

**Trouble in our Fields: Health and Human Rights among Mexican and
Caribbean Migrant Farm Workers in Canada**

by

Janet McLaughlin

A thesis submitted in conformity with the requirements
for the degree of Doctor of Philosophy
Graduate Department of Anthropology
University of Toronto

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Your file *Votre référence*
ISBN: 978-0-494-71364-8
Our file *Notre référence*
ISBN: 978-0-494-71364-8

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ABSTRACT

Trouble in our Fields: Health and Human Rights among Mexican and Caribbean
Migrant Farm Workers in Canada

Janet McLaughlin
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PhD, 2009

For many years Canada has quietly rationalized importing temporary “low-skilled” migrant labour through managed migration programs to appease industries desiring cheap and flexible labour while avoiding extending citizenship rights to the workers. In an era of international human rights and global competitive markets, the Canadian Seasonal Agricultural Workers Program (SAWP) is often hailed as a “model” and “win-win” solution to migration and labour dilemmas, providing employers with a healthy, just-in-time labour force and workers with various protections such as local labour standards, health care, and compensation.

Tracing migrant workers’ lives between Jamaica, Mexico and Canada (with a focus on Ontario’s Niagara Region), this thesis assesses how their structural vulnerability as non-citizens effectively excludes them from many of the rights and norms otherwise expected in Canada. It analyzes how these exclusions are rationalized as permanent “exceptions” to the normal legal, social and political order, and how these infringements affect workers’ lives, rights, and health. Employing critical medical anthropology, workers’ health concerns are used as a lens through which to understand and explore the deeper “pathologies of power” and moral contradictions which underlie this system. Particular areas of focus include workers’ occupational, sexual and reproductive, and

mental and emotional health, as well as an assessment of their access to health care and compensation in Canada, Mexico and Jamaica.

Working amidst perilous and demanding conditions, in communities where they remain socially and politically excluded, migrant workers in practice remain largely unprotected and their entitlements hard to secure, an enduring indictment of their exclusion from Canada's "imagined community." Yet the dynamics of this equation may be changing in light of the recent rise in social and political movements, in which citizenship and related rights have become subject to contestation and redefinition. In analyzing the various dynamics which underlie transnational migration, limit or extend migrants' rights, and influence the health of migrants across borders, this thesis explores crucial relationships between these themes. Further work is needed to measure these ongoing changes, and to address the myriad health concerns of migrants as they live and work across national borders.

ACKNOWLEDGEMENTS

Writing a doctoral thesis permits a rare luxury when it comes to length, time, and the number of people one can know and work with along the way. I took advantage of this freedom to an extreme. I have many people to thank, and offer this caution—my acknowledgements are at least proportionate to the length of my thesis, and brevity is not, apparently, a strong point. So first, I acknowledge and thank everyone who has lived and grown alongside me during this colourful journey, or who has read any portion of this work, and particularly those who have braved the whole manuscript. Through support and critique, all of you have helped to strengthen my understanding of the issues herein.

I wish first to thank my committee and advisors at the University of Toronto: Donald Cole, Richard B. Lee, Gavin Smith, Valentina Napolitano, my external examiner Linda Green, and my supervisor, Hilary Cunningham. Early inspiration and impetus for this project was developed while taking graduate seminars with Gavin Smith, Tania Li, Richard Lee, Rebecca Cook, and Hilary Cunningham. From the beginning, Gavin Smith was supportive and instructive of my “engaged anthropology” and has remained an intellectual guide throughout. I owe my interest in medical anthropology to the extraordinary teaching and encouragement of Richard Lee. Donald Cole’s influence was seminal in the development of my understanding of occupational and environment health issues. He also patiently worked with me through several stages of this thesis, making it much stronger in the process. Valentina Napolitano offered rich and thoughtful remarks on the manuscript. Linda Green, whose moving work inspired my early interest in anthropology, provided stimulating and probing commentary which helped me to expand and deepen my analysis. Hilary Cunningham’s insights, encouragement and reassurance were foundational throughout every stage of my program. She offered challenging and constructive suggestions, while allowing me the space and the faith to develop my own ideas. I could not have asked for more supportive or stimulating advisors.

I am additionally grateful for the support and encouragement at various stages of this project of Natalia Krencil and Professors Bonnie McElhinny, Tania Li, Janice Boddy, Sandra Bamford, Holly Wardlow, and Krystyna Sieciechowicz. I also benefited from the intellectual insights and support of several other experts in related fields, particularly Professors Harriet Rosenberg, Sarah Horton, Pauline Gardiner Barber,

Winnie Lem, Sally Humphries, Melanie Adrian, Tanya Basok, Ellen MacEachen, Vic Satzewich, Judith Adler Hellman, Luin Goldring, Eugénie Depatie-Pelletier, Heather Gibb, and Nandita Sharma. Professors Jenna Hennebry, Kerry Preibisch and Leigh Binford provided especially kind mentorship and assistance, sharing their expertise with generosity and enriching my understanding of the topic a great deal. Jenna Hennebry and the International Migration Research Centre at Wilfrid Laurier University offered important and very welcome logistical support. Stephen Scharper, my unofficial second supervisor, was a constant source of fresh ideas and at times also much needed comedic relief. Belinda Leach, who first drew me towards anthropology, has remained a mentor and seasoned letter writer throughout my university education.

My colleagues and friends in graduate school provided much intellectual and moral support. Shaylih Muehlmann traveled alongside me throughout this experience, from the awkward first moments of learning Spanish in Guatemala and Mexico, to reading drafts of the finished product. Her wisdom is only matched by her humour. Maya Shapiro, who also traveled with me from rural Ontario to rural Mexico, provided ideas, encouragement and camaraderie. Jim Stinson is a treasured friend and motivating colleague. I am also thankful for the companionship and support of fellow students Zoë Wool, Kris Meen, Monir Moniruzzaman, Saul Cohen, Mark Reczkiewicz, Anna Polonyi, MJ Graham, Terence Clark, Lauren Classen, Alenia Kysela, and Alyson Stone.

I am deeply indebted to the Social Sciences and Humanities Research Council of Canada (SSHRC), the International Development Research Centre (IDRC), and the University of Toronto, which provided the financial support to make my vision of multi-sited research possible and allowed me to devote my time throughout my doctoral program to this research. The Institute for Work and Health (IWH) in Toronto provided both financial and intellectual support that meant a great deal to me.

I am grateful to everyone who participated in this research. Despite the barriers of conducting research on a politically sensitive topic, I was able to interview and make close contacts with various people within every aspect of the migration program I sought to understand: workers and their families, volunteers, activists, farmers, community members, program and government officials, and health care providers. I owe a special gratitude to those who spoke with me candidly despite the risks of speaking one's mind

about a topic that proved to be starkly divisive. Out of consideration for their anonymity, I am sorry I cannot give recognition to some of those who helped me most.

I owe a particular debt to the Canadian farmers who shared their experiences and personal struggles with me, allowing me to better grasp the complexities within their lives, and also to understand the vast spectrum of types of employers. This includes many farmers who, like the migrants they employ, face global pressures undercutting their products and insufficient government support to protect their livelihoods. For those growers who do their best to maintain a life of farming within an increasingly difficult system, I hope that this work will be read in the spirit of trying to improve this system, so that small farmers and local food systems everywhere have the chance to survive and thrive amidst and despite the unrelenting pressures of this global age.

I am grateful to the government ministries in Canada, Mexico and Jamaica which granted me interviews and in some cases allowed me to stay on to observe activities. I am particularly appreciative of the individuals in the Mexican consulate and Jamaican Liaison Service in Toronto, as well as within the Mexican Ministries of Health, Labour and Foreign Relations, and the Jamaican Ministry of Labour. I also benefited from the kind support of individuals in Jamaica such as Margaret Bernal, Easton McMorris and Uton Bell. In Canada I am thankful to officials at Citizenship and Immigration Canada, the Public Health Agency of Canada and Human Resources and Skills Development Canada for their support and participation, as well as to the many health care providers who granted me interviews.

It is difficult starting off this kind of research without the facilitation of established groups with whom migrant workers already have contact and trust. I am extremely indebted to these groups for aiding in my work and also for their in-depth understanding of and engagement with the issues at hand, which contributed greatly to my analysis. First, the members of Justicia for Migrant Workers (J4MW) allowed me to gain an immense insight through participating in and observing their collective activities, as they worked tirelessly (and often thanklessly) to advance the rights of migrant workers. Evelyn Encalada, Kate Sheese, and Chris Ramsaroop of J4MW have also studied aspects of the program; their acumen and analysis have been of significant benefit to me. In addition to our work in Canada, Evelyn provided much assistance and

companionship during trips to Mexico, and Chris offered an invaluable source of information and contacts which facilitated my Jamaican research.

Of Enlace I owe a special debt to Petra Kukacka and Lourdes Borofsky. At the Agricultural Workers Alliance, I am grateful for the assistance of Fanny Restrepo, Stella Mendoza, Eduardo Muñoz, René and Mary Vidal, Stan Raper, Emmanuelle Lopez, Alex Barillas, volunteers Herman and Joanne Plas, and the late, great Patricia Perez.

I thank the Occupational Health Clinics for Ontario Workers (OHCOW) for making the health care of migrant workers a priority, and the Workplace Safety and Insurance Board (WSIB) for funding these efforts. At OHCOW I have collaborated closely with and benefited from the encouragement of Murray Lawrence, Michelle Tew, Dr. Mike Pysklywec, Dr. Ted Haines, Leah Casselman, and our latest intrepid recruit, Eduardo Huesca. Of the Industrial Accident Victims' Group of Ontario (IAVGO) I am particularly grateful for the commitment and support of Alberto Lalli, Airissa Gemma, and Jessica Ponting. At Niagara Region Public Health I am thankful for the work and assistance of Dr. Doug Sider and Dr. Peter Wong. Consuelo Rubio of the Centre for Spanish Speaking Peoples continues to be an incredible source of information and insight into the program, as is her support for workers' rights. I am also thankful to my students at the University of Guelph, who have kept me engaged and on my toes inside the classroom, and hopeful about the future outside of it.

I am deeply indebted to my friends of the Caribbean Workers Outreach Program (CWOP) in Niagara – particularly Jane Andres and her family Brian Andres, Kate Andres-Toal and Josh Toal – who made so much of my Niagara research possible by allowing me to stay at their beautiful Bed and Breakfast, Applewood Hollow, and who facilitated my Jamaican research as well through our travels together across the island. I also owe a special *gracias* to my friend and research partner in Mexico, Aaraón Díaz Mendiburo, whose beautiful film *Migrants: Those who come from within*, captures so many of the stories and issues of our research through a medium which allows the workers to express themselves directly, without the sometimes cumbersome intermediary of written text. His dedication to the people of Cuijingo is an inspiration.

This research was greatly aided and enriched by two families who treated me as their own in Mexico and Jamaica. The Esteves family of Mexico City welcomed me into

their home in between village visits, and in the process truly became my Mexican *familia*. My mother's family, Alex and Susan Dougall of Jamaica, did the same for me in Kingston, entrusting me to their home on various occasions throughout my pursuits.

I most sincerely thank my "Canadian" family, especially my parents, Elizabeth and Ken McLaughlin, and my sister Nicola, brother-in-law John, and their family, which seemed to grow exponentially as I completed this work (at a ratio of approximately one child for every 200 pages). The results of Nicola's labour – Jamie, Dylan and Carrie – were a most joyful distraction from the challenges of mine. I also owe a deep gratitude to my dear friends Jordana Sternberg, Rich Appiah, and the Flanagan family. My loving partner, Willem van Heiningen, and his family, were always understanding and supportive of my pursuits, even as I spent our annual canoe trips doing more reading than paddling. Will went through medical school as I pursued my PhD; he was patient, good natured and encouraging as I spent too much time away and too much of my limited time with him trying to groom him to become a "migrant worker doctor." I am happy to say that I think I have succeeded. I was also exceptionally fortunate to have a recently honoured distinguished Professor Emeritus at the University of Waterloo undertake editing this manuscript as a retirement project. My father's extraordinary efforts in not only editing, but also reassuring and encouraging me throughout every part of this endeavour, surely merit several other distinctions. I hope he can truly retire in peace with this piece, but I doubt it. My family's patience, as I spent season after season either researching abroad or locked up at home writing, and their belief in me that I would one day emerge with a finished product worth sharing, provided the foundation which may have enabled this outcome.

The group to whom I owe my deepest gratitude are the migrant workers and their families, who comprised the central part of my research, and who trusted in me enough to share their lives' stories, their hopes and fears, their joys and their problems working in Canada, despite the fear that doing so could somehow get them in trouble. They not only shared their lives with me, but they also enriched mine—they reassured, fed, and housed me; they taught me Spanish and patois, and they lived the meaning of the phrase they so often employ—*mi casa es tu casa*. We shared many laughs and many tears across three countries. I'm sorry I cannot acknowledge most of them by their real names, but their

stories are a testament to their tenacity. Their bravery, strength and courage, openness, honesty and amazing articulation of their lives, are to what I owe any success or insight that this work may have. Any errors or shortcomings despite their best efforts, are, of course, only my own.

I dedicate this thesis especially to those workers who have suffered or died along the way, and the family members who they worked so hard to support, and who they leave behind. There are many such workers, but one I came to know particularly well is Alberto Garcia, who died of cancer at the age of 38 while I was writing this thesis. I dedicate this to him, in honour of all the others who have undergone similar battles, in the hope of better things to come. *Gracias.*

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LIST OF ACRONYMS

AA – Alcoholics Anonymous
AIDS – Acquired Immune Deficiency Syndrome
ARV – Antiretroviral
AWA – Agricultural Workers Alliance
AWOL – Absent Without Leave
BC – British Columbia
CAISP – Canadian Agricultural Injury Surveillance Program
CAM – Complementary and Alternative Medicine
CBDS – Client-Based Data System
CIA – Central Intelligence Agency
CIC – Citizenship and Immigration Canada
CMA – Critical Medical Anthropology
CPP – Canada Pension Plan
CWOP – Caribbean Workers Outreach Program
DMPs – Designated Medical Practitioners
EI – Employment Insurance
ER – Emergency Room
ESA – Employment Standards Act
ESL – English as a Second Language
FARMS – Foreign Agricultural Resources Management Services
GATT – General Agreement on Tariffs and Trade
GI – Gastrointestinal
GROW – Growing Respect for Offshore Workers
HIV – Human Immunodeficiency Virus
HPV – Human Papillomavirus
HRSDC – Human Resources and Skills Development Canada¹

¹ This name has changed amidst government restructuring. It was previously Human Resources Development Canada (HRDC). Throughout most of my research and writing (2006-2008) it was called Human Resources and Social Development Canada, and as of 2009 is called Human Resources and Skills Development Canada (HRSDC) or HRSDC/SC (HRSDC/Service Canada).

IAVGO – Industrial Accident Victims’ Group of Ontario
ICCPR – International Covenant on Civil and Political Rights
ICESCR – International Covenant on Economic, Social and Cultural Rights
IFH – Interim Federal Health
IFI – International Financial Institutions
ILO – International Labour Organization
IMF – International Monetary Fund
IMSS – *Instituto Mexicano del Seguro Social* (Mexican Department of Social Security)
IOM – International Organization for Migration
IRPA – Immigration and Refugee Protection Act
ISI – Import Substitution Industrialization
IUD – Intrauterine Device
J4MW – Justicia for Migrant Workers
JLP – Jamaica Labour Party
JLS – Jamaican Liaison Service
LCP – Live-in Caregiver Program
LMO – Labour Market Opinion
LO – Liaison Officer
MOU – Memorandum of Understanding
MOL – Ministry of Labour
MP – Member of Parliament
MRI – Magnetic Resonance Imaging
MSD – Musculoskeletal Disorder
NAC – National Archives of Canada
NAFTA – North American Free Trade Agreement
NAWS – National Agricultural Workers Survey
NOC – National Occupational Classification
NOTL – Niagara-on-the-Lake
NRPH – Niagara Region Public Health
NSI – North-South Institute
OECS – Organization of Eastern Caribbean States

OHCOW – Occupational Health Clinics for Ontario Workers
 OHIP – Ontario Health Insurance Plan
 OHSA – Occupational Health and Safety Act
 OPIRG – Ontario Public Interest Research Group
 PHAC – Public Health Agency of Canada
 PNP – People’s National Party (Jamaica)
 PR – Public Relations
 RBC – Royal Bank of Canada
 ROE – Record of Employment
 RSI – Repetitive Strain Injury
 SAPs – Structural Adjustment Programs
 SAWP – (Caribbean and Mexican) Seasonal Agricultural Workers Program
 SC – Service Canada
 SDH – Social Determinants of Health
 SIN – Social Insurance Number
 SS – *Secretaría de Salud* (Mexican Ministry of Health)
 STI – Sexually Transmitted Infection
 SRE – *Secretaría de Relaciones Exteriores* (SRE) (Ministry of Foreign Relations)
 STPS – *Secretaría del Trabajo y Previsión Social* (STPS) (Mexican Ministry of Labour and Social Welfare)
 TB – Tuberculosis
 TFWs – Temporary Foreign Workers
 TFWP – Temporary Foreign Worker Program
 UDHR – Universal Declaration of Human Rights
 UFCW – United Food and Commercial Workers Union of Canada
 UI – Unemployment Insurance (Now referred to as EI—Employment Insurance)
 UN – United Nations
 WB – World Bank
 WHO – World Health Organization
 WSIB – Workplace Safety and Insurance Board (of Ontario)

PROLOGUE - PROBING REASONABLE SURFACES: THE HOMES AND VOICES OF CUIJINGO

Orlando walks proudly and assertively down a dusty, cement street in Cuijingo, his home village, in the State of Mexico. He is wearing a white T-shirt. The word, “Canada” is emblazoned on the front, surrounded by maple leaves.² Orlando works every year as a migrant farmworker in Canada, as part of the Seasonal Agricultural Workers Program, returning home to Cuijingo to see his family after the end of each Canadian growing season.

Pointing up at a house built by fellow a migrant worker, he notes, “From here there’s one person who goes to Canada. From here there are two,” he continues, pointing to the next house. “From here there’s one. From over there, there are two,” he pauses thoughtfully. “And at the next house, nobody goes to Canada . . . but four go to the United States.”³

This image has become ubiquitous in many Mexican so-called “sending villages,” with homes and infrastructure built by the power of remittances, and the migrants who return home proud of their accomplishments. Orlando and many migrants like him demonstrate their gratitude to a migration program which has allowed them legally to work in a country paying far greater wages than they could earn at home. They credit migration with building this village from one of single-room shacks to larger, more developed, concrete houses, complete with tiled floors, glass windows, telephone lines, and electronic goods. Migration has provided the economic backbone to an otherwise depressed area, as small farmers have lost much of their land, and the yield from what little they have left returns a continually lower profit margin. Migration has provided the

² This introduction is based on some of the cases profiled in the documentary film, *Migrants: Those who come from within* (Díaz 2007). The film was based on many of the workers whom I interviewed along with my colleague and research assistant, Aaraón Díaz Mendiburo. After conducting the interviews together, he returned to Cuijingo and filmed the workers telling their stories on camera. The workers in this film and their families decided to make their cases public through the documentary and this work, and thus in these specific cases I am using their real names, images, and the name of their village. Throughout the rest of this thesis, unless otherwise mentioned, pseudonyms are used and identities of workers are otherwise concealed. More information is available about the film on-line at: <http://www.justicia4migrantworkers.org/film.htm>.

³ Throughout this thesis, Spanish words and phrases have been translated into English.

support for children to go to school. Many children of migrant workers graduate only to replace their aging parents as the next generation of migrants.

On the surface, all seems reasonably positive. Yet what are the less obvious consequences of migration to a community, its families and to particular individuals? Who are the families who reside within the concrete structures built by the remittances, and how has migration changed their lives, in both positive and negative ways? After making such profound sacrifices, are migrants and their families supported when something goes wrong? To answer these questions, it is necessary to look beyond the surfaces of the concrete homes, to open the doors, and listen to those inside.

Figure 1 - Orlando on the streets of Cuijingo⁴



In the centre of the village, across from the church and market square, women set up stalls to sell *tamales* and sandwiches. One of these women is Alicia. Her husband, Concepcion, migrated to Canada for several years. She describes how he did not receive medical care in Canada after being accidentally sprayed with pesticides in Leamington, Ontario. She asks why he came back to Mexico without the support of medical insurance, only to die of complications related to kidney failure. Selling tamales earns only a few dollars a day, and she also works in the fields. With both of her parents dead and no one to support her, she returns to an unfinished, two room home, wondering how she will

⁴ All photos were taken by the author unless otherwise noted.

provide for their son. As many other widows of migrants do in desperation, she is contemplating leaving to become a migrant herself, but her son's persistent and passionate pleas that a mother is more important than a finished house, so far, have persuaded her to stay.

In another home, on a neighbouring street, there is a widow of another young migrant worker. Alberto's widow, Maribel, along with their three young sons, wonders why her husband returned home from Canada with cancer to Mexico, where he could not afford chemotherapy treatments or even palliative care. They ask why they have been left without any pension or support when he died at the age of 38, despite working for almost a decade near Simcoe, Ontario.

On the next street, in another semi-finished home, a former migrant describes how he suffered from so much stress and depression in Canada that he turned to alcohol. Eventually developing an addiction, he was kicked out of the program for fighting with a co-worker. The situation put a great strain on his marriage, but he has recently been seeking treatment through AA, trying to get his life back together. He explains how children in the village are also developing early dependencies on drugs and alcohol in the absence of their parents' care and authority, when their parents live far away. He also describes how many of his co-workers developed "bad habits" and had extra-marital affairs in Canada, causing conflicts in their relationships at home. Women left behind are expected to keep the family together while enduring these long absences. Along with gifts from Wal-Mart, their husbands sometimes return with addictions and secret lives about which they can only wonder, or worry.

A little farther across the village, at the top of one of Cuijingo's steep, dusty hills, is the house of Ricardo and his family. At the door, Ricardo's mother sells tamales and sweets. The selection is limited and it looks as though business is scarce. The few chocolates filled with coffee liquor in faded wrappers look abandoned, as though they have sat there for years. Beside them, tamales, made daily by hand from corn paste, are still steaming, hoping for someone's notice.

Past the improvised vendor stand is a hallway which leads to a room that has become Ricardo's eternal home. Inside, he rests in a bed with bars on either side to prevent him from falling. The house, the room, even the bed, does not indicate the limits

to his prison, for he is literally trapped inside his own body. While his mind is perfectly clear, he cannot move a muscle, even to talk. The only physical control he has is over his eyes, which he can move up or down to communicate emotions and entire expressions, using a language his family has learned with him by reading letters of the alphabet until he selects the one which corresponds with the word he wishes to spell by raising his eyes. Ricardo's parents, who never went to school, had to learn to read just so they could communicate basic thoughts with their adult son. Ricardo's daughters, who were babies when his prison sentence began, have learned to communicate with him as they have advanced through their age and schooling.

At night when his family departs he is left in the room alone, with a large and dominating portrait of the protector of all Mexicans – the Virgin of Guadalupe – praying with a halo over her head. On the other side of his bed is a picture of Jesus. A smaller framed photo shows him as a young, proud man in Niagara-on-the-Lake, Ontario. It was taken shortly before he fell ill. This is the picture they would choose—even after all that has happened—for they are still proud that he was a migrant to Canada. This is the image of him that they have captured and preserved in stark contrast to the man who cannot so much as lift a finger, who must be fed, bathed and changed by his mother, as if he were once again a baby.

The picture was taken in the summer of 2000, when Ricardo, at the age of 21, went to Canada for the first time to support his wife, Maricruz, and two young daughters, Marina, who was then three years old, and Michelle, who was born shortly after he left. Just a couple of months after arriving in Niagara, Ricardo collapsed while working and went into a coma. He had suffered from a main brain stem stroke, an extremely rare and often fatal condition, which almost never occurs in young people.

Ricardo's family was told he was expected to die. His brother, Alejandro and wife Maricruz came to be with him for these final days. When they arrived, instead of dying, Ricardo surprised everyone by opening his eyes. It took a long while, but eventually he stabilized, and with the help of medical staff, they were able to develop the method of communication still used by the family today. A local Spanish-speaking family gave them a place to sleep at night, and they spent every day at the hospital with Ricardo, helping him with the therapy techniques and language.

When it was realized that Ricardo was not going to die, the Mexican consulate advised the family to take him home. The private insurance mandatory for workers had reached its maximum and refused to continue paying. No long-term provisions are made for workers who come down with chronic illness and injuries—their health coverage expires each year and they are thus almost always sent home. The health care workers at the hospital knew that this could be a death sentence. Ricardo was just starting to stabilize and needed intensive treatment and therapy before it could be safe for him to be removed and fly to Mexico, so they decided to support him. As his brother Alejandro explains:

The boss never visited The consul pressured us and asked why we didn't travel to Mexico, why we didn't send him. They only called, and the people from the hospital said, "The consulate called and they tell us this," but those from the hospital said "Don't worry." We didn't understand that attitude [of the consulate] because their duty was to help, not to harm, however, we received more support from the hospital than from the consulate.

Alejandro's voice trails off and begins to crack as he finishes this sentence—a tear streams down his face, and another streams down the face of Ricardo who is listening intently and moaning throughout as his brother retells the story.

According to Alejandro, some of the doctors speculated that his condition could have been work-related. He had been exposed to pesticides, and was working in strained positions on a ladder when he fell to the ground. No definitive causal connection could be made, however, between his workplace conditions and his illness, and therefore workers' compensation was denied.

Ricardo and his family returned to Mexico a year after he first arrived, in the summer of 2001, when it was deemed he had stabilized sufficiently to travel, and the bills continued to mount. As it stands, his young family has been torn apart. Ricardo remains without any financial support for care or therapy, and is totally dependent on his family. The stress on them has been tremendous, and once they returned, tensions mounted within Ricardo's family. Three years after the accident, Maricruz left, taking their daughters with her. His daughters still visit him daily, and he is now in the care of his parents and siblings. Ricardo continues to fight for his life, he demonstrates much emotion around his daughters, and his parents place him at the centre of their world. Still,

he is trapped inside the prison of his body, and there is little hope that he will ever speak or walk again.

My interview with Ricardo was conducted with the help of his family. It was a labourious and moving experience, with many tears combined with cheers and clapping each time we were able to successfully understand a phrase he conveyed through the language of his eyes. Even in this state of apparent helplessness, Ricardo seemed eager and anxious to participate, to tell his story to the wider world, a testament to finding agency amidst the most constraining circumstances. When we were about to leave, Ricardo indicated that he would like to communicate a final sentiment. His mother took the pen and began carefully writing each letter that he communicated through the pattern with his eyes, not stopping until each letter of the word was carefully written. After several minutes of effort, she proudly held up the word she had composed in shaky letters: “G-R-A-C-I-A-S.”

Figure 2 - Ricardo with his daughters



It is in the spirit of giving Ricardo’s persistent eyes a voice that this thesis unfolds. The question his eyes ask, over and over, is *how could this happen?* How could

a healthy young man arrive in Canada to work, and be carried home a year later unable even to speak? How could a husband and father of two young girls, trying only to support his family, have his life and family torn apart? How could he be pressured to return to Mexico at the point of death? How can it be that neither society, Mexican, nor Canadian, helps him with ongoing treatments and therapy to improve his condition, or to support his young daughters? Why did individual Canadians – including staff at the hospital and a local immigrant family who took in his visiting wife and brother – provide more support than the employers, governments and insurance companies that are meant to ensure workers' welfare? Why do the remaining burdens of Ricardo's care lie solely on his family, without any societal support, when he worked legally and paid taxes and benefits in a country known for its strong social safety net? Who, if not legally employed workers, should be entitled to these benefits? What was the true cause of his illness? Will it ever be possible to untangle the complex determinants of his health? Is he not worthy of basic support even if a link between working conditions and health cannot be definitively made?

It would be easy to dismiss Ricardo's story as a tragic, isolated incident, were it not for Alberto and Concepcion's families living only minutes' away, and were it not for the problems found behind the doors of concrete houses in so many migrant sending villages. Instead, the collective weight of these individuals' experiences begs the questions—what kinds of health problems do migrant workers experience? How many return home with health problems? Even more fundamentally – why did Ricardo, Alberto, Concepcion and so many others leave their village in Mexico, where they worked as farm labourers, to be farm labourers so many miles away in Canada? What were the conditions like where they lived and worked? What were the problems that emerged? How were they treated when problems arose? What are the long-term effects on them and their families?

PART I: GLOBALIZATION, MIGRATION AND AGRICULTURE



Figure 3 - A Niagara orchard in the spring

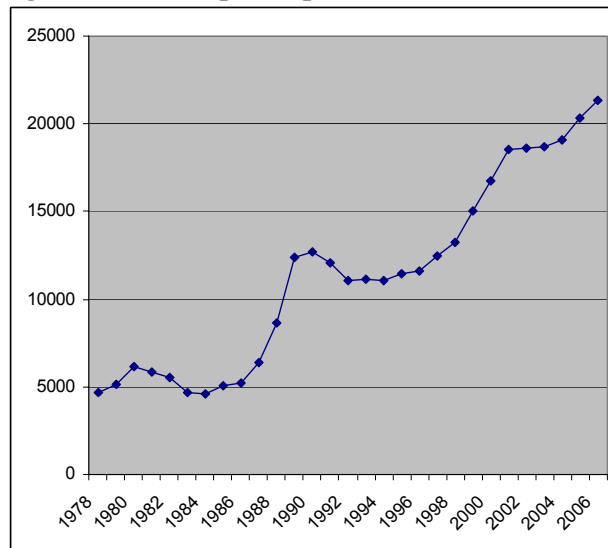
INTRODUCTION¹

“Human rights violations are not accidents; they are not random in distribution or effect. Rights violations are, rather, symptoms of deeper pathologies of power and are linked intimately to the social conditions that so often determine who will suffer abuse and who will be shielded from harm.” – Paul Farmer 2005:xiii

Trouble in our Fields

This thesis places the experiences of individual migrants at the centre of a broader exploration of the relationships and entanglements of migration, health, and human rights that have emerged in the context of globalized agri-food systems. Through the lens of critical medical anthropology (CMA), with its nexus between social justice and health, I connect the trouble facing farmers in Canada to the trouble facing small farmers of Jamaica and Mexico, who leave their fields and come to Canada as temporary foreign workers (TFWs) in the government-to-government Seasonal Agricultural Workers Program (SAWP). Begun in 1966 with the signing of a bi-lateral Memorandum of Understanding (MOU) between Jamaica and Canada, the SAWP has continually expanded and currently brings to Canada more than 20,000 workers annually from Mexico and the Caribbean (see Figure 4). The program assists in the employment of migrant workers on over 1,600 farms, greenhouses and plants. In a 2004 *Maclean's* article, participants are described as the “linchpin” of the \$3.6 billion agricultural industry in Ontario, where 85% of them are employed (Ferguson 2004).

¹ A note on terminology: Throughout this thesis, I refer to the Mexican and Caribbean men and women who participate in the Seasonal Agricultural Workers Program (SAWP) with a number of terms, including “migrant workers,” “SAWP participants,” “migrants,” “workers,” “farmworkers” and sometimes “temporary foreign workers” (TFWs), depending on the context. In some quotes they may also be referred to as “offshore workers,” a common terminology used in the Niagara Region. Jamaican workers often refer to themselves as “farmers” (and Mexican workers often use the term “*campesinos*”—literally “peasant.”) Although these terms are accurate, since workers normally practice farming both in Canada and at home, I tend to avoid the term “farmer” so as not to confuse temporary farmworkers with Canadian farm owners. I am a little uneasy with these terms as I am wary of essentializing the men and women participating in this program as just “migrants” and/or “workers”—indeed, I hope this thesis makes the point that we must look beyond these constructs and understand their lives in a fuller context. For ease of understanding and communication, however, I normally resort to these common descriptors. For SAWP employers, I use interchangeably the terms growers, farmers, agricultural producers, farm owners, bosses, employers, or the Mexican version *patron*.

Figure 4 - SAWP participants in Canada over time

Source: Derived from CIC Client-Based Data System

While the questions within this thesis are specific to the SAWP, the implications are much broader for a world increasingly characterized by transnational flows of migrants and refugees. In 2005, international migrants numbered over 191 million—if counted together they are numerous enough to make the world's fifth most populous country, or 3% of the global population. The United States is the top migrant receiving nation, with Canada ranking seventh in the world (IOM 2005). Throughout the world, and particularly in high income regions such as Europe and North America, the use of foreign workers (whether on legal permits or unauthorized workers), has become a central feature of globalized agriculture (Preibisch 2007c). Guestworker programs have been used to fill labour shortages in places as diverse as the United States, Europe, Japan, South Korea and the Middle East (Gibney and Hansen 2005). Amidst increasing global integration and rising economic disparities both within and between nations, migration is an issue that is central to and definitive of our times. Contextual studies of individuals and groups active within these complex global matrices help to illuminate the issues facing migrants in different geographic milieus (e.g. Griffith 2006; Rothenberg 2000; Barndt 2008; Basok 2002; Lopez 2007).

Guiding Questions

When I began my inquiry into the complex of dynamics underlying Canada's SAWP several questions guided my investigation:

1) Why do workers migrate? What are the structural inequalities faced by workers in their own countries that compel them to pursue work in Canada, and to what extent do these inequalities influence migrants' participation in the SAWP?

2) What are working and living conditions like for migrants? What are the health related issues that arise for them? What are the health-related problems (i.e., exposure to illness) and barriers (i.e., to accessing health care and compensation) faced by migrant workers in Canada?

3) What happens to workers when they get sick or injured? To what extent are their rights upheld? Why and how do migrant workers face barriers to human rights and health protection both within and between borders?

To answer these questions, my research has investigated the ways in which the SAWP is experienced in the lives of workers, and most centrally, its effects on and relationship to their health. In so doing, I examined both the circumstances which shape workers' choices to migrate, as well as the political, economic and cultural contexts that generate sometimes perilous working conditions for migrants in Canada. As my research progressed and I became aware of the full extent of the problems, further questions evolved: *How can this system exist within a modern liberal democracy claiming equality for all? How has it been rationalized, and why does it persist?*

The research for this thesis has both applied and theoretical implications. On the practical side, I have hoped to clearly document the prevalent health problems and barriers to accessing care experienced by SAWP workers in Canada and in their countries of origin. This is particularly important. In the past many researchers have noted it as a problem, but no other major study had focused on the health of migrant farmworkers in Canada. My intention is to bring to the fore what for many has been considered to be merely a footnote in the program and in so doing to make health a diagnostic lens through which to understand the broader dynamics of migration, human rights and citizenship. This study will advance related theoretical debates as well as generate knowledge that can lead to action to address the serious health problems faced by migrants.

I began this inquiry with a desire to focus on environmental health issues; my first and primary interest began with pesticide exposure. I soon realized, however, that there

are many interrelated health issues affecting workers and that it would be best not to study any one in isolation. I began by asking workers to identify the main health problems they experience and ended up focusing my research around these issues which emerged organically – including issues as varied as general health and wellbeing (including sleep and nutrition); pesticide exposures and musculoskeletal concerns; mental and emotional health; transportation accidents (relating mainly to bicycle safety); and sexual and reproductive health. As I show, although not all of these issues may be prompted by conditions “at work” per se, they all arise within the context of workers’ migration and therefore are all related to their occupational and environmental health.

Touching on so many diverse themes compromises the depth of focus on any one factor. One result is that, at times, my findings are general and broad. I hope in this respect that this study can also be used as a starting point to more thorough, quantitative or epidemiological research on the health issues I explore here, as well as others, such as infectious disease, which I could not discuss in detail. The strength of the ethnographic exercise in which I have immersed myself is to show, in detail, how these health problems emerge, and by following specific key case studies, to track what happens to workers who are sick and injured—*how and why* do they often slip through the cracks? What practical steps can be taken to change this? Given that accurate information based on careful research is a groundwork for change, most of the thesis is used as a forum to describe these problems—both their complex origins and outcomes. I also offer some practical suggestions and recommendations in the Appendix (see appendices 13.1, 13.2 and 11.2).

A Neglected Nexus: Human Rights, Health and Migration

“The health of migrant populations is important not because migrants represent groups with different health outcomes, not because they are difficult populations to access, not because special methodologies are required to study their health needs or deliver interventions, but because they, like everyone else, have basic entitlements codified under the Universal Declaration of Human Rights.” – Clarence Tam 2006:18

The links between health, migration and human rights have only been nominally explored. A growing challenge for universal human rights relates to how countries deal with people who live, work or travel within their borders, but who are not recognized as

citizens. A critical measure of a society is often said to be how it treats its weakest members—but what consideration is given to how it treats its weakest *guests*? How important is social and political membership – or citizenship status – in determining people’s rights and health, especially in an age of so-called “postnational rights,” in which some argue that international human rights have enabled migrants to attain a measure of “postnational membership” transcending the traditional nation-state-citizen relationship (Soysal 1994; Jacobson 1996)?

While the political and philosophical origins of human rights date back many centuries,² the human rights regime³ as we know it today arose in the post-WWII era with the founding of the United Nations (UN) in 1945.⁴ The central (official) characteristics of human rights are as follows. Human rights:

- Are guaranteed by international standards and human rights law;
- Focus on the dignity of humans;
- Protect both individuals and groups;
- Oblige states and state actors;
- Cannot be withheld;
- Encompass civil and political, as well as economic, social and cultural rights, which are interdependent and interrelated;
- *Are universal (apply to everyone everywhere);*
- *Are primarily concerned with the relationship between individuals and the obligations of the state, which are to respect, protect and fulfill the rights of citizens* (paraphrased from WHO 2002, emphasis added).

² See Ishay (2004) for a comprehensive historical account of human rights from ancient times to the current era.

³ While definitions of international regimes are widely contested, for the purposes of this thesis an international regime is an intergovernmental organization or agreement that can be specified in terms of the norms, principles, rules and decisional arrangements by which it operates, and which aims to generate cooperation among member states to address issues of mutual concern through these arrangements. While participation in a regime is not forced, countries may be pressured to join, and those that belong do not necessarily have equal power or status within the regime. Thus regimes may serve to perpetuate or worsen inequalities among members. The human rights regime refers primarily to the United Nations and its related committees and agreements which relate to international human rights. Important to this project, the World Health Organization (WHO) and the International Labour Organization (ILO) are non-subsidiary specialized agencies of the Economic and Social Council of the United Nations (UN).

⁴ The central aspect of the UN’s human rights strategy is the International Bill of Rights, which contains the Universal Declaration of Human Rights (UDHR) of 1948 as well as the legally binding International Covenant on Civil and Political Rights (ICCPR) of 1966 (UN 1966b), and International Covenant on Economic, Social, and Cultural Rights (ICESCR) of 1966 (UN 1966a). The Conventions were originally divided due to ideological differences between Eastern and Western countries during the time of formation. The former nations emphasized the importance of economic, social and cultural rights, while the latter emphasized the primacy of civil and political rights. The division of the Conventions took place largely to accommodate those countries that would only sign one set of rights.

Human rights for transnational migrants are thus somewhat paradoxical—although they are universal (apply to everyone everywhere), the fundamental relationship of human rights has traditionally resided between citizens and their national governments. What are the implications for how human rights are conceived for migrants who live and work in nations in which they are not citizens?

While human rights debates have had a controversial history in anthropology,⁵ a more recent call towards a “critical anthropology of human rights” can attempt, through ethnographic practices, to tease out the complicated and sometimes contradictory reasons why the human rights regime, in its current hegemonic form, has largely failed in the lives of the people with whom anthropologists work and, more importantly, can suggest alternative paradigms (Goodale 2006). A focus on the intersection between human rights and health has been even more neglected, though critical medical anthropologists have started to explore these connections (Farmer 2005). Yet a study of health in relation to migrant workers at the margins of global capitalism reveals the deep interconnections between livelihood and “livinghood.” The aptly stated line by a Bolivian tin miner, “We eat the mines and the mines eat us” (Nash 1979), could easily apply to workers in other precarious occupations. Indeed, health and labour are deeply interconnected and in the case of farmworkers, the paradox of working in order to live, when working simultaneously undermines the quality of life, is similarly acute.

⁵ Reviews of anthropology’s relationship to human rights (Wilson 2004; Messer 1993; Goodale 2006) reveal the novel and dynamic approaches to human rights by anthropologists. Early anthropological engagement with human rights debates largely centered on a relativist critique of human rights which argued that diverse cultures must be protected from the homogenizing principles of human rights. In more recent decades, anthropology’s conceptualization of “culture” has shifted from one that borders on a sacred or romantic view of non-Western cultures as harmonious, integrated, bounded and static, to one that now views cultures as globally interconnected, negotiated, embedded in power, unbounded, fluid, ambiguous, contested, and a product of specific historical and political circumstances (Wolf 1999, 2001; Kuper 1999; Merry 2001). In light of this shift, coupled with the recognition that many human rights struggles are “grassroots” and not merely a Western imposition of values, more recent anthropological investigations have supported international human rights in principle, while questioning the hypocritical nature of dominant rights strategies, the replication of power relationships through rights discourse, and the limitations of state-based human rights frameworks (Asad 2004; Wilson and Mitchell 2003; Gledhill 2003). For a detailed history of the AAA’s changing stance on human rights, see Engle (2001) as well as the two AAA statements on human rights (1947, 1999). See the edited collections Wilson (1997) and Cowan, Dembour and Wilson (2001) for recent anthropological engagements with notions of culture and rights and attempts to transcend the “universalism versus relativism” debate.

The centrality of health as a human right cannot be overstated.⁶ Health lies, fundamentally, at the core of human rights: the “right to life” is widely seen as the most fundamental human right, but the connection between this right and its violation through various dangerous labour practices and environmental exposures is rarely made, and even more rarely legally compensated⁷ (Clarke 2000:87). When health is compromised, workers can lose their ability to support their families. They may live with daily pain and suffering. In severe cases, their wellbeing may be permanently affected, and they may be made to bear huge financial costs of illness. Some workers die of various work-related complications, leaving their children and families behind. Those who are the most vulnerable socially, economically and politically are also the most vulnerable to health problems. Inequalities in health are thus a profound justice issue and they affect workers as well as their families and communities.

With a few notable exceptions,⁸ however, the explicit intersection of health and migration in relation to human rights and structural inequities has been largely neglected in academic and policy discussions and research. This lacuna led the WHO to conclude that there is a “lack of data, which makes it impossible to present a coherent picture of the inter-linkages between migration, health and human rights” (2003:29). The importance of these intersecting themes demands more systemic and focused documentation and analysis.

Towards a Politically Engaged Critical Medical Anthropology

My research situates workers’ choices and experiences within the broader political-economic context in which these processes occur. The theoretical spirit of my work falls

⁶ Officially, *the right to the highest attainable standard of health* (commonly known as “the right to health”) has long been recognized in international law. It was first reflected in the WHO Constitution of 1946 and was later included in the 1978 Declaration of Alma Ata and in the World Health Declaration adopted by the World Health Assembly in 1998. In addition, it has been included and endorsed in many international human rights instruments, including the International Convention on Economic, Social and Cultural Rights (ICESCR). I elaborate on the right to health in Chapter 10. See Mann *et al.* (1999; 1994) and the WHO (2002) for a more detailed analysis of the links between health and human rights.

⁷ See ethnographic examples in Wright (2005) and Nash (1979). Also see Steingraber (1997).

⁸ Various fields are now exploring the links between health and migration. See Friis *et al.* (1998) for a summary of epidemiological studies; the edited collection of van Krieken (2001) for political, medical, legal and philosophical debates; Kandula *et al.* (2004) for a summary of immigrant health studies in the United States; and Chavez (2003) and Hirsch (2003) for an overview of medical anthropology’s contribution to (im)migration studies.

within the quest for a politically engaged anthropology, informed by historical realism, a term some prefer over the more ambiguous “political economy” (Smith 1999; Narotzky and Smith 2006).⁹ From this perspective, the expanded integration of migrant labourers must be understood within the broader context of global capitalism. Within Canada as elsewhere, workers are increasingly treated as disposable, temporary, flexible and contingent (see ethnographic examples in Sider 2003; Winson and Leach 2002). Indeed, as Winson and Leach argue in their study of the effects of economic restructuring of manufacturing sectors in rural Ontario communities:

The most critical aspect of the present round of capitalist restructuring . . . is the way capital uses and increasingly abuses labour, and ultimately disposes of it when it is no longer as profitable as it once was . . . labour continues to be critical to profit-making, but in many cases it is also interchangeable, or . . . disposable (2002:4).

The unfree migrant labour¹⁰ employed in the SAWP is part of a continuum of labour practices, which have become increasingly precarious for both domestic and (im)migrant workers (see Vosko 2000, 2006). Though migrant labour has been employed in various economic systems, its use in countries such as Canada is not just convenient to capitalism, but has become a central component of the political economy, allowing a captive, disposable/replaceable, just-in-time labour force to do the most difficult work with wages, conditions and benefits deemed unacceptable to Canadian workers (Basok 2002). Even these relationships, however, must be situated within the *global* set of economic relationships. Much of the justification for the SAWP, both its historical formation as well as its current expansion, rests on the argument that the domestic agricultural industry must compete in a globalized marketplace, in which producers from

⁹ Smith (1999) advocates the use of the term ‘historical realism’ pointing out the different associations for this term outside of (and within) anthropology. Smith writes: “My use of the expression ‘historical realism’ partly reflects the need to understand society entirely in historical terms, and partly reflects the need to emphasize the realness of history over its constructedness” (1999:15).

¹⁰ I discuss the meaning of this term further below. Basok, for example, notes that migrant workers are inhibited from labour market mobility because of legal and political restrictions, which bind them to one employer in Canada. In addition, workers are unable to refuse employers’ demands and requests for labour, even if conditions are difficult, dangerous or otherwise undesirable. This type of work comes “close to slavery” because even though migrant workers are legally free to leave their job and return home, their dire economic circumstances mean they cannot afford to risk losing their employment. In discussing *formal freedoms* found in capitalism and *unfreedom* found in pre-capitalist societies, Marx writes “the freedom of workers to change employers makes him free in a way not found in earlier modes of production” (Marx, Capital, 1887, Volume I, Chapter 10, section 3, p.240 as cited in Sen 1999:29).

other countries can and do undercut Canadian competitiveness by utilizing similar – or worse – labour agreements. As part of the dominant hegemony of neoliberalism, states have increasingly taken on the role of “handmaidens” to global capital (Winson and Leach 2002:23). The Canadian government’s creation of and support for the SAWP and other temporary foreign worker programs is just that. As part of a wider global retreat from the role of states as providers of welfare to those that uphold a neoliberal hegemony, rather than placing workers’ interests at the fore with improved working conditions, protections and wages, the state devises arrangements to deliver an unfree labour force to industries which argue that they could not survive, or thrive, otherwise.¹¹

Anthropologists are particularly well-positioned to study the relationships between “global economic processes and everyday life” (Winson and Leach 2002:4). My study pursues this goal, with health as the central analytic lens through which to understand these broader dynamics. Interrogating the connections between health and human rights is now an emerging focus within critical medical anthropology (CMA), which can be defined as:

[the] theoretical and practical effort to understand and respond to issues and problems of health, illness, and treatment in terms of the interaction between the macrolevel of political economy, the national level of political and class structure, the institutional level of the health care system, the community level of popular and folk beliefs and actions, the microlevel of illness experience, behavior, and meaning, human physiology, and environmental factors (Singer 1995:81).

CMA scholars note that human rights violations – as manifest in various forms of oppression and inequality – are intimately connected to health outcomes. Thus, one cannot separate illness from its larger social context (Baer, Singer and Susser 2003). Viewed in this way, health extends far beyond access to medical care when sick – the main focus of biomedicine – and also encapsulates the broader social and economic reasons as to *why* people get sick in the first place, a central concern of human rights.

Physician anthropologist Paul Farmer has been one of the main advocates of a critical human rights approach to analyzing health. Farmer argues that the “social roots of

¹¹ Basok’s (2002) study of the SAWP provides an important contribution to the literature, arguing that the program and its use of unfree migrant labour has become a structural necessity to Ontario agriculture. Rather than redoing this work, my study aims to take a different focus, exploring the health effects—the “lived embodiment”—of this arrangement.

disease” (2005:8) should be viewed as examples of *structural violence*—a term he borrows from liberation theology that encompasses “social and economic inequalities that determine who will be at risk for assaults and who will be shielded from them,” which may include dimensions of gender, class, racial or ethnic, or other inequalities. Any analysis of structural violence, he insists, must be both “geographically broad” and “historically deep” (2004:309). It must push us to think beyond the immediately “ethnographically visible” to untangle the complex historical and geographical webs of inequalities and abuses of power that result in contemporary disparities of justice and suffering. A focus on health opens up the human rights dialogue to new territories—it allows us to see how the poor and sick often suffer from the most human rights violations, yet remain largely hidden and neglected (2005:19). This focus allows for new and important critiques of the limits of human rights to protect the vulnerable.

Linda Green reminds readers, however, that an analysis of structural violence must be attuned to ways in which power operates at both macro and micro (everyday) levels. As she argues:

Anthropologists need to historicize not only the large-scale international structures and processes of domination and oppression but the ways in which they play out in locales—to explore spaces of violence locally to shed light upon how and why the brutality produced by the powerful at the international and national level is reproduced and reshaped locally by some people toward each other in their daily lives These violence(s) of everyday life, as Arthur Kleinman has called them, are multiple, often mundane and partially obscured, yet they profoundly shape people’s subjectivities and practices and are implicated in ordinary people’s overt acts of violence and lawlessness toward each other. And it is here in this nexus that we may begin to explore the relationship between structural violence and structural impunity (2004:319-20).

As such, this thesis aims to probe the multiple ways and levels at which power functions and operates, and in particular, the relationship between and the effects of structural violence and structural impunity.

Labour Migration amidst Globalized Agriculture: The SAWP as a Model of Exploitation or of Success?

“What’s better for the economy of Canada? A Mexican picking a tomato in Mexico that you’re going to eat, a Mexican picking a tomato in California that you’re going to eat, or a Mexican picking the tomato in Ontario? For every foreign worker that comes to Canada, 2.1 full-time Canadian jobs – in trucking, packaging and the supply chain – are created. We’re creating more than 30,000 jobs as a result of foreign workers.” – Ken Forth, President of FARMS (as cited in Porter 2007).

I aim to explore the intersecting themes noted above through a focus on the problems of small agricultural producers in an era of globalized agri-food production. The SAWP was initiated at a time when Canadian farmers were struggling to find reliable supplies of labour to harvest their crops, and when small producers in much of the global South found themselves unable to make a living off of their land (see Chapter 3). In some ways this program helped to ameliorate the “troubles” facing both groups of farmers. Canadian growers could count on a steady, reliable and flexible workforce, so much so that many have called SAWP workers the “backbone” of labour-intensive agriculture in Canada. At the same time, Mexican and Caribbean farmworkers employed under the program have the chance to earn a living wage unavailable to them from their farms at home, under conditions of legality in which their rights are ostensibly guaranteed. Many proponents, including leaders of Canada and the sending states, thus call the SAWP a “win-win” solution and “model migration program.”

The label of a “model” in fact has been common throughout the SAWP’s history. While noting the program’s limitations, Basok (2007), for example, calls the SAWP “Canada’s flagship temporary migration program,” while Barndt refers to it as the “crème de la crème” of migration programs (2002:160). The most enthusiastic supporters of the SAWP, however, have been politicians and diplomats. Canadian Prime Minister Jean Chrétien said on a March 2003 visit to Mexico:

This program, where your farmers can come and work in Canada, has worked extremely well and now we are exploring (ways) to extend that to other sectors. The bilateral seasonal agricultural workers program has been a model for balancing the flow of temporary foreign workers with the needs of Canadian employers (as cited in Martin 2004:779).

Likewise, Carlos Obrador, Mexican vice-consul in Toronto, referred to the SAWP “as a real model for how migrants can work in an ordered and legal way” (as cited in Ibid:779).

The label of the SAWP as a “model” has been used to justify the expansion of similar temporary foreign worker programs in Canada and elsewhere (see Chapter 1). Recently, an Independent Task Force sponsored by the U.S. Council on Foreign Relations, the Canadian Council of Chief Executives, and the *Consejo Mexicano de Asuntos Internacionales* recommended the expansion of temporary migrant worker programs, noting:

Canada and the United States should expand programs for temporary labor migration from Mexico. For instance, Canada’s successful model for managing seasonal migration in the agricultural sector should be expanded to other sectors where Canadian producers face a shortage of workers and Mexico may have a surplus of workers with appropriate skills (Independent Task Force 2005:27).

Part of what constitutes the SAWP image as a model is that its participants, in contrast to (im)migrants who are “unauthorized,” are guaranteed many of the same rights and benefits as Canadians – including minimum or prevailing wage, and have legal access to medical care, health insurance and workers’ compensation. Moreover, the economies of all countries involved are beneficiaries of the program’s sustained success. The program provides immense economic benefits not only for Canadian employers, but also for many other sectors of the Canadian economy on which agriculture depends. A 1995 report issued by FARMS asserts that each SAWP participant supports another 2.6 jobs in supply and processing. Thus, “if the 9,876 jobs in the Ontario industry were not filled, 25,678 jobs in other sectors would have been lost” (as cited in Basok 2007:4). Furthermore, in 1995, of the \$69 million in wages earned, SAWP workers spent more money in Ontario (\$33.6 million) than they remitted to their countries of origin (\$30 million) (Niagara 2003:8.8). An additional \$3 million was contributed in CPP and EI premiums (Ibid). Nationally, the estimated figure which migrant workers spend annually in Canada is \$82 million (Stevens Associates, 2003, as cited in Preibisch 2003).

Moreover, migrants’ remittances are extremely important to many countries’ economies, particularly for poorer countries within the global South. A World Bank Report states that international remittances totaled \$126 billion in 2004 and are rising by

10% annually (WB 2005). This is twice the amount of development aid sent by industrialized countries to Africa, Asia, and Latin America. The report names Mexico, which received \$16 billion in remittances in 2004, as one of the top two recipient countries. And those figures account for only the official bank transfers that could be counted, with unofficial figures estimated to double that number. As Kapur notes, “remittances are the most stable source of external finance and play a critical social insurance role in many countries afflicted by economic and political crises” (2004:vii). In a world of great inequities, remittances from migrants comprise an increasingly essential form of income for poorer countries (second as a source of foreign income only to foreign direct investment) (WHO 2003:19).¹²

These benefits are undoubtedly important, and as I will discuss later, many herald migration initiatives like the SAWP and the remittances of migrants as the “new development mantra” (Kapur 2004). Amartya Sen (1999) cautions, however, that any effort to evaluate social achievements or failures with respect to development must be measured not only by economic gains, but also by the substantive freedoms of the people involved.”¹³ Measured in this way, a view of the SAWP becomes much more complex. While alleviating some of the troubles in farmers’ fields (for Canadian as well as migrant farmers), the program also creates and sustains new “social fields,”¹⁴ in which new kinds of trouble sometimes emerge. One form of this can be identified in the endemic and sometimes grave health issues experienced by many farmworkers and the ripple effects on their families and communities. Health is an important and revealing lens through which to understand and explore various dimensions and consequences of the SAWP, for

¹² See Russell (2003), and Verduzco and Lozano (2003) for discussion of SAWP remittance use in the Caribbean and Mexico.

¹³ Sen argues that freedom to “do the things one has reason to value” should be both the end and means of development. Sen references five main types of freedom: political freedoms, economic facilities, social opportunities, transparency guarantees and protective security.

¹⁴ The concept of “social field,” as developed by Levitt and Glick Schiller builds on that of Bourdieu, to describe “a set of multiple interlocking networks of social relationships through which ideas, practices, and resources are unequally exchanged, organized and transformed” (Levitt and Glick Schiller 2008:188). Social fields have fluid boundaries and denote the power structures which underlie social relationships (Ibid:187). As I will discuss in Chapter 2, social fields that emerge among transnational migrants refer to the “interconnected social experience” between (im)migrants in their nation of residence and their communities in their nation of origin. In this regard, transnational social fields are not confined to national spaces, and “connect actors through direct and indirect relations across borders” (Levitt and Glick Schiller 2008:188. See also Glick Schiller 2003; Basch *et al.* 1994:5).

as Paul Farmer (2005) puts it, health problems can reflect deeper “pathologies of power”. Thus, health is itself a unique and insightful lens into issues of power.

Levitt and Glick Schiller write that it is in the “complex intersection between personal losses and gains that any analysis of power within transnational social fields must grapple with” (2008:193). The same mechanisms that empower workers in the SAWP (needed employment and income to support families at home) also generate their distinct vulnerabilities. While workers clearly benefit economically from the opportunity to work in Canada, their marginal socioeconomic status also makes them susceptible to abuse. For fear of compromising their coveted position in the program, they rarely object to unsafe and dangerous practices, nor do they often take off time when hurt or sick on the job (Preibisch 2003; Basok 2002). This willingness to work diligently and without complaint under conditions which most Canadians would not accept, including long hours and work that causes sickness or injury, is part of what constitutes migrants’ particular value to Canadian growers, which Basok (2002) argues has come to be a “structural necessity” for Ontario agriculture.

SAWP participants are temporary entrants who are unable to circulate freely in the labour market. Thus, several authors contend that they constitute a form of unfree migrant labour (e.g. Satzewich 1991, 2007; Basok 2002; Sharma 2006; Bolaria 1992). According to their legal contracts, SAWP participants can only work with a specified employer (unless a transfer is approved); if they leave or change jobs without permission from the employer and the government, they are repatriated. Through an ambiguous repatriation system without any appeal or monitoring process, at the discretion of the employer, workers can also be expelled from Canada for other reasons. They can be sent home without any investigation into their allegations of abuse or injuries, even if the injuries are life-threatening. The result is that sick and injured workers may be sent home by employers rather than being cared for in Canada. While the overall rates of repatriation are low, the threat of expulsion from the program serves as an effective mechanism for controlling workers (Preibisch 2003).

Critics of the SAWP point out that Canada has been sorely lacking in its protection and promotion of workers’ rights and safety. Despite migrant workers’ centrality to the economy, Canada has not ratified any of the international agreements

relating specifically to the protection of migrant workers, including the 1949 ILO Migration for Employment Convention, the 1975 Migrant Workers (Supplementary Provisions) Convention, or the 1990 UN International Convention on the Protection of the Rights of all Migrant Workers and Members of their Families (ICMR),¹⁵ which has been called the “cornerstone of the ‘rights-based approach’ to migration,” supported by numerous migrant advocacy organizations (Ruhs and Martin 2008). Furthermore, by excluding them from protections considered standard in other industries, Canadian provinces have failed to implement or apply adequate legislation to protect the rights and health of these and other agricultural workers. In Ontario, where the vast majority of SAWP participants have worked throughout the program’s history, agricultural workers are excluded from many conditions set out in the Employment Standards Act (see Verma 2003). Until very recently, and only after court challenges led by the United Food and Commercial Workers Union (UFCW), farmworkers in Ontario had been excluded from the Occupational Health and Safety Act (OHSA) and the right to bargain collectively (see Chapter 10).¹⁶

Amidst these conditions, several reports from advocacy groups, including Justicia for Migrant Workers (2008), a Toronto-based collective formed to advocate on behalf of migrant workers, and the UFCW (2002; 2004; 2007)—which, in the absence of on the ground government support systems, has opened up migrant farmworker support centres throughout the country—document numerous complaints which some workers say amount to “slave-like” conditions. These include: working 12-15 hour days without overtime or holiday pay; substandard housing with inadequate facilities; overt racism and abuse; pay discrimination between migrant and Canadian workers; numerous pay deductions which workers will never benefit from; inadequate representation in policy negotiations and contract disputes; and barriers to essential services. Added to this, the lack of English training and community integration furthers their isolation. Researchers have substantiated many of these concerns, and also note that in some cases, workers are

¹⁵ In fact, none of the major migrant destination countries has ratified this convention (WB 2006:74).

¹⁶ In July 2005, after decades of exclusion and facing a court challenge launched by the United Food and Commercial Workers Union (UFCW), farmworkers were granted coverage under the Occupational Health and Safety Act (OHSA) for the first time in Ontario. Only just recently, in November 2008, did the UFCW successfully overturn the decades-long exclusion of farmworkers from the right to organize and bargain collectively in Ontario. As of January 2009, the decision is being appealed by the provincial government.

not permitted to leave the farm or to receive visitors without their employers' permission (Preibisch 2003; Verduzco and Lozano 2003) (see Chapter 5). Workers who have risen up to defend their rights have been quickly sent home and removed from the program.¹⁷ For these combined reasons, the UFCW (2002:4) labeled the program as "exploitation" and referred to it as "Canada's shameful little secret." All of this in a country which boasts a proud reputation of being a world leader in human rights (Arbour 2005; Ignatieff 2000). Amidst these intense debates, my research sought to explore the complexity of the SAWP, and to evaluate its successes and shortcomings vis-à-vis the health outcomes of migrants.

Seeing beyond Dichotomies

There are compelling arguments to be made to see the SAWP as a model both of success and of exploitation. Although it is sometimes tempting to diminish the complexities of a program like the SAWP to a label of either "good" or "bad," it is crucial not to paint myriad experiences with the same brush. To do so would be to fail to do justice to the diversity of workers' views and opinions. Indeed, as I carried out this investigation, the more I learned, the more difficult it was to come up with a "sound bite" assessment of the program or those involved in it.

When I first started doing this research, I was shocked and saddened to hear stories of workers' mistreatment and abuse within this system. The control over workers' lives was obvious and limiting. At times I was forbidden even from visiting workers on their free time; in some cases workers were also prohibited from leaving the property. I watched helplessly as sick and injured workers were quietly repatriated home, denied even the chance to receive medical treatment in Canada. I wanted to follow them back to see what happened next. And so I did, spending two winters in Mexico and Jamaica. As the stories I told earlier explain, the outcome was sometimes tragic. The persistent question that came to my mind was: *How could this happen in Canada—in my own backyard?* Although I did not start off with this intention as a research objective, in the

¹⁷ For example, in April 2001, Mexican migrant workers initiated a wildcat strike in Leamington Ontario. Shortly after, 21 "ring leaders" were rounded up and sent home. This strike got the attention of the labour movement, leading to various support initiatives from the United Food and Commercial Workers' Union, and which also spawned the forming of the activist collective Justice for Migrant Workers (Encalada Grez 2005, 2006; see Chapter 10).

end, this question has come to be one of the driving forces behind this work. (I return to and reflect on these questions in the Conclusion to this thesis.)

After several years of research, I am no longer surprised by stories of mistreatment, as many Canadians are whenever there is an exposé published or discussed. I am also happy, however, when I hear examples of employers who consistently treat their workers with respect and dignity—as equal humans instead of just a labour force. These stories, too, are compelling and deserve to be told. Both are extremes on the divide to label the program “good” or “bad” and there are not just two, but several (overlapping) sides to every story. Most workers would define their employers at least as “decent” if not even caring, with many employers forming paternalistic bonds that some would describe as characteristic of what some think of as feudal relations.

It is almost impossible, however, to truly treat migrant workers as “equal players” when the system itself constitutes them as otherwise. Employers and program officials commonly brush off concerns of mistreatment with the “bad apple” explanation. As one Canadian administrator explains of the “bad” employers in the program: “It’s one percent or less, it’s not the majority but . . . those few bad apples tend to make the press and the press makes it look like it’s everybody else (as cited in Preibisch 2003:41). Program proponents like this one often object to critical findings by saying that these examples couldn’t possibly be the norm, when almost all workers are treated “well—equal to Canadians.” They reject claims that the program is exploitative, pointing out there are no statistics provided on how many workers are “happy” versus “upset” with the program, and the best indicator of success to them is that workers return and “never complain” and that SAWP workers are granted the same rights as Canadians. (As I show throughout this thesis, complaining to employers and government officials is rarely seen as a viable option, even for the bravest or most indignant migrant workers.)

These dichotomies and simplistic statements also fail to capture the complex feelings that workers have towards the program, or the contradictory consequences that it engenders in their lives. It is both their lifeline and that which tears their lives apart; it is both that which gives them sustenance, pride and success, and that which undermines their health and well-being. These contradictions are essential to understanding how and why the SAWP functions as it does, and its effects. Social, political and economic forces,

as Farmer (2005) demonstrates, limit choices and structure risk for health problems. My aim is to convey how the dynamics fundamental to SAWP and the broader context in which it operates – both in workers’ countries of origin and in Canada – lead migrants to be uniquely vulnerable to a wide variety of health problems.

Structural Vulnerability and the Limits of Choices amidst Constraint

“Tan’pon crooked an’ cut straight.” (Stay on the crooked path, and work out a straight route) – Jamaican saying, advising to be tolerant of poor or difficult circumstances while preparing for eventual goals

Despite difficult work and employment conditions, employers and others involved in the program remind us that workers are not bound to participate—they keep coming back, voluntarily, for more. As one Canadian government representative reasoned:

I know anecdotally, that there is a number of people who return every year and not only do they return to the SAW Program, but they often return to the same employer. So when people say they’re not represented, why would they return the following year if they didn’t have a positive experience if they didn’t want to? They are free agents; they are not forced to (Interview 03-2008).¹⁸

This assessment may be true on the surface. Some workers undoubtedly have positive experiences in Canada. Their employers treat them well; they are happy at work, and they go home feeling a sense of respect and pride for what they have achieved. They have other choices, but they choose Canada because they see it as the best, although perhaps of a limited set of alternatives.¹⁹ Ruhs and Martin (2008) point out that rights-based approaches to migration have tended to treat migrants as passive victims of repressive policies. It is essential to recognize the agency of SAWP participants to make the rational choice to migrate based on the options available to them; terminating the program could remove this alternative.

¹⁸ Unless otherwise indicated, all quotes from interviews and fieldnotes originated over the course of my fieldwork from 2006-2008. In certain cases, where officials or growers are offering specific information in which the date may be important, or an official perspective may have been provided, I specify the month and year of the interview.

¹⁹ See Binford *et al.* (2004), who outline the various options for a Tlaxcalan migrant – staying at home with few economic prospects; migrating to an economic centre within Mexico, such as a city, maquila factory or oil industry; going to the United States as an undocumented worker; going to the United States through the H2A visa program; or going to Canada under the SAWP.

How voluntary, though, is something when many deem it essential to their families' survival and prosperity, to their livelihoods, and to their identities as breadwinners? Workers can earn up to five to ten times more in a week in Canada than they can in Mexico or Jamaica. The program releases many of them from poverty. For some, it also provides an escape from the social problems and pressures that they experience at home (see Chapter 4). To evaluate the "voluntariness" of this or any program, we must understand the magnitude and limits of the workers' alternatives.

Furthermore, in Canada workers do not encounter conditions of their choosing, nor do they have any meaningful control over the circumstances in which they are placed. Assigned to work for a specific employer, on whose property they must live, workers find themselves integrated into a system in which they are deeply and *structurally vulnerable*. In this regard, I argue that workers' vulnerability is structured into the SAWP itself—vulnerability to health problems and a lack of power to change circumstances is not a random outcome of the program; rather it is a predictable and predominant outcome of the way in which the SAWP is constituted and often enacted.

Workers' ability to assert their rights or to change their circumstances is deeply constrained by a system in which the balance of power tilts almost entirely in favour of the employers and the government(s). As *farmworkers*, labouring in an industry defined by its exceptions, SAWP participants are excluded from many of the laws and guidelines enacted to protect workers in other industries (therefore the argument that SAWP workers are treated with rights equal to those of any Canadian farmworker is fallible). As *SAWP workers*, furthermore, they are not integrated as citizens, nor are they entitled to immigrant settlement services or even to the language training offered to other newcomers. Instead, they are *permanently integrated as temporary* under a precarious if not pernicious structure. SAWP workers are essentially bound to their employers and must reside on their property, and live under their rules, no matter how seemingly arbitrary or unjust; workers can be dismissed and repatriated at any time without recourse to appeal; and their re-admittance to the program greatly depends on the recommendation of their employers. These circumstances render them less than equal to "any other Canadian." (Although citizenship does not guarantee the unproblematic provision of rights, those lacking citizenship rights do face additional structural limitations) (see

Sharma 2006). Most fundamentally, though, if migrant workers are seen and treated “just like any Canadian,” as so many proponents insist, why is it that some, after over 40 years of work in Canada, are still not free to *become* Canadians?

As I began to peel away the layers of this complex system, I realized how difficult it is to get to the core reason behind the various levels of suffering that workers experience. This is not fundamentally about individual farmers or government officials treating workers “badly,” although that is what some may see or criticize on the surface. As I will show throughout, there are many employers and government officials who believe that the SAWP is an act of charity for people who would otherwise have nothing. They may even care deeply about the workers. There are, of course, what some may call “good” or “bad” individuals in every part of this system. There are also, of course, “good people” who do bad things and vice versa—but this is not about good versus evil. It is the system *itself* that is fundamentally flawed. One can talk in terms of “best practices” as many have done, but ultimately if tolerance for abuse is built into the very structure of the system, abuse will occur. And it occurs too often. Within this flawed system there are good actions and bad actions at every step along the way. If the system itself worked, it would keep the bad ones in check. But it doesn’t. It is biased in favour of those who have power, and certainly not accountable to those who don’t. One result of this broken system is the many broken bodies, broken families, and broken lives.

Multi-layers of Migration: Connecting Causes and Consequences

In assessing how this system originates and persists, I attempt to explore both the *causes* and the *consequences* of migration, and see the two as intimately related with respect to both human rights issues and health outcomes. Academics in various disciplines have debated the primary *causes* of international migration, with “push-pull” and “rational choice” theories dominated by economists and demographers, but invoked by many other theorists building on a world systems tradition (Teitelbaum 2008). Economic reductionism has been principally challenged by sociologists and anthropologists, who have been at the fore in advocating the importance of transnationalism and social networks in influencing migration (Brettell 2008; Heisler 2008; Levitt and Glick Schiller

2008), while political scientists and legal scholars stress the centrality of the state and its specific laws and policies in managing migration (Hollifield 2008; Shuck 2008).

My work attempts an integrative approach, with an analysis of the SAWP that is rooted in history and informed by ethnography and a detailed understanding of individual migrants' choices and circumstances, while considering the centrality of economic, political, legal and social factors. In the case of the SAWP, the state plays a particularly important role because it is a managed migration program devised and implemented between specific states. Economic differences between states (as posited by world systems theorists) are major influences on the participating countries and those who migrate, while social, familial and community dynamics further influence the participation and support of individual migrants. Receiving states' integration of migrants is influenced by a sense of national identity and what *kind* of person constitutes a "worthy immigrant" to be part of the "imagined community" (Anderson 2006). Economic and business interests (most notably the agricultural lobby's demand for easy access to pools of foreign labour), as well as appeals to international human rights and the influence of social movements are also considered (Hollifield 2008). A migration systems theory, which I elaborate on in Chapter 2, integrates these various perspectives, illuminating the multi-layered nature of migration.

While the majority of migration studies have focused on issues within receiving states, the *consequences* of migration, particularly among migrants who do not settle in the receiving country, have been less frequently explored. As a major (and rapidly expanding) net-importer of migrants, and one which claims to have structured a moral migration regime, Canada offers a particularly insightful case study to measure the success or failings of international migration. Indeed, for many Canadians, the country's national identity revolves around being a world leader in human rights, multiculturalism, access to health services and tolerance for all. Using health as a lens to understand the lived experiences of migrants in Canada, this thesis assesses how international human rights mechanisms as well as national, provincial and local governments respond within and between borders to people at the margins of international economic and labour processes—both on paper and in practice, and, most tellingly, in the gap between the two.

Sanctioned Inequality and “Exceptions” in an Era of Universal Human Rights

In the current era of expanding international human and labour rights and managing migration within an increasingly “gated globe” (Cunningham 2004), guestworker programs like the SAWP, although they are historically complex, now allow states to integrate migrant labour without having to confer to labourers many of the rights that would normally be expected for citizens or landed immigrants. Several scholars have theorized how states may designate the “spaces” or “zones” of partial rights and how these come to exist as “exceptions,” and how differential citizenship status replaces earlier forms of discrimination as a form of “harnessable vulnerability” for the lowest paying, most precarious jobs. As Sider argues: “the apparent transition from race to citizenship as the primary way of producing usable difference and inequality is actually a result of the state increasingly and directly assuming almost full control over the production of useful vulnerabilities and delivering these vulnerabilities as a subsidy to capital” (2003:317). Capitalism, immigration/citizenship regimes, and migrant vulnerability thus are inextricably linked.

Some scholars of migration have noted that guestworker programs, which by their definition create systems in which non-citizens are integrated into differentiated regimes of belonging and rights, are more likely to be successful in less democratic states, “which deny rights to foreign workers, restrict access to the legal system, and make draconian use of deportation.” By contrast, in democracies it is harder for such programs to succeed due to “strong legal systems” and “human rights instruments” (Castles 2006:746-7). How can it be, then, that temporary foreign worker programs, and the SAWP in particular, have been so consistently successful in Canada, a country widely recognized as a beacon of multiculturalism, inclusion, equality, human rights and progressive democracy?

Agamben’s theorization of the state of exception may help to understand how such spaces can be rationalized and maintained in a liberal democracy espousing principles of human rights and equality. Put succinctly, Agamben postulates that a state of exception arises in the juridical context during which emergency or exceptional measures, which include suspending normal constitutional order and human rights, are deemed necessary and in fact become the norm. Those residing within this context may be reduced to “bare life” – unable to access the normal rights of citizens or even of

humans. Agamben revives the obscure figure in Roman law – *homer sacer* (sacred man) – as an embodiment of bare life. *Homines sacri* were deemed to be beyond divine law; therefore, they could not be sacrificed in ritual. Yet they were also regarded as outside of juridical law; therefore, they could be “killed with impunity” (Agamben 1998; Gregory 2004:62). Although *homines sacri* have biological life (*zoë*), their lives are of no political relevance (*bios*). In this situation the sovereign is able to determine the existence of such exceptions—and Agamben argues that modern uses of state power incorporate (and are defined by) exceptions. He views “the camp” as a liminal zone constituting “bare life.” The state of exception thus exists both within and outside of the state: it exists within the very legal and political structures that deem it excluded. Agamben argues that such states, though inscribed as an emergency measure, have become permanently inscribed in the social order: “the state of exception . . . is now given a permanent spatial arrangement, which as such nevertheless remains outside the normal order” (1997:108). In the current conditions of “militarized global capitalism,” the increasing securitization of borders, and the continual exceptional measures invoked in a “war on terror,” states of exception have become commonplace (Agamben 2005, 1997; Laurie and Petchesky 2008).

Agamben’s theorization is highly abstract and at its core is about the metaphysics of power. Engaging seriously with these aims is beyond the scope and trajectory of my project, grounded as it is and informed principally by ethnography. I do, however, situate various elements of the SAWP within a broader analysis of and engagement with modern spaces of exception. In various ways, several scholars have analyzed how modern liberal democratic states can generate a separate system of treatment within national borders for specific groups of people. Sharma extends Richmond’s (1994) term “global apartheid” to exist both between and *within* national spaces in which foreign Others live, but are made *homeless* (2006:29). Anderson refers to migrant workers in the industrial world as comprising a “hidden state” (as cited in Oloka-Onyango and Udagama 2000:28) and de Sousa Santos calls the protection of rights of vulnerable people moving between borders a “legal no man’s land” and a “black hole” (2004:293-4). Ong’s concept of “graduated sovereignty” likewise denotes a series of “zones” where different forms of rules, rights and obligations may exist within the same national space (even among citizens, who may

be differentiated by class, race, ethnicity, gender or region) according to market calculations (1999:7; 2000).

Others have written about “zones” or “spaces of exception” within which certain residents may be exempt from the norms and rights which exist within the larger national space – for example export processing (Ong 2000) or free trade zones (Bach 2005), transit processing centres (Noll 2003), detention centres (Pratt 2005), prisons such as Guantanamo Bay (Butler 2006) and displaced person or refugee camps (Laurie and Petchesky 2008; Agier and Bouchet-Saulnier 2004). Derek Gregory passionately argues that al-Qaeda terrorists, as well as refugees and civilians who have been indiscriminately killed alongside them in the U.S.-led “war on terror,” were all treated as *homines sacri*—not necessary by design, but because their lives, as poor, foreign, indistinguishable Others, “did not matter” (2004:70).

