. If a worker tests positive, follow-up care is made more difficult in cases when a worker does not speak English and requires either a clinician who speaks their language or access to a translator. As some workers have reported anxiety and other psychological challenges as a result of testing positive, non-English speakers may require mental health services, and clinicians must provide treatment in workers' preferred language. This has been observed in outbreaks in BC by authors of this report.
b. In addition, healthcare providers may not be familiar with workers' private insurance [18] and provincial health coverage for workers is often not well understood among both workers and clinicians [23, 32]. Recent outreach with workers indicates that many fear being deported, having to pay out of pocket for services, or medical repatriation or job loss as a result of presenting with symptoms of COVID-19 to health facilities. In many regions, workers are expected to navigate the healthcare system without support in their own language and with limited knowledge of local services (see example 10).

Example 10
Research in BC from 2014 - 2018 revealed that many clinics lack knowledge of MAWs' entitlements to

health services, and many do not have a practice of directly billing workers' private insurers, meaning MAWs may be responsible to pay anywhere from $60 - $200 per medical visit. For years, workers have reported difficulties being reimbursed for these medical costs and may have difficulty paying out of pocket for care. Since 2019, researchers in the BC interior have launched an intervention consisting of an outreach worker and legal advocate for MAWs. This outreach worker has been instrumental in helping MAWs affected by COVID-19 access primary care services without paying out of pocket expenses, since the practice following an outbreak may be to refer workers to a primary care physician. Wherever these ad-hoc services are not available however, workers may struggle to access translation, prevent out of pocket expenses, and find clinicians that recognize their eligibility for provincial health coverage (because of challenges outlined in point 10). Similar challenges with coverage recognition have been identified in Ontario, and although COVID-19 related care is guaranteed by the province, OHIP has noted that MAWs will require a provincial health card to be able to access their test results. This may heighten stress and uncertainty among workers exposed to COVID-19.

15. Addressing concerns and needs in regards to the loss of income and alternative housing

a. At the moment, there is significant confusion among workers about what process they should follow to receive wage compensation resulting from a COVID-19 outbreak. If compensation is not received in a timely manner, workers may incur debt and hardship, especially because many are sole breadwinners to dependents in their countries of origin.
b. Some workers may face barriers accessing the Canadian Emergency Response Benefit because of the $5000 income requirement for 2019. Eligibility criteria may pose a particularly challenging barrier for MAWs who are transient and may be new to the country, in addition to potential language and literacy barriers.
c. At the moment, there is a lack of clear return to work standards for MAWs who become infected. A lack of transparency and clear guidelines can create pressure to return to work too early and make it more difficult for workers to receive adequate care that ensures their full recovery or protects their co-workers. In addition, a lack of standards can pose a threat to workers' job security.
d. As past outbreaks have shown, once positive cases are reported on farms, workers are justifiably frightened for their health and safety. Although this is a critical point for virus containment, in many cases workers have not felt adequately protected from further virus transmission at this time.
e. Currently, clear national standards that support the provincial and regional implementation of adequate housing provisions to facilitate virus containment for MAWs in the case of an outbreak, are not in place. Without these standards, containment measures when positive cases are suspected will remain limited and inconsistent.
f. Many workers have been participating in agricultural programs for years or even decades[35]. Although these individuals are entitled to income tax returns, many will have difficulty accessing these funds. Furthermore, these individuals represent an important component of the Canadian workforce, who had reasonable grounds to believe that they would be able to maintain their participation in the agricultural program this season.

16. Addressing social stigma and isolation

a. As stated above (see point 6, challenges and recommendations), inappropriate restrictions and surveillance of MAWs, especially when fueled by discriminatory or xenophobic assumptions, may pose mental health challenges for this population, and also, increase their sense of isolation.
b. In the case of an outbreak, workers are uniquely susceptible to experiences of stigma and isolation. Feelings of helplessness and isolation have been expressed by many workers who have experienced outbreaks, and are heightened by some workers' government requiring workers to sign waivers that exclude them from protection from their official representatives if they are to become infected with COVID-19 (see example 1). Challenges outlined in points 12 and 13 make it difficult for workers to access services that can support them if they were to experience undue anxiety or stress.
c. It is likely that workers may experience further discrimination as a result of an outbreak. Self-isolation requirements, which further physically segregate an already segregated workforce, create particular hardship for this workforce.

