



## Opportunities for Public Health to Reduce the Burden of COVID-19 among Migrant Agricultural Workers in Canada

**M**igrant agricultural workers come to Canada annually to help farmers with planting, harvesting, and processing foods (1). Clusters of community-acquired COVID-19 among migrant agricultural workers in Ontario during the 2020 growing season signify that migrant agricultural workers are vulnerable to infectious disease outbreaks such as COVID-19. This does not mean that the men and women who come to Canada to work are inherently at increased risk for COVID-19 or other infectious diseases. It is instead their circumstances in Canada, including their legal status and their social determinants of health, including working conditions, housing provided, and inequities in obtaining appropriate health care, that create situations of increased vulnerability.

This document is a summary of reports and recommendations made by the Migrant Worker Health Expert Working Group. It provides evidence-based and concrete suggestions for public health action to mitigate the impact of infectious diseases, including COVID-19, on migrant agricultural workers in Canada. Opportunities for public health to improve housing and work conditions, health services access and navigation, and communication and education for migrant agricultural workers are discussed.

### **Comprehensive MWHEWG reports can be found here:**

[Recommendations for Overcoming Health Challenges Faced By Migrant Agricultural Workers during the COVID-19-Virus Pandemic\\*](http://www.migrantworker.ca/wp-content/uploads/2020/06/June-9-2020-HC-recommendations.pdf)

<http://www.migrantworker.ca/wp-content/uploads/2020/06/June-9-2020-HC-recommendations.pdf> (2)

[MWHEWG Provincial Recommendations](http://www.migrantworker.ca/wp-content/uploads/2020/07/MWHEWG-Provincial-Recommendations.pdf)

<http://www.migrantworker.ca/wp-content/uploads/2020/07/MWHEWG-Provincial-Recommendations.pdf> (3)

### **NCCID's podcast on this topic with Stephanie Mayell (Episode 17 of Infectious Questions) can be heard here:**

[COVID-19 and Migrant Agricultural Workers \(2019-nCoV, Pt 17\)](https://nccid.ca/podcast-2019-ncov/)

<https://nccid.ca/podcast-2019-ncov/> (4)

## Housing and Work Conditions

**Living conditions.** In Canada, many migrant agricultural workers live and work in conditions conducive to the spread of COVID-19 and other infectious diseases. The poor conditions contributed to outbreaks of COVID-19 among migrant agricultural workers in Ontario and included the death of three workers. Migrant agricultural workers must live in communal living facilities selected, and often operated by, their employers. Also known as bunkhouses, they are often crowded, inadequate, poorly ventilated, and do not always meet local and national housing and public health guidelines. Examples of crowded and inadequate living conditions include reports of bunkhouses with multiple bunkbeds that house up to 14 people in one room separated from each other using cardboard boxes, and housing that smells like animal urine (5,6). Infectious diseases such as influenza, tuberculosis, and now COVID-19, are known to spread rapidly under these conditions (7). Worker housing requirements are often written as guidelines only, and not enforceable regulations. Employers do not always adhere to the guidelines, creating living conditions that increase the likelihood of infectious disease spread.

**Reporting challenges.** Migrant agricultural workers are temporary foreign workers hired on contracts, making them dependent on their employers to remain in Canada and at risk for deportation if their employment is terminated. Many migrant agricultural workers are thus afraid to report sub-standard housing and work conditions, both to their employers and to outside authorities.

This fear is not unfounded. During the 2020 growing season, a migrant agricultural worker working at an Ontario farm who tested positive for COVID-19 contacted local media to express his concerns about living in a sub-standard,

crowded and unsanitary bunkhouse that made physical distancing impossible, and was devoid of personal protective gear and hand-sanitizer. He was later fired after his employer suspected that he was the spokesman (8). Many other migrant workers are not fluent in Canada's official languages and are unable to communicate with government agencies responsible for safe housing and work conditions. Others do not know who to approach with a complaint, or do not know where their farm is located, and therefore cannot make an accurate report if they are able to contact authorities. Interactions with government officials are therefore commonly mediated by the employer, with the employer often present. This can make migrant workers reluctant to be truthful for fear of retribution.

**Inspections.** In Canada, public health is generally responsible for conducting inspections of occupational health and safety conditions and housing facilities, including the bunkhouses and other congregate buildings where migrant agricultural workers live. Due to COVID-19, inspections of living conditions now occur over the phone between public health officials and the employer. Rather than making observations themselves, public health inspectors rely on employers to be truthful about their workers' situation. In-person inspections are often scheduled with advance notice, allowing employers to temporarily improve conditions for the inspections. Inspection reports up to 8 months old, conducted during the off-season when migrant agricultural workers are not on-site, are also currently considered acceptable by the Federal Government (9).

## Opportunities for Public Health

**Improve processes for reporting on poor housing.** Develop an easy mechanism for confidential communication (e.g., toll-free phone line) of migrant agricultural workers' concerns to public health, health and safety inspectors, and employment standards personnel without oversight from their employer, and in their preferred languages. Ensure that workers are protected from reprisals.