Likewise, I suggest that the SAWP can be viewed as a system of exception, within which migrant workers can be treated fundamentally differently from Canadian citizens, even though they live and work in the same national space, and ostensibly under the same labour laws. To discuss the SAWP as an exception, I use the term “system” rather than “space” or “zone,” since, unlike other areas clearly demarcated by physical boundaries (such as barbed wire and prison gates), the program itself operates across time and space (although within this system, numerous physical spaces – such as work and living camps – may be considered “spaces” or “zones” of exception). A system of exception may be understood as a specific way in which a state of exception is realized. In this case, the system is realized both through specific government actions (e.g. creating laws which exclude migrant workers from citizenship rights); and inactions (e.g. failing to enact and/or enforce adequate protective laws and policies or to provide long-term benefits). This system takes place over various national spaces and is enacted by multiple actors who all have degrees of power over workers’ lives: from the recruitment, selection and screening of workers that takes place by governments in workers’ countries of origin; to their living and working conditions in Canada, which are controlled by employers, and monitored by various government agents; to the rules which govern workers’ admission and readmission to the program, and which exclude them from long-term benefits when they become sick or injured. It is all of these (among other) dimensions of the system as a

whole, which collectively render migrant workers to be structurally vulnerable. While many actors are involved in enacting the system, the Canadian state holds the most power in defining its parameters, and thus, the most responsibility for its outcomes.

Racial Dynamics and “Othering” Migrant Workers in a System of Exception

Dimensions of class, race and gender, among other factors generating structural inequities are interrelated, and each is crucial to fully understand how exceptions and vulnerabilities are created. I expand on these elements throughout the thesis. For the SAWP, the salience of race as a determining factor of Othering has been ever-present, and these processes must also be more broadly situated. Butler (2006), for one, emphasizes that “power functions differentially, to target and manage certain populations” and that state sovereignty “works by differentiating populations on the basis of ethnicity and race.” In her analysis of post 9-11 security measures, Butler further argues that “indefinite detention does not signify an exceptional circumstance, but, rather, the means by which the exceptional becomes established as a naturalized norm” (2006:67). Butler purports: “It is crucial to ask under what conditions some human lives cease to become eligible for basic, if not universal, human rights And to what extent is there a racial and ethnic frame through which these imprisoned lives are viewed and judged such that they are deemed less than human?” (2006:57).

Despite Canada’s so-called “deracialized” immigration point system, Nandita Sharma (2006) demonstrates that race is a key factor in separating the “desirables” from the “undesirables” in Canadian immigration and migrant worker policies. In her powerful critique of the “making of migrant workers” in Canada, Sharma invokes Dorothy Smith’s method of institutional ethnography to analyze the social organization of migrant workers in Canada (2001, 2006). Her detailed review of parliamentary discourse during the formation of Canada’s Non-immigrant Employment Authorization Program (NIEAP) in 1973 provides an understanding of how such exceptions have emerged as naturalized constructions of difference in Canada and continue to expand with little outcry into the present day. Her analysis demonstrates that the “discursive practice” of labeling people (foreigners) as “problems” for “Canadians” “results not in the physical exclusion of those constructed as “foreigners” but in their ideological and material differentiation from

Canadians, once such people are living and working within Canadian society” (2001:415). Drawing on Benedict Anderson’s concept of imagined communities, Sharma argues that notions of Canadian “nation-ness” work to uphold state power amidst globalization and allow for the ideological differentiation of the foreign Other as not belonging to Canada, and therefore, not worthy of equal rights associated with citizenship. This process of Othering has enabled the Canadian state to import migrant workers under different regimes of citizenship and rights, as she says, “legalizing indentureship” without appearing contradictory to principles of equality and multiculturalism for Canadian citizens.

Sharma thus contends that borders signify a “line of difference that allows state authorities to carry out practices against non-nationals that are deemed unacceptable, even manifestly unjust and undemocratic, if they were to be carried out against citizens” (2006:146) and shows that the subjugation of foreign workers is legalized and naturalized. She demonstrates that there has been little outcry over conditions which would otherwise be seen as unjust or illegal because “temporary foreign workers” are integrated through hegemonic understandings of the Canadian nation. Migrant workers (non-whites from the global South) are viewed as *fortunate* to have the opportunity to work in Canada under *any* condition. In this way, migrant workers are viewed as objects of charity rather than equal people worthy of equal conditions (2006:20-21).

Anna Pratt provides a further window into understanding how governmentality and sovereignty converge in Canada’s immigration, detention and deportation policies and practices. As she argues:

The domain of immigration is multidimensional and expansive, coercive and enabling, harsh and humanitarian. While inclusionary and enabling governmental technologies certainly act upon those deemed worthy of citizenship who are ushered into “zones of inclusion,” coercive and despotic practices persist in relation to those deemed unworthy and who are confined within “zones of exclusion” and ultimately expelled from the nation (2005:13).

The SAWP, in this regard, is a temporary labour program that comprises one part of Canada’s larger immigration regime which seeks to incorporate the desirables and exclude the “undesirables,” while ultimately advancing Canada’s political-economic interests. The SAWP permits a liminal space in which people who are otherwise deemed

undesirable (poor bodies of colour) are integrated temporarily to extract their labour, which is desirable. In this way, the program ushers bodies into a zone of temporary, but differential inclusion, which is ultimately exclusionary. Migrant workers are integrated so long as their bodies are deemed useful, and their minds compliant. If either of these conditions changes, migrants are ushered into a zone of exclusion—treated almost as criminals who have no right to be in Canada, and quickly deported.

As I will show, racial characteristics were central in the founding terms of the SAWP and continue to underlie the segregation of workers deemed unworthy of citizenship. Again, this racism must be contextualized within an understanding of racial segregation in a broader international context. Perhaps most relevant to Canada, due to its geographical proximity, close political-economic ties, and similar migrant farmworker population (primarily from Mexico, as well as other Latin American and Caribbean countries), is the case of the United States; as such, I highlight comparisons between the two countries throughout the thesis.

Wacquant (2002) demonstrates how blacks in the United States have been integrated in four “peculiar institutions”: slavery, Jim Crow free fixed labour, the ghetto, and the hyperghetto and prison. Each institution has served as a means to facilitate labour extraction from black bodies while confining, controlling and keeping them separate – and therefore less able to contaminate – white society. Setha Low (2003) likewise demonstrates that the increasingly widespread phenomenon of “gated communities” in the United States is another form of social ordering in which gates and walls create enclosed spaces to separate one group – predominately wealthy and white – from another, predominantly poor and of colour, who are perceived to be a “danger” to the former. Racism, she argues, is a major factor in the patterns of spatial inclusion and exclusion across American landscapes, but “whiteness” and the privilege it entails also signifies a class position denoting one’s “cultural capital”: one’s ability to prosper or compete within the dominant culture (2003:18).

In similar ways, guestworker programs have served to segregate and keep separate racialized Others in Western countries like Canada and the United States. In so doing, they have generated a type of racialized carceral space. I show in Chapters 5 and 6 how migrants live and work in *total institutions* – aimed to create and manage entire

social contexts, in which employers have power over all aspects of workers' lives, including both living and working environments (Griffith 2006; Goffman 2005). At both the workplace and residential space (which are always owned by employers and often on their farm property), surveillance methods including security cameras and hired companies; random checks; hidden observation; curtailment on movement and/or visitors, such as signs warning non-residents that they are trespassing; threats against visitors or workers who leave the property at any or specified times; set curfews; and even playing workers against each other as "whistle blowers" for poor behaviour, render migrants in a disciplinary space reminiscent of a panopticon prison.²⁰ Such extreme measures, I argue, are partially informed by racist rationalities that bodies of colour must (or can rightfully) be controlled, or that these workers are "lucky" to be there under any circumstances. The ultimate and ever-present threat of punishment for breaking a rule, ironically enough, is banishment from the program itself.

Why endure these conditions when the punishment is "release" from them? As discussed above, the alternative – going home to poverty and unemployment, or at best a much more poorly-paid job – is normally deemed even worse by migrants who are often desperate to support their families in the hope that their children may one day rise beyond this "temporary" status. In this way the causes and consequences of migration – both rooted in a history of colonialism, and further fostered by the global division of labour, inequality and racism, neoliberal globalization and postcolonialist practices – are inextricably linked. They also relate to health outcomes: migrants' desperation for income, generated by structural violence, facilitates migrants' integration into a *system of exception* in Canada, in which their health is inherently compromised.

In this context, migrants' bodies of colour are used for labour extraction, but otherwise are not accepted into the society. Their movements are generally confined, controlled and monitored in various ways, many of which have deleterious health effects. They are not included within surrounding predominantly white rural communities in any meaningful way; instead, they live on the periphery, part of the economy, but only as

²⁰ The panopticon was introduced by Jeremy Bentham and further theorized by Michel Foucault (1977) as an arrangement wherein a group of people can be viewed by others (seen or unseen) at any time. Even if they are not always being watched, the awareness that they always *could* be monitored facilitates their self-discipline. See Chapter 5.

interchangeable bodies, and rarely integrated within or seen as members of the local community. Their health protections are often not enforced, nor are they adequately and consistently supported or compensated when they become sick or injured. While migrants' vulnerability, I argue, is a constructed component of the SAWP, the negative experiences that result from this vulnerability arise not necessarily out of manipulated design or intent. It would be beyond reasonable skepticism to assume that anyone deliberately wishes migrant workers ill health. Mirroring the logic of *homeris sacri* described by Gregory, however, as "poor, foreign, indistinguishable Others," the individual migrant workers "do not matter." Instead, they are deemed and treated as interchangeable, easily replaceable, disposable. Like notions of collateral damage, illness and injury among farmworkers constitute unfortunate, perhaps regrettable, but ultimately acceptable, outcomes of mass food production in a fiercely competitive globalized marketplace.

The state of exception, according to Agamben, exists both within and outside of the law. I will demonstrate throughout this thesis how the SAWP is a program which has been created and defined through legal means within which very few laws have been *enacted* or *enforced* to protect migrant workers. It is important to stress, however, that migrants are not totally devoid of rights—some have even been able to exercise some rights, and limited laws and policies are in place to protect them, and at any time they can return "home" where they are recognized as citizens. Their employers are not *above* the law, and can be prosecuted or penalized for practices of abuse.

Furthermore, the recent influx of labour, community and activists concerned with the rights and wellbeing of migrants is beginning to change the equation, as individual and collective groups of Canadian observers make the case that migrant workers' lives *do* matter, and that their lives enrich Canada. Such groups, along with migrants themselves, argue that migrants contribute to the economic, social and cultural life of Canada; they are thus members of Canadian society, even if not legal citizens, a notion similar to that which authors writing on Latinos in the United States have termed *cultural citizenship* (Flores and Benmayor 1997; Stephen 2003; Rosaldo 1997). With this impetus, particularly over the last decade, migrants and their allies have been pushing for greater

access to rights and entitlements which had traditionally been denied to them, and have made some important, if limited, gains (see Chapter 10).

I argue, however, that the structural constraints of the program constitute a situation in which rights have been either largely denied or remain *de facto* difficult, if not impossible to obtain for this specific group of non-citizens living and working within Canada. The creation of this *system of exception*—in this case, the exception is generated and sustained by workers’ structural vulnerability, which is concealed but nevertheless embedded in the program, is at the heart of the problem. In this regard, while Agamben locates the state of exception in the *actions of the state*, in many ways, the system of exception I describe takes hold due to the *deliberate inaction of the state* (to duly protect migrants’ rights) and its failure to hold accountable those who violate migrants’ rights.

I argue, furthermore, that this positioning of structural vulnerability is not incidental, but is deliberate, as it benefits both agricultural employers and the participating states, which together create and sustain the program. The majority of Canadians have been slow to condemn this situation due in part to ignorance or apathy, and in part because migrant workers are positioned as foreign others, temporary guests who are fortunate to have the chance to work in Canada, and deemed unworthy of the benefits of citizenship. They are employed in an exceptional industry and in exceptional circumstances. And they are employed primarily in isolated rural areas, far from the integrative aspects of Canadian urban life and as such they are frequently an “unknown” aspect of life in a country as regionally diverse as is Canada.

A system of structural vulnerability stems from the macro, political-economic level, which shapes the (unequal) “playing field”—the conditions, rules and dynamics under which the program will operate. As Green reminds us, however, power operates at various levels and the ways in which structural violence and structural vulnerability are experienced relate to these intersecting and often messy macro, meso and micro dynamics, which regularly cut across one another. Throughout this thesis, I thus probe how multiple kinds of actors collude in producing the flexible, subaltern migrant worker, who is structurally vulnerable. These players are: 1. The states and their bureaucracies, on the one hand of Canada, and on the other of Mexico and Jamaica; 2. The employers; and 3. The migrants themselves. The discourse that organizes and makes possible this

collusion is one of perceived competition between players at the same level in each case (though interestingly – and importantly – this sense of competition from perceived peers is perhaps most poignant among state actors and employers). Canadian employers, for example, argue for the use of migrant workers and their treatment of workers by reference to the absent presence of other farm competition.²¹ Bureaucracies, especially Mexican and Jamaican, invoke a world in which other nations could reap the benefits currently flowing to them. Canada meanwhile appears to be acting very much along the lines of the “Guantanamo legal loophole” – that they cannot be held responsible for practices taking place abroad that would be illegal at home, or for the treatment of non-citizen migrant workers – thereby enhancing Canadian productive society despite Canadian law. And in turn, migrants are then brought into this thus-constituted social arena under terms which, I will show, shape their necessary collusion and thereby structure their risk for health problems.

Importantly, migrants do not necessarily collude because they are satisfied with or accepting of their situation. In his analyses of theories of power in anthropology, Heyman notes that a particular manifestation of power and resistance occurs when: “Subordinate people generally disagree with the status quo, but feel too threatened or have too much to lose to fight collectively or publicly articulate radical analyses and alternatives” (2003:143). Yet, as Heyman reminds us, “even when power gets its way unopposed we can readily detect its presence through the words and deeds of people who do not fully accept it” (Ibid:143). Migrant workers and their supporters regularly and readily express their resistance and refusal to complacently accept situations of abuse, in ways that sometimes go undetected, and other times risk consequences. Indeed, much of the testimony provided for this thesis is the “prose of protest”—the calls for change are based very much on workers’ own articulations of resistance and visions for a system which generates respect and dignity in place of structured vulnerability and structured silence.

²¹ Interestingly their argument works *against* the principles of comparative advantage which is the cornerstone of free trade neoliberalism, since they would lose such advantage were the extra-economic facility of flexible migrant labour removed.

Organization and Overview of Thesis: Tracking the Migrant's Journey

Environmental health studies grounded in an “ecosystems approach” (Forget and Lebel 2001; Cole *et al.* 1999) view health from a holistic perspective, integrating economic, community and environmental concerns with human health at the centre (Yanggen *et al.* 2004). Exploring health within interacting dimensions of ecosystems reveals how toxins carried through the bodies of organisms, may manifest in consequences which ripple far beyond their origin. Similarly, my purpose is to track the health issues experienced by workers and their ripple effects – physiological, economic, political and cultural – as they live and work across borders. Health problems do not occur in isolation and their full context, before, during and after an “exposure” is necessary to understand the complexity of their origins. In this thesis, workers’ experiences and health concerns are the centre-point of understanding the SAWP. Thus, after providing a broader historical and theoretical context in *Part I*, I organize the text to parallel the way migrants experience the program—that is, as a journey across time and space.

Part I (Globalization, Migration and Agriculture) sets the academic and empirical context for the thesis, outlining the broad themes and issues of inquiry. Chapter 1 presents a brief overview of the SAWP, situates the thesis within the related literature on the SAWP, explains my paradigm for understanding health, and describes my methods. Chapter 2 expands my theoretical framework in more detail and places the SAWP within a broader discussion of global migration patterns and guestworker programs. Chapter 3 provides an historical overview for the context of the SAWP in light of global migration patterns and their manifestations in the three primary participating countries, tracing the connections between farmers in Mexico, Jamaica and Canada. Providing a brief political economic contextualization of workers’ lives in both Jamaica and Mexico, I argue that conditions of structural violence in workers’ countries of origin and their unjust positionality in the global economy enables their participation in a “system of exception.” After outlining the history and challenges facing Canada’s agricultural industry, I also demonstrate the reasons why migrants’ unfree labour is so vital to this sector as currently structured. In so doing, I connect the globalized forces facing farmers in all three countries as part of interrelated migration and food systems.

Part II (The Migrant's Journey) (Chapters 4-6) describes how the program functions through workers' eyes, as I trace migrants' journeys from their homelands to Canada. Chapter 4 explains the selection, screening and recruitment process in Mexico and Jamaica. Chapter 5 depicts how the program functions in Canada in workers' broader lives, and Chapter 6 focuses on their experiences at the workplace. For the Canadian-based Chapters, I situate broader issues of the SAWP within the case study of Ontario's Niagara Region. Drawing on Foucault's use of the *panopticon*, these chapters trace the disciplinary methods used to control workers and limit their freedom and autonomy and also document workers' acts of resistance within this constraining system. In so doing, I lay the foundation for understanding the context within which workers are susceptible to health problems.

Part III (Health) (Chapters 7-9) discusses the health implications of the SAWP. Chapter 7 focuses on strictly occupational health issues, narrowly defined (i.e. pesticide exposures, musculoskeletal disorders and climatic exposures). Chapter 8 provides an overview of some of general health issues which surround workers' migration, including issues relating to their living conditions, nutrition and weight, sleep, bicycle safety, and sexual and reproductive health. Chapter 9 focuses on the various mental and emotional health concerns, including alcohol and drug use, which emerge under the myriad strains and stressors associated with issues such as powerlessness, cultural dislocation and homesickness. Throughout these chapters I emphasize the interconnected nature of workers' health concerns, and refer back to themes in previous chapters to understand why and how these problems emerge. I argue that migrants' positions of structural vulnerability and environmental racism within Canada render them particularly susceptible to health problems.

Part IV (Rights) (Chapters 10-12) explores what happens when workers do become sick or injured. Here I argue that workers' access to so-called "postnational rights" is constrained by their positioning within a *system of exception* within the SAWP, and that their temporary conditional residency within Canada renders them unworthy of health care and support when sick and injured workers are expunged across national borders. Chapter 10 provides an overview of the rights to which migrants are and are not entitled, and the various barriers that migrants experience in attempting to access them.

Chapter 11 focuses on workers' access (and barriers) to health care and related rights and benefits in Canada. Chapter 12 brings us full circle, exploring the long-term effects of migration on workers and their families once they return to Mexico and Jamaica and their experiences in accessing benefits and health care in their countries of origin. The final chapter offers some conclusions, and revisits some of the theoretical questions in this Introduction.

CHAPTER 1 - SITUATING THE SAWP AND THIS RESEARCH

Introduction: Temporary Migration in Canada

“There is nothing as permanent as a temporary worker.” – Common saying among critics and observers of guestworker programs

The use of temporary foreign workers (TFWs) has a long and particular history in Canada, from the indentured Chinese workers who built the nation’s railways, to modern Filipino workers who serve coffee at Tim Horton’s or take care of children. (See Chapters 2 and 3 for a more detailed history and analysis.) Even so, as can be seen in Figure 8, the integration of TFWs in Canada has risen dramatically over the last decade, with measures introduced first by the Liberal government in 2002 and then by Conservative-led minority parliaments to expand the Temporary Foreign Worker Program (TFWP) to other “low-skilled workers,” an initiative also known as National Occupational Classification (NOC) C and D Pilot Program, or the Low-Skill Workers Program (see Elgersma 2007). Such measures have been hailed as a means to ease labour shortages throughout a growing number of industries.¹

In 2006, 171,844 temporary foreign workers (TFWs) were living in Canada, a 122% increase over the previous 10 years (HRSDC 2007a). In February 2007, then Minister of Human Resources and Social Development, Monte Solberg, announced new changes to “make it faster, easier and less costly” for Canadian employers to “meet their labour force needs” through expanded and expedited employer-driven temporary foreign worker programs (HRSDC 2007b). Changes to the TFWP included allowing TFWs to stay in Canada up to 24 months (up from 12 months), after which they must return home. Through a new immigration program launched in 2008, the Canadian Experience Class, some TFWs in higher skilled categories may now apply for permanent residency after working in Canada. Critics charge that this system problematically places the choice of immigrants in the hands of employers, and also continues to prohibit many TFWs from the chance to immigrate (see Valiani 2009). Lower-skilled workers, including agricultural migrants in the SAWP, remain excluded from this provision. The implication is that some TFWs are deemed as worthy immigrants, while others are not, despite the fact that all are

¹ The expansion of the TFWP has been met by much criticism from labour groups. See Valiani (2007, 2009) for critical analyses.

deemed necessary for the economy. Mexico and Jamaica, the two highest participating countries in the SAWP, rank second and seventh respectively in the list of top source countries of TFWs (in all programs) in 2006 (see Table 1) (note these include “high skilled” as well as “low skilled” TFWs).

Table 1 - Top 10 source countries for temporary foreign workers in Canada (2006)

1. United States	15.0%
2. Mexico	12.4%
3. France	7.7%
4. Philippines	7.6%
5. Australia	6.6%
6. United Kingdom	6.4%
7. Jamaica	5.6%
8. Japan	5.0%
9. Germany	3.6%
10. India	3.4%

Source: HRSDC (2008a)

Amidst these changes, the demand for TFWs has continued to rise steadily, particularly in Western provinces in the wake of rapid oil sands and other developments. Alberta has doubled its use of foreign workers over the past decade, with a 400% rise in demand between May 2006 and 2007 alone (HRSDC 2007a). British Columbia and Quebec are also major importers of foreign workers (see Table 2).² Ontario remains as the top destination province for TFWs (see Table 2 and Figure 5). For the SAWP in particular, Ontario is especially significant; the province hosted 16,427 of the program’s positions (or 77% of the total) in 2006 (CBDS 2006).³

While workers in the SAWP must come from either Mexico or participating Caribbean countries, farmworkers from any country may be employed through the TFWP. As there is no formal role in these programs for participation by governments from the workers’ countries of origin, there is less supervision of their conditions (NSI 2006). Various nationalities, such as Thai and Central American workers, have been employed in agriculture under the TFWP. Although the use of agricultural workers under the TFWP is rising, most certainly adding an additional element of competition for

² See <http://www.cic.gc.ca/english/resources/statistics/facts2008/temporary/01.asp> for a recent listing of TFW entry by province and major urban areas.

³ This statistic was derived from CIC’s client-based data system (CBDS).

SAWP positions, the SAWP remains the principal source of foreign farm labour in Canada. As of 2008, over 28,000 TFW entered Canada to work as general farmworkers, workers in greenhouses and nurseries, and as harvesters, while over 150,000 TFWs entered Canada in total (see Table 2 and Figure 5).

As illustrated in the Introduction, more established TFWPs, like the SAWP, and the Live-in Caregiver Program (LCP) are often hailed as “model” migration programs on which these expanded efforts can be based and justified. These longer-standing programs, too, continue to expand, each now employing over 20,000 workers annually (see Figure 7). Noting also the criticisms previously mentioned, critics ask how TFWPs can be expanded when they are inherently exploitative and ripe for abuse.⁴

In order to evaluate these claims and place these trends within their broader context, this chapter first explains how the SAWP functions and how it is organized. I then provide a brief overview of the main literature on the program, situating my study within other major related research, and outline my approach to studying health. The second half of the chapter describes the methods used for my investigation.

Table 2 - Temporary foreign workers by province/territory (2008)

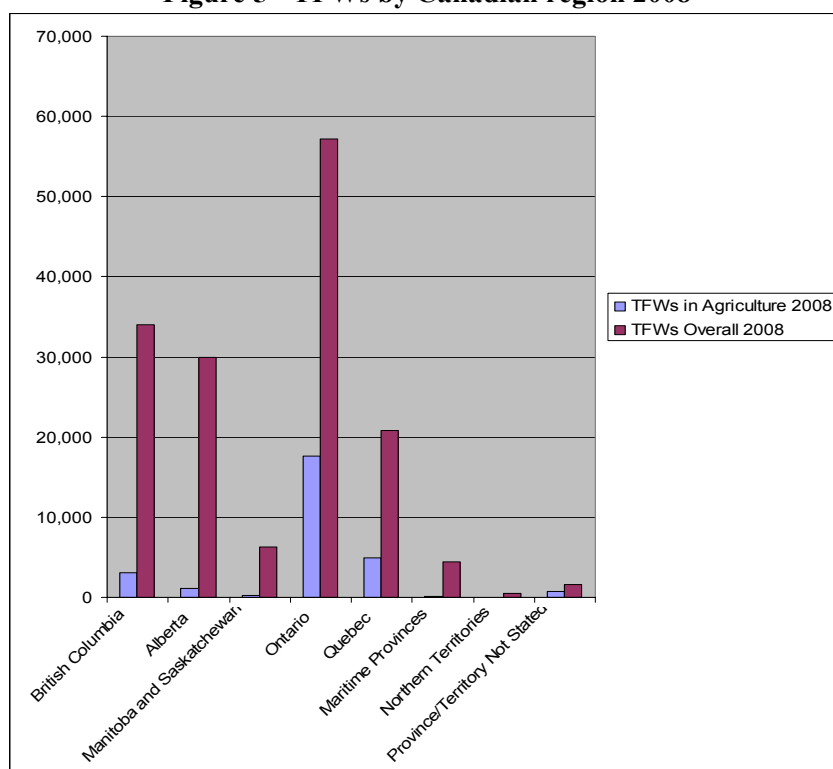
Province or Territory	TFWs in Agriculture	TFWs Overall
British Columbia	3,117	33,959
Alberta	1,145	29,917
Saskatchewan	161	2,716
Manitoba	137	3,565
Ontario	17,629	57,238
Quebec	4,964	20,831
New Brunswick	54	1,393
Nova Scotia	30	1,733
Prince Edward Island	10	391
Newfoundland and Labrador	30	938
Yukon	-	199
Northwest Territories	-	207
Nunavut	-	37
Province/Territory Not Stated	801	1,616
Total	28,078	154,740

Source: Derived from Citizenship & Immigration Canada Statistics⁵

⁴ For example, in a press release denouncing the TFWP, Hassan Yussuff, Secretary-Treasurer of the Canadian Labour Congress, remarked: “Given all that is known - and how much is still NOT known - it would be unconscionable for the Minister of Human Resources and Social Development, and the Minister of Immigration to carry on with this program or to announce any further expansion of this program before undertaking a serious investigation into the known cases of abuse and exploitation” (CLC 2007).

⁵ The source of this data is Citizenship and Immigration Canada, RDM, 21 October 2008. The data is approximate and subject to change, and contains data only up until the end of September 2008. Data refers

Figure 5 - TFWs by Canadian region 2008



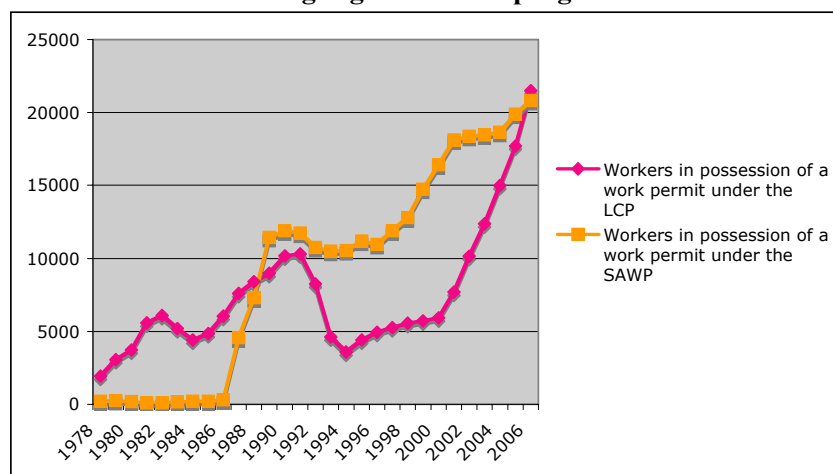
Source: Derived from Citizenship & Immigration Canada Statistics

Figure 6 - Map of Canada



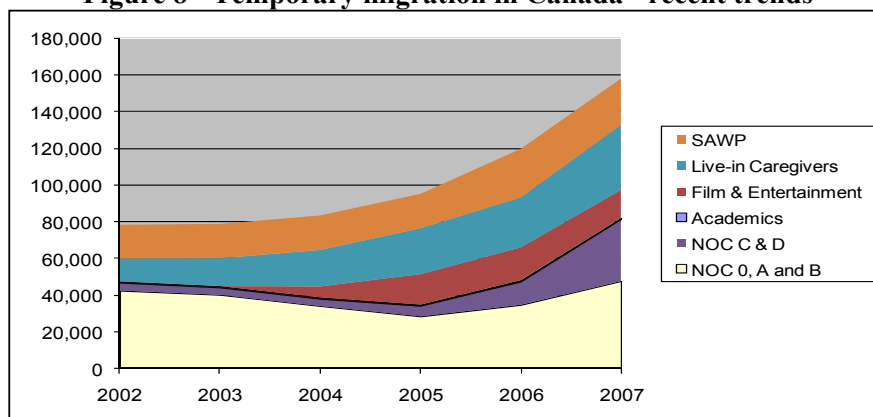
to the number of people entering Canada. The “TFWs in agriculture” column includes those categorized as “general farm workers,” “nursery and greenhouse workers” and “harvesting labourers.” These could include workers on any temporary foreign worker program.

Figure 7 - Evolution 1978-2006 of Dec 1st stocks⁶ of workers authorized under Canada's two larger guestworker programs



Source: Depatie-Pelletier (2008)

Figure 8 - Temporary migration in Canada - recent trends



Source: HRSDC 2008, as cited in Hennebry and McLaughlin (2009)⁷

Organization and Functioning of the SAWP

The SAWP is comprised of two programs. The first is the Commonwealth Caribbean Seasonal Agricultural Workers Program (CC/SAWP), which began in 1966 as a pilot project between Canada and Jamaica, and which later expanded to include Barbados, Trinidad & Tobago (1967), and the Eastern Caribbean States of Antigua & Barbuda, Dominica, Grenada, Montserrat, St. Kitts-Nevis, St. Lucia, St. Vincent and the Grenadines (1976). The second program is the Mexican Seasonal Agricultural Workers Program (M/SAWP), which was initiated in 1974. (The next chapters detail the historical

⁶ December 1st stocks refer to the number of workers in Canada on December 1st.

⁷ NOC Categories (ranked by skill levels) are as follows: O: managers; A: professionals; B: skilled and technical workers; C: intermediate and clerical workers; D: elemental workers and labourers. Farmworkers outside of the SAWP would be included in the NOC C and D category (see Elgersma 2007).

trajectory of the program's creation and expansion.) Although they are separate programs with slightly different agreements, for the purposes of this thesis together they will be referred to as the Seasonal Agricultural Workers Program (SAWP) or "the program."⁸

According to Service Canada, the purpose of the SAWP is to:

Provide a supplementary source of reliable and qualified seasonal labour in order to improve Canada's prosperity by ensuring that crops are planted and harvested in a timely fashion. These measures help to maintain the livelihoods of Canadian and permanent resident workers in the agricultural industry as well as in other industries that directly or indirectly participate in and benefit from a strong and vital agricultural industry. In Ontario this program has responded to a critical shortage of available workers suitable for seasonal agricultural work (SC 2008).

The SAWP functions through Memorandums of Understanding (MOUs), a form of "intergovernmental administrative arrangements" (Verma 2003:viii) between Canada and the sending states which have been "grandfathered in" over the decades. Within this framework, employment agreements (or contracts) are negotiated annually by government and industry representatives.⁹ In 2003 a similar program was initiated between the government of Guatemala and the province of Quebec, but is administered differently, with assistance from the International Organization for Migration (IOM). This program now employs over 3,000 workers.¹⁰ The entrance of SAWP workers, like all other temporary foreign workers, is now regulated under the Immigration and Refugee Protection Act (IRPA), which replaced the previous Immigration Act in 2002.

Several administrative bodies are involved in the functioning of the SAWP. Table 3 and Table 4 provide a very basic overview of the main bodies and their principal roles.¹¹ All TFWPs, including the SAWP, are jointly managed by Citizenship and Immigration Canada (CIC), which reviews foreign worker applications and issues work permits; and Human Resources and Social Development Canada/Service Canada (HRSDC), which reviews employer applications and provides a Labour Market Opinion

⁸ Collectively the programs are also sometimes referred to as the C/MSAWP.

⁹ See HRSDC (2008c and 2008d) for copies of the 2008 SAWP agreements and SC (2007) for the Statement of Policy and Terms and Conditions for the SAWP.

¹⁰ For more on this program, see:

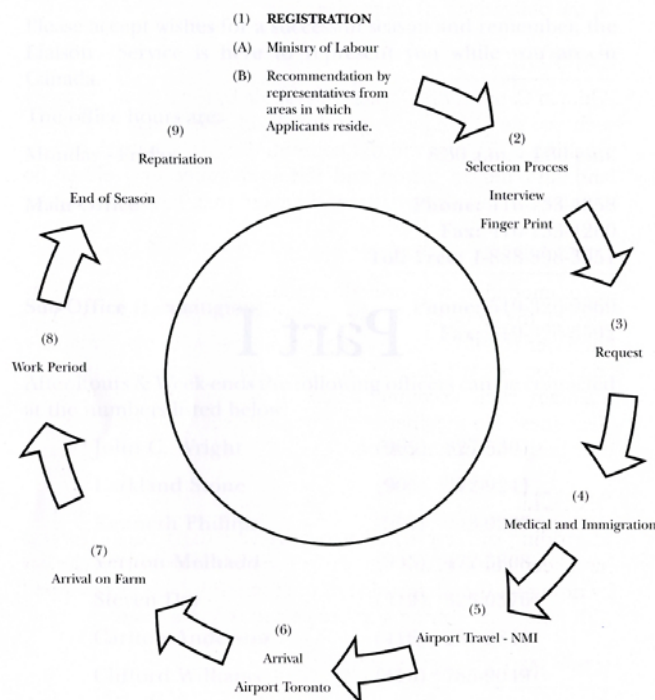
http://www.iom.ch/jahia/webdav/site/myjahiasite/shared/shared/mainsite/activities/countries/docs/guatemalan_seasonal_workers_summary08.pdf

¹¹ For a more detailed overview of these roles, see SC (2008).

(LMO) on the impact of foreign workers on the Canadian labour market. In the SAWP, Mexican and Caribbean government agents known as consular or liaison officials are appointed by the workers' governments to help oversee the program and mediate any issues between workers and employers which may arise in Canada.

The SAWP is thus a federal government-authorized program, but its day-to-day operations are conducted through privately run user-fee agencies; in Ontario this is the Foreign Agricultural Resource Management Services (FARMS), an organization that identifies itself as being “run by employers and . . . for the employers” (as cited in Verma 2003:vii) (see also FARMS 2008). FARMS was incorporated in 1987 in order to divest a portion of the costs for running the program to the agricultural industry. Growers pay a user fee to FARMS; they also front the money for workers' transportation and visa costs, through much of this can be recovered through deductions to workers' wages (FARMS 2005, as cited in Hennebry 2007). Employers may request workers through FARMS, and workers are screened and selected by their own governments, a process I explain in detail in Chapter 4. Figure 9 below, a diagram created by the Jamaican government for workers, provides a brief visual overview of the process of participating in the SAWP.

Figure 9 - The Jamaican selection process



Source: JLS (n.d.)

In addition, a private travel agency, the Canadian Agricultural Travel Limited (CanAg Travel), arranges the travel for the workers. Once workers arrive in Canada, employers are responsible for arranging accommodation. They must also contribute to workers' compensation, for which workers are covered. Deductions from workers' wages are taken for taxes, the Canada Pension Plan (CPP) and Employment Insurance (EI). Workers' wages are supposed to be whichever is greater among the minimum wage, the prevailing wage for the type of work, or the rate which Canadians are paid for the same type of work by the employer (Basok 2007). Some researchers have noted, however, that wage rates remain lower for SAWP workers as opposed to Canadian counterparts, that the "flattened" wage in the SAWP fails to reward experience and skill by "depressing all wages to a low minimum," and that farmworkers often earn under the minimum wage when engaging in piece work (Fairey *et al.* 2008).

Table 3 - Overview of SAWP administrative bodies and main roles of the SAWP¹²

Administrative Body	Main Role(s) (Not Comprehensive)
Human Resources and Skills Development Canada (HRSDC) and Service Canada	Issue Labour Market Opinions (LMOs); Policy and guideline development; Negotiate terms of reference
Citizenship and Immigration Canada (CIC)	Issue work permits / visas; Oversight of medical screening (see Chapter 4)
Canada Border Services Agency	Screen workers at airport
FARMS	Administer program on behalf of employers; negotiate contract on behalf of employers
CanAg Travel (associated with FARMS)	Arrange travel of workers
Mexican Ministries of Labour / Foreign Relations / Health and Jamaican Ministry of Labour	Selection and screening of workers / Health exams / Follow-up on rights and benefits once workers are home / Negotiate annual agreement
Mexican and Caribbean Government Agents (AKA Consulate / Liaison Officials)	Mediate disputes with employers / assist workers in accessing rights and benefits / represent migrant workers / arrange and categorize repatriation of workers / assist in movement of workers

Table 4 - SAWP related bodies in Ontario

Ontario Ministry of Labour	Monitor/legislate/enforce Employment Standards and Occupational Health and Safety Act (OHSA)
Ontario Ministry of Health	Provide health cards and medical coverage under OHIP
Municipal Public Health Departments	Provide inspections of workers' living quarters
Workplace Safety and Insurance Board (WSIB)	Provide workers' compensation

¹² See Verma (2003) for a much more detailed breakdown and analysis. Also see SC (2008).

The majority (over 85%) of SAWP participants have been placed in Ontario (Faurey *et al.* 2008), although the program has expanded significantly in other provinces in recent years, and is now present in every province except Newfoundland and Labrador. In Ontario, SAWP workers are placed primarily in vegetable and fruit crops, while others are involved in flowers, tobacco, food processing, sod, bees, and ginseng. (See Table 5 and Appendix 1.1.)

Both workers and employers sign a contract stipulating the expected length of work, which lasts between six weeks and eight months, as well as the rights and obligations of employers and workers. Workers' family members are not allowed to join them. At the end of every contract, workers must leave the country. Employers determine whether or not workers will be invited back to their farm the next year by "naming" desired workers. Mexican workers are provided with an evaluation of their performance (see Appendix 1.2 for a copy of the return report/evaluation), while Jamaican workers are simply included on a request list. Workers' re-admittance to the program, administered through their home Ministries of Labour, is based largely on these determinations by their employers. Thus built into the very mechanisms of the program is workers' concern with earning and maintaining their employers' favour.

Table 5 - Vacancies filled by crop and number of employers involved in the SAWP through FARMS (Ontario-based) 2006-2008

CROP	2006	2007	2008	Variance (Rounded 2006-07)	Variance (Rounded 2007-08)	Involved 2006	Involved 2007	Involved 2008
APPLES	1208	1758	1739	46%	-1%	108	120	124
CANNING / FOOD PROCESSING	431	485	451	13%	-7%	11	13	12
BEEES	7	14	14	100%	0%	5	4	5
FLOWERS	435	477	470	10%	-1%	39	34	43
FRUIT	3658	3464	3423	-5%	-1%	335	287	280
GREENHOUSE	3313	3473	3888	5%	12%	182	191	179
NURSERY	1206	1305	1280	8%	-2%	64	62	66
SOD	4	5	7	25%	40%	2	2	3
TOBACCO	2918	2098	1397	-28%	-33%	413	315	210
VEGETABLE	4120	4403	4553	7%	3%	360	363	370
GINSENG	486	553	702	14%	27%	56	52	65
TOTALS	17786	18035	17924	1%	-1%	1474	1411	1343

Source: Adapted from FARMS Web Site (2008, 2009)

Dynamics of Competition in the Program

Political economic approaches to understanding migration are sometimes accused of homogenizing human experience. It is important to note that structural constraints operate in different ways and to varying degrees. There are multiple layers to disadvantage, and there are degrees of vulnerability. Thus, throughout this thesis, I make a concerted effort to distinguish between the experiences of men and women, Mexican and Jamaican, young and old, etc.

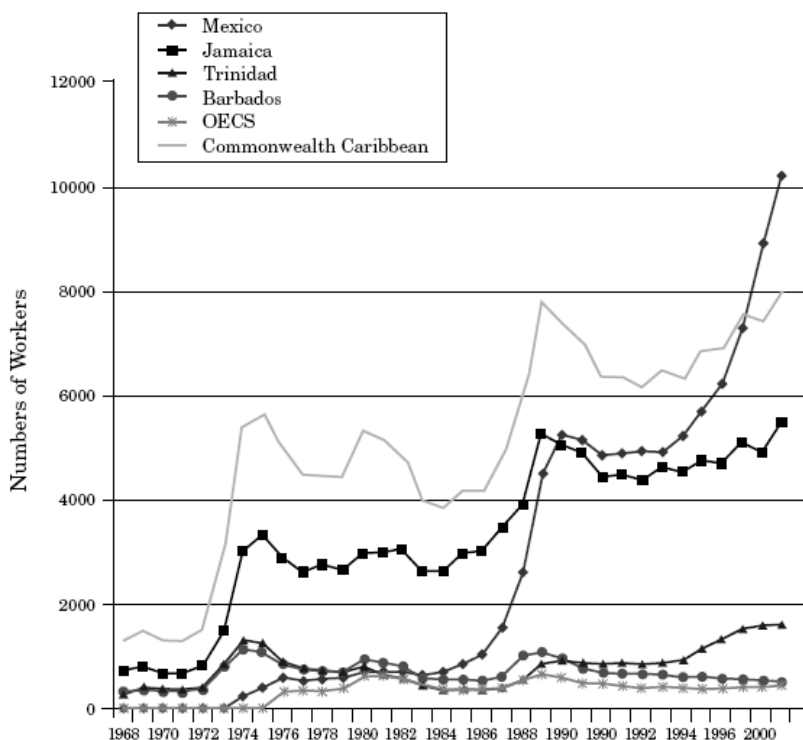
The SAWP is highly gendered and racialized (Preibisch and Binford 2007). Another key element of the program is that employers are able to select both the specific nationality and gender of their workforces (see Chapter 4). Historically the SAWP has been a male-only program. Although some women now participate, the vast majority of SAWP participants – 97% – continue to be men.

Employers may also select the nationality of their workers, and their preferences change over time. As noted in the Introduction, for the sending countries, the SAWP is part of a larger dependence on remittances in place of more equal terms of trade or development assistance. The dynamics of competition for prized remittances between Jamaica, Mexico and the other countries involved in the SAWP play a key role in inhibiting states' abilities to defend their workers or to apply pressure for better conditions of employment. These dynamics shift as the bargaining power of various countries is seen as stronger or weaker vis-à-vis their positions in the program.

In 1973, over 3,000 Caribbean workers were admitted to the program, twelve times the number initially admitted in 1966. The following year, 195 Mexican workers joined and Mexico's position in the program increased at a slower rate, reaching just 835 workers by 1985 (as opposed to over 4,000 Caribbean workers that same year) (Satzewich 2007). By 2001, Mexicans surpassed their Caribbean counterparts, with a slight majority of 51% in the program (Preibisch and Binford 2007). Their position has only continued to increase since. By 2006, of the 21,295 positions in the SAWP, 13,017 (or 61%) were filled by Mexicans, compared to just 8,278 (or 39%) of Caribbean spots. Of these, 5,989 were given to Jamaicans (28% of the total spots; 78% of Caribbean positions) (CBDS 2006). Ontario, however, has maintained a more equal proportion. Out of a total of 18,887 vacancies approved for the program in 2007, 9,681 (51%) were for

Mexican workers, and 9,206 (49%) for Caribbean workers (6,993 or 37% of the total of whom were Jamaican workers). By 2008, almost 53% (9,850 / 18,653) of vacancies approved in Ontario were for Mexican workers (derived from FARMS/HRSDC 2008 SAWP data).

Figure 10 - Historical growth of the SAWP differentiated by participating countries



Source: Weston and Scarpa de Masellis (2003)

Table 6 - Mexico and Jamaica compared

	Jamaica	Mexico
Year Entered Program	1966	1974
Number of Workers in Ontario in 2006	5,773	7,806
Number of Workers in Canada in 2006	5,989	13,017

One of the reasons for this shift relates to the perception that Caribbean workers are more likely to abscond while on the program. As can be seen from Table 7 and Figure 11 below, throughout the program's history, Caribbean workers have had a higher rate of contract violations (in which their government agents have deemed them to be in "breach

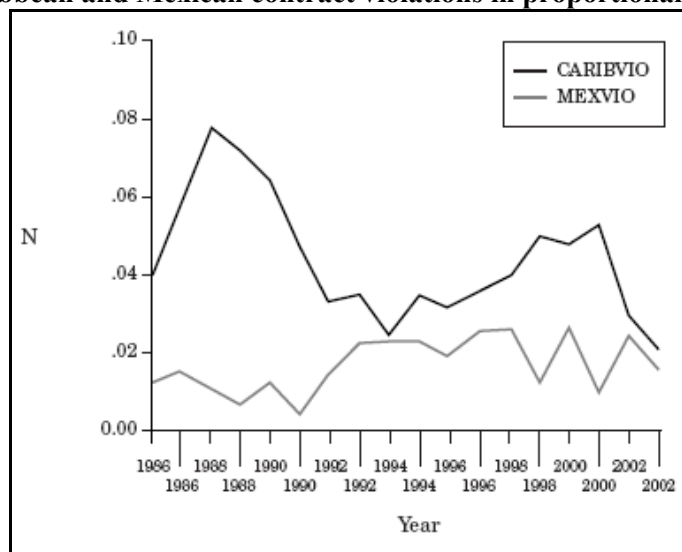
of contract”—the consequence is an immediate repatriation and removal from any future opportunities to work in the program), and going “AWOL” (absent without leave—abandoning the program and staying in Canada without authorization, an action which also prompts workers to be “black-listed” from future participation—see Chapter 10).

Table 7 - Caribbean and Mexican contract violations 1986-2003

Year	Caribbean Workers (1)	Mexican Workers (2)	Caribbean Breaches (3)	Mexican Breaches (4)	Cbbn AWOLs (5)	Mex AWOLs (6)	% Cbbn Violations 7=3+5/1	% Mex Violations 8=4+6/2	Violation Gap 9=7-8
1986	4160	847	37	6	123	4	0.04	0.01	0.03
1987	4802	1229	80	11	195	7	0.06	0.01	0.04
1988	5947	2100	124	2	340	20	0.08	0.01	0.07
1989	7742	3560	144	1	410	21	0.07	0.01	0.07
1990	7364	4214	148	15	325	35	0.06	0.01	0.05
1991	6950	4136	116	1	205	17	0.05	0	0.04
1992	6278	3818	89	38	115	18	0.03	0.01	0.02
1993	6319	3887	76	63	147	24	0.04	0.02	0.01
1994	6067	3857	63	36	84	52	0.02	0.02	0
1995	6443	3825	105	56	114	30	0.03	0.02	0.01
1996	6254	4187	67	67	132	11	0.03	0.02	0.01
1997	6761	4581	103	83	139	34	0.04	0.03	0.01
1998	6892	5272	146	114	125	23	0.04	0.03	0.01
1999	7476	6078	166	68	204	7	0.05	0.01	0.04
2000	7377	7281	134	191	220	1	0.05	0.03	0.02
2001	7919	8060	146	68	273	0	0.05	0.01	0.04
2002	7382	7538	131	95	87	89	0.03	0.02	0.01
2003	7390	7082	75	59	74	54	0.02	0.02	0

Source: Adapted from Preibisch and Binford (2007)

Figure 11 - Caribbean and Mexican contract violations in proportional terms, 1986–2003



Source: Preibisch and Binford (2007)

Regardless of the reasons for this shift—a theme I take up in future chapters—amidst this decrease in relative participation, it appears that for Jamaica the program is more politically, socially and economically important than it is for Mexico.¹³ When I interviewed Mexican officials, for example, they consistently downplayed the overall importance of the SAWP for Mexico’s economy. As one administrator told me, “It’s a very small program, not a big help for the economy – it’s an option for employment, nothing more” (Interview 03-2006). For Jamaica, however, I received the opposite impression. One administrator there explained, “The program is important for Jamaica, as it allows for employment creation and the remittances through savings program that are directly deposit into their bank accounts provide valuable foreign exchange, which has a ripple effect on the whole economy” (Interview 03-2007).

There are multiple explanations for this relative difference in importance. For one, Jamaica has a much smaller population in comparison to Mexico (less than 3 million versus over 111 million) (CIA 2009a and 2009b); therefore each position in the program is proportionately more important to the overall economy. Moreover, even though Mexico has millions of migrants in the United States, Mexican remittances as a proportion of its GDP is much lower—2.8% (IDB 2008) compared to Jamaica’s (20%)—the latter equal to that of tourism (CIA World Factbook 2009b). Furthermore, Mexico has traditionally had greater prospects for unauthorized migration. It shares a border with the United States, and its citizens have not (up until July 2009) required a visa in order to visit Canada. By contrast, Jamaicans cannot cross a land border into the United States (whether they are “documented” or not), nor can they visit Canada without a visa, and such requests are often denied.¹⁴

In this context, the Jamaican economy relies much more on Canadian remittances than does Mexico. While it is difficult to obtain exact statistics, Binford (2008) estimates that less than one per cent of Mexican remittances come from Canada, in comparison to

¹³ The program may be becoming more relevant for Mexico, as the number of Mexicans admitted to Canada expands both within the SAWP and other TFW programs. At the same time, the securitization of the U.S. border makes it more difficult for migrants to enter that country, thereby increasing the appeal of legal migration options.

¹⁴ It was announced that Mexicans would now require a visa to enter Canada on July 13, 2009, just as I was submitting this thesis (see CBC 2009). For an updated list of countries whose citizens require visas to enter Canada as visitors, see: <http://www.cic.gc.ca/english/visit/visas.asp>

those from the United States.¹⁵ The Jamaican Ministry of Labour statistics indicate that for Jamaica's two principal guestworker programs (the Canadian and the U.S.), 45.7% of remittances come from the Canadian program (JMLSS 2006). Remittances as foreign exchange constituted 102% of Jamaica's merchandise trade in 2002 (World Bank 2003, as cited in Preibisch and Hermoso Santamaria 2006). Unauthorized migration, as explained earlier, is much more difficult for Jamaicans than for Mexicans, so managed migration programs have become the only feasible option for many prospective Jamaican migrants.

As I will show throughout this thesis, these differences have a number of implications for the way the program is carried out for both Mexican and Jamaican workers. For example, while Mexican workers often confront a seeming indifference from their country representatives, whom they normally never meet, Jamaicans deal with a constant monitoring and policing from theirs, who visit regularly and who actively ensure that workers stay "in line" and do not disrupt their country's participation in program. This extra vigilance and concern with maintaining positions in the program may in fact contribute to the higher number of "contract violations" assigned to Caribbean workers—a designation determined by workers' government agents; as well as to higher numbers of AWOLs, when Caribbean workers fear they are about to be prematurely repatriated (a trend I noted throughout my research). Most of the literature of the SAWP, which has tended to focus exclusively or primarily on the Mexican experience, neglects the important effects of these inter-country dynamics and differences for workers from all countries.

Overview of Major Literature on the SAWP

A considerable amount of research has been conducted on (primarily Mexican and other Latino) migrant farmworkers in the United States.¹⁶ I will refer to some of this literature

¹⁵ Binford writes: "The amount of money remitted to Mexico from SAWP contract workers is on the order of US \$30-35 million annually, and represents less than two-tenths of one percent of total remittances. Mexican remittances from the United States were estimated officially at US \$23 billion in 2006 (2008:4.27)

¹⁶ Some particularly thorough works on current conditions include Rothenberg (2000), Griffith and Kissam (1995), Lopez (2007) and Griffith (2006). These studies provide an overview of migrant farmworkers throughout the United States, where there is a much greater reliance on migrant labour that is comprised of both "official" labour through initiatives such as the H2A visa, and "undocumented" workers primarily from Mexico and Central America. For a detailed list of literature on migrant farmworkers in the American

as a major point of comparison throughout this thesis. Research in the Canadian context has been more limited, but has been an emerging area of recent academic interest. Satzewich's (1991, 2007) work, based on archival research, situates the SAWP within a broader political economy analysis of racism, immigration and labour market integration in Canada's agricultural industry. Two more recent major books have examined the SAWP specifically. In 2002 Tanya Basok published the first ethnography of the SAWP, basing her investigation on Mexican workers in Leamington's greenhouse tomato industry. Her research also involved investigations in Guanajuato, Mexico. The first major Spanish publication headed by Mexican-based anthropologist Leigh Binford examines the costs and benefits of the program for Tlaxcalan migrants (Binford *et al.* 2004). Binford is now significantly revising this text for an English edition, and I cite this forthcoming manuscript (2008) as well. Jenna Hennebry completed the first doctoral thesis on the SAWP, also focusing on Mexican workers (2006). No scholarly book has been published on the SAWP in the Caribbean context.

In 2003 the Ottawa-based North-South Institute (NSI) completed a series of reports, based largely on quantitative data, which examined various aspects of the program. Basing investigations in the sending countries, Verduzco and Lozano (2003) focus on the experience of Mexican workers; Russell (2003) explores the Jamaican context, while Downes and Odle-Worrell (2003) take up the remaining Caribbean countries. Griffith (2003) compares migrant worker programs in Canada to those in the United States. Preibisch (2003) focuses on relations of SAWP workers in Canadian communities. Weston and de Masellis (2003) explore the trade implications of the program. Verma (2003) addresses the legal aspects of the program and assesses the implications of unionization. In a more recent publication, NSI researcher Ann Weston provides an analysis of the economic context for the SAWP (2007).

Many of these and other articles and book chapters have explored specific themes in the SAWP. Several researchers have documented the working conditions of migrant workers (Verduzco and Lozano 2003), and explored their limited rights vis-à-vis Canadian workers (Smart 1998; Basok 2002, 2003; Weston 2000; Encalada Grez (2005).

context, see Rothenberg (2000:329-332). Space does not allow me to conduct a thorough literature review here, but these and other research on migrants in the United States will be discussed throughout.

Basok (2000), Russell (2003), and Verduzco and Lozano (2003) have researched the use of remittances in migrants' home communities, and Hennebry (2006, 2008) investigates the SAWP's relation to broader patterns of migration in the context of globalization. Preibisch has focused on the social and economic changes in rural Canada relating to the SAWP vis-à-vis the changing nature of social inclusion of migrant workers (2003, 2004, 2007b). Several researchers have explored women and gender relations in the program (Becerril Quintana 2003, 2007; Preibisch 2007a; Preibisch and Hermoso Santamaria 2006). A provocative legal critique by Adrian Smith challenges researchers to probe the methods of resistance exercised by Caribbean workers in the program in light of their legal consciousness or lack thereof (Smith 2005). Several researchers have also used the SAWP as one example in larger critiques of Canada's migration policies (Sharma 2006; Trumper and Wong 2007) and in examinations of transnational migration and agriculture (Preibisch 2007c; Barndt 2008). Although health has not been a main focus of any of these studies, many researchers note various health issues in their broader discussion of the SAWP (e.g. Smart 1998; Russell 2003; Fairey *et al.* 2008; Verduzco and Lozano 2005; Basok 2002; Bolaria 1992; Preibisch 2003; Binford *et al.* 2004). Several authors note that although workers are officially covered under provincial health care, workers' compensation (WSIB) and other benefits during the duration of their employment, for various reasons they are often denied access to these systems (Preibisch 2003; Basok 2002; Hennebry 2007; McLaughlin 2007; Fairey *et al.* 2008). Their specific findings are taken up in more detail in Chapters 7-9.

In the early 1980s, the Farmworkers Legal Services Project (FLSP 1982), the British Columbia Medical Association (BCMA 1982), and the Abbotsford Community Services (ACS 1982) produced works warning of the considerable dangers farmworkers face, particularly to pesticides, and calling for major changes to protect them. The reports noted farmworkers' close contact with toxic chemicals, the lack of training or support to deal with such exposures, and the concern of common and significant health effects. In the early 1990s, Bolaria observed that farmworkers in Canada constitute a "vulnerable, powerless, and super-exploited segment of the labour force," and work in dangerous and unhealthy conditions, often leading to health problems (1992:229).

Despite these long-standing concerns, very little research has been conducted on migrant farmworker health in Canada. Only in the last couple of years, since I began my research, has the topic started to receive some focused attention. In June 2008, the Canadian Centre for Policy Alternatives published a report on (im)migrant farmworker rights (including Mexican SAWP workers and Indo-Canadian immigrant workers) vis-à-vis changing labour legislation and policies in British Columbia. The multi-authored report contains the preliminary results from a survey of 87 Mexican SAWP workers conducted by researchers Gerardo Otero and Kerry Preibisch, which includes some valuable data on health and safety issues in BC (Fairey *et al.* 2008). Mysyk *et al.* (2006, 2008) conducted a qualitative study of *nervios* among a small sample of male Mexican workers in Leamington. Hennebry (2007) compiled a literature review for the Public Health Agency of Canada on public health and infectious disease (enteric, foodborne and waterborne) risks for migrant workers in Ontario; she suggests that urgent attention and research is required on these issues.¹⁷

My research corroborates and builds on these findings and places them in the context of broader social, political and economic determinants of health related to transnational migration. In the absence of a comprehensive study focused on health (broadly conceived), it has been difficult to know the extent of specific health concerns, or to gauge their long-term effects. Moreover, most of these findings have been uncovered through quantitative questionnaires and/or legal analysis of the program's agreements, but not contextualized and analyzed through ethnographic study. Almost all researchers have focused on the context of either Mexico (primarily), and to a lesser degree Caribbean workers, but most have failed to contextualize the implications for either group in a program which employs workers of more than one nationality. To my knowledge, no researcher has conducted participant observation with both Mexican and Jamaican workers across the three countries. Placed within the broader social, economic and political structures of the program, my research analyzes workers' health issues and their effects through an in-depth qualitative analysis with a focus on both Mexican and Jamaican workers. Although I devote more attention to the Mexican experience, I

¹⁷ Hennebry, Associate Director of the International Migration Research Centre at Wilfrid Laurier University, is currently leading a major quantitative study on health issues among migrant farmworkers, which at the time of submission has yet to be completed. I have been an assistant in this research.

contend that a more complete understanding of the program can be gained by understanding the Caribbean experience and the interaction between Caribbean and Mexican workers. Below I explain my approach to analyzing health in the SAWP.

Social Determinants of Health and the SAWP

“There are some bosses that are good, but there are also bosses that are totally horrible, the well-being of their workers doesn’t interest them. I don’t know why . . . if I was an employer, I would treat my workers well, even because I believe that they would work better, fewer would get sick, they would be content, they would work with pleasure if they were comfortable It’s like a car . . . if I buy myself a car and I want it to be very nice, I have to maintain it, to see that the tires are well, that I give it gasoline and oil; I have to take care of it so that my car will always perform well. And I don’t understand because the employers don’t do this with us, their workers They are rich and they have some huge farms and many cars and some beautiful houses, and all of this is because of the work and the effort of their workers, be they Mexican or Caribbean, so why don’t they take care of their workers? That it is the question that I ask myself. . . . I guess we are like disposable machines to them . . . they work us hard until we wear out. Then they replace us with others.” – Oscar, Mexican worker, 2006

Oscar’s description of the SAWP highlights several points that are central to understanding how the program may undermine the health and wellbeing of its workers. He suggests, for example, that the employers, like the communities in which they reside, rarely “take care of workers” or treat them as welcome members of society, let alone understand them as human beings with emotions, desires and needs (outside of the perceived need to “earn as much money as possible”). Oscar also suggests that workers are seen and treated as machines—working longer hours, sometimes under adverse conditions, doing repetitive tasks, dangerous and precarious work—which Canadians refuse to do. He further contends that workers are “disposable,” and not only metaphorically, but actually so. They can be fired and repatriated at any time and can easily be replaced with others—thousands of others, in fact, who are waiting in line and ready to take their place. This ideal “reserve army of labour,” or captive labour force in Canada, constitutes racialized zones within which groups of non-citizens can be imported to do the most tedious, precarious tasks, and deported whenever they are deemed no longer willing or able to do so.

This thesis interrogates the health problems which emerge in this context of structured inequality. In undertaking this exercise, my guiding question is: What are the

lived effects of the SAWP on migrant workers? Taking Oscar's framing as a guide, the descriptors often invoked by workers of being treated as "machines," "animals" or "disposable labour" may be understood as embodiments of powerlessness with profound health implications.

When thinking about health, Scheper-Hughes and Lock advocate the transcendence of traditional dichotomies, including mind/body dualisms, to view the body "as simultaneously a physical and symbolic artifact, as both naturally and culturally produced, and as securely anchored in a particular historical moment" (1987:7). Following their lead, I attempt to look beyond the conventional practice of occupational health and safety, which is often grounded primarily in biomedical constructs and which tends to remove workers from their broader structural, social-cultural and political-economic environments. These practices assess workplace safety as if the workplace and the workers within it comprise an independent space of controlled variables to be analyzed, divorced from broader meanings and power relationships. Instead, I follow other qualitative researchers who have demonstrated that occupational health issues should be understood via their deep embeddedness in broader meanings and relationships (see, for example, Eakin and MacEachen 1998).

These "lived effects of oppression" may be understood literally as "health issues," but the determinants and manifestations of health can be viewed through many different lenses. In its evolving definitions, the World Health Organization (WHO) has increasingly recognized the importance of the social and economic dimensions of health. In the Declaration of Alma-Ata of 1978, health is described as a "...social goal whose realization requires the action of many other social and economic sectors in addition to the health sector." A widely used definition developed by the WHO in 1986 is that: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." The Ottawa Charter specifically identifies "peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice, and equity" (WHO 1986) as the fundamental conditions and resources for health. Critical medical anthropologists, Hans Baer, Merrill Singer and Ida Susser push these definitions further through the specification that health requires "access to and control

over the basic material and non material resources that sustain and promote life at a high level of satisfaction” (2003:5).

I view health as encompassing all of these definitions (i.e. implicit in my approach is the assumption that a state of “complete physical, mental and social well-being” *requires* “access to and control over the basic material and nonmaterial resources that sustain and promote life at a high level of satisfaction”). In this way, health and human rights are deeply interrelated and, in understanding health, it is essential to push one’s analysis far beyond medical care when sick. Instead, the broader social and economic reasons of *why and how* people get sick should be viewed as a concern of both public health and human rights.

Framing health as related to broader social determinants shifts the targets of health interventions and promotions. In 2005, the WHO Commission on Social Determinants of Health (SDH) was initiated to investigate and recommend actions to address health inequities and SDH both within and between nations. Its final report, *Closing the Gap in a Generation*, was released in 2008. The report concludes that SDH, including the conditions in which people live and work, are the major cause of health inequalities. The WHO urges governments to identify the SDH of particularly vulnerable groups, and to devise strategies to address these imbalances (WHO 2008).

A SDH perspective has been increasingly embraced by public health officials, including the Public Health Agency of Canada (PHAC). The Strategic Initiatives and Innovation Directorate of the Agency has as part of its mandate the goal of advancing a SDH approach in public health, an aim recently applied to an examination of SDH among migrant workers (see McLaughlin 2009). In his first annual report as Canada’s Chief Public Health Officer, Dr. David Butler-Jones, writes that public health is best described as “the organized efforts of society to improve health and well-being and *to reduce inequalities in health*” (CPHO 2008, emphasis added). In relation to these concerns, the PHAC has identified a wide number of factors as contributing to health outcomes. Among these are income and social status, social support, education and literacy, employment/working conditions, social and physical environments, personal health practices and coping skills, healthy child development, biological and genetic endowment, health services, gender and culture. The PHAC concludes that “there are

strong and growing indications that other factors such as living and working conditions are crucially important for a healthy population” (2003).

My understanding of health and its determinants as previously discussed in the Introduction is also influenced by an ecosystem approach to health (Forget and Lebel 2001), which aims to be holistic rather than reductive, i.e., the latter tending to examine dimensions of health in separate spheres. In my adaptation of these approaches, the broad social, economic, cultural and environmental determinants of health are viewed as interconnected and humans are considered at the centre of the ecosystem. Cole *et al.* contend that a “stable ecosystem” is a “condition and resource for human health and wellbeing” (1999:67). In this work, I wish to examine the health effects of migrant workers being thrust between ecosystems over which they have increasingly little control. Related to this are the environmental effects of modern industrialized agriculture, which based on the logic of supply and demand in a globalized free trade era sends both people (workers) and goods (produce) thousands of miles across national boundaries, while simultaneously undermining the viability and sustainability of local food systems and rural communities.

When evaluating the health concerns that arise among migrant workers it is particularly important to consider multiple factors that influence their health – social, biological, environmental, etc. – as well as the structural constraints which govern their lives both in Mexico and Jamaica *and* in Canada. Thus, while I argue that the structural determinants (including dimensions of structural violence experienced in both Jamaica and Mexico and through the program’s institution of *structural vulnerability*) are critical, I also posit that it is important to understand the social/cultural, biological and other factors which collectively influence health.

For SAWP workers, the use and application of pesticides creates environmental and human health problems that are inextricably linked. Toxic and sometimes persistent agrochemicals carry consequences for the land, for the species on and surrounding the land, and for humans who grow and eat the food produced under this regimen. Greater awareness of the links between pesticides and human and environmental health impacts first entered the public consciousness with the publication of Rachel Carson’s 1962

classic book, *Silent Spring*. Since then, hundreds of studies have explored these links.¹⁸ Today, the same global food system which makes it so hard for small farmers to survive, also promotes the widespread use of (and dependence upon) agricultural chemicals, which may produce, on the surface, “unblemished” food, but with insidious, deeply “blemishing” after-effects.

Environmental health, however, extends beyond a narrow examination of pesticide exposures in Canada, for the migrant workers’ ecosystems quite literally extend beyond one or more “fields.” Their economic, social and environmental wellbeing in their countries of origin and in Canada, at their work sites as well as during their social and family activities, and the extent of their control over their lives and resources, are all health determinants. To attempt to untangle all of these interconnected and complex factors in order to isolate the variables which *most* determine their health is virtually impossible, not least because exposures are not separate from structural violence and vulnerability; instead, I postulate that only by viewing this system as a whole can we begin to understand the health risks facing workers within their broader environments. While certain surface measures may be implemented to improve health outcomes, ultimately profound and lasting improvements will emerge only with the development of healthier, more just and more sustainable eco *and* social systems.

Methods

Research Sites - Building a Multi-Sited, Relational Ethnography

Levitt and Glick Schiller (2008) stress the importance of multi-sited research for a transnational framework, to uncover the networks and interconnected social fields of those who migrate and those who stay behind. My research was conducted across several sites, with foci in specific regions of Canada, Jamaica and Mexico. A multi-sited approach is in-line with ethnographies of migrant farmworkers in the United States (e.g. Rothenberg 2000, Griffith and Kissam 1995; Griffith 2006; Lopez 2007) and is similarly apposite in the Canadian context for various reasons.

¹⁸ See Sanborn *et al.* (2004) for a Canadian review of studies examining more chronic human health impacts.

First, several researchers have noted the considerable ethical and logistical challenges of conducting research with migrant workers due to their high mobility and vulnerability in certain settings, the lack of data to facilitate sampling, language and literacy barriers, and their unavailability for research due to long work hours and structural constraints on their time and mobility (e.g. Mobed *et al.* 1992; Hennebry 2007; Zahm and Blair 2001). Migrant workers are far more open to discussing their problems when they are less afraid that they may be watched, and also when they understand that the researcher is not associated with their employer or the government (Basok 2002). Many workers are also keenly aware that they cannot spend too much time away from their employers without being subject to suspicion. In their countries of origin, workers have less apprehension and more time available. Finally, being in Mexico and Jamaica allowed me also to see workers' homes, visit with their families, and gain a deeper understanding of the conditions that led them to work abroad. Following Hirsch (2003), in my research I consider "cultural barriers," to accessing health care in a foreign country, as well as the role of individual choice and agency, within the broader structural constraints migrants face. Away from the restrictions they experience in Canada, I was able to learn more about migrants' social-cultural contexts in their home communities, as well as to investigate how they and their families exercise agency while negotiating their participation in a highly structured and disciplined program.

As Gavin Smith suggested to me, however, the term "relational ethnography" may be more apposite than "multi-sited," as my work emphasizes both comparisons and *connections* between specific individuals, communities and state actors across three countries and their relationships to each other in a broader whole. As Smith articulates, a *comparative* and *relational* ethnography "*compares* the distinctive histories and current features of places while simultaneously asking how the shaping of places are formed in relation *to one another* and *to a larger whole*" (n.d.:1). In this regard, I have attempted to investigate and analyze the SAWP as a cohesive and integrated *migration system*, connecting both the causes and consequences of migration throughout the three countries. The program developed within these specific regions for specific reasons, and their relationships to each other in many ways define the dynamics of the program and the experience of the people within it.

Furthermore, migrants, by definition, are not bound to a place. The study of people living amidst broader global processes should situate the full context of their lives across spatial and geographic boundaries. Given that workers' lives and health issues extend across international borders, research which locates itself in only one context will inevitably tell a partial story. Transnational health issues are understood best by transnational research. Furthermore, since sick and injured workers are normally repatriated and not allowed to return to Canada, studying migrant worker health solely in Canada presents a classic selection bias, in epidemiological terms—the inclusion of only *healthy* workers remaining in the migrant workforce.

The inclusion of both Mexican and Jamaican workers presents its own challenges, but I felt it was important for several reasons. I wanted to overcome the tendency of many supporters and researchers to focus on either one group or the other. Many of the support groups aimed at migrant workers have exclusively or primarily targeted Mexican workers.¹⁹ Also, most previous major research on the SAWP had focused exclusively on Mexico. Many people assume that Mexicans require greater support due to their language barrier. For this reason alone, it is important to compare the health and safety issues among both groups, to gauge the effect of the language barrier for Mexican communities, as well as the lack of relative support that has been offered to Caribbean communities. Ultimately it is critical that both groups receive health and safety support and training, and in ways that are culturally, linguistically and socially appropriate. Furthermore, through researching both Mexican and Jamaican experiences, my research serves not only as a comparison between two groups, but also as an analysis of the system in which both are integrated. My hope is that this study will produce findings that will be relevant to other migrant groups. Furthermore, although I do focus more on Mexico than Jamaica, understanding the Jamaican context reveals many of the peculiarities of the Mexican experience. Finally, the ways in which Mexican and Jamaican workers and government officials interact also has implications for their experience. A more nuanced understanding of each group can be gained through examining both.

¹⁹ The UFCW support centres had previously focused their efforts primarily on Mexican workers, as have Frontier College, Enlace and local churches, though these efforts have expanded somewhat in recent years, since I began this research. (Justicia makes a concerted effort to work with workers of all backgrounds, but their mandate is mainly political and their support services are limited.) These groups and their mandates are discussed in more detail in Chapters 5 and 10.

In Canada, I chose Ontario's Niagara Region as my principal field site. The largest urban area in this region is St. Catharines, and it is also close to the major cities of Hamilton, Toronto and Buffalo (New York). The region exists within the Canadian epicentre for labour-intensive crops and thus where the vast majority of migrant workers are employed. The principal area for labour intensive agriculture lies between Toronto, Georgian Bay and Lakes Huron and Erie in Southwestern Ontario (Satzewich 1991:58), where the warmer climate and proximity to water facilitates horticultural production.²⁰

Niagara was selected for its diversity in crops as well as for the high volume of workers who come to this region, about 2,500 annually (See Appendix 1.1). This is among the highest in volume of participants, after Norfolk (including Simcoe, Waterford and Delhi), Essex (including Leamington) and Oxford (including Tillsonburg) Counties. Other principal centres of employment include the regions surrounding Owen Sound, Chatham, and Newmarket/Bradford (See Figure 12 and Appendix 1.1).

In Niagara, about half of workers are Mexican (48%) and half (52%) are Caribbean, 41% of whom are Jamaican (Figure 13). Niagara also has a higher proportion of female workers of both sending country backgrounds, which facilitated a gender analysis in my research.²¹ Primary crops consist of a variety of fruits, such as grapes, peaches, pears, berries, and cherries, and the region also includes greenhouses, field vegetables and floral nurseries (see Figure 14).

My in-depth research and return visits focused on the two main sending countries—Jamaica and Mexico, which, combined, make up nearly 90% of SAWP participants in Canada, and 89% of the SAWP participants in the Niagara Region. For the sake of protecting the identities of my key participants, I do not specifically identify the small communities within these countries which I selected as field sites. They were, however, within the major sending regions and were determined principally by the contacts I made in Niagara and followed “home.”

²⁰ Ontario has long been the centre of labour intensive agricultures. By 1986, nearly 60,000, or half of the Canadian total of agricultural workers, were employed in Ontario, of which two-thirds were seasonal employees. About 3,000 were migrant workers from Quebec and Maritimes, and over 5,000 came from the Caribbean and Mexico (Shields 1992:249).

²¹ Despite their small overall proportion in the program (about 3% of Mexicans and 1% of Jamaicans), the inclusion of women in my study is imperative in order to understand the unique challenges women face, the gendered process of migration, and to avoid the “migrant as male” bias (Pessar 2003).

Figure 12 - Map of major centres of SAWP employment in Ontario

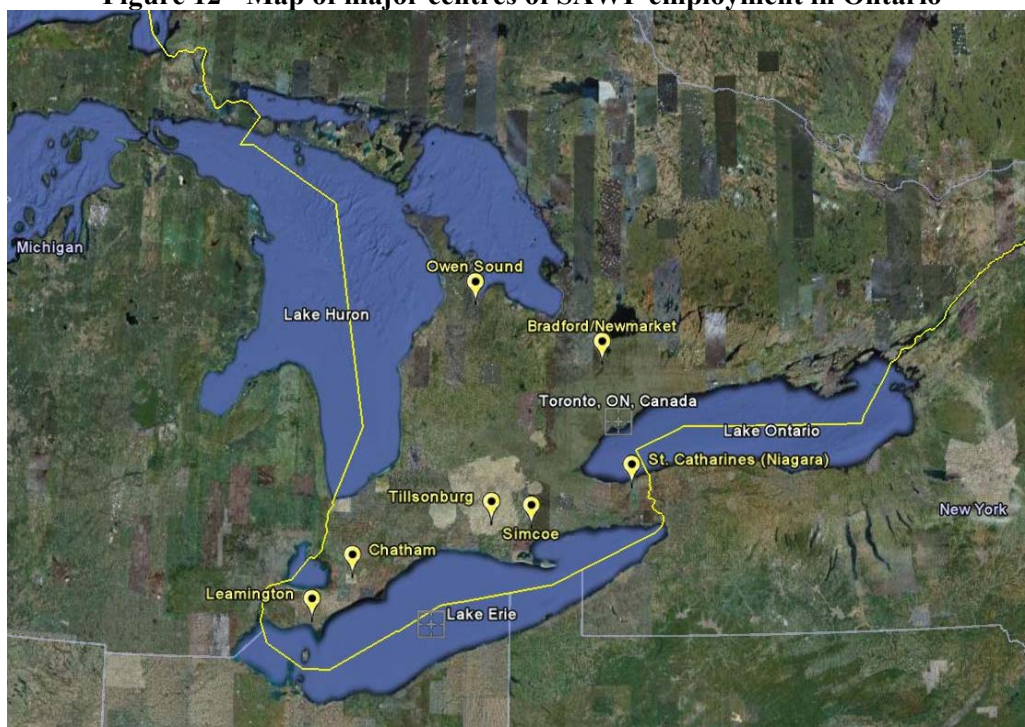


Figure 13 - Nationality of SAWP participants in the Niagara Region in 2006

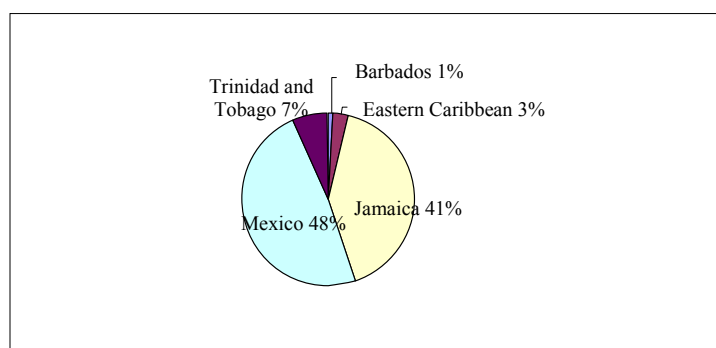
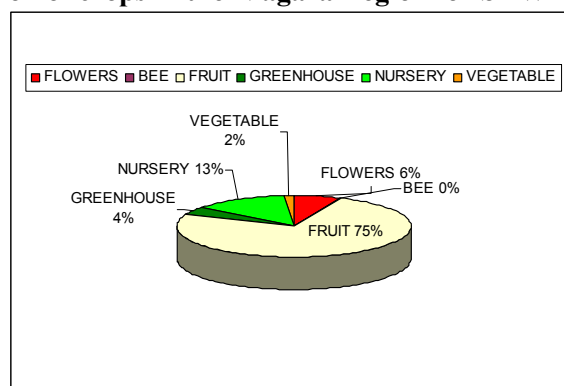


Figure 14 - Division of crops in the Niagara Region for SAWP participants, 2006



Source of above graphs: Derived from SAWP data (2006)

Quantifying the Qualitative: Unearthing the Sad Stories and Secret Scars

“We will try to be objective but in no way will we be impartial.” – Manuel Maldonado-Denis (as cited in Singer *et al.* 1992).