<u>Recommendations for responding to an outbreak and mitigating negative consequences</u>

12. Re: Barriers to accessing and navigating health services

a. In the event of an outbreak, all information and resources related to healthcare services and entitlements (as outlined in recommendations, point 10) should be distributed again to workers vis-a-vis physical paper delivery. In addition, this same information should be sent via audio-recorded WhatsApp or text messages to all workers residing on the farm and working in that facility. Federal agencies can help ensure that updated information in an accessible format is developed, and furthermore, help fund audio-recorded messages to be delivered by appropriate and experienced organizations. This information must include clearly stated commitments that: (a) all health services will be provided regardless of status and; (b) workers' concerns regarding housing and workplace conditions will be thoroughly inspected, and (c) alternative housing and alternative work (or wage compensation) will be provided to workers if necessary. An ESDC phone line that can walk workers through potential concerns and options if necessary should also be provided at this time. This phone line should be accessible to workers in their preferred language (as outlined in point 3a and 4b).
b. Provincial emergency dispatchers should provide explicit details on the process they will follow when taking a call from a worker in another language so that this process can be shared with MAWs. Emergency dispatchers should also be ready to expect calls from workers who may not understand their questions, or how to answer them. A clear plan to mitigate these challenges is needed to ensure (a) immediate access to a translator and; (b) alternative methods to ascertain workers' address.

13. Re: Lack of standard responses when an outbreak occurs

a. Federal agencies should ensure that employers are provided with clear step-by-step instruction and support to best isolate workers, and contain the spread of the virus. This can be implemented through clear standards that can be developed for all regional health units to follow.
b. At the time of reporting a condition, immediate isolation and testing for infection among the group of workers who had any contact with the initial case should be carried out. Employers should notify federal agencies immediately to ensure adequate coordination of all steps that must be taken (including housing and workplace inspections). Anticipating potential delays, federal agencies should develop a protocol to involve necessary agencies at different levels of government to expedite action as a result of a potential outbreak.
c. A thorough investigation should be carried out, documenting: (a) demographics of infected migrant and local workers; (b) relevant details on the workplace environment, including spacing (e.g. the number of workers per square metre), ventilation, PPE provision, facilities and sanitation protocols; (c) recent housing reports, modifications and inspections; and (d) the likely potential sources and pathways of transmission. Furthermore, interviews with an adequate amount of employees and all relevant supervisors and employers should be conducted to verify the information and gather further contextual insight into the mechanism of virus spread. This information should be developed into a case report that highlights persistent uncertainties, lessons learned and concrete recommendations for employers and migrant and local agricultural workers. Furthermore, these findings can inform the modification or upgrading of existing public health directives if existing protocols are found to be insufficient.

14. Re: Comprehensive follow-up care for MAWs who test positive

a. In addition to the actions outlined above (see 12, recommendations), federal agencies should develop clear recommendations for provincial and local health authorities to ensure:
    i. Provision of third-party translation for all MAWs, as necessary, when communicating with clinicians;
    ii. Access to mental health services and supports in their preferred languages; and
    iii. Local clinics direct bill private insurance companies for care provided to workers or, if this is not a viable option, that the province fund all health services for workers.
b. In partnership with support organizations and local health units, federal agencies should develop and publish a list of relevant health services that meet the needs of MAWs in all regions of the country. This list can be updated regularly and distributed to workers via text and WhatsApp messages.
c. Specific strategies are needed to ensure culturally-appropriate mental health services for MAWs in their preferred languages are immediately available in an accessible manner (as further outlined in recommendations 6, 10c and 16a)

15. Re: Addressing concerns and needs in regards to the loss of income and alternative housing

a. Federal agencies should facilitate a more expedited process for workers' compensation adjudication for those sick or required to self-isolate. Workers should receive a provisional

amount of funds after 10 business days, even if a decision has not been made by the appropriate agency.