**MWHEWG Provincial Recommendations no. 2 and 4 – page 5**

**Develop clear standards.** National standards for migrant worker housing with regulatory mechanisms should be developed and adopted by provinces and territories, instead of having jurisdiction-specific recommendations and guidelines. The response for non-compliance should also be integrated into the standards to ensure that best practices are being followed.

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

**Ensure inspections are timely.** Inspections conducted by public health agencies should occur at all worksites in Canada that employ migrant agricultural workers. Inspections should be regular, proactive, unannounced, and in-person. These inspections will allow health inspectors to determine if public health recommendations and standards, Employment Standards, and Occupational Health and Safety Acts are being followed.

Inspections could be coordinated between different agencies or departments.

**MWHEWG Provincial Recommendations no. 1 – pages 4 and 8**



## Health Services Access and Navigation

**Accessing services.** As temporary foreign workers, migrant agricultural workers are entitled to receive health care in Canada. Access is a multidimensional construct. Access depends on the availability or adequate supply of services, and if available, the services must be both effective and meet individual needs (10). Furthermore, even if services are available and effective, the services should be delivered in a culturally appropriate manner (10). Financial, organizational, and social barriers also influence an individual's ability to "gain access" to services in a community (10). Migrant agricultural workers often work long hours in rural areas that have limited clinic hours; lack transportation; face delays in receiving provincial health cards; lack information about accessing the local health care system; depend on employers and resulting confidentiality concerns; and have poor English/French language and literacy (11). Employers in Canada have also been reported to prohibit migrant agricultural workers from leaving their

workplaces (12), which prevents workers from obtaining health care independently.

**Preventing and managing infectious diseases.** Receiving health care is both a preventative measure, as well as a response to a diagnosis of infectious disease. Poor health care after diagnosis of influenza has been shown to contribute to disparities in health outcomes (13). The Federal Government has included the "... facilitation of appropriate access to primary care services..." as a component of their COVID-19 pandemic guidance for the health care sector (14). Few local public health regions in Canada have established services that consider the unique circumstances and barriers experienced by migrant agricultural workers. There have also been reports that workers were denied timely health care by their direct supervisors, including one migrant agricultural worker who died due to COVID-19 in Canada during the 2020 growing season.

## Opportunities for Public Health

**Increase access to primary health care.** Develop integrated service models to increase the ability for migrant agricultural workers to obtain primary care services independently. In addition, make available immediate and ongoing translation and accompaniment services to all migrant agricultural workers who are diagnosed with COVID-19 to improve care and systems navigation.

**MWHEWG Provincial Recommendations**  
**no. 5 – page 10**

Fund and deploy mobile health teams to both monitor, screen and allow workers access to testing of COVID-19 on farms and

provide comprehensive care and follow-up for migrant agricultural workers.

**MWHEWG Provincial Recommendations**  
**no. 3 – page 9**

**Working while COVID-19 positive.** Policies should be in place to prevent migrant agricultural workers who are positive for COVID-19 and asymptomatic from working.

**MWHEWG Provincial Recommendations**  
**no. 8 – page 11**

## Communication and Education

**Lack of information.** Information provided to migrant agricultural workers is lacking in several areas including COVID-19 transmission, individual actions to prevent infection (e.g., handwashing, sanitizing, and wearing masks), and what to do when symptomatic or exposed to someone who has been diagnosed with COVID-19. Providing workers with accurate and up-to-date information is essential. Adequate information will support them to create and advocate for safer living and working environments to decrease the impact of COVID-19. The few resources for migrant agricultural workers that are currently available are mostly not available in worker's preferred/

native languages. In addition, some workers experience low levels of written literacy, and should have information available in other formats to increase the likelihood of comprehension.

Migrant agricultural workers also have many rights under legislation in Canada related to health and safety, housing, and access to health care. Workers often do not know what they are entitled to, or how to seek help or report unsafe conditions. The few resources available are also not usually culturally or linguistically appropriate.

## Opportunities for Public Health

**Improve communication after infection.** Develop direct lines of communication and front-line care with each migrant agricultural worker who is affected by a COVID-19 outbreak via daily in-person check-ins and mental health services via an accessible toll-free phone line. Translation services should be available.

**MWHEWG Provincial Recommendations  
no. 6 – page 10**

**Increase understanding of reporting mechanisms and rights.** Ensure that any mechanisms developed to report public health, housing, and work safety concerns are communicated to workers in their preferred languages and consider differing literacy levels.

**MWHEWG Provincial Recommendations  
no. 2 and 4 – page 5**

**Create resources for migrant agricultural workers in several formats.** Create and distribute key COVID-19 hazard and safety educational information to migrant agricultural workers relevant to both working and living conditions. Include information about how to access primary health care, and COVID-19 testing and follow-up.

**MWHEWG Provincial Recommendations  
no. 5 – page 7 and no. 4 – page 9**

**Improve information sharing.** Update the new health data platform to include data on inspections from local public health and other provincial ministries to better assess the risks and factors that may be contributing to outbreaks among this population.

**MWHEWG Provincial Recommendations  
no. 7 – page 10**

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# Learn more about migrant agricultural worker public health in Canada.

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