“Nothing is more false, in my view, than the maxim almost universally accepted in the social sciences according to which the researcher must put nothing of himself into his research (Bourdieu 1996). He should on the contrary refer continually to his own experience but not, as is too often the case, even among the best researchers, in a guilty, unconscious, or uncontrolled manner. Whether I want to understand a woman from Kabylia or a peasant from Bearn, a Turkish migrant worker or a German office worker, a schoolteacher or a businessman, or a writer like Flaubert, a painter like Monet, a philosopher like Heidegger, the most difficult thing, paradoxically, is never to forget that they are all people like me” – Pierre Bourdieu 2003:288

“We return from the field with two languages at our disposal: the language of the intellectual with its sophisticated theoretical apparatus, and the language we have learned in the field, not simply the spoken language but the language of people’s practices. What is called for is not a simple translation from one perspective to the other, but an effort to address the complex linkages between the perspectives. As such, anthropology can significantly contribute to create a more just and humane world.”
– Linda Green 1998:7

“You’ll need a library, not a book.” – Renau, Mexican worker, speaking of the vast number of stories and complaints I would uncover in my research.

“Qualitative research is useless—akin to verbal diarrhea.” – Canadian Member of Parliament, reacting to my research

Before explaining the methods I did employ, I wish first to address the reasons for excluding the methods I did not use. One of my goals in this research was to generate useful insights which could be applied to address some of the problems I uncovered. In an attempt to present these “useful” findings to scientists, policy makers, and skeptical politicians like the one quoted above, I intended to ask as many workers as possible the same structured questions, and from this to solicit “quantitative” data that could be easily counted and churned into statistics. Two considerations prompted my move away from this approach.

First of all, as I began my research, several major works were released which employed quantitative methods, as outlined above. Although none except Fairey *et al.*’s report (2008) focused on health as a central lens, several asked questions of relevance to these concerns and provided much of the quantitative data necessary to frame the general

parameters of my research. I draw on and engage with the findings of these reports throughout the thesis, particularly the multi-authored 2003 NSI reports, Fairey *et al.* (2008), Basok (2002) and Binford *et al.* (2004).²²

The second, and perhaps more important consideration prompting me to move away from a quantitative approach, emerged organically as a result of my interactive research. As I started out armed with a slate of standard questions, I soon began to notice a concerning trend. When I began doing questionnaires with workers I did not know, the answers were drastically more limited, and in some cases I determined that they were, in fact, probably obfuscating the truth. By contrast, the results were very different with those workers whom I did know and with whom I had built a level of trust. For example, with workers I did not know well, when I asked them if they had any health problems, or any symptoms related to pesticide exposure, they would often say a simple “No.” Mental health concerns? “No, not really.” When I asked them about the treatment of their employer or supervisor, they would often say “good” or “no problem” or “I am very grateful for the work,” perhaps a charitable “*mas o menos*” (“more or less”—not bad). A few indicated that they would rather not comment for fear of getting in trouble. Ironically, their specified silence revealed more than the others who had toned down their feelings, concealing a difficult truth with ambiguous words or shrugged shoulders.

Later, when I came to know these same workers, they would start to confide in me sentiments such as—“Look, I have a rash when the chemicals are sprayed; Sometimes, it seems like the boss treats us like animals; I am constantly tired and stressed; I miss my family so much that I cry every night.” The more I got to know them, the more I realized that combined with emotions of pride or gratefulness, everyone had a sad story or a secret scar in their migration tale. This taught me the lesson known so well by anthropologists and opened up for me the true strength of the anthropological method of just “being there”—if I hadn’t initially seen the issues, I hadn’t just “hung around”

²² The largest of these studies, conducted by Canada’s North South Institute (2003), provided comprehensive statistics on a wide range of topics, including pesticide exposure, health and safety training, hours of work, and other data which I needed to frame the parameters of my research. I cite and engage with these reports, particularly Russell’s investigation of Jamaican workers; Lozano and Verduzco’s report on Mexican workers; and Preibisch’s investigation of social relations practices, throughout my thesis. I also regularly cite findings from the two major books written on Mexicans in the SAWP by Basok (2002) and Binford (2004), who base their investigations primarily in Canada and Mexico respectively.

long enough. Such an approach to qualitative research thus enables uniquely qualitative insights.

That few of the workers' problematic instances were reported when I initially asked my list of set questions may be due to several factors. I believe the most significant of these is that many workers feel they must appear healthy, fit and happy with the program. They have been told not to complain. They have learned that if they are unhealthy they will not be welcome in Canada. I was a "white" Canadian approaching them with a list of questions, asking them to confide and trust in me what they had been conditioned to hide or conceal from the very social group I represented. Until they knew and understood me better and appreciated what I was trying to do, they were less likely to trust me with answers that might possibly jeopardize their coveted position in the program. Interestingly, researchers in the United States found that their observational study of living and working conditions sometimes revealed more problems and anomalies than those workers self-reported to the same investigators (Vela-Acosta *et al.* 2002).

Longer interviews with workers, and informal interactions with them, revealed much richer and more nuanced responses. I learned of the depth of both the "good" and the "bad" about their experiences in Canada. The often contradictory relationships that they have with employers (e.g., like parents or friends versus "slave masters") and community members (lovers, supporters and friends versus racist, indifferent, and uncaring persons) cannot usually be revealed with questionnaires which ask generalized, dichotomized, or simplified questions. Quantitative approaches, while crucial to generating an understanding of the wide scope of an issue, may be less apposite for understanding its depth and its contradictions. For these reasons, the two approaches are complementary, each providing aspects of a more complete picture. Given the existence of quantitative studies, and my constraints as a single researcher, I decided to put a much greater emphasis on qualitative data gathering methods. For only a minority of specific questions did I decide to ask as many workers as possible with the aim of a "quantitative" response. Counting, though, is still important, lest we be criticized with simply generalizing specific instances where no pattern exists. So I tried to quantify my qualitative approaches. Every time I heard a worker discuss an experience of depression, insomnia, a rash, etc., I recorded the instance in my fieldnotes, which were later coded

and analyzed using NVivo qualitative software, thereby enabling me to gain as large a picture as possible through these informal interactions, which were built on trust.

I interacted with approximately 350 workers to varying degrees throughout my fieldwork. Of these, I could not ask each about every facet of their lives; I only recorded what was revealed to me depending on the interaction. I then focused my attention on a select number of case studies which represented a wide variety of experiences, backgrounds, and health problems. I believe that such an approach enabled me to obtain a wide understanding of the issues, while allowing the depth of individual stories to shape the basis of my analysis (see Figure 15 below). For these case studies I did ask as many of the same questions as possible. Only after spending months sifting through and coding my interview transcripts and fieldnotes of both these informal and structured gathering techniques, did I begin writing. Before writing any chapter on any specific theme, I reviewed every sentence from every interview or fieldnote I had written about the topic, and from this review, counted, compared, contrasted, and ultimately generated my analysis.

Another factor that influenced the shift in my aspirations from a quantitative study to one that was primarily qualitative was the fact that many of the workers whom I got to know needed my support in their lives, and providing this support seemed both a moral obligation and an exceptional method of learning. Based on conversations with my colleagues, I know that many academics conducting research with vulnerable groups tend to adapt the role of “host friend,” especially among those of us conducting long-term or participatory research. It seems ethically unprincipled to ask workers to reveal so much about their lives, but not to share ours with them. Thus phone numbers are often exchanged and we become their links to the knowledge or assistance that they may need. Consequently, the people in our studies can move beyond their prescribed roles as “research subjects,” and become active agents in our lives, shaping and influencing our feelings and experiences, entering into the landscape of our private lives and emotions. Sometimes it becomes impossible to draw clear lines between research and “off-time,” as a worker may need to draw on our resources at any time. During the height of my fieldwork I often felt as though I would never complete my structured interviews because there seemed to be a crisis emerging which required immediate assistance almost daily.

Eventually this situation, too, drew me towards learning through experience—I realized that I was needed more, and likely learning more, too, through these interactions. I also grew to care about the workers in my study and truly wanted to produce a result which could contribute to bettering their lives.

Some may be concerned with such personal methods compromising one's "objectivity." To this I would respond that my relationship of care with workers has motivated me even more to accurately portray their experiences. As Barger and Reza point out, "Valid scientific research is . . . based on the control of . . . biases rather than their absence" (1994:xvii). As they posit, "because value positions are taken in applied change, the highest scientific standards are needed" (xviii). Neither I, nor anyone else, I believe, can ever claim true "objectivity," but I do claim a genuine desire to focus on the issues that truly matter to workers. I can also say that I made a concerted effort to interview, understand and accurately represent the viewpoints of as many "stakeholders" as possible in this complicated and multifaceted system. I also strove to reflect the nuances and balance that must exist within any measured study of humans in all of our contradictions and messiness.

It is with this spirit in mind that I did research to understand the SAWP from as many perspectives as possible, and in a way that would fairly represent all of the groups involved. I soon learned, however, that this goal was difficult, because many of the groups involved didn't want to talk to me. Just being a researcher was enough to raise suspicion. Some people were so afraid of having any criticism about this program, about the treatment of workers, about the actions of employers and government, that they simply did not want to talk to me, even if it was in the spirit of simply trying to understand. Many of the people who did speak to and share information with me did so with the understanding that they would not be identified in this research. For this reason, except in exceptional circumstances where I was given explicit permission (and encouragement) to identify someone, I use pseudonyms throughout and sometimes do not identify the source of my data. My specific methods were as follows.

1) Critical Medical Anthropology Praxis through Engaged Ethnography and Community-Based Participatory Research in Canada

Within CMA, my vision is in line with what Stephen (2003) describes as a collaborative, activist ethnography, which draws on elements of applied anthropology, advocacy anthropology, and anthropology-in-practice. Examples of research models employing a similar philosophy include the *Hartford Model* (Singer 1999:139) and Barger and Reza's (1989) *community action model*. Going beyond the removed provision of information and ideas often characterized by "applied" anthropology, such models emphasize active involvement towards creating change. Likewise, Community-Based Participatory Research is aimed at forging relationships between different stakeholders to investigate and address health problems. Other researchers of farmworkers have found similar methods particularly useful (Arcury *et al.* 2000, 2001; Quandt *et al.* 2001; McCauley *et al.* 2001; Kamel *et al.* 2001). The ecosystem health model also encourages transdisciplinarity (i.e., engaging materials from various disciplines as well as community members and policy makers), participation (in which various members of the community can help to consult, identify and analyze problems) and equity (including recognizing power differentials)—elements used successfully in other studies of pesticide exposure among farmworkers (Yanggen *et al.* 2004).

As previously discussed, not only do such methods facilitate trusted access to migrant worker populations, but they also provide unique and insightful learning opportunities, revealing a kind of knowledge that more detached methods may have a harder time uncovering (Singer 1995). Despite this proven value for those committed to migrant farmworker research, such methods have not been emphasized among the other major research undertaken with migrant farmworkers in the Canadian context. Noting this lacuna, Chris Ramsaroop, a researcher and migrant worker advocate in Canada, wrote that "Community-Based Participatory research projects should be examined for [their] feasibility in researching the migrant farmworker population in Ontario" (2002:15).

My methods follow in the spirit of these models, and I have sought to conduct research that was and is collaborative and aligned with specific social goals. In this case, my particular goals have been: 1) to document the health and human rights issues faced

by farmworkers in their countries of origin and Canada; 2) to use this information both to inform scholarly knowledge and to educate the public about the issues facing migrant farmworkers; 3) especially to bring this information to the attention of growers, support services, and officials who interact with migrant workers and the communities in which they live; 4) to provide migrant workers themselves with effective and useful information so that they may better understand health risks and their rights; and 5) to support efforts and provide information to community groups which may also use my research to more effectively understand and advocate on the issues facing migrant workers.²³

To begin forming relationships, I volunteered with groups already interacting with migrant workers, participating in outreach and other activities. Singer (1999:160-164) observes that outreach is an effective mechanism of finding otherwise hard-to-reach populations and can be an effective tool for participant recruitment from designated zones and subgroups (e.g., adequate number of women, inclusion of grape workers). In addition, through the provision of information or support services, outreach work allows the important opportunity to establish trusting relationships and rapport based on “genuine interest and concern” between the researcher and participants. Being introduced to workers through these trusted networks, rather than through employers or government agents, was important to help ensure workers’ sense of safety and confidence.

I started my fieldwork by contacting a number of organizations active with migrant workers and asking if I could take part in some of their activities. My goal was to get to know as many workers as possible, in as many contexts as possible, before and during my formal research. Beginning in the summer of 2004, but primarily since the spring of 2005, I conducted preliminary field investigations in Toronto as well as the rural Ontario regions of: Tillsonburg, Simcoe, Delhi, Cobourg, Chatham, Leamington,

²³ I have not been commissioned by any particular group to conduct this research, but I do consider my work to be of interest and use to various groups who are advocating for improved treatment of migrant farmworkers. I thus developed my approach and questions in informal consultations with these groups, whose members have a thorough understanding of the issues facing migrant workers, and of the gaps in knowledge that may help in the struggle for their improved conditions. This relationship has provided mutual benefits, as my work may assist in their broader movements towards seeking social change, and volunteering with their efforts enabled me to gain trusted access to migrant communities. While I am ideologically aligned with these groups in their goal of improving health and safety conditions – and ultimately just treatment – for migrant workers, I am equally committed to uncovering results that are valid and accurate, as these will ultimately be of most use to advocates seeking social change.

and Niagara. I also visited migrant workers and interviewed various community organizers in Quebec and in Vancouver and Pitt Meadows, British Columbia.

Many of these visits and activities I did as a volunteer with Justicia for Migrant Workers (J4MW), an activist collective based in Toronto which facilitated my introduction to many of the workers who took part in my research. I also volunteered with and/or visited several United Food and Commercial Workers Union (UFCW) migrant worker support centres, including one in my primary field site or Virgil, in Niagara-on-the-Lake (NOTL). While my focus was on talking with migrant workers, I also met informally with legal experts, union officials, activists, volunteers, farmers, health and safety experts, community members, priests and church leaders (who conduct services for workers), politicians and others. I have observed and taken part in numerous worker meetings and workshops organized by community groups. During these visits I introduced myself, my research position, and my project's aims to explore health issues facing Mexican and Caribbean migrant farmworkers. Through these means I made a wide number of contacts, which facilitated my research when it formally began.

Once my formal research began in the winter of 2005-6, I continued volunteering my time with workers as an individual as well as through initiatives of various groups, particularly J4MW and the UFCW centre in NOTL. I lived in Niagara during the summer of 2006, and visited regularly throughout 2007 and 2008. During this time I attended many events, some hosted by the Niagara-based Caribbean Workers Outreach Program (CWOP), a mainly church-based community group targeting Caribbean workers, and Enlace, a Toronto-based support group for Mexican workers that ran events in Niagara. My goal was to have a sense of the social and community support available to workers in the region. Where possible I also volunteered at these events, so as to be a more active participant and also to give something back to the workers and their supporters. As an individual and as part of these broader efforts, I helped workers to access their rights and entitlements; organized workshops and events to explain their rights and health and safety issues; distributed information about health and safety; and accompanied workers to medical appointments. When workers died I helped to organize memorials and raise money and support for families left behind.

In order to reach workers who did not attend the centres or engage with these groups' activities, I also conducted outreach in other places where workers frequent, including churches, soccer fields, local shopping and eating establishments, and when possible, farms. Observing the day-to-day lives of migrant workers in these ways enabled me to gain a deeper presence in migrant communities, as well as to more broadly understand the issues facing migrant workers, farmers and residents of rural Ontario. Due to the highly precarious position of migrant workers, as well as their time constraints, this period was important for me to build trust with workers. With this foundation I was more comfortably able to ask sensitive questions in the safer environment of their countries of origin.

As my network of worker contacts grew, I helped with anything else they needed, including day-to-day tasks such as figuring out how to use a bank machine, a cell phone, or a pregnancy test. Friendships soon developed. I spent much of my time informally socializing with workers, sharing a meal, going on a walk, sharing pictures, discussing life. I took many groups of workers on various sight seeing trips, to Niagara Falls or Toronto; others I drove to visit family members in surrounding regions like Simcoe or Leamington. Some even came to visit me in my home or at the University, took part in my family's celebrations and activities, or attended and participated in events where I presented my research. They were in constant dialogue with me about my research and their insights and feedback continually influenced the scope and direction of the project.

2) Interviews and Participant Observation in Mexico and Jamaica

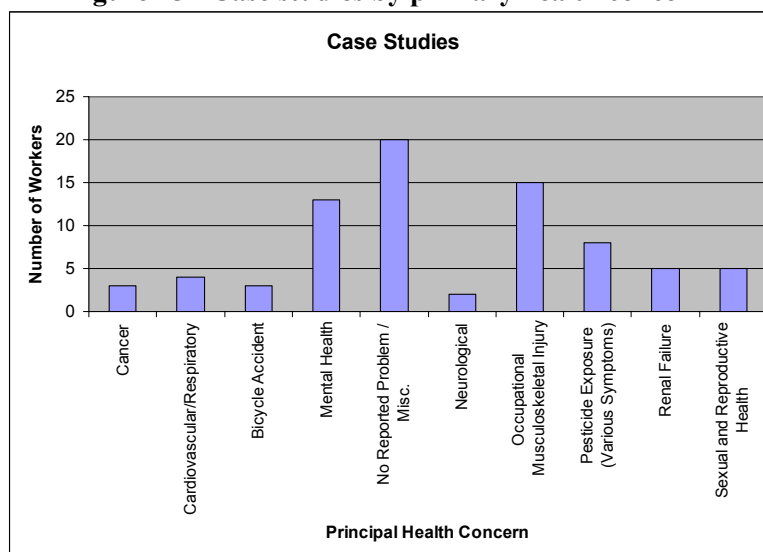
My formal research consisted of a series of semi-structured and open-ended interviews and participant observation activities conducted in Canada, Mexico and Jamaica, over the course of two full migration cycles. After about eight months of preliminary fieldwork (which largely involved the participant observation activities outlined above) in Canada in 2005, my full-time, interview-based research was spent as follows: January-March 2006 in Mexico, April-September 2006 in Canada, October-December 2006 in Mexico, and February-March 2007 in Jamaica. I then spent the Spring of 2007 concluding my interviews in Canada, although some of my interviews with Canadian government officials extended throughout 2007 and into 2008, and my relationships with workers and

volunteer activities continue to the present. To find workers I utilized a combination of outreach (described above), and “snowball” methods.²⁴ Typically I would conduct in-depth interviews with workers with whom I had already developed a long-term relationship of trust. Many times interviews for the case studies spanned several sessions in both Canada and their countries of origin.

While I interacted with hundreds of workers, my in-depth follow-up research in Mexico and Jamaica focused on a sub-sample of 78 case studies, including 54 men, 24 women; 50 Mexicans and 28 Jamaicans.²⁵ Of these, 26 were past program participants, who for various reasons no longer return to Canada, including six workers who died either before or during my study (in some of these cases, I relied primarily on interviews with family members to understand their stories). The proportionality of my interview pools does not correspond strictly to that of the program, as I purposely interviewed many more women than were representative due to the specific nature of their concerns, and more workers with serious health problems. I selected these workers for the diversity of experiences they had and health problems that they presented, as well as their willingness to take part in a more detailed study. Their health issues ranged from cancer to rashes associated with pesticides, back injuries to depression, and sexually transmitted infections (STIs) to strokes (see Figure 15). While I was particularly interested in studying the cases of workers who did report health problems, I also included a significant proportion (20 case studies) in which no major health issues were reported. My time with each of these workers varied extensively—in some cases, we only met on one or two occasions—in other cases I spent days or weeks over the course of the research period with them and their families.

²⁴ Otherwise known as chain referrals or network sampling, the snowball method relies on contacts to introduce the researcher to further research subjects (Schensul, Schensul and Le Compte 1999:241,269). While such a method may not produce the ideally representative sample, it is important that I was introduced to workers through trusted networks rather than randomly, as this facilitated less suspicion – and thus more honesty – in their responses. I did nonetheless strive for a diverse sample of experiences. This method was also used successfully by Basok (2002) in her research of Mexican migrant communities, and by Andreatta (1998) in her research of health issues and agrochemical use among farmworkers in the Caribbean. As many of the SAWP participants come from the same villages, this approach was effective in finding a large number of workers.

²⁵ The higher proportion of Mexican workers represents the fact that I was able to spend more time (over two winter periods) in Mexico than in Jamaica.

Figure 15 - Case studies by primary health concern*

***Note – only principal health concern reflected. In some cases, multiple concerns applied (e.g. pesticide exposure and renal failure). More information on the exact concerns will be presented in Chapters 7-9. Occupational Musculoskeletal Injury includes also musculoskeletal disorders.**

Interviews for these case studies included both structured and open-ended exploratory questions (Schensul, Schensul and LeCompte 1999:121). Where time and circumstances permitted, I also applied an oral history approach, enabling me to learn of the circumstances that contributed to migrants' willingness to work abroad and to their health situation. The detailed survey-based interview which was initially intended to fulfill the quantitative aspect of my research, continued to guide many of the interviews, although I tended to focus on particular sections depending on the context and time permitted. In interviews I asked participants questions regarding demographic details²⁶; what factors led them to pursue work abroad; the nature and type of work they have conducted; their treatment in Canada and in their countries of origin; any exposure to health risks, including agro-chemicals, access to clean water, dietary issues, etc.; health problems they have faced; any barriers to health care or compensation in the face of health problems, including belief systems and linguistic barriers; and the positive and negative aspects of their experience in Canada and its effects on their own and their families' lives (see Appendix 1.3 for a bilingual copy of my questionnaire).

In order to understand how families and communities are also impacted by migration and health issues associated with migration, I interviewed some workers'

²⁶ This included variables such as gender, ethnicity and age; family and educational status; region of origin; type, length and region of work in Canada, etc.

family members, paying particular attention to families of migrants who have either died or suffered serious health problems related to their work in Canada. These interviews focused on the type(s) of compensation or support they have or have not received, and how or if their lives have changed. I often stayed in migrants' communities, and in some cases I returned after they had left for Canada, enabling me to see how their families and communities change in their absence. I spent several days or weeks with select families over repeated visits.

My areas of geographical concentration in workers' countries of origin were determined by the workers I "followed home" from Canada. In Mexico, I worked mostly in two communities where there appeared to be a high concentration of workers with serious health problems which affected or prevented their return to Canada. My primary field site was in the state of Puebla, the other in the state of Mexico (*Estado de México*). Both of these communities are in the region of central Mexico where the majority of migrants to Canada have traditionally lived. I spent several weeks living in each of these villages, and also followed up with various visits to these communities throughout my stay. In between these visits, I returned to Mexico City or the city of Puebla to summarize notes, back-up my data, and conduct interviews with officials located there. Throughout my trip, I also visited workers identified as key case studies in other villages within these states, as well as the states of Hidalgo, Morelos, Tlaxcala and Oaxaca (see Figure 22 on page 150 for a map of Mexico). These shorter visits lasted between 1-5 days.

In Jamaica, I focused on communities within the parishes of Clarendon and St. Catherine, although I also spent time with workers in St. Thomas, St. Andrew, St. Elizabeth, Portland and Manchester (see Figure 27 on page 174 for a map of Jamaica). These choices were again driven by case studies which emerged in my Canadian-based research. In communities with several workers, I sometimes organized small gatherings which evolved into informal focus groups, where workers engaged in animated discussions about their conditions in Canada, things they would like to see changed in the program, and their lives at home. The opportunity to express themselves more openly, in their home environment, provided information that would have been hard to obtain in Canada, given the restrictions they experienced. I also used these opportunities to share

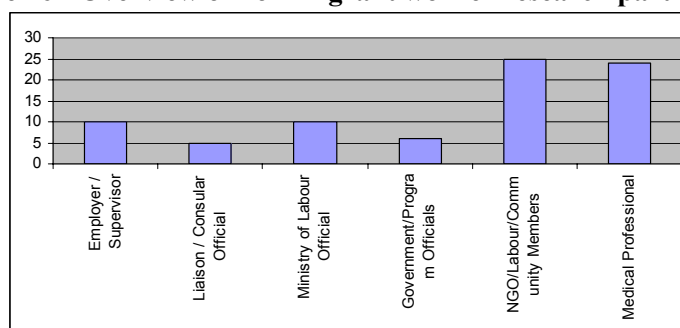
with workers some information about their rights and went over health and safety information with them.

3) Interviews with Canadian, Jamaican and Mexican Actors Involved with the Program

Many bureaucrats, activist groups, volunteers and others are involved in some way with the SAWP. In order to gauge the support systems that are in place, the intentions of officials, and a broader understanding of the program from the people involved, I conducted semi-structured interviews with a number of other actors involved in the SAWP. These included government and program officials located in Niagara, Toronto and Ottawa, Ontario and representing Canadian HRSDC and CIC, and Mexican and Caribbean workers' liaison officers. I spent many days observing activities at the Ministries of Labour in Mexico City and Kingston, Jamaica as well as at the Ministry of Health and External Relations in Mexico City. I also interviewed officials at the Ministries of Health and Labour in the Mexican city of Puebla, located in state of my primary research focus. In total, I interviewed 22 government and program officials (including five liaison/consular officials, 10 Ministry of Labour/Health/External Relations officials, and seven program and other government officials - see Figure 16 for the break-down).

I also interviewed and interacted with dozens of worker advocates and supporters, as well as their pastors and community members, focusing on 25 in my formal research. I interviewed 24 doctors, nurses and other health care professionals, in Canada as well as those in Mexico and Jamaica who examine workers before they leave and who treat them when they return. My main objective was to learn from the perspectives of the officials charged with assisting workers about any common problems they have witnessed, and also to understand how workers' compensation is assigned, denied or ignored in such circumstances. In order to garner their perspectives, I interviewed a sample of ten employers and supervisors who employ migrant populations, and interacted with many more throughout my research period (see Figure 16).²⁷

²⁷ As could be expected, gaining access to the structures of power which govern the program was significantly more difficult. I was denied requests for interviews with FARMS or the opportunity to observe the meetings where workers' contracts are negotiated.

Figure 16 - Overview of non-migrant worker research participants

4) Archival Research and Secondary Data

To supplement my primary data collection, I conducted an ongoing detailed literature review. In addition to my review of scholarly books and articles, I also reviewed popular media as well as historical documents and reports relating to the main themes of this research: the history and current manifestations of the program; health problems associated with agricultural and migrant labour; relevant human rights, health and labour documents; and the political, economic, historical and social contexts of workers' regions of origin. To do this I consulted archival and secondary data (Schensul, Schensul and LeCompte 1999:202) in libraries, government and archival offices in Canada, Mexico and Jamaica, particularly in the National Archives of Canada (NAC). I also received and reviewed daily online updates on the aforementioned topics through an automatic *Google* search mechanism throughout the period of my research and writing (usually this included about 10-20 sources a day). These web sites included online news media from the three countries (and elsewhere) as well as any government or popular web sites where the program may have been written about or discussed, including on-line "chatrooms." Finally I reviewed government documents and web sites for policy statements, legal agreements and press releases.

5) Applying and Sharing Findings

As my research evolved and I gained a sense of some of the pressing issues for migrant farmworkers, I sought various means to apply and share this knowledge. I approached the Niagara Region Public Health (NRPH) with the problems I had observed, and in collaboration with the Occupational Health Clinics for Ontario Workers (OHCOW), we initiated a series of medical outreach clinics in the Niagara Region in the summer of

2007, for which I served as a volunteer translator and outreach worker. (These clinics expanded into the Simcoe region in 2008 and 2009—see Chapter 11.) In the 2009 season I took up the position of co-coordinator of these clinic efforts in rural Ontario, along with colleague Eduardo Huesca, allowing for a continued application of this research. We are currently conducting further research, offering clinical and informational services, and developing educational efforts on occupational health and safety issues for migrant farmworkers.

As part of an investigation I conducted with J4MW, migrant workers identified some of the main issues regarding their living conditions. The NRPH responded to these concerns with the initiation of random housing inspections for migrant worker accommodations in the Niagara Region (also in 2007). In collaboration with J4MW and the NRPH, I also helped to organize several women's health workshops in the Niagara Region, and took groups of workers to sexual health clinics. I also collaborated with the Industrial Accident Victims' Group of Ontario (IAVGO), working to inform workers of their right to claim workers' compensation through the Workplace Safety and Insurance Board (WSIB), and to support those who needed to make or appeal claims. Together we consulted at several meetings with WSIB regarding the problems we uncovered facing migrant workers' access to compensation. One result of these efforts was a campaign initiated by WSIB to educate health care practitioners about migrant workers' rights to WSIB (see Chapter 12).

In addition I joined several larger networks of groups aiming to coordinate efforts to support and advocate for migrant workers, including the Kairos Migrant Justice Gatherings, the Temporary Workers Action Group (TWAG), led by the Canadian Labour Congress, and ACE-Net, an informal collaboration of researchers and groups concerned with these issues. I also participated in the making of a film documenting many of the issues this thesis addresses with colleague and Mexican film-maker, Aaraón Díaz Mendiburo, which we have screened widely (Díaz 2007). I have presented my research findings to government officials, Canadian parliamentary committees, community and union groups, migrant workers and numerous public audiences, including growers. Many of these activities and my recommendations to policy-makers are described further in the final section, and included in the Appendices (11.2, 13.1 and 13.2). In 2009 I was

commissioned to write a report on the Social Determinants of Health of migrant farmworkers for the Public Health Agency of Canada, which includes extensive recommendations to address these issues (McLaughlin 2009). Through observing, participating in and contributing to these activities, I have not only gained a great deal of understanding, but also a measure of hope that change is possible and must begin with understanding. It is to this endeavour that I now turn.

CHAPTER 2 - THEORIZING GLOBAL MIGRATION

“The globe shrinks for those who own it; for the displaced or the dispossessed, the migrant or refugee, no distance is more awesome than the few feet across borders or frontiers.” – Homi Bhabha 2003:449

Introduction

Although migration has taken place throughout human history, the last half century has been marked by increased (and increasingly diverse) migratory movements to traditional immigrant receiving nations such as the United States, Australia and Canada; an influx of foreign residents in Western Europe; and large movements of refugees and guestworkers throughout Asia, Africa, Latin America and the Middle East (Brettell and Hollifield 2008). Migration is recognized as a global phenomenon and the last half century can be categorized as “the age of migration,” one that has caused a “fundamental transformation” of the international political, economic and social order (Castles and Miller 2003:x-2).

This chapter sets the framework for understanding the SAWP as a migration system. I first provide an overview of various theoretical approaches to the study of migration, highlighting the contributions of anthropology. I emphasize that a historical-structural framework is essential to understanding the broad political-economic dimensions regulating the SAWP, but I also incorporate elements of transnationalism and migration systems theory, which attempt to provide a more holistic understanding of the multiple causes and consequences of migration. I then explore the historical and contemporary construction of “migrant workers” and guestworker programs. I argue that the same structural factors which generate perilous migration from the global South, and integrate migrant workers under conditions of unfreedom in countries like Canada, also engender what Rayna Rapp has called a “political economy of risk” (as cited in Castañeda and Zavella 2003:127) in which migrants experiencing structural violence are particularly vulnerable to a variety of health problems.

Theorizing Migration in Global Context: An Overview

The complexity of migratory movements, and the variety of disciplines interested in the study of migration, has spawned a variety of approaches to theorizing migration.¹ In brief, studies in political science have focused on the level of states and political international systems (Hollifield 2008, Cornelius and Rosenblum 2004); demography has concentrated on shifts in population composition related to migration (Teitelbaum 2008); economics has explored the economic motivations and effects of migration (Chiswick 2008); population geographers have emphasized spatial trends in migration (Hardwick 2008); legal scholars have investigated the legal context of and influence of law on migration (Shuck 2008); while history has illustrated the immigrant experience throughout time (Diner 2008). Sociology has approached migration through an examination of immigrant incorporation, including an analysis of both ethnic groups and social classes (Heisler 2008).

In comparison to these other disciplines, anthropology has been a relative late-comer to the study of migration. Early ethnographic research, such as Margaret Mead's work in New Guinea, noted migrants' absence and return to villages of study, but as part of a "sedentarist bias" (Malkii 1995 as cited in Brettell 2008:113) of the discipline, tended not to analyze the significance of migration on cultural change. It was not until the 1950s and 1960s, when anthropologists began to reject the notion of cultures as static, bounded entities, and when the influence of migration on anthropologists' communities of study became more obvious and significant as migration increased, that migration was given more serious attention (Brettell 2008).

More recently, particularly over the last two decades, anthropologists have contributed to cross-disciplinary debates on the social, cultural and economic aspects of migration, focusing on such topics as rural to urban movements, ethnic diasporas, social and family networks and gender relations, and situating migratory motivations within larger political-economic frameworks. As a discipline, anthropology has typically emphasized cultural effects of migration, and has explored issues such as ethnic identity at a more micro level, of individuals, families/kin and communities. There has been a

¹ The following texts offer useful summaries of multidisciplinary trends and theories of migration: Brettell and Hollifield (2008), Massey (1999b), Portes and DeWind (2007), and Castles and Miller (2003).

growing emphasis on theorizing migration networks and transnational flows, and relationships between places of origin and destination. In particular, the study of migrant households mediates the relationship between individual migrants and broad macro forces (Brettell 2008).²

Within this literature there has been an increasing interest in (im)migrant communities within core countries (as opposed to the traditional focus on “exotic” locations) and urban regions, as well as transnational ties and “social fields,” describing the “interconnected social experience” between immigrants in their nation of residence and their communities in their nation of origin (Glick Schiller 2003; Basch *et al.* 1994:5; Levitt and Glick Schiller 2008). An especially important contribution of anthropology is the ethnographic study of migrants in both their sending and receiving countries and the links between these multiple sites (Foner 2003:13, 16). Perhaps the most consistent and unique contribution of anthropology to the study of migration is the deep awareness garnered through participant observation of the complexity of migrants’ experiences, including the agency of individual migrants, their relationship to families and networks, and the influence of broader political economic considerations. Significantly, the study of migrants in both sending and receiving states allows an analysis of migrants’ experiences across varying national and cultural spaces and an understanding of how these spaces are connected through transnational processes and flows.

The term transnationalism, as developed by Basch, Glick Schiller and Szanton Blanc, recognizes the tendency for immigrants to maintain “social fields that cross geographic, cultural and political borders” (Basch *et al.* 1994:7). Glick Schiller thus defines transnational processes as “ongoing interconnection or flow of people, ideas, objects, and capital across the borders of nation-states, in contexts in which the state shapes but does not contain such linkages and movements” (2004:449). Kearney differentiates transnationalism from globalization by specifying that “Whereas global processes are largely decentered from specific national territories and take place in a

² As a thorough review is not possible here, see Brettell (2000, 2003, 2008), Kearney (1986, 1995); Basch, Glick Schiller, and Szanton Blanc (1994); Glick Schiller (2003, 2004); and Foner (2003) for reviews and introductions to the main themes associated with the anthropology of migration and transnationalism. Binford (2003) provides a good overview of anthropological debates surrounding Mexican remittances and Massey and Espinosa (1997) contribute an important work on the various forces driving U.S.-Mexican migration.

global space, transnational processes are anchored in and transcend one or more nation-states.” Furthermore, transnationalism highlights the specific roles of states as they vie for primacy in relation to other states, whereas globalization denotes less intentional and more abstract processes (Kearney 1995:548-549). Both terms are important conceptual tools for analyzing migration. Migration occurs within a context of neoliberal global restructuring, which has profound and relational impacts on economies, states and people throughout the world. On the other hand, transnationalism allows for a more focused examination of the relationships between specific people and communities across particular national spaces.

Anthropologists have thus complicated notions of global flows through transnationalism, and my research builds on this work through an exploration of health “flows.” Typically, global health problems are seen as originating in the global South and exported through migration to the global North, and (im)migrants are often accused of spreading international health problems (Chavez 2003:207). Paul Farmer (1992) challenged the hegemonic understanding of global health flows through his compelling account of the transnational spread of HIV/AIDS between the United States and Haiti. In the case of the SAWP, workers from the global South are thoroughly screened for medical conditions before they can leave their countries, and are thus deemed “healthy” when they arrive in Canada. Working under demanding and perilous conditions, they often become sick or injured while here, and then they, and their health problems, are “exported” back to the South, to be dealt with by families and communities.

My research also highlights how SAWP migrants’ experiences are highly regulated and controlled by state practices, both by Canada and their sending countries. In contrast to other more fluid forms of (im)migration, in which migrants and their families may choose to migrate to specific areas even under highly precarious conditions of illegality, participants in the SAWP have little control over when and to where they migrate, for how long, or over the conditions of their employment and residence once they arrive (see Chapter 5). A system of managed, legal migration is often safer than unauthorized or illegal migration, especially as legal migrants are less likely to suffer or die while crossing borders. Those participating in such a system may have more *rights* than their undocumented counterparts, yet do they experience considerably fewer

*freedoms?*³ As indicated in the last chapter, the regulation of SAWP participants is highly controlled through a specific contract and work visa under conditions that explicitly prohibit labour mobility and tie workers' residence in Canada to their labour contract. The limiting of migrants' resistance and their ability to be mobile, to mobilize or to settle and form communities of their own choosing in Canada, is a central feature of this managed migration system. Given these unique parameters, an analysis of the SAWP requires a specific set of theoretical tools that transcend traditional disciplinary boundaries.

Theorizing the SAWP: Multidimensional Issues and Multidimensional Analysis

Historical-Structural Factors

Theorizing the broader context within which the SAWP occurs is a complex and multilayered process. Douglas Massey (1999b), a sociologist and leading theorist of migration, for example, argues that any thorough understanding of migration must bridge various theoretical foci to consider structural forces that compel emigration in sending countries and immigration in receiving countries; the goals and wishes of migrants; the social and economic structures (both formal and informal) that connect areas of migration; as well as the (often neglected) role of the state in structuring migration flows. Likewise, Stephen Castles, the director of International Migration Institute at Oxford (2008), outlines an array of factors that can shape migration and migration policies, including migration networks and industries; migrants' families and communities and their position within them; states' structural dependence on emigration and/or (im)migrant labour, among other considerations.

Notwithstanding the goal of theoretical syntheses, nor the complexity of contemporary migration which necessarily transcends the limits of any one explanatory framework, several scholars have acknowledged that certain theoretical frameworks

³ The vulnerability of legal guestworkers parallels that of illegal migrants, and guestworkers are considered by some authors to be the most exploited (Portes 1978; Castles 1984, as cited in Basok 2002). Such arguments point out, for example, that legal guestworkers may be equally or more vulnerable to deportation than illegal workers. Illegal migrants are also more likely to switch jobs under conditions of severe exploitation, whereas legal migrants do not have this option as they are bound to an employer through a program (Tuddenham 1985:38, as cited in Basok 2002:15-16). Furthermore, guestworkers have no choice over where they live, nor any control over the conditions of their accommodations (see Chapter 5).

and/or factors may be more apparent for specific migratory contexts (Ortiz 2002; Massey 1999b; Castles 2008). My investigations of SAWP migrants incorporates an examination of each of the above elements, but certain dimensions – such as political economic compulsion and state control – may be more defining in the case of the SAWP than in other forms of migration. In my analysis, I draw on historical-structural theories of migration, migration systems theory and a framework of transnationalism.

First, migration through the SAWP must be situated within processes of global capital expansion and the failure of international human rights to protect the health of marginal populations both within and between borders. To assess these factors, I focus on the global structural inequities compelling migration from peripheral (poorer, less powerful) regions and the simultaneous role of core (wealthier, more powerful) states in seeking the benefits of marginalized migrant labour without conferring the corresponding benefits of citizenship. A political economy approach, featuring aspects of historical-structural theories of migration (e.g. Fernandez-Kelly 1983; Castles and Kosack 1985; Cohen 1987; Sassen 1988; Bolaria and Li 1985; Satzewich 1991; Binford 2003; Sharma 2006), is particularly appropriate to an understanding of these elements of the SAWP.

In the specific structural features of the SAWP, the primacy of international capitalism and state interests in governing migration flows is clearly apparent. For example, as I demonstrate in Chapters 3 and 4, workers are selected to participate in the program because of their economic disparity, much of which directly relates to global capitalist expansion and the disruption of subsistence agriculture; workers from these countries cannot immigrate to Canada, nor can they bring their families (in stark contrast to immigration flows facilitated largely through family networks); and the program is a highly regulated system operating on defined contracts between specific governments which regulate the flow, duration and conditions of SAWP migration in order to fulfill capital interests.

Critics have pointed out that a historical-structural framework, which places migration within a broader understanding of the international division of economic and political power, cannot solely explain the complexity of contemporary migrations (Massey 1999b; Massey and Espinosa 1997; Ortiz 2002; Castles and Miller 2003). This framework has been rightly criticized for understating the importance of migrant agency

and community networks (Massey 1999b). Although these concerns are valid, I nonetheless emphasize the importance of the structural constraints of the program, which are particularly striking in a system of managed migration. Indeed, the SAWP's "success" has been based on the suppression of worker resistance and freedom (even though, of course, workers still exercise agency within these constraints; nor does a nuanced application of a historical-structural framework deny this) (Fernandez-Kelly 1983:208). Satzewich (2007) further contends that a strict political economy approach may fail to recognize the influence of lobby groups and individual bureaucrats on migration, but, following his lead, I believe that such considerations can be added to complement this approach. Finally, some have argued that this approach fails to explain the "frequent breakdown of migration policies" and migration that leads to settlement (Castles and Miller 2003:25); however, in light of the ongoing success of the SAWP as a *temporary* worker program, which has been unusually successful in barring migrants from immigrating (Basok 2000), in this case such a concern is also less apparent.

Leigh Binford (2003, 2004), a Mexico-based anthropologist who has also studied the SAWP, similarly argues that the historical-structural framework has more to say about contemporary Mexican migration than other more recent theories that prioritize migrant decision-making and social networks, even though economic migrants may have several options from which to choose. As he points out: "by focusing so heavily on agency and back-grounding structure, many contemporary researchers come dangerously close to glorifying household economic strategy-making that is more structurally constrained now than at any point in recent memory" (2003:323).

The historical-structural approach, which traces its intellectual roots to world systems theory (Wallerstein 1974), sees the SAWP within the historical relationship of capitalism and global inequality between the world's richest centres (cores), which were developed largely at the expense of the world's poorest (peripheral) areas. The processes of global capitalism and accompanying migration patterns extend over a 500 year period (Wallerstein 1999). Between 1500 and 1815, migration flows mainly related to European capital expansion and domination, including colonizers as well as masses of involuntary migrants, such as slaves, indentured workers, convicts and refugees. As documented by Wolf (1982) and Sassen-Koob (1983), this resulted in new multicultural societies, the

displacements of indigenous peoples, and the emergence of an integrated world built on an international division of labour. The industrial revolution generated even greater numbers of workers between 1815 and 1914, and labour then moved primarily from the periphery to the core. While the global flow of migrants decreased between the World Wars, it began to surge again in the post-1945 period. Since then, global migration patterns have been marked by a far greater dispersal of flows, with millions of migrants moving in both directions within and between core, periphery (and semi-periphery) regions, although in recent decades the vast majority of these flows has taken place from peripheral to core regions and at an accelerated pace (Castles 2008). These patterns and the large number of people involved exhibit a new type of global interconnectedness and an interdependence among various states and regions (Hune 1991).

Twentieth Century Economic Migration

Since 1945, with a U.S. hegemony supported by the introduction of Bretton Woods' international institutions, global forces have taken a new face. Last half of the twentieth century economic migration has been facilitated by capitalism's replacement or exclusion of non-capitalist means of subsistence, producing multitudes of landless peasants who have become labour reserves "willing to be mobilized" (Sassen 1988; Sassen-Koob 1983:182). Indeed, capitalist penetration has continually displaced and disrupted any remaining self-reliant communities, including forest dwellers and hunters and gatherers, while devastating those communities whose once thriving industrial zones have relocated, or whose environmental resources have been reallocated, depleted or destroyed (Nash 1994). The consolidation of the world system has thus left large numbers of people without the local means to survive, and simultaneously generated a trend in labour flows from peripheral nations to developed nations in order to serve the needs of core regions and to provide cheap, flexible labour (Cohen 1987; Castles and Kosack 1985).

At the same time, non-immigrant citizens of core countries have increasingly resisted low-paying, precarious jobs, while the concentration of wealth in these nations' cores perpetuates the demand for cheaply produced goods and services (Sassen-Koob 1985). As part of the new international division of labour (Nash 1983), peripheral migrants have been recruited to fill these undesirable jobs in core countries, as well as,

more recently, to export-processing zones within peripheral nations (Fernandez-Kelly 1983). Uprooted peasants-turned-migrants throughout the global capitalist economy have been used to fill low-wage labour markets abandoned by workers with better conditions. Such workers often have been willing to occupy these conditions because the income they can earn is better than what they could garner at home, and since they are not rooted in their communities, their ability to defend their interests is weakened. Typically, over time, workers engaged in labour below the standard of others begin to exert pressures to improve their conditions or seek work in other industries (Wallerstein 1999). Core states, though, have been able to prevent these pressures by ensuring that migrant labourers do not become citizens and cannot seek alternative employment. As long as workers can be replaced with more prospective migrants “willing to be mobilized,” the pressure to improve conditions is effectively alleviated.

In a globalized world characterized by increasingly “free flows” of capital, and, to a lesser extent, goods, the flows of people, while vast, have been much more widely regulated. States have been key actors in limiting or allowing movement and influencing migrants’ “mobilities and enclosures” across borders (Cunningham 2004). In this regard, core states that desire flexible migrant labour increasingly rely on selective enforcement policies at borders through which migrants’ flexible labour is incorporated into their economy, even as the labourers are simultaneously excluded from benefits and rendered “socially and politically powerless” (Sassen-Koob 1983:184; Kearney 1995). This process has also been highly racialized and gendered (Sharma 2006; Trumper and Wong 2007). As Bolaria and Li argue: “From the standpoint of capitalism as a world system, racial oppression is maintained in part by the unequal relationships of production in the advanced capitalist economies, and in part by the unequal exchange between them and Third World countries” (1985:197).

As the demand for flexible migrant labour expands, racism and anti-immigrant sentiment also increases in many core regions (Sassen 1999; Stolcke 1995), even turning militant (as can be seen in the vigilante and “minutemen” movements along the U.S.-Mexico border and the “anti-immigrant” hysteria and political movements in Western Europe) (see Cunningham 2004; Green 2008; Suarez-Orozco 2003). As Sassen observes, “Today immigrants appear as threatening outsiders, knocking at the gates, or crashing the

gates, or sneaking through the gates into societies richer than those from which the immigrants came” (1999:1-3). In this context, core countries have developed increasingly securitized borders while simultaneously expanding managed labour migration by regulated programs which deny migrants citizenship and other rights, while still allowing for the economic benefits that flexible migration provides. As Sider argues, “We must understand the whole policing of the actual and the interior ‘borders’ to have the production of non-citizen workers as one of its core features” (Sider 2003:318).

Interlocking Systems of Power and Inequality in the SAWP

There are multiple, intersecting levels of structural violence which underlie the inequalities in the SAWP. While historical-structuralism focuses primarily on class relations in determining migration, some authors, including Bolaria and Li (1985) and Satzewich (1991) make racism as well as gender (Sharma 2006; Barndt 2008) central to their analysis. A structural violence analysis emphasizes interlocking systems of oppression that may also contribute to the increased vulnerability for illness. In her examination of women across the NAFTA tomato trail, Barndt, for example, describes the compounding inequities which render the most oppressed in society the most subjugated. She approaches such compounded inequities with an “interlocking analysis of power,” examining along lines of gender, race and ethnicity; North/South; class; age/family; and urban/rural (2008:72-75).

Each of these factors, and others, plays a role in determining the hierarchical participation of workers in the SAWP, just one element of a globalized agricultural production and consumption chain rife with inequities, as I will demonstrate in the next chapters. The one underlying feature uniting all workers, however, is their class positioning, both within their own countries, as well as part of the North/South economic divide—this positioning renders them at the bottom rung of political and economic inequalities, with less power, and fewer resources and still fewer alternatives.

These inequalities are created and used by different processes. Sider specifies that “political inequalities” refer to “differential access to, or differential capacities to make effective claims upon, state power and its benefits.” By contrast, “economic inequalities” may refer to issues beyond income and wealth, to also include “differences in

vulnerability to specific ways of being used in the process of production,” such as race/ethnicity, gender, citizenship, education/literacy, and nationality/place of origin. Such factors determine the ways in which “different kinds of labor can be pumped out of what are regarded as different ‘kinds’ of people. Such differences, which are simultaneously inequalities, are politically constructed and continually reshaped through political as well as economic processes” (2003:11-12).

It is important to identify that such inequalities are politically contrived and produced, though they are used by and benefit capital. In the case of the SAWP, long histories of discriminatory processes, both international and national, have rendered some people to be marginalized and without the means to garner local livelihoods; thus they become essentially a near endless supply of surplus labour more willing (through lack of alternatives) to endure exploitative employment relations. Canadian capital interests make use of these inequities, which are already there, but they also reinforce them for their own benefit. In this regard, Sider emphasizes that by itself,

Capital . . . cannot produce all of the inequalities that it uses—and more: on which it depends. Capital makes class-inequalities that emerge and are consolidated in (and expand well beyond) the organization of production over time. It uses, in crucial ways, race, gender, differential citizenship rights, locality, etc.—all inequalities that it harnesses to its ends, but does not produce. It can reinforce these inequalities, it can elaborate them, it can intensify the gaps between people, but these inequalities must be regarded as gifts to capital—or more precisely, as subsidies (2003:12).

The political economic dynamics in the sending countries as well as in Canada render migrant workers marginalized, vulnerable and able to be used by capital interests. As I discuss in the next chapter, farmers, particularly of smaller operations, are certainly not at the centre of political power in Canada, yet the collective agricultural/food lobby is influential, and the industry underlies many other aspects of the Canadian economy and identity (food is, after all, an essential and intimate commodity) (Winson 1993). These capital interests in turn reinforce state power (e.g. through lobbying, votes, political donations, etc.). The convergence of capital and state interests thus created and sustains the SAWP and programs like it (see next chapter).

Migration Systems

A historical-structural framework alone, however, cannot fully explain the dynamics of the SAWP. The overall framework may help to elucidate why migrants from the developing South are more likely to fill flexible labour positions in the developed North. This framework does not explain, however, why specific countries (in the case of the SAWP, namely Mexico, Jamaica, and several Commonwealth Caribbean islands and Canada) are involved in this particular migration system. Why and how did these specific state-to-state dynamics originate, and do they persist into the present day?

A migration systems theory attempts to provide a more holistic understanding of the multiple causes and consequences of migration (Kritz *et al.* 1992) through a multi-disciplinary understanding of specific migration systems. A migration system is the relationship between specific countries or regions which exchange migrants; the theory posits that these links are based on various ties, such as political relationships, financial or cultural connections. This approach includes an assessment of “both ends” of the migration flow, and the linkages between the places involved, including relations between states, cultures, social and family networks.

In this respect, a migration systems theory emphasizes that migratory movements are the result of interacting structures at levels which are macro (broad institutional factors including the global political economy and state relations), meso (intermediate actors constituting a “migration industry,” such as recruitment organizations and other intermediaries), and micro (migrant beliefs, cultural capital, practices, families, networks, etc.) (Castles and Miller 2003). The linkages explored in this theory also encapsulate the broader theorization of transnationalism, as described earlier. Each of these factors contributes to the structural dynamics and migrant experiences in the SAWP (Hennebry 2008),⁴ as will be elaborated throughout this thesis, particularly in Chapters 3 and 4.

A migrations system analysis must be situated both spatially (within and across specific countries) and temporally. As Kritz *et al.* explain:

A historical perspective on migration allows one to identify the pattern of interactions between migration and, on the one hand, structural conditions in

⁴ Hennebry (2007) offers a novel contribution to the theorization of this approach, demonstrating the centrality of meso-structures, such as a burgeoning migration industry, evident in the SAWP.

the countries of origin and destination within a system and, on the other, economic and political linkages between those countries (1992:4).

In this regard, Chapter 3 in particular sets out to situate the SAWP in a historical context, examining how globalized agri-food systems situated in international capitalism, state-to-state government relations, demands of employers, and networks of migrants themselves all facilitated the migration system underlying the SAWP. In making these links, I argue that the macro factors are perhaps the most defining in the overall structure of the SAWP, but the others also play an important part, and certainly may be central for individual migrants' participation and decision-making. Thus a contemporary and nuanced application of the historical-structural framework should integrate these interacting factors.

Exclusion amidst "Universal" Human Rights and Citizenship

I feel compelled to add another dimension to this approach—that is, exploring how the structuring of profound inequalities as a legal system can be rationalized within a country proclaiming the embrace of universal human rights, equality and multicultural integration. This disjuncture is especially paradoxical during a time in which nearly all Western countries – partly in an effort to improve social relations with minorities and combat social disadvantage at the root of ethnic conflict – have changed their citizenship premises from citizenship by birth to citizenship by residence, including former traditional guestworker importing countries such as Germany (Castles 2002:1162). Even Canada allows certain TFWs, including live-in caregivers and so-called “high skilled” workers, an eventual residential route to citizenship. In contrast, SAWP participants, despite their long-term residence (over repeated journeys), have remained summarily excluded from the possibility of gaining Canadian citizenship. To probe these issues, I engage with debates about human rights and citizenship, as outlined in the Introduction. In so doing, I argue that the continued social and political exclusion of SAWP participants challenges the very notion of “post-national citizenship” and the universality of human rights (Basok 2003), and demonstrates the continued power of the state to delineate different regimes of rights and benefits within the same national space (Sharma 2006).

Lacking citizenship or residency rights outside of their contracts, workers who become sick or injured are often repatriated before they receive treatment or compensation (Chapter 12). The experience of SAWP migrants suggests that rights on paper do not equate to rights in practice. Yet the dynamics of this equation may be changing in light of the recent rise in social and political movements, in which citizenship and related rights have become subject to contestation and redefinition (Preibisch 2007b). Scholars in the United States, for example, have argued that even as im(migrants) are excluded from legal citizenship, they may be able to access rights through an expanded notion of “cultural citizenship,” which recognizes their economic and cultural contributions to the country, for which they are considered “legitimate political subjects” (Flores and Benmayor 1997; Stephen 2003; Rosaldo 1997). Similar models could potentially be applied in the Canadian context.

CMA and Transnationalism

As outlined in the last two chapters, my methods and analysis are also based in anthropology. I draw on both critical medical anthropology, as well as anthropologically-grounded analyses of migration, most centrally through an exploration of transnational fields evident in the SAWP, which, as detailed above, consider the links between migrants, their families and lives across sending and receiving countries. I attempt to do this through multi-sited fieldwork, interviewing not only migrant workers, but also their families, employers, and community members both at home and in Canada, and exploring the relational links between these various groups and places. Most centrally, I explore health as a particular field of experience which is inextricably linked to and affected by the broader dimensions of migration. In so doing, I place individual migrant workers’ lives – and their experience of health concerns – at the core of my analysis.

Yet while migrants’ experiences must be understood as situated within broader political economic webs of influence, migrants are also active agents who shape and determine their own trajectories; indeed, migrants and their families influence, as well as are influenced by, the broader structural dynamics of migration. Without them, the program could not exist. Thus, this work is more than a study of the structural context of migration; instead, I aim to provide a grounded ethnographic study of the ways in which

these structures play out, influence and are influenced by migrants' everyday lives, as well as the other people and groups with whom migrants interact. In analyzing the various dynamics which underlie transnational migration, limit or extend migrants' rights, and influence the health of migrants across borders, my research explores crucial relationships between these themes.

Unfree Migrant Workers and the Embodiment of Risk

Although people may migrate for a wide number of reasons, most global movements involve a labour component, and are thus at least partially economically motivated. Of the estimated 175 million migrants worldwide in 2004, approximately 120 million were migrant workers and their families (ILO 2004). The International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families defines a migrant worker as “a person who is to be engaged, is engaged or has been engaged in a remunerated activity in a State of which he or she is not a national” (UN 2000a).

Satzewich offers a more specific definition within the frame of political economy, defining migrant workers as:

. . . those foreign born persons who seek to relocate themselves in sites in production but whose work and stay within a social formation are subject to temporal constraints imposed by the state They do not possess the rights and obligations of citizens of the nation, nor are they allowed the possibility of ever acquiring those rights in the receiving nation (1991:38-39).

In contrast to immigrant labour, then, migrant workers, for the purposes of this analysis, are those workers who are not normally granted the right to permanent settlement, and are thus denied the rights of citizenship and other liberal-democratic rights, including family reunification, and access to social, educational and welfare services.⁵ Many countries have devised “guestworker programs” which legislate these

⁵ This definition applies to migrant workers in the SAWP, although other migrant worker programs and categories may allow for transition into permanent immigrants and thus the definitions can be fluid; if migrant workers are given the opportunity to immigrate, they may at this point be considered immigrant workers. For example, workers under the Live-in Caregiver Program may transition from being migrant workers to immigrant workers, if they are able to apply for permanent residency after working for two years in Canada. In using the word (im)migrant workers, I am referring to both categories of workers, recognizing that there may be some overlap and fluidity. When I refer to *migrant* workers, however, I am generally referring to those workers, like those in the SAWP, who can normally never become citizens in the country of their employment.

rights restrictions into legal frameworks and allow exemptions on typical laws regarding immigration and labour in order to facilitate the temporary entrance of foreign workers.

Human rights advocates note that people may be forced to migrate because their economic, social and/or cultural rights have not been fulfilled by their state (even though the reasons this is the case often extend far beyond the state). This fact complicates the distinction between “forced” and “voluntary” migrants (WHO 2003:10). Despite the obvious paradox, people whose livelihoods have been destroyed and are thus forced to migrate in search of employment are not usually considered in the category of “forced migrants,” since they may choose when and where to migrate. Even so, and considering, as Ong stresses, the importance of agency and “everyday meanings and action” within international patterns of transnationalism (1999:5), these choices are very much mediated and influenced by state interests and actions (Sassen 1988:34; Satzewich 1991:9). This influence is clear in the case of the SAWP, where a government program determines the exact number of migrants; their work and living placements; and the precise amount of time each year that they are permitted stay in Canada.

Castles and Kosack’s classic work on migrant labour (1985) points out that capitalist interests benefit from the import of temporary foreign labour for several reasons. The primary benefit within core regions is that temporary foreign labour acts as a back-up when the local “reserve army” or “relative surplus population” is exhausted or refuses to partake in undesirable forms of labour, thus enabling cheap production to continue (see also Basok 2002). In core countries, the need for cheap and docile workers has been difficult to secure in the face of technological and educational transformations that lead many with “middle class aspirations” to view such jobs as unacceptable (Sassen 1988:26). Neo-Marxist scholars also note that foreign workers are cheaper, more flexible and less organized, prepared to work under worse conditions and for greater hours, easier to hire and fire, and have lower expectations of standards. Furthermore, the hiring of foreign workers allows the state to neglect reproduction costs of workers who come without families and who return home once their labour is finished (Cohen 1987; Castles and Kosack 1985; Basok 2002). They may also neglect to provide the support and services necessary for migrants to maintain healthy and safe standards of work.

Other marginalized groups, however, such as native-born minorities, women, youth, and new immigrants could also be recruited for such “undesirable” or low paying jobs (Basok 2002:13). Migrant workers are thus not simply beneficial because they are a low-wage, exploitable and vulnerable workforce – characteristics which could apply to several marginalized groups – but also because their prohibition from being able to freely change workplaces is especially important and provides specific benefits to capitalist accumulation (Basok 2002; Bolaria 1992; Satzewich 1991; Wall 1992; Sharma 2006; Trumper and Wong 2007). It is thus important to distinguish between other types of marginalized workers and migrant workers, the latter of whom who are *structurally necessary*, as opposed to just *convenient* to capitalism and the agricultural industry in particular, because they are *unfree* (Basok 2002).

In making this argument, it is noted that immigrants and other minorities within a liberal democratic state are granted rights of citizenship such as the right to freedom of movement and to change jobs. In Canada, they are also granted access to social services in times of unemployment. Some forms of migrant labour, by contrast, are *unfree*, because migrants are denied these basic rights in the country in which they work. Although SAWP workers are legally “free” to leave the program, they are not allowed to freely switch employers or look for new jobs if they are dissatisfied with conditions, and this, combined with the poverty and lack of protection they will face in unemployment, renders many of them *unfree* to leave, or even to complain. Basok (2002) argues that *unfree* migrants are a structural necessity because no other group of citizens, whether they are immigrants, free migrants, or native-born minorities, could be employed under such conditions in a liberal capitalist society.

The reliance on unfree labour is a product of global capitalism, and is hence not unique to Canada. From the view of many migrant receiving countries, “Foreign labor is desired, but the persons in whom it is embodied are not desired” (Kearney 1991:58). Kearney thus argues that the immigration policies in receiving nations attempt to separate the work from the worker, through which they in effect “disembody the labor from the migrant worker,” and allow the “locus of production and reproduction” to take place in different national spaces. This separation is what distinguishes transnational labour migration from other forms of labour expropriation (Ibid).

This pattern of dispersal, I argue, allows receiving states like Canada to neglect and in some cases even directly undermine the health of migrant workers. Unsafe living and working conditions can be permitted because any resulting health issues are exported to the site of reproduction (the sending countries), divesting the site of production (Canada) from any responsibility for the longer-term health concerns of migrants. Thus the embodiment of risk is directly facilitated by these migration policies, which disembody the human from the worker.

Similarly, Stephen observes, U.S. immigration policy to Mexico has revolved around its labour needs—“inviting workers in when they are needed and then showing them the door when it becomes politically expedient to ‘defend’ the border” (2003:30). Regardless of whether Mexican (im)migrants are documented or not, Stephen contends that American “anti-immigrant hysteria” denies them citizenship, even if they are legally entitled to it, since citizenship implies being a welcome and accepted right-holding member of society, a status which has been consistently denied to Latinos (as well as other minorities), and particularly to (im)migrant farmworkers. Kearney (2000) supports these findings, showing that Mexican migrant workers in California remain socially ghettoized and marginalized despite their economic integration.

While globalization increases inequalities and forces peasants off their land in search of work, it also produces the context in which wealthy nations seek cheap labour to support their service economies. Examining the global context for guestworker programs demonstrates the ways in which state and capital interests have collaborated to create the ultimate flexible labour force to support economic development without “contaminating” nations’ “imagined communities” with unwanted immigrants or fundamentally altering the dynamics of global disparities. At the same time, as I illustrate below, guestworker programs have been framed as a source of “assistance” to migrants and their peripheral states and have thus been labeled a “win-win-win” solution to equalizing global labour shortages and surpluses without compromising (and in fact reinforcing) a globalized system of neoliberalism.

Win-Win-Win? Pros (and Cons) of Guestworker Programs

Canada did not invent the wheel for a managed migration program; these have been present in various waves and forms since the abolishment of slavery, with more modern forms emerging amidst labour shortages spawned by the World Wars. Most analyses of the SAWP do not consider it in relation to other guestworker programs; yet the SAWP, though now touted as a model, was originally based on other such programs, and its persistence throughout the ebbs and flows of similar programs in other regions has significant implications for understanding its genesis and growth in the Canadian context.

Temporary labour migration has been a major source of economic development in regions as varied as North America, Europe, Australia and New Zealand, as well as the Middle East oil states and “Asian tiger” economies (Castles 2006). Griffith notes that guestworker programs generally rely on *extreme power imbalances* and the unpaid labour of sending communities who support migrants and absorb them when they are sick, injured or elderly (2006:39). Most programs also involve the restriction of migrant rights, including limiting their right to permanent residency in the country of employment, mobility rights and family reunification. Their employment is often tied to specific employers or sectors; they are excluded from or face restricted access to welfare and unemployment benefits; and they are normally considered “illegal” if they stay in the host country after their work contracts expire or they are no longer able to work (Ruhs and Martin 2008).

Guestworker programs faced much criticism and declined in some areas during the 1970s and 80s. More recently, however, such programs have seen a resurgence and are now again considered “in vogue,” endorsed and recommended by The World Bank, the Global Commission on International Migration, the World Trade Organization’s General Agreement on Trade in Services (GATS) Mode 4 negotiations, the International Organisation for Migration (IOM), and actors within both high-income (migrant receiving) and low-income (migrant sending) states (Ruhs and Martin 2008). In fact, there are now hundreds of bilateral migration agreements in existence (WB 2006:73). The logic behind these endorsements, as Ruhs and Martin point out, is that guestworker programs should be “win-win-win”:

As migrant workers win by earning higher wages abroad, migrant receiving countries win with additional workers who expand employment and economic output, and migrant-sending countries win via greater remittances and the return of workers who gained skills abroad (2008:249).

In 2006, the World Bank issued a report documenting additional advantages of such programs, including “easing social tensions by limiting permanent settlement.” The authors of this report note that “Migrants officially sent home more than US\$167 billion dollars to their families in developing countries this year – a figure more than twice the level of international aid” and if informal channels are included, another 50% could be added, “making remittances the largest source of external capital in many developing countries.” Thus, the authors propose that:

Managed migration programs, including temporary work visas for low skilled migrants in industrial countries, could help alleviate problems associated with a large stock of irregular migrants, and allow increased movement of temporary workers. . . . This would contribute to significant reductions in poverty in migrant sending countries, among the migrants themselves, their families and as remittances increase, in the broader community (WB 2005).

Thus guestworker programs are once again being hailed as a solution to the world’s ills and inequities. It is not surprising that such programs have been employed by all of the world’s major core countries and are likewise sought after by migrant sending nations. While migration patterns are undoubtedly affected by global trends and events, they are also deeply influenced by regional and national circumstances—economic, political and social—which generate different outcomes in different areas. This can be seen by comparing the delineation of guestworker programs in various regions in the twentieth century.

Guestworker Programs in Europe and the United States

In Western Europe, guestworker programs employing workers from the Mediterranean basin were prevalent between 1945 and 1973 (Suarez-Orozco 2003; Castles and Kosack 1985; Cohen 1987; Hollifield 2008). In most cases, “unskilled” guestworkers have been seen as temporary positions, with the expectation that workers will not join the national polity, and will return home when the work is no longer needed, or they are no longer able to work. Many of these guestworkers, however, managed to become permanent

residents, which then led to a series of social problems of integrating “ethnic minorities” into states which, in contrast to Canada, did not typically see themselves as immigrant-receiving, multicultural nations. Social exclusion, segregation, and racial tensions were common consequences (Castles 2006).

Soysal points out that many such workers, however, have managed nonetheless to incorporate themselves into the host societies, benefiting from education and welfare, taking part in local politics and joining unions. Soysal thus suggests that guestworkers in Europe embody postnational citizenship—a new and broader concept of citizenship, based on “universal personhood rather than national belonging,” one in which guestworkers may be granted rights, protection and membership in a society that is not “their own.” (1994:1-3). (I will return to a discussion of postnational citizenship in the Canadian context in Chapter 10.)

Despite these developments, it has been clear that the European countries did not want guestworkers to become permanent residents or citizens, and increasing numbers of migrants-turned-immigrants raised alarm bells for migrant-receiving governments. Amidst these and other problems, including criticisms that these programs were inherently exploitative, guestworker programs were largely phased out in the 1970s, leading migration researcher Stephen Castles to publish a 1986 article in *The International Migration Review* entitled: “The Guest-Worker in Western Europe: An Obituary.” Two decades later, the same author and journal published a follow-up piece entitled: “Guestworkers in Europe: A Resurrection?” In it, Castles writes that: “By the mid-1980s most observers believed that large-scale labor import to Europe had been caused by exceptional conditions, which would never be repeated” (2006:742). Witnessing the recent resurgence in temporary labour migration, however, Castles and Miller observe, “Somehow, policies that were generally viewed as regressive and discriminatory in the 1960s and 1970s could be viewed as innovative and progressive after 1990” (2003:101). In recent years, sharply declining fertility rates and the increasing labour shortages in low-paid service sectors of their economies amidst a context of the hegemonization of neoliberalism and a post-Fordist “flexible” global economy, led European governments to rethink their former positions and once again increase their reliance on guestworker programs (Castles 2006).

The U.S. context is perhaps the most relevant to understanding the Canadian situation, as in many ways the U.S. experience served as a direct model for the development of the SAWP (see Chapter 3). In his detailed and compelling account of Mexican and Jamaican guestworkers in the United States, Griffith notes that the core premise of managed labour migration is that: “a labour shortage exists, usually stimulated by political economic developments, such as war, that are clearly beyond the control of individual employers” (2006:8). In the United States, agricultural producers pressured the U.S. government to allow the import of temporary workers. This led to the 1917 Immigration Act, which included the Ninth Proviso: “The Commissioner General of Immigration . . . will issue rules and prescribe conditions, including exaction of such bonds as may be necessary, to control and regulate the admission and return of otherwise inadmissible aliens applying for temporary admission” (as cited in Griffith 2006:31).

The Ninth Proviso led the way for various temporary worker programs as “exceptions” within immigration policies. WWI labour shortages were eased by allowing Puerto Rican immigration. Government-to-government agreements initiating further foreign worker programs were signed amidst similar purported threats in WWII. Griffith further demonstrates that food industry scientists have often reinforced the idea that the business of producing food requires broad powers and freedoms and wide latitude in the recruitment and treatment of workers and that in periods of labor shortages (e.g. war) agricultural employers have been allowed to “influence” and “directly craft” immigration policy (2006:16). (Chapter 3 demonstrates a similar trend in Canada.)

Griffith invokes the research of U.S. labour historians such as Cynthia Hahamovich, who argues that labour shortages were not absolute; instead there was a shortage of workers “desperate enough to accept prewar wages and working conditions while economic expansion was raising wages elsewhere in the United States” (2006:9). Griffith further demonstrates that in agriculture, growers consider a labour shortage to be either a “shortage of highly disciplined, reliable workers, or the absence of a *surplus* of workers.” He notes that amidst the notoriously poor and dangerous conditions marked in the industry, staffing agricultural jobs involves enticement and coercion. Thus the surplus allows for a reduction of upward pressures on working conditions and pay, and “a ready

supply of new workers as jobs are abandoned because of hardship, injury, or other opportunities” (Ibid:9).

The U.S. Bracero agricultural program (also known as the Mexican Farm Labor Program) brought in Mexican workers from 1942-1964. During these 22 years, the program employed over five million Mexican workers (Rothenberg 2000:36). The Bracero program was terminated after facing widespread opposition from labour unions, religious organizations and community groups over poor labour practices and exploitation of workers, popularized in the CBS documentary *Harvest of Shame* (Smith-Nonini 2005:62). This embarrassing opposition, however, was not the only reason for the closing of the program. Taking place amidst broader shifts in economic policy towards a flexible accumulation model, grower opposition was muted because alternative labour sources, including migrant social network recruiting of undocumented workers, had greatly expanded, lessening the need for the formal program (Griffith 2006:32).⁶ A similar but smaller program known as the British West Indies Temporary Alien Labor Program (BWITALP) admitted workers from the Caribbean starting in 1943, so labour could also be drawn from this source. At the same time, the H2 visa program, implemented in 1952, emerged and persists to this day as the H2-A—signifying the name of the visa which allows temporary workers in agriculture and which continues to bring in thousands of Mexican and Caribbean agricultural workers (Rothenberg 2000:40),⁷ even though there is evidence of a labour surplus in some agricultural areas, such as California (Smith-Nonini 2005:63).

⁶ Unauthorized migration into the United States, primarily from Mexico, has been a primary and continual source of agricultural labour, much of which arose and has been sustained through social networks put in place by legal contract workers. In fact, there are an estimated seven irregular workers for every legal guestworker in the United States (Passel 2005 as cited in WB 2006) or about 11.5-12 million undocumented migrants as of 2006.

⁷ Some U.S. programs, like the H2, are similar to the SAWP in that they do not allow participants to apply for citizenship, while other more recent programs, such as the Special Agricultural Worker Program, naturalize undocumented workers after a certain amount of time spent working in agriculture (Rothenberg 2000:236). See Griffith (2003) for a comparison between the SAWP and H2A. See Martin (2003:457-66) for an overview of contemporary debates over U.S. guestworker programs and other initiatives to secure foreign agricultural labour. See Smith-Nonini (2005) for a critique of the H2A, in which she reveals many of the some concerns which exist in the SAWP.

Guestworker Programs in Canada

Canada, like the United States, has long relied on guestworkers to fill perceived labour shortages, and foreign workers' integration has been both racialized and gendered. While the creation of a British settler community was Canada's initial nation-building objective, workers of colour were preferred for agricultural, industrial and domestic work and infrastructure construction. In this regard, "foreigner" was "a racialized label of 'non-whiteness' that connoted ready but highly controlled mobility, while 'white' implied settler's capability" (Trumper and Wong 2007:152). Such workers were often employed in the more dangerous and lower paid jobs than their white settler counterparts, in railway construction, mining and other industries.⁸ In some situations, including the Chinese coolie labour which was used to construct Canada's railways, workers came without families and were expected to return when their labour was no longer needed. From 1947, Canada instituted contract labour programs for specific industries, such as mining, logging, lumbering and specialized industries such as sugar beet production. Initially admitted in the same category as "visitors," these temporary foreign workers were later regulated under the Non-Immigrant Employment Authorization Program instituted in 1973, which became the Temporary Foreign Worker Program (TFWP) in the 1990s (Trumper and Wong 2007; Sharma 2006).

In addition, from the late nineteenth century Caribbean domestic workers served Canadian families (Trumper and Wong 2007). Between 1955 and 1967 females from the Caribbean were allowed in on a quota basis to fill positions as domestic servants, and they were permitted to stay as immigrants after one year's employment. In 1973, the government initiated a temporary work program for live-in caregivers and a similar program continues to this day, now primarily employing women from the Philippines under the Live-in Caregiver Program (LCP) (see Langevin and Belleau 2000). It is within this context that the development of the SAWP occurred in the 1960s, and this trajectory will be the subject of the next chapter.

⁸ See Vosko (2006) for a description of precarious labour practices in Canadian history.