b. Federal and provincial agencies should clearly specify what agency will be responsible for compensating workers for wage loss (e.g. workplace injury boards, Service Canada, etc.). This information must be presented in an accessible manner in the workers' preferred language.
c. If employers will be filing a wage compensation claim on workers' behalf, an accessible summary report in a worker's preferred language, with clear and realistic timelines, should be provided to each employee.
d. The eligibility criteria of $5000 of income in the prior year for the Canadian Emergency Response Benefit should be waived for all essential workers, especially migrant workers who must face a pandemic in a foreign country.
e. Once a positive case is suspected on farm, interviews should be conducted immediately in a worker's preferred language to ascertain current housing and workplace conditions (as per above), and each worker's risk of infection (as per banding approaches).
f. In cases in which employer-provided housing is found to be inadequate to contain and prevent future virus transmission, federal agencies should support provincial and local health authorities to provide alternative housing in nearby hotels and university/college residence for workers. This housing should enable adequate isolation and distancing for both confirmed positive cases and suspected cases (of which all workers living on the same site should be considered potential cases).
g. Clear and explicit return to work standards should be communicated to employers, clinicians and workers by federal agencies, to guide necessary steps if MAWs are exposed to COVID-19. If a workplace environment is deemed too dangerous to resume operations, federal agencies should assist MAWs in finding alternative employment, or, they should automatically receive wage compensation.

16. Addressing social stigma and isolation

a. In addition to actions outlined in recommendations 6 to address and mitigate the negative consequences of inappropriate surveillance or restriction, federal agencies should contribute to public dialogue that dispels xenophobic myths about COVID-19 transmission. For instance, including a dedicated 'thank you' for these workers' contribution to Canada's food security, and emphasizing community transmission as the main source of COVID-19 spread.
b. In partnership with support organizations and local health authorities, federal agencies should facilitate MAWs' connections to virtual communities and virtual recreational hubs that are culturally appropriate and digitally accessible to them in their preferred languages. This may require the adequate provision of internet and phone services by a government agency that is overseeing accommodations for workers at this time.
c. Federal inspectors should be provided with training to understand the unique barriers and challenges faced by this population. This can help ensure that inspectors approach workers in a sensitive and approachable manner that can help address or better assess experiences of isolation among workers.

d. If workers are either directly affected by COVID-19 (e.g. because of an outbreak) or indirectly (through lay-offs, inadequate housing), they should be granted permanent residence.