Structural Vulnerability Impedes Access to Rights

In the final part of this chapter I would like to pick up on the notion of the SAWP as a system of exception, which I began in the Introduction and will analyze further throughout this thesis. Guestworker programs such as the SAWP, I argue, constitute a system of exception in which participating migrant workers are structurally vulnerable to abuse and to health problems; due to their unfreedom and conditions under which they are employed, they are largely powerless to change these circumstances. To make this claim does not imply that workers lack agency and do not display forms of resistance, and indeed these are readily practiced, as I will note throughout this work. The limits of overt resistance are clearly apparent, however, and many known subversives have suffered the consequences, as I discuss in Chapter 10. All workers know that they can choose not to work or to stand up for their rights, but they also know that doing so could place the well-being of their families at risk. There is little freedom when so few other options are available. The economic devastation facing the poor of these regions is due in large part to a complex history of acts of structural violence (see next chapter). The fact that workers come from a position of structural violence and become dependent on income for their families' basic needs further facilitates their integration as structurally vulnerable in the Canadian context.

I argue that the unique circumstances of the SAWP may be understood as a *system of exception* within which workers' integration in Canada is defined by their *structural vulnerability*. I define this as *a system in which one group of people faces restricted rights and freedoms and/or has diminished capacity to exercise ostensible rights, freedoms and benefits vis-à-vis another group of people, who has inherently greater power and controls their access to these rights*. In other words, one group's vulnerability is built into an asymmetrical system of relationships as part of the system's very constitution and *modus operandi*.⁹

⁹ The term *structural vulnerability* has been used elsewhere in similar contexts. At the 2008 AAA meetings in San Francisco, for example, a panel chaired by James Quesada, entitled "Latino Migrant Health in Troubled Times: Dealing with Structural Vulnerability, Xenophobia and Politics" explored similar themes in the United States. The papers provided rich material which complements my analysis, but unfortunately have not been published at the time of writing.

The locus of power in this system is based in neoliberal capitalist relations. The primary beneficiaries of this system are the participating states and migrant employers. The system plays out through a rigid set of rules and practices across various social fields—from the screening and selection of migrant workers, to their employment and living conditions in Canada, to their repatriations and processes of re-entering the program. In each step of the system, migrants' rights are inherently constrained by their lack of power, and, amidst a series of risks, their health remains largely unprotected and at times is directly undermined.

The SAWP constitutes multiple fields of intersecting power, which together create a *system of structured vulnerability* in which some laws apply, some rights can be accessed in some circumstances, and some powerful actors can sometimes be held to account. Amidst such asymmetrical relations, however, the likelihood of injustices and abuses to occur is much greater than others, rights may be difficult to access, and whole separate systems of rules and constraints may be in place for the vulnerable, while the acts of the powerful experience little monitoring and enforcement. In their analysis of refugee camps as spaces of exception, Agier and Bouchet-Saulnier likewise conclude that the camps “are not lawless zones but zones of exceptional laws and powers where everything is possible for the people in control” (2004:302). (In the case of the SAWP, rights are either denied or guaranteed, but de facto impossible to attain due to social and political exclusion and fear of punishment or retribution.)

Systems or spaces of exception – in which power relations are structured in such a way that the freedoms and rights of one group are restricted and/or practically impossible to attain – are common and inscribed within otherwise democratic legal political frameworks. Prisoners, for example, are structurally vulnerable vis-à-vis their prison guards; institutionalized mental health patients are structurally vulnerable vis-à-vis their doctors/practitioners; refugees are so at detention centres or in displaced person camps; migrant workers (and other precarious workers and/or (im)migrants) may be structurally vulnerable vis-à-vis their employers. In all cases, laws do apply (prison guards, doctors and employers can all theoretically be charged for abusing their positions of authority and power—they are not *above* or *separate from* the law), but the structural constraints of these relationships make it exceedingly difficult for the vulnerable group in question to

demand or access their rights. All of these relationships allow for abuses of power that are beyond the normal set of relations in a society defined by equality of people, in so much as they all should have similar access to freedoms, rights and human rights protections. Of course, just because power *can* be abused doesn't mean it *will* be, but in each case the vulnerable group is largely unprotected from the potential abuse of the powerful. What structures these relationships as particularly all-encompassing is that in each case the vulnerable group resides in a *total institution* under the rules of another and may not be able to freely leave the premises—thus the powerful group can control, surveil and/or monitor multiple facets of their lives.

The asymmetrical power relations constituting a *system of structured vulnerability* are justified due to a set of exceptional circumstances, which I elucidate in the Conclusion. There, I show how the situation in which one group can be rendered structurally vulnerable in a society purporting equality for all is rationalized and normalized, provoking minimal challenge from the greater public. In the case of migrant workers, as opposed to mental health patients or prisoners, however, this justification cannot rationally be based on the threat that they pose a risk to society or to themselves. Instead, their placement in a system of structural vulnerability is rationalized based on a combination of a perceived economic necessity (unfree migrant workers are deemed necessary to sustain the agricultural industry) and racialized rationalities (underlying which is the notion that as foreign non-citizen Others their freedoms and rights *can* and/or *must* justly be constrained).

While such rationalities have quietly sustained the SAWP for the past 43 years, it is imperative to monitor how they may have to change over time. In the contemporary Canadian context, as public awareness of the plight of migrant workers has grown, such rationalities have recently been widely disputed by activists, academics and the wider public, as well as by workers themselves. I discuss these changing dynamics further in Chapter 10.

Conclusion

This chapter has elaborated on the various theoretical threads which underlie contemporary studies of migration, and through which I will analyze the SAWP. I argue

that the SAWP should be viewed from a multidimensional analysis—emphasizing the historical-structural (and political-economic) factors which underlie migration, as well as the roles of specific states and of migrants and migrant networks, as emphasized in migration systems and transnational models. Keeping all of this in mind, guestworker programs such as the SAWP present a particularly rigid and controlled form of migration, through which migrants' unfree labour can be integrated while they remain excluded from citizenship rights. The result is that migrants are positioned as structurally vulnerable within a system of exception, and this has multiple implications for their health and human rights, which I will illustrate throughout this thesis. The next chapter explores how these dynamics influenced the development of the SAWP as a migration system between the three main participating countries: Canada, Mexico and Jamaica.

CHAPTER 3 - HOW DID WE GET TO TODAY? UNPACKING THE MATRIX OF GLOBALIZATION, AGRICULTURE, MIGRATION, RACISM AND CAPITALISM

Introduction

“In a field, agents and institutions are engaged in struggle, with unequal strengths, and in accordance with the rules constituting that field of play, to appropriate the specific profits at stake in that game. Those who dominate the field have the means to make it function to their advantage; but they have to reckon with the resistance of the dominated agents.” – Pierre Bourdieu 1993:88

“ . . . All this trouble in our fields; If this rain can fall, these wounds can heal; They'll never take our native soil; But if we sell that new John Deere; And then we'll work these crops with sweat and tears; You'll be the mule I'll be the plow; Come harvest time we'll work it out; There's still a lotta love, here in these troubled fields.” – Nanci Griffith and Rick West

Nanci Griffith's 1987 hit single *Trouble in the Fields* epitomizes the image of farmers' struggles—subject to the whims of weather, social changes and economic policies far beyond their control, yet through it all, or so the image suggests, love of the land sees them through. Several recent popular books have echoed similar sentiments, documenting the plight of small farmers at the bottom rung of a globalized neoliberal agribusiness industry and the “trouble in the fields” for so many who try to derive a source of livelihood through working the land (e.g. Patel 2007; Berry and Wirzba 2002; Pollan 2006).

This chapter connects the “trouble” facing agricultural producers in Canada with the struggles of small farmers in Mexico and Jamaica, who then end up coming to work as labourers in Canada's fields.¹ In tracing the historical formation of the SAWP during specific times and in specific places, I explore the program as a migration system between Canada, the Commonwealth Caribbean, and Mexico. This chapter contextualizes the SAWP by presenting the macro structures which formed and sustain this migration system—specifically, the political-economic relations between and within specific states which, due to their relative positionings within the world system, negotiated a particular place in the SAWP. (Meso and micro factors will be further elaborated in the next

¹ As I explain in the next chapter, the majority of SAWP participants are themselves small farmers and/or agricultural labourers in their countries of origin, as selectors for the program emphasize agricultural experience in their criteria.

chapter.) I demonstrate that while Mexico and Jamaica (and other Commonwealth Caribbean countries) were both integrated into Canada's core economy due to their position as peripheral countries in the world system, further state and economic interests influenced their specific inclusion. The dynamics of the SAWP, and in particular the competition between participating countries for positions in the program, have been fundamentally shaped by the membership of these particular countries. Although I focus primarily on the migration system between Canada, Jamaica and Mexico, I also regularly reference the impact of the United States – a much greater source of (im)migration among these countries – on the migration patterns in the SAWP.

This chapter also deals with how various intersecting forms of inequality have rendered SAWP workers particularly vulnerable to exploitative labour relations. Although the SAWP did not create these divisions and structural inequalities preceded the SAWP initiative, the experience of structural violence in workers' lives, and the lack of economic alternatives that they experience, has been a defining characteristic of the program. I provide an overview of the structural conditions in the three main participating countries – Canada, Mexico, and Jamaica – which led to the conditions in which the unequal dynamics were expropriated by and structured into the SAWP. The historical development of the SAWP within Canada, Mexico and Jamaica in relation to global political-economic processes is an essential part of the explanation for this asymmetrical relationship.

The broader context for my analysis of the SAWP is the struggle facing farmers amidst globalization, and based on a number of inequalities how these struggles manifest differently. The pressures facing small farmers in three interconnected social fields, Mexico, Jamaica and Canada are strikingly similar; many of the same globalized forces undermining livelihoods in Mexico and Jamaica have threatened Canadian farmers as well. In all three countries, agriculture has moved to a larger, industrial scale, with small farmers finding it increasingly difficult to compete amidst global competition and a "cost-price" squeeze. The key difference is that the superior global economic positioning of Canada over Jamaica and Mexico enabled this core state to import labourers to support its farmers, while the structurally powerless small farmers of Jamaica and Mexico had fewer alternatives, and thus could be compelled to fill this task.

This dynamic is imbedded in what Barndt calls a “pattern of asymmetrical North-South relations” (2008:216) emergent in agricultural systems, in which Northern-owned transnational companies provide inputs, markets and extract surpluses for production, while countries of the South provide good climates, land access and inexpensive labour for large production controlled by foreign companies. Meanwhile, surpluses from the North are “dumped” into the South, undercutting the local food systems and causing the demise of national food programs unable to compete with cheaper imports. Unable to make a living from the land, peasants from the South are then exported to the North to work as farm labourers under conditions which people of the North refuse to endure, enabling the production of “cheap food” and the further development of Northern economies.

While this process is largely dictated by a state’s position within the world system, within specific states there are also “winner and losers,” as demonstrated by Sider’s account of the seafood industry in rural Newfoundland (2003). Sider argues that rural communities are changing in much more disruptive ways than they have previously, so much so that they are undergoing “a crisis of social reproduction” in which communities of small-scale producers lose their ability “simply to continue.” The root cause of this crisis, according to Sider, is “the shift from exporting locally produced commodities to exporting, as the primary export commodity, human beings, in their capacity as workers” (2003:312).²

This pattern can be seen in rural communities throughout the world, although the terms of trade and dynamics of these changes vary drastically depending on various circumstances. In Ontario, as many farmers have struggled to find reliable, flexible labour and compete amidst inexpensive imports grown under poor labour conditions, the importation of workers under specific conditions of unfreedom was deemed necessary. In

² Sider points out that systems of small-scale (also known as “petty commodity” or “domestic commodity”) producers or peasants, in which local labour is organized around households and communities using locally-available tools and resources, rarely change based on their own internal dynamics. Instead, external forces impel change at the local levels. He argues that typically such populations are particularly “vulnerable to routine forms of domination and exploitation and have little to no control over the terms of trade” – the amount they can make for the goods they produce, and the cost of inputs for these goods and to support themselves (2003:313-4). Terms of trade in many regions of the world for such communities have worsened since the early 1970s. Two major results often follow this pattern: a decline in local well-being, and a move to export people both in search of remittances and also because the community can no longer be fully sustained with the resources available (Sider 2003).

rural regions of Mexico and Jamaica, small producers, unable to compete within their own national systems, have been pushed (and were even eager) to accept the conditions offered to them by Canadian growers. These three communities are all impacted by many of the same global forces in an area of increasingly centralized agriculture and unequal exchange, yet the ways they play out in local contexts vary drastically depending on political, economic and social factors, perhaps most fundamentally, the relative positioning of each state in the global political economy, and secondly, the relative positioning of groups of people within these states. States, like people, are free to make decisions, but do so within the constraints of the circumstances imposed on them. In this chapter, I trace the development of the SAWP as a relationship between rural regions, farmer and state actors in three countries – Canada, Mexico and Jamaica – within a broader critique of globalization and human rights. In so doing I contextualize why the SAWP emerged in these specific places, at these specific times, and under these specific and rather rigid terms of relations.

Globalization, Human Rights and Structural Violence

“We don’t have the same economy as Canada. This is why we don’t have the same economic opportunities. The program originates in Canada. It’s about the economic plan for Canada.” – Mexican administrator (Interview 03-2006)

A central argument of this thesis is that Jamaican and Mexican workers are willing to integrate into conditions of unfreedom and structural vulnerability in Canada due primarily to a lack of economic alternatives and the related circumstances of structural violence which they experience in their countries of origin. This chapter aims to sketch out the origins and effects of this structural violence in migrants’ lives. All of the countries that participate in the SAWP (including Mexico as well as several Caribbean countries) rank far lower on the world socioeconomic hierarchy than Canada, their country of employment. Furthermore, these countries have higher levels of inequality than does Canada, and those selected for employment are among the poorest. Thus, the SAWP must be seen as part of a greater trend towards migration from the global South to the global North as inequalities between these two regions widen. In fact, 60% of migrants (defined as living outside of their country of birth for the past 12 months) now reside in a developed country, where one in every ten persons is a migrant, in comparison

to developing countries, where one in 70 persons is a migrant (Castles 2008:38). Castles thus argues that: “the perceived migration crisis is really a crisis in North-South relations, caused by uneven development and gross inequality” (2008:39). The economic disparities between Jamaica, Mexico and Canada, and each country’s corresponding dependence on migration, can easily be gleaned from the following comparative indicators.³

Table 8 - Key economic and migration indicators for Jamaica, Mexico and Canada

	Jamaica	Mexico	Canada
Population (Approx - 2008 estimate) ⁴	3 million	110 million	33 million
GDP (PPP 2007 Estimates) ⁵	Total 20.673 billion (109th) Per capita \$4,300 (114th)	Total \$1.149 trillion (11th) Per capita \$11,249 (63rd)	Total \$1.269 trillion (13th) Per capita \$38,613 (12th)
Human Development Index (2006) ⁶	0.771 (87th)	0.842 (51st)	0.967(3rd)
Gini (level of inequality) ⁷	45.5 (2004) (medium) (2004)	50.9 (2005) (high)	32.1 (2005)
Net Migration Rate (2008 estimates) ⁸	-5.88 migrant(s)/1,000 population	-3.84 migrant(s)/1,000 population	+5.62 migrant(s)/1,000 population
Location and ease of migration options	Very difficult: Island with no land borders; difficult for nationals to get visas for international work and travel	Moderately difficult: Bordered with the United States; Mexican citizens have not required visas to enter Canada (prior to July 2009), but have for many other countries	Very easy: Canadians can generally migrate without a problem and can enter many countries without a visa

Latin America as a whole falls behind other countries of comparable levels of development in life expectancy (four per cent), infant mortality (17 per cent) and healthy years of life lost (14 per cent) (Ugalde *et al.* 2002:151). A brief examination of the SAWP’s two main sending countries, Mexico and Jamaica, reveals that the sources of poverty and suffering are complex and extend far beyond local circumstances. Like other

³ Although Mexico’s economic indicators look relatively strong in comparison to Jamaica’s, its levels of inequality are significantly greater and the struggles of the poor in both countries are similar.

⁴ Source: CIA World Factbook (2008)

⁵ Source: IMF (2008)

⁶ Source: UNDP World Factbook (2008)

⁷ Source: CIA World Factbook (2008)

⁸ Source: CIA World Factbook (2008)

countries in the region, both Mexico and Jamaica share a history of colonialism and slavery, a devastating assault of indigenous peoples (equally apparent in Canada), and a legacy of exploitation by external powers that extends to the neoliberal policies of the present. In the face of globalization and increasing integration with international trade, both countries are riddled with debt; their social programs have been significantly cut-back in the wake of structural adjustment programs (SAPs); and both, unsurprisingly, experience persistent disparities between the rich and poor. The poor in both countries constitute staggering numbers, and as throughout the region, masses die daily of preventable or treatable illness (Ugalde *et al.* 2002). For these reasons several scholars (e.g. Ugalde *et al.* 2002; Farmer 2005) link human rights abuses in part to the neoliberal policies of the region, which have worked to undermine the welfare state and related public services, including access to social rights such as housing, education, employment and health care.

In his analyses of structural violence, Farmer is attuned to the multiple, layered origins of human rights abuses and vulnerability to health problems. Farmer states that structural violence consists of the “social and economic inequalities that determine who will be at risk for assaults and who will be shielded from them,” inequalities that clearly stem from multiple origins (2005:8). Ironically, the origins of these disparities lie in the same global system, dominated by the same core states, which promotes an international human rights regime as the solution to the very problems it engenders.

Indeed, one of the greatest contradictions of globalization involves the relationship between globalizing markets and globalizing socioeconomic human rights. The assurance of socioeconomic rights, itself a global movement, is profoundly undermined by the globalization of “free” markets and neoliberalism, which discourages or even undermines governments’ capacity to meet socioeconomic obligations to citizens. McGrew thus argues that the current form of globalization is “implicated in a growing disjuncture between the principles of universal human rights . . . and the substantive realization or promotion of such rights” (1998:188). He notes that since the 1980s, the conditions of strong welfare states that were ripe for advancing social and economic rights have been dismantled under neoliberalism, even while civil and political rights have been advanced (1998:194). Now, he argues, we must seriously re-think the

fundamental nature of human rights in an era where “big governments” have been eroded. Asad likewise points out the limited and contradictory nature of human rights frameworks:

[The UDHR] states that “Everyone has the right to a standard of living adequate for the health and well-being of himself and his family” But the responsibility for ensuring the conditions in which these rights can be realized is assigned solely to individual sovereign states, each of which is defined in part by its right to govern “the national economy”. Deliberate damage done to the economy of another country . . . does not constitute a violation of human rights even if it causes immense suffering because in the final analysis the responsibility for the damage is borne only by the governors of “the national economy” (2000:9).

It is beyond the scope of this chapter to detail the political economy of Jamaica and Mexico’s histories. Instead I will provide a summary overview of some of the more *recent* causes of suffering among the marginalized in these countries. In emphasizing these factors, I acknowledge that the fundamental causes of poverty and global inequality stem back many centuries to among other factors, the legacies of slavery and colonialism. Neoliberal policies and the actions in recent decades of International Financial Institutions (IFI), however, continue to reinforce and even perpetuate the existing structures of domination. As McGrew argues, most post-colonial states have “never acquired the capacity or resources to ensure the realization of (economic and social) rights, globalization has contributed to this erosion of state capacity since it locks states into global networks and systems which directly and indirectly affect the lives of their citizens but over which no single state can, by itself, exert effective control” (1998:197). Mexico and Jamaica, though very different contexts, share this much in common.

Mexico

Figure 17 - Images of Mexican workers' land



In the Puebla village where I conducted fieldwork, Roberto, one of the village leaders, who himself is a former migrant, discusses with me the reasons why so many of the villagers must migrate:

It is necessary for every family here to have someone who migrates in order to survive; this has been the case for many years. We used to be able to live off of the land, but not any more. Now we must migrate about six months per year. It has been like this for about 20 years, and the economic situation has got worse in the last decade. There's not enough here to maintain a family. All prices have increased, and the prices of food grown in the *campo* [field] haven't changed, so there we can buy less with our money. So for what we produce we can get very little money, but what we need to buy is very expensive. In every family at least one person must go; in many families many members must go.

This is the story of many Mexican villages and families. Most who go to Canada to work on farms are themselves farmers who cannot make ends meet in Mexico. Many grow corn, beans and vegetables. Some have limited livestock. Yet none earns enough to support a family. Mario, for example, has five cows which produce milk, two of which are his, and three are his father's. He says he can earn 120 pesos (about \$12) a day selling his milk. But he says this is almost no profit considering his inputs. For example, one litre of gas, he says, can be purchased after selling two litres of milk.

Survival is a family affair, with everyone contributing to the collective basket. Most commonly, those who stay at home (often women, children, the young and old) work together in the fields to provide basic food and sustenance activities for the family, while those who migrate send home the remittances which allow for more substantial

family purchases, such as housing, clothing, household goods, transportation and education needs. Increasingly, women are filling or adding to the migrant breadwinner role. Pablo and Leandra's family is one such example. Pablo's mother, Leandra, who is divorced and their primary caregiver, migrates annually to Canada, leaving her five children in the care of their grandfather. Pablo explains why she must go:

I work in the field, on my grandfather's land, sowing at the beginning of year and cultivating crops at the end. Depending on how it goes, my grandfather, when we work, we earn about 20,000 [pesos – or \$2,000] in the year, all of us working, my uncle, my brother, me, we work little by little. That money is not enough for the expenses; we don't live off the land. It's not enough to live, here, with all of us working.

The stories of Leandra and Pablo, Mario and Roberto are but three within a much larger narrative of the struggles which result in migration as Seasonal Agricultural Workers to Canada. Although there may be secondary factors and motivations, almost without exception, the primary motivating factor for every worker I interviewed in the SAWP is economic need, a finding consistent with other researchers of Mexican migration (e.g. Binford 2003). In Mexico, migration has long been an escape valve for difficult domestic economic conditions, as rural peasants and small farmers endure continual assaults on their livelihoods. Some Mexicans have migrated internally; some of those whom I interviewed had worked in urban centres such as Puebla or Mexico City, labouring in textile factories, *maquiladoras*, or as domestics, but eventually these opportunities, too, become saturated, driving down wages and paying too little, pushing them to seek more lucrative possibilities farther away. Although these pressures have worsened significantly in the last two decades, their origins are much further back.

Agriculture and Migration in Mexico

Indigenous forms of agriculture and land ownership were first impacted by Spanish colonialism in the 1500s-1800s, which Barndt describes as manifesting as follows:

In ecological terms as competing views of nature: one built on the domination of nature, the other on intimate knowledge of the complexity of nature; in political economic terms: the enslavement of people and their labor to extract their resources for the wealth of the colonizers; and in social terms: a racism that denied the complex knowledge systems of indigenous peoples and disdained their traditional practices (2008:208).

The early roots of migration arose when indigenous men were forced to migrate to labour in mines and *haciendas*. Independence (1810-1813) replaced colonial rulers with *mestizos* or Spanish-descendent elites. By the second half of the 19th century, the opening of private foreign investment enabled a deepening integration with the U.S. economy (Barndt 2008). In the early 20th century, increasing numbers of Mexicans migrated to the United States, to work on railroads, mines and in agriculture (Rothenberg 2000).

At the time of the Mexican Revolution of 1910, nearly 20,000 Mexicans were migrating annually to the United States, and this number rose to 50,000 by 1920. By the 1930s there were over 350,000 Mexican workers in the United States. Over the 22 years of the Bracero program, over five million Mexican workers came into the United States via this initiative and as explained in the previous chapter, millions more stayed on or continued to migrate outside of the program. Many of these workers were compelled to migrate after the Mexican government's dismantling of communal landownership, which pushed five million – over 97% – of *campesinos* off of their land (Rothenberg 2000:32-36). In 1917, following the Revolution, *ejidos*, a community-based landholding system, was created, but indigenous Mexicans were often left with the worst land, and the system was insufficient for many, continuing the need for mainly male migration, while women stayed “home” and contributed to subsistence work and family reproduction (Barndt 2008:209). In addition to migration to the United States, many Mexican families, particularly of Mennonite origin,⁹ also made annual migrations to do seasonal farm work in Canada (Satzewich 2007). Thus when Mexico joined the SAWP in 1974, many unauthorized Mexican workers were already employed in the United States and Canada, and migration was a well-established economic strategy for Mexican peasants who had been unable to make a viable living at home.

Policies of import substitution industrialization (ISI) between 1946-1966 and the Green Revolution, which required outlays for irrigation, fertilizer, pesticides, and other inputs purchased mainly from the United States, favoured large commercial agriculture and played a significant role in destroying subsistence farming. Mexico increased its debt

⁹ The Mexican Mennonites originally immigrated to the Canadian provinces of Manitoba and Saskatchewan from Russia and Prussia in the late 19th century. Upon the instigation of compulsory schooling, which they felt threatened their traditional beliefs, about 25,000 resettled in the Northern states of Mexico (see Satzewich 2007).

during the 1970s to support the development of its domestic oil industry, but the oil crisis in the 1970s undermined its economy (Barndt 2008). More progressive policies supporting small farmers by Presidents Echeverria (1970-1976) and Portillo (1976-1982) were quickly undermined by the debt crisis of 1982, which resulted in structural adjustment programs (SAPs) that dictated the reduction of government spending on health, housing, and education and removed subsidies on food, fuel, and public transport, while devaluing the currency, removing price controls, and privatizing state companies (Basok 2002:94). Indeed, the 1980s have been labelled “the lost decade” for the drastic and sudden decline in many of Mexico’s economic indicators, in contrast to the previous three decades, during which a fast development process was heralded as the “Mexican miracle” (Verduzco and Lozano 2003).

The 1982 crisis, in fact, sparked a decline so severe that Mexicans are still feeling the aftershocks. In August of that year, the Mexican government declared a temporary moratorium on its \$86.7 billion international debt. As part of the renegotiation of the debt with the IMF and World Bank, many elements of the economy were restructured under a model of deregulation, privatization and trade liberalization, which mandated that control of the economy be divested from the state to private interests (Barndt 2008; Verduzco and Lozano 2003). The effects were immediate and devastating, especially impacting the poor. For example, the number of new jobs created fell from 790,000 a year in the 1970s to just 150,000 in the 1980s. The GDP growth rate went from 8.8% in 1981 to minus 0.6% by the end of 1982. The U.S. dollar exchange rate dropped from 24.50 pesos per dollar in 1982 to 150.3 per dollar by 1984. Rates of gross investment rates fell from 14.7% in 1981 to -25.3% in 1983 (Verduzco and Lozano 2003).

In 1986, Mexico opened its commercial sector by joining the GATT, which later culminated in the North American Free Trade Agreement (NAFTA). Under these agreements, transnational and large export companies were favoured. In 1992, *ejidos* were also opened to commercial speculation, setting the stage once again for the dismantling of communal land ownership (Barndt 2008:215). By the time Mexico, Canada and the United States signed the NAFTA in 1994, rural poverty was already at heightened levels.

Since then, conditions for small producers have only become more precarious. Mexico's integration into NAFTA has mainly benefited transnational corporations, large industrial producers, and U.S. brokers at the expense of Mexico's small farmers, many of whom have been undercut by cheap imports, grown by large-scale subsidized farming in the United States. In January 1994, when NAFTA began, the Mexican Peso experienced a rapid devaluation of 42% against the U.S. dollar. This devaluation further undermined the local economy (Patel 2007). During the decade following NAFTA, the purchasing power of Mexicans' real incomes declined by 20%, and the national minimum wage dropped by almost half (Cunningham 2004). As part of broader moves towards trade liberalization on the weaker partner's end, Mexico's small farmers have experienced a drastic decrease in farm subsidies and supports that had previously been used to protect them (Hennebry 2007), unlike those which continued in the United States.

At the time of NAFTA's signing in 1994, corn, a sacred and staple crop, accounted for 60% of the cultivated land in Mexico by three million farmers. Amidst increasing uncertainty and desperation and with no other viable options, those who could did what they knew how to do—they grew more corn, which caused its price to drop even further. At the same time, partly due to inflation and cut-backs in Mexican government programs to assist the poor, and partly due to the two principal tortilla processors in Mexico (comprising 97% of the industrial corn flour market) reaping additional profits, the price of the tortilla, Mexican's main staple food derived from corn, rose seven times by 1999. In this context, Mexican producers were earning far less, and could also not afford to consume goods. An estimated 1.3 million Mexicans were thus “forced off their land,” some migrating to Mexican cities, precipitating a decline in urban industrial wages (see Patel 2007, Chapter 3), and leading Mexican *campesinos* into “extinction” (Bartra as cited in Smith-Nonini 2005:63).

One option to stem international migration has been export processing zones and factories within Mexico, yet even these have been in decline in the face of competition under the current form of globalization. By 1999, there were about 1.5 million workers employed in the *maquiladoras* producing export processing factories, along the U.S.-Mexico border, with workers earning about US\$3,000 a year. Between 1999-2003, a third of these jobs were lost as the factories relocated to places with even lower wages and

conditions, such as China or Vietnam, where the going annual wage rate is as low as US\$1,000 (Sider 2003). Sider notes that there is “little chance” that these workers can return to whatever they were doing prior to their factory employment (2003:309-10).

Mexico’s overall economic indicators may appear to be relatively strong, but income inequality remains stark. Most recent official estimates suggest that 42.6% of the population is poor and 13.8% lives in extreme poverty, with approximately 25% of the population living on less than \$2 a day (World Bank Group 2009). Approximately 4.5 million of Mexico’s seven million person farm labour force are *jornaleros* (day workers) who lack regular employment and move from farm to farm in search of work. The real wages for these and other workers have dropped substantially since the SAP policies came into effect (Basok 2002:92-95). It is these small farmers, pushed off their land and driven into extreme poverty, who compromise the majority of those who are desperate to migrate in search of work, both to the United States and Canada.

In the United States, there are approximately 11 million Mexican migrants, constituting 10% of the Mexican population and 20% of the economically active population (Verduzco and Lozano 2003). Faced with increasing securitization of the U.S. border and this rapidly declining economic situation in rural Mexico, the SAWP in Canada has become more desirable for Mexican peasants than ever before.

Jamaica

Figure 18 - Images of the land, Jamaica



There are many sugar cane fields on the drive through Clarendon. Some are lush and green, others burnt down. Smoke from the cane factories rises in the distance. The stark beauty of the plantations, bordered by palm trees blowing in the island breeze, obscure all of the back-breaking work, quite literally, that has been done by Jamaicans both in Jamaica and abroad so that the rest of the world could enjoy sugar in tea, and all of the products since. We pass bauxite plants, too, but many of the profits from this rich natural resource have long left the island.

At one stop on our journey, we meet an elderly man called Mr Ellis, who says he has migrated all over the place—in Canada with the “farmworker program,” the United States, England, and several other Caribbean islands—all the usual suspects. How was it, I asked? “A man’s gotta do what a man’s gotta do” he replied non-chalantly.

“After Canada I went to the U.S. for 28 years and England and other islands. I worked in farming and construction . . . but Canada was the hardest. The people was nice, but the work was hard.” Mr Ellis returned to Jamaica because “it will always be home.”

We continued our drive up the slender, winding roads, hugging the mountain’s dramatic edges for life, making our way into the Northeastern section of the parish. Small plots of vegetables and fruit grow in the most impossible places, clinging to the steep mountain slopes. Their tenacity mirrors that of the people who planted them, determined to survive under any conditions. – Adapted from fieldnotes

“One is always struck when in Jamaica, by the absolute beauty of the island in contrast with the poverty,” comments Stephanie Black, the writer-director of *Life and Debt* (2001), a documentary about Jamaica (as cited in Fuchs 2003). The third largest island in the Caribbean chain, Jamaica has an active, relatively “free” civil society and a democratic structure, rich natural resources, and a diversified economy. At the same time, extreme poverty and an unusually high level of domestic and political violence plague the island. Explanations for these seeming contradictions are complex and multi-faceted; they include a long history of slavery and British colonialism, followed by the inexorable impact of American-led globalization, economic “liberalization” and the fall-out from SAPs. Like so many developing countries, Jamaica suffers from an overwhelming international debt and Jamaicans have relatively little say in the broader processes of globalization affecting their country, realities that are epitomized in the title, *Struggle in the Periphery* (1982), chosen by former Prime Minister Michael Manley for his book about Jamaican economic and social development.

“Out of many, one people” is the official Jamaican credo. Too often, however, the government’s official proclamations have a habit of translating poorly into reality. With a

population of 2.6 million that is 74.4% black, 12.8% mixed/black, and small numbers of East Indian, Chinese, white, Syrian/Lebanese and other communities (Jamaica CEDAW Report 1998:3), Jamaica indeed has many peoples. Recurring divisions along the lines of race, class, political affiliation, gender, ability, age and sexual orientation, however, stand in the way of any semblance of real unity. Part of the British Empire for over 300 years, Jamaica's colonial legacy continues to manifest itself in various forms of structural violence. According to the UNDP:

The Caribbean region of which Jamaica comprises a part was founded on violations of human rights during slavery and throughout the period of colonialism. Violence was endemic in this process, and the repercussions of this violence are still being felt throughout the region (1999:15).

While major changes have taken place since the abolition of slavery, race and class continue to converge.

Gaining its political independence on August 6, 1962, Jamaica was one of the first independent states to emerge from Britain's retreat from Empire following the Second World War. The British left a democratic government structure and a legal and judicial system based on the Westminster Parliamentary system, which, in comparison to post-colonial traditions from other regimes, has survived relatively successfully. There are democratic elections in which two competitive political parties, the Jamaica Labour Party (JLP) and the People's National Party (PNP), vie for power in an active parliament. Leaders resign upon electoral defeat; the bureaucracy and judiciary are not subject to excessive political interference; torture, secret police or military coups have never played a part in Jamaica's political arena (Payne 1994).

Despite all this, Jamaican politics has been marred by excessive violence. In one of the worst cases, some 750 people died in the political conflict leading up to the 1980 election and although somewhat abated, partisan political violence remains problematic. According to political scientist A.J. Payne, both major parties "have long organized their own political gangs as the means to defeat their supporters' access to state patronage." While violence was traditionally confined to knives and machetes, in the 1960s the growing involvement of Jamaicans in the illegal marijuana trade to the United States introduced the gun to Jamaica, making it "part of the political process" (1994:2).

Historian Laurie Gunst also notes that as Jamaica became entangled in the divisive and violent Cold War global conflict, “a tide of high-powered weapons flowed like bloody currency from the United States into the hands of political gunmen” (2003: xviii). Similarly, depending on their ideology, political leaders were either supported or crippled by the United States, while the U.S.-backed international financial institutions (IFIs) such as the World Bank and IMF, became intertwined with Jamaica’s economy – the lifeblood of a nation’s survival. In this context, political leaders Manley (PNP) and Seaga (JLP) “armed their rival posses to maintain control of political constituencies in a tangle of (Kingston) slums and shantytowns” (Ibid). In a country burdened with international debt and widespread poverty, the victory of a particular political party became a life and death issue for many Jamaicans whose lives were governed by access to political patronage, making political rivalries not just symbolic, but also deeply important. Jack, a SAWP worker, explains how these dynamics influenced his life:

I come from a bad neighborhood, because the guys there don’t have any employment. They don’t choose to do what I did—work. They choose the gun, they get money from politician, politician going give them money to vote for them in election time. So they get money to afford for them and secure their neighborhood, so different kind of politician don’t come over and cross them away. Politicians from both parties do this [but I’m] big enough to know right from wrong. They don’t want to work like me. I choose to try and find my own living. They want somebody to find a living, and they don’t realize that people use them. But they choose the wrong way.

Jack chose to work, but he also was fortunate enough to have a contact in the Ministry of Labour, which helped him to gain a spot in the SAWP despite his urban background. For many others, such opportunities simply are not available. In both urban and rural Jamaica, competing for limited resources amidst globalized pressures, unemployment and underemployment is high. As in Mexico, most of Jamaica’s rural population is dependent on agriculture, but in this sector, too, it is hard to make an adequate living. Land distribution is extremely uneven, with .06% of large farmers owning and operating 57% of Jamaica’s farm acreage, leaving 99% of the farmers with the remaining 43% of acreage, most of these on small plots of land (82% of farms are under five acres). This skewed distribution was inherited from the colonial era, in which large, fertile holdings were used for sugar and banana plantations, leaving peasant

farmers to make due on small, mountainous plots (Russell 2003). As the documentary *Life and Debt* so dramatically demonstrates, Jamaican farmers have been undercut by cheap imports from subsidized, industrial operations, mainly in the United States, ironically while employing Jamaican and Mexican labour.

Jamaica's economy collapsed in the 1970s through the combined devastation of the drop in world sugar prices (Jamaica's primary export) and the drastic increase in world oil prices (97% of the Jamaica's energy relies on imported oil) (Manley 1982:149). Jamaica in this regard was initially more vulnerable to these external shocks than a larger, oil producing country like Mexico; its economy plummeted in the 1970s during the Mexican development "miracle" period. In desperate need of foreign currency, Jamaica borrowed from the IMF, and is tied to a program that mandates continual cuts in social spending and subsidies on even essential items resulting in escalating debt. By 1990, the Caribbean country of 2.6 million owed \$U.S. 4.5 billion and was thus "one of the most indebted countries in the world." At this time, the GNP per capita was \$1,200, while the dept per capita was \$1,800 (Levitt 1991:1-2). Since then the debt has continued to increase, and by 2003 the debt to GDP ratio stood at 151.8 per cent. In Jamaica's 2003-2004 budget, *65% of total expenditures* were devoted to debt servicing, leaving only 35% for all other expenditures. The budget summary states the obvious: "our future ability to address real needs in the economy is being constrained by the extent to which debt servicing is consuming a larger and larger percentage of the expenditure budget" (Davies 2004). The public debt is currently 130% of GDP—the fourth highest per capita in the world (CIA 2009b).

In Jamaica, like Mexico, these policies have severely impacted the lives of individuals, particular the poor. UNICEF reports, for example, that the high levels of inflation and food prices in the 1990s were "directly linked to an increase in hospital admissions of children suffering from moderate and severe malnutrition" (1999:5). By 1993, one in ten children suffered from chronic malnutrition. The report also links debt-servicing obligations to high levels of poverty, unemployment, and increasing inequities. A Jamaican government worker explains that the situation is deteriorating:

I've lived in Jamaica all my life and I've never seen so many beggars. The dollar is being devalued and taxes are going up, cheap imports are taking away jobs, we're still suffering the effects of huge debt burdens and structural

adjustment policies, and people are being made redundant everywhere. I've never seen it so bad (as cited in McLaughlin 2003).

Migration has been an escape valve for Jamaica in much the same way as it has been for Mexico, albeit with different dynamics as part of a different migration “system” within British colonial relations. Jamaican migration emerged in the late nineteenth century to help construct the railway and later a canal in Panama; many of these migrant workers died of yellow fever and most never made it back to Jamaica after the project was abandoned. A second attempt at the canal led by the United States in the 1900s once again employed mainly Jamaican labour. Later, Jamaican migrants worked in the Central America's banana industry and on Cuban sugar and coffee plantations. Migration to the United States began near the end of the nineteenth century, when migrants did not even require a passport to enter, but had to deal with racial discrimination once they arrived (Black 1983:144-147). This “free ticket” ended abruptly with the Immigration Law of 1924, ending non-white U.S. immigration. As discussed previously, some contract positions opened up from the WWII era, beginning a cycle of mainly temporary circular migration with the United States. The post-1960 migrant stream saw student, professionals, family members and skilled U.S. (im)migration, while the poor continued to be integrated as temporary workers. The Jamaican diaspora in the United States now totals almost one million—nearly half of the island's population (Knight 2006).

Otherwise, immigration restrictions led Jamaican (em)migrants to seek Canada and the United Kingdom, as core members of the Commonwealth “family” as destinations, these countries received hundreds of thousands of Jamaican (im)migrants, although restrictions in those two countries have also served to limit numbers of permanent residents (Knight 2006). As I will show in the next section, in light of these restrictions, Jamaica has actively campaigned and fought for spaces in migration programs as a desperately needed source of foreign exchange.

Migration, though a life-line amidst economic disparity, has caused severe disruption of family units. Tony, a Jamaican migrant, recalls his childhood: “My whole family left for England when I was 15. First my parents, then they sent for my six other siblings (all younger than me), but never for me. So I was left on my own to do farming.” As a young teenager, Tony says he was left “poor and abandoned” because his family

could not afford to bring him. Instead of attending school, he worked a small plot of land to feed himself, until he, too, was old enough to migrate. Tony was one of the first migrants to join the SAWP, leaving for his first season just weeks after he married, and eventually having to separate from his own children for eight months each year.

It can be seen, therefore, that in both Mexico and Jamaica, economic constraints faced by these countries, often imposed from external sources, have generated both the causes for local suffering, and the circumstances that compel people to migrate. For the highly educated members of these societies mobility has not been restricted, but migration for the poor has been on more limited terms, and has served both as an escape valve and as an income diversification strategy. Jamaicans, like Mexicans, use migration as one of several sources of labour to piece together a family's subsistence. It is the marginalized groups within these countries who have suffered the most, and the delineation of this marginalization, and its effects on migration, depends on a number of intersecting factors.

Agriculture and (Im)migration in Canada

Pressures Facing Canadian Growers

The story of these “fields,” which came together to form the SAWP, now moves to the agricultural fields of Canada.¹⁰ In contrast to Mexico and Jamaica, Canada developed from a former colonial status to emerge as one of the world's G-8 powers and as such Canada is a core country within the world system. Canadian farmers have nonetheless had to deal with many of the same pressures as their Jamaican and Mexican counterparts,

¹⁰ Satzewich (1991, 2007) and Sharma's (2001, 2006) invaluable archival research documents the historical context of the foundation and expansion of the SAWP in the mid-20th century, and I used their findings as a starting point for my own archival investigations. In addition, my work extends the scope of their analyses by including the voices of growers and workers who were involved in the early years of the program. Satzewich's work (1991) in particular provides a much more thorough and detailed analysis of these historical events; it is a primary source of information for anyone interested on the topic, and is much beyond the scope of what I can achieve here. I am therefore attempting to highlight some of themes raised in and further complement his archival research with some of the findings of my oral history interviews with actors involved during the evolution of the program. It should be noted that these quotes come from transcribed oral history interviews which I conducted during the course of the research; any measure of accuracy should take into account the over four decades in between the events which occurred and their recollection. The events herein described, to the best of my knowledge, are consistent with archival records and much of Satzewich's written analysis.

albeit on a different scale, and with advantages that ultimately have enabled some of them to capitalize on the structural violence experienced by farmers elsewhere.

Prior to WWII, Canadian farming was mainly a family owned and operated industry; the largest component of Canada's workforce in fact was employed in agriculture (Shields 1992:247). Since the 1940s, as industrialization and rural to urban migration have intensified, many landholdings have been consolidated and farm families have decreased in size. There are now fewer farms and household farmworkers, and those farms that have remained have increasingly had to rely on hired seasonal workers (Winson 1993; Shields 1992; Basok 2002; Preibisch 2007c).

In Canada as elsewhere (Smith-Nonini 2005), especially as governments have sought to maintain inexpensive food for the benefit of capitalist production as a whole (Shields 1992:259), changes associated with the expansion of global trade have further undermined the viability of small or family farms. Farmers have thus faced structural impediments to the sustainability and profitability of smaller farms, including the process of capital accumulation and the urbanization of the Canadian workforce, making farm labour less attractive. Canada's pursuit of a cheap food policy,¹¹ which includes increased competitiveness from low tariffs on the import of foods (Satzewich 1991:64-67), has intensified the pressure on small farms resulting in a "cost-price squeeze" faced by farmers in which costs of farming inputs (mainly controlled by multinational companies) rise, as do pressures to keep produce at low prices (also due partly to the concentration and centralization of food processors into large companies that demand competitive prices). As a result, over time farmers pay more for inputs and receive less for outputs (Winson 1993:90). Meanwhile, large agri-business imports inexpensive food, undercutting local operations. Under these conditions, the successful farms tend to be those that have expanded and increased profits through maximizing production while minimizing labour costs. Farmers have thus become increasingly desperate for inexpensive, dependable labour forces as the one variable they can control. Shields even argues that legislative control over agricultural work (such as the ability to organize and strike, leave the fields after chemical spraying, or take time off work during the harvest) would "endanger the very survival of agricultural production" (1992:255-6).

¹¹ See Shields (1992:258-261) for an elaboration of Canada's cheap food policy.

It is hardly surprising that growers in labour intensive crops have been chronically short of “disciplined” and “committed” farm labour. Growers need labourers who are able to work whenever the crop demands it. This requires them to work long days, forsaking weekends, holidays, and family and social obligations—irrespective of their health status, physical or mental state—but only during certain times of the year, making permanent employment unlikely and uneconomical. Low pay and work in dull, dismal and often dangerous conditions, with workers excluded from labour legislation and protections and forbidden from joining unions, makes these jobs unattractive to Canadian-born workers (Basok 2002, Satzewich 1991:62-63). As Basok contends, “No Canadian workers (whether immigrants or native-born Canadians) are prepared to comply with these expectations” (2002:19).¹² Even when growers can find local labour, they suggest that it is often undesirable since local workers generally lack “discipline and commitment,” and commonly complain that the work is “too hard,” distasteful, and that it causes illness, injuries or allergies (Ibid:50-53). Labour shortages have thus been chronic throughout Canada’s post-war agricultural industry and have been particularly acute in labour-intensive crops such as tobacco, fruit and vegetables (Ibid:18-25).

Myriad Canadian government and private programs have long attempted to secure farm labour from the early days of British colonial rule to the present. Some of these measures have included the recruitment of prisoners of war and Japanese Canadian internees during World War II, programs for war veterans and displaced persons, the recruitment of overseas children, women, the urban unemployed, aboriginal people, immigrants, foreign students, and welfare recipients. Much of this recruitment has been based on racist or stereotypical assumptions, and has involved unequal working conditions of minority recruits compared to those of other Canadians. For example, under some programs, as a condition for their immigration, foreign recruits had to work in farming for a certain period of time before they were free to look for employment elsewhere and officially become a citizen. Satzewich’s archival research demonstrates that conditions of (un)freedom were often dependent on the immigrant group’s perceived

¹² Such a categorical statement may be somewhat exaggerated, but even Canadian workers who may be interested in agricultural work are not as desirable to Canadian growers, because they are *free* labour and thus cannot be as easily controlled or compelled to stay (Basok 2002).

“desirability” and “racial suitability” for “conditions of unfreedom” (Satzewich 1991, 2007).

The effort to maintain sufficient and dependable agricultural workers thus has a long and complicated history. As urbanization has intensified and controls over immigrants’ movements have diminished, it has not been possible to obtain a consistent supply of reliable agricultural workers who are willing to work under the conditions provided. As soon as workers had the choice to leave farm labour in pursuit of preferable options, many did. Furthermore, growers argued that even when they could recruit workers, they proved “unreliable” (Satzewich 1991, 2007).

One result of this troubled history was an incentive to create the SAWP. As one grower involved in the founding of the SAWP recalls:

The work on the farm was hard work and you just wouldn’t get them [local workers] to come out and they would come out for a day and they just don’t feel like coming out again. So they don’t show up the next day. Yet your fruit is ripe and it needs to be picked, so [we] were looking for reliable help that you know would be here and we could count on every day (Interview 02-2007).

In this climate, farmers wanted to import labour that would accept poorer conditions and lower remuneration than would locals, but even more importantly, a work force which would stay committed to its employers throughout the crucial harvest period. In order to ensure this, growers requested a labour force that would be unable to circulate freely throughout the labour market and thus would be compelled to remain at their place of employment as long as they were needed (Satzewich 1991:113). The tentative legal and political status of this “unfree” labour and its associated powerlessness thus “assumes a special significance for employers” (Bolaria 1988:113).

Undercutting Costs by Undercutting Labour: How to Find a Docile Labour Force

By the 1940s, shortly after the advent of the U.S. and European guestworker programs chronicled previously, Canadian growers began to pressure their government for their own guestworker program. Political pressure from Canadian farmers and government representatives from Commonwealth Caribbean countries to initiate an offshore labour program in Canada emerged in 1947 (Satzewich 1991). Despite the numerous benefits to

the state of employing migrant labour, for decades the Canadian government refused the growers' requests. Government officials from the Ministries of Labour as well as Citizenship and Immigration denied the existence of labour shortages and suggested that rather than allowing the creation of a program of structured exploitation, growers should entice domestic labour through better wages and working conditions. As the Minister of Citizenship and Immigration wrote in 1964:

It is my responsibility to see that the immigration process is not used to bring people to Canada for employment under conditions and wages unacceptable to our native population. Exploitation of immigrant labour is something which this Department in Canada's interest and good name, is committed to resist (as cited in Satzewich 1991:159).

As Satzewich argues, this resistance by bureaucrats to agree immediately to growers' demands demonstrates that employer interests are not the "sole determining factors in shaping immigration policy and highlights the key, independent role of bureaucrats in the policymaking process" (2007:263). Concerned both with the domestic labour shortages, as well as wanting to limit immigration prospects to people of non-European origin, the Canadian government continued to try to find alternative solutions to the labour problem by recruiting other marginalized groups within Canada, or European immigrants (Satzewich 2007, 1991). Privately articulated racist concerns about importing black Caribbean labour and their presumed difficulties in assimilating into the Canadian "imagined community" were also among the reasons growers' requests for Caribbean workers were initially denied. These included unease that the black "race" could pose a "problem" in Canada, that black men may be unable to adjust to Canada's climate, concerns over their sexual practices, and over the possibilities of "race relations" problems (Satzewich 1991).

In the mid-1960s, grower conventions in Essex and Niagara counties discussed and strategized about potential solutions to their labour problems. One grower recalls discussing these concerns at one such meeting in Niagara:

The growers, they talked about our problem, what the government did was from the East they shipped people in here. The bus fare –they gave them the bus fare to get into this area from the East, Nova Scotia. They were unemployed . . . Indians If they had one day of work, they asked for paying. And a bottle of wine, the cheapest one was 78 cents, they would all

get drunk and you couldn't depend on them. So every day they wanted their cash, and they moved around, you see (Interview 02-2007).

Fact finding missions were carried out by growers in regions as far as Australia and New Zealand to find out how other jurisdictions manage agricultural labour; their findings of guestworker programs abroad, particularly in the United States, influenced their desire to initiate a similar program in the Canadian context. Meetings also took place between Jamaican government representatives and grower representatives. With new insights and impetus, growers revamped their pressure on the government, insisting that the domestic sources of labour were unsatisfactory. Noting that their produce was being undercut by imports from countries with more "employer-friendly" labour policies, they believed that the Canadian government did not do enough to pressure workers to remain in farming. The following transcript from an interview I conducted with three growers¹³ involved in the 1960s demonstrates this point. One of the growers wanted to know why the New Zealand and Australian canned goods could undercut his Canadian products, even when they had to pay so much more for shipping. He determined that the difference there was the pressure the government places on workers to keep on the job:

Janet: Why do you think it is that the local unemployed [in Canada] couldn't fill those [agricultural labour] positions?

Growers: They didn't want to work on the farms. *That was too low for them.* And the other thing is they may come one day and it's too hot for them. They don't want to come, and *there was no pressure for them to have to stay here.* *So you could not rely on the help, the local help*

Janet: But if they were unemployed and had no other job, why wasn't that pressure enough to keep them working?

Growers: Well, they're getting unemployment insurance. Well there's the difference. I went to New Zealand and Australia in 1966, and I was the only Canadian and 29 Americans and the Australians ship canned goods here and *underminded us Canadian products with cheaper imports.*

They had unemployment too, but if any other job is available [they] had to take it; they would not get unemployment insurance. *They were forced to take*

¹³ This was a group interview/focus group with three long-time Niagara-area farmers who had been among the earliest employers in the SAWP. The quotes from the interviews often involved more than one person adding to each other's sentiments, but I have merged their thoughts collectively as "growers" so as to not interrupt the narrative flow.

it. And here it was 16 weeks, then . . . you get unemployment. You didn't have to go and work someplace else and that brought the cost up. . . (Interview 02-2007, emphasis added).

As can be seen in this exchange, the growers wanted the government to allow a system in which people would be “pressured” to remain in farm work even when conditions were difficult. Growers further argued that they were unable to pay higher wages or offer better working conditions to attract and retain Canadian workers because they were competing with both other industries for workers, and also with cheap imported foods (see also Verma 2003).

A delegation of growers also went to the United States to investigate their labour programs. As one recalls, “With this [grower] committee we checked out the Americans’ plan on the American side. We went to Grand Rapids, Michigan, and we met people there that had these Jamaicans” The American growers explained to their Canadian visitors that they first have to demonstrate to authorities that they have tried to recruit local labour, even though their preference was for offshore Caribbean labour:

What they had was you had to put an ad in the paper [to apply for labour], but if you get the people in the ad [local labour], then they couldn’t apply for the Jamaicans If you couldn’t get local help then you can apply for this And what they did in the smallest print that was allowed they put it [the advertisement] in the paper and then they would apply for it [the Jamaicans] (Interview 02-2007).

The grower representatives returned to their constituents enthusiastic about the idea of a guestworker program. They first went to the local city council to get approval, then met with provincial officials in Toronto, and finally with federal officials in Ottawa. There, they still faced some opposition. According to a grower who participated in this meeting, the government representatives argued that:

St. Catharines has three and half thousand unemployed and Windsor/Leamington area was there two [thousand] and Windsor had three thousand unemployed and he said there’s something wrong with the operation if you’ve so many unemployed and you can’t get your crop up. And then we asked “Can we withhold some of the pay until they finish the job and then pay them the rest?” Then [a government representative] said, “No.” That’s not in their labor code. That’s practically slavery, and then [a representative from a rural county who was advocating for the growers] said, he said, “Sir, you have coffee?” And he said “Yes,” and he said, “You have sugar in your coffee?”

And he said “Yes” and he said, “What’s the difference if you buy it [products made by slaves] or we have it [a system of slavery]? And I hope every time you have a cup of coffee you taste slavery between your teeth” (Interview 02-2007).

In the Canadian political climate, the government could not “force” Canadians to do work they did not want to do, nor did it want to consider implementing trade barriers sufficient to prop up the local industry. Instead, some key actors involved became sympathetic with the growers’ plight, especially after the Department of Labour proved unable to recruit sufficient numbers of domestic workers for the harvest. They thus agreed to an experimental system of imported labour, in which “offshore workers,” would be “pressured” to keep on the job. Ironically, although it was considered akin to slavery for Canadian workers, a system of pay withholding was put into place for the Jamaican workers who joined the program, and to this day 25% of their wages are deducted (20% remain as “mandatory savings,” which they often cannot claim until months after they finish the contract, while 5% goes towards program administration fees, including the liaison service).

In this context, the importation of migrant labourers, who were seen as “naturally” suitable for the work, was justified (Sharma 2001). This rationality was later adopted by politicians, who subsequently defended the program. The following statement by MP H.W. Danforth (Kent-Essex) demonstrates this point:

Mr. Chairman, many people do not like to work in agriculture. They do not like the monotony, the conditions and the fact that you work sometimes in heat and sometimes in cold. That is all right; they do not like it and they should not be forced to work at it. We all agree with that. . . . How [then] do they [farm owners] obtain labour? Many of them have encouraged offshore labour over the years which comes from three sources, the Caribbean, Portugal and Mexico. We need this labour. . . and these people are used to working in the heat. They are used to working in agriculture, and they are satisfied with the pay scale Everybody is satisfied: the workers are satisfied, the primary producers are satisfied and the consumers of Canada are satisfied because we are getting the crops harvested I feel that Canadians should provide work for Canadians wherever possible; Canadians should have the first opportunity to work. But . . . if Canadians do not want to work at this job--many of them do not, and have expressed this feeling in no uncertain terms--then I say that the producers of this nation are entitled to offshore, competent labour from wherever it may come, if these people are willing to work under the conditions prevailing in Canada today and produce crops for

Canadian consumers (Hansard, 20 July 1973: 5836 as cited in Sharma 2001:434).

Thus the origins of the SAWP were spun out of a discourse of “necessity” – since the integration of temporary foreign workers in the United States, Canadian growers’ primary competitors, became a permanent reality offering lower wages and conditions than would be accepted by local citizens – coupled with the Othering of migrant workers who could “naturally” do the work deemed unacceptable to Canadians. Yet the concerns of having workers of colour immigrate (both for reasons of racism as well as the fact that they would no longer be unfree labour if they became citizens) into Canada remained paramount, so the state had to devise a system in which such workers could integrate as labourers, but not as citizens. By no small coincidence, this was the same time that Canada’s immigration system was being opened up for the first time to people of colour.

(Im)migration and Racial Dynamics in the Making of the SAWP

In the 1960s when the SAWP was being rigorously debated and ultimately implemented, major changes were also occurring in Canada’s immigration policy. At this time, with a new dawn of rapidly expanding global migration, Canada had to make strategic decisions about devising immigration policies that would benefit the economic and social needs of the state, while appearing morally palatable within a new social context of growing concerns around civil rights and racial discrimination (Troper 2003; Bolaria and Li 1985). Prior to 1962, Canada had an overtly racialized immigration policy, where, in general, people of colour were deemed unable to assimilate and to adjust to the Canadian climate and society, and were only allowed in exceptional cases (Satzewich 1991:125). As Li shows, “even in periods of acute labour shortage, Canada maintained an immigration policy that used race as a basis to restrict non-whites who were deemed socially questionable and racially undesirable” (2003:19). In 1962 Canada shifted its policy to a form of “de-racialized” immigration control, where immigrants were selected on the basis of their skills and experience that could contribute to the Canadian economy and labour market (Li 2003).

By 1967 the government implemented a universal point system to be applied to all potential immigrants, regardless of their race or country of origin. In this context, the discourse of Canada as a white settler community changed to one of multiculturalism. As

Satzewich argues, however, racist concerns continued to function as a bias against potential black immigrants and this bias meant that Caribbean workers were not deemed suitable to fill farm labour shortages as “free” immigrants (1991:128-145). Furthermore, under the point system, immigration to Canada was made legally impossible for the majority of the poor and uneducated from the global South, particularly who do not speak English or French as a first language (Trumper and Wong 2007:154; Sharma 2006).

Immigration officials were adamant that Caribbean workers could not settle in Canada, and they were concerned that it may be difficult to ensure workers’ exit from the country, especially given the historical ties of the Commonwealth (Satzewich 1991).¹⁴ The Deputy Minister of Citizenship and Immigration stated in 1960:

We do not want these people to remain in Canada: we do not want to get involved in difficulty or embarrassment forcing them out [It must be gotten] across to the workers themselves that we are willing to try this once on a small scale, but if we have any difficulty at all, it will not be repeated . . . the minute we find that these transient workers are causing us difficulty by refusing to leave, we are through (as cited in Satzewich 1991:173-4).

In sum, years of lobbying from growers and Caribbean governments coupled with failed alternative labour recruitment efforts which resulted in lost agricultural productivity, generated pressure on the Canadian government to revise its position and allow the entrance of Caribbean farmworkers. At the same time, the government’s move to a system of “non-racialized” immigration was accompanied by pressure from Caribbean countries to allow more Caribbean immigrants into Canada, each of whom could sponsor numerous relatives. The government thus reasoned that the creation of an unfree temporary labour migration program could solve the dual concerns of agricultural labour shortages while reducing the pressure of black permanent settlement in Canada (Satzewich 1991).

After their visits with U.S. counterparts, Canadian growers used the U.S. guestworker program as a model on which to advocate for and form the Canadian

¹⁴ Concerns expressed by Canadian government officials that black Caribbean men were “childlike, indolent, lazy and stupid” built on earlier racist notions which justified slavery and colonialism. As stated by one ‘humanitarian’: “The dull stupidity of the Negro leaves him without any desire for instruction. Whether the Creator originally formed these black people a little lower than other men, or that they have lost their intellectual powers through disuse, I will not assume the province of determining The stupid obstinance of the Negroes may indeed make it always necessary to subject them to severe discipline from their masters” (as cited in Satzewich 1991:36).

version. As I showed earlier, the U.S. guestworker programs were developed in a time of “necessity” justified by wartime labour shortages, but remained long after the war ended. In this context, Canadian growers argued that in order to compete with their U.S. and other foreign counterparts, a similar program was necessary for them.

The key point, however, was that these workers would be only temporary entrants into the Canadian labour market, with very little chance of them becoming permanent immigrants and “polluting” the nation’s imagined community or benefiting from the “Canadian” social contract. In fact, these aims have been quite explicitly stated in government reports and correspondence. A report undertaken for the Department of Manpower and Immigration in the early 1970s concludes:

. . . it would be unwise to relax immigration requirements in order to attract the kind of person who is likely to work in agriculture. Such a person, as has been shown, has little education and knowledge of English and few, if any, marketable skills. Furthermore, such people tend to stay in agriculture for a very short time and once they leave agriculture become marginal members of the urban labour force. Even if they were to remain in agriculture there remains the question of their support during the winter months. Further, in order to insure that farmers have a continuing labour force, it would be necessary to bring in unskilled immigrants in a continuous stream to allow for the high turnover rate. It is extremely unlikely that the Canadian economy could continue to absorb such a stream of unskilled workers over the long run. For these reasons, bringing in permanent immigrants cannot be recommended as a solution to the farm labour problem. (NAC n.d.: RG 118 Vol 81 File 3315-5-1 p.86).

Even today, employees in the SAWP, who may have been working in Canada since the program’s inception in 1966, are still denied any kind of immigrant status or advantage in the immigration process, despite their many years of work in Canada and their centrality to its agricultural industry. Ironically, under this “de-racialized” and “unbiased” point system, they are unable to qualify as “suitable” immigrants. Their years of work experience and support of the Canadian economy do not count for any “points” in the system. As temporary foreign workers continue to expand in Canada over the past decade, this system of unfreedom, of creating a dual nation of citizens versus guestworkers, only becomes more deeply entrenched in the nation’s political economy and social structure.

Who's In, Who's Out, and Why? The Creation and Early Expansion of the SAWP: 1966-1976

In exploring the SAWP as a system of migration, it is central to understand why specific countries were included to the exclusion of others. The early inclusion of Jamaica arose in a context in which the island had been successfully integrated into the U.S. farmworker programs; Caribbean domestics were already working in Canada, and Jamaica and Canada were linked through Commonwealth relations. Early pressure for the creation of a program arose from two principal sources: Canadian growers, and Caribbean governments. One of the growers involved in these early negotiations explains some of the reasons why he believes Jamaica was selected as the first country to join:

Jamaica was a Commonwealth country and another thing was at that time was the Marshall Plan, and the Marshall Plan had never come down to the Jamaican people. It disappeared The Marshall Plan, Canada made it to Jamaica for some money to help them out This would be like foreign aid The High Commissioner [of Jamaica] said Canada was the biggest investor in Jamaica at that time and the Canadian people working there and get paid by the Canadian currency, they live like kings. Let our people come and earn it [Canadian currency] too. Let them earn it, to earn their money; . . . instead of getting a hand out, they should be given a chance to work. That was the thinking behind it (Interview 02-2007).

Thus, from the very beginning, the SAWP was articulated not only as a solution for growers, but also an act of diplomatic assistance or aid within the Commonwealth. Archival records confirm that Jamaica's admission related to this country's pressuring of Canada, Commonwealth relations and "convenience" of its location and relatively larger population size. Jamaicans also had a good reputation among the U.S. counterparts who encouraged Canadian growers to adopt a similar program.

Amidst these circumstances, the government created the Commonwealth Caribbean Seasonal Agricultural Workers Program in 1966, admitting 264 male workers from Jamaica as an "experiment." The workers were destined to two regions in the "pilot project" – Leamington (Essex county) and St. Catharines (Niagara). Even in that first year, competition for the program was stiff, and only the "best workers" were selected. According to one of the growers involved at the time: "There was 1,500 applications to come to Canada, and there were 264 [chosen] . . . so they picked the cream of the crop. . . yes, they were all picked as ambassadors to make this thing work . . . so they were

supposed to be ambassadors for Jamaica to make this pilot project work” (Interview 02-2007).

Tony, the Jamaican worker described earlier, explains that this “cream of the crop” initially meant more educated Jamaicans:

During the early years all workers had to take a literacy test by reading a passage from a book. The result was that many great but uneducated farmers were excluded from the program, while some white collar workers like police officers who were literate but had little farming experience were admitted. This . . . group did not understand the kind of labour they would find in Canada and weren’t able to keep up. So these guys were quickly dropped from the program and the literacy component was dropped allowing good but uneducated farmers to be admitted.

The “cream of the crop” was soon revised to include people like Tony—poor, rural Jamaicans accustomed to the difficulties associated with farm work. He joined the program in 1968. Despite their humble backgrounds, from the beginning workers were instructed to look their best for Canadian employers. As Tony continues: “That first year we were told we had to wear suits, so all of us arrived at the airport in our suits, but at the other end we were greeted by a group of farmers wearing just normal clothes. I think that made an impression.”

Figure 19 - One of the first groups of Jamaican workers in Niagara (circa 1967)



Photo courtesy of I. Boese. Used with permission.

Despite the growers having to go through the same motions as their U.S. counterparts, proving that they were unsuccessful at finding local labour every year, the program grew quickly. Although there were some complaints about the expenses

associated with the program (including housing and partial transportation costs), overall growers appeared to be pleased with the quality of the workers they received. One grower, reflecting on a trip he made to the Caribbean, where he discussed the program with some government officials, recalls:

You can imagine we had them for the first year, and we were so elated about the program. So we were saying exactly how we felt we just said, we love your men, and will pass it on to others down our way about your men and the way they work. So they were really happy to be able to meet us and we were happy to meet them, because we really felt that way. We are really happy with the program. It sure made a difference in our farming operation, because until then we were struggling with getting these young kids from high school and then once school started we still have a lot of work and what do we do now? Take the Caribbean program that is there and I think farming would collapse. You take this whole program out, and [a major grower] is finished . . . he would not be able to continue (Interview 02-2007).

Word spread quickly about the program, and the “pilot experiment” took off with such success, it was hard to turn back. One grower recounts:

And in the first year, it worked real well Yes, yes and then it worked and then they [Canadian immigration authorities] couldn’t say no, so we got the second year, then every year. They wanted to stop it, you see, the government and immigration people wanted to stop it . . . well to get your local help. That’s been a problem all along. We’ve got these people here are unemployed. Why can’t you hire them? It just doesn’t work. It’s hard to get through to them (Interview 02-2007).

By 1967, 1,077 workers entered Canada. In deference to Commonwealth relations, the program expanded to include two other Commonwealth Caribbean countries. Original allocations proposed by Canadian government for these workers were: 50% from Jamaica, 30% from Trinidad and Tobago and 20% from Barbados (NAC 1967: RG 118 Vol 81 File 3315-5-1 p.11).¹⁵

Many countries over the years expressed diplomatic desire to enter the program. A letter to the Canadian High Commission from the Minister of Labour, Youth, Development and Sport of Grenada, for examples, writes, “We are experiencing in Grenada a rather unpleasant employment situation. I would be grateful if our Commonwealth sister could assist” (NAC 1973d: RG 118 Vol 81 File 3315-5-1-p.18). A

¹⁵ Such quotas no longer exist as the program is now entirely employer driven; employers can now request workers from whichever country they choose.

memo from Canada to the already participating Caribbean islands explains that “our inclination is to accede to these requests given good and long-standing relations which also exist between Cda and islands Participation in programme would support objective of Cdn developmental assistance . . .” (NAC 1974b: RG 118 Vol 81 File 3315-5-1 p.11). Grenada, along with the other Eastern Caribbean States –Antigua, Dominica, St. Kitts & Nevis, St. Lucia, St. Vincent, and Montserrat – thus joined in 1976. These archival records indicate that several other countries, including Liberia, Portugal, Turks and Caicos, Morocco, and Indonesia all requested to join the program, but were denied; it was continually explained that the program was open only to Commonwealth Caribbean countries, due to proximity, common language and diplomatic ties. Why, then, was an exception made for Mexico, a former colony of Spain, in 1974?

First, it became apparent that although the Commonwealth Caribbean had more than enough workers, limiting the program to participants from this region alone had the potential to impede the docility of both workers and their government representatives. During the early years of the program, there was concern expressed by some growers that the Caribbean workers and their liaison representatives were too demanding. One such letter, written by a grower and submitted to the government as a “typical letter of complaint against Barbadian liaison officers” contends:

We started out with 10 men . . . we took them to town to shop as we did every week and nine came back. The other is still missing. I called . . . the liaison officer and he told me to find him and put him on a bus in Simcoe and phone him back and let him know what time the bus would be in Toronto I told him I did not want the man back because he was making trouble with all the others and he says, “if that’s how you feel maybe I should take all ten of them away” . . . The rest of the men decided they were not going to work anymore because it was too cold for them and they were’nt going to work in the rain. It was’nt raining nor had it been all the week before when they sat in the truck until almost noon when it warmed up. Thanks to them we have lost at least three loads of tomatos because they would’nt pick . . . [sic]. It seems to do no good to talk to [the liaison officer] at all. He is strictly for the worker, it seems to us. Does the farmer not have any protection at all? We are not the only ones having trouble. They have been treated no different than any other person on our farm. They have a T.V., a radio and a truck to use. They have been taken to the store any time they wanted, we kept liquor, beer, potatoes and pop at the house for them and when we ask them to work they refuse. We are really discusted [sic] (NAC 1974c: RG 118 Vol 81 File 3315-5-1-p.18).

As a side point, it can be seen from the early days that liaison officers attempting to “represent the worker” at the expense of the “farmers’ interests” were criticized. The role of the liaison officer, as someone who should represent not only workers’, but also growers’ interests, was thus instilled. Some liaison officers acknowledge that the position of competition between countries has limited their ability to push for their workers’ rights. As one long-term Jamaican official explains:

[Other countries were added to the program] because employers wanted to have a wider variety where they can choose workers and not be subjected to any one country who could hold them ransom – if they have one country and something goes wrong, they couldn’t harvest their crop (Interview 07-2007).

At the same time, media reports began to document the poor working conditions of farmworkers, including Mexican undocumented workers who were not even protected by the minimal guidelines under the SAWP. A 1973 federal task force investigation called conditions of farmworkers “inhumane and intolerable.” A *Globe and Mail* article written one year later, in 1974, quotes a labour organizer in Chatham as saying: “It’s a chaotic patchwork of housing conditions, wage agreements, guidelines and intra-governmental buckpassing It’s a matter of luck if a migrant family finds a farmer who treats them well” (NAC 1974d: RG 118 Vol 81 File 3315-5-1-p.18).

Mexicans were thus officially admitted to the program in 1974 in an effort by the Canadian government to diffuse labour demands of the Caribbean governments, to increase competitiveness among the labour pool, and to regulate conditions for multitudes of (mainly undocumented) Mexican labourers who were already working in Canada’s agricultural industry so as to avoid politically embarrassing situations¹⁶ (Satzewich 2007). A letter in 1974 from the Acting Director of the Manpower Employer Services Branch to the Director of the Programs and Procedures Branch indicates:

The signing of the Mexican arrangement not only gives us an alternative source of supply of agricultural workers but it also acts as a balancing force to the Caribbean supply. The latter is especially important, for we have noted in the last two years, at least, a “take-it-or-leave-it” attitude with the Caribbean Liaison officers almost in direct proportion to the increased use of the

¹⁶ Satzewich, who explores Mexico’s addition in more depth (2007) argues that political economy evaluations of immigration must consider not only the influence of Canadian growers, but also the specific interests of immigration bureaucrats to avoid the embarrassing situation in which they could not control the conditions under which undocumented workers were employed.

Caribbean program. But taken together the present Caribbean and Mexican arrangements assure us of a virtually unlimited supply of workers (NAC 1974e: RG 118 Vol 81 File 3315-5-1-p.18).

The addition of Mexico posed a diplomatic struggle for Canada to justify to its Commonwealth partners who had previously monopolized the program. In a Draft Telegraph to High Commissions in Barbados, Jamaica, Trinidad from the Department of External Affairs explains:

Cda and Mexico at present negotiating memo of understanding concerning admission to Cda of Mexican agric workers. Memo would serve to regularize existing flow of seasonal Mexican labour to Cda. Movement has amounted to about 10,000 per year, of whom about 4,000 expatriate Cdn Mennonites travelling on Cdn passports. This regularization highly desirable from our point of view because certain Mexican workers were in Cda illegally. Also some Mexicans were being exploited in terms of transportation arrangements, living conditions and wages. Understanding (which will probably not/not be in form of innatl treaty) is thus desirable as well from point of view of Jamaica, Tndt and Bbdos because unfair competition for Carib labour through exploitation of Mexican labour will be needed. It is probably that employers would be required to pay standard amount for transport of worker no/no matter his origin, thus ensuring Carib labour is not/not made financially less desirable to employer We shall be vigilant in attempting to ensure that understanding does not/not lead to reduction in flow of Carib labour but that Carib shares in any increases in numbers of seasonal workers brought to Cda [sic] (NAC 1974b: RG 118 Vol 81 File 3315-5-1 p.11).

Despite concerns of the Caribbean countries, Mexico and Canada signed their own separated Memorandum of Understanding (MOU), prompting the beginning of the Mexican Seasonal Agricultural Workers Program (M/SAWP) in 1974. Ever since this dynamic of competition between these two very diverse regions for places in the program has remained a fundamental constraint for workers' governments to be able to bargain effectively on behalf of their workers. As will be shown in later chapters, this positioning in a competition of a "race to the bottom" in terms of wages and rights has affected the dynamics of representation from workers' government agents, who could no longer display a "take it or leave it attitude" and expect to maintain their positions in the program. These limits on workers' representation, which in effect render workers with no independent advocates for their rights, are one central aspect of workers' structural vulnerability, and which leads to their employment in a system of exception.

Conclusion: Global Inequities and Migrant Vulnerability

Like many countries of the global South, Jamaica and Mexico, and especially the poor within these countries, are examples of what Nobel Prize laureate for Economics and past Chief Economist of the World Bank Joseph Stiglitz calls “free market fundamentalism” that works to support the financial interests of wealthy creditors over the social welfare of marginalized populations (2004:14). Yet no matter how broadly these assaults have affected the poor in these countries, the human rights regime still focuses on the relationship between domestic governments and their citizens.

The regular, everyday assaults on socioeconomic human rights, including the failure to provide everyone with access to education, clean water, adequate nutrition and food, and basic protection from preventable illness, all relate to policies and circumstances which, although defined within a specific geo-political setting, extend far beyond national governments. The current human rights regime does little to recognize the true origins of these assaults, instead focusing on the contemporary nation state as right violator or guarantor (Farmer 2005). As Farmer insists, however, without “a historically deep and geographically broad analysis, one that takes into account political economy, we risk seeing only the residue of meaning Those who look only to powerful present-day actors to explain misery will fail to see how inequality is structured and legitimated over time” (2004:309). When one considers the rights of workers in the SAWP who fall outside of or between nation states, this problem is further intensified and complicated.

Faced with regular assaults of human rights, most stemming from poverty and inequality, the marginalized within peripheral nations have been desperate to find a means to earn an income that will provide their families with basic needs. It is in this volatile and vulnerable context that rural Mexicans and Jamaicans leave their families and participate in programs like the SAWP often at great cost to themselves and their families. A major short-coming of the human rights regime, then, relates to its inability to deal with the elements of structural inequalities that regularly violate the socioeconomic rights of the poor, which compel them to accept precarious work positions abroad.

This chapter has sketched out the makings of a relational ethnography between Canada, Mexico and Jamaica in the historical development of the SAWP. It can be seen

that the economic struggles facing farmers in all three countries have been similar, but the global economic positioning and terms of trade have been quite different, leading Canada to be in a structurally superior position to capitalize on the global and domestic historically-constructed inequalities enabling marginalized peasants of Jamaica and Mexico to be integrated as unfree labour in Canada. The dynamics of competition between Mexico and Jamaica further undermine these countries' bargaining power, and entrench the system of vulnerability for SAWP workers of both nations (although Jamaica's structural position is now relatively weaker than Mexico's).