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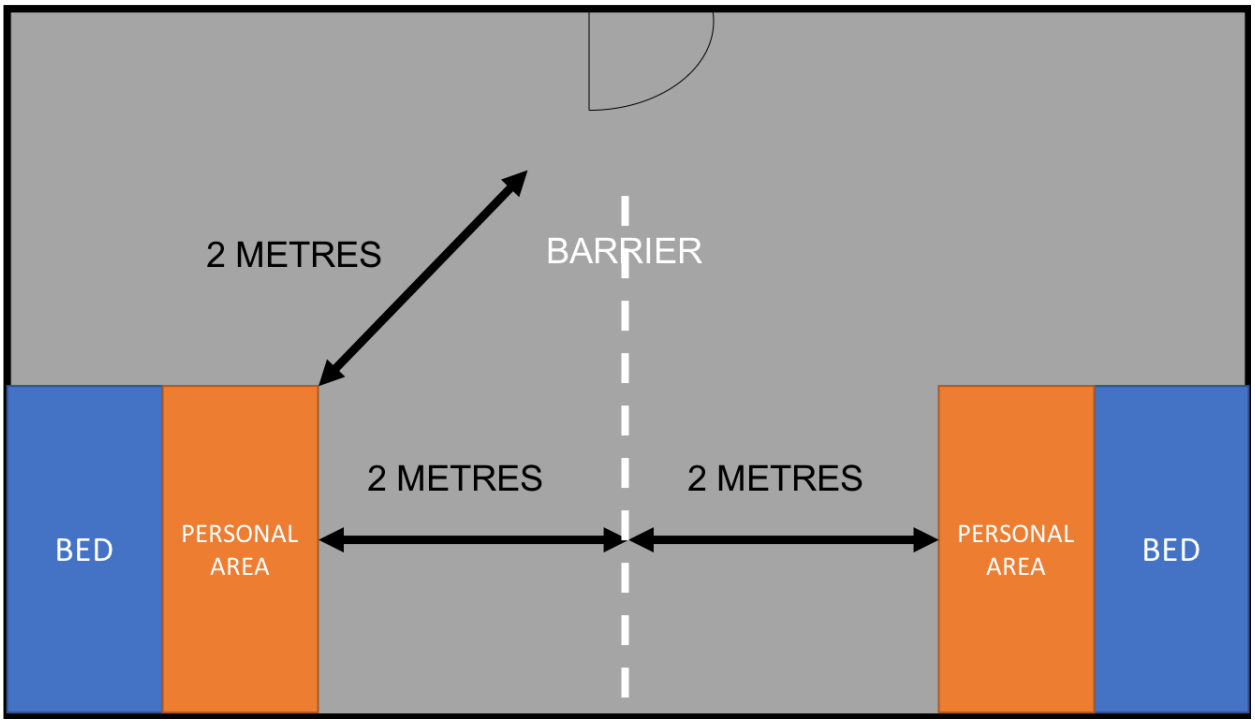
Figure 1.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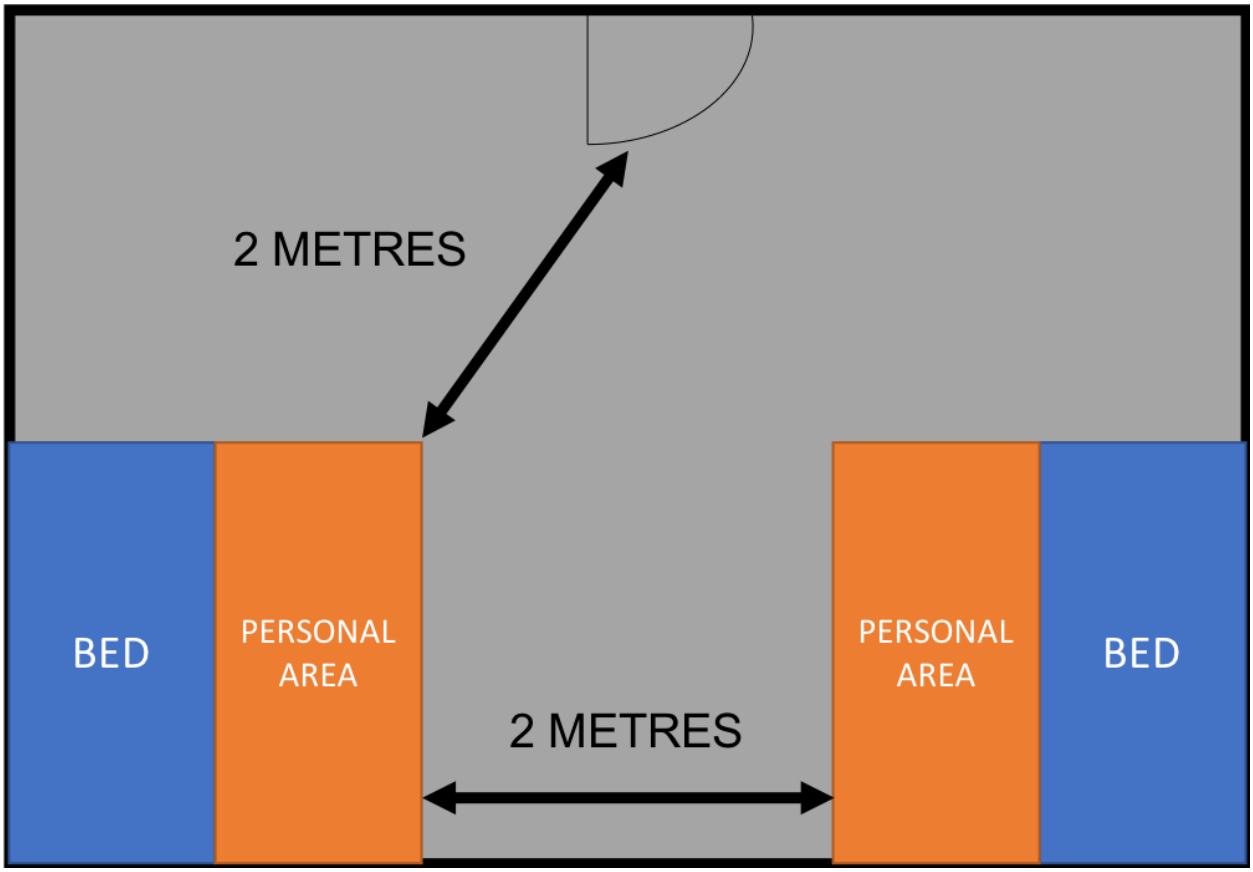

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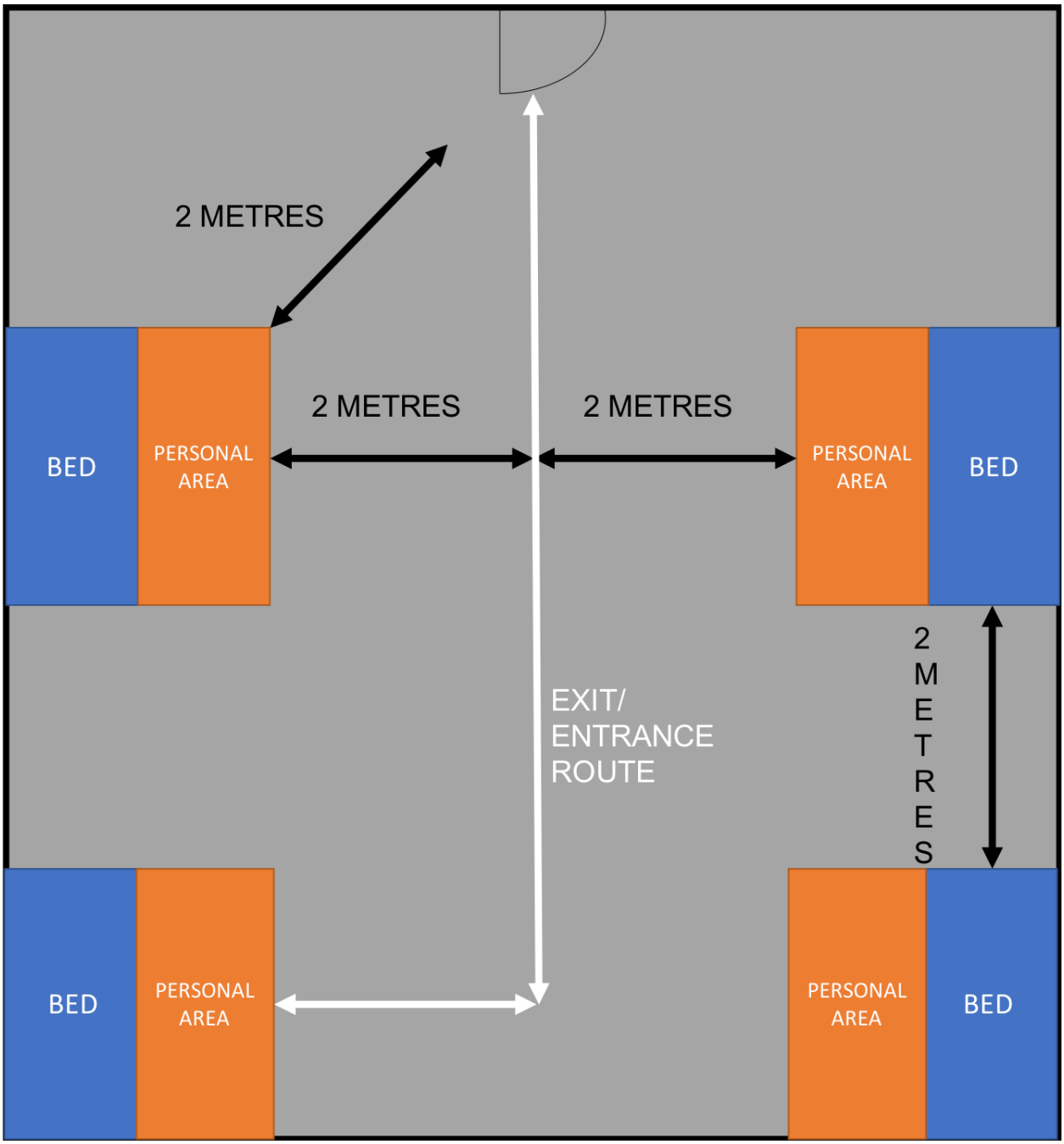
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