It is different parts of the same global system which promote the internationalization of agriculture, making it difficult for small farmers to survive, impose SAPs on peripheral countries, and promote an abstract "human rights regime" as the solution to all of its failings. Yet the premise behind the global economic regime is that only governments can be held accountable for human rights abuses, even as state power is continually eroded in the name of neoliberal "free" market principles; and even as the origins of these abuses are indeed part of the same processes of globalization in which the human rights regime is based. In sum, then, the dynamics of structural violence, human rights failures, and relational inequalities are interlocking and multifaceted; they very much determine the degree to which people suffer, and the degree to which migrants' structural vulnerability may be harnessed as a tool for capital accumulation in Canada.

PART II: THE MIGRANT'S JOURNEY



Figure 20 - A female migrant worker watches as a Canadian family walks by the water in Niagara-on-the-Lake

CHAPTER 4 - SEEKING ROUGH HANDS AND ROUGH LIVES: RECRUITING, SCREENING AND EXAMINING WORKERS

“Human beings make their own history . . . but not in circumstances of their own choosing.” – Karl Marx 1963:15

Introduction

The migrant’s journey begins long before arriving in Canada. In shifting the focus towards migrants’ experiences of the SAWP through largely ethnographic material, the first part of these narratives begins in migrants’ countries of origin, and explores how prospective migrants make their way into the program. While migrants’ choices, families, networks and patterns of migration are all important considerations in their participation in the SAWP, this involvement is highly mediated by the participating states. The SAWP as a migration system unfolding between the various participant states, becomes apparent in examining how “ideal migrants” are selected in each country—a complex process that had been largely neglected in the literature (an exception is Barber 2008). Douglas Massey, for example, writes that, “Until recently, theories of international migration have paid short shrift to the nation-state as an agent influencing the volume and composition of international migration” (1999:303). Although this trend began to change in the 1990s, Massey notes that those studies focusing on the state tend to emphasize the role of receiving states, while the regulation of emigration from sending countries has been largely neglected. Thus, these states’ roles in the migration process are “poorly understood” and under-theorized (Ibid:303).

It tracing the steps of prospective migrants, it becomes apparent how central the role of the participating states has been in managing the SAWP, including determining both the content of the various “gates” of admission into the program, and who is deemed eligible to pass through them. For each country, I outline how these “gates” unfold: the recruitment and selection process; the medical exams and information provided to workers about their rights and obligations in the program; and the process of departing for Canada. In so doing, I illustrate that admission to the program manifests as a specific logic in each country. In Mexico it is framed as a *needs model*, giving workers who are deemed in “most need” the chance to earn money in Canada, while in Jamaica it is structured more as a form of *political patronage*. What underlies the entire system,

however, is the fact that the sending countries' main priority is to maintain their position in the Canadian program by providing an inexhaustible supply of fit, healthy and compliant workers who will be productive in Canada and who will not generate problems for employers (see Bolaria 1992). I argue that this selection process directly contradicts Canada's employment equity laws; and that this exception is permitted since the hiring processes are divested "offshore" and conducted by the sending states.

Cunningham invokes the image of a "gated globe" to describe how nations, especially in the post-9/11 era, are becoming "rebound - both in terms of their symbolic salience and in terms of how nation-states are asserting control over national and international landscapes" (2004:332). In so doing, Cunningham demonstrates how this period of late globalization and increased concerns of security and surveillance involves nations' use of borders and bordering in "new ways." Likewise, the notion of "mobilities and enclosures" proposed by Cunningham and Heyman (2004) suggests the ways in which human mobility, mediated by inequities such as race, class and nationality, is both enabled and restricted, rather than simply "unbound" through the dominant process of globalization.

This chapter situates how the Canadian state border is extended into the sending countries for temporary foreign workers, and extends Cunningham's metaphor of a "gated globe" by describing a number of "gates" through which prospective migrant workers must pass before they can be allowed into Canada. In so doing, I show how the Canada's borders extend from merely the "line" over which migrants must pass to physically enter Canada, to also include "gates" within their own countries. I suggest that the idea of the border can be expanded to include the lines which delineate movement and membership both between and within nations. As Núñez and Heyman (2007) note, however, ethnographic attempts to understand barriers to movement and operationalize the concepts of "mobility and enclosure" must also consider the agency of migrants and their attempts to overcome these barriers for reasons they deem important. As Barber argues in her analysis of the 'Janus effect,' structural disempowerment does not preclude "individual agency and its empowering possibilities" (2002:56). With these considerations in mind, I demonstrate ways in which migrants use networks, creativity and in some cases false identities, strategies mediated by a "morality of risk" (Núñez and

Heyman 2007), in order to circumvent the limitations imposed by these rigid state selection processes to promote their own interests.

Parameters of Selection

From the beginning of the SAWP, Canadian interests have dictated the parameters of selection for participating workers. In 1966, the “type of worker” sought by growers was described as follows:

The worker required should be over 18 years of age and currently engaged in some type of small farming with at least two years experience in vegetable harvesting. The worker should be of a medium build, energetic, nimble and not colour blind. It was also agreed that for the first venture the recruit should preferably have had some previous work experience in stoop labour (NAC 1966c: RG 118-ACC 85-86 / 071 Vol 81 File: 3 315-5-1 p. 8.1).

Since then, as we will see, many changes to this description have evolved; the parameters of selection have in fact only become more rigid and comprehensive.

By contrast to the SAWP, Canada’s Temporary Foreign Worker Program (TFWP), recruits its workers largely through private mechanisms, such as labour brokers. Analysts have pointed out that this type of recruitment is highly problematic, as it can lead to bribes as well as false promises about wages and working conditions that do not materialize in Canada (Griffith 2003; Flecker 2007; UFCW 2007). One of the reasons the SAWP is held as a model is because the home states are in charge of recruitment efforts; therefore these abuses should, theoretically, be less likely to occur.¹ In this context, however, states may use recruitment for the program to fulfill strategic political interests and this system may create its own problems and inconsistencies.

The Canadian government specifies that recruits from Mexico and the Caribbean “must have experience in farming” and they must:

- Be at least 18 years old;
- be nationals of one of the participating countries;
- satisfy the immigration laws of Canada and the worker’s home country; and
- accept and sign an employment contract (HRSDC 2008b).

¹ Although such instances are less likely and common in the SAWP, some evidence exists that they are nonetheless present. See Hennebry (2008) who discusses the use of private third party contractors in the SAWP.

SAWP applicants, however, are screened by their home governments far beyond these basic criteria, and judged on factors which have more to do with local political considerations (and appeasing unofficial Canadian preferences), than with workers' abilities or any semblance of equitable recruitment practices.

The process for recruiting temporary foreign workers begins in Canada, with employers issuing a request for a Labour Market Opinion (LMO) to Human Resources and Social Development Canada (HRSDC). Prospective employers must meet a variety of criteria before being issued a positive LMO, including demonstrating that they have made an effort to hire Canadian workers (see HRSDC 2008b for full criteria). The process is meant to assess the impact of the hiring on the Canadian labour market and to ensure that Canadians will not be adversely affected. As one HRSDC officer put it, "We're technically the program of last resort" (Interview 03-2008). Indeed, much of this process seems to function to maintain the pretense that these are "temporary" positions for "temporary" labour shortages when all other efforts have failed, despite the fact that some employers have been requesting workers for the same positions for over 40 years. As one grower explains:

You cannot buy a farm and basically buy the workforce with it, so we had to prove to the Canadian government that we cannot find a suitable Canadian workforce to do that same job, and we have to do that every year, by the way. There is a period where the labour pool is searching for people for us and it's a farce because everybody knows that nobody works as hard as the Mexicans and the Jamaicans. But that's what we have to do and I found that odd, why? And they said this is the terminology, you cannot buy a farm with a Mexican or Jamaican workforce because there is an anti-slave clause somewhere in there and you cannot just buy people. It's just the terminology (Interview 01-2007).

The process is, as this grower says, based largely on "terminology," as employers are offered positive LMOs year after year as a consistent "last resort" for the same "temporary" labour shortage. Once growers receive the positive LMO, they can request Mexican or Caribbean workers through the SAWP.² Employers may specify the desired number of workers from each nationality and gender, and from there it is up to the sending countries to select appropriate workers based on criteria they further establish,

² More recently growers have also had the option of requesting workers from any country of their choosing through the more flexible TFWP.

and then to process the workers' applications, work permits, and medical screening to enter Canada.

Part 1 - Mexico: "El Otro Lado del Otro Lado"

Gate 1 - Recruitment and Selection: The "Needs Model"

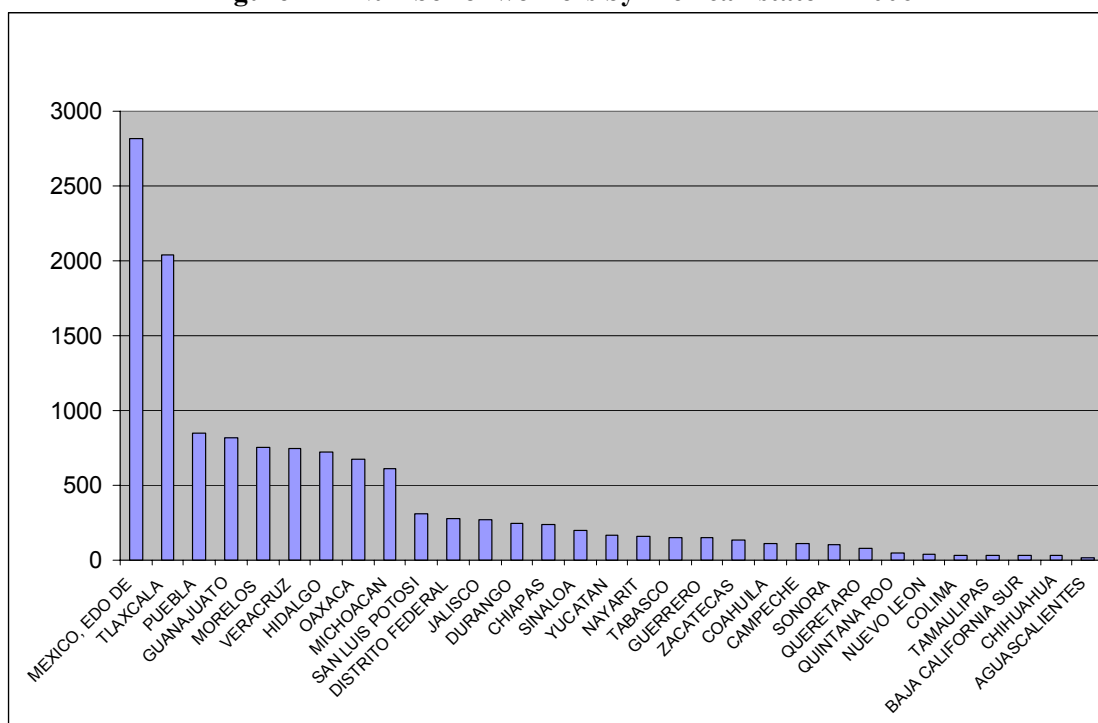
"When I entered the program I was told I have to have a minimum of three kids and have not completed secondary school. It helped that I don't have a Dad, so I have to maintain my mother and my wife and six kids." – Nicolas, Mexican worker

As I got to know more and more residents of the Puebla village where I would base my investigations in Mexico, I was struck by the impact of Canada's migration program. I noted early during my stay that pretty much everyone I had met in this village had either gone to Canada, had a family member who goes, or at very least, had one who desired to go. I was sometimes even befriended by villagers with the hope that my Canadian citizenship could hold some sort of sway to get a family member "in" to the lucrative program. On many occasions I was dismayed to encounter disappointed reactions as I patiently explained that I was merely studying the program, but was not part of administering it. I distinctly remember early in my stay being urged to attend a child's birthday party. I naïvely thought the child enjoyed my company and wanted me to attend. As I was served with my second piece of cake and third drink, it became apparent that the aspirations of the child's father, Alfonso, who had been denied access to the Canadian program because of his age (he was in his mid-40s), was the real impetus behind my presence. "Is there anything you could do?" he asked earnestly. "Could *you* hire me?" In this case, not even the tequila could help.

The program wasn't always this ubiquitous, well-known or lucrative. While rural Mexicans have had long migrated to Mexico's urban and industrial centres, and to the United States, the first and primary *otro lado* (other side), the journey to Canada by airplane used to be something of a novelty. The financial pressures in Mexico of the 1990s (see Chapter 3), only exacerbated the pressure on Mexico's poor to migrate north, to the point where a "culture of migration" – in which migration becomes normative and expected among young adults as a means of economic mobility, and is sustained by networks of migrants – has emerged in many Mexican communities (Kandel and Massey

2002). At the same time, U.S. border security measures enhanced in the 1990s grew even more widespread in the aftermath of 9/11. Since then, the journey across the U.S. border has become both more important as a means of economic survival, and also more perilous, forcing migrants to cross along more dangerous routes, such as the Arizona desert, leading to increased migrant deaths—up five times by some estimates (Cunningham 2004; see also Green 2008). Thus, many migrants who make it to the United States—fearing the consequences of a repeat journey— stay there and separate from their families for years (see Hellman 2008; Núñez and Heyman 2007). For middle-aged parents like Alfonso, the security of a Canadian contract, with its regular return dates, is all the more appealing.

When the SAWP opened to the first 203 Mexican workers in 1974, recruitment through advertisements and media promotions was necessary to spread the word about employment opportunities. Such strategies continue to be utilized as the program expands throughout every state in the country. The historical sending regions, however, still maintain their predominance in the program. In 2006 the top sending states included: Estado de Mexico (21.7% of participants), Tlaxcala (15.7%), Puebla (6.5%), and Guanajuato (6.3%). These and the other states which surround Mexico City, the place where workers have had to apply for the program throughout most of its history, are the regions with the longest history in the program, and thus the greatest number of repeat workers.

Figure 21 - Number of workers by Mexican state in 2006Source: STPS (2006)³**Figure 22 - Map of Mexico by state**

Source: www.milebymile.com

³ This data from which these figures on Mexican worker statistics are based was derived from unpublished statistics provided by the *Secretaría del Trabajo y Previsión Social* (STPS) (the Mexican Ministry of Labour and Social Welfare) in 2006.

In these states, where the program is long established, there is now little need to formally advertise the program. Workers' kin networks of family, friends and neighbours share stories about their experiences in Canada, and many, if not all workers in my research, had other family members or friends who had a history of migration. As many authors have found with respect to Mexican migration to the United States,⁴ kin networks also help to sustain migration patterns to Canada, though they are more directly mediated by the state. These kinship patterns were especially crucial in informing the first group of 37 women⁵ that female workers were eligible for the program, a welcome opportunity especially for a single woman with a family to support and no desirable local employment opportunities. As Lucia, a female worker who entered in 1989 (the first year women were admitted), explains:

My cousin's brother had already come to Canada, he was among the first when it started in 1974. They explained the process of how to enter the program in good detail. They told me the first year they were sending women At the time I was earning 15 or 20 pesos a day. I had never gone to school and had worked as a housekeeper.

Through such instances of word of mouth, many prospective workers facing economic difficulties, like Lucia, applied on their own initiative for admittance to the program. It should also be noted, however, that women in particular were and are motivated to migrate not only because economic necessity, but also by the desire to escape from unhappy family and social contexts at home and to gain a measure of independence and freedom otherwise unavailable to them in a society which is deeply patriarchal.⁶ The other part of Lucia's story, for example, is that her father had been abusive to her.

⁴ Sometimes called "network mediated chain migration," "network theory," or "social capital theory" numerous studies of migration, and Mexican-U.S. migration in particular, have emphasized the importance of networks in establishing and maintaining migration patterns (e.g. Kandel and Massey 2002; Curran and Rivero-Fuentes 2003; Massey *et al.* 1994). See Brettell (2008:124) for a list of related anthropological studies.

⁵ By 1990 the number of participating women had doubled to 76, and remained fairly constant until 1998, at which point 145 women took part. As Verduzco and Lozano note: "In relative terms, the participation of women workers was about 1.0% to 1.5% from 1990 to 1997, in 1998 it increased to 2.2% and for 2001 and 2002 the proportions have been above 3%" (2003:14).

⁶ See Hermoso Santamaria (2004) and Hellman (2008). The vast majority of workers from both Mexico and Jamaica indicate economic necessity as the primary motivating factor. Secondary in importance, but also significant, are motivations of escape, opportunity and adventure. Some workers indicate that they migrate principally to escape poor relations in their family, sometimes with their spouse. One bright eyed

Several government ministries are involved with administering the SAWP in Mexico. The responsibility for recruitment, selection, hiring and documenting workers, lies with the *Secretaría del Trabajo y Previsión Social* (STPS) (Ministry of Labour and Social Welfare). In the past, workers had to make repeated trips to the Ministry office in Mexico City, but in 1990 the process was remodeled into a “single window” system to expedite and facilitate the procedures. Different modules of the various government agencies involved with the pre-departure procedures were put in place together so that workers could conduct all of the procedures (other than the medical exam) in one locale.

These modules include: 1) *Secretaría de Relaciones Exteriores* (SRE), (Ministry of Foreign Relations) (an SRE booth at the Ministry of Labour office issues workers’ passports; from a separate building in Mexico City the SRE also liaises with the Mexican consulate officials in Canada, and assists with legal procedures such as pensions and workers’ compensation claims once workers are in Mexico); 2) *Instituto Nacional de Migración* (National Institute of Migration) part of the *Secretaría de Gobernación* (Ministry of the Interior), which issues migratory forms for the workers’ departure from Mexico; and 3) *Secretaría de Salud* (SS) (Ministry of Health), which runs several medical centres in Mexico City as well as more recently throughout the country where it conducts pre-departure medical exams of workers. The Health Ministry is also responsible for liaising with Mexican consulate officials to help find medical treatment centres for workers who return home sick or injured. Another feature to facilitate application procedures has been the creation of an electronic system of information on workers, including their return reports, places of employment, and medical exam results.⁷

There has been a shift since 1999 as the program has expanded nation-wide to decentralize the Ministry of Labour operations and to open offices in various states throughout the country (i.e., to allow for workers throughout the country, not just those from traditional sending regions, to benefit from it). This saves many workers the long

young man in line at the Jamaican Ministry of Labour assured me: “It’s not really about the money. It’s more about the experience.” Women migrants are able to generate a measure of autonomy and independence which would never be afforded to them at home, particularly valued if they have abusive family relationships. Informal interactions with workers from Trinidad and Barbados suggest that workers from these islands, where they suggest that there are more promising job prospects, may be more motivated by adventure, opportunity, etc.

⁷ This section is based on interviews with Mexican officials, supplemented with findings of Verduzco and Lozano (2003:6-8).

and costly journey into Mexico City, which is especially cumbersome since it inevitably involves more than one day of exams and paperwork, and workers from far away rural areas often have nowhere safe to spend the night.⁸

Figure 23 - Mexican Ministry of Labour (STPS) in Mexico City



In Puebla, the primary state of my research focus, a regional office has been opened in the capital city of the same name since 2005. Regional offices are assigned a quota of workers by the federal Ministry. Competition for positions is stiff, especially in states like Puebla where the program is well-known and the need for employment is high.

Decisions to admit workers in Mexico are based on a number of criteria which can generally be framed as a “needs” (a charity or rural developmental) model, given that the program generally seeks peasants with little or no land and few economic prospects. This equation is assessed based on the applicant’s number of dependents, lack of income opportunities and education. A Mexican government web site indicates that applicants must:

Be a farmer, journeyman or someone who works in agricultural activity.

Be between the ages of 22 and 45.

Hold a minimum third year of primary school education and maximum of third year of secondary school.

⁸ Workers in Binford’s (2002) study reported traveling to Mexico City a median of five times to process papers, have health exams, etc., each time incurring additional expenses for which 45% of his sample had to take out a loan.

Be men and women, married or in a de facto union, preferably with children. Also celibate persons who wish to participate may do so if they prove that they have economic dependants.

. . . live in a rural zone (Mexico 2009).

Basok reports that (male) participants are also supposed to have completed Mexican military service (2002:99). After meeting these criteria, the decision as to whether or not an applicant is successful is determined by individual civil servants weighing the emotional pleas of applicants. One civil servant at the Puebla office described her experience of selecting workers as follows:

In 2006 we received about 400 [new] applications, and only 89 were selected; a lot of people were disappointed. What I do is try to select the applicants who need it the most—who have the most economic dependents. The most important aspect is [agricultural] experience, and after that who has the most economic dependents, also if they have sick parents. Sometimes [unsuccessful applicants] begin crying, and it's a very difficult situation. If it was up to me I would let them all go, because they all need it. Since 2005 we have no longer promoted the program because there are too many applicants (Interview 12-2006).

As well as “need,” recruitment officials are concerned with ensuring that the workers whom they select will be fit, compliant and productive in Canada. For these reasons they generally seek workers with experience in agriculture (especially crops similar to those which will be grown); of an age where their physical stamina is more likely to be high (first time men between the ages of 22 and 45; women between the ages of 23 and 40)⁹ (Verduzco and Lozano 2003), and with absolutely no health problems. As Binford observes, “[t]he criteria favour rural people with few domestic opportunities whose desperation for work ensures that they will form a relatively docile and pliable labour force” (2004:290). The logic for workers having dependents seems to reside upon the assumption that they are more “in need” of the money, as well as the belief that they are less likely to seek to remain in Canada (either through marriage to a Canadian or abandoning the program and staying in the country illegally—a practice known as AWOL). As Preibisch notes, “This characteristic of the SAWP as a prerequisite to

⁹ Although Canada's regulations stipulate that workers must be a minimum of 18 years, the Mexican Ministry raised this minimum to increase the likelihood that applicants will have larger families and will return to Mexico following the contract (Basok 2002:99).

inclusion treats workers as members of a family on one hand, yet as single applicants on the other, as they are not allowed to bring—or visit—their families during their course of work in Canada” (2003:44).

While there are some exceptions, these criteria appear to apply for the vast majority of workers. According to STPS statistics, 94% of workers selected are in a marriage or common law partnership (an additional 3% are likely single, widowed or divorced women); 96% have children (others may have other kinds of dependents, such as sick parents); 81% have two children or more (see Figure 26). Workers’ average age in 2006 was 37.4 years, with 78% of workers (both new and return) between the ages of 25-44 (see Figure 25). Most have some primary or junior high school education (approx 96.5%), but very few (about 3%) have high school or above (see Figure 24).

Figure 24 - Mexican workers' education levels, 2006

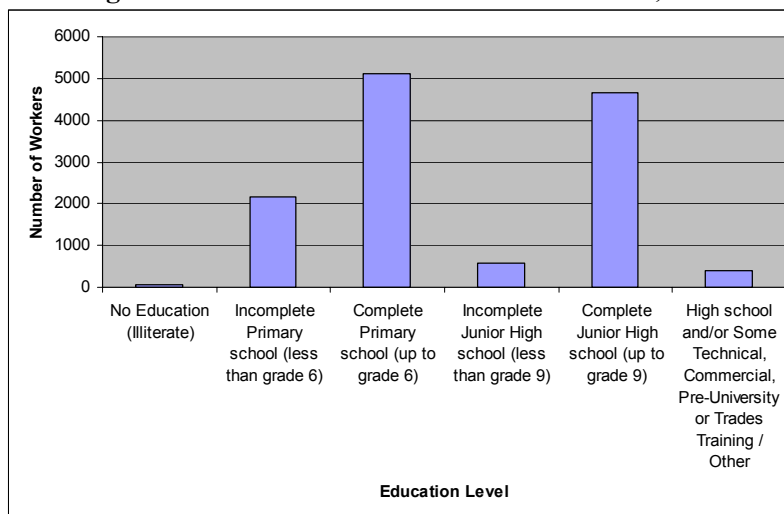


Figure 25 - Age of Mexican workers in 2006

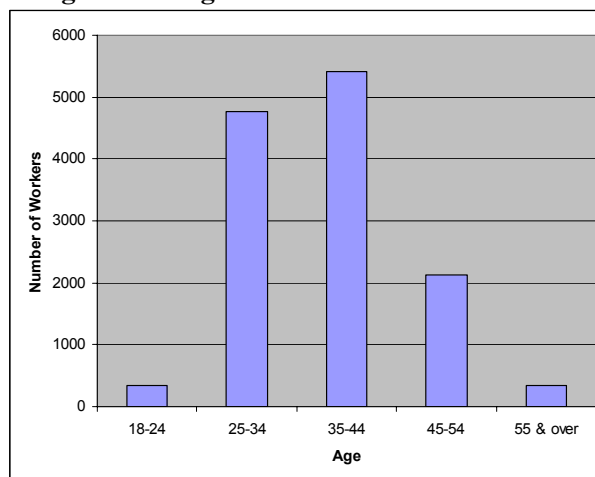
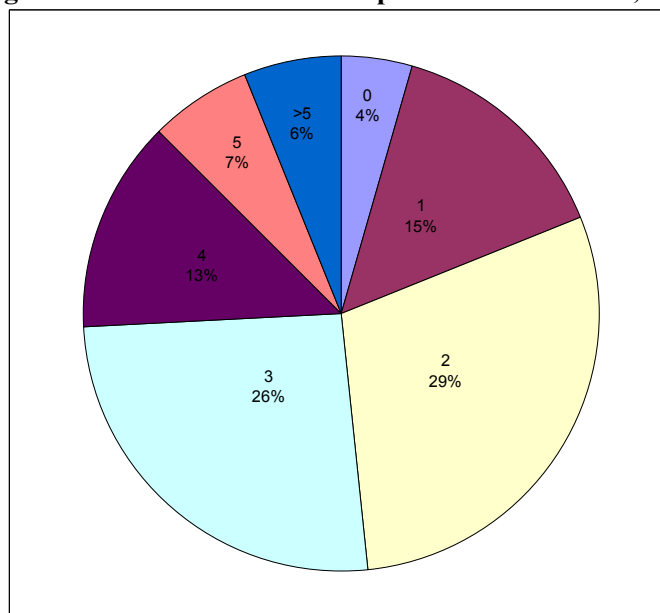


Figure 26 - Number of children per Mexican worker, 2006

Nicolas, who was quoted at the start of this section, represents the ideal candidate sought—married, male, young with many dependents, agricultural experience, little education and a strong need for basic employment. Workers who fit this profile are most likely to be admitted without a problem. There are many others, though, who fall outside the parameters established by the Ministry, but still desperately need income to support their families, and cannot find adequate employment in Mexico, or who may want to migrate for other reasons. Some of these migrants actively misrepresent their profiles in order to conform to Ministry preferences.

Such acts are not unique to the SAWP. Pauline Gardiner Barber (2008:1268) discusses how both the Philippines state and Filipino migrants have adapted to suit the changing immigration demands of Canada. In some cases, prospective emigrants enact what she and Belinda Leach have labeled “performances of subordination,” that is, presenting themselves with particular desired identities and downplaying less desired traits, with prototypical examples of doctors attempting to fill overseas positions as nurses or nurses aspiring to enter as domestic live-in caregivers. Although similar observations could be made of the Mexican and Caribbean migrants hoping to come to Canada as farmworkers, they are seeking to be the ideal “migrant,” not the ideal

“immigrant.” This distinction adds an additional layer to the performances of subordination they must enact in order to appear “ideal.”

While many workers indicate that *suerte* (luck) is the most critical variable to getting admitted, others – especially those who do not perfectly fit the criteria – are not willing to rely on prayers to the Virgin of Guadalupe for their success. Through their kin networks, applicants have a good idea of what the Ministry seeks, and deliberately manipulate their profiles to conform. Some workers speak of dipping their hands in *cal* (slaked lime used to make tamales) to look more as though they are labourers. Others go to more elaborate means. While some criteria – like gender – is difficult to fudge, others, like wages and employment, agricultural experience, education level, marital status, geographic area of residence, or number of children, seem to be readily manipulated by applicants who know the rules and how to get around them. Forged documents in Mexico, and among Mexican (im)migrants in the United States are commonplace,¹⁰ and many workers speak of manipulating these to comply with Ministry preferences.

Some applicants conceal their higher levels of education and experience in order to appear in more need as the “ideal migrant.” Others speak of independent third-party recruiters who help with the process to gain admittance to Canada, for a cost (see Hennebry 2008). Thus, applicants who may not fall into the desired criteria, but still want or need the Canadian income, sometimes find ways to adapt their applicants accordingly. As Perfecto explains:

The program here is very important and very hard to get into. I had to fake papers from my brother’s wife, saying that we have children together and that I’m a *campesino*. I’m from Hidalgo but I live in DF [Mexico City], where we had the welding business. I’m 27 and my wife is 20. We don’t have any kids. She’s trying to learn English and wants to study international business. She’s very smart but it’s expensive, so I have to send money home to support her. I can’t make enough in Mexico.

Women, who face even stiffer competition for 3% of the program’s spots, have also learned to manipulate their circumstances. Although the Ministry typically only allows single mothers (the assumption ingrained in this deeply patriarchal society is that

¹⁰ Núñez and Heyman (2007) discuss various strategies employed by migrants in the United States to learn and conform “to specific ‘legal’ social appearances and identities,” including the use of documents to stave off arrest.

married women should stay home while their husbands migrate), some married women have also broken the mould when their husbands are unable to go to Canada. As Beatriz, a worker in her thirties, explains:

I applied for the program after my son got cancer. He was very sick and we spent our life savings, including selling our house, on his treatments. I entered the program to pay off these debts and continue to support him. I entered as a “single mother.” My husband could not go because he was 46 and there is an age limit to enter.

Despite the Ministry’s best efforts, workers’ established networks of kin and Mexico’s widespread use of forged documents allow many applicants to maneuver their place into the Canadian program. With such competition, many other applicants are still turned down. It is quite probable that some of these applicants – like Alfonso, who invited me to his son’s birthday party – may fit the criteria of what the Ministry is seeking more than those who know the rules and have the resources to bend them. In such cases, a lack of education, resources and literacy may actually pose a barrier to the admittance of true “campesinos,” as they may not be able to as easily manipulate their own applications to conform to Ministry preferences. (I don’t want to over-emphasize the use of these performative tactics, however, as the majority of workers I have known do in fact fit roughly into the criteria that the Ministry seeks.) Civil servants at the Ministry may also be swayed by emotional pleas, personal biases, or as some workers allege, bribery. (Officials, of course, deny such allegations, and the amounts allegedly sought do not seem to place workers in a system of debt patronage.) Overall, though, the program succeeds in its goal of recruiting and selecting a labour force in Mexico comprised of men and women whose family ties will ensure that they return home, who desperately need higher income to support these families, and accordingly, are likely willing to sacrifice their own rights to maintain their ability to secure lucrative employment.

Gate 2 - Medical Exams: Only Healthy Workers Need Apply

Canadian Requirements

Once workers have passed the first stage of being deemed admissible for the program, the next hurdle is to pass thorough a two-day medical exam administered by the Mexican Ministry of Health, known in Mexico as the *Secretaría de Salud*, or SS (see Appendix 4.1

for a flow diagram of the exam). According to the SS, the stated objective of these exams is:

To guarantee that the workers recruited travel under good health conditions and to avoid that they suffer infectious or contagious illnesses or any physical or medical condition that could prevent them from carrying out the work that they are assigned.¹¹

The health management branch of CIC determines the content of these exams and approves doctors (known as designated medical practitioners or DMPs)¹² and facilities to carry them out. The exams have existed since the program's inception. A Canadian government memorandum in 1969 explains the purpose of the exam, which was originally modeled on a similar exam used on migrants to the United States:

The original purpose of the medical examination, in addition to being a copy of what the U.S. required for similar workers, was directed toward determining fitness to perform the hard work proposed on arrival in Canada together with a certificate of "free from communicable diseases."

This internal government correspondence, however, also indicates that dimensions of racial prejudice may have influenced the scope of the exam:

No seasonal workers from Europe, i.e., student movements, require medical unless they are coming for one year or more. The longest time any worker from the Caribbean is allowed to stay is four months and Mr. Allen says the average time is under three months. It seems, therefore, that we have over-reacted to general, unsubstantiated statements by Ontario Department of Health and National Health and Welfare about the danger of communicable disease from these coloured people from the Islands. In my opinion, we are discriminating against these workers. This may be because we wish to find ways to make it difficult for the Island governments and thereby discourage any increase in the size of the movement, but certainly this will not help our image or our relations with them if they find out (NAC 1969b: RG 118 Vol 81 (ACC 85-86/071) File 3315-5-1 p.3).

Despite these concerns over discrimination, the medical exam has continued to be seen as both a way to protect Canadian "public health interests" and, moreover, to ensure

¹¹ The original Spanish text is "*El objetivo ha sido garantizar que los trabajadores reclutados viajen en óptimas condiciones de salud y evitar que sufran enfermedades infecto-contagiosas o cualquier condición física o médica que pudiera impedir realizar el trabajo que se les asigne*" (SS n.d.).

¹² For more information on DMPs, see CIC (2009).

healthy workers to employers. A Canadian official explains that applicants are deemed medically inadmissible:

If they're a danger to public health, which is basically active TB, a danger to public safety, that's mostly controlled psychiatric conditions, a history of violent behavior, that kind of thing, or if they're going to be an excessive demand on the Canadian health system and that's defined in law as somebody who's going to cost the Canadian system more than the average Canadian for the first five years that they're in Canada (Interview 05-2008).

When the Immigration Refugee and Protection Act (IRPA) took effect in 2002, the rules changed so that *only* foreigners entering Canada *for more than six months from designated countries* had to undertake the exam—a condition which does not apply to many SAWP workers.¹³ Despite their exemption in the law, SAWP workers are nonetheless expected to continue having the exam annually. As the Canadian official explains:

When IRPA came out there was a realization that technically the SAW workers didn't require a medical exam anymore. If they're coming for less than six months, they don't really need it and I know some come for longer or shorter or whatever, and there was that negotiated process that well, okay, many of them don't need it, but we still want them to have it, and most importantly, the employers still wanted them to have it, because the employers were still using it to make sure they had a healthy workforce (Interview 05-2008).

It can be seen, then, that the primary purpose of this exam (in contrast to medical exams for other long-term residents to Canada, for which public health concerns is the principal mandate) has been to ensure healthy, fit workers for Canadian employers. It can also be seen that throughout the history of the program, the medical exam has endured as an “exception” to normal immigration laws, imposing an exam on SAWP workers that is not required by law of other (im)migrants in similar situations.

Ten per cent of exams conducted in Mexico are sent to Canadian Medical Officials who have a regional office in Port of Spain, Trinidad, for quality control. Mexico is an anomaly in this process, since all other countries must send 100% of their

¹³ Designated countries are those which have rates of TB in excess of 15 per 100,000 per year. Currently, Mexico is ranked as a designated country, but Jamaica and many other Caribbean countries are not. Furthermore, many workers come for less than six months. See CIC (2006) for more information on these guidelines.

exam results to the Port of Spain medical office for approval. A Canadian official explains that this exception is due to historical and political circumstances: “Mexico is a special concern because they have this unusual historic arrangement that not 100% of the medicals go to Port of Spain, only 10%, and we’re trying to fix that . . . at some time in the past, maybe 10 plus years ago, it was just felt that they could handle it, so it was set up that way” (Interview 05-2008).

Since the program’s inception the Mexican government has performed these exams on applicants in a limited number of *centros de salud* (health centres) in Mexico City. As the number of Mexican workers to Canada steadily increased in the 1990s, the capacity of these centres to attend to the demand became insufficient. There was a particular concern after a worker in Canada was found to have active TB, a relatively common condition in Mexico,¹⁴ but considered rare and threatening in Canada. As one Mexican official recalls, “Unfortunately, due to the saturation of the workers in all of the clinics, one of the clinics sent a person with tuberculosis to Canada . . . I believe this was in 1998-9 . . . you can imagine what happened in Canada after that! They were about to close the program!” (Interview 03-2006).

There were also concerns for the safety of the workers who had to travel to Mexico City from all over the country in order to apply for the program and undergo medical exams.¹⁵ In response to these concerns, a program of decentralization was proposed in the late 1990s, to ease the saturation of clinics in Mexico City, and to allow workers to apply for the program and receive the medical exams closer to their places of origin. The first clinics to be approved were in the Estado de Mexico, Campeche, San Luis Potosi and Sonora and throughout the last decade the project of decentralization has continued to expand, opening centres in Jalisco, Durango, Oaxaca, Tlaxcala and Puebla (SS n.d.).

¹⁴ Although those with active TB are supposed to be excluded from coming to Canada, there may be a high incidence of latent TB among entrants (see discussion in Chapter 7 and Duarte and Sanchez 2008). According to the WHO, the TB rate in Mexico was 22,473, or 21 cases per 100,000, in 2006 (USAID 2009).

¹⁵ Both the Ministry of Labour and the health clinics are located in run-down areas of Mexico City. According to one administrator, “The five clinics for workers were unfortunately in the most dangerous areas of the city. It was dangerous for the workers; there were people that had never left their village, and they arrive here in the worst area and many were assaulted or robbed.” This was especially worrisome since to get all of their documents in order many workers had to spend several days in the city, traveling to various offices.

The Process of the Health Exam

When I arrived at the Puebla SS in 2006, there was a well established system in place at the satellite clinic. The staff was kind enough to walk me through the typical experience of a migrant's health exam, and I met the various social workers, technicians, and medical staff along the way, each of whom explained to me their role in this highly oiled "health check" machine. A typical medical exam day structure would be as follows: On the first day, applicants arrive and go to the reception to meet with a social worker. They go through some basic documents. (Unlike the process in other areas, in Puebla, the psychologist performs this role; she also conducts a mental health assessment of workers and discusses with them some of the mental health implications of migration—although this seems to have little impact on their admittance to Canada).¹⁶ Following this initial intake, the applicant receives a number of laboratory examinations, including a chest x-ray, blood and urine tests. One notable exception is that Mexican applicants are no longer screened for HIV due to human rights complaints that this violated a labour law.¹⁷

On the second day the applicants' test results are ready and they go on to a full consultation with the DMP, who screens applicants for a wide variety of conditions, such as diabetes, TB, kidney, heart and lung problems, obesity, high blood pressure, as well as a variety of other illnesses (e.g. cancer), addictions or other limitations (e.g. eye sight and restricted movements). After the history and laboratory results are reviewed by the DMP, applicants receive a physical exam of about 20-30 minutes, so physicians must be thorough, but do not have a lot of extra time to discuss problems with workers. The physician has a comprehensive six-page report outline (including the chest x-ray report)

¹⁶ The psychologist's position in Puebla is seen as an innovation and a pilot project in the system and is in fact not part of the formal exam as requested by Canada. Using pre-employment health assessments to achieve multiple goals, such as health education, tracking, counseling, etc., is also found in other contexts (see, for example, Whitaker and Aw 1995).

¹⁷ A Canadian official explains that the HIV mandatory exam was removed during the 2002 IRPA negotiations: "as part of that negotiation they [Mexico] had the HIV test dropped. They're the only group that has had the HIV test dropped. It's a weird thing" (Interview 05-2008). Verduzco and Lozano (2003) report that the Canadian Government requested that all workers have an HIV test, but this contradicts a Mexican Labour Law in that "this test can not be a requirement to get a job. For this reason, the medical centers certified by the Canadian Government could not administer that test, but then the workers themselves had to pay for it at around \$175 pesos or \$17.50 USD in private laboratories" (2003:59). When I interviewed the Mexican Ministries in 2006 it appeared as though workers, in deference to human rights concerns over this law, were no longer subject to these tests, and in fact one HIV positive worker was reportedly admitted into Canada that year. After ending up in a Canadian hospital with an opportunistic infection, the worker was denied entry into the program the following year.

which must be filled in. Issues ranging from kidney function and alcohol-related problems to STIs and pregnancies are included in the report (see Appendix 4.2B). After everything is considered, the DMP determines whether the worker is fit for employment in Canada, based on a scale determined by Canada (see Appendix 4.2A).

The doctors interviewed seem to take pride in their work, and take the task of these assessments seriously. They all understand and in some cases have even internalized the needs of Canadian employers as they check for health conditions. As one explains:

Economically it would not suit any employer to be sustaining a diabetic, or anyone with hypertension, or if someone arriving with a urinary infection, this is nothing but lost time, money, and I don't believe that it suits the employer! I think that the matter is not so much that they worry about the worker's health, I don't believe that . . . it is an economic question, nothing more. If I were an employer, I wouldn't permit that you, with hypertension, or you, as a diabetic . . . If I have you here as a diabetic and you have a coma, I will lose the worker, I will have the worker's problem here, I will have to maintain him, and perhaps I will pay the hospitalization and I will have to pay all of that, no, it's better you don't come! And if the seven hours that I pay you, if the seven dollars that I pay you per hour will come out in one month 400% more, you don't suit me! So why would I bring you? (Interview 11-2006).

Even after this thorough screening, the vast majority of applicants are deemed admissible, allowing them to move on. (Most doctors estimated they turn down only 2-3% based on health reasons.) As the doctors themselves acknowledged, this is likely due to workers' own self-selection: "They know that if they are a patient, they cannot get in," commented one (Fieldnotes 12-2006). Additionally, Canada has the ultimate say on whether workers are admissible, and may overrule the doctors' recommendations. One authority at the Ministry estimates that this happens in about 2% of cases, noting the obvious: "Canada only wants healthy workers" (Interview 11-2006).

Workers, too, express surprise by the thoroughness of the exam, especially since some report it was their first real experience with a physician. One worker told me, for example, that she was 22 when she first entered the program, and it was the first time she had ever visited a doctor. Many say they are happy to take the exam, as it allows them to know that they are healthy. Others, however, fear the exam because any blotch on their file could mean they are inadmissible to Canada. As one explains, "I like it because

sometimes you have some sickness, and it's because of that test that you find out, so it's good, but it's scary because if they find anything in the urine or blood they're going to throw you away." Workers' sense of disposability is rooted in their knowledge that the main purpose of the exam is to ensure that they are fit to work in Canada, and that there are no shortage of other recruits if they do not fit the bill. As one put it, "When they send us to the doctor they check *everything* to make sure we are apt to work. If there is something wrong, we don't go."

While the emphasis of the medical exams has always been to screen workers for Canada, over time Mexican government officials have also begun to use the exam as an opportunity for health education for prospective migrants—especially regarding sexual health. I detail some of these initiatives in the Appendix 4.3.

Tracking Return Workers?

Notwithstanding the principal mandate of ensuring that only the healthiest workers enter Canada, some physicians and policy-makers within the SS have taken it upon themselves to add educational and post-migration assessment components to their practices. These are all initiatives taken up by Mexican authorities, with the realization that migration itself poses very real health challenges – the implications of which Mexico will, in the end, have to bear the cost – and precautionary measures and basic education may help to mitigate some of these. For this reason there has also been a movement by some in the Ministry to examine workers upon their return (the exam would then remain valid until they leave) in response to a marked concern with (and desire to monitor) some of the conditions with which workers have been returning from Canada, and it appears that this may have had some impact. This movement, though, did not occur with Canadian encouragement, and in fact Mexican authorities have had to push for the implementation of changes to ensure the health and welfare of their co-patriots.

As a Mexican physician in charge of overseeing health issues in the program explains:

My doctors would tell me that many [workers] came with eye and skin problems. I said no, well now I want the exam to be done when they arrive They [Canadian authorities] have now agreed to do the exam when they arrive and it will remain valid until they leave It has been about a year and a half, or two years that there hasn't been any more skin problems,

because in the . . . [inter-governmental] meeting that we had . . . I said, that the [migrants] were returning in such and such conditions and that I needed to know which type of insecticides they were utilizing. Their eyebrows stood up . . . [i.e., they got mad] because these farmers are aggressive, but I am not all so sweet either, so we answered in the same manner. So those people from [Mexican] Foreign Affairs have told me that it is convenient that I am there because I stop them dry! They complain and I answer back and there is no forum in which they can refute me. So then I told them the conditions in which they were in and that this was something we could sue against under human rights and many other things. Then in that moment they got mad, but curiously, within a year there were no longer any skin problems. Because they know that I am paying attention, and they know that each time that we have a meeting, I check everyone when they return and I make a note of the conditions in which they come (Interview 11-2006).

That this physician went to such measures to ensure the health of migrant workers is unusual in a system set up to ensure the health of *Canadians*, not of Mexicans returning from Canada, and despite these important initiatives, migrants' health is still largely untracked. Indeed, the general feeling among the physicians whom I interviewed about migrant health is either ambivalent or positive. This is a finding which contradicts my own research as well as those of many other researchers who have documented the widespread health problems experienced by workers (as I discuss in Chapters 7-9). Some doctors say they make an effort to ask about workers' experiences in Canada, which they say is almost always reported as problem-free. Doctors are even somewhat reluctant to acknowledge that workers may not feel comfortable openly sharing complaints about a program to which they are desperately trying to gain admittance or re-admittance, or to openly discuss health problems when they are trying to appear as healthy as possible. This is in contradiction to my interviews with workers, who say they certainly do not openly discuss their health problems with the examining doctors; indeed some of them go so far as to deliberately avoid receiving the exam because they fear that they *do* have a health problem and do not want it to be identified. That some workers can actually avoid the exam is due to a loophole in the system, whereby not all returning workers legally have to undertake the exam annually.¹⁸

¹⁸ A Canadian official explains why this is the case: "In order to automatically trigger a medical you have to be coming for more than six months and have spent more than six months in a designated country before you come. If your visa has expired and you need a new visa then the guy issuing the medical exam might say well your visa has expired, but you haven't been outside of Canada for more than 6 months, so I'm

While exams must be conducted on all new workers, some returning workers, capitalizing on these “loopholes,” are not reexamined before returning to Canada. Some workers in my study, for example, had not had an exam in seven years and were still returning to Canada. The Mexican authorities acknowledge this is a “weakness” in the system, but it is Canada’s loophole, not theirs, and they also note that it would be difficult for them to keep up with the workload if every returning worker did undergo an annual exam. As one administrator explained, “I am not responsible for a medical exam to be valid for such a long time They (the Canadians) accept it like this Because I can see a person today and in another number of days he could have changed totally, but yes, they accept the exam” (Interview 11-2006). According to the Mexican and Canadian authorities, however, the vast majority of workers do receive an annual exam.

Perhaps even more important than the fact that some workers fail to be re-examined, though, is that workers who develop illnesses or injuries do not return to these doctors when they come home—only those interested in and feeling healthy enough to go back to Canada return—so there is no way for the doctors to track serious illnesses or injuries. When workers are sick, they are more likely to go to a local clinic in their village, not to visit the doctor who examined them before coming to Canada. It is no surprise, then, when I ask such physicians about what kind of health problems they have seen among migrants over the years, they generally say that they only see healthy applicants. It should also be noted that these doctors are not trained in occupational health, nor do they report receiving any training in Canadian laws on workers’ compensation to assist workers who return with work-related injuries or illness.

Further, although it is more difficult to forge a medical exam, doctors acknowledge that workers also know how to make the system work in their favour. As one doctor comments: “They know many tricks . . . for example, I am a diabetic, and I know that if I take two pills prior to the exam, eight hours before I am going to have a normal glucose level” (Interview 11-2006). If there is any doubt, doctors insist, workers

going to wave it for you, you haven’t been exposed to public health conditions in Mexico for a long period of time. But that’s usually an unusual circumstance. As a side to this, because this is confusing, we know that in Mexico they do a lot of stuff to try to avoid getting the medical exam done. So there are a few loopholes” (Interview 05-2008).

will be sent for further testing. There is little tolerance for making mistakes and allowing workers with compromised health into Canada.¹⁹

For doctors, like administrators, the decision to deny someone entry can be emotionally difficult. Sometimes workers who are denied entry begin crying or begging the doctor to make an exception. Some of them even offer bribes, which of course the doctors insist that they do not accept. As one doctor explains:

[Sick workers] can't go, not because of you, but because of all the people who could be behind you. In a moment if you go and you stay there . . . that is to say, a lot of people depend on you. My obligation is also that you go as healthy as possible Yes, there are workers . . . that stay until I finish the consultations . . . and they are waiting, "Give me a hand!" I am just not able to, I cannot do absolutely anything! My decision can be influenced, but I cannot go to the laboratory and tell them, "hey, change the results for me." They would come and report me and thereafter . . . I mean . . . well, there are things that you just cannot do. It's neither ethical nor just! Imagine receiving money that they earned by working very hard They have offered [bribes]—I do not give them anything Of course! It's as if everything should have a limit, no? The person who leaves, will be the person who must leave and who can leave. Those who can't leave, it's sad to say, will not leave (Interview 11-2006).

Although in general the physicians seem to be fairly strict with their examinations (in order to uphold their own reputations and jobs, as well), there still seem to be some exceptions made in certain cases, and these can have embarrassing consequences for officials. One worker with advanced liver sclerosis due to alcoholism, for example, was admitted even though there is no way he could have passed the medical exam. "They made an exception to let him in," remarks his friend, "because they felt sorry for him since he had children to support." Placed at a vineyard where the weekly gift to workers was a bottle of wine, the worker eventually succumbed to the temptation and had a few drinks. He wound up in the hospital and almost died before recovering enough to return. He was discreetly and quickly sent back to Mexico upon stabilization, where I since received word that he passed away. When I asked one physician how it is that some

¹⁹ Many physicians still empathize with the workers, however, and do not necessarily blame them for such behaviour and may even be more lenient than they acknowledge. As one remarks, "I try to not to be prejudiced—I believe that they are very noble people, who go to another country to seek something that was not given to them in our own country. They are very hardworking people, and so I try not to get them upset, or to get in between, nor judge them" (Interview 11-2006).

workers can end up in Canada when obviously sick, he remarked, “Well, in Mexico, everything is possible, everything” “But,” he added, “it is a very noble country.”

In summary, then, the medical exam in Mexico is set up to ensure that only healthy, fit workers are admitted into the program and who will not pose public health risks for Canada. While there have been efforts by some physicians and administrators within the Ministry to also consider workers’ health both in Canada and upon returning, this is of their own volition; it is clearly of secondary interest to the structure of the program, and has never been a priority for Canada. Although Canada’s desire is for every migrant to receive an exam annually, through a loophole in the system, many Mexican migrants return to Canada for years without being reexamined, and those who are sick or injured to the point where they cannot work, never return for a follow-up evaluation. Thus, the health of returning migrants is not well tracked or understood, nor is ensuring the health of such migrants a foremost priority within the currently structured system. Instead, the point is to ensure a steady pool of fit and healthy labour to fulfill Canadian capital and to a lesser extent public health interests. Despite some weaknesses, overall the exam performs this function well.

The health exam is the final “gate” for migrant wishing to entering Canada. Following the exam, workers are processed at the Ministry of Labour. Those who have passed all of the various entrance “gates” may now have their final paperwork processed, and return home to wait for their departure for Canada.

Gate 3 - Departure for Canada

Every year, prior to Pedro’s departure for Canada and upon his return home, his family’s tradition is to go to the Villa de Guadalupe in Mexico City. They borrow a van together from their village in Puebla, cramming into the floor without seatbelts, and make the trip as a group. “It’s my mother’s tradition,” Pedro explains. “We go before I leave, to pray that she will accompany me; and we go when I return, to give thanks for bringing me home.” – Adapted from fieldnotes

While some families organize parties, gatherings or group farewells, other families are more discreet about their departure.

I am with Carlos’ family as he prepares to leave for Canada this Friday. I am shocked as he confides in me to keep his departure a secret. Carlos says his family cries and is devastated when he goes to Canada, and his daughters, especially, remain distraught for the time leading up to his departure. For this reason they still don’t know that he’s

leaving this Friday. He tells them only two days before, when the inevitable preparations makes it obvious anyway, to lessen the period of their sadness, and to enjoy his final moments with them as much as possible. He says he doesn't cry, but he does get a lump in his throat when he leaves them, on his own, facing the crisp air of the early morning to catch a bus from his Hidalgo village into Mexico City for his flight. He reminds me that he also got a lump in his throat when he left us, his friends and supporters, who had gone to Toronto Pearson Airport to bid him and his co-workers a happy journey home the year before. Emotion is the stuff of departures and goodbyes, but at least when he returns to Mexico, he returns to his family, and any lump of sadness to be leaving friends in Canada turns to stomach butterflies of excitement. He and his wife accept the tough goodbyes because here "I have to work much harder, for many more hours, to get much less money. There just isn't money here to earn." –Adapted from fieldnotes

Mexican workers are expected to arrive at the airport on their own. Anticipating that there may always be some changes or last minute demand, "reserve workers" – applicants who have also passed through all of the exams and are approved for departure but do not have placements in the program – are also called into the airport. In the event that other workers fail to come, they are sent in their place. As one administrator explains it, "There is a category of workers that are called airport reservations. I have to send 10% of workers for those that don't show up . . . it can be that there was an error in the information and that we could not warn him because we didn't find him at home" (Interview 11-2006). If they are not needed, reserve workers return home and await the next chance.

Such reserve workers (and others who are not returning to the same farm as the year before) may have no idea what industry or province they are destined for. One worker, for example, was told she would be a reserve to go to Nova Scotia. She packed her things and went to the airport, only to find out that she was not needed. Months later, she underwent the same process again, this time ending up on a flight to Ontario. For these workers, the amount of what is unknown in their journey is particularly striking, making it difficult to plan their lives or establish regular work patterns at home. Family members who step in to perform childcare in these workers' absence must be eminently flexible with their schedules too, as the costs and labour of reproduction are entirely borne on Mexican families staying behind. This exceedingly controlled system of managed migration constitutes an ultimate flexible labour regime.

These unknowns also point out some of the problems with the system as currently structured. Although the SAWP is a federal program, some rules, rights and benefits differ by province (Ontario's policies will be explained further in Chapter 10). Even if such workers were aware of their rights and the differences between the provinces, they would not have the chance to make an informed choice about the specific conditions they will enter when they sign the contract. The implicit assumption is that they will take anything they can get. For Canadian employers, by contrast, the system is by-and-large convenient, efficient and clear. They submit a certain number of workers requested by gender and nationality, and thanks to the well-oiled selection, recruitment and examination machines in workers' countries of origin, that number is delivered to them, healthy and ready, on the day they have requested.

Part 2 - Jamaica: Island with Pools of Fresh Water and Pools of Fresh Labour

Julie, a Jamaican woman, is a single mother with few economic opportunities. She had previously applied six times for what Jamaicans refer to as the "Canadian farmwork program." Last year she became a Christian, a common phenomenon in Jamaica, where Evangelicalism is sweeping the country with messages of hope, particularly to the poor. Her minister told her to pray specifically for exactly what she wanted, to hear that she had been accepted into the program and even the exact day she had wished for. To her joy she heard she was finally accepted, on the day that she prayed for. She was admitted to work on a Niagara farm and says she "is just so happy to be here." – Adapted from fieldnotes

Gate 1 - Recruitment and Selection: The "Political Patronage Model"

In Jamaica, perhaps even more so than Mexico, little formal advertising is necessary for the program. My findings corroborate those of Russell (2003), who notes that most workers obtain information about the program through personal networks with local politicians, friends, family members and previous workers. As in Mexico, there are far more prospective workers interested in entering the program than there are positions. As in Mexico, Ministry of Labour officials in Jamaica emphasize that their role is to provide Canada with healthy, competent workers, who will work productively and not seek to stay past their contracts in Canada. The minimum standards of the comprehensive medical exam are also determined by Canada. Beyond these, the criteria for selecting fit,

reliable workers from a large pool of interested applicants is left up to the sending countries, and thus the process embodies distinct differences.

In contrast to Mexico's "needs model," the Jamaican program is quite explicitly organized along political lines, with the main attributes sought being workers who have good reputations in their communities, and therefore who are deemed less likely to commit crimes or abandon the program. The program is also aligned in accordance with Jamaica's much wider structure of political patronage, which, as most Jamaicans readily acknowledge, permeates most aspects of the island's affairs.²⁰

All successful applicants must be free of a criminal record. The vast majority (99%) are men. In 2001 the first four women participated (Russell 2003), and only 39 (1%) entered in the 2005/2006 fiscal year (JMLSS 2006). The average age of workers is an estimated 38.3 years (Russell 2007), approximately a year older than the average for Mexicans. Jamaicans' civil status and number of dependents is largely irrelevant. In contrast to Mexico, where over 94% of workers are married or in common law relationships, in Jamaica only 34% can be categorized as such. Forty-four per cent classify themselves as part of "visiting" relationships—a euphemistic term in Jamaica to signify two people who have a relationship, often involving one or more children together, and who maintain a form of attachment, although they do not normally live together. Many Jamaican workers speak of sending remittances to their "baby mothers" in such informal yet often stable relationships. The remaining workers are classified as single (15%) or other (7%).²¹

Within these restrictions, the applicants' relationship in their own communities to those in positions of power is the next foremost determinant. Only applicants with the right "connections" are able to make it past the first gatekeeper—their Members of Parliament (MPs).²² While these leaders are supposed to consider applicants with the best

²⁰ Other academics who have studied the program in Jamaica have also concluded that political patronage permeates the recruitment system, particularly for first-time applicants. See Russell (2003) and Griffith (2003).

²¹ Unless otherwise specified, the data on Jamaican workers' demographics are derived from statistics provided by Russell (2003).

²² Previously, MPs, along with other community leaders, were given a certain number of cards, which they could hand out themselves, or give to other community leaders such as councilors, police chiefs or teachers to distribute. Under tightened rules implemented in 2006, this role has since been limited exclusively to MPs (Rose 2006).

likelihood of success in Canada, inevitably in small communities where “everybody knows everybody,” cards end up going to applicants with the best relationships to these leaders—family members, friends, and supporters who have demonstrated political loyalty. As one worker explains, “I know I got my job much faster because I know a lot of people in the Ministry It’s good if your MP knows you, if you’re well-known in your community, and if you support your MP. Then he will work for you.”

That MPs play a critical role and wield a great deal of influence in the recruitment process is no secret, but their main role is to make recommendations, not to issue the final decisions. As one past Ministry of Labour official describes:

MPs become integral to the overall part of running the country. People go to him if they’re out of a job. The MP will submit names to the Ministry of Labour to see if any spaces have opened up. When the selection is going on, he might give five recommended names to the civil servant. The civil servant won’t say no. But if the interviewer doesn’t like the worker, he won’t be chosen. If the MP really likes this worker he could fuss and quarrel until they get through the medical and into the program - he might say some sob story about how he lost his job and has lots of children (Interview 02-2007).

MPs’ roles are so central partly because their role as broker is long entrenched in Jamaica’s culture of political patronage, where it is well-known that those with political connections have an advantage for all sorts of positions. (This partly explains why Jamaica is so violent at election periods—quite literally, jobs and livelihoods depend on the outcome.)²³ MPs play another important function, however, which is having the responsibility to pre-select candidates that suit Canada’s needs. An official with the Jamaican Liaison Service (JLS) defends the use of political leaders as gatekeepers into the program because:

They know the type of people we are looking to recruit – people who will come and work and complete their contract and return to Jamaica. That is important to the growth of program where the Canadian government is concerned – that people come to work and return to their country of origin. You don’t want a lot of people running off the program and becoming illegal immigrants, that would be of some concern to the Canadian authorities that we’re recruiting workers who aren’t coming home. It also affects employers . . . if you have a worker that’s there for 2-3 days then it frustrates them (Interview 07-2007).

²³ See Payne (1994) and Gunst (2003) for analyses of systems of political patronage in Jamaica.

Indeed, Ministry officials in both countries seem to have internalized the needs of Canadian growers and the penetration of this rationale into the selection makes it no longer necessary that Canadians come to monitor the process themselves.²⁴ Then Jamaican Minister of Foreign Affairs and Foreign Trade, Seymour Mullings, assured Canadian officials at a meeting “that the Caribbean governments would ensure that experienced, disciplined, hardworking and medically fit persons were selected to maintain the integrity and continued viability of the programme” (Gleaner 1998).

There has also been a push for workers who have basic education and literacy skills, especially in recent years with the expansion of agricultural technology particularly in the greenhouse sector. Russell’s data (2003) indicates that most Jamaican workers (54.7%) have some level of secondary education, while about 26% have primary or no education. He estimates that only about 1% of workers are illiterate, in contrast to 15% of Jamaica’s rural population. My qualitative research suggests a slightly different picture. Many workers indicated that they could not read or even easily write their names, and, while most of them attended primary school at least part of the time, many missed out on lessons regularly to stay home and work on the farm or due to a lack of family resources. Russell’s findings are also contradicted by a recent study, reported in Jamaica’s national newspaper, which found that 60% of Jamaican applicants for the program “could not read the words ‘cucumber,’ ‘cabbage,’ and ‘tomato’” (Gleaner 2006).²⁵

Table 9 - Jamaican workers’ reported education levels

Level of Formal Education	Number of Workers	Percent of Total
No Schooling/Did not attend school	55	1.1
Primary	1,265	24.9
Secondary	2,781	54.7
Tertiary	16	0.3
All-Age	946	18.6
No Response	18	0.4
Total	5,081	100.0

Source: Russell (2003)

²⁴ In the past, growers’ representatives from Canada would come to Jamaica to assist with recruitment. Now this process has been taken over by Jamaican Ministry of Labour and Liaison officials.

²⁵ It is difficult to assess the reasons for these apparent inconsistencies. It is possible that some of the workers in Russell’s study exaggerated their education levels so as to appear better suited for the program, or that the workers who reported attending school had gone inconsistency, and therefore may not have fully developed their literacy skills. Furthermore, the study cited in the *Gleaner* did not provide detailed information on sample size or methods.

Geographic location among and within the island's 14 parishes is also a determinant in the program's recruitment efforts. Both workers and Ministry officials acknowledge that the parishes with the most number of workers selected tend to be those represented by parliamentarians in positions of influence. One worker, for example, speculates that "so many of us got in because the Minister [of Labour] was from Clarendon." (Clarendon, with 9.1% of Jamaica's population, sends over 16% of workers to Canada—the largest percentage in the country, followed by St. Elizabeth, with 5.6% of the population and 13.7% in the program).²⁶ Workers from these regions worry that with changes of political power, their own advantage for the program may also shift. One former liaison officer I interviewed explained that the distribution used to be more balanced, but that recently a disproportionate number of workers have come from these two parishes. When I asked why, he simply laughed and stated the obvious: "You have an idea about how the political system operates in Jamaica, don't you?" After a pause he added, almost as a necessary afterthought, "These areas are highly agricultural as well" (Interview 07-2007).

Figure 27 - Map of Jamaica



Source: Texas Map Collection

²⁶ Data derived from Russell (2003).

The other geographical consideration is that urban addresses are excluded. “What we’re trying to avoid is the man that live in Kingston,” explains a former Ministry official.²⁷ (Just over 7% of participants come from Kingston or St. Andrews, the region of the capital city which has 25% of the island’s population.)²⁸ The logic behind this discrimination may be a perception that urban dwellers have a higher propensity for crime, may not have a background or genuine interest in agricultural work, and may have more social networks in Canada, all of which may increase the likelihood of abandoning the program. These are major concerns for Jamaican officials given the notoriously high levels of Caribbean participants absconding from the program²⁹ (see Chapter 1). Indeed, the “AWOL problem” has raised concerns for Jamaican administrators throughout the program’s history, at times even threatening the island’s participation, and thus prompted increasingly strict security and screening measures among Jamaican applicants.³⁰

²⁷ Acknowledging that Jamaicans, like Mexicans, know how to beat the system, the Jamaican official added, “So the men learn very early is that they have to give a country address, they can’t give a Kingston address” (Interview 03-2007).

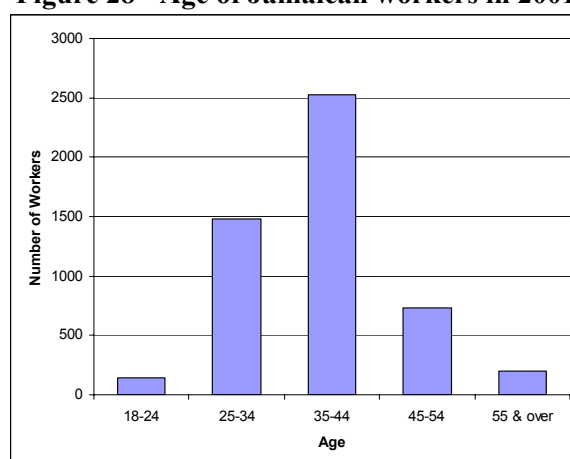
²⁸ Data derived from Russell (2003).

²⁹ Caribbean countries have been notoriously associated with higher AWOL levels, which some officials attribute to urban dwellers being admitted into the program. Preibisch and Binford provide a detailed analysis of the situation. They note: “From 1986–2003, combined Caribbean AWOLs and contract breaches experienced two periods of cyclical increase and decline. They rose during the late 1980s, reaching a high of 7.8% of hires in 1988, before falling to 2.4% in 1994. There followed a second, albeit less steep, increase to approximately 5.0% during 1999–2001, followed by another fall to 2.0% in 2002. By contrast, the figures for Mexican workers followed no regular pattern. For the period reviewed, violations never rose above 2.6% and at times dipped below 1%, with no clear pattern As the percentage of Caribbean “problem workers” rose, the Caribbean-Mexican gap . . . tended to widen. In 2002 alone, 147 Jamaican workers “absconded,” an almost 50% increase from 2001” (2007:25).

³⁰ As early as 1968, Canadian government officials expressed concern over workers who went “missing” while on the program. One such document states: “If the movement is to continue, it may be necessary to consider certain safeguards such as the bonding of the workers and/or a more complete identification of them (photographs, and possibly fingerprints, as well as physical descriptions) to facilitate the apprehension of delinquents” (NAC 1968: RG 118 Vol 81 (ACC 85-86/071) File 3315-5-1 P.3). Despite such security measures, concerns continued throughout the years. In 1993, then Jamaican Minister of Labour, Portia Simpson Miller, noted that the high levels of AWOLs were affecting both the number of Jamaicans recruited as well as hurting Jamaica’s negotiations to expand the program throughout other provinces of Canada. In response to this, she announced she was negotiating a plan with Canada to ensure that any worker who went AWOL would be banned from all future travel to either Canada or the United States (Gleaner 2003). In 2002, Senior Director of Manpower Services at the Jamaican Ministry of Labour and Social Security, Barrington Bailey, indicated in the Jamaican media that “the number of Jamaicans who abscond during the contracted period ‘could create serious problems for the programme’” (Gleaner 2002a). Canadian officials have also publicly acknowledged AWOL workers as a problem, using it as a threat to favour other countries. In 2003, a Canadian newspaper quoted the Canadian High Commissioner to Jamaica as saying: “If the numbers [of AWOLs] increase, we will then turn to other sources [of labour]” (as cited in Preibisch and Binford 2007). In another attempt to address the problem, the Jamaican government consequently shifted its recruitment efforts to strictly rural areas, and also implemented a strict policy of

In 2006 the selection criteria was tightened even further in the wake of public concerns raised by Canadian officials over former Jamaican farmworkers who absconded from the Program and then were arrested on criminal charges. The Jamaican Minister of Labour, Horace Dalley, reported a number of changes to tighten the hold on selection, such as issuing a new age limit for workers – 22 to 45 years instead of 20 to 35 years – and instituted a requirement that workers demonstrate that they have some land or assets at home to ensure they are more likely to return, criteria some MPs objected to, fearing it could exclude those most needy from entering the Program (Rose 2006).

Figure 28 - Age of Jamaican workers in 2001



Source: Russell (2003)

A Jamaican administrator explains how concerns expressed by Canadians, whether over crime or AWOL rates, directly translate into changes in their recruitment strategies:

We work very closely with the Canadian high commission and they look at the challenges we have. So, for example, the AWOL . . . is a challenge So once we get that information, we incorporated it into the orientation. We say gentlemen, you need to right away stop doing this and we noticed right away that there was a reduction in the AWOL rate, and of course other things, contributed because we called in the Members of Parliament and asked them to talk to them and look at the quality of the candidates and just last year, we introduced a selection form, because all along we just call them in, they came in through a process where the Members of Parliament choose in farming communities, but now we actually have a form that everybody must complete and collect a really good amount of information. So the program changes (see Appendix 4.4 for a copy of this recent application form) (Interview 03-2007).

temporarily removing any worker from the program who had not been explicitly “named” by their Canadian employer (Preibisch and Binford 2007).

In fact, Jamaican authorities have taken punitive “collective punishment” measures to deter behaviour reflecting poorly on the image of Jamaica. In 2004, for instance, the arrest of four workers attempting to smuggle cocaine to Canada led to the banning of their entire communities from participating in the program. (Other measures were implemented to ensure such problems are avoided in the future, including sniffer dogs to inspect departing workers’ luggage, luggage limitations (of clothes only), and police escorts to the airport) “We are not going to allow anybody to disrupt the programme that benefits over 6,000 Jamaicans working in Canada and their families,” remarked Debbie Tyson, the Jamaican Labour Ministry’s public relations manager (Gleaner 2004).

Gate 2 - The Selection Process

Once the names of the chosen few are submitted to the Ministry, selection takes place in early January with Ministry and liaison officials traveling to various parishes to conduct “interviews.” The selected workers have been given cards by their MP or community leader and told to show up on the designated day, where they wait around until their names are called. At this point, the main goal of screeners is to continue selecting applicants based on their perception that they will be able to handle physical work, will be law abiding, have little risk of “running away,” and generally will not cause the employers any problems. One past recruiter emphasizes that their main goal is, “getting men who are able to do the work - based on their physical look, farm experience. They should have no criminal record. It’s good if they are able to read.” For Jamaica’s selection, it matters little if applicants are married, how many dependents they have, or whether or not they are unemployed. Instead, selectors seem to be primarily concerned with two dimensions: ensuring applicants are physically and mentally able to handle agricultural labour, and willing to accept an environment where they have little control over their living and working conditions.

Like their counterparts in Mexico, Jamaican applicants also learn what qualities are sought, and how to appear like the ideal candidate. In their case, performances of subordination may involve demonstrating complete flexibility and submissiveness to their selectors. A key determinant in workers’ ability to pass the selectors’ “test” is their

“attitude” displayed—basically, if they are willing to do exactly as they are told and appear to be submissive and well disciplined. “Selectors might say no to a worker if he has a bad attitude” (Interview 02-2007) explains one past official who performed this role. What determines if a worker has a “bad attitude” and/or agricultural experience is subject to a peculiar examination. Anthony, a Jamaican worker, describes his experience with the selection process as follows:

I know someone, one of the councillors who gives out the cards and then I knew a nice policeman who worked at the Ministry. So after I get that card I go to the place where the Ministry select the guys them and they ask me some stupid questions like if you eat pork, because most Jamaicans don’t eat pork, but they say when you go on the program you have to eat anything because you don’t want to give the employer any problem. They would look at your hand and if it was too soft they wouldn’t let you. And they ask you if you ever traveled before. If you go to get a visa before and you didn’t get it then they wouldn’t use you. They think you going to use the program to run away so they look at your book stamped up they wouldn’t use you. But normally they would ask – you want somebody who is a farmer – so they ask you what you farm and if you can’t answer they wouldn’t bother to use you. They asked me if I want to work seven days a week and I said “yes if possible” and they looked at my hand and ask if I’m prepared to wash and cook for myself and I said “yes I will” and then he just let me through and after that I went through the medical.

Seemingly arbitrary physical “tests” are also used to examine applicants who line up for hours in a field, waiting for their turn to come. Anthony continues:

So they just look at you and judge you by how your hands are and how you move and ask you to stretch out your hand and if you stretch it out they would turn you down. You have to stretch out your hand very fast and they ask you to touch your toe, you just have to go down very quick, they want to know if you have a back problem so you have to touch your toe and don’t bend your knees. And then they ask you to stretch out your hand and you have to do it quick like this (he demonstrates) and if not they turn you down. Someone told me and if you’re smart you can go and watch the guys before, you see . . . have a pretty good idea. Someone who travels for a while, they tell you to go look over those things and you’re out there all day watching and you can see what’s going on, so you have an idea.

While to applicants much of this seems absurd, the Ministry officials who carry out the selection are convinced such techniques are effective. One describes how selectors “look at their hands and that will determine if they are hard workers and for

agriculture they'll look at the calluses, the structure. You can feel the muscle in the back of the hand too, you can feel it, you can know a worker.” To determine the official’s aptitude, I showed him my hand and asked if I would have a chance. He was not fooled by my typing calluses. His reply following a hearty Jamaican laugh: “No chance. You would have to go into the (U.S.) hotel workers’ program” (Interview 03-2007).

As in Mexico, there are far more people wanting “spots” than there are spaces available. During my days spent at the Ministry of Labour in Kingston, many workers had come from across the island, almost begging to be let into the program. As the quote of Julie which opened this chapter indicates, some workers try for many years before they succeed, and the competition is especially tight for women who make up such a small proportion in the program. (In her case, luck, patience, or in her mind, prayer seems to have paid off.) Regardless of how they gain admission, workers receive the message that as they enter into the system they are considered a group of privileged individuals, who should be grateful for the opportunity to participate, and keep any complaints to themselves. They are constantly reminded, both explicitly and implicitly, that a whole line of applicants behind them awaits their spot, and with the slightest mistake their future chance of participation could be removed. The “reserve army” is not merely a theoretical construct in their lives and they are well aware of this reality. I will argue that indeed, this is one of the main reasons the program can function as it does.

Gate 3 - Jamaican Heath Exams: Avoid Sex, Cut Your Hair and No Earrings!

I arrived here around 6am. Then you wait around all day until your number is called. You go through the blood and urine tests and the physical exam. You give them your info, take your photo and sign the contract. Then you come back the day before your flight for the final processing. – Finley, Jamaican worker

Workers who have made it through the initial selection are given a date and told to show up at the Ministry of Labour in Kingston for their next gate: health exams and processing. As in Mexico, the health exam in Jamaica is a thorough-two-day process. It is in many ways similar to the Mexican experience, which isn’t surprising since the main content of the exam is determined by Canada. Though the fundamentals are largely the same, there are some striking differences. In contrast to Mexico, workers from all around the island must come to Kingston, the capital, and everything – including the medical exam – is done and

processed at the Ministry of Labour there. In Jamaica, there seems to be much more emphasis on personal grooming and arbitrary physical criteria on top of the standard medical exam. Unlike in Mexico, where the staff walked me through the exam as if I were a migrant, in Jamaica I was able to observe the exam as workers experienced them, including listening in to the talks given to workers by Ministry officials. Here is my description of my 2007 visit:

Day One

I walk up to the gate of the Ministry around 7:30am. It is protected by a security guard in uniform who smiles and lets me pass. The yellowing white sign at the front of the building reads: “Ministry of Labour and Social Security – The Overseas Employment Centre, 110-114 East Street.” Like the Ministry of Labour office where migrants have long applied for the program in Mexico City, the building here is run down and even the sign itself is splattered with rust. (Top bureaucrats and administrators in both countries work out of separate offices, in tall, modern buildings.) Workers waiting outside for their appointments crowd around. About ten minutes after my arrival, a female voice comes over the loud speaker, summoning Canadian farmworkers to a meeting.

Soon 77 men assemble into the one of two large rooms (the second, in a separate building, houses a canteen and area where workers go before leaving for the airport). They sit in rows of plastic chairs and are listening intently. The group is here for their medical exams; this is the beginning of the two-day routine. A second, smaller group is outside, awaiting a flight to Canada the next morning.

The woman, wearing a loose dress divided by a large belt, addresses the crowd. She asks how many men are new. Four raise their hand. She explains the medical exam can take 2-3 days. She emphasizes that workers must look presentable even for the exam – no earrings or sleeveless shirts. Her voice is friendly, addressing the workers as “gentle people” and her gestures are animated to emphasize each point. Every once in a while she asks if workers are “getting it” or “following her” and she waits for their response before continuing.

From there she goes through the nuts and bolts of the procedure. She stresses that workers need “*reliable* phone numbers” with which to be contacted and goes over a list of basic clerical information:

- 1) If they are married they must show proof.
- 2) If they declared that they have relatives in Canada last year they must declare them this year and provide addresses for them to send to the Canadian High Commission.
- 3) Each worker must identify a “next of kin,” which indicates a “blood relative.” (After explaining this she asks them to repeat – what is it? “A BLOOD RELATIVE” the workers respond in near unison). “So it’s *not* your wife, common law wife or girlfriend,” she adds for emphasis.
- 4) Workers also need a beneficiary to contact – the insurance money will go to this person if anything happens.

Near the end of her talk she tells workers that everything must go in order and that they will be called by their number, not their name. The workers receive large brown envelopes with large black numbers printed on them. These will serve as their identity for their time at the Ministry (see Figure 29).

Then she asks if I would like to address the crowd. “Three minutes” she tells me in the same stern but friendly motherly tone. Surprised by the invitation, I get in front of the group and introduce myself as a student from Canada. I explain I am doing research on the program and came to learn more about what goes on at the Ministry. Not wanting to waste this golden opportunity, I go on to tell them many of the things I wish the orientation actually included. I start by emphasizing how deeply they are appreciated and valued in Canada, not just as workers, but as members of the community. I go on to stress that it is important that they stay safe and healthy, and give them basic tips on how to protect themselves from pesticides, muscular injuries and heat stroke. When something does come up, it’s important they access their rights – pension, parental benefits, sick benefits, workers’ compensation. The workers seem engaged, saying “yes, yes” in agreement several times throughout my talk. They interrupt and start asking about employment insurance. I tell them that unfortunately they are not able to access the normal benefits, but that they can claim certain benefits, such as parental benefits.

Later more workers come to ask me questions about pensions and parental benefits. Others talk about how they are bending all day at work, but there is not much they can do to change their routine. Clearly they are thirsty for more dialogue around these issues, and perhaps the Ministry is the right forum for this, but not with me as the mediator. Still, the chance to give this talk was a highlight of my research experience. The opportunity to address workers at their own Ministry in their home country, to encourage and thank them, and to explain about their rights and encourage them to exercise them . . . all of this seemed like a fantasy, something I wish could be included in the orientation for all workers. If only these messages could be routinely shared, rather than just lectures about staying away from Canadian women and not wearing earrings.

In a separate room there is a long row of “cubicles” where workers wait to have their physical examinations. Only a small board separates each space, so there is little privacy (see Figure 31). A nurse sits in one corner with a box ready to be filled with blood and urine samples. A white school bus with “Ministry of Labour” written in large letters takes another group to another building to get chest x-rays. As in Mexico, workers here do their best to ensure that they pass the medical. One worker explained that he had been on a “diet” of “no alcohol, no sex and lots of fruit juice” in order to help his urine test be normal. He says that the doctors advise them to do this routine every year before their test. “We must avoid sex and follow these rules,” he stresses. Throughout the rest of the day, workers spend a lot of time waiting around until they are called by their number and the various medical tests are performed. They are shuffled around in giant lines, holding their numbers and told to be orderly (see Figure 30).

Figure 29 - (1) A worker's identification number; (2) Outside the Ministry of Labour



Figure 30 - Workers wait at the Ministry



Figure 31 - Areas where physical exams are conducted



At night, they retire to a large room, crammed with beds only inches apart, on the second floor of the Ministry. One worker comments on the experience: “The bunks here

have no sheets or pillows. It's hard to get comfortable. But again, you take what you get." It's not great, but it is more than workers receive at the Mexican Ministry, which is nothing. While workers complain that the conditions aren't desirable, they seem to generally appreciate having a place to rest their heads. Kingston, like Mexico City, is not a city that a rural dweller wants to confront alone at night. Some workers joke that the over-crowded conditions are a good preparation for what they are about to encounter anyway.

Day Two

I arrive at 7:30am for a second day in a row. Once again, workers are summoned over a loud speaker into the same room. A second woman with short hair, dressed in a black suit and pink shirt, addresses the group of workers first. On the other side of the room are a group of workers destined for U.S. migration programs, and in front of us are a few women hurriedly tapping information onto type-writers.

The woman announces that there are 77 workers, some will be first; others will be last. All have to be patient. "On day one, you did your blood, urine, x-rays," she says. "Today you will see the doctor, and have your photograph and fingerprints taken. If you have a criminal record, you have to tell them. Otherwise your fingerprints will show it anyway."

The woman jokes that their giant identification numbers are just like prison photos, stating the obvious. She goes over again the attire for the medical – no sleeveless shirts, no earrings. She later explains the reason for this is that in the photo workers must appear respectable since it will be used as identification in Canada. Since my visit, long hair has been added to the list of "no-no's," forcing applicants to cut their hair before the exam.³¹

Again she explains the meaning of "next of kin" as a "blood relative" and a "beneficiary" who will get everything. This person must be over 18, she adds. Due to pressure from the Canadian embassy, all workers must declare addresses for any relatives in Canada that they have listed, and they must claim the same relatives this year as they

³¹ In 2008, a Jamaican newspaper reported that applicants for the farm work program with long hair are now made to cut it. Alvin McIntosh, the Minister of Labour, is quoted as saying, "Let us face it, it may be a style, but it does convey an impression of a way of life" (Thompson 2008).

did last. A worker in the crowd asks why this is so and I strain to hear the woman's response over the typewriters; all I can make out is "good question." Later a worker speculates, with good reason, that this is so police can find them when they run away.

Workers are once again sitting in rows of plastic chairs. A quick survey of the logos on their baseball caps reveals symbols for Canada and the United States, and money signs, as well as more recognizable Jamaican attributes like bright Rasta colours and ganja leaves in gold, green and red. The woman explains that workers' money must be deposited into an NCB bank – this is the Ministry's bank.

The "gentle person" behind me has never been to Canada. He is here for the second year in a row, going through the whole process again. He passed the medical and selection last year, but then was never called. He's hoping this year his luck will be different. Workers like this are Jamaica's "reserve workers"—this worker is the face of the reserve army, one of thousands of young men ready and willing to work in the program and replace any of his predecessors who are unhappy with the conditions or unable to handle the long hours.

After she is finished speaking, the speaker from yesterday once again addresses the crowd. Today almost her entire talk – lasting about half an hour – focuses on safe sex. She starts by telling the men it is important to "stay clean" in Canada. Last year two workers came home with HIV. "You have bright faces and bright futures," she tells them. "You have to prove yourselves. Remember your family back home. AIDS affects everyone – rich, poor, white, yellow. Can you tell someone is infected by looking at them?" "No" the workers respond together. "Is there a cure?" A resounding "NO" is heard from the crowd. "Is there a way to protect yourself?" "Condom" a few reply. "Make sure your partner is safe" says another. "Wash after sex," says a third.

"No one here can tell me they always use a condom" the woman continues. "You might tell me you always try, but no one can say they always do." She leads workers in a gesture of touching their chest and saying "This is my body, and I have to protect it."

"Why don't you always put on a condom?" she asks the crowd. "It kills the vibe" says one, "It bursts" replies another.

She then discusses the opening of a package. "Do you bite it?" she asks, "Yeah, man!" one replies. "Do you use scissors, or a machete to chop it?" Some yell, "No

scissors, no teeth.” The woman seems satisfied and affirms, “You must not use scissors, machetes or teeth.” “True, true” a few men agree.

The whole scene reminds me of the format of a Jamaican church service, except instead of someone yelling “Praise the Lord, is Jesus good?” and parishioners responding “Yes, praise Jesus!” the woman is telling the men not to open a condom with their machete and evoking a similarly energetic and spontaneous response, “Yes Man!”

“You have to have foreplay” she continues, “You can’t just jump on.” She adds some more facts intended to scare them:

You can rape a wife or a common law wife So far, this year one man has tested positive for HIV. He won’t be going to Canada. Be mature Don’t take a lot of chances if you don’t know your status Some people, every time they come home they leave someone pregnant in Canada. The Canadian government won’t sign more contracts if you misbehave You have to eat right and live right. Your mind has to be contented.

If these warnings do not suffice, she passes out graphic photos of genital areas infected with gonorrhea, vaginal discharge and genital warts.

She then asks for someone to demonstrate a condom application. Using a large black dildo, one brave applicant volunteers. He proudly holds up the package and shows workers how to open it like he is himself a sex educator. He knows it all. He then rolls the condom over the dildo, with a bit of an uncomfortable giggle. The woman is pleased with his performance, but notes that he forgot to leave an air pocket in the tip. “He was nervous” she says. She goes on to tell workers about the rapid HIV test. She wraps up her lecture by wishing workers the best in Canada and sending them off for their day of bureaucracy and its corollary, waiting around.

Figure 32 - Workers attend an information session at the Ministry



Figure 33 - Safe sex educational posters at the Jamaican Ministry



Workers once again spend the day waiting outside to be called by their number. As in Mexico, on the second day they receive the physical exam from their doctor who decides whether or not they are medically admissible. One key difference is that HIV is included among the criteria which can deem a worker ineligible for work in Canada. The doctor who examines workers affirms the sentiment expressed by his Mexican counterparts: “We take pride in only sending workers who are healthy and strong, able to do the work” (Fieldnotes 03-2007).

Combining the work of Mexico’s Ministries of Labour and Health into one, here they are also “processed” by the women with the type writers, who take in information about the next of kin, blood relatives and relations in Canada, as they were explained during the talk. Each of them has a photograph taken, holding their identity number. This is the first time returning workers have had the chance to speak with Ministry officials, but the interview does not focus on their experiences in Canada or ask if workers would like to be placed elsewhere. “They don’t have time for that,” explains one worker. “Instead you just go for your medical and once it’s all cleared you sign the contact.” What if you can’t read? I ask “You just sign it anyway No one ever explains our rights.”

Gate 4 - Departing for Canada

I woke up at 3am and didn’t eat anything. It was too early to eat. I took a taxi and then a bus from St. Ann to here. I said goodbye to my wife at 3am. She got up with me to see me off. I said goodbye to the kids last night. It is always sad for us, but we are used to it. We do it for six months every year. I don’t have a phone to call her, but I’ll call her from Canada. I’m worried about her because she’s having health problems. The doctors think

it's her kidneys and the appointments are getting expensive. Surgery will be very costly.
 – Rick, Jamaican worker

Following their health exams and intake, workers are sent home until the day before their departure date. Reserve workers may or may not ever make it to Canada. Workers who do make it are told to arrive at the Ministry the day prior to their flight for some final “pep talks” before leaving.

With burdens like Rick's on their minds, workers say the sad goodbye to their families and head to Kingston on their own. Prior to their flights, they wait around the Ministry, mingling with their co-workers and others who may be there for the medical exam. In the hours before their departure, workers are called into a room with a sign reading “flight in progress” posted on the door (see Figure 34). Unauthorized visitors are not allowed in this space. The luggage is placed in a pile and inspected for drugs by sniffer dogs (see Figure 34). On one of my visits to the Ministry, I was allowed inside the room, guarded by security, where a group of about 100 workers were sitting down, listening to a woman talk to them. The woman was wishing workers well on their journey and telling them to try to “live together peacefully” and not fight too much. The workers were bound not for Canada, but for the United States under the hotel workers' program. The woman told me the men would be in the kitchens, and the women would mainly be cleaning rooms “housekeeping” and in kitchens too. They were bound for Hilton hotels in three U.S. locations.

Workers leaving for Canada are offered a similar pep talk by another Ministry administrator. One administrator who gives such talks summed it up for me at a subsequent interview:

I give a pep talk to workers before they go, especially for the new people I explain what to expect in Canada. I say when you get to Canada, you will know what cold is. And it's not an excuse to pull the sheet over your head, you have to be out there working, because basically I always tell them . . . work is what gets you back here next year, the following year and the years to come, work. Then I say, going up there and trying to become the best friend of the employer doesn't work. They want their work to be done and they are not looking for friendship. And going up there and carrying news and telling lies on your fellow Jamaicans doesn't have the basis of getting back. And I explain to them, like going shopping, guys, even if your friend is outside and he's already purchased something and you have something in your hands, don't even stray to the door, because it could look as if you are shoplifting.

Guys remember go pay for your goods and hold on to the receipt (Interview 03-2007).

This version of a pep talk may seem condescending, but the messages are accurate—Jamaicans must work diligently and obey the rules (and indeed must take extra precautions to demonstrate that they are doing so). If they fail to do so, they could find themselves without a job.

Those who have morning departures leave from the Ministry in the middle of the night on the same white school buses which previously took them to get their x-rays. They will arrive at the airport in a group. They are only given their passport and ticket once they arrive, and up until the very last day they don't know when their flight will be leaving. This makes it difficult for some workers to plan their trip. For example, one worker, Charlie, came in from his Clarendon village for the day, and was planning to go back home to sleep that night before returning to Kingston the next day for his flight. But once he arrived at the Ministry he learned that the men would be leaving at midnight that night, so he had to go all the way home to get his things and return again that same day. Charlie makes it back just in time for the pep talk and departure rituals. Dressed in their best clothes, and facing a world of uncertainty, he and the others wave goodbye to their tropical island for another year, as the white Ministry of Labour bus departs once again for the Kingston Norman Manley airport (see Figure 34).

Figure 34 - Preparing for departure for Canada



Part 3 - Comparing the Mexican and Jamaican Systems

As I have shown, the recruitment and selection practices for workers vary significantly between the two countries. While Mexico seems to favour recruiting workers who are deemed the most “needy,” the focus of Jamaica is recruiting workers who have political

connections and good reputations in their communities. The content of the Jamaican medical exam is, by contrast, remarkably similar to the Mexican, as most of it is designed, determined and inspected by Canada. Comparing these similarities and differences allows for some understanding of the logic behind the program—which elements are determined by Canada, and which have some room for influence by the sending countries. Table 10 below summarizes these differences.

Table 10 - Jamaica and Mexico's recruitment and selection models compared

Criteria	Mexico – Needs Model	Jamaica – Political Patronage Model
Family Status	Preference for married men or single mothers, with dependents	Largely irrelevant
Geography	Traditionally reserved for agricultural states surrounding Mexico City; recently expanding. Rural areas preferred for workers with agricultural experience.	Higher proportion from politically relevant areas; lower proportion from urban areas; regions that have sent drug-dealers banned. Rural areas preferred for workers with agricultural experience.
Political Connections	Not necessary	Essential
Education Level	Candidates with limited education preferred	Candidates with some education preferred (recent)
Physical Appearance	Largely Irrelevant	Important: clean-cut, no earrings, short hair, etc.
Land	Little or no land favoured	Recently, workers with some land ties favoured (more likely to return)
Behavioural Qualities	Willingness to obey employers, work hard in agriculture and return home are important, but other selection criteria helps to ensure these features.	Willingness to obey employers, work hard and return home are evaluated with more specific and thorough screening (e.g. concern for applicants with previous travel or relatives in Canada)

Selection and Recruitment Models: Needs versus Political Patronage

Certain aspects of the two models are parallel. The age of recruits, for example, is very similar in both countries, with a bias against younger or older candidates, and the average age of workers (including both new and return) in both countries being approximately 37-38 years old. Also both countries recruit predominantly men, although the gender ratios are entirely employer driven. Both also favour certain regions for recruits—in Mexico these appear to be the traditional sending states surrounding Mexico City, while in Jamaica predominantly rural and politically relevant parishes are preferred. Importantly, both countries have expanded the program to at least include symbolic participation from every region—this expansion is also likely due to political considerations.

The education level of workers in both countries is also somewhat similar, with Mexico having a bias towards workers with lower education levels, and Jamaica having a bias towards workers with higher education levels. Since Mexico as a whole has higher education and literacy rates than Jamaica (90.7% and 80% respectively for adult male literacy) (UNESCO 2006a and 2006b) these considerations may balance each other out.³²

One can only speculate as to the marked contrast between Jamaica's "political patronage" recruitment model and Mexico's "needs" standard, as political patronage is deeply entrenched in both Mexico and Jamaica. It seems, however, that each country has for its own reasons determined what they deem to be the best method of recruiting a docile labour force for Canadian employers, and recruiting those who intend to return home. Officials in both countries are very clear that if their workers do not comply with the rules, they can easily be replaced not only by other co-patriots, but more importantly by other nations. Both countries, within their unique cultural and social structures, have created what they view as the most effective schemes for ensuring their workers' compliance to these standards. In sum, both countries have the same goal, but differ in their specific means of reaching it.

In Mexico, a largely Catholic country where structured families are deeply ingrained, the most likely candidates to return are seen to be those who have wives and children. There is a long history of cyclical migration across the U.S.-Mexico border, and the vast majority of migrants return to their families and send remittances for their homes. *Campesinos* are viewed as "simple people" who want to work to maintain their families, and have no ambitions which may detract from this. Therefore higher education or urban work experience are actually barriers to admittance. These attitudes are reflected in Ministry officials. For example, when I asked a top official at the Mexican Ministry of Labour how Mexico could improve the program, his response was:

The Mexican government could improve the quality of the workers who go to Canada, improving the selection of workers, workers who apply themselves in Canada, who will work 10 hours a day from Monday to Saturday, who don't

³² In Mexico, where more people on average have at least some access to education, workers who have minimal education (and employment opportunities) are favoured. By contrast, in Jamaica, education is a valued attribute among applicants, especially as Canadian growers practicing modern farming methods indicate that workers who are educated – or at least have basic literacy skills – are desired. Recently introduced into the mix is a written application form for Jamaican workers, which includes sections on education, specialized skills, and whether or not they have a driver's license (see Appendix 4.4).

leave the farm, who make their life in the farm nothing else, that go to work only as agricultural workers with experience. They have to be accustomed to a certain way of living, because in Canada, you cannot leave the farms without warning the employer; if you leave without warning the employer, the employer can report you to the consulate as abandoning the farm, and if you have abandoned the farm, the embassy of Canada no longer gives you the visa for the following year (Interview 11-2006).

Uneducated peasants with families to support are widely seen as the most likely to fit this profile. Workers who do not fit, who question and complain about their circumstances, or desire to seek more from their Canadian experience than simply an employment opportunity, are quickly weeded out from future contracts.

Jamaica, by contrast, presents its own unique social features which may affect the perceived qualities of desired recruits. For example, over 70% of parental units exist (and 70% of children are born) out of wedlock and having multiple flexible relationships is a widespread form of social behaviour³³ (although Russell 2003 shows that 76% of migrant workers he surveyed are in fact in stable relationships; he includes visiting relationships in these statistics). Making marriage or common law relationships a criterion in a country with such low rates of formal unions would be excessively prohibitive. Furthermore, deep historical injustices and political violence stemming from slavery onwards have contributed to current levels of violence and drug use emerging as notorious problems in Jamaica, particularly in urban areas.³⁴ These issues, unfortunately, have become unjustly stereotyped, essentializing images, translating into a negative discrimination against *all* urban dwellers as unsuitable for the program. Finally, as part of the former British

³³ Leo-Rhynie observes that Jamaican family demographics are often volatile, unequal, and unstable. Indeed, many family units are informal, with over 70% of parental engagements being either common-law or “visiting” (informal) relationships, despite a widespread adherence to and belief in the principles of Christianity which condemn sexual relations outside of marriage (1993:8). Furthermore, over 70% of births take place outside of a defined family context (Boxill, 1997:92); thus many children grow up without a stable or consistent family unit.

³⁴ While Jamaica is 50 percent rural, the vast majority of violent crimes occur in the two main urban centers of Kingston and St. Andrew, with almost 3/4 of murders and 80 percent of shootings taking place in these urban areas (WB 1997:7). Within these regions, most (though by no means all) acts of violence occur in poor (especially inner city) areas. With a long history of violence, causes are now complex and intertwined, with the main reasons being attributed to: domestic (33 percent), politics/reprisals (33 percent), robbery (15 percent), and drug-related (11 percent) (PERF, 2001:iv).

Commonwealth, Jamaicans speak English and many have relatives in Canada, making going AWOL an easier and more appealing option.³⁵

Even if these concerns are exaggerated in the minds of employers to the point of racialized stereotyping (Preibisch and Binford 2007), Jamaican officials are well aware of them and concerned with recruiting participants who won't worsen Jamaica's image. Perhaps for these and other reasons, "good standing" and reputation within the community, law abiding behaviour, and clean-cut appearances and "good attitudes" are seen to be particularly important criteria for predicting who will do their jobs, obey the rules, stay out of trouble, and, perhaps most importantly, return home. Such rationalities may help to explain the seemingly greater emphasis in the Jamaican process on these factors, while in Mexico the emphasis remains on other traits, such as marital status, number of dependents and lack of high education and other job prospects.

Furthermore, several employers have indicated that Caribbean workers in general appear to be much more likely to "talk back" than Mexicans. Concern about resistance among Caribbean workers has been noted throughout the history of the program, and has even been cause for competition between various ethnic and national groups of the Caribbean.³⁶ This perception that Caribbean workers are more likely to exercise overt resistance and indicate openly when they are not happy with a situation are traits which may contribute to employers' shift in preference towards Mexican workers, who they perceive as more docile and complacent, even if this may be partially out of necessity as Mexican workers normally cannot communicate their grievances in English (Basok 2002; Satzewich 2007; Preibisch and Binford 2007). Such concerns may help to explain the

³⁵ Basok (2002), Preibisch and Binford (2007) and Satzewich (2007) all discuss this theory in their analyses of why Mexican labour has replaced Caribbean workers.

³⁶ Satzewich remarks that: "During the early years, it is unsurprising, but nevertheless noteworthy, that farmers who used workers from the Caribbean under the program appeared to express a preference for workers who did not complain about the terms and conditions of their work and who were seen to be easier to control. In other words, farmers were quite sensitive to worker resistance to their condition of unfreedom. In a 'Confidential Report and recommendations for improvements in the operation of the Caribbean Seasonal Workers Program' prepared by the Department of Manpower and Immigration in 1970, it was noted that: "Employers have shown an increasingly reluctance to accept workers from Trinidad. Newspaper reports on the recent unrest in that country may have contributed to that attitude. The workers from this island have a tendency to voice their grievances and requests for improvements in working and living conditions more frequently perhaps than Jamaicans, which is another reason why the latter are preferred over the two nationalities. Trinidadians of Indian and Negro ancestry are not compatible and this by itself as well as differences in diet and religion, invariably causes difficulties when people of these groups are forced to live and work together" (2007:267).

workers' interrogations in Jamaica, as recruiters attempt to weed out any resistant characters based on their "attitude assessment" (e.g. willingness to eat pork and work seven days a week) before they even make it to the health exam. Mexicans, by contrast, have a reputation among many growers as being more submissive, polite, and quiet. Hence these concerns are not as relevant for selectors in that country, so they can afford to focus on "charitable" dimensions of recruitment as a "development" and income generation strategy for Mexico's rural poor. The SAWP as a development strategy plays particularly favourably in Mexico's political climate amidst increased poverty and economic desperation.

In any case, it can be seen that the underlying principle behind both countries' selection models is simply to send the "best" (i.e., most docile and hard working) workers for the program based on Canadian expectations, in order to ensure their countries' continued participation in the program. That each country has such varied ways of ensuring this goal speaks to the peculiarities of distinct social, cultural and economic dynamics, as well as to the stereotypes reinforced by growers and Canadian officials to avoid "problem" recruits. It seems clear that in both countries ensuring that workers will not "create problems," based both on stereotypes and political gains, trumps any efforts towards a fair and impartial selection and recruitment process.

Differences in the Medical Exam

With respect to the medical exam, it is clear that the goal for Canada is to ensure that workers receive a thorough health screening and only those who are deemed apt are let into the country. The additional contents of the exam period, however, are determined by the two countries, and there are a few notable differences.

First, the information given to workers varies greatly. The only thing that all workers receive is a contract, which they sign (although don't always understand, and certainly have no room for negotiating). In Jamaica the focus on education for workers during the exam and selection days is much more about obeying employers, having a "respectable" physical appearance, and being law abiding "ambassadors" of Jamaica. The only health advice workers receive in any detail relates to STI prevention. In Mexico, by contrast, social workers have made it a point to emphasize various healthy practices,

incorporating issues such as mental health, sexual health, infectious disease, addiction, and hygiene. This may be partly due to the federal government's increasing emphasis on migrants, which has emerged in large part to respond to the millions of Mexicans living in the United States.

At neither Ministry, however, are workers given much, if any, education about their rights and benefits in Canada, nor any information about occupational health. This seemed misplaced to me, since, as I explain in Chapter 7, many more workers complain of pesticide exposure and musculoskeletal problems than return with HIV. In both countries the emphasis is on HIV and (in Mexico) other health issues deemed to be associated with workers' own fault or control (hygiene, vaccinations, addictions, etc.), while questions of occupational health and safety (which may be due to working conditions) are completely neglected. As I asked the Jamaican educator, why spend an entire half hour per year focused on how to wear a condom, and not even five minutes on the importance of wearing gloves, masks, hats, long sleeve shirts or boots, or drinking water to stay hydrated in the fields? She acknowledged, "It's a good idea, I do see some workers with these problems, but time is already so tight" (Fieldnotes 03-2007). In Mexico, one administrator insisted that such information is provided to workers in written form, but when I asked her to show me where it was written, she was unable to provide anything but the contract and a basic point-form sheet (included as Appendix 4.5). It appears that in both countries, informing workers of their rights, or ensuring that their occupational health is protected, is not a top priority. Perhaps it is assumed by some that workers will receive sufficient on-the-job training in Canada. Perhaps, also, there is little desire to arm workers with knowledge that could encourage them to question or complain about their conditions at work.

Second, the Jamaican exam seems to be slightly more stringent, with one major difference being that Jamaican applicants are screened for HIV, while Mexicans are not. The Jamaican physicians seem proud that their standards go above and beyond Canada's (or Mexico's, for that matter). As one physician said, "Up to a point Canada tells us what to do . . . but we can add some things of our own For example, we advised the HIV before it started because of prevalence. I suggest you have to do the HIV" (Interview 03-2007). Another Ministry official put it bluntly: "If they're HIV positive they will not go

on the program. Full stop” (Interview 03-2007). In fact, workers are reminded of this during their lecture on safe sex, and told of the number of men who would be denied entry because of a positive test.³⁷

Thirdly, Mexican exams do not necessarily happen annually, whereas in Jamaica they occur each year without exception. This difference could be explained by a few reasons. First, Jamaican workers carry the burden of the expenses of the exam as part of an administration fee removed from their pay, whereas in Mexico workers contribute a token payment, but it is heavily subsidized by the Mexican government, and clinics must compete for resources amidst an already heavily burdened public health sector. In Mexico the heavy cost of administering the program is often cited as a reason why services for Mexican workers are limited. Another compounding factor may be that Jamaica has fewer workers going to Canada and is a much smaller geographical space, so the logistics of carrying out annual exams, and having all the workers attend them, are easier.

Arguably the most pressing reason for these differences, however, is that for Jamaica the program is far more politically and economically relevant than it is for Mexico. This is for the reasons I outlined earlier: Jamaica’s much smaller population size; its less developed economy (both per capita and overall); its far more limited migration prospects; its declining participation rate in comparison to Mexico; and its desperate need for foreign exchange. Thus, the fear of allowing a worker into Canada who could develop a health problem – or pose any problem which could compromise Jamaica’s participation – is much greater. In speaking to the Mexican consulate, for example, I asked them how it was possible that several workers arrived in Canada with cancer and kidney failure. They suggested that the exam could be made more regular and stringent, but was it really worth it for the few workers who slip through the cracks? Mexicans have little cause for concern since their ratio of participation in the program has continually shifted in their favour. By contrast, Jamaican administrators and physicians

³⁷ The estimated HIV rate in Jamaica for adults is 1.6%, 29% of whom are women (GHR 2008). Applicants who are known to be HIV positive may not be even referred in the first place, but in some cases, of course, their status is not known. This heightened vigilance on the part of Jamaica should be situated within the larger “geography of blame” regarding HIV/AIDS in the Caribbean. See Farmer (1992) and (2005 Chapter 2) for a critical analysis of the perceptions regarding HIV/AIDS and peoples of the Caribbean in the United States.

seemed unrelenting in their assurance that no one slips through the cracks. One Ministry official stressed, “Every worker is checked every year without exception - we can’t send sick workers - what would they (Canadians) say? We could get in trouble. It’s never happened in all these years (that a worker has been found sick in Canada with a preexisting condition)” (Interview 03-2007).

Conclusion

This chapter has sketched out the centrality of all of the participating states – and their interrelated dynamics – in determining the parameters of selection and inclusion for SAWP migrants. Despite the differences in the sending countries, the logic for Canada is obvious—to receive healthy, just-in-time, competent labourers delivered to growers for the exact amount of time needed. The medical exams, which are the most thorough and consistent elements of the recruitment and screening process, are the only component of the process dictated and monitored in great detail by Canada. They are also the most crucial element for ensuring Canada’s goals.³⁸ Informing workers about their rights, or protecting their health in Canada, are not priorities in this process. As a result, these features are absent or inconsistent. When they are included it is due to the good will of certain individuals along the way or the progressive practices of particular offices of their own initiative.

After workers are selected based on the criteria deemed important by their countries of origin, what matters most is that they will not cause problems for their Canadian employers, by becoming sick, disobeying, or breaking the contract, and ensuring such workers is the main goal of the selection process. In its simplest terms, the one-way medical screening is like a one-way revolving door that admits healthy applicants and then spits any back out who have become injured or sick, just as quickly as they came. Canada wants to ensure healthy workers arrive, but does not monitor if they return healthy. The concern is to protect Canadians from migrants’ diseases, not to protect migrants from bringing back illnesses or injuries from Canada. They just won’t be readmitted. Thus health flows are really one way—with only a few notable exceptions

³⁸ See Pratt (2005) for more information on immigration security and screening in Canada, processes which differ in certain respects from those of temporary migrants.

(which raise a lot of eyebrows), only healthy workers are admitted, and the sick are quickly deposited back where they came from, with little public notice. Mexican and Jamaican officials have largely internalized these rationalities and even where they haven't, they have little say anyway.

The parameters of recruitment and selection are deeply implicated in the dynamics of competition that underlie the program. Unlike the TFWP, where employers can select workers from any country, the SAWP is limited to Mexico and specific Caribbean countries, an anomaly permitted through grandfathered Memorandums of Understanding (which would no longer be permissible under more current “free trade” laws, hence the recently developed TFWPs’ allowance of workers from any country in the world). In this context, the competition for each participating country to retain spaces in the SAWP – not to mention the risk of losing workers to other countries in the new TFWP – ensures that state recruitment and screening mechanisms are focused on selecting compliant, healthy workers who will not cause any problems, and that the message of compliance and national importance is well understood among recruits. Indeed, most information provided to workers seems to focus on their responsibilities to employers, rather than their rights or the employers’ responsibility toward the workers. In these respects, workers’ recruitment and selection set the stage for their labour experience in Canada—one which revolves around employers’ needs, not workers’ rights. As I demonstrate in the following chapters, workers’ internalization of these implicit messages that their employment depends on their ongoing compliance, continues to be a key element of their experience in Canada, instilled through relationships of “disciplinary control” with employers and, to a lesser extent, liaison officers.

Recruitment and selection methods for TFWPs are peculiar processes, the various entry “gates” violate normal codes and laws of hiring in Canada. For one, these criteria and mechanisms directly violate Canada’s Employment Equity Act, which states that “no person shall be denied employment opportunities or benefits for reasons unrelated to ability” and the Human Rights Act, which labels as discriminatory any recruitment and hiring practices “that deprives or tends to deprive an individual or class of individuals of any employment opportunities on a prohibited ground of discrimination” (see Appendix 4.6 for specific clauses). The SAWP (and similar TFWPs) may be interpreted as a

violation of these principles: it allows employers to select workers explicitly based on gender and national origin; it allows Canadian authorities to discriminate based on health status, even when the health condition may not affect performance; and it allows the sending countries' recruitment systems to further discriminate based on criteria of their choosing, ranging from marital status to region of origin to hair length. The SAWP is inherently discriminatory and is certainly not modeled on principles of fairness of "equal opportunity" so commonly promoted as "Canadian" standards. This, though, is just the first in a long line of "exceptions" made for this program. A new set of exceptions begins as workers arrive in Canada, the subject of the next chapter.

CHAPTER 5 - LIVING IN THE LIMINAL: LIFE IN CANADA

"We don't expect the red carpet, just basic respect." – Alfred, Jamaican worker

"We asked for workers but human beings came" – Swiss Novelist Max Frish, speaking of guestworker program in Switzerland (cited in Hollifield 2008:196).

Introduction: The SAWP as a Total Institution

In this chapter, I explore the ways in which the controlled physical and social spaces within which migrants reside in Canada contribute to the SAWP (both as a program, and at the farm level) as a total institution, the conditions of which generate migrants' structural vulnerability. Total institutions, according to Goffman (2005), are institutions which share several totalistic features in common: that all parts of life take place in the same place and under the same authority; members' activities are carried out in the presence of a group of other members, who are treated similarly and required to do similar tasks; each day's activities are tightly scheduled and imposed from above; and all of these various activities are "parts of a single overall rational plan purportedly designed to fulfill the official aims of the institution." Goffman notes that total institutions contradict the basic separation between work and social time, as well as family life. Drawing on Roger Rouse, David Griffith demonstrates how total institutions serve to discipline and control groups, a process through which they are transformed into "ideal workers." The aim of a total institution is to "construct and control complete social contexts," yet they never completely succeed, as workers' cultural practices, identities and agency inevitably surface (Griffith 2006:10).

One of the features of total institutions related to their all-encompassing nature is the possibility of constant surveillance, used to ensure compliant behaviour (McGuire and Dougherty 2008). In this chapter, I argue that the SAWP has been extremely successful in monitoring and controlling workers' behavior through an ever-present threat (of firing, repatriations and future exclusions from the program) that acts as a form of discipline and surveillance reminiscent of a panopticon—an arrangement wherein a large group of people can be viewed by a few at any time, and they are aware that this possibility is ever-present. Even if they are not viewed constantly, the awareness of possible surveillance at any time reinforces self-control. Through panoptic techniques, a process

of hegemonic control emerges, in which employers and supervisors gain compliance through migrants' internalization of their roles and norms as workers.

Introduced by Jeremy Bentham in 1785 as an ideal form of prison, as a “mode of obtaining power of mind over mind,” the concept was further theorized by Michel Foucault (1977) as a symbol of modern “disciplinary societies.” Foucault argued that the creation of *docile bodies* – bodies which can be “subjected, used, transformed and improved” (1977:136) to be useful to modern economies – requires a form of discipline in which the individuals, knowing they could be observed at any time, internalize this surveillance and in effect discipline themselves. Discipline, he held, produces docile bodies as it “increases the forces of the body (in economic terms of utility) and diminishes these same forces (in political terms of obedience)” —the result is “increased aptitude and . . . increased domination” (1977:138). This form of discipline is exemplified by the panopticon, which has since become a prominent symbolic focal-point in analyses of contemporary surveillance—utilized in a variety of institutions ranging from prisons to schools to military institutions and factories.

Foucault's interest was in the generalizable quality of the panopticon: “the practices and techniques of power which are mapped out by it” (Allen 2003:70). Indeed, the panopticon “has come to stand for all systems of visibility that enable a few isolated watchers to scrutinize the behaviour of large groups.” Such systems are recognized as an “integral component in the operation of disciplinary power and the fashioning of modern subjectivities” (Ericson and Haggerty 2006:26-27). In this respect, the prison is just one part of a larger system of “carceral spaces” which together create a wider panoptic society. The total institutions within which migrant workers reside in Canada are part of this larger system. I will argue that the ways in which power functions in these spaces serve to limit migrant workers' ability to access rights and benefits.

This chapter and the next trace how this system is enacted, and its multifaceted manifestations as workers negotiate complex and often contradictory relationships in Canada with employers, co-workers and community members. Each of these relationships is mediated by dynamics of uneven power, with workers being vulnerable not only to their employers, but also to each other as competitors for future positions—a theme I develop further in Chapter 6. Beginning with migrants' arrival at the Canadian

border, I document the experience of workers residing in Canada, highlighting the centrality of these various relationships. I also discuss the specific circumstances facing women workers. By exploring language and transportation difficulties as well as interactions with the host Canadian communities, I demonstrate that workers are restricted, controlled and isolated in virtually every aspect of their lives in Canada. They have little power or say in the entire process and context which surrounds their working lives. Rather than being treated as free and equal adults, they reside within racialized “Other” spaces under conditions and rules evocative of a carceral space. As demonstrated in Chapter 3, the program was constructed with the mentality that workers would be integrated as a labour force, but never as citizens or as equal community members. Their strategic advantage as a labour force is that they will not be distracted by familial or social obligations, and will always be available for employers’ needs (Basok 2002). They are constructed as the ultimate contingent labour force—imminently flexible and constantly available for their employers’ needs. Yet what are the measures that must be implemented to create this ideally disciplined labour force, and what are the implications for workers?

Welcome Home? Arriving in Canada

Traveling to Canada alongside SAWP participants, I am always surprised to see the workers in suits, with new hair styles, and the women wearing make-up, as though they are heading off to a professional job. The Jamaicans especially have been told to look their best for their employers, and they want to make a good impression. On the plane, though, it becomes clear that this is not a group of tourists or business class workers. Even the most seasoned among them struggle to make sense of the customs forms and traveling with Mexican workers, I spend much of the flight translating. When they arrive at the airport in Canada, I walk with them in the line to customs. A young English speaking agent asks one of the Mexican men how many seasons he has been to Canada. “Eighteen,” he replies in awkward English. “My God,” the woman responds, shaking her head and motioning him forward. “It’s like you spend more time here than there. Welcome home,” she jokes. She is right about the time, but this worker is not arriving home, and they both know it.

From customs and immigration, the workers disappear from my view into the first of their “black boxes” in Canada, to a special area where they continue the “shuttle process” to their final destinations. In arrival information sessions, the emphasis for both groups is on their behaviour, not on explaining rights or benefits. Jamaican workers are met by their liaison representatives who give them a talk and some basic information, again reminding them to obey their employers and to behave—they are consistently told that they are Jamaica’s ambassadors and Jamaica’s spot in the program depends on them. As one worker explains: “They tell us stuff like obey the rules, bicycle safety, they tell us how many people were killed on bikes last year, but not the stuff we want to know – about wages, deductions, rights. We know they’re hiding this stuff from us.”¹ Mexican workers are not met by their country’s representatives; instead, they are greeted by a Spanish-speaking representative from the employer organization FARMS.²

From the first black box, they move to the second. The workers’ passports are checked, they are put into groups according to the farm assigned. The workers are then shuttled into a waiting vehicle, in which they travel to their farms. From Toronto they are most likely to travel to Leamington, Bradford, Simcoe, Chatham, Tillsonburg, Owen Sound or Niagara (see Figure 12 on page 61). To Niagara, if traffic is moderate, the journey is just over an hour. The outskirts of Mississauga where the airport is located, down highway 427 and along the Queen Elizabeth Way, which hugs, but barely reveals the shores of Lake Ontario, is the most any of them will ever see of the Greater Toronto Area. Grey, concrete, industrial. It is nothing like the homes they left, or, for that matter, like the vibrant immigrant communities in the city’s core, which most will never visit. They pass the cities of Burlington and then Hamilton, with its domineering smoke stacks

¹ The Jamaican liaison officers I interviewed insist that they do explain workers’ rights, and even have a basic pamphlet which goes over some of these issues (included as Appendix 5.1). This is an important first step. When I ask workers about this, however, many say they do not have the pamphlet, or do not understand it due to literacy constraints.

² The Mexican consulate used to meet with workers at the airport, but with the ratio of workers to consul greatly increasing, they no longer fulfill this practice; many Mexican workers in fact never meet their government representatives in Canada. Mexican workers do not receive a pamphlet at this time, but instead their consulate prepares a one-page information sheet which is sent to them at their farms, where they may or may not receive them. These information sheets vary by consulate office, are extremely bare-bones, do not provide telephone numbers for support people and groups in Canada (outside of the consulate) and in fact explicitly state that workers should consult only their consulates for information or support and should avoid the assistance and advice of others (see Appendix 5.1).

releasing bright flames and dark fumes into the air, and shortly after the cityscapes blur into fields, vineyards and orchards, and they pass a sign called “Fruitland Road.”

If they understand it, they might realize that this is the gatepost of their destined space in Canada. They are the backbone of Niagara’s tender fruit industry. There are tourist signs marking vineyards of interest, where they may also find themselves employed. They are not tourists, but they are not citizens, either. This is where they will live, but it is not their home. It is where they will work and pay taxes, but it is not the society which will support them when something goes wrong. It is the country that needs their labour, but does not desire their settlement. It is a place that will tolerate, but will rarely welcome them. Few Canadians, outside of their employers, their supporters, and people at the businesses that they frequent on weekends, notice their arrival, take part in their lives, or feel any change at all in their absence. Yet the agricultural industry, and all who rely on its cheap, plentiful products for nourishment, depends on their largely invisible work to survive and to profit.

If it is winter and they have a thoughtful and sympathetic employer, workers may be taken to buy appropriate clothing. If not, they may be unprepared for the cold. They are often lent money to buy food (which will be taken off their next pay cheque) and taken to a grocery store where the food, money, and language are foreign and difficult to understand. They arrive at their predestined living quarters, with their predestined housemates and roommates. The only assurance is that they will generally be housed with others of the same nationality and gender. This is where they will live until they are told to leave. It may be a trailer, a makeshift bunkhouse, or a house with bunk beds crammed in each room. The most fortunate will be placed in a house with two or three per room. It’s the luck of the draw and they have no say. They unpack, eat and sleep.

The seasoned veterans may have already purchased a phone card to call home and tell their families that they have arrived safely, or, if they are allowed the freedom to do so, may already be visiting a lover or a friend they left behind the season prior. They may even have some clothes and belongings which they left the previous year (while common, this practice is a risk—workers never know if they will be invited back to the same farm, or even to Canada, the following year, so some lose their belongings this way).

The new ones take a while longer to figure it all out and to find their place. They are the ones most likely to suffer from loneliness and homesickness that pierces them to the bone, much like the Canadian cold. It is not surprising. For most, this is their first trip abroad, and their first time on an airplane; for some it is the first time they will be away from their village and family. They do not normally have much time to process all of this, however. Unless the weather is not cooperating and their employer mistimed their arrival, which can leave them without work for days or weeks, they normally begin work first thing the next day.

There is no welcome ceremony, basket or meal for these newcomers. Unlike foreign permanent residents, they are not offered English classes or settlement services. In fact, settlement workers say they are not even allowed to service migrants, since they do not fit within their funded mandates. They are not part of the “nation-building” or even the “multicultural” ideals of Canada. They are just temporary economic inputs.

They arrive and are immediately left to fend for themselves. Some, especially those with previous experience in the United States or with contacts here, are adaptive—attaining a bicycle, exploring their surroundings, making friends. Yet it is a hard adjustment for many to make. As Victor recalls: “When I first arrived I wanted to get right back on a plane and go home. The little time that I was in Canada I didn’t get used to it. One misses things like your family, to speak in Spanish.” Many workers like Victor find their first days and weeks in Canada extremely difficult and some suffer immediately from intense homesickness.

Even in the worst of circumstances, though, most workers tough it out. There are good reasons to do so. First, they desperately need the income. Second, their pride would be wounded if they returned home early. Third, they have to earn the money to pay for their airfare. As one former Ministry of Labour official explains, “Canadians say we are responsible for choosing good workers, so we have to pay for him to return if there’s a problem” (Interview 03-2006). Although the workers are asked to pay their airfare, any difference they cannot afford must be made up by the Mexican government. Not surprisingly, the consulate encourages the workers to stick it out. Still, some simply can’t. The homesickness is so overpowering it prevents them from working productively. Every year, according to officials, some are sent home within a month. Sometimes they make

up excuses like stomach aches or family members' illnesses, but when pushed the underlying homesickness is often the true impetus. After all they went through to get to Canada, however, most of them will stick it out as long as possible.

Relationships with Employers

"Right now we're not allowed to go anywhere, no sales person, no visitors, no family – he (the boss) talked with some other farmers, and they're not letting anyone on his farm so he will know who's coming and who goes . . . It's like a prison." – Alex, Jamaican worker

"(Our employer) goes to the airport to meet us and always greets us with a hug and a handshake and asks us how our families are. He's come to visit us in Kingston three times, including on his honeymoon . . . He's one of the best." – Alfred, Jamaican worker

This section will explore workers' relationships to employers in more detail. Through various examples, I hope to demonstrate how the SAWP facilitates a situation in which disciplinary power – a power that is not based necessarily on an overtly repressive force, but on surveillance and the internalization of discipline (Hirst 2005:168) – is endemic. Most employers, I argue, induce compliant, productive behaviour of workers through relationships characterized by paternalism and patronage. Spacing, zoning and serialization of activities are key techniques to channel certain forms of conduct (Allen 2003:70). Migrant workers have tremendously structured routines, including not only long hours of work at specified tasks, but also restricted socializing opportunities. Their living spaces are tightly controlled and socializing off the farm is often limited to one night of shopping per week, and even that one night is on an extremely tight schedule, with employers or supervisors providing transportation and waiting closely by. Such techniques and conditions, rather than relying on overt repression, instead facilitate disciplinary control. The rules governing the SAWP, including tying workers to one employer, and stipulating that they must reside on employers' properties, enable these outcomes, which ultimately produce largely compliant and productive workforces.

Such an analysis helps us to transcend the question so often focused on in policy debates about the SAWP, regarding whether the majority of employers are "good" or "bad," or whether they force workers to do things they do not want to do (such as unsafe tasks) through overt repression. Such binary debates, I argue, obfuscate the larger issue,

that the very structure of the program itself – through limiting workers’ rights as non-Canadians, and placing so much emphasis on the employer-employee relationships in the absence of meaningful protection mechanisms – creates an environment which enables exploitation to occur, and it occurs often through subtle techniques of control which do not necessarily constitute overt abuse. Indeed, as I discuss in the Introduction to this thesis, workers often have contradictory views towards their employers. A prevailing narrative, even amidst extremely restrictive or unjust circumstances, is that workers are grateful to their *patrones* [employers] for the job, thankful to them for providing services such as transportation, and, most of all, appreciative that the employer continues to choose them amidst a variety of alternatives. Few workers will openly and harshly criticize an employer, even those who complain about poor circumstances. Instead, they recognize that their welfare is very much tied to the welfare of their employers. Thus, workers accept the terms of their employment, even if they also realize they are unjust. In this way, power functions through subjects controlling their own behaviour: “If somewhat less than complete incorporation, there is a degree of willingness to submit to the guidance or injunctions of others and a belief, held by those invoking the norm, in its beneficial outcome – that it is all to the common good (Allen 2003:73).

Moreover, the question of “how bad” or “how good” employers are is a subjective one, and not necessarily very useful in the larger analysis of legislative rights issues.³ Preibisch (2004; 2003) observes that the broader structural constraints of the SAWP enable the situation where workers’ treatment is largely dependent on the “subjective good will” of their employers. Indeed, workers face a situation of almost complete dependence on their employer’s “good will” for everything from working and living conditions, to access to medical care, to freedom of movement. A central and problematic element of the SAWP’s reliance on “unfree labour” is that workers are bound or tied to a specific employer, who determines not only their working conditions, but also their living conditions and mobility, and even their right to be in Canada since the loss of a job normally means a ticket home. As Preibisch argues, “Even though rates of forced return are low, the threat of repatriation is an effective mechanism of control” (2004:204) (see

³ See Preibisch who similarly argues: “Discussions of labour relations that look at the incidence of “bad” employers versus “good” employers ignore the structural features of the SAWP that restrict worker rights or limit their exercise” (2003:41).

Table 7 on page 47 for an overview of early repatriations due to contract violations).

Workers' fundamental lack of control and dependency on their employers constitutes the governing logic behind the program, and also explains why it can exemplify such stark and wide-reaching variations. Workers understand that they must maintain, at almost any cost, a good relationship with their *patrón*, who is largely responsible for ensuring their valued employment in Canada. The fact that so much control resides in the hands of the employer means that workers' experiences will be as varied as the individual growers who employ them; this treatment lies along every point on the spectrum.

On the most positive extreme of the continuum are employers who treat their workers, as they say, "like extended family." Many employers use such terminology in their own descriptions of their relationships with workers, especially those who have been with a farmer for decades, like Beresford Crumbie, a 72-year-old Jamaican worker who was profiled for being with the same farm since the program's inception in 1966 (Gleaner 2000). Gary Cooper, the former president of FARMS, told a Jamaican newspaper, "As an employer, I am spoilt, because my workers are from Jamaica and some of them have been with me for 23 years. When you get men who are with you for as long as 23 years, they have given up part of their lives to help you build a dream and they eventually become apart of your extended family" (Ibid).

Some employers drive their "extended families" to events or even join in migrant worker support groups themselves. Many go above and beyond the housing guidelines, providing TVs, air conditioners, microwaves and other amenities. Others form genuinely caring relationships, visiting their workers at home in the off season, taking them on trips to see nearby attractions, (rarely) sponsoring a favoured employee to become a permanent resident, or more commonly, inviting them to share in a meal after a long day. If they are sick, they are provided with rest and taken to the doctor immediately. As one worker who fell ill with cancer in Canada recalls, "They treated me like a son of their family, like the boss' wife, when I was sick in bed with cancer, she stood by me, accommodating me, until 3 or 4 in the morning she was helping me by my bedside."

These types of relationships are deeply appreciated by workers, but they are not the norm. In my research, like that of others (Binford 2002), they are most commonly reported on smaller or family farms, where employers may work alongside the workers

and get to know them. In larger operations, these forms of interpersonal relationships are much more difficult to achieve. One retired grower reflects on this changing dynamic as farms grow from small family business to larger operations:

We would go to Toronto . . . to the CN Tower and Eaton's Center and it was just great and I know I always thought . . . we didn't have much to do with the coloured people before and somehow I really felt good walking around with these guys and they enjoyed that and we took them out for dinner. Now that they're a little bigger group I think (my son, who took over the operation) finds it more difficult, but every so often he will have lunch with them . . . Or if they have to work overtime over supper he'll order chicken. It's very important to keep a good relationship with them. I know it's hard with 50 workers today, but when you have the small group it's easy to do . . . Today most farmers are businessmen. They are driving around and taking care of their work. We worked side-by-side with these guys. We never required them to do anything that we wouldn't do ourselves. We were on the same tree with them. And my mother would bring snacks out for all of us. We treated them as just like they were part of the family. And we told them that we will never require them to do something that we wouldn't do ourselves. And we told them not to call us boss because when they first came in we said look we are the same as you, the only difference is the colour and we said we have to go pay money to get a colour when we go there and you guys have it built in. We had a very good rapport with those guys and we treated them like they're part of the family. And I tell you we've had excellent results from them. They've never tried to take advantage of us so we've been very happy with them (Interview 01-2007).

As can be seen in this quote, treating workers well, for some employers, may be seen both as a moral imperative, as well as an investment in relations of loyalty with the hope of “excellent results”—as dynamics of “family relations” carry inherent obligations and expectations of patronage. The pay-off for employers are workers who are motivated to perform well to please their *patrón*, and who will continue to come back, year after year, as a highly trained, experienced, loyal and productive workforce.

More common are employers who treat workers in ways that could be deemed indifferent, or respectful, appreciative and caring, but in ways that still manifest as paternalistic and sometimes demeaning. Such behaviour is not unique to the SAWP. As Griffith notes: “Nearly everyone who studies temporary foreign worker programs, whether in Canada or the United States, points to their tendency to generate paternal relations between workers and employers” (2003:53). Typical of these paternalistic relations are employers who may not go far out of their way to welcome workers – they

treat them first and foremost as a labour force – but also have a certain pity or sympathy for them. Sometimes they may feel affection or loyalty towards certain workers, and a paternalistic form of relationship emerges, which embodies both benevolence and acts of punishment, characteristic of parent-child relationships. Binford (2002) reports that 25% of the workers in his sample were taken to a restaurant or on an excursion by their employer. In Canada, the conditions for this type of relationship to emerge are especially ripe, where in the absence of other support systems and community integration, workers often become dependent on their employers for all of their needs. As one employer reflects, “We’re obligated to take them to the doctor when there’s a medical problem. They can’t speak the language or get around, so there’s no other choice. I say to my wife, they’re more work than our children were!”

This paternalism, though, as Preibisch and Binford observe, manifests as a “garden variety” of racism (2007:16), as is inherently obvious in the punitive and restrictive measures of punishment and control which would not be acceptable to *free* workers (those with rights of labour mobility), like curfews and grounding. As one employer recalls: “One time we had to discipline our workers because one came in at 4am It’s like disciplining kids, it probably hurt us more than it hurt them. We told them all not to work until noon You have to nip that stuff before it gets to be a problem.” This kind of “collective punishment” or “making an example” of one’s behaviour by forcing all workers to lose a half day’s wage is a common and effective yet utterly unjust tactic for employee control. In this form of paternalism the protagonists are not children, but rather a racialized Other which, while she may be cared for or pitied, is still inherently deemed as inferior, a position exacerbated by their enforced position of dependency.

In this context, workers are seen as “docile bodies” which can be monitored and controlled at any point during their time in Canada—note that the incident receiving the punishment occurred outside of the workday. These tactics are by-and-large effective at controlling workers’ behaviour. Many workers internalize their employers’ rationale, believing that they should all do everything they can to follow the rules and maintain good relationships with employers (e.g., Jamaicans must maintain a good reputation—if one Jamaican worker is caught drinking, fighting, or bringing home a woman, it may

reflect poorly on all Jamaican workers, causing the farm to “go Mexican” and all to lose future employment). Employers are seen as the bearer not only of income, but also of their chance to return to Canada, and many workers are grateful for being requested back and thus feel a sense of loyalty or even indebtedness to their employers. At the same time, however, many workers recognize their conditions as unjust. Even though open revolts are rare given the risk of harsh consequence, workers continue to exercise subtle forms of resistance to this domination—utilizing “weapons of the weak” (Scott 1985), such as sneaking out of their employer-provided housing after curfew, filing for benefits against their employer’s wishes, or taking farm produce, in some cases expensive items such as ice wine, to consume and share with each other (and sometimes fortunate anthropologists) (see also Binford 2009).

While a superior-inferior relationship cloaked in paternalism enables many growers to convince themselves and others that they are not discriminatory, but rather caring figures who must keep a workforce in line, (and also can be a source of comfort and assistance for some workers in the absence of family) (Griffith 2003), the blatantly racist actions of other growers demonstrate the extreme manifestation of discriminatory attitudes that can be allowed to exist within this program. There are also growers, perhaps in a minority, who represent the negative extreme as they demonstrate outright abuse and overt discrimination toward their workers. Most growers of course assert that they treat their workers with dignity and that they are not racist. Most of the employers who were willing to speak with me were, not surprisingly, viewed among workers as the “good ones” and perhaps the most telling are those growers who, quite independently of any “agenda” to promote workers’ rights, acknowledge the racism and abusive treatment or views of their counterparts.

Although growers inherently have more power through the SAWP, they may choose to exert this power in very different ways. The observations of one employer, Steve, who purchased his farm and was shocked at the way that his predecessor treated the SAWP workers, demonstrate the variation in views and attitudes in existence. After purchasing the farm, Steve had the chance to work anonymously among the work crew before revealing that he was the new farm owner. As he recalls:

It was a great way to also see how the farmer deals with them and that's really the bad part, because you make a mistake, and it may be a mistake that you could have avoided and you could be in trouble for it, but if the person is in front of you, an inch in front of your nose and they start screaming at you with their full force, I've never seen anything like it It almost seems like [the former employer thought] you've got to crack the whip once and awhile even if there's no reason. These guys were almost like (makes gesture of being in fear), it was really harsh, and these guys, they do not deserve this because they are working their hearts out and when I told this to other farmers I was totally estranged by it. Later on, when I had the farm here and I talked to the guys [farmers] some of them said, "Yeah . . . you keep them on their toes and that's it, you know?" Which does not mean that all the other farmers do that kind of thing, of course not I know how it goes by now and it's almost a class thing, I hate to say that, but a *caste* thing, but guys don't deserve it, that's for sure. Because I'm in the same boat, I couldn't do what I'm doing without them Sure there is [racism], I know there is [To not admit it] . . . that would be just a farce and it gets me sometimes because like I was invited to some functions, some large growers getting together some talks and I said [to my wife] . . . just listen to this, this is 2006 Canada, this is unbelievable, these are the people that provide some of these farmers with the \$80,000 to make it, and this isn't 1825 slavery here . . . (Interview 01-2007).

I asked Steve if these racist attitudes would get expressed in the workplace: "Absolutely a thought is power as much as a word . . . and . . . that will come out You're not going to just take that little racist coat off . . . especially on a fruit farm when things are hectic and things have to go quick and then things break and people get agitated and so on."

It is cases like these that lead some workers and advocates to go so far as to invoke images of slavery when discussing relations between workers and their employers. Some of these workers have been schooled in the rhetoric of slavery and racism in their home country and their advocates have invested themselves in determining the root cause of injustice within a contemporary economic system that they condemn as deeply immoral. Others, however, find this comparison offensive, suggesting that it both undermines workers' freedom and agency and unjustly demonizes employers.

While people making these inferences may be referring to particularly restraining employers who do not allow workers to leave the property, have visitors, and who seek to control any aspects of their lives, the larger analytic is that the SAWP structure itself, and that of similar TFWPs, can be viewed as violating accords relating to the practice of slavery. As Depatie-Pelletier argues:

In Canada, on the basis of their national origin and/or gender, some temporary foreign workers in low-skilled occupations may be bound by law to live and work on the property of another person, even if they are, at the same time, “not free to change their status” in Canada. They thus qualify as “persons under servile status” - persons under human condition equivalent to the one experienced by slaves, under the terms of the U.N. Convention against institutions and practices analogous to slavery (2008:1).

How do such circumstances affect employers’ treatment and policies towards their workers? In the next chapter I discuss the implications in the workplace. Below I focus on the broader circumstances surrounding their living conditions.

*Summer Work Camp or Summer Prison?
Farm Rules, Surveillance and Control of Workers’ “Free Time”*

The spaces which constitute workers’ living and working sites facilitate their control. As Hirst contends, “space is a resource for power” and the characteristics of a space impact in what ways power can be exercised and social control attempted (2005:3). That some employers view and treat *unfree* migrant workers differently than Canadian or other *free* workers is apparent in the very policies they enact, including the circumstances in which they live.

The stipulation that workers must reside in the residence of their employer’s choosing is in itself a contradiction to international human rights law, as several UN conventions (including those ratified by Canada) ensures people’s freedom of mobility and choice of residence.⁴ Moreover, this dimension of the program gives employers an exceptional amount of control over the lives of SAWP participants outside of work. In this case, workers’ lack of choice over where to work and live is collapsed in the *camp*. Writing of similar guestworker programs in the United States, Griffith notes that the conditions control “workers’ time and space to an extent that approximates conditions of slavery or imprisonment, creating . . . *total* institutions: places, like prisons, that provide everything required for bare survival, where a person can live and work . . . without ever

⁴ Article 13 of the Universal Declaration of Human Rights (UDHR) and Article 5 of the International Convention on the Elimination of All Forms of Racial Discrimination (CERD) stipulate that: “Everyone has the right to freedom of movement and residence within the borders of each State. Everyone has the right to leave any country, including his own, and return to his country.” Article 12 of the 1966 International Covenant on Civil and Political Rights (CCPR) grants persons lawfully in a state the “right to liberty of movement in the territory of the State of employment and freedom to choose their residence there” (as cited in Depatie-Pelletier 2008:21).

leaving the grounds” (2006:9). Such circumstances act to effectively monitor, regulate and discipline the workforce.

Goffman (2005) explains that the authority enacted in total institutions has several key characteristics. First, it is based on echelons – any member of the “staff class” or authorities of the institution have rights to discipline any member of the “inmate class,” or workers. Second, the authority is exercised over a wide variety of types of conduct that are constantly judged; and third, misdeeds in one sphere of the total institution can be judged against one’s performance in other spheres. “House rules” are assigned, and punishments – such as withdrawing certain “privileges” – are known consequences for breaking them. Together, these conditions create an “enveloping tissue of constraint,” in which “inmates live with chronic anxiety about breaking the rules and chronic worry about the consequences of breaking them” (Ibid).

There are multiple conditions within the SAWP that resemble those of total institutions, as workers live and reside on their employers’ property and are subject to a variety of rules and regulations which govern and judge their behaviour both on and off the job. Workers’ homes, often in the form of trailers or portable devices, are commonly placed behind or next to their employers’ properties, or they may be held in large bunkhouses at the back of, or near to, farm property. In some cases, those coming or going may be monitored by the grower’s family, whose own driveways are the only way to get to workers’ residences; in other situations, security cameras or companies are utilized to monitor comings and goings.

In such contexts, a misdeed off the job, such as having late night visitors, coming home drunk, or visiting town without permission, can be monitored and have consequences on the job. Preibisch (2003), for example, notes that workers have no right to privacy, as would be afforded in a rental agreement, and that many farmers create arbitrary “farm rules,” ranging from a few rules regarding property maintenance, to rigid codes of conduct restricting various aspect of workers’ lives, including their mobility. Her research documents numerous examples of employers’ restricting workers’ freedom and mobility, as well as instigating a series of punitive and restrictive measures to govern their social lives. Verma (2003) similarly notes that farm rules are often opaque and

unknown to workers, as they are rarely written and even more rarely translated into English. My research reveals similar concerns.

That employers are responsible for “controlling” their workforces both on and off of the job seems to be implied by the very nature of the program—indeed growers may be referred to not just as “employers” or “bosses” but also “owners” of both their farms and their labour forces. Some growers make this explicit. As one worker explains, his employer told them, “I have bought you, so don’t speak unless I talk to you first.” When I approached another employer about the restrictive conditions he imposes, his response was, “Well, I ordered this labour force and pay their wage, so in a way, yes I do own them.”

Such relations of ownership are justified to and even expected by the wider public in a context in which rural residents fear the consequences of “uncontrolled” release of foreign workers (of colour) in their otherwise tranquil (“white”) territories. In December 2007, articles covering a rural BC council meeting debating the addition of migrant worker housing explicitly discussed this as a concern: “The major concern is we are small lot acreages, and to be inundated by 30 workers,” a local resident complained. “Who controls these workers after they are not working? That’s a lot of people to put into a rural situation.” The employer making the application replied reassuringly: “We have to live on the property with them They have to conform to the rules of the property. If there are problems they have to live by the rules or we send ’em back” (Henderson 2007).

How employers exercise this sense of ownership and control over the workers’ spaces varies. Some worker residences have signs up which read: “Private – do not enter!” Others place workers’ residences within eye sight of their own. For larger farms that cannot monitor each individual worker, a security company may be employed to monitor their movements. One house that I visited had an award on the wall for having the tidiest migrant worker residence, along with a sign warning that visitors are not permitted at night and indicating that a security company had been hired to enforce this company policy. “Any violation of this rule will result in the privilege of receiving visitors in a house being removed,” it read. The overt and demeaning paternalism was striking—yet this was a home for adults, not a summer camp for delinquent children or a half-way house for prisoners. Likewise, a Jamaican pastor who attempted to visit many of

the farms in Niagara was stunned by the reception of some growers as they denied him access:

Most of the farming houses are behind barns – it's like a modern plantation. They put them at the extreme end – they are faces people cannot see It's sad that even in today's Canada they don't realize what is happening. If they're spending eight months here they actually live here and visit Jamaica, but many of the farmers are talking like they don't want any pastors in this place and if anyone comes they will . . . whatever . . . if people are living at a place and you want to say that you own them, then it's really like going back to slavery. He's saying, he takes them from Jamaica, he controls them (Interview 06-2007).

Many employers not only restrict visitors, but also impose curfews on workers. They may enter the workers' residences at any time. The most restrictive deny workers the right to even leave the property without explicit permission. Even extended family members may be denied the right to visit, and in some cases local community members who have befriended workers have reported being told they would not be allowed to visit with workers, even on their off time, and even off of farm property, or risk the worker's future employment. Those who break the rules are constantly threatened with the knowledge that their employer is able to "send 'em back." These are not empty threats. I uncovered several instances in my research where outside interactions contributed to dismissals or future exclusions from employment.

These instances, while not universal, are not rare, either. In Downes and Odle-Worrell's survey of Barbadian and Trinidadian workers, 33 and 38% respectively reported that they were not permitted to socialize off the farm with community members; 31 and 41% reported that their employers objected to visitors after work hours, and as many as 17% felt that they could be punished by dismissal for having a visitor (2003:59,79). Likewise, according to Verduzco and Lozano's survey of Mexican workers:

35.8% stated that they had to ask permission if they wanted to leave the farm outside of working hours. 34.3% did not customarily leave the farm without notifying the employer or supervisor, even outside of working hours. Three workers mentioned that on occasion the employer had reprimanded or reported them for leaving the farm without notice during their free time (2003:91).

While workers' liaison officers can seek to negotiate some of the farm rules (I noted several cases where the Mexican consulate, in particular, intervened to ensure workers could have freedom to leave the farm in cases where the farmers had restricted this), in other cases they may in fact impose additional restrictions. Preibisch, for example, reports that one country actually imposes supplementary rules that workers have to inform their employers if they are to have visitors or if they intended to stay overnight off of the farm. Failing to do so could be grounds for repatriation. Preibisch concludes that "paternalistic relations can develop not only between the worker and his or her employer, but between workers and their country representatives as well" (2003:47). I have found that this is the case, but stress that it is more likely to be occurring among Caribbean liaison officers, who have far more direct and regular contact with their workers, and appear to be more concerned than the Mexican consulate with keeping their workers "in line" and out of trouble, for reasons explained earlier.

One of the main areas of control that employers try to have over workers' lives relates to the workers' romantic or sexual relationships. Often men and women are unable to enter each others' residences and many employers (if they do hire both sexes) hire different nationalities in order to discourage romances which can distract from work. In the case where workers develop relationships despite these efforts, employers often take action to prevent them from developing further. In the rare case where two workers in the program may be married or in a relationship, they are given no priority to be placed close together, and certainly cannot live together. When relationships form, workers have no home in which they can spend private time with their loved one, and sneaking partners into these already cramped spaces can generate additional strain among housemates.

Take the case of Jorge, a Mexican worker who has been dating Elodia, another worker placed in the same region, for several years. A housemate had snitched on Jorge for having Elodia visit at night. The boss threatened to call the police and have him deported because he "broke the rules." Jorge said, "I'm not a criminal, I've always been a hard worker; I always show up on time and I've done nothing wrong." But his boss repeated that he broke the rules. He was told that he signed an agreement when he arrived, but Jorge said the agreement was in English so he couldn't understand it. Jorge

could not believe the discriminatory differential treatment experienced by migrant workers:

We're not allowed to park cars on the farm property, but the Canadians can park 10 cars here; we're not allowed to talk on the phone while we're working, but all the Canadians do this; we're not allowed to have visitors, but the Canadians can have as many visitors as they like. We're not allowed to smoke, but the Canadians can smoke.

Although he was not repatriated early, Jorge was not invited back to the farm the following year. Such stories are quietly swept under the carpet, obscured into the statistics of workers who simply are not requested back for “unknown reasons” (about 20-50% by some estimates).⁵

This story also reflects a disturbing truth. While workers are threatened by security companies and the knowledge that employers can enter into their residences at any time, an even more prevalent threat are their own co-workers. Placed in positions of competition where jealousy and resentment are common emotions, workers regularly “tell” on each other (see next chapter). Many of them have internalized the rationalities of their employers, indicating that rules are made to ensure that their co-workers are kept in line, while others may be motivated by a sense of competition to gain favour with the *patrón*.

All of these reasons – workers’ proximity to their employers who can enter at any time, the threat of security cameras and companies, co-workers who may tell on them, the constant threat of dismissal and repatriation for any reason – constitute the ideal methods of discipline and control which Foucault explicated in his discussion of the *panopticon*. Workers never know when they might be watched or reported, but they know they could be at any time. This is a particularly effective technology of control. As Foucault explains:

⁵ Russell found that approximately 80% of Jamaican workers are requested back by their employers each year, while 20% are new recruits to the program (2003) (normally in Jamaica, workers who are not requested back are not permitted to return). Reporting on statistics from the Mexican Ministry of Labour, Verduzco and Lozano (2003) state that the number of requested/ “named” Mexican workers was 46.7% in 2001 and 68.3% in 2002, with previous years fluctuating between those two extremes. However, it is not known how many unnamed workers were sent to other farms the following year versus banned from the program, since Mexico does allow unnamed workers to return with a different employer, depending on the circumstances, including the content of their return report completed by the employer.

Hence the major effect of the Panopticon: to induce in the inmate a state of conscious and permanent visibility that assured the automatic functioning of power. So to arrange things [such] that the surveillance is permanent in its effects, even if it is discontinuous in its action . . . in short . . . the inmates should be caught up in a power situation of which they are themselves the bearers (1977:201).

If this is the desired consequence it works: many workers live in a state of constant apprehension and rarely step out of line.

When workers do raise a concern about injustices, discipline often follows, and such forms of punishment may also relate to workers' residences. In the worst examples, some have been locked out of or inside their homes or had their electricity turned off; while others have had their cell phones taken by their employers when they tried to contact the consulate. It is for these reasons that some workers say it is actually preferable to be "undocumented"—i.e., in their view, while they sacrifice certain legal rights (like the entitlement to health care), they also gain fundamental freedoms, such as association and movement.⁶

Lorenzo, whom I interviewed just after he received notice that he would be fired and repatriated early in his first season for, in his words, "asking too many questions," reflects that he was somewhat relieved to be going home. There, at least he would have freedom over his life: "They even tell you where you have to live here. If you hate the person you're living with, you have to live there anyway! I would rather pay rent and have control over my life," he asserts. A Jamaican worker expresses a similar sentiment: "They rob you of your family life and your joy – don't let us watch TV, listen to music! They run things – they know that and use it as a trump card so we can't talk back."

In rare instances, some employers have resorted to threats of physical violence towards workers and their supporters. One particularly aggressive employer reportedly shot a cat in front of his workers, and told them if they didn't like their living conditions he would just "burn this mother-fucking place down." (Later, after the workers threatened to quit, he denied meaning the threats.) Visitors at some farms have also been driven off

⁶ Some migrants who have also worked as undocumented labour in the United States say they much prefer the freedom that they experienced there—if they make it past the increasingly precarious border. Binford (2002), writing of a time prior to the recent waves of U.S.–Mexico border restrictions, documents several workers willingly leaving the Canadian program to try their chances in the United States, citing "boredom, confinement and a lack of freedom" as motivating factors.

with threats of calling the police (with charges of trespassing) or aggression. This only had to happen to me once before I realized the gravity of intimidation that is instilled in such instances, as I experienced merely a taste of the fear that workers must feel while living and working under such conditions. It is no wonder that Steve, the grower mentioned earlier, says it has taken him years of acting kindly and gently towards his workers for them to stop being afraid of him.

In the vast majority of cases, however, threats or acts of physical violence are not necessary for employers to achieve desired behaviour. Instead, more subtle and pervasive techniques of power, which are facilitated through structuring migrant workers' spaces and activities within a total institution, have been largely effective at gaining their compliance.

Women's Experiences

I visit Katia at her home in Mexico. Concrete slabs and metal poles clutter the entrance. She is in the final stage of building a large house from her annual remittances from Canada, which she shares with her mother and siblings. Life is good here, but something is missing, the twinkle that she always had when I saw her in Canada is absent now. She is "single" in Mexico, but when she is in Canada she has a pareja—she is in a long-term relationship with a co-worker. She spends each winter at home, building her house, and counting the days until she is reunited with her love again in Niagara.

– Adapted from fieldnotes

Although there are very few women comparatively in the program (about 3% of program participants), those who do participate experience their time in Canada in various gendered ways. Most analyses of the SAWP have focused on male workers, and with few exceptions (Preibisch 2007; Hermoso Santamaria 2004; Becerril Quintana 2003; Preibisch and Hermoso Santamaria 2006) women have been absent. These recent studies have drawn attention to the ways in which gender mediates migration, including, for example, the household gender relations and patriarchal expectations which have discouraged women from participating in migration; the ways in which women sustain male migrants through undervalued productive activities; institutionalized discrimination against women who migrate; the effects of family separation on women; and the ways in which migrants' interactions with employers, co-workers and community members are affected by gender. It is important to highlight the specific experiences of women, which

I do throughout the thesis, in order not to obscure the ways that migration is both racialized and gendered.

The selection of women, as I outlined in Chapter 4, is a grower-driven phenomenon, and the Mexican government further selects these women to be typically single mothers.⁷ Living and working in a “highly masculinized environment” (Preibisch 2007), women’s particular concerns over their living and social spaces are rarely addressed. Researchers have found that women are more likely to face and to accept restrictions on their freedom and mobility (Preibisch 2007; Fairey *et al.* 2008). My observations support this contention. Although, as mentioned earlier, employers also seek to restrict the extra-farm activities of many of their male workers, employers’ paternalism invokes distinctly gendered responses.

At one large farm, for example, the Mexican women workers lived next to their employer and were not permitted visitors. When I came to see them, I would have to meet them down the street and even then they were always looking over their shoulders, afraid that their employers might see them interacting with a Canadian. Caribbean men at the same farm, however, could freely receive me as a visitor, even inside their residences, without a problem. In talking to employers about these discrepancies, one explained to me that women require special conditions “because they are ladies.” Implicit in the beliefs of some employers seems to be the sexist rationale – a pervasive one certainly not unique to growers – that women should not be permitted to have sexual freedom; similar behaviour may be looked down upon in men, but “boys will be boys.”

The way that women experience living spaces also appears to be gendered. Women often complain of the difficulties of sharing small spaces, especially when their housemates bring men into their shared space. (Due in part to the unbalanced gender ratio – about one woman for every 44 men⁸ – comparatively more women than men have romantic partners in Canada.) Marcela, a single woman says of her roommate, “I don’t like it when women have partners in the same room; she always had him in the house.” Others discuss the tension between “women who like to go out” on weekends, and those

⁷ Recall, however, that many women who do not fit these criteria slip through the cracks, and Caribbean women do not face these same restrictions. Ontario in general and Niagara in particular seems to have a higher proportion of women due to the gendered industries of floral nurseries and soft fruit packing, for which women are often seen to have a productive advantage. See Hermoso Santamaria (2004).

⁸ Preibisch (2007a) notes that in 2005, the ratio of men to women in Ontario was 1:44.

who would rather stay home or who do not have romantic partners. Competitive and jealous relationships between women seem to be even more frequent than among men, but women also openly discuss their sadness with this reality. “We should all get along because we are all women, we are all facing the same circumstances, and we have to look out and care for each other,” asserts Maria, who is living in a house where several of the women refuse to talk to each other after one of the women’s boyfriends made a pass at one of the other women, prompting a divide among the household.

Women, however, also share common experiences which may bond them together. Many complain that male supervisors or employers treat them in uncomfortable or disrespectful ways. The conditions for and reality of high levels of sexual harassment, mainly from co-workers, but also from supervisors and employers, is present, and has been found in other studies of the agricultural industry (Rogers 2000). SAWP women are particularly vulnerable because of their position both working and living within a controlled and monitored space. As Laura recalls:

I feared my boss, because I felt that he could enter [my room] at any moment because he was like that, he entered and never knocked at our house, and he said it was because it was his house. He would arrive and one time we told him he shouldn’t do that, because we could come from the bathroom, and well, we’re women, but he said he could enter in his house, because it was his house. So it was very difficult, very hard.

Furthermore, many men in the program long for female companionship, and most women say they face regular invitations, some of which may be harassing. As Cecelia explains:

Sometimes our employers talk to us in obscene ways. In this situation, me, as a woman . . . [would like] to tell not only our employers, but also our brothers [male co-workers] to treat us with respect. We have earned the right to work alongside with you, so please treat us right For us as women the problem of harassment is an ongoing thing, if we’re a single woman alone, the harassment is so heavy that we’re forced to look for a partner. And then many times they force us to have a partner, and even though we respect ourselves – and it’s not respecting ourselves – but we have to do this in order to face this harassment.