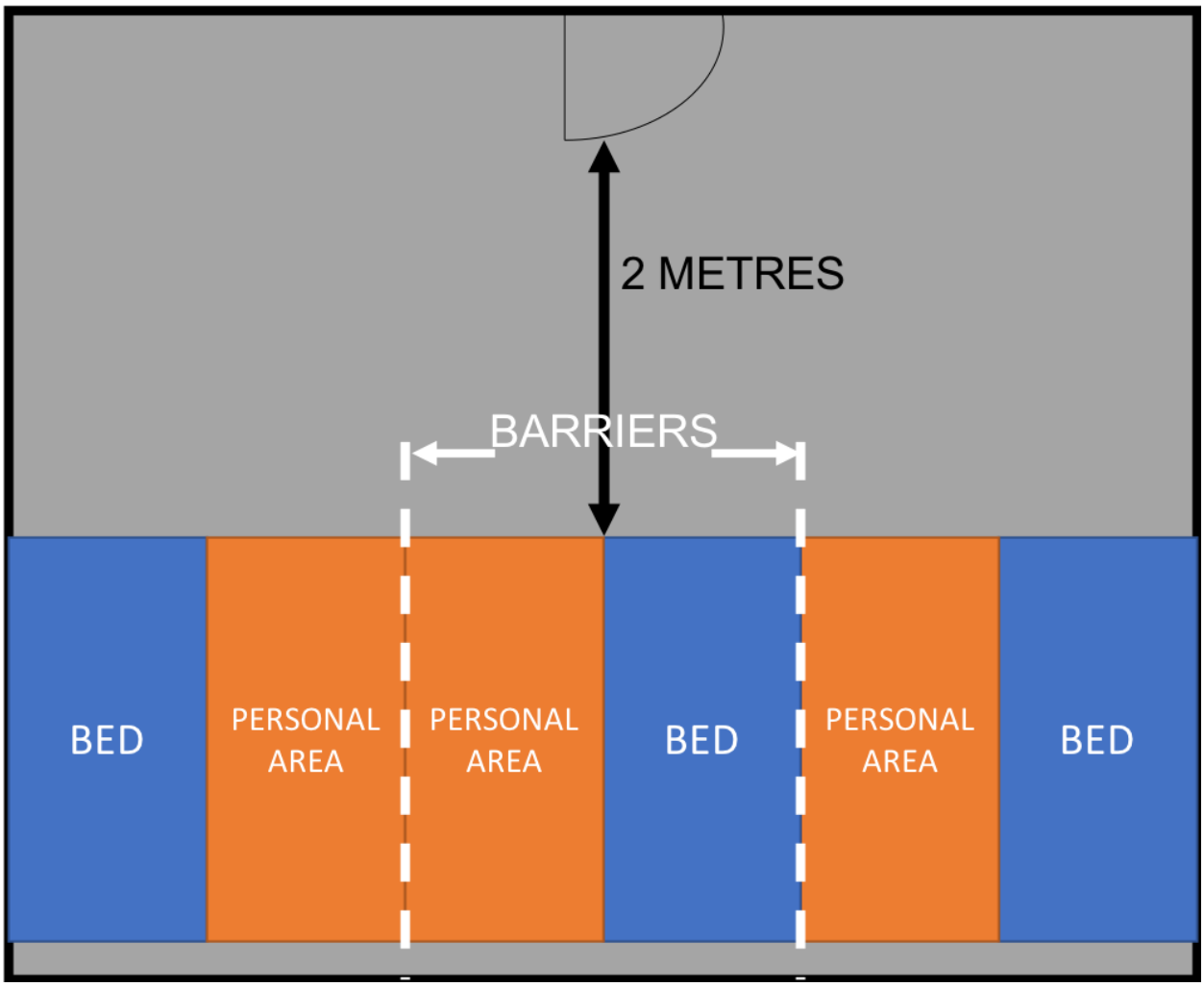
Figure 4.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