In other situations, of course, romantic relationships can provide women a sense of freedom and companionship which may otherwise be missing from their lives. In fact

some women, most of whom are single in Mexico, develop more meaningful romantic partnerships in Canada than they have had at home and truly lead double lives. Coming to Canada provides them a measure of both economic and social independence that they could not attain at home. They have the joy of their children and parents at home and of their boyfriends and independence in Canada. Some of the relationships continue even when workers return home and they must make up stories about having to visit the Ministry just to see their lovers. In fact, many women, like Katia profiled at the beginning of this section, count down the days until they can return to Canada to have their “freedom” and see their loved one again.

Language and Communication

“It’s very complicated and our English is very basic. When we have problems we don’t know what to do. We don’t know the future” – Mario, Mexican worker

I’ve been coming to Canada for 18 years, but I don’t speak a word of English. My boss has been having Mexicans for 16 years and they don’t know a word of Spanish either. I can’t learn. I never went to school as a kid, not even one day. I came here not knowing how to read or write at all. When I went to the secretariat to apply for the program I had to sign the contract with my finger print because I didn’t know how to sign my name. My parents don’t have a phone so I wanted to send them a letter but didn’t know how to write (my Dad can read a little). I asked for (a co-worker’s) help, since she had been to primary school and knows how to write. I used to work with her and she really helped me out and offered to teach me. So I went to the store, bought a note book and pen, and she began teaching me how to write and read some words, so now I know a little. But I’m not intelligent like you. I can’t learn English. – Lucia, Mexican worker

If there is one consistent theme that everyone, from the employers, to the government and the community, to the program analysts and the workers themselves, can agree on – perhaps for its “blamelessness” – it is that Mexican workers face challenges due to their language barrier. The vast majority of Mexicans in Canada do not speak much if any English. Basok, for example, observes of Mexican migrants in Leamington: “With an exception of a handful of Mexican workers who take English classes in the basement of the Catholic church after the service or who benefit from interaction with a few volunteers placed on the farms by Frontier’s College, most do not get a chance to learn English” (2003:13). The same statement could be made for Mexicans in Niagara. Whether it is to interact with the local community, businesses, employers, health care

providers (see Chapter 11), or non-Spanish speaking co-workers, the language barrier creates an immense sense of isolation and frustration for most Mexican workers. Indeed, this barrier only exacerbates workers' dependence on their employers and increases their vulnerability both in the community and at the workplace.

Language difficulties, however, are not experienced universally among workers. On the one hand are cases like Lucia, complete illiteracy in Spanish, and little confidence in her ability to learn English, either. For some indigenous workers, Spanish may even be their second language and English is seen as completely unattainable. At the other extreme is a worker like Lorenzo, a Mexican worker fluent in English after years of living in the United States, who is used to navigating the system and cannot understand the "ineptitude" of his co-workers. As he recalls:

There's another Mexican businessman in the area who runs lots of services for Mexicans, very overpriced, just because he speaks Spanish and they don't know who else to go to. For example, he charges them \$40 to call the phone company and order a phone line. When I arrived I told my housemates they could save the \$40 because I can speak English, but they said, "No, he always does it for us." Eventually they ended up getting three lines to deal with the 12 workers in the house. They paid an additional \$40 for each line (in excess of the fee for having a line in the first place.) This is a problem in general. The workers . . . only deal with their own little Spanish-speaking reality, they won't venture out into broader Canadian society. For example, they pay money to rent movies when they could go and get a library card and get them for much cheaper.

While difficulties communicating often create a sense of stress and isolation for Mexican workers, they are most pronounced and difficult when a problem arises. Workers who would like to ask about a situation at work which they think could be dangerous, or who need to communicate an illness or injury, are at a particular disadvantage, a theme I discuss further in Chapter 11. I cannot count the number of times I was called throughout my fieldwork by workers, health care professionals and even employers, asking if I could help translate in times of crisis and confusion.⁹

⁹ On one occasion an employer called when he thought one of his workers had been hit by a car; another time I was called when a worker's son had died and she couldn't figure out how to explain this to her employer. Once I had communicated the message, the employer went on to ask for my assistance in contacting the Mexican consulate, as the regular office hours were over. I remember thinking of the irony of so many confounding variables of this program hitting me at once. I was on the phone with a Mexican consulate emergency line representative, trying to help an employer navigate the system in the middle of

Other times language can be used as a source of power and division among workers. If one Mexican worker has better English abilities, she is often placed in a position of power or supervision among the other workers, and becomes the sole translator between workers and the employer. If tension arises among workers, this power relationship can be used in a discriminatory manner. For example, on one occasion a worker called begging me to explain “her side of the story” to her employer. This was after the translating co-worker “got her in trouble,” by making up a story that some of them had gone to Toronto on a day off, when actually they had just gone nearby for coffee. The mistranslation worked to turn the employer against the workers, and he then threatened not to invite them back the following year. (That the employer would get angry if they had gone to Toronto on their time off is its own issue.)

Although their native language is English, Caribbean workers also face communication barriers. Many Canadians have trouble understanding the Jamaican patois, the language they most commonly employ. Even workers who make an effort to speak to Canadians in more recognizable English may have difficulties being understood, as many Canadians view their animated accents as incomprehensible. It is especially difficult for Canadians who speak English as a second language (including many of the Spanish speaking support workers who normally assist Mexican workers) to understand. Further, some groups have told me that they did not feel the need to reach out and support Caribbean workers to the same degree as they did for the Mexicans, assuming that Caribbean workers are more self-sufficient since they come from a Commonwealth country and speak English. As a result of this misperception, Caribbean workers may be even more isolated from certain supportive circles than their Mexican counterparts. (Table 11 below indicates that indeed more Canadian support groups have focused their efforts towards Mexican workers.) Finally, as discussed in the previous chapter, many Jamaican workers are illiterate or have only basic literacy, making understanding written communication (including information on their rights, benefits and safety instructions) a challenge requiring support similar to those of Mexicans.

the night, to attempt to arrange a flight home for this worker to mourn her son’s passing. He died of a “stomach illness,” she said. “If only I had been there to get him to a doctor.” The employer, for his part, was extremely thankful: “I appreciate having a number like this to call, because when these things happen it’s really hard to understand what’s going on because we can’t speak Spanish. Perhaps it’s about time we learned.”

Mobility and Transportation

Another factor adding to workers' isolation and vulnerability during their time in Canada is the lack of safe, affordable, independent transportation. Located amidst low population densities, many rural areas in Canada offer limited or no public transit and very few workers have access to a vehicle. Writing of conditions in BC, Fairey *et al.* note that: "Migrant workers living on farms are usually isolated from shopping precincts and the surrounding community, and transportation is scarce and expensive" (2008:49). Likewise, in Niagara, outside of urban areas, public transit is "basically non-existent" (Niagara 2003:8.7) In light of this, the vast majority of workers rely on second hand bicycles in various conditions as their primary form of independent transportation.

While some workers live within walking or biking distance to a town, many do not and must rely on their employers for transportation. Verduzco and Lozano (2003) report that over 70% of workers in their survey only go into town when they are taken by their employers or someone else from the farm. This constitutes another instance of workers' dependence on employers for their social needs. It also allows for employers to better monitor and control workers on their social time. On several occasions, I have witnessed employers who accompany workers to the shopping sites confront advocates or even friends of workers who meet them at grocery stores or banks, telling them that they have no right to talk to the workers. In this way, employers can control the social interactions of migrant workers even off of farm property.

In other cases, workers pay exorbitant amounts of money to hire a "taxi"—normally for Mexicans these are local Spanish speaking residents who have set up informal transportation services especially for the workers. It might cost a worker \$30-50 for a round-trip from their farm into town. If a worker wishes to visit a friend or family member in another town, these taxi journeys can cost hundreds of dollars. Very rarely, one trusted worker may be given limited access to an employer's vehicle, to use for going shopping, visiting the doctor, etc.

These limited transportation options create a number of difficulties for workers. As Lorenzo explains:

When you do your groceries, even all the farms in the area go on the same day . . . sometimes you're trying to get something and it's not there because

it's gone, but they pick that day anyway, and I find it very stupid. There is no public transportation in the area, so I was getting around by bike and that wasn't sufficient because of the weather conditions, sometimes it's raining and you have needs to buy something and you can't until the day of the grocery shop, and if you try to take a taxi, it's outrageous, a roundtrip to St. Catharines is \$35. You don't have the freedom of when you want to go, nobody has the same needs at the same time.

Frustrated by these circumstances, Lorenzo did what he did when he worked in the United States—he purchased a used vehicle of his own in Canada. He soon found out that here, this was not considered an accepted practice: “It was terrible, they (the employers) let me know that I couldn't even park in the driveway, even if I'm living there, we just can't. They don't give me any reason . . . I get in trouble when I park there . . . I have to get the car out of the way or they told me they would tow it away.” Lorenzo was forced to park his car at a grocery store down the road so as to appease his employer, where he also had trouble. He soon gave up and sold the car. Not surprisingly, few other workers attempt to purchase a car while they are in Canada. Most resign themselves to the circumstances that they must either use a bike or wait for the one day a week they are taken into town. This can create extremely isolating and restrictive conditions on their movement, and the bicycles that they use as an alternative have their own dangers (discussed in Chapter 8).

“They Just See Us as Workers”: Changing Community Relations and Social Exclusion and Inclusion

The drive past various fields and the contrast of farmers' huge homes and workers' modest shakes, is striking as always. At one point we drive past a large building called “migration hall.” I ask, surprised, if it is some kind of community support centre for migrant workers. “No,” they laugh, “it's for migrating birds.” “Oh,” I reply, “the support centre for migrant workers is much smaller than the support centre for migrating birds!” “Yes, they care about the birds more than for us,” one of the men said. – Adapted from fieldnotes

When they talk about coming to Canada, they say “have a great time in Canada.” I've wanted to come to Canada for many years, and now here I am. But we're not here to have fun. How can you have fun in a country where you only get one day off a week, and where no one else speaks your language, and you're away from your family and friends, and face discrimination from other community members? We don't come here for a holiday; we come to work. That is the mentality among Mexicans. We work very hard to earn as much money as possible to support our families. – Enrique, Mexican worker

The ways in which migrant workers are integrated or isolated in their local communities also has significant impacts on their abilities to navigate and feel included in their surroundings. The majority of workers indicate that they do not have many meaningful interactions with Canadians. As Clendon, a Jamaican worker who has been in Canada for several decades, expresses: “We are just recognized as workers, nothing else . . . they don’t include us in anything here. No one asks for our opinion. They just see us as workers.”

Workers’ fundamental exclusion from Canadian society renders them largely isolated and deepens their vulnerability and dependency on employers. Despite these important implications, almost all of the literature on the SAWP has tended to focus on workers’ labour rights and little attention has been paid to their social and community interactions. Several researchers who have considered these issues have found that community relations are largely characterized by social exclusion (Basok 2002, 2003; Smart 1998; Preibisch 2004; Bauder and Corbin 2002; Downes and Odle-Worrell 2003). Preibisch’s more detailed studies of social relations (2003, 2004) indicate that social exclusion persists – “both Mexican and Jamaican workers felt that Canadians held negative views of them” (2004:206) – but is being buffered by increasing interactions with Canadian community members and advocates.

My interviews and interactions with both Canadians and workers reveal that Canadians’ views of and interactions with workers range from what could be categorized as racist, fearful and discriminatory; indifferent and ignorant; pity and sympathy; gratefulness and respect; to solidarity, friendship, and active support. Diverse attitudes across this spectrum are exhibited by community members, business owners and employers alike. It is not surprising, then, that workers’ own internalization of Canadians’ views towards them varies, too, and is based largely on personal experience.

With its high immigrant population, Canada has long self-identified as a nation of “tolerance,” “diversity” and progressive ideals—as the first country to enact a multicultural policy in the world (in 1971), there are now more Caribbean residents in Toronto than in any city in the West Indies, other than Kingston, Jamaica. At the same time, Canada also has a long history of implicit racism or as some have described it,

“nativism,” or dislike and distrust of those who are “different” or “foreign.”¹⁰ In the case of Caribbean and Mexican seasonal agricultural workers, discrimination is also compounded by other forms of inequality. As one Jamaican ex-pat in Canada contends, “Canada is a racist country – they’ll treat me ok because they see me as part of their class, but they won’t treat the average Jamaican well. With the double whammy of race and class you’re treated as a non-person” (Interview 02-2007).

Indeed, it is hardly surprising that poor workers of colour without citizenship rights integrated into predominantly all-white rural areas in Canada report regularly experiencing discrimination. In the Niagara Region, 2006 Statistics Canada data reveals that just 6.2% of residents identify as part of a “visible minority” group—including 1.2% who identify as “black” and 1.0% who identify as Latin American, with lower proportions of visible minorities in Niagara-on-the-Lake. Many workers integrated into this white-dominated region, especially those from the Caribbean, say they feel their interactions with Canadians have been tainted with racism, either on occasion or commonly. Most frequently, workers say racist incidents emerge in language or negative actions towards them. As one asserts: “I’ve been called every nasty word possible . . . they call me nigger and other names.” Jamaican administrators also recount acts of blatant racism against workers—such as a case where some workers were hit by a car while the drivers yelled out racial slurs, and another where several workers were arrested and banned from the program because *one* stole a battery (see Chapters 8 and 10).

While incidents of racism may be more common among darker-skinned Caribbean workers, some Mexicans feel that they are discriminated against because they do not speak English. As one asserts, “We face a lot of discrimination. People see us and they think we’re stupid because we don’t speak English. They don’t even realize how much English I understand.” Mexico also has its own complicated racial history, and workers who identify as indigenous and who speak Spanish as a second language may also face forms of discrimination from their *mestizo* Mexican co-patriots. In the most extreme cases, racist interactions can result in physical provocations or violence. Others view racism as more passive, manifest in Canadians’ avoidance of and lack of support

¹⁰ For a detailed discussion on racism in Canada, see the edited collections of Satzewich (1992) and Bolaria and Hier (2007).

towards them. As Vincente explains: “It’s hard to find someone here who wants to help us and who understands the system. A lot of times people think foreigners (like Mexicans) are criminals or drug dealers or drunks, so they don’t often associate with us.”

Some Canadians also report observing racism among other Canadians, which may manifest in avoidance of workers. “My personal feeling is there would be more against the Jamaicans. Residents say ‘I won’t go into town when *those* people go,’” explains a priest who has been working with migrant workers for years. In some cases, Canadians quite openly indicate that they are fearful of interactions with migrant workers, perhaps based on a past experience, stereotype or rumours. As one local woman reflects, “The (migrant) men are really bothersome to the (Canadian) women—the women don’t even feel comfortable walking by them alone because they get called. They should be told it’s not appropriate to treat Canadian women like this.”¹¹

Migrants, who generally come from small communities where regular social interaction with the people around them is a norm, are puzzled by and sometimes resentful of what they describe as the “cold” reception they receive from most Canadians. They come to understand the social dimensions of their “position of exception” on the margins of Canadian society—that they are welcome as workers, but not as permanent residents, nor as integrated members of communities. As one describes, “We’re welcome to work here, hard, but not to live like the regular citizens. That’s how I feel. They’re grateful that you come to do the dirty work.”

While some are overtly discriminatory, most residents not involved with farming appear indifferent or apathetic towards the workers. As one put it, “I grew up in Virgil, but I never took notice of them.” Most workers, too, report few if any interactions with Canadians. Throughout my various interactions with workers, especially those traditionally outside of the reach of social groups, I was always moved to hear them say that I was the first Canadian who seemed to take an interest in them, their first Canadian friend, or the first person who made them feel welcome here. Such sentiments, while perhaps understandable among Mexicans since most Canadians do not speak Spanish, are

¹¹ Some of these problems may be the result of misunderstandings and cultural differences. My female cousins in Jamaica, who have lived their whole lives there, remind me that overt and loud interactions between men and women on the street are considered normal and friendly social interactions and are not viewed as problematic, as they may be in Canada.

even common among English-speaking Caribbean workers. As one Jamaican reflected, “I worked for 26 years without ever really knowing a Canadian.” Many Canadians actively avoid the shopping areas that migrant workers frequent on weekends, and there are few other opportunities for interaction since workers are almost always on their employers’ farms.

On the other hand, some residents demonstrate a sense of empathy or sympathy towards the workers. As one local resident expresses:

They give them a room with five on top of each other, or a rickety old bike with no brakes, and say that it’s still a favour because it’s better than they’d get in their own countries, and then they work them like slaves. Some of the guys run away and I don’t blame them. They didn’t know how bad they’d be treated when they come here . . . I see them on the street and I feel so sorry for them.

When Canadians actually get to know workers, more positive views and meaningful relationships often emerge. Cynthia, for example, is a Niagara resident who, after years of overlooking the workers in her neighbourhood due partly to warnings from other residents to “stay away,” befriended some of them. Since then, she regularly has them to her house and has even visited them in Jamaica. She thinks it is just a matter of time and education for Canadians to have more positive views:

Right now the teens in the community just think Jamaicans, all they do is sell drugs and kill people in Toronto; they will learn these guys are here to work hard and want to help their kids. People want to help in this community. They are just ignorant; they don’t know what’s going on. The Mennonite churches especially are very willing and active volunteers. If something happens, like an earthquake [internationally], they’re often the first volunteers on the scene . . . If they knew how these guys were living, they would be upset. But they don’t know.

On other occasions, community interaction is fostered through tragedy. If a worker is killed, for example, Canadian churches and individuals may make donations to the family or get more involved with the workers’ community. In Niagara, the Caribbean Workers Outreach Program (CWOP) began in 1990, after one resident came upon a Caribbean worker killed on the road. Concerned that no one knew anything about him or the other workers, the CWOP formed as a church-based community support network (see Cowling 2009). In a similar example, in Mexico, Juanita, a widow, showed me a string of

sympathy cards, written in English, which were sent to her following the death of her husband riding a bicycle. Some of the messages, which she did not understand, included: “We love the Mexican workers”; “It takes great courage to leave a family and come here, we are so sorry it had to end this way”; and “Your sadness is our sadness.” Over \$4,000 was raised in donations to help support her.

Other relationships are formed when workers have had the chance to help a community member. Pete, a Jamaican worker, explains that he’s never had a Canadian friend, aside from an 85-year-old woman who visits the workers and brings them pop. “In the early years she used to be prejudiced against black men, but then she was in a car accident and some Jamaican workers helped to take her to the hospital.” Since then, Pete says, she has been tremendously kind to them, and has become their “Canadian friend.”

While romantic relationships involving workers take many forms, those between Caribbean men and local women appear especially common, though these are highly stigmatized, sometimes even resulting in violent acts by other community members towards the male workers (Preibisch 2004; Basok 2003). In some cases, these unions result in children, marriages or other long-term relationships. Such workers’ return to Canada means not only a job, but their chance to remain a father in their children’s lives. (Recall that wanting to prevent Canadian women from “mating” with Caribbean men was one of the rationales initially provided for excluding SAWP participants from citizenship) (Satzewich 1991).

My interviews with community advocates and others involved with migrants, though not a central feature of my research, revealed a wide number of motivations for becoming involved. Such people often develop what they describe as “caring” relationships with workers. Some help them based on a religious conviction of assisting those “in need”; others advocate for them based on a sense of shared heritage or oppression. Some are motivated because the workers fulfill a sense in them to be needed, to be useful, and among migrant workers there is so much need and there are so many ways to be useful. Still others are motivated by wanting to simply “better society” and combat injustice in their midst. A growing number of activists, students and labour groups, motivated by a frame of “solidarity,” have taken on the cause of migrant workers as a human rights, social justice and labour issue. In many cases, religious and social

justice organizations feel compelled to fill in the gaps where government policy leaves off—a finding in other contexts as well (Napolitano 2007).¹²

Canadians increasingly appear among the workers' landscapes in several places—at church services and parties, helping them to attain rights or teaching them English, organizing games and matches, working alongside the workers in the fields, hosting them for dinners or even visiting them at home. Some are involved in structured groups while others simply act as “individuals.” In one case, a local residents Jane Andres, Kate Andres-Toal and Josh Toal, got together to form the “fan club,” collecting and distributing fans to workers who complained of over-heating in the summer months (Kate and Josh are seen in Figure 35). The workers, for their part, form genuine friendships with these people. At other times, it appears as though workers connect with them for their social agency and the power inherent in being a literate-English speaking member of the society and all of the privileges and knowledge that carries. For the workers who happen to befriend one individual or member of a group, it can mean the difference between total social isolation and meaningful social inclusion. Such relationships, regardless of their motivation, provide a measure of meaningful social interaction which would otherwise be missing. The relationships bring many rewards for both the workers and the Canadians who engage with them as well. After witnessing (and taking part in) many of these interactions, I have surmised that these relationships have also provided a measure of hope that workers can be treated as valued and respected members of the community, if only in the eyes of a few who take the time to get to know them.

Changing the Field's Terrain: Migrant Worker Support Groups

Increasingly, in Canada as in the United States, migrant farmworkers and other (im)migrants are being recognized by some social groups for the contributions that they make to society. These groups argue that (im)migrants should be better integrated into society, respected for the contributions they make, and ultimately recognized as “cultural” (Flores and Benmayor 1997; Stephen 2003; Rosaldo 1997) if not also “legal” citizens. Groups active in Canada such as No One Is Illegal, which advocates for the

¹² Writing of the case of Laino im(migrants) in Rome, Napolitano notes that: “Catholic voluntary associations operate in place of a weak state migrant welfare system. A marriage between a Catholic notion of charity and a left-wing notion of solidarity has shaped the action of nonprofit voluntary organisations dealing with non-EU migrants” (2007:73).

rights of undocumented (or precarious status) peoples, and various groups which advocate for the rights of live-in caregivers, such as Intercede (since 1979), SIKLAB, the Philippine Migrants Society of Canada, and Migrante, are all part of these broader movements which advocate for equal inclusion of all (im)migrants.

Although advocacy for migrant farmworkers in Canada has been a slower phenomenon, over the last decade, as awareness of their existence and plight has spread, various groups have organized to make concerted and targeted efforts to advocate for and/or support migrant workers. Many of these efforts involve organizing activities for workers. Although most workers do not have much time for life outside of work, migrant worker support groups organize a number of events, including English classes, parties and concerts, internet workshops, church services, domino and cricket tournaments (Jamaicans), soccer games (Mexicans), bike rides to town or neighboring areas, or educational workshops and events. In Niagara the most active groups include Enlace, the CWOP, UFCW and J4MW and several churches (see Table 11). Events are usually targeted for specifically Mexican *or* Caribbean migrant workers rather than facilitating workers integrating together or participating in broader community events as equal members.¹³

Figure 35 - (1) Workers attend a dinner hosted by the CWOP; (2) The “fan club”



Photo (2): J. Andres. Used with Permission.

¹³ Enlace focuses on Mexican workers; CWOP focuses on Caribbean; traditionally the UFCW has focused efforts with Mexican workers but this has begun to change with the integration of volunteers targeting Caribbean participants; J4MW in Niagara attempts to include both groups but typically more Mexicans have been involved; churches normally have Mexican *or* Caribbean-focused masses.

Table 11 - Migrant worker support groups active in Niagara¹⁴

Name of Group	Acronym	Group Targeted	Main Purpose / Goal	Based in
Justicia for Migrant Workers	J4MW / “Justicia”	Mexican and Caribbean	Political Advocacy; Rights Promotion	Toronto (also a Vancouver chapter)
Agricultural Workers Alliance / United Food and Commercial Workers Union	AWA / UFCW	Mexican (more recently also Caribbean outreach)	Unionization; Rights Promotion	Toronto with rural support centres, including in Niagara
Caribbean Workers Outreach Program	CWOP	Caribbean Workers (predominantly Jamaican)	Social and religious support, community involvement	NOTL and Vineland, Niagara
Growing Respect for Offshore Workers (part of OPIRG Brock)	GROW	Caribbean Workers	Social support and community education	St. Catharines
Enlace	N/A	Mexican Workers	Social support and activities	Toronto
Occupational Health Clinics for Ontario Workers	OHCOW	Mexican and Caribbean	Occupational health support	Hamilton
Industrial Accident Victims’ Group of Ontario	IAVGO	Mexican and Caribbean	Legal support and education for WSIB	Toronto
Frontier College	N/A	Mexican	English literacy	Toronto
Various Churches	N/A	Mexican and Caribbean	Religious services and support	Various churches in Niagara, including NOTL and Vineland

With the exception of Frontier College, which operates on farms alongside workers, I had the opportunity to volunteer with and/or observe events put on by each of these groups throughout my research. Some of these groups (particularly the UFCW and J4MW) have made a significant difference to workers’ awareness of and access to certain rights in Canada, a topic I will discuss further in Chapter 10.¹⁵ All have likely contributed to a marked difference in workers’ morale and social inclusion.

¹⁴ The first five groups’ mandates are to target migrant farmworkers specifically; the latter groups have made targeted efforts to integrate migrants into their pre-existing mandates. This list is not exhaustive, but these were the groups most active (that I came across) during my research period.

¹⁵ Other umbrella or collaborate networks, such as Ace-Net, Kairos, and Temporary Workers Action Group (TWAG) have also formed to collaborate and advocate for workers’ rights on the national level but are not very involved in workers’ daily lives.

Most of the groups, however, are centered outside of Niagara and come to the region only for specific events. Furthermore, they present mainly segregated or targeted events specifically for migrant workers, and are thus not necessarily a sign of deep community integration or suggestive that workers are truly being accepted by the broader society in which they live and work. That these groups even exist, in fact, suggests that SAWP workers are considered to be and treated as migrants or temporary entrants, not immigrants or permanent community members. If workers were truly integrated different modalities would be created as have been for other multicultural or newcomer groups in Canada. Rarely do workers have the chance to celebrate in broader festivals in Canada, like Caribbana or Mexican Independence Day celebrations in Toronto, which are widely attended by their immigrant diasporic communities. In this sense the individuals who assist the migrant workers seem to compensate for workers' lack of social inclusion, rather than truly integrating them into any given community.¹⁶ It is a rare sight to see migrant workers participating as equals as part of Canadian parties, festivals, and workshops, although on occasion, individual workers who have made friends with locals (like Cynthia, the Niagara resident who befriended Caribbean workers in her community) may occasionally be invited to take part in such activities.

Moreover, although more workers participate in these activities as they expand every year, there are a number of reasons why a large proportion of workers remain excluded. Although it is difficult to garner exact statistics, 45% of Caribbean participants in Downes and Odle-Worrell's survey reported that they "never attended, participated or were invited to farm community activities" (2003:110). Workers in more remote regions or with longer hours or stricter employers may experience entire seasons without leaving their farms, other than to buy food with their employer once a week. I met one worker, for example, whom I had known in Mexico, at her Friday night shopping trip. She had never seen anything of Canada other than this one St. Catharines strip mall and her farm. "In the three months we've been here, the boss has only given us one day off. We keep begging for a day off, but he says there's too much work," she explains. Particularly challenging are the farms which employ only one or two workers, who are also more

¹⁶ This shortcoming is due more, however, to the structure and limitations of the program, than to the efforts of the groups. Indeed, some groups, such as J4MW and UFCW, actively advocate that migrant workers should be given the right to regularize their immigration status.

likely to be isolated and beyond the reach of broader community efforts. Julio, whom I met on a Niagara farm, says he lives in a trailer all alone and without a phone and that the “loneliness is unbearable.”

Others, due to their distance from town, simply cannot attend events because they cannot afford a taxi. Employers who restrict their workers’ movements may also forbid workers’ participation in events outside of the farm, particularly if they could be associated with political or advocacy movements. And as mentioned earlier, communication is also a major barrier—there is no way to inform all of the workers about various community events. Many simply remain unaware of what is going on around them. Their life literally revolves around their workplace.

Home Away from Home: Ethnic “Enclaves”

Gabriela’s teenage son, Fernando, has come to visit her for a few months this season, and to work on a nearby farm. He cannot stay in his mother’s house due to farm rules, so he is sleeping outside in an old barn. We climb up the wooden stairs to the second “floor” to say hello. With no solid walls or floors (everything is planked wood), there is no protection from the rain or the bugs. There, in the middle of the planks of wood, is Fernando, lying on a mattress with sheets and pillows all set up for him, just like the make-shift bed Gabriela had made for me when I visited her family in Mexico. She gave him the mattress and sheets off her bed; who knows what she will be sleeping on, but at least she is inside. After saying hello and goodnight to Fernando, we walk outside under a starry sky. We look up, joking that the stars we viewed together from her house’s “courtyard” have followed us to Canada. In the dim light, I spot two nopal plants in two separate pots are blooming cactus leaves to be savoured by their owners, who so carefully brought them from Mexico. I realize once again how these spaces become a “little Mexico,” an extension of their homeland for the short time they are here, and how much they are willing to do to secure a little work, how much discomfort they are willing to endure; and how much networks play a part in their negotiating of the system. Yet how they can spend all these years here, never learning English, never venturing beyond their immediate surroundings? – Adapted from fieldnotes

Griffith argues that total institutions rarely meet their goal of complete social control, noting: “In spite of their schedules and regimes of work, meals, and sleep, imported cultural practices gradually surface, offering residents comfort, identity, and orientation and influencing the ways that work is performed, meals are spiced, and sleep is resisted or welcomed.” For this reason, he argues, managed migration programs, no matter how all encompassing, “can never fully dehumanize individuals, making them merely, or even primarily, workers” (2006:10). In the face of exclusion from the broader Canadian

community, SAWP participants have likewise enacted their agency through the creation of their own forms of communities within which they live and socialize and maintain their cultural and social identities.

Migrants' social lives and sense of belonging often depends on their relationships with their co-workers. As Enrique explains, "Here the *compañeros* (co-workers) are like family because we don't have families here so they're the only family you have and the only ones who can help you figure things out." Generally, these bonds with co-workers stay within nationalistic lines. Although some workers overcome the barriers that stereotypes, competition, and language create and they form meaningful relationships with their SAWP counterparts, generally Mexicans associate with Mexicans and Caribbean workers associate with other islanders. The two broad groups do not frequently relate beyond necessary interactions at work. There are of course exceptions to this. Some workers form romantic relationships across national boundaries, and one young, enthusiastic Jamaican worker was intent on learning Spanish, even attending English classes, to communicate better with his Mexican counterparts.

Facilitating the sense of enclaves has been the proliferation of businesses and ventures targeted exclusively towards migrant workers. As has been witnessed across various migrant-concentrated areas (Preibisch 2003, Hennebry 2007), such as Simcoe, Bradford and Leamington, some small businesses in Niagara have also sprung up to cater to the migrants' needs. These include taxi services, food, clothing and cell phone and phone card vendors, remittance sending services, and social spaces for parties. Hennebry (2008) argues that there is evidence of a "migration industry" benefiting various companies in Canada, such as CanAg Travel (the travel agency which arranges all flights for SAWP workers), Royal Bank of Canada (the Mexican workers' private health insurance), as well as these types of local businesses targeting migrant workers. As noted in the Introduction of this thesis, migrant workers spend more money in Canada than they remit to their home countries. Workers may spend comparatively more in Niagara than in other regions, as some workers complain that the cost of living, inflated by tourist prices, is higher there (Wilson 2001).

Reviewing the literature of ethnic enclaves among immigrant populations, Massey noted that, "The existence of a large, concentrated population of co-ethnics creates a

demand for specialized cultural products and ethnic services that immigrant entrepreneurs are uniquely qualified to fill” (2005:31). Other research has suggested that enclaves draw attention to racial and economic inequalities, as such ethnic “micro merchants” have been excluded from the larger community and employment opportunities, and the observations that such enclaves need not exist in areas where immigrants are full participants in the society.¹⁷ In this sense, the presence of “enclave-like” activities among migrant workers very much relates to their broader exclusion from the local community and the exceptional circumstances in which they reside.

In Niagara, where a temporary workforce creates a near permanent presence, there are similarly several such businesses ventures, often run by immigrants of Caribbean or Latin American descent, and generally catering exclusively (or primarily) to the corresponding group. Jamaican-Canadians drive up to the farms in a van, the back of which is filled with clothes and other items sold to workers at cheap prices. Caribbean workers fill up barrels with products to send to their families back home. An Ecuadorian-Canadian woman delivers tortillas and other goods to Mexican workers throughout the region and has started up a small food shop in Virgil (see Figure 36 below). A Guatemalan immigrant operates a 24-7 taxi service for Mexicans. In some cases, migrants themselves vend small items like cigarettes or phone cards among fellow SAWP participants. (These flexible small-scale negotiations among communities are a norm at home so this is not surprising—see Griffith 2006).

In other cases, established Canadian stores and chains serve the migrant workers, stocking their preferred foods (like tortillas for Mexicans or yams for Jamaicans), while money sending companies like Western Union, who have profited substantially from migrants’ remittances (Hennebry 2008), have sponsored events targeted at them, like an annual Caribbean cricket match and Mexican soccer tournament—where the bright yellow Western Union balloons and visors worn by workers can be seen from afar. Merchants selling secondhand bicycles, used clothing and electronics have all been frequent recipients of migrants’ earnings. Local clubs sometimes host party nights, where

¹⁷ See discussion on sociology and enclaves in Heisler (2008:86-88) and anthropology and enclaves in Brettell (2008:129-131). Several works by Alejandro Portes and his colleagues discuss the concept in more depth. In one such work, enclaves are defined as “the concentration of [ethnic enterprises—a firm owned and managed by members of an ethnic minority]—which employ a significant proportion of workers from the same minority” (Portes and Jensen 1989:930).

nearly all entrants consist of migrants. Inside, a large circle of Mexican men drink beer and look on as the few women present take turns dancing with eager partners to blaring ranchero music. Indeed, migrant workers' dollars make significant contributions to various sectors of the local rural economies in which they live, and thus is it not surprising that economic gain has spurred these limited forms of interaction within the local communities.

Unlike immigrant businesses, festivals and restaurants in areas like Toronto, for example, there appears to be little integration of Canadian residents into these rural "ethnic spaces." Inhabiting these spaces myself, I certainly felt as though I was the stranger in another land, rather than the other way around. On the flip side, most Mexicans do not learn English or frequent restaurants or gathering spots normally occupied by Canadians. As Francisco, a Mexican worker who became a close friend, explained to me: "We don't see a point in learning English. We know we are only here temporarily, and then we'll be back in Mexico, so we see no point. If we spend all our time learning, we will have less time to work, so it's not worth it." This dichotomization of work and social spaces contributes to the sense that migrant workers live within a distinct microcosm of the broader Canadian society.

Perhaps where the sense of "ethnic spaces" is most pervasive, however, is in migrants' private spaces. If they are afforded the time and space to do so, many workers plant crops from home in their backyards (see Figure 50 in Chapter 8). Most hang up flags and replicas of their countries. They celebrate national holidays with each other. They have parties at each others' homes featuring their shared cuisine and music. For many workers who remain outside of the reach of community efforts, leisure time can almost entirely revolve around activities at home—cooking and eating meals familiar to home (they rarely eat out, especially during the week), talking to family on the phone, playing soccer (Mexicans) or dominoes (Jamaicans) or watching TV. Many bring CDs of music from home, which, if they have the equipment to play them, are constantly blaring Mexican ranchero or Jamaican reggae throughout their residences.¹⁸ TVs, if they have them, in place of local programming, play a near constant stream of pirated DVDs from

¹⁸ Binford (2002) similarly found that Mexican workers' most common leisure activities were watching TV, playing soccer, or "strolling about."

home, often depicting groups like *Tigres del Norte*, with Mexican men with mustaches and sombreros singing songs depicting the trials and tribulations of a migrant worker. Weekend dinners, often featuring familiar cuisine, can evolve into late night dances, with small living spaces being overtaken with couples dancing salsa.

On certain occasions, I accompanied workers on trips outside of the normally constructed spaces which otherwise structure their lives. One time I took Francisco to a local “Canadian” café, the *Pie Plate*, centered right in the middle of the other typical worker ‘hang outs,’ but where I had never seen them go. It is the kind of place I would have been drawn to as a tourist seeking a quaint, local ambiance. With my help, Francisco ordered a Guinness beef pie and mixed green leaf salad. He said he had never seen this type of food before. I asked him why he had never come to this café, only minutes from their normal hang-outs: “It’s because Mexicans don’t want to spend money. They only go where they can ride on their bikes. They don’t want to spend any money,” he explained, noting the price of this “exotic” food. He looked a bit put off by the foreign food at first (this lettuce is strange! Beer in the meat?), but once he bit into the pie he remarked that it tasted much like a *paste* (meat pastry), a staple in his home state of Hidalgo. He pulled out a cell phone, called home and excitedly exclaimed his wife, “I’m eating a *paste*!”

We then went on a walk along Niagara’s windy Four Mile Creek. Francisco looked at it and remarked that it looks a lot like the river in his village, except that “in Mexico, everything is much greener. The river flows like this through the land, and the trees are green, green, so green. Here it looks dirty.” His voice trailed off and crackled and I knew his mind and heart were far from Canada. I realized that high prices and earning money aren’t the only reasons the workers don’t normally venture into “Canadian spaces.” No matter how many years they have lived here, migrants do not feel at home in Canada and they miss their true homes, their landscapes, their food, their families. Continuing in “their spaces” may help to provide the semblance of familiarity and comfort to them which are otherwise missing in their lives.

Figure 36 - Store catering to migrant workers in Virgil



Figure 37 - A migrant home is decorated to celebrate Mexican Independence Day

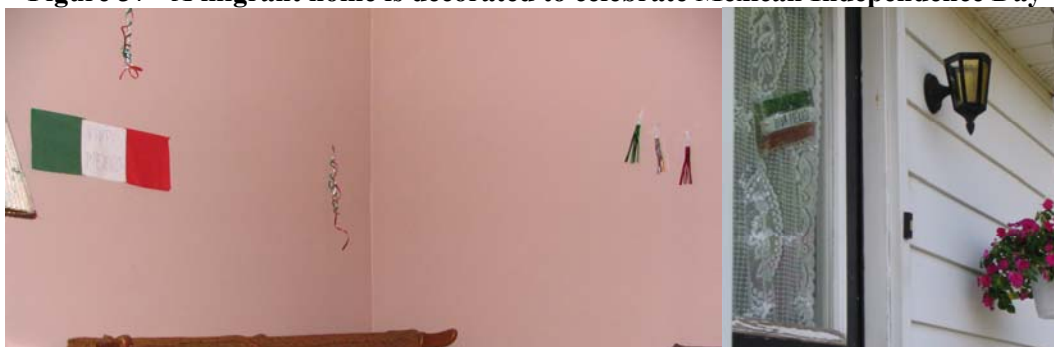


Figure 38 - Migrant women prepare tamales in Niagara



Figure 39 - A *paste* shop near Francisco's home in rural Hidalgo



Conclusion

Many scholars of migrant workers and occupational health focus their analysis purely on the workplace. I suggest that such a focus misses some of most crucial aspects constructing migrants' experiences. Migrants are not just workers and their experience and health are impacted by the circumstances outside of the places where they conduct work. Indeed, as I have shown, migrants live and work within a total institution, in which the lines between work and life are continually blurred, in spaces in which they may be monitored and judged by employers or other co-workers; as such, multiple aspects of their lives are dominated by their position as workers who must behave. Difficulties communicating with the local population and restricted mobility only add to migrant workers' isolation, and women face uniquely gendered circumstances. Although there are many efforts to create other kinds of spaces, and to resist complete control using "weapons of the weak," so long as they are on the contract, it is difficult for migrants to fundamentally escape from their positioning as contingent workers whose lives must largely revolve around the needs of employers. Anxious to secure income to support their families back home, many workers internalize the rationalities of their employers, and express a loyalty and gratefulness to them. Such relations, I will show, dissuade many workers from protesting over undesirable, or even unsafe, conditions.

Certain social, religious and justice groups have made efforts to include workers and some employers have made attempts to make them feel welcome. These are important and emerging developments. Yet neither the Government of Canada nor the Province of Ontario has made any effort to socially include migrant workers. In fact, policies bind workers to live on the property of their employers under various rule regimes and forbid them from partaking in educational activities while in Canada so much so that they actively *restrict* workers' freedom of movement and association in Canada. Within this scenario, many workers find solace by living in 'ethnic spaces' and rarely integrate with groups outside of their nationality. Workers' experience in Canada essentially rests on their treatment by employers. Little can be done by community members with whom they may or may not be allowed to interact.

Migrants' social exclusion and lack of community integration is largely because they are not seen as immigrants or even as permanent residents, so they exist outside of

most of the efforts which would normally aim to integrate such groups, often referred to as “newcomers.” These are not newcomers—they are “repeat-comers”—and as such they remain almost totally excluded from efforts aimed to integrate new residents. In many ways the social and physical construction of their spaces in Canada contributes to their positionality as living, quite literally, on the margins of Canadian society. These policies stand in contrast to those of guestworkers in Europe, who have been targeted for integration and naturalization processes (Basok 2003).

My aim in this chapter has been to illustrate how migrant workers’ lives are constructed and experienced outside of the workplace and in so doing to set the stage for the implications of this arrangement on my analysis and central arguments. The themes explored here have multiple implications for workers’ rights. Basok contends that migrant workers’ social exclusion renders them unable to access the rights of “post-national citizenship” (2003)—rights which some (im)migrant groups are able to access within “host” nations through international regimes of rights (see Chapter 10). Workers’ vulnerability and difficulties in accessing rights and benefits is structured first and foremost by the circumstances and restrictions which surround their work and living spaces in Canada.

Workers’ tenuous positionality between inclusion and exclusion also has various effects on their mental and physical health, which I demonstrate in later chapters. For example, cramped living spaces with little control contribute to mental health concerns, as well as unhealthy patterns of sleeping and eating, which I discuss in Chapter 8. Moreover, several aspects of workers’ differential treatment (with respect to limits on mobility, for example), constitute rights violations within themselves, and contribute to the sense that workers not only work, but also reside within a system of exception within the normal social order, under conditions which would not typically be accepted by *free* citizen workers (although it is acknowledged that citizenship is complex and there are various levels of integration and mobility).¹⁹

I have also begun to explore the complex relationships that workers have with their employers, and the wide variety of treatments that they encounter which so fundamentally influence their experiences and limit their autonomy in Canada. Workers’

¹⁹ See, for example, Ong’s notion of flexible citizenship (1999); also see Bolaria (1992).

lack of independent transportation, communication skills, and independent social ties all contribute to their vulnerability to and dependency on their employers. The fact that they are not integrated as citizens effectively renders them excluded from broader social relationships and integration practices through which they could learn about their rights and gain the independence and freedom to access them (see Chapter 10). Now that we have gleaned a picture of migrants' lives in Canada, I turn the focus onto their experiences in the workplace.

CHAPTER 6 - IF YOU ATE TODAY, THANK A FARMER . . . AND A MIGRANT FARMWORKER: NIAGARA'S AGRICULTURAL INDUSTRY, WORKFORCES AND WORKING CONDITIONS

Introduction

The first day they put me to work alone, I began to work and I didn't understand until someone else did it, I watched him and then understood. I began to work from 7 o'clock up to 6:30. I didn't drink water. Nobody, no one told me that I could rest or eat or drink water, until the next day when I worked with others they told me, they told me how to work, they told me that if I worked really fast, they told me that if one worked very quickly the other workers they will nag them, and I began this way to work, later I began to cut peaches and sometimes I got attention because one doesn't know how to do things, but later one learns. The first days it felt very bad, it hurt my head and muscles, but later one gets used to it They didn't give me equipment . . . they didn't give me any training. – Victor, first-time worker from Mexico

The agricultural industry's insistence that its particular circumstances and challenges, both domestic and international, warrant exceptional measures and exemptions have led to the SAWP, as well as to numerous exemptions to labour laws (which I outline in more detail in Chapter 10). The underlying mentality driving these exceptions is that farming has been a “family business,” that it is a uniquely important industry for the nation, and that it faces specific challenges—it may be tough, underpaid, dangerous and unpredictable work, but that is “just the nature of farming.” Its centrality as an industry thus merits supporting it with unusual measures. It's an important job, and “*somebody's* gotta do it.”

Moreover, the increasingly rural-urban disconnect prevalent throughout the country has led many farmers to take exceptional measures to gain what they deem as a measure of respect and support from the broader population who too often fail to appreciate their own dependence on the “hard, dirty” work for a safe, local food supply. The “If You Ate Today, Thank a Farmer” campaign, which farmers have embraced through posting this slogan throughout Ontario, is one obvious example. Urban residents have responded with “Eat Local” campaigns throughout the country, spurred by recent popular books such as *The 100 Mile Diet* (Smith and MacKinnon 2007), government campaigns such as “Pick Ontario Freshness,”¹ and a broader social movement which

¹ See web site for this campaign at: <http://www.omafr.gov.on.ca/english/about/pickontario/index.html>

aims to support local farmers and their products for reasons of promoting both a local agricultural economy as well as global and local environmental sustainability.

The contributions of the imported migrant workers who work behind the scenes within these “exceptions” to sustain this “local” industry, however, are rarely recognized. Despite their centrality as a group, individual workers are still viewed as disposable to the industry and their needs rarely considered. When the Niagara Region celebrates its great accomplishments, the workers behind the successes are rarely noted. Nowhere is this more apparent than during the annual celebrations of the region’s top industries.

Peachfest, for example, is an annual event which takes over the main street of Niagara-on-the-Lake. Street performers, vendors and displays enliven the community, and the residents (and many tourists) celebrate all things peach —on sale are fresh peaches, peach juice, and products such as jams and frozen yogurt. The streets are filled with people, including farm representatives, selling the peaches in a market-style format. There are also large corporate representatives like Dole, as well as a Guatemalan water well project, 10,000 Villages (offering free samples of “fair trade” peach iced tea), and a charity for the disabled. All of this to give the festival-goers something moral to think about (and support) while celebrating the peach. Noticeably absent, though, are any signs of the migrant workers who pick the peaches, or any charitable or social justice booths noting their struggles. No one who “ate today” is asked to “thank a migrant farmworker.” Working just blocks away, out of public view, they are not invited to the festivities.

Figure 40 - Images of Peachfest, Niagara on the Lake



This chapter illustrates the centrality of migrant workers to the Niagara agricultural industry and describes their working conditions. It builds on the themes of Chapter 2, that SAWP workers' rights are inherently constrained by a contract which clearly favours employers over workers, and of Chapter 5, which demonstrates how workers' social exclusion and dependence on their employers structures their lives and restricts their freedoms in Canada. The purpose of this chapter is to explore workers' structured vulnerability through their lived experiences of *working* within this constraining system. *Work* is the reason SAWP participants come to Canada, and it comprises the central element of their lives while here. Furthermore, many of the health issues explored in the subsequent chapters originate in the conditions of the workplace.

In some relations of power, subordinate people may disagree with their position, but have too much to lose to openly resist it or to fight for alternatives (Heyman 2003). In the SAWP, migrants are structurally vulnerable because if they complain they can be sent home and/or removed from the program. Yet under conditions of structural violence, the

program is often their only viable source of a livelihood. Although divisions along lines of gender, race, class, language and ethnicity undermine their collective strength, their fundamental exclusion from citizenship and therefore labour mobility, structures vulnerability for all SAWP participants. Most fundamentally, workers' social exclusion and structural vulnerability vis-à-vis their employers and the SAWP as a disciplinary system, renders their protections, rights and benefits difficult or impossible to attain.

In order to understand how this system plays out in a specific context, I provide a brief overview of the agricultural industry in Niagara, outlining both its immense strengths and enormous challenges. (My fieldwork in this region was based primarily in Niagara-on-the-Lake (NOTL), which hosted 1,139 migrant farmworkers in 2008, nearly half of the region's total, although I also interviewed workers residing in Lincoln, St. Catharines, Grimsby, Niagara Falls, and Pelham—see Figure 41 and Table 12.) I then discuss working conditions, including the type of work and time spent on the job; labour force composition (including racialized and gendered roles); and the manifestations of competition that emerge among workers who are divided along multiple lines.

Table 12 - Migrant worker farms overview, Niagara Region, 2008

	Number of Farms	Number of Farm Workers	Average number of Farm workers / Farm	Farm workers / Farm				
				0-25	26-50	51-75	76-100	>100
Niagara-on-the-Lake (NOTL)	77	1139	14.8	68	6	1	0	2
Lincoln	58	654	11.3	51	5	2	0	0
St. Catharines	26	283	10.9	23	2	1	0	0
Grimsby	10	70	7	10	0	0	0	0
Pelham	9	130	3.2	7	1	1	0	0
West Lincoln	3	21	7	3	0	0	0	0
Welland	2	4	2	2	0	0	0	0
Niagara Falls	1	48	48	0	1	0	0	0
Thorold	0	0	0	0	0	0	0	0
Wainfleet	0	0	0	0	0	0	0	0
Port Colborne	0	0	0	0	0	0	0	0
Fort Erie	0	0	0	0	0	0	0	0
Totals	186	2349	12.6	88	8.1	2.9	0	1.1

Source: Niagara Region Public Health Data, as cited in Wong (2009)

Figure 41 - Map of Niagara



Source: Niagara (2006)

Struggle amidst Beauty and Abundance: Agriculture in Niagara

Locating the Present: A Brief History

After lunch, Jane takes me on a walk. The path at the back of the garden bordering on her Niagara Bed and Breakfast leads into a secret world blooming with orchards and vineyards growing grapes, peaches, apples and plums, and housing the ruins of a graveyard and buildings long ago inhabited. At almost every step, once Jane has taught me to see them, we came across a piece of old china or bottle from times passed. At the back of one orchard we walk into a graveyard which contains the gravestones of some Iroquois people. The dates I could make out on the weathered stones are from the 1800s.

Some of the orchards are full-grown with trees heavy from fruit. Others, however, are new and not yet mature enough to be profitable. As a local resident concerned with both farmers and farmworkers, Jane offers an uncommon balanced perspective. She explains that some of the area used to be peaches, but the farmer had to burn the whole crop after an infection hit some of the trees. "If it's just a few trees it's okay, but if it's more like five or six, they have to burn the whole crop," she sighs. "So this farmer switched to grapes which are less vulnerable than peaches. After planting crops, especially those involving trees, it can take several years before a profit can be realized . . . Many farms are working in the red." Jane talks about how intelligent and resilient farmers have to be to make things grow and deal with all of the variabilities and uncertainties that face them. "Many of them have to work second jobs off the farm just to survive," she emphasizes.

Through the clearings between orchards and fields, the land is interwoven with the Four Mile Creek and several ponds. The woods are alive with sounds from within, as deer and coyotes rustle and trees whisper secrets from battles long ago and those that still endure.

Later we came across a statue of a black boy looking over the creek, right in front of a house that used to be rented to a black preacher and used as part of the Underground Railway. Not too far away, we meet two sets of Caribbean men tending to the orchards.

Walking through the landscape where so many battles were once fought or escaped from—immigrants fleeing wars; loyalists seeking refuge; Canada's First Nations being driven off the land; and later the African Americans who arrived here fleeing slavery—I can't help but think of how all of these struggles have set the stage for the current racially segregated system of labour that continues to support this beautiful and abundant land. – Adapted from fieldnotes

The word “Niagara” was derived from the Iroquois’s name for the river at the mouth of the region – “Onguiaahara.” Niagara has a complex and fascinating history, much of which has revolved around and depended on its agriculture. Home to Native peoples for about 10,000 years, the French arrived in 1615. The land was transferred from the First Nations inhabitants to the British beginning in the 1760s (FOFG 2005:9-10). In the 1770s, a number of refugee groups began to arrive, including Native peoples and American Loyalists (including people of African descent, some of whom had earned their freedom by fighting with the Loyalists). Later more freedom seekers arrived via the Underground Railroad and by 1861 the small town of Niagara-on-the-Lake (NOTL) had 103 black residents, an unusual circumstance for the times. According to the history of NOTL, black immigrants were integrated into the community. In 1854 the editor of the *Provincial Freeman*, wrote that the “coloured citizens are prosperous. Nearly every family possessing a homestead. There is no prejudice.” Noting how local residents helped to provide refuge to the slaves, the authors of the history also point to community integration, concluding: “Intermarriage was not frowned upon” (Ibid:25). If racism was a problem for the community, it is not noted in this history.

In the face of food shortages, many of these immigrants began farming. By August of 1782, sixteen families, totaling 85 people, had cleared 236 acres, and this more than tripled two years later. Later waves of arrivals brought more British (including Irish) immigrants beginning in 1815 after the Napoleonic Wars. Irish immigration grew steadily leading up to and in the wake of the 1847-49 potato famine. Mennonite families, mainly fleeing the Russian revolution, arrived in Vineland in the 1920s, followed after WWII by subsequent waves of immigration (Ibid:23-31).

For generations of immigrants and their descendents, farming has been the principal source of income. There is evidence of fruit farming since the 1790s, with surpluses of apples from the area being sold as far away as Glasgow and London by the 1870s. In 1975, the Inniskillin winery gained the first license since 1929 for wine

production, thus beginning a new era of developing and expanding local viniculture (Ibid:37-39). Over the years, canneries and juicing plants had sprung up throughout the region to process the abundance of fruits being grown. Across generations, the region has been a leader and hub of agricultural activity, movements and innovations.

In the early-mid twentieth century, as more rural Canadians moved to the cities or to more profitable ventures, growers in Niagara faced the same labour challenges as in the wider province, as described in Chapter 3. Small family farms consolidated into larger operations, and the need for hired labour grew. “Barry,”² one elderly former grower, discusses the challenges as he went through multiple workforces – Polish, Japanese, Natives—“I had the United Nations hired,” he laughs. Each group of workers either left or proved to be “unreliable” (Interview 02-2007).

In the 1960s, Barry and other farm leaders from Niagara (along with their counterparts from the Leamington area) were among those pushing for the implementation of the SAWP. Farmers from Niagara visited the United States, Australia and the Caribbean on “fact finding missions” to get an understanding of how different systems could work (see Chapter 3). Impressed by the Americans’ integration of temporary Caribbean labour, they lobbied the region, the province, and eventually Ottawa for approval of a similar program. When it was approved, these were the first two Ontario regions to participate in the 1966 “pilot project,” employing the first group of Jamaican workers. A chicken house was converted with bunks and showers, and Barry took his workers on sight-seeing ventures on weekends. He was pleased with the “higher yields” and dependability of the workers, and the experimental program was hailed a success and a necessity. Visiting Jamaica that year, he met with government officials and also some of the families that the program employed. Barry gets choked up as he recalls a meeting of one worker’s family in a Jamaican village: “The daughter kneels down and said, ‘I hope that my dad comes to work for you for years to come. If it wasn’t for you, I wouldn’t have this dress and my mother wouldn’t have that hat’” (Interview 02-2007).

While the program was quickly hailed as a “win-win” solution for both Jamaica and Canada, the workers were employed under strict conditions. Interestingly, the apparent “absence of prejudice” and lack of concern with intermarriage witnessed among

² The growers described herein are referred to by pseudonyms.

earlier generations of Niagara residents seems to have changed in later years. When I asked about why the Caribbean workers could not immigrate, Barry and Tom, a second retired farmer also present at the interview, explains:

Barry: That was a new problem when they came here, they went to Niagara Falls and applied for immigrant status. And these fellas at the Immigration . . . one of the fellas came to see me. He asked, “have you got a daughter?” I said, “No . . . why?” He said, “I hope you had a daughter and a Jamaican knocked her up. I wonder how you’d feel”

Tom: In other words, what they’re saying is these men come down here and get somebody pregnant and then they can . . . have the opportunity to stay here that is what they were concerned about

Barry: We brought quite a lot of people out from Paraguay, and then I said we can’t get other help. And those from Paraguay, they were okay to immigrate, but they didn’t want the Jamaicans in.

Janet: . . . Why would they not want the Jamaican workers to immigrate?

Barry: Well, I really can’t tell you truthfully why, but they were against the coloured, I guess, and another thing is, some of the Jamaicans in Toronto, they had problems with them, and these people here (the SAWP participants), they are picked and (under) quite a bit of pressure (to perform well), you see.

Tom: When a lot of them came, a lot of them didn’t have wives at home, they had girlfriends, some had more than one girlfriend back home.

Barry: While the Jamaicans had three or four wives, you see, and children with all of them.

Tom: You see, they had a lot of dependents over there. And I think that was probably a knock against them coming and immigrating here, all we’re doing is bringing more young kids to support too³ (Interview 02-2007).

Today’s Niagara

Most Ontario residents today know the Niagara Region, with a population of 427,421 (Statistics Canada 2006), for its proximity to Niagara Falls, the breathtaking cascade

³ These comments should be read in historical context. As discussed in Chapter 3, in the 1960s, for the first time Canada faced a large number of Jamaicans seeking admission in the face of immigration restrictions in Great Britain and the United States at the same time as a burgeoning Black Power movement and increasing racial violence alarmed Canadians that their country was not immune to racial tension and violence. Concerns with maintaining Canada’s “imagined community” while devising the ultimate flexible and dependable workforce, the SAWP emerged both at the national and local levels with strict regulations that SAWP workers could not immigrate.

located on the Niagara River which is one of Canada's most well-known and highly visited tourist destinations. The region itself, which contains 12 municipalities, is also well-known for its picturesque vineyards and orchards. Occupying most of the Niagara peninsula, the region is bordered by the Niagara River (on the east—this is also the border with the U.S. Niagara Region), on the south by Lake Erie and on the north by Lake Ontario. The Niagara Wine Route, which “connects at least 22 wineries, through some of the prettiest countryside in Ontario,” allows visitors to travel to and taste some of the region's own wines. The wine industry, combined with Niagara's many parks and beaches, historical landmarks, and the summer Shaw Theatre festival, helps to attract 12 million visitors each year (Niagara 2006).

Thus Niagara's geography is as strategic as it is beautiful and the region is renowned as “one of the most significant agricultural areas in Canada”(Niagara 2003:1.1). A unique microclimate is the result of its location. Nestled between an escarpment and two great lakes makes possible forms of agricultural production, such as sensitive vinifera grapes and peaches, not achievable elsewhere in Canada and rarely found as abundantly and stably in the entire continent (Ibid).

Canada's Land Inventory classifies the majority of Niagara's land base as prime agricultural land. Only 5% of Canadian land shares this distinction. Niagara farmers benefit from fertile soil, an ideal climate, and a close proximity to one of the world's largest fresh water sources. They also profit from a market of 120 million people within a day's drive of the region, providing a large consumer base. Agriculture and related industries provide the economic backbone of the region, which in turn enhance and support its popular and economically robust tourist industry (Niagara 2003). In 2001, 52% of Niagara's land was comprised of farmland (Ibid:2.2). Agriculture plays an estimated \$1.8 billion annual part in the Niagara economy and the industry makes significant contributions to the region's tax-base. Niagara ranks first in the province in productivity per hectare (Ibid). In 2006, 2,236 farms comprising 93,777 hectares of land generated \$671,680,773 in gross farm receipts (Statistics Canada 2006), which is equivalent to \$7,162.53 per hectare. In contrast, the national average for 2006 was only \$624.26 per hectare while the Ontario average was \$1,920 (derived from Statistics Canada data 2006).

Niagara's agricultural economic indicators are comparatively strong. In relation to Ontario as a whole, Niagara contains 3.7% of the farms; 1.7% of the total farmland acres and generates 5.6% of the gross farm receipts. In a national perspective, the region produces higher gross farm receipts than any of the Maritime provinces. Throughout other regions of the country between 1996-2001 farmland decreased slightly; in Niagara it increased slightly. Niagara's gross farm receipt increases of the same time period (25%) outperformed the provincial average (17%) (Niagara 2003).

Measured by percentage of gross farm receipts, the leading agricultural commodity groups include greenhouse (42.6%), fruit (18.9%), poultry and egg (17.7%), nursery (5.4%), and dairy (4.6%), although these vary by location within the region (Niagara 2003). In Niagara-on-the Lake, fruit is the leading industry, with 3,179 hectares devoted to grapes, followed by 1,469 in peaches (Statistics Canada 2006). Fruit as a whole, which is particularly labour intensive, is also the leading employer of both Mexican and Caribbean SAWP workers in the region (see Figure 42 and Figure 43 on page 272-3).

As part of a broader provincial and national trend, the number of Niagara farms has decreased over past decades by 49% (or 1,926 farms) between 1971 and 2001. Partly these numbers can be explained by an increase in farm size evidenced in Niagara and elsewhere, as part of the trend away from small family farms towards consolidated agribusinesses. Even still, Niagara witnessed a reduction of 19,727 farm acres over the same period, or a 7.8% decline, a significant loss, but lower than the provincial average of 15% (Niagara 2003:4.3). There was also a 16% decrease in farm operators (or 655) from 3,990 in 1996 to 3,335 in 2001 (Niagara 2003:8.2). Because its climate permits high profit crops on smaller parcels of land, average farm sizes in the region are much smaller than elsewhere – 22 hectares in Niagara-on-the-Lake and 42 in the Niagara Region compared to 94 as the provincial average (Statistics Canada 2006).

Taking everything into consideration, the region enjoys some enormous advantages and even amidst a competitive global and challenging national economic climate, Niagara's agricultural industry remains robust and profitable (Niagara 2003). Consumer demand for local wines has helped grapes in particular to become an extremely lucrative and rising crop. In Ontario as a whole, grapes constitute 22% of the

farm value for all fruit commercial produced. Preibisch and Binford report that: “Farmgate income grew by 137% from 1997 to 2001 and, in the period 1989 to 2001, the volume harvested increased 642%” (2007:23). Eighty per cent of Canada’s wine grapes are grown in the Niagara Region (Wilson 2001). (See Appendix 6.1 for a further breakdown of the Niagara agricultural industries crops and farm receipts.)

Despite these distinct advantages and impressive performances, Niagara’s farmers, like others throughout the province, face numerous challenges to their industry. This is especially true of small family operations that are particularly vulnerable to sudden changes. Some of these challenges relate to natural or environmental conditions, such as a freak hail storm, which destroyed several farms’ harvests in NOTL in 1986. One farmer explains the incident:

Let me explain how farming works: you do planting and fertilizing and spraying and your expenses go up, up, up and you peak with your expenses from a line of credit from the bank. And then what happens when it’s the beginning of the fruit season, our fruit season used to start with cherries, but at this point we had no cherries. We were just starting to pick peaches and income had started coming in when we got a hailstorm, hail like baseballs and it just completely ruined our crop. So we had to spend the next two weeks just knocking the fruit off the trees because you can’t leave the peaches on the trees, it can spoil your crop the next year. We had to pull out our RSPs and the banks were pretty good. They were pretty lenient. But the government didn’t help us one bit This was a \$20 million plus issue in this region and back then we didn’t get one cent. A number of people went under that year. We had farmed long enough that we could survive, but that was very foolish on the part of the government not to compensate some of the farmers August 1, 1986 at 8:05-8:35. We’ll never forgot (when) the hail came down The next day we were in a fog, we walked around like zombies thinking, what do we do? The only way to describe it is we walked around in a fog and we didn’t do anything that day other than go from one farm here to the next and try to console each other (Interview 01-2007).

A more recent example is the infestation of plum pox of the last few years, which spreads quickly causing blemishes on peaches. The virus infected many of Niagara’s fields, causing afflicted growers to have to pull out many of their trees. Similarly, during the particularly dry summer of 2007, many crops went to waste. One resident explains:

The farms fortunate to have access to irrigation saved the crops, but had a lot of sleepless nights laying pipe and a very compressed harvest season which had to be accomplished in 4-5 weeks instead of the normal 5-7 weeks. [One

farmer] . . . did not even bother to pick a lot of their peaches. Their canning peaches, which should be huge by now, are smaller than apricots, just fuzz and pit. Same with [another farmer]; they simply didn't size up enough to make the regulation size and it was too expensive to irrigate with city water.

Other challenges relate to the pressures of globalization and economic changes affecting farmers throughout Canada (see Chapter 3). When the Canadian dollar rises in value, for example, farmers report that they lose much of their cross-border business. In Niagara, the corollaries of these broader forces have led to the closure of numerous local plants, thereby eroding their selling prospects. One grower describes the problem:

Something is fundamentally wrong if the farmer can't make enough to support his family. There are programs out there that help farmers, but it doesn't help the family farmer. What's fundamentally wrong? I'll give you a living example. If the apricot crop in Switzerland is ready there will be no imports from anywhere until that crop is done. It will be marketed within Switzerland. Only then will the borders open. That's protecting the farmers in Switzerland. Whereas in Canada it doesn't matter how beautiful and tasty my peaches and plums are, if buyers, and there are only two major buyers in the country, are choosing to go California, it doesn't matter how I produce, how cheap or not cheap or what I produce, I just won't be able to sell it for a price to survive. So protecting farmers by legislature, if they have an overhand above imports while they have their crops that would be a target [Globalization] is one of the main underlying reasons why farmers are sending on their produce and the uncertainty is great, but Niagara is not alone. If you are going to Georgia and talk to the fruit stands people, they will say . . . Georgia has a peach on its coat of arms. And yet they will say, we get the produce from California and then you travel to California and you go to the fruit stands there and they are almost crying too, because they're getting their fruit in from Mexico. We're all in the same boat and it doesn't make any sense, but it's the reality. There's many reasons for this and it has to do not with the farmer, but the people in between, the distribution. If you have a hundred acres of one kind of peach that comes off of the trees you need to get into this network of trade, which means if you want to move large quantities of fruit you have to deal with big farms. Big farms are always crunching prices to sell cheap and sell more cheap. It's a trade thing. The big difference with other goods is that we have a very perishable product. It can't just be shelved until the time is right. You have to move it right away or they will be mush (Interview 01-2007).

Cheap international imports are especially competitive to local producers of processed fruit products, since they can be transported from anywhere in the world with an extended shelf life. Over the course of the few years that I conducted research (2005-

2008), Niagara experienced the closure of Ontario's last sweet cherry processor, followed by the 2007 closing of the Cadbury-Schweppes grape juice and jam plants, leaving 134 grape growers with no buyers of their product (Beech 2008). Most recently, the January 2008 CanGro fruit cannery closure announcement dealt another blow to the region's fruit producers, many of whom relied on the plant as their main source of income. The closure marked the end of the 110-year-old cannery, the last of its kind east of the Rockies, leaving growers of canned fruit with no market. The decision was one based purely on economics: the cans can be more cheaply filled with peaches and pears grown in countries like China and South Africa, where labour costs are less expensive and environmental regulations more lax. The local media reported: "The plant processes about \$2.5 million worth of clingstone peaches and \$1.8 million of pears each year. That accounts for 1,000 acres of peaches and 600 acres of pears. More importantly, it represents 150 families" (Craggs 2008).

In the months surrounding the closure, the media continually profiled the plight of farmers who would have to switch crops, reduce income, or even lose their farms. Once again, almost no notice was taken of the migrant workers who would not be returning to Niagara as a result of the closure. Whether it is a hail storm, a plant closing, a hot summer or a plant virus, migrant workers, of course, are also affected by the unpredictable and sometimes volatile nature of farming. Their contracts can end early; they can be excluded from a future season; they can spend weeks in Canada with almost no work; or they can be asked to work 18-hour-days, in pouring rain or intense heat, to save a rushed harvest. As one grower says:

It's usually economics if you have a big place with 100 or 50 workers and all of a sudden you get a hail in your orchards or the work is done before you thought it would be done, then maybe for three weeks these workers would only have half a day of work, so then we just send them home (Interview 01-2007).

Amidst so many uncertainties, growers have come to rely upon this ultra-dependable just-in-time labour force as the one "backbone" on which they can depend. In this context, workers' rights and benefits are the first and easiest "collateral damage" of the industry's many battles. As Jane explains:

The men [migrant workers] get all upset because they say the farmers are making so much money, but what they don't understand is that the economy is so unpredictable. At any moment they could lose all of it . . . some of the farmers I know work two jobs, all night long, and then all day on the farm, just to make ends meet. The whole system is twisted and on the wrong foundation.

Many growers, in fact, cannot live off of farm earnings alone and have to supplement their income. In 2005, about 44% of the region's farm operators reported working off-farm, many for 20, 40 or more hours a week (derived from Statistics Canada 2006). Such circumstances partly underlie that logic that growers should be "let off the hook" when it comes to the migrant workers they employ. Facing such immense challenges, they cannot consider upgrading their workers' residences; they do not have the time to take workers to the doctor, let alone to get a health card; and they certainly cannot afford a pay raise. They are just trying to survive themselves (see Chapter 11).

The one challenge growers have been able to solve, however, is their seasonal labour shortages. Although the region does not seem to have a problem attracting full-time labour, the challenge farmers have faced here, as elsewhere, is the difficulty of paying a competitive wage rate and also of retaining reliable seasonal labour during periods of high demand (Niagara 2003). The SAWP workers provide an ideal solution to the one variable that growers can actually control.

This "win-win solution," however, generates its own contradictions. Jane reminds me of the complexities of these situations:

A lot of farmers are also under a lot of stress. It's hard for me when I hear the workers complaining . . . they say "I heard the bosses were going to increase our pay to \$9 an hour, but some of the big [growers] . . . voted it down, so now none of us can receive it. It makes me so mad because I know I'm a good worker, I work really hard, and I'm worth \$9 an hour. And the farmer got a new tractor this year and he like shoves it in our faces, but then he can't raise our pay to \$9 an hour." I just let him vent, but I also want him to know the stress farmers are under. He probably has to pay a huge debt on that tractor, but then again, at least he can get the credit for the loan. The Jamaicans couldn't even do that.

The Backbone behind the Backbone: Working Conditions

A few quotes from Niagara growers illustrate the centrality of SAWP workers to their operations:

“These guys were our salvation”

“Offshore workers are probably 25% more productive than Canadian workers, but much more reliable . . . These workers are hand picked.”

“The farmers know that we need those guys as much as they need us— it’s a codependence.”

“Without them we’d go under . . . You just can’t find Canadians to do this work.”

“They’re the backbone, all I can say is if the program dropped there would be a number of farmers that just couldn’t handle it. I would say most farmers, because most farmers are large farmers, way back even when we started farming in the early 60s. You had a lot of small farms and 15 acre farms, and you could survive. But today with these larger 200, 250 acres, I’m not kidding, they could not survive without bringing those workers over here.”

Who are the labourers that provide the “backbone” of this lucrative industry, and what are their tasks and working conditions? In general, farm work is recognized as difficult, tedious and precarious (see Tucker 2006) and ranked as the most dangerous after mining and construction (Basok 2002:60). As Wall contends, “Historically, farm work has been associated with the worst kinds of working conditions” (1992:264). The work is also highly variable across industries and seasons—involving intense peaks of continual work and slower periods of relative inactivity. Within this context, SAWP workers are employed in a number of capacities in every stage of the farming operations. Despite being classified as a “low skilled” labour force, some of the tasks assigned require high levels of experience, skill, and productivity.

Types of Work

Duties depend on the crop and time of year, and may include such tasks as preparing soil; mixing and applying chemicals; planting, transplanting, irrigating, cultivating, weeding, pruning, and harvesting crops; driving and maintaining farm machinery; sorting, packing and packaging. Verduzco and Lozano (2003) found that harvesting is the most common principal activity for Mexican workers (76.8%), followed by cultivating and planting crops (10.4%). Yet even workers primarily employed as harvesters may be asked to perform a number of tasks. Russell (2003) estimates that about 88% of Jamaican workers use agricultural chemicals and/or machinery in the course of their work. Many tasks involve repetitive bending, lifting and stretching, requiring the worker to be in an

awkward position for long periods of time. Migrants may work in greenhouses, fields, orchards, nurseries or processing and packing plants, or between various locations. In Ontario, the crops/settings most commonly utilizing SAWP workers are vegetables (22.65%), tobacco (22.54%), fruit (19.37%) and greenhouse (14.4%) (See Appendix 1.1 for complete breakdown). The Niagara Region, by contrast, employs 75% of its workers in the fruit sector (see Figure 14 on page 61), which often requires pruning, carrying heavy baskets and climbing ladders (Preibisch 2003).

Although SAWP workers perform a wide variety of tasks, they are still primarily seen as a “low-skilled” labour force and are treated as such. Few workers are given the opportunity for job advancement or encouraged to gain further skills which would help them to expand their abilities. Lorenzo, who came to Canada specifically with the hopes of applying and expanding his skills as a greenhouse supervisor in Mexico, was sorely disappointed:

I can see the way they look at Mexican workers. Maybe they think we're not capable to do something like that. They look at Mexicans just as job power, not as people with brains. I've been pretty disappointed, but to me it's just another obstacle . . . I want to find something else where they can appreciate what I can do . . . they don't allow you to improve, they just have a sturdy way to do things, and even if you come with an idea, it's not valued. You're probably asking yourself, why do we still come to Canada? It's because we have to. We have the need to come here. Our families in Mexico depend on us. That's why we have to come back to Canada, even if we receive physical or verbal abuse.

Russell (2003) reports that most workers do not gain any transferable skills which can be used in their countries of origin.

Although workers may be accustomed to difficult physical labour from their countries of origin (most practice farm work at home), many report that the work is “more difficult” in Canada. The main reason for this is not necessarily the nature of the work in itself, but the lack of control they have over their working conditions (including hours and rest periods) and the fact that as foreigners, they feel they are given the most difficult tasks. As Manuel explains: “The work (in Canada) is more difficult because we use our physical force, here (in Mexico) if I want to work quickly, I work quickly, if I want to rest, I rest. Here it is calmer.” Some workers say they can't even control when they use the bathroom. As Martha observes: “We can't go to bathroom or get water

(when working). Sometimes it's very hot and we have to have a little water. Even if we have diarrhea we can't go, we have to wait until the break."

Hours of Work

The SAWP Agreement stipulates that workers should work a minimum of 240 hours in six weeks to a maximum of eight months. In 2001 the average length of time spent in Canada was 17 and 21 weeks for Caribbean and Mexican workers respectively (FARMS 2001 as cited in Preibisch 2003). The length of workers' stays in Canada varies by industry, with greenhouses, for example, operating throughout the year and more likely to employ workers for eight month contracts. In other industries, workers may be transferred between two shorter contracts. In Niagara, for example, it is common for workers to pick tender fruit in the summer, later to be transferred to pick apples at another farm in the fall. Some instances have been reported where workers have been in Canada less than six weeks or more than eight months, although these appear to be in the minority (Verduzco and Lozano 2003). The amount of time spent in Canada, like every aspect of the contract, is determined primarily by the employers in conjunction with government officials. On many occasions, workers would have preferred longer or shorter contracts, but they have little say in the matter.

The first workers begin to arrive in Canada at the beginning of January every year, and the last to leave do so by mid-December, when their annual visas expire. Thus although larger numbers of workers are present in the spring, summer and fall, this "seasonal" workforce is one that is used all year long. Agricultural workers on a whole are excluded from provisions of the Ontario Employment Standards Act (ESA) regarding their hours of work, daily as well as weekly and bi-weekly rest periods, statutory holidays, and overtime (see Verma 2003; OMOL 2008).⁴ Vacation pay is also denied to

⁴ Verma (2003) provides a summary of the relevant ESA exclusions: "The Ontario Employment Standards Act ("ESA") provides a standard of 8 hours work per day and 48 hours per week. However, if the employee agrees, he or she may work up to 60 hours in a work week. Overtime is compensated with one and one half times his or her regular rate for each hour of work in excess of 44 hours per week unless there is agreement to average hours of work over four weeks. The ESA provides for rest periods including: a period of at least 11 consecutive hours free from performing work in each day, unless the employee is on call. In addition, the ESA states that employees should have one day of rest per week, or two consecutive days in every period of two consecutive work weeks. Meal breaks should be provided in 30 minute intervals that will result in the employee working no more than five consecutive hours without an eating period" (Verma 2003:95).

farmworkers.⁵ The SAWP agreements do contain some basic guidelines regarding hours of work. Interestingly, there have been slightly more comprehensive guidelines to protect Mexican workers on the job⁶ (perhaps this is a reflection of the unequal bargaining power associated with the relatively stronger Mexican position in the program). The 2008 Mexican agreement stipulates that:

For each six consecutive days of work, the **WORKER** will be entitled to one day of rest, but where the urgency to finish farm work cannot be delayed, the **EMPLOYER** may request the **WORKER's** consent to postpone that day until a mutually agreeable date

The normal working day is 8 hours, but the **EMPLOYER** may request of the **WORKER** and the **WORKER** may agree to extend his/her hours when the urgency of the situation requires it, and where the conditions of employment involves a unit of pay, and such requests shall be in accordance with the customs of the district and the spirit of this program, giving the same rights to Mexican workers as given to Canadian workers. The urgent working day should not be more than 12 hours daily (HRSDC 2008c).

Given their structural vulnerability, most workers feel compelled to work whatever amount of time or consecutive days are asked of them, a common finding of analysts studying the program (e.g. Basok 2002, 2003; Fairey *et al.* 2008). In peak seasons especially, these “days of rest” may in fact be postponed until their return home. In reality, workers’ hours are determined by their employers, and fluctuate greatly throughout the season depending on weather, industry and timing. Binford (2002) reports Mexican workers’ mean and median work week as 63 hours and that a third of his respondents did not receive a rest day. Russell (2003) found that Jamaican workers work an average of 6.7 days a week, 9.5 hours a day—which averages a similar 63.5 hours a week. Otero and Preibisch’s survey of Mexican SAWP workers in BC found that during peak periods, they worked an average of twelve hours Monday to Friday, ten hours on Saturdays and seven hours on Sundays, for an average of 65 hours a week during these periods, some up to a total of 80 or 90 hours a week (Fairey *et al.* 2008).

⁵ Workers classified as “harvesters” who have worked more than 13 consecutive weeks may be eligible for vacation pay, but Basok (2003) and Verma (2003) report they are often denied these payments since their work may not always be classified as harvesting.

⁶ For example, the Mexican agreement (HRSDC 2008c) states that the normal working day should be 8 hours, while the Caribbean agreement contains no such statement (HRSDC 2008d). For a summary of the differences in the Mexican and Caribbean Agreements, see Verma (2003:94), although some of these stipulations may have been revised in more recent versions (HRSDC 2008c, 2008d).

While such averages may not seem totally unreasonable for a temporary workforce hoping to earn as much as possible, these statistics conceal the fact that agriculture usually contains peaks and downtimes and that hours vary widely among industries, farms and tasks—so there may be instances or periods where workers are barely employed, and other times where they are working 80 hour weeks. While most workers in my research report working 8-11 hour days during the normal season, this can be extended to 12-18 hour days during peak harvest times or at understaffed operations. Many scholars also document similarly long hours and consecutive days of work facing some workers, in some cases up to 16-20 hour consecutive days during peak periods (Basok 2002, 2003; Fairey *et al.* 2008).

Sam, a grower argues that, “They (migrant workers) want to work as many hours as possible—each hour worked means more money to send to their families.” This is a common sentiment or justification among growers for requesting extended workdays and it is not totally unfounded; most workers report they would rather work too many than too few hours as their priority in Canada is to send money home. Among even the most ambitious workers, however, there is the sense that there is an upper limit after which they would rather not keep working, but they feel they have no control over determining their hours. The key point here is that despite the provisions of the employment agreement, workers feel that they have very little say over the hours they are assigned.

Most workers report receiving two 10-minute breaks and 30 minutes for lunch (a requirement of the Agreements) throughout the day, but even these breaks are not consistent, especially when workdays last longer than usual, into the evening. Some workers report being denied these breaks altogether. Delayed meals, rests, bathroom and hydration periods can cause workers to feel sick and contribute to other health problems. Again, they have little control. Workers are expected to be at the “beck and call” of their employers (Fairey *et al.* 2008). If the harvest demands it, they may work through rainstorms or heat-waves. If an order comes in over night, packers can be called in to work at midnight to prepare it on time. These are the outcomes of the ultimate captive “just in time” labor force.

On the other hand there are the slow periods where workers may sit around for days or even weeks without work. As one Jamaican worker laments: “Sometimes there’s

six week periods where we don't work – we get no hours and we don't get UI (unemployment insurance) stuff. We're paying in and can't get it! They're supposed to guarantee us 40 hours, but sometimes we don't get nothing.” Such situations are particularly stressful for families who are expecting remittance money, especially as workers are legally prohibited from seeking other employment in Canada. Some workers arrive in Canada with debt incurred and the period before they can begin earning money is exceedingly stressful. As Delroy, another Jamaican worker, asserts, “We don't want to sit here and not do anything because our family gets hungry, so if we're not going to work I want them to send us home.”

These points at either end of the spectrum can prove very stressful and even harmful for workers. In the most extreme case I heard about, a worker told me during the busy month they worked from 6am until 3am, and during the slow month only three hours. Both situations provoked huge amounts of stress. Some exhausted workers either choose to go home or receive poor evaluations if they cannot keep up with the demands, a finding of Preibisch (2003) as well. A lack of steady, regular employment with fluctuating extremes of overwork and under-work is one of the reasons why a captive, onsite labour force is so beneficial to the agricultural industry. Indeed, the migrant workers' lack of power within a system which constructs them as eminently flexible allows the industry to function as well as it does—as Basok (2002) argues, migrants' unfree labour has become a “structural necessity” in Ontario's labour intensive agriculture.

Workforce Composition and Competition: Divided by Race, Nationality, Gender, and Immigration Status

“We work harder but earn less benefits than Canadians – it's the hardest work” – Julio, Mexican worker

As mentioned in the Introduction to this thesis, studies of structural violence should stay attuned to how “processes of domination and oppression” are reenacted at the local level, among people towards each other in their daily lives (Green 2004:319-320). The workplace is a classic site of struggle, not only between employers and workers, but also among workers themselves, who are pitted against each other and commonly internalize the conditions of competition in which they are enmeshed. In *Producing Power*,

Yelvington (1995) demonstrates how divisions of factory workers based on factors such as age, gender, race and ethnicity and “naturalized” relations of power, serve to weaken workers’ collective resistance and diminish the power of labour to challenge management, despite workers’ dissatisfaction with their circumstances. Likewise, Seth Holmes (2006) draws on Pierre Bourdieu’s notion of *symbolic violence* to analyze how migrant farmworkers, their employers and others in the United States naturalize and internalize social inequalities which render non-citizen (im)migrants of colour to be viewed inherently suited to exploitative and dangerous tasks.

These dynamics play themselves out in the Canadian context in similar ways. Migrants are integrated at the bottom rung of a multi-faceted, segregated, agricultural labour force which, through various levels of inequality, provides the most exploitable base of the broader workforce, and that which is most vulnerable to health concerns. Migrant workers, employers and others involved with the program view the migrant body of colour as inherently predisposed to the most precarious forms of labour. As discussed in Chapter 3, growers’ quest for the “ideal” labour force has long been structured and differentiated along lines of race and ethnicity, gender and citizenship status. SAWP workers’ positionality renders them up to dynamics of competition and vulnerability vis-à-vis each other and other co-workers. These hierarchies and relationships drastically affect workplace dynamics.

Farm Owners and Supervisors

Agricultural workforces in Niagara are comprised of three groups – farm owners, permanent employees, and seasonal labourers. Farm owners in my study were most often white Canadians of European background, who arrived in Niagara as part of the various waves of immigration I described earlier.⁷ More recent immigrants have also contributed unique areas of expertise to the region. Many Dutch immigrants with a background in horticulture, for example, have set up floral operations in Niagara (Niagara 2003:3.2). Many families pass on their operations for generations.

In 2006, there were 3,335 farm operators in Niagara, with an average age of 53.1 years, nearly 69% of whom are male (derived from Statistics Canada 2006). Larger farms

⁷ For a history of Niagara’s immigration and settlement, see FOFG (2005).

may employ permanent (or seasonal) supervisors, who may be Canadian citizens or permanent residents (often of Caribbean or Latin American origin) or even migrant workers themselves (who have been sponsored as immigrants, or given positions of seniority within the temporary workforce.) On larger farms, where Binford (2002) finds that over 65% of workers report never interacting with the owner,⁸ workers' relationship with their supervisors can structure their experience. In fact, many workers report that supervisors, many of whom come from similar backgrounds but have been elevated to a privileged status, create more challenges and problems than the employers.⁹ Such cases may be in the minority, however. Verduzco and Lozano (2003) report that 68% of the workers whom they surveyed were supervised by the farm owner or a relative of the owner. This would likely be the case in Niagara, where the average number of migrant farmworkers per farm is 12.6, although two farms, both in NOTL, employ over 100 workers each (Wong 2009, see Table 12 above).

Farmworkers: Canadians, Legal and "Unauthorized" (Im)migrants

In 2001, of a total Niagara labour force of 207,555, 8,935 people, or 4.3% of the total labour force, were employed in agriculture; in rural areas of the region, this proportion rises (in Niagara-on-the-Lake it is 13.8%) (Niagara 2003:8.4). In addition to this force, close to 2,500 migrant farmworkers are employed in the region. Farm labourers are a mix of SAWP workers from various countries, local Canadians, including members of First Nations, and immigrant workers, often from Asian (e.g. China, Vietnam, Thailand) or Latin American countries (e.g. Columbia, El Salvador, Guatemala and Mexico). Mexican Mennonites are frequently employed, as are Eastern European groups.

In addition to SAWP workers, since 2003, employers also have had the additional option of hiring temporary workers of other nationalities through the Temporary Foreign Worker Program (TFWP) explained in Chapter 1. Guatemalans, Jamaicans and Thais have been hired by growers under this program (Preibisch 2007a). Their use adds another layer of complication to an already tenuous employment situation for SAWP workers.

⁸ Binford (2002) shows that farm size is inversely related to the level of workers' contact with their employers. In assessing which workers "never" interact with the farm owners, the responses were 36.2% of those from small farms (20 or fewer temporary workers); 44.2% of those from medium farms (with 21-50 foreign workers); and 65.2% of those on larger farms (employing 51-200 foreign workers).

⁹ Preibisch (2003) reports similar findings.

Some have reported being threatened with replacement by workers from other countries through the TFWP if they are under-productive or cause problems.

While most farm employees (both temporary and permanent) have legal status in Canada, a significant number may also be “unauthorized” or “precarious status”¹⁰ (im)migrants, or legal (im)migrants working illegally (for example, on tourist visas).¹¹ In 2009, there has been an increase in immigration raids among such workers in Ontario. As one commentator writes in the *Toronto Star*: “It is a moment reminiscent of the Bush era’s worst anti-immigrant policies: chasing, arresting, detaining and eventually deporting undocumented workers had turned into a national pastime” (Shakir 2009).

The issues of legally employed guestworkers and undocumented workers are in fact deeply interrelated. The existence of both groups stems from an immigration system which does not value the contributions of manual labourers in its point system, effectively prohibiting this “class” of people from ever becoming citizens. The line between being a “legal” migrant and one labeled as “illegal” is also easily blurred. Indeed, the practice of hiring workers under the table often occurs among current or former SAWP participants and, in some cases, members of their families who may have come to Canada on a visitor visa or absconded from the program.¹² Sometimes, for example, family members of workers come under the premise of visiting them as a tourist during the course of their employment (especially easy for Mexicans, who, prior to July 2009, did not require a visa to enter Canada; though it should be noted that many of these

¹⁰ Goldring *et al.* argue for the use of the term “precarious status” to better capture the complex reality of various immigrant statuses. As they contend: “Canadian immigration policy allows for various categories of permanent and temporary immigrants, refugees and visitors. Once in Canada, people may shift from relatively secure but largely temporary statuses to less secure statuses, including illegality. We argue that binary conceptions of legal status do not reflect the Canadian policy context, and propose the use of ‘precarious status’ to capture the various forms of irregular status and illegality” (2007:i).

¹¹ It is very difficult to know the number of “undocumented” workers, since they are just that—undocumented—but it is clear among many observers that both within the agricultural and other industries (such as construction) the practice is widespread. Canada’s situation with unauthorized workers, however, still remains a much smaller issue than in the United States. Estimates of ‘undocumented’ immigrants generally range between 100,000-200,000 in Canada (Smick 2006), as compared to 11.5-12 million in the United States. An estimated 6.2 of these immigrants are Mexican, or 56% of the total (Passel 2006).

¹² Working under the table, however, also carries with it certain risks, including fewer health and safety protections. Although not my focus, it is important to note the presence of these “shared” and/or undocumented workers, who also serve to augment a flexible and seasonal workforce within Ontario’s agricultural industry. Analysts warn that the number of such workers will only increase with the rise in TFWs throughout the country, many of whom have contracts that end prematurely or before they have earned the amount of money they intended to earn before going home.

visits are also legitimate and do not involve illegal work). In other cases, former participants who have been expelled or who absconded from the program may opt to return or stay on in Canada, working under the table.

In one case, Daniel, a Mexican worker, reported being hit by his employer. When Daniel called the police to investigate, the employer arranged to repatriate him. Daniel instead ran away and thus became “undocumented.” Daniel saw running away as a last resort in such circumstances: “It’s bad, because we’re not covered under insurance, and I have to sleep on an air mattress, but anything’s better than the conditions we were in.” Some workers who are unhappy with their circumstances, or who are facing threats of repatriation, choose to run away and try to earn some more income before eventually returning home. This problem is compounded by the absence of an appeals process for early dismissals and repatriations.

Such workers are easily absorbed within agriculture, an industry which, due in part to the changing nature of the seasons and demands of the crops, has long relied on flexible, informal labour arrangements. It is thus also common for SAWP employers to informally “share” workers as their demands change. SAWP workers, however, are only legally permitted to work for one employer at a time. Thus, those who are shared between workplaces are considered to be working illegally. Usually they appreciate the chance to earn more money, tax free, especially during times of unemployment or underemployment on their own farms. (Often they can earn \$10 an hour instead of the typical \$8-9 minus deductions.) They are accustomed to finding strategies of multiple livelihoods for income supplementation in their countries of origin, and it is not surprising that they seek such opportunities in Canada. While this practice may seem innocuous, it is in fact a contract violation, and can result in expulsion from the program.

Canadians may work alongside TFWP and SAWP workers, either as supervisors, fulltime staff, or as other seasonal workers. One source of seasonal domestic labour is provided through the Farm Labour Pool, run by an employment help centre in St. Catharines and funded by HRSDC. Providing workers on a part-time and seasonal as well as a full-time basis, it is the only Farm Labour Pool still operating in Ontario (Niagara 2003:8.5). A major problem facing the Pool is that low-wage workers often do not have access to transportation, and thus cannot easily reach their rural work sites. As a region

report states, the result is “the unfortunate circumstance where the jobs exist, the workers are available, but the two cannot connect” (Niagara 2003:8.5). Accordingly, part of migrant workers’ strategic advantage is that they live on or near to their worksites.

While Canadian seasonal workers, permanent residents and even undocumented immigrant staff may face many of the same physical challenges as their migrant worker counterparts, as I illustrate throughout this chapter, there are clear differences due to migrants’ position of structural vulnerability, which renders them virtually powerless to control, influence or advance in their workplaces. Most definitive of the difference in power and vulnerability is the freedom to change jobs if desired. Seasonal Canadian workers who are employed alongside SAWP participants are commonly local high school or university students who want to earn some extra cash during summer months, and who have little motivation to stick it out through challenging circumstances. Ralph recalls of his experience:

I was hired on the phone. I took the job for \$8.50 an hour to earn some extra cash while on holidays from university. As a Canadian I was treated differently. I only had to work 8 hour days, while the others were there much longer. The idea is that Canadians can work less because offshore workers “pick up the slack.” Still, the environment was hard for all of us. There are signs up saying that no talking is allowed while working, so we couldn’t interact. The work was physically and mentally difficult—just doing the same task over and over again, all bent over . . . it’s hard on the knees and on the back, but the worst part is how hard this is mentally. I only lasted 10 days, then I quit. I couldn’t handle it.

Ralph’s experience represents a common example of why TFWs, whether through the SAWP or the TFWP, are viewed by many growers as a “critical” solution to seasonal labour shortages in labour-intensive industries. As a Niagara Region report on agriculture concludes: “The labour (offshore workers) provide is hard manual labour which Canadian workers are often reluctant to do” (Niagara 2003:8.6).

Migrant Workers’ “Strategic Value”

Employers and workers alike recognize SAWP workers’ strategic value and their “willingness” to perform the tasks which Canadians are “often reluctant to do.” SAWP workers tend to outperform Canadian workers (by at least two or three times, according to most growers I interviewed). As one grower observes of his SAWP employees (a

sentiment expressed repeatedly): “The guys . . . move (at) an unbelievable speed. Speed was the name of the game, go go go go go. I could never keep up with how these guys could go” (Interview 01-2007). Second, and perhaps more important, SAWP workers perform the tasks rejected by their temporary Canadian counterparts. They do this because they cannot leave—they are tied to an employer, and thus there is nowhere to go but “home” with its decimated economies.

Migrant workers realize these discrepancies and often comment on the wariness and the unwillingness of Canadians to work in difficult environments. “Canadians who apply for work don’t last more than a day,” giggles Marta, a plump Mexican woman. “They walk so slow and hold their back like they’re in pain,” she continues. “Last week one woman came in, asked for work, complained the whole time, and left at the first break. They can’t handle it.”

Divisions by Race and Gender of Migrant Workers

While many growers comment on migrants’ “inherent” racialized qualities, such as the Caribbean workers’ “heartly make-up” and “tolerance of intense heat,” or Mexicans’ delicate and obedient “nature,” which make them superior workers for specific tasks, it is clear that workers’ productivity levels are primarily achieved because of their sense of intense competition and desire to please employers. Those who do not live up may not last long. As Marlina, a Mexican worker explains:

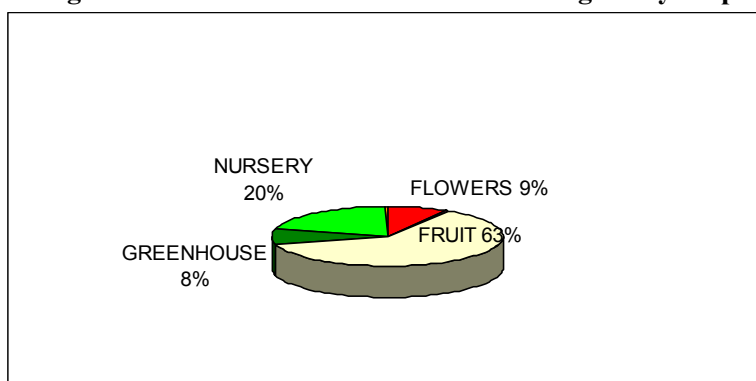
We have to work much harder because others around us set the pace very high because they want to show off to the boss. We’re not machines, but some try to work like machines – they want to impress the boss and keep up the reputation that one Mexican worker is worth the productivity of three to four Canadians—not just three, but four! This is true. This is a problem with the group – we have to work at a more reasonable pace. Once an indigenous person came and was staring at all the equipment – it was his first time out of his village, and he was shocked. He wasn’t very productive over the first week, so the boss sent him home right away. He didn’t even give him a chance to get used to it.

Indeed, there is a pervasive sense of competition both within specific gendered, national and racialized groups, as well as between them. As Preibisch argues, the categories of nationality and gender “play pivotal roles in implementing foreign worker programs, giving employers additional power over both their workers and the labour-

sending countries” (2007:9). Creating divisions among workers is an old “divide and rule” tactic commonly used by employers to undermine their solidarity and resistance to poor working conditions (see Preibisch and Binford 2007:18).

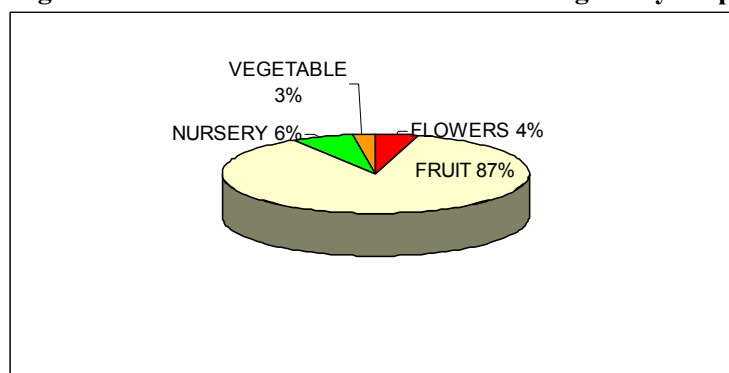
In Niagara, racialized divisions of workers are evident by their placements within crop specialties. Caribbean workers are most likely to be placed on farms growing fruit (87% versus 63% of Mexicans) and vegetable (3% versus 0%), while Mexicans are more likely to be placed in greenhouses (8% versus 0%), nurseries (20% versus 6%) and flowers (9% versus 0%) (see Figure 42 and Figure 43). These divisions are not arbitrary, but are reflective of broader national trends indicative of growers’ beliefs about the specific attributes of Caribbean versus Mexican workers for various industries and tasks (see Preibisch and Binford 2007). In 2006, 48% of SAWP workers in the region were Mexican, 41% were Jamaican, and the remainder came from Barbados, Trinidad and Tobago, as well as the Eastern Caribbean islands. The broader national shift towards Mexican workers (see Chapter 1) may have been somewhat ameliorated in Niagara where a slight majority of SAWP workers are still Caribbean, because the fruit industry, which employs 75% of SAWP workers in Niagara, tends to favour Caribbeans.¹³

Figure 42 - Mexican SAWP workers in Niagara by crop



Data derived from SAWP (2006) statistics

¹³ See Preibisch and Binford (2007) for a provocative discussion of racialization in the SAWP nationally and an analysis of the recent trend towards the use of Mexican workers. Griffith (2006) discusses similar issues of racialization and national selection present in U.S. guestworker programs.

Figure 43 - Caribbean SAWP workers in Niagara by crop

Data derived from SAWP (2006) statistics

Approximately 10% of employers in Ontario hire SAWP workers from more than one nationality.¹⁴ One common division among larger growers employing workforces across national and gender lines is to have Caribbean men working in the fields, and Mexican women working in a packing plant. Such cross-mixing by nationality and gender is an attempt to circumvent romantic relationships forming between workers, which can, as one employer asserts, “affect productivity.”¹⁵ Such strategies are further driven by racialized and gendered stereotypes, e.g., that Caribbean men are stronger and heartier, and thus better at jobs like weeding and harvesting, while Mexican women are more delicate and pay closer attention to detail, making them superior packers.¹⁶ As one employer (who hires Jamaican men and Mexican women) explains:

The packing is a woman’s job. When I say that we know men can do it too, but the women have the fingers to do the packing in general. I’m not saying that the men can’t do it or the women can’t pick, but in general the farmworker man can pick better and it’s heavier work, whereas the women have a much better knack of packing than the men do, and so we’ve hired Mexican ladies over there to help us (Interview 01-2007).

¹⁴ In 2008, out of 1,343 employers, 122 were approved for workers from multiple countries (2008 SAWP data, Ontario).

¹⁵ When I asked one grower about using Mexican women and Caribbean men, he explained, “If you have Jamaican men and Jamaican women they would get together and we wanted to discourage that.” Noting similar concerns, Preibisch (2007a) also argues that women’s relatively small representation in the program can lead to their increased vulnerability, as their positions can be more easily threatened to be replaced with male workers.

¹⁶ Other researchers report similar findings. As Verduzco and Lozano contend: “. . . even in Mexico, in certain activities there is a very clear preference for women workers, especially in fruit and vegetable picking and packing. According to statements made by some Mexican employers, women are usually more careful and lose less time than men, so that in labor terms they turn out to be more productive. In this sense, and in the event that the greater preference for women continues to grow, this may be due so much to a situation involving equal opportunities and rights as to possible comparative advantages in certain activities related to a possible more favorable productivity among female workers” (2003:14).

Competition for the “Best” Labour Force between Countries

A sense of competition has also been reinforced by government officials, especially from the Caribbean governments who have been concerned about losing ground to Mexico. For example, The Minister of Labour (who later became Jamaica’s first female Prime Minister), Portia Simpson Miller told workers in 1999: “Your performance and demeanor will encourage the farmers not only to hire more Jamaicans, but to tell their friends. You must do your part to create opportunities for your Jamaican brothers and sisters” (Gleaner 1999). In an interview, a government official confirmed a similar message to me: “Jamaicans are very hard working people and . . . employers don’t have much problems where those problems are concerned, especially where the physical nature, so we have a very good reputation of our workers being very hard working and dedicated”¹⁷ (Interview 07-2007).

These messages are also played out in the local media where the success of the program and performance of workers within it garner political brownie points. For example, a 2005 article quoting Jamaica’s Senior Liaison Officer in Leamington, reports: “While acknowledging that the competition for jobs in the area was stiff, especially from the Mexicans, Mr. Day said, ‘What we find is that our workers are much more hardy and they do work much better. They are more apt to go the extra mile sometimes’” (Rose 2005). An earlier article describing Jamaican officials’ visits to Canada similarly reports that: “Jamaican farm workers are highly rated for their ability to work harder than their counterparts from Mexico or the Eastern Caribbean” and quoted a Canadian farmer saying: “I couldn’t survive without these guys . . . they work much harder than the Mexicans and Eastern Caribbean workers” (Gleaner 1995).

These PR messages have largely fallen on deaf ears, however, as growers make their own judgments and have decidedly shifted towards Mexican workforces. Binford argues that this shift is “being driven by employers who have learned how to exploit a Mexican labor force made particularly vulnerable as a function of cultural and linguistic

¹⁷ In a similar example, during an annual visit to farms in Canada, Dean Peart, the Jamaican Minister of Labour, warned workers that for the program to grow, all workers would have to “give their best,” adding “poor performance and bad behaviour will adversely affect the programme . . . no worker would be allowed to hurt the programme” The Minister also noted, as is often done, that workers are considered “ambassadors” from Jamaica who must uphold the country’s reputation (Gleaner 2002a).

differences from Canadian farmers” (2002:1). My research supports his contention. Dave, an employer, explains why some growers are switching labour forces:

The people who have Mexican workers are very happy with them. There were problems on some of the farms with some of the (Caribbean) fellows who were here long enough they sort of start to get a little bit slack and they start to think about some of the good times they can have here and when work isn't the important part anymore and the Mexican men are more family oriented. I don't think they have two wives or that sort of thing. There's something about them. We have had no reason to switch because our men were good, but we know that (another grower) had to switch because he got to the point because the Caribbean guys could speak English and the Mexicans would come and maybe one in 10 can speak English and they don't make a point of trying to learn English and I think that's okay because they don't make a point in trying to carouse for women like the Caribbean workers Then you have those Mexican Mennonites working there and who are Spanish and English so it's a good mix (Interview 01-2007).

Once again, it is clear that workers are judged in racially and gender-mediated ways on both their performance at work, and on their actions outside of their workplace.

Workers' Internalization, Competition and Control

When workers internalize the rationalities and divisions expressed to them, Foucault's panoptic techniques as a method to create “docile bodies” (see Chapter 5) and compliant workers, is again apparent. Amidst an intense system of competition, many workers exercise self-discipline to work harder and faster than co-workers. They want to live up to the expectations that have been placed upon them of being inherently “superior” workers. Some workers, indeed, demonstrate pride in the tasks at which their nationality and/or gender has been deemed superior. It is common, also, that workers of both nationalities feel that their counterparts are treated preferentially. As a Jamaican worker asserts:

We are not treated like they are . . . not another Canadian; they're all racist because we're black. The way they look at we, the body language pushes you away. Lots of times people have said racist things – people talking about, don't tell me, but I've heard them telling different people racist things – the way all them talk to you. They're more into the Mexican better, they like them better, the way you see them react to them, we done the same things the Mexicans have done, if we do it, there's a problem, if they do it, no problem. Mexicans stop work at five to [4:55pm], we have to stop work at exactly five o'clock, our lunch is shorter; we have no time to talk.

Often, however, the deepest sources of competition can exist among workers of the same nationality and gender, who see themselves in direct competition for their employers' favour and approval. This pressure can lead to uncomfortable or unhealthy working dynamics. As Manuel, a Mexican worker, explains:

Sometimes between us workers there are problems, among the same co-workers they fight because those who go ahead sometimes pressure those who go more slowly and I sometimes fight with the workers because I tell them that it is not fair that they are quicker than the other ones because they pressure them. Now if they can work a little more slowly to not pressure the workers who are behind . . . while they learn . . . Since the *patrón* is satisfied with the work that we are carrying out, it is not necessary to go running, because those who go running quickly, sometimes make it worse. They don't always do their work well, and many times the *patrones* get angry, but not with those who do the bad work, but with those who go behind to make up for the bad work, and this causes the slower workers to be very sad, because compatriots don't help each other.

Divisions often emerge, for example, between younger, newer workers, who are seen to be stronger but potentially more ignorant and irresponsible, and their older, more experienced counterparts, who may be weaker physically, but who have earned the trust and favour of the employer. Amidst poor conditions endured by everyone, sympathy among fellow co-workers sometimes wears thin. In this context, a common underlying narrative, particularly among the older workers who know that they could any time be replaced by their younger counterparts, is that, "I have suffered, so they must suffer too." Discussing similar narratives among undocumented Mexican (im)migrants in the United States, Napolitano notes: "Relations of exploitation proliferate in everyday life in such a way that the axes of exploitation are surreptitiously forced by subaltern people onto others "more" subaltern than themselves" (2005:344). As she argues, such instances serve as a reminder to take account of "the particularities of a reproduction and internalisation of hegemony from the ground of subordinate groups (Sheriff 2001:119) through an ethnography of double (or fractured) consciousnesses of subordinate subjects" (as cited in Ibid:344).

Whether based on gender, nationality, or competition between individuals within groups, workers constantly discuss the fact that they are in a position of rivalry with each other, which in effect leads them to self-monitor and control. Employers know and

exploit this too. “They police themselves and if there is something they will come and tell you,” observes one. To facilitate this dynamic, some employers explicitly appoint one or a few workers to be “leaders” or supervisors among their peers. As one worker reflects: “Lead hands see to it that the work gets done . . . think of slavery way back, slave masters, how would slaves hold back? They are afraid, because if I say something I may not come back, so that causes me to shy away from a lot of things that might help.” Another comments on the favoured worker at his farm: “He will snitch on workers and tell the employer what’s ‘really going on.’” Likewise, one Jamaican familiar with the program observes: “Some farmers have made real good friends with certain Jamaicans – because if they go out when they shouldn’t these ones will tell on them (their fellow co-workers) to the boss – they make them feel special but they have an ulterior motive, to snitch on their co-workers.”

A Mexican worker recalls a similar dynamic: “The boss demands too much work and the person in charge of people, the overseer, often sides with the boss, many times he has to tell the other Mexicans to hurry up . . . often the staff is divided, some agree with the boss and some don’t.” Sometimes divisions can lead to physical fights between workers. As Alvaro, a former worker who was dismissed from the program for getting into a fight with a co-worker, recalls: “Many times the boss even makes us be at odds with other co-workers, and that’s where the problems between workers come in and that is not good, instead of helping each other out as Mexicans we fall into quarrels and even fist fights.”

Some workers have gone so far in their “self policing” as to make complaints against each other at the Ministry of Labour, hoping to have their foes barred from future participation in the program. Complaints may include workers’ participating in political advocacy groups in Canada, having visitors after hours, drinking alcohol, being gay, coming home late at night, or just being difficult to work with. The true motivations may be jealously over a shared crush or employer favouritism, or simply not wanting to share a room with a certain roommate in the following year.

A representative at the Jamaican Ministry of Labour acknowledges the problem:

Workers are sometimes reluctant to complain to the liaison because other workers will say (to their employer) “Maurice called” and they (their employer) will say “Maurice is off the list.” So when they complain it goes

against them. We're all Jamaicans, but there's a lot of the camps where this kind of cut-throat behaviour seeking favouritism from the boss goes on. I tell the workers: "Employers aren't interested in what you're running to them with; they're interested in how you work. You're all Jamaican. You were once a new person," and now, those new guys, on their first day the other workers will say to the boss: They don't know what they're doing" and workers will call . . . (the liaison) and say, "Come get him, he's not performing" (Interview 03-2007).

This lack of unity keeps workers fearful of causing problems or demanding their rights when an individual may be in trouble. Mario, a Mexican worker, laments:

I don't understand them because, if we all really helped each other in Canada the things would be different, because if somebody gets sick then all of us can speak with the *patrón* and to tell him/her this sick person needs to be allowed to rest. If there could be unity you could do much more, but there is not unity. There is not, always, many go on the side of the *patrón* so that he will be requested back, and they don't care about the other ones.

While many workers come to view their counterparts as competitors, some also critically analyze these tactics and wish to gain unity across work forces. Jared, one Caribbean worker reflects:

We're fighting, but we're vulnerable. These guys [the Mexicans] speak a different language, but the exploitation is the same. The people that run this program get workers to fight so they can't unite. If Mexico could, it would take over the whole program, but the exploitation would be the same. Here we're dealing with human rights, whether you come from Mexico, Barbados, or Jamaica. This has to mean something to the people of Canada – they're supporting exploitation. There's a fight between countries to try to get more labour, but they're all sending their people to be exploited.

Further Coercion: Employers' Treatment

Normally a sense of competition and intense desire to maintain a position in the program is enough incentive to keep workers working efficiently. In the worst case scenarios, however, some employers may use verbal or physical intimidation to push them further and demand faster work. As Sandro, a Mexican worker, explains:

The foreman screamed at us, he hit us with the lettuce, we showed him the lettuce and he hit our hands with the lettuces. If a coworker could not cut because he felt bad or because he was tired or because perhaps he was not quick to cut, the foreman didn't care . . . we had to help him because if we didn't, the foreman screamed very ugly words to the worker and insulted him,

he hit him . . . I've seen how they treat my coworkers badly, they humiliate them and perhaps because some coworkers are not good at working, perhaps are not very quick, because there are some who are quicker than others, then to those who are a little slower, they insult them, they press them, they threaten them and this gives me a lot of anger and much sadness.

As I discuss in the previous chapter and again in the Conclusion of this thesis, it is difficult to know the extent of employers and supervisors who are truly abusive in an explicit sense, and employers' treatment varies widely. Many workers, however, indicate that they have been mistreated at some point. The most common metaphors or descriptors they use to express their mistreatment include "slaves," "machines" or "animals," a telling set of descriptors, some of which may have arisen out of workers' colonial pasts. Many indicate feeling a deep sense of injustice and offense to this treatment. According to Ruben, a Mexican worker:

They said that we were slaves and that we were animals, and they told us that we were their work donkeys, and many times he threatened us when somebody was tired, their son took us and he said, "Yes, you will work because if you don't work I will hit you," and his son and his foreman spoke in this way to us. In that occasion, I also fought a lot with the *patrón*, because I told him it is that we are not animals, that we are not slaves. "Yes," he said, "I pay for you, for that reason you have to do what I say."

As seen in the last chapter, the use of overt physical and verbal abuse may be less common, however, and is generally not needed to gain workers' compliance. Indeed, Foucault argues that modern forms of power depend on more subtle forms of control, utilizing tactics of "enticement or inducement" instead of direct, physical violence (Allen 2003:75). In this regard, many employers rely principally on tactics of surveillance, encouragement, and intimidation to ensure a compliant workforce, both outside of work hours (as discussed in Chapter 5) as well as during them. Foucault's analysis of disciplinary power emphasizes the centrality of "spacing and timing" of activities as central techniques to regulate certain forms of conduct (Ibid:70). The panoptic methods are especially pronounced in the workplace, where supervisors can keep regular watch over workforces. Elroy, Jamaican worker explains the tactics used at his farm:

In those early years especially the boss was real strict. If we were supposed to start work at 7, he would drop us off at quarter to and expect us to start working then [without getting paid extra]. He would drive away and then spy

on us from a distance, and if he didn't see one of us moving he would come back and remove that man. If when he came up to us any of us were talking [for any reason] he would take us away and not let us work [and therefore earn money] for the rest of the day. One time he approached and asked a worker something. The worker did not respond. So the boss asked why the worker wouldn't respond and finally he said, "Because you told us not to talk!" No talking was allowed.

Those working in fields and orchards may never know when they might be watched; those who work in greenhouses, nurseries and packing plants report more regular monitoring, with supervisors who "emerge unexpectedly from row to row . . . if we are speaking to one another and they catch us, one of us will be quickly ordered to another part of the building." While such acts of immediate punishment are forceful, the most fundamental dimension of the program's control, which deeply constrains workers' power and ensures their vulnerability, is the constant threat of repatriation or future exclusions from the program, an issue I discuss further in Part IV.

In sum, divided by nationality and gender, workers face intense competition in the workplace which keeps them effectively controlled. In some cases, employers may use overt forms of punishment, but most often workers' "self-policing" tactics, amidst the constant possibility of surveillance, seem to be sufficient to create an extraordinarily productive and docile workforce. Their structural vulnerability vis-à-vis their employers, as well as other workers given positions of power and freedoms of mobility, make it virtually impossible to escape poor working conditions or to complain amidst abuse. Silent and overt acts of resistance amidst these circumstances are constrained, but nonetheless present (see Chapter 10), especially when workers like Jared are able to build a sense of shared oppression with their fellow workers across race and gender lines.

Conclusion

SAWP workers provide the backbone of agriculture in Niagara, an industry that has proven both challenging and lucrative. While the region is well-known and recognized for its natural beauty and fine wines, beneath the picturesque veneer is the difficult work that must be performed to sustain this idealized landscape. Supporting the region's agricultural industry is a highly exploitable workforce, comprised of a number of

individuals divided by race, nationality, age, gender and citizenship status. Competition among easily replaceable workers generates stressful and tenuous conditions.

All farmworkers support an industry which is unusually precarious and demanding. Work hours can be long, and the tasks repetitive, tedious and difficult. These workers should thus be especially protected from workplace abuses and safety hazards, and should receive adequate remuneration for working long, irregular hours. Instead, a series of exemptions in the face of enormous challenges facing the agricultural industry, has allowed the integration of SAWP participants within a system of exception as a vulnerable, under-paid and under-valued workforce, which, amidst extreme variability, has almost no control over their conditions or ability to modify negative circumstances. Within this constraining system, acts of resistance are present, but effectively suppressed by mechanisms of control associated with the total institution, and related threats of early dismissals, repatriations, and loss of future employment (see Part IV).

The amount of control one can exercise over living and working conditions has a major impact on health on several levels. Past chapters have illustrated how such control is effectively denied to workers, from their placement in the program in their countries of origin, to their living and work contexts in Canada. I have sought to demonstrate how workers' vulnerability is systematically structured into the nature and dynamics of the program, and through these various levels of oppression, I suggest that the program itself engenders a form of structural violence. The next section explores the effects of this systemic oppression on the bodies and minds of workers through the prism of their health.

PART III: HEALTH



Figure 44 - A Jamaican migrant at work in Niagara

CHAPTER 7 - HOW THE MACHINES BREAK DOWN: OCCUPATIONAL HEALTH AND ENVIRONMENTAL RACISM

Introduction

“We need to understand bodies and medical practices as complex responses of historicized global and local forces, and at the same time, see (ill) bodies not just as texts but as dynamic and creative forces that occupy a central arena in the imagined, material, and haunting space of power.” – Valentina Napolitano Quayson 2006:240

Many workers, like Oscar in Chapter 1, readily invoke the metaphor of being treated as a “machine” to describe their working conditions. Migrant workers in Canada are one small part of a highly exploitative global economy that treats many workers as machines. It is a system that regularly undermines workers’ standards and places some of them at increased risk to their health and safety (Pransky *et al.* 2002; Waltera *et al.* 2004). Such risks can have profound impacts. A review of recent literature demonstrates strong evidence that precarious employment, and temporary work in particular, is associated with poorer occupational health and safety outcomes (Quinlan *et al.* 2001). Temporary foreign workers face compounded and interrelated issues of structural violence, environmental racism, and precarious working conditions. Their illnesses and injuries, as Linda Green puts it (speaking of a different context), “embody the violence of their social reality” (1998:5).

Environmental racism, which connects racism and discrimination to exposure to harmful environmental pollutants (Westra and Lawson 2001), can be understood as a form of structural violence. While all farmworkers face health risks, migrant farmworkers of colour are especially vulnerable. In both the United States and in Europe, Latino workers and other (im)migrants have approximately double the occupational injury rate of the native-born population,¹ while both cause-specific and overall mortality rates have been found to be significantly higher for temporary than permanent workers (Kivimäki *et al.* 2003). An Associated Press investigation found that Mexican workers are approximately 80% more likely to die than their U.S.-born counterparts and twice as

¹ According to statistical data, immigrant Latino workers have almost two times the occupational injury rate of U.S. workers (12.2/100 versus 7.1/100), while in several Western European nations, immigrants suffer double the injury rate of their native-born counterparts (Bollini and Siem 1995:824; see also discussion in WHO 2003:25; Waltera *et al.* 2004).

likely to die on the job as other immigrants. They are more likely to die even when doing similarly risky work (Pritchard 2004). While similar comparative data in Canada is not available, I argue throughout this thesis that migrants' risks are magnified by the additional powerlessness that comes with their tenuous immigration and employment status and that these risks are directly linked to the discrimination and vulnerability that they face in Canada. It is likely that their health outcomes are comparable to those of similarly precarious workers in European countries and in the United States.

To locate workers centrally in this multi-national context, I first give a brief overview of health and safety studies of migrant farmworkers in the United States and the limited evidence available in Canada. This is followed by an overview of workers' experience with health and safety training, and their use of personal protective equipment (PPE), focusing primarily on issues related to pesticide safety. I then provide an overview of some of the main occupational health and safety issues that arose during my research. The first section is devoted to pesticide use—explaining workers' own conceptions of agricultural chemicals, the main routes of exposure, and the symptoms they link to pesticide exposure. I then review the issues associated with exposure to climatic elements (heat, cold, and rain). Finally, I discuss musculoskeletal disorders (MSD), including acute injuries as well as chronic conditions arising from repetitive strains.

Literature on Agricultural Worker Health and Safety

In a review of the literature, Mobed *et al.* write that migrant and seasonal farmworkers are “one of the most underserved and understudied populations in the United States, even though they are working in one of the most, if not the most, hazardous occupation in the country” (1992:367). More recent studies have documented that farmworkers in the United States, 88% of whom are Hispanic (Villarejo 2003), experience widespread and systematic health concerns. In his moving account of these migrant farmworkers, Rothenberg notes that: “Workplace accidents . . . are common, and farm labor has the nation's highest incidence of workplace fatalities and disabling injuries” (2000:6-7). By some estimates, farmworkers' life expectancy in the United States is just 49 years (Castañeda and Zavella 2003:128).

A more detailed review of the extensive evidence of adverse exposures and health problems among migrant farmworkers in the United States is beyond the scope of this dissertation. However, literature reviews conducted by Wilk (1986), Mobed *et al.* (1992), May and Kullman (2002), Villarejo (2003), and Frank *et al.* (2004) demonstrate that health and safety problems among farmworkers in the United States are both more prevalent and occur with greater incidence than other occupational groups. Most commonly discussed are injuries, musculoskeletal disorders, cardiovascular disease, hypertension, premature death, certain cancers, hearing loss, dermatological concerns, eye and ear problems, infectious diseases (such as TB and various STIs), diabetes, respiratory and lung diseases, mental disorders (often related to stress), climate-caused illnesses, ulcers, bladder, kidney and liver disorders, and reproductive problems such as infertility, birth defects and miscarriages. The reports further conclude that vulnerable groups such as seasonal and migrant workers and ethnic minorities are especially at risk. It is no surprise, then, that even when so many conditions go unreported as farmworkers remain on the margins of society, agriculture is still ranked among that nation's most dangerous industries (May and Kullman 2002:1).

Many health problems can be linked to pesticide exposure. Literature reviews on pesticide studies based in both Canada (Sanborn *et al.* 2004) and the United States (Alavanja *et al.* 2004) indicate that there is strong evidence that exposure to agricultural chemicals is linked to a wide variety of serious health problems, including various types of cancer, neurotoxic impacts, respiratory diseases and reproductive problems. The goal of "blemish-free" produce increases the pressure for and use of harmful agrochemicals (Andreatta 1998). Arcury *et al.* (1998; 2001b) point out that migrant farmworkers are particularly vulnerable to harmful chemical exposure due to inadequate access to and knowledge of protective measures, equipment and sanitation facilities, and poor communication with employers. In addition, a "perceived lack of control" over their working conditions, as well as differing health beliefs, have been found to be major factors contributing to unsafe pesticide use among Mexican migrant workers (Elmore and Arcury 2001). Underreporting is also a known problem, due to fear of losing jobs, being reported to immigration authorities, the use of recall rather than surveillance methods,

incorrect diagnoses by health practitioners, and excluding previously injured workers from the current labour force (Mobed *et al.* 1992:369; Earle-Richardson *et al.* 2003).

One major defense of the Canadian system in comparison to that of the United States, which relies primarily on undocumented migrant labour, is that the SAWP offers a number of legal protections to workers and monitoring of such protections. Thus, one could postulate workers' health concerns may be less frequent in Canada. While in some ways this might be true, combined evidence in the Canadian context suggests similar health burdens. Underreporting of agricultural injuries remains a major problem in Canada (Tucker 2006), but the Canadian Agricultural Injury Surveillance Program keeps track of fatalities and injuries requiring hospitalization. Although these statistics do not isolate foreign agricultural workers from the general farmworker population, the numbers nonetheless demonstrate that farm work in Canada poses a number of serious health risks. A report for the Public Health Agency of Canada notes:

Farming has been recognized as one of the most dangerous occupations in Canada with respect to work-related injury. Each year, approximately 120 Canadians die and an additional 1200 require hospitalization due to farming injuries. Deaths to farmers and farm workers represent 13% of all occupational fatalities in Canada. Despite these facts, there are limited data (both in Canada and abroad) that can be used to describe the epidemiology of farm-related injuries. Such data are essential for the development and assessment of injury control initiatives (Hartling *et al.* 2000:1).

In a review of literature on the health of migrant farmworkers in Canada, Hennebry concluded that: "With respect to health data and seasonal agricultural workers, there appears to be no data available with which to estimate basic population parameters, health status, health risks, rates of disease, etc." (2007:7). Despite these alarming indications, major research has not focused on health and safety of migrant farmworkers in Canada. More to the point, as Tucker explains, migrant workers are caught in a "vicious cycle of precariousness" (2006:157) and are particularly vulnerable to health concerns and warrant separate study.

Although health issues have not been the focus of any major study of the SAWP, preliminary evidence from many authors suggests disturbing and consistent patterns in farm workplaces. These include consecutive long days of strenuous work without adequate rest (Smart 1998; Russell 2003); exposure to dangerous, in some cases illegal

pesticides and other chemicals without adequate (or any) protective clothing or masks, information or training (Verduzco and Lozano 2005; Basok 2002:60; Bolaria 1992)²; exposure to intense sunlight and heat, as well as to various airborne dusts and animal-borne diseases (Basok 2002:60); depression, stress, anxiety and other mental health concerns (Binford *et al.* 2004; Mysyk *et al.* 2006, 2008; Basok 2002:60,122; Preibisch 2003); exposure to hazardous conditions causing work-related injuries (Verduzco and Lozano 2003); inadequate facilities (e.g. running water) to wash off chemicals before eating (Basok 2002:xv; Fairey *et al.* 2008); and a lack of knowledge or understanding about safe work practices, rights, entitlements etc. (Basok 2002; Verduzco and Lozano 2003). Though not exclusively focusing on the SAWP, Bolaria (1988, 1992) has written on the health effects of powerlessness among immigrant, migrant and other marginalized farmworkers in Canada (1998, 2002).

More specifically, Verduzco and Lozano found that 16.8% of the workers in their survey had a work related accident on one or more occasion (mainly resulting in musculoskeletal injuries), while 31% became ill during the working season in Canada (2003:79-81). Principal concerns identified included: “respiratory tract, followed in importance by gastritis, ulcers, and other stomach diseases, skin diseases, allergies, back problems and/or muscular pains” (Ibid 2003:81). Russell’s survey of Jamaican workers revealed an 11% injury and 13% illness seasonal prevalence among participants, while “approximately 32% of workers reported that they ‘suffer long term illnesses as a result of injuries/illness’ received while working on Canadian farms” (2003:82). Preibisch concluded that: “farm workers face significant work-related health and safety risks, including heat stress, exposure to pesticides, and workplace injuries” (2003:iii). Most recently, the Fairey *et al.* report provided some valuable health and safety data on Mexican SAWP workers in BC. In the findings reported therein of the Otero-Preibisch survey of Mexican migrant workers, the authors noted that: “nearly half of respondents expressed that they feel their employer never or almost never ensured their health and safety” (2008:46).

² See Boyd (2003:4.1) for a detailed discussion of pesticide regulations and use in Canada, including their impacts on environmental and human health.

Those who have conducted focused studies on health issues among migrant workers in Canada have tended to limit their investigations to a specific population and issue. Casey *et al.* (2008) of OHCOW, Windsor, performed an ergonomic risk assessment of pepper pickers in Leamington. Duarte and Sanchez (2008) at Brock University conducted a small study of TB risk among Mexican workers in the Niagara Region. They report a high prevalence of latent TB among this population (34% using TST and 18% using QuantiFERON). (Recall that those with active TB are excluded from entering Canada—see Chapter 4.)

Two other students Agustin Alexander Moreno (n=130), a medical student at the University of Western Ontario, and Chris Ramsaroop (n=83), a graduate student at the University of Toronto, have conducted surveys of Mexican farmworkers in Leamington with respect to pesticide exposure. While their questionnaires were limited in scope, their focused nature reveals more detailed insights about pesticide exposure than is available from other research. After citing a wide number of problems with pesticide exposure and symptoms, Moreno *et al.* conclude that “workers may be unaware of the pesticides being used in their workplace, report lack of training regarding pesticides, and report a high frequency of symptoms that can be directly attributed to pesticide exposure (e.g. green urine). They may also be re-entering treated areas too early” (2006:1). Similarly, Ramsaroop writes that “workers know the dangers associated with pesticides yet are not receiving training, education or protective equipment to alleviate the dangers of pesticide exposure” (2002:3). More recently, Hennebry’s assessment of infectious disease implications (enteric, foodborne and waterborne) notes that: “At present, the living and working conditions on Ontario’s farms have been documented to be very poor and pose numerous health risks to this (migrant worker) population” (2007:6). Although none of these studies provides a complete picture, together these data suggest concerning trends, and specific issues will be discussed in more detail throughout this section.

Niagara’s Pesticide Use in Provincial and National Context

Pesticides may include compounds such as insecticides and herbicides, defoliants, molluscicides, nematocides, algicides and acaricides (Mobed *et al.* 1992:369). Organic chemical (vs. metal) pesticide use in Ontario dates back to the end of WWII (McGee *et*

al. 2003). In fact, some organophosphate pesticides were developed for use in warfare (Sanborn *et al.* 2004:2). The generally weak pesticide regulation system in Canada has proven inadequate to ensure sufficient regulatory control, permitting agrochemicals to be approved for use that have been banned in more stringent European or U.S. jurisdictions for environmental and health reasons (Boyd 2003:115). Basok notes that pesticides are not properly tested and, “in some cases they are used in spite of their known detrimental health effects” (2002:60). Even Agriculture Canada reports that “a majority of farmers do not follow recommended practices for applying pesticides” (as cited in Boyd 2003:116).

Labour intensive crops, like the tender fruit and grape crops which employ the majority of SAWP workers in the Niagara Region, are normally treated intensively with pesticides, including some of the most dangerous and persistent ones. The most common types of chemicals used in Niagara are fungicides, followed by herbicides and insecticides,³ used to prevent fungi, weeds (or unwanted plants) and insects, respectively. In the past, DDT was used heavily in the region and its breakdown products have persisted in the soil for decades (Hebert *et al.* 1994). It is important to note, however, that the overall usage of pesticide use in Ontario, as measured by tonnes of “total active ingredient” applied per year, has dropped significantly—by 52% in the 20 years leading up to 2003 (McGee *et al.* 2003:5). These changes have been facilitated by increased awareness about the dangers of pesticides, the perceived relative costs (both environmentally and economically) of using pesticides, and the push towards organic, i.e., low external input and no synthetic chemical input farming. Pesticides are still widely used throughout Niagara, however, as the demand continues for blemish-free produce whose production many growers and their agrochemical suppliers insist requires chemicals to produce. Virtually all migrants in my study reported working on farms which utilize agrochemicals.

Occupational Health and Safety Findings

A Note on Methods

As noted in Chapter 1, I did not seek to provide an epidemiological assessment of exposures, injury and illness among migrant workers in Niagara, which would have been

³ See McGee *et al.* (2003) for a break-down of the types of pesticides used by crop in Ontario.

logistically impractical for me as a single researcher without budget or staff for such an endeavour. Rather, through systematic qualitative data gathering and analysis, my purpose was to generate a broad overview of the types of health problems that migrant workers experience in Canada, and to document in-depth the effects of illnesses and injuries on their lives. In so doing, my aim has been to trace the various ways that migrants' health experiences interact with broader social, economic and political forces both within and across borders, and to use their own words to explain the nature and context of their health problems.

Nonetheless, I also sought to ask as many workers as possible certain key questions in order to estimate proportions affected. About 65 workers answered these questions, with the denominator varying somewhat by question. Further, whenever health issues arose in my day-to-day interactions and volunteer work with workers, I recorded occurrences of illness and injury. My aim was to try to garner a sense of the most common or problematic health problems. In my structured questionnaires,⁴ I made every effort to sample workers from a cross-section of farms, industries, gender groups, etc., but my data were based on a purposive sample. Women are proportionately over-represented compared to their presence in the SAWP, for example. Numbers cited below are thus meant to provide an exploratory overview of areas of concern that warrant further, more systematic, investigation. Wherever possible, I contextualize my findings with the statistics of quantitative researchers who included health-related questions in their surveys of SAWP participants.

Health and Safety Laws and Training

The WHO's Declaration on Occupational Health for All advises that:

[Workers] have the right, to know the potential hazards and risks in their work and workplace, and they should, through appropriate mechanisms,

⁴ The questions derived for the portion of the questionnaire which dealt with health and safety training, equipment and pesticides were derived in consultation with Dr. Donald Cole, who provided me with a list of sample questions from his own work and helped me to revise them for this research. Some of the questions were also adapted from the questionnaire provided by Chris Ramsaroop, from his research with Mexican migrant workers in Leamington. I thank them for their invaluable assistance. Questionnaires were conducted primarily in two communities in Mexico, some with the help of research assistants and colleagues Evelyn Encalada Grez and Aaraón Díaz Mendiburo, and I conducted other interviews in Canada and Jamaica. See Appendix 1.3, section D, for the occupational health-related interview questions.

participate in planning and decision-making concerning occupational health and other aspects of their own work, safety and health.

Workers should be empowered to improve working conditions by their own action, should be provided information and education, and should be given all the information, in order to produce an effective occupational health response through their participation (WHO 1994).

Once again, the difference between international declarations and on-the-ground practice is stark; such rights have been largely unavailable to farmworkers. Research in the United States has found poor coverage with health and safety training among farmworkers (Earle-Richardson *et al.* 2003:38). The SAWP agreements sought to minimize this problem by instructing employers to ensure: “That workers handling chemicals and/or pesticides have been provided with protective clothing at no cost to the worker, received appropriate formal or informal training and supervision, *where required by law*” (HRSDC 2008c, 2008d:5, emphasis added). In this regard, the provision is only as good as the applicable provincial laws, which, in Ontario, have been decidedly lacking. Ontario has legislation regulating the use of pesticides and training of pesticide applicators, but only in specific cases. (Any worker who handles pesticides classified as “Schedule 2 and 5”⁵ must become a “trained assistant,” through a session offered by the University of Guelph Ontario Pesticide Education Program).⁶

Moreover, until very recently, Ontario farmworkers had been excluded from the Occupational Health and Safety Act (OHSA). In 2003, the United Food and Commercial Workers’ Union (UFCW) launched a charter challenge against the Ontario government, contending that this exclusion constituted a violation of the rights to equality and security under the Charter. In October 2005, the Ontario government announced that farmworkers’ inclusion under the Act would be phased in and take effect by June 2006. The Act assigned farmworkers various rights and responsibilities, including the right to refuse unsafe work, to receive health and safety training, to be informed about workplace hazards, and to be included in health and safety committees.⁷ While an important step,

⁵ According to Ontario’s Ministry of Agriculture, Food and Rural Affairs, schedule 2 pesticides are considered: “toxic; persistent and moderately mobile,” while schedule 5 are “very toxic; very persistent; highly mobile;” and used when “less toxic or less persistent alternative not available” (See the web site at: <http://www.omafra.gov.on.ca/english/crops/resource/1pestic1.htm>).

⁶ The Program’s web site and more information can be found at: <http://www.opecp.ca/>

⁷ See <http://www.omafra.gov.on.ca/english/busdev/facts/qandaohsa.htm> for more on the OHSA.

throughout my research period, during implementation of the Act, most workers reported neither hearing of it, nor witnessing any major changes in their operations. However, the experiences of workers reported here occurred either prior to or just after the Act's implementation. Further longitudinal research is needed to assess longer-term impacts of the inclusion of agricultural workers (see also Tucker 2006). In addition, the Farm Safety Association, funded by the WSIB, provides information and support to help make agricultural workplaces safer (see web site: www.farmsafety.ca).

Despite these provisions, research has found that health and safety training has been inconsistent and insufficient for migrant farmworkers. Russell (2003) found that 88% of Jamaican workers reported working with pesticides and farm machinery, yet less than 23% reported receiving training in these areas, and the training received was often informal. He concluded that: "Training in the use of agricultural chemicals and/or machinery is not emphasized on this program" (2003:6). Preibisch noted that the Mexican and Caribbean workers interviewed for her research, "claimed to have received little or no formal training" and that "Health and safety training for agricultural work is rarely provided by employers" (2003:30-1). Verduzco and Lozano found that 56% of the Mexican workers who apply agrochemicals had received some type of training, but this training was principally about "receiving instructions on how to do the work." A much lower percentage – only 18 of the 358 workers surveyed, reported being told about "precautions in the use of the chemical or were given an explanation as to how to use the protective equipment" (2003:77). Moreno *et al.* (2006) similarly found that 80% of Mexican workers surveyed in Leamington indicated that they had not been provided with any training regarding pesticides, while Ramsaroop (2002) reported that 83.1% of the workers in his sample did not receive training to work with pesticides. The Otero-Preibisch survey of Mexican workers in BC revealed that nearly 75% of workers did not receive health and safety training (Fairey *et al.* 2008:45).

My research results mirror these findings. When asked if they had ever received health and safety training in my research, including training to work with pesticides, only 18% (12/66) responded in the affirmative. The other 82% said they did not recall receiving health and safety training. Moreover, of those who were trained, the type of training was highly inconsistent. Many reported only informal training sessions,

sometimes administered by another farmworker (who may or may not have been a trained assistant), while others reported attending a full session offered by the Pesticide Training Program. (The overall number of people trained through the program is very low relative to the number of SAWP workers in Ontario).⁸

Further unpacking the meaning of “training” received by some workers reveals deeper concerns. The most likely workers to have received formal instructions are those who are officially responsible for mixing and applying chemicals, or for operating certain machinery. By law and under the SAWP agreement, pesticide applicators must receive training. It is important to note, however, that a number of workers, whose job is not normally to apply pesticides, nonetheless are asked to apply them on occasion. These workers do not generally receive training to do so. “Sometimes we are trained to do one thing, but then we are given something else to do,” explains Donovan, a Jamaican worker who suffered a major workplace injury he blames on a lack of training.

The inconsistencies both within and between farms also reveals the lack of a standardized approach. Noel, a Jamaican worker who was transferred halfway through the season, explains how varied the situations can be:

On the first farm, people came to teach us about health and safety. Safety was very important in this farm. We were taught how to use chemicals and drive tractors and only people who are authorized could use the things. Then I was transferred and it was totally different. We received no training, and we never once met the boss.

Noel was injured working on the second farm and even after the injury still never met his employer. Laura, a Mexican worker who had previously worked on a farm and received training videos and pamphlets in the United States, was surprised to find a different system in Canada: “In no farm here have they given us information about pesticides, how to use or not to use them,” she remarks.

⁸ Verma writes that: “In 1999/2000, there were only 121 T.A.s [trained assistants] who received training and named their country of origin as other than Canada: 43 from Mexico; 34 from Jamaica; 8 from Trinidad; 1 from St. Vincent; and 3 from Barbados. Thirty-two (32) were unknown. The training only dealt with mixing, loading and applying agro-chemicals – as required under Regulation 914 of the Pesticides Act – as opposed to responses to accidents or safety precautions. The Pesticides Act is silent on these matters, and does not address concerns relating to application of pesticides while other workers are in the vicinity” (2003:99).

Of the workers who do report receiving training, many say that it took place in English, and their understanding of it thus depends on their competence in English. Nicolas, a Mexican worker, describes his experience as follows: “I applied (pesticides) for six years. I received training from a person from the University of Guelph, and they gave it in English, but they gave us a booklet in Spanish. I understood him, but there are others that didn’t . . . there was no translator.” As discussed in Chapter 4, the vast majority of Mexican workers in my study spoke only a few basic words in English, and although some were trying to learn more, only a very small minority appeared to be competent enough to carry on a detailed conversation in English. It is not surprising, then, that many workers report not understanding the lessons they were provided. Only a few said that any written or verbal material had been provided to them in Spanish. The links between literacy and health are recognized as a serious concern in Ontario (see OPHA 1989).

Some particularly savvy workers have taken the education on themselves, and their understanding of pesticide labels and warning systems is unusual. As Manuel, one applicator explains:

I understand a little bit of English, I read a bit of English and I understand when it says danger. I choose to read, since my supervisor doesn’t even ask me to, nor does he say anything at all. It is just my own initiative to take the manual or the instructions and see how I can apply them. For example, one test that I easily understand is that they recommend 1000 liters for a certain amount of something—and I understand this, and I remember symbols a lot. Symbols were what we most received during our training—if it’s a triangle, that means it is not so dangerous. If it’s a hexagon, it is more dangerous. The more sides the figure has, the more dangerous it is, and some chemicals have little skulls on them, which means that it is very dangerous or corrosive. When something has somewhat of a warning on it, this helps me understand—but if someone says “here is the manual—read it,” I don’t understand.

Although Manuel’s tenacity is unusual, his testimony demonstrates that workers have both the desire and capacity to understand warning systems, and basic education and instruction—especially when clear symbols are involved—can be effective in warning them of the dangers inherent in the chemicals to which they are exposed.

Some workers also recalled seeing safety instructions posted in the workplace, although they were in the minority. Ramsaroop (2002) found that only 20.5% (28/83) of

Mexican workers had health and safety instructions posted at their workplace, the majority of which were in English only. My findings are generally the same, with only a few workers reporting having bilingual instructions in the workplace, or bilingual instructions with drawings. Recalling the language and literacy barriers discussed previously, even written instructions may not be understood among all workers. Thus, effective training should involve both oral communication and bilingual instructions with clear drawings and symbols.

Provision and Use of Personal Protective Equipment (PPE)

Employers' Provisions

"We come from another country, they should give us equipment and training."
– Alejandra, Mexican worker

The use of comprehensive personal protective equipment (PPE) (such as gloves, boots, goggles, hats and full body coverings) reduces pesticide exposure (Archibald *et al.* 1995), yet even when provided may not be used due to heat (Nigg 1986 as cited in Moreno *et al.* 2006). Studies in the United States indicate that farmworkers are often not provided adequate PPE to protect themselves from pesticides and other dangers (McCauley *et al.* 2001). Collective findings suggest that similar problems are apparent in Canada.

The NSI researchers found that many SAWP workers do not use safety equipment and/or clothing. Regarding Jamaican workers' concerns around health and safety issues, Russell concludes: "For the most part, no concrete action was taken to allay the concerns of the workers. In a small number of cases, workers were instructed or otherwise advised to use protective clothing when using chemicals and/or machinery" (2003:79). Verduzco and Lozano report that among Mexican workers:

On average, the subjects who were asked to apply agrochemicals did so twice a week. Of the group of workers who had applied agrochemicals at some time, 37 (43%) said that they used special protective clothing; 40 (57%) wore a mask Only 18 stated that they were told about precautions in the use of the chemical or were given an explanation as to how to use the protective equipment (2003:77).

In Ramsaroop's survey, only 38.6% workers responded that they received some form of protective equipment (in order of most frequent to least): masks, gloves, goggles, boots,

protective suits and robes (2002). The BC-based survey reported that nearly one third of respondents paid for “all of their protective gear,” while another 16% reported “paying for at least some of the items.” Almost 75% of participants who work with chemicals “felt they were at a high to very high risk of not having protection, with two fifths reporting they felt themselves to be at very high risk” (Fairey *et al.* 2008:46).

My interviews yielded similar results, finding that approximately half of workers reported they *did not* receive any personal protective equipment to work with pesticides. Among those workers who are given PPE, the following items are reported as used regularly (in order of most to least frequent): Gloves, masks, raincoat or plastic coat, boots, glasses or goggles.

It seems that there was a general consensus, then, that most workers do not receive adequate PPE. It is important to further contextualize these findings in order to develop effective interventions. Some say PPE is provided only to those mixing or applying pesticides, while those who may have been otherwise exposed are left unprotected. Employers seem to be divided into an either/or with PPE provision: it seems to be more likely that they provide either several pieces of PPE or nothing at all. The type of PPE used also varies (e.g. some wear gloves, but not glasses/goggles; others wear boots and glasses, but not gloves).

Despite these serious problems and inconsistencies, it appears that some improvements are being made in Canada. Part of this has to do with growers’ own understandings and perceptions of farm safety, as well as stricter government regulations. As one grower acknowledges:

It’s become a lot more sophisticated than when we started out They were not very careful in the amounts they were telling you to put on, but now it’s very specific and to even buy spray materials now you have to take safety courses so you know [how] your chemicals . . . work [and how] to stir them and how you keep them and who has access to it and how it’s ventilated. It’s very strict. This is a good idea; it was far too lax back then. When we started spraying years ago, for example, if someone was spraying trees, and I did most of it myself, we didn’t wear any protective clothing at all; sometimes we never even wore a shirt and we had spray coming down and we never had any kind of protective mask or anything like that to filter out the chemicals I don’t know how much damage was done or the effects of a chemical spraying, you know. Farmworkers were out there working with us too, so they were all exposed to it and how that will affect them later, I don’t know Now

they've found out how dangerous some of those chemicals are, so we're very careful how we handle them now and how much we put on (Interview 01-2007).

Indeed, some migrant workers who also apply pesticides have benefited from cautious employers and stricter regulations. Arturo, a Mexican applicator, explains that things have improved over the years at the farm where he has worked for over a decade:

Especially for the workers he [the employer] gives boots and raincoats for the rain, and he gives us masks, gloves, to mix [chemicals]. I work with a tractor, but I am in a booth, it has air conditioning and everything, and it is closed completely, it only lacks music! It was worse when I began to work [years ago] with an open tractor, with the fumigator behind I always tried to make sure that it was behind, and nothing more than to make a turn, so that I didn't let the fumigator fall I felt symptoms, like very tired, fatigued and a lack of energy

Nevertheless, there is still a long way to go to ensure consistent provision of training and PPE across farms. To this end it is extremely important to assess workers' own understandings of pesticides, risk, and protection. The next section explores these topics.

Workers' Understandings of Pesticides and PPE

"I think I'm going to die early because of the pesticides . . . it's the worst part of working in Canada." – Tina, Mexican worker

Authorities maintain that all workers who need it are provided with PPE and in cases where items are not used, it is due to workers' own lack of compliance or obedience. As one Mexican administrator told me: "They [workers] have their protection . . . they [employers] are giving them their protective equipment, but they don't want to use it because it is very heavy . . . and they prefer to do without . . ." (Interview 11-2006). The authorities' assertions which essentially "blame the victim" clearly contradict the findings of many researchers that workers are not generally provided with sufficient equipment and hygiene practice that generally regards PPE programs as employer responsibilities. It is nonetheless important to note that some workers are offered equipment, but do not use it. There are many reasons why this may be so. Some workers, for example, said that they are given the option of purchasing such equipment, but due to excessive costs many choose not to do so. As one worker remarked, "They even took away our work gloves and then they would sell them to us, they would say that we didn't take care of them and then

they would sell us the box of gloves, so we had to buy them if we wanted them.” Given that workers are trying to save every dollar to advance their families, even inexpensive equipment may be rejected based on costs. This tendency has been confirmed in studies of Latin American farmworkers elsewhere.⁹

In other cases workers note that the equipment is uncomfortable to use in the extreme heat. As Marcos, one past applicator explains:

In many cases I used to apply it with a motor-pump backpack with a thick hose and one had to walk in the greenhouse line by line. They would give us the mask, nothing else, just a mask. It was a really heavy mask With time I got used to it [applying chemicals], the smell stung and I itched, but with time I grew accustomed. It is not comfortable working with the masks because of the heat inside, so I had to work without the mask and that was during a long time, but maybe my body got used to it. Then after it did not bother me much anymore. The first occasions I got like a cold, the smell was too bothersome, because here [in Mexico] I work in the open air, pure open air. [In Canada] we even worked with a simple t-shirt, my skin became spotty, I would get white spots, many times my coworkers would tell me to cover myself because I could get cancer.

While relatively few studies have considered farmworkers’ beliefs about pesticides, studies of farmworkers in the United States indicate the importance of power relations and perceived control, as well as farmworkers’ cultural beliefs and understandings in determining safety practices (Quandt *et al.* 1998; Elmore and Arcury 2001). The Health Belief Model of Strecher and Rosenstock (1997) suggests that the belief that pesticides are damaging increases the likelihood of taking precautionary measures (as cited in Elmore and Arcury 2001). Another important finding from the U.S. context is that many farmworkers feel that the effects of pesticides are largely beyond their control, influenced by external factors such as God, employers, etc. (Grieshop *et al.* 1996). Quandt *et al.* (1998) reported that farmworkers associate pesticide danger to sensory perception of a chemical (e.g. being able to see, taste or touch it), with lungs and mouth (rather than skin) being perceived as the primary route of exposure.

With the exception of Ramsaroop’s unpublished essay (2002), there are no studies of which I am aware, which seek to contextualize the use of PPE among migrant

⁹ For example, Aragón *et al.* (2001) report that cost, as well as concerns over heavy equipment slowing down productivity, are major deterrents for PPE use among Nicaraguan peasants.

farmworkers in Canada. Research on farmworkers in Latin America and among Latino migrant workers in the United States indicates that among people from this region, understandings and beliefs about pesticides vary widely, and that cultural factors, beliefs and education may also influence the use of safety measures (practices and PPE that reduce exposure) (Aragón *et al.* 2001; Quandt *et al.* 1998; Cole *et al.* 2002; McCauley *et al.* 2001). Aragón *et al.* (2001) report that Nicaraguan peasants may understand the dangers of pesticides, but still not comprehend adequate protective measures. For example, many think that wetting a cloth over the nose and mouth is adequate protection, a finding mirrored in studies of migrant farmworkers in the United States (McCauley *et al.* 2001). Cole *et al.* (2002) likewise found that peasant farmers in Ecuador deciphered toxicity based on the “smell” of the chemical, which in fact is not always correlated with toxicity levels. They also reported that even with an 87% literacy rate, 90% could not decipher the meaning of universal toxicity symbols. Aragón *et al.* (2001) suggested that such apparent contradictions indicate that knowledge from training programs could have been cognitively retained, yet not completely internalized, and thus not sufficiently capable of altering dangerous behaviours among farmworkers. The authors likewise propose that internalized conceptions of machismo may inhibit Latin American men’s ability to accept vulnerability (and therefore be less likely to wear protective gear), a finding echoed by Cole *et al.* (2002).

Similar concerns emerged in my study. Machismo, a well-known trait among Mexicans, is mirrored, if differently expressed, in equally forceful and entrenched masculinized conceptions of strength and virility among Jamaicans (McLaughlin 2003). It is important not to essentialize cultural traits at the expense of more over-arching structural determinants, since many women and some Canadian growers also fail to adopt safer practices. Rather, the cultural manifestation of machismo must be considered within workers’ broader political-economic subordination.¹⁰ In the Canadian context at least, fear of appearing incompetent and compromising their place in the program appears to be the most fundamental barrier to demanding safer working conditions. Most workers feel that complaining or showing weakness is normally not worth the risk of compromising a

¹⁰ Singer *et al.* make a similar argument in their discussion of machismo and alcoholism among Puerto Ricans (1992).

position in the program. In the absence of provided PPE, many workers, like their counterparts in the United States and Latin America, also report resorting to ad-hoc protective measures like covering their mouths with cloths in the face of pesticides—which to varying degrees they may believe, or hope, offers a measure of protection. Nonetheless, some cases arose during my fieldwork of workers who had successfully demanded improved safety measures. One group of Caribbean workers complaining of respiratory problems due to chemical dust inhalation, for example, refused to work until their employer provided them with safety masks. Such actions, however, appear to be rare and may ultimately lead to dismissals from the program (see Part IV).

Whether due to self-education, attending training sessions by governments or employers, support groups, or word of mouth, the majority of workers in my study understand that pesticides can be dangerous to their health, but beyond this general conceptualization, workers express highly inconsistent understandings of pesticide dangers and exposure methods. One comments, for example, “All chemicals are bad,” while another remarks, “It depends on the type of chemicals - they can be dangerous. There are some that are very strong, and others that are not.” Few workers, however, were able to identify which chemicals were more dangerous than others.

While only two workers I recorded say they understand the concept of pesticide residue per se, most indicate that they believe pesticides could harm them even if they cannot see, taste or smell the chemicals. Most of the workers in my study, however, are unclear how long the danger remained after pesticides had been sprayed. When asked of the dangers they associate with pesticides, the most common answers are cancer, vomiting and diarrhea, vision problems, intoxication, dizziness, and a “loss of health.”

This general belief that pesticides can cause damage often stops there. Verduzco and Lozano (2003) report that only four of the 358 workers in their sample could recall the names of the pesticides with which they work. Likewise, only two workers with whom I spoke were able to identify chemical names.¹¹ While some were able to indicate whether the chemicals were herbicides or insecticides, no other worker was able to tell

¹¹ One was an applicator and had seen the label, another Lorenzo, the worker I introduced in Chapter 5 who was a fully literate and bilingual university educated worker who came to Canada hoping to learn how to run his own greenhouse back in Mexico—these plans were quickly shattered when he realized, in his words, that employers only saw Mexicans as “mules” and not as people with potential and skills. Singled out for asking too many questions, he was quickly repatriated.

me the name of the chemicals, or the specific hazards associated with these chemicals. Ramsaroop reports similar findings among Mexicans in Leamington, concluding that most of the workers he surveyed are aware that pesticides are dangerous, yet “they do not understand the effects pesticide residue has on their health. They do not know what pesticides they work with nor are they given information describing the dangers associated with their workplace” (2002:12). In addition 90% of the workers he surveyed were unable to identify the names of the pesticides used in their workplaces. Ramsaroop points out that being unable to identify the name of a pesticide after exposure may limit the chances of diagnosis of pesticide-related illness (2002).

While many workers acknowledge that they have little formal education or training, they still have the impression and fear that chemicals are dangerous. Despite this, they believe that there is little that they can do to avert the threat. As one expresses, “I don’t know much, but I don’t have confidence in the pesticides.” Another reasons, “My boss wouldn’t put me in a bad position, but I’m still scared.” A third remarks, “They’re spraying, it makes me scared. They say it’s not dangerous, that he’s old and nothing’s happened to him after many years. But we don’t know the consequences that spraying brings.” Once again, workers are forced to put their faith in the “good will” of their employer to not put them at undue risk for exposure and they have little independent control over (or even full understanding of) the risks faced.

That some growers reassure their workers not to be scared may have something to do with the way they were raised and a reflection of their own beliefs. Indeed, some growers too do not have a very sophisticated knowledge of chemical exposure. Research in the United States indicates that growers believe farmworkers generally are not at risk for exposure since they do not mix and apply chemicals (Quandt *et al.* 1998). This denial merely compounds the problems faced by the workers. As one community member who has several farmers in her family, explains:

A lot of farms around here are still Mom and Pop farms and a lot of their [lack of compliance] with the rules or dangerous use of pesticides may just be because that’s how they always did it, and they’re still around, so they don’t see the need to protect the workers. Or maybe there’s a big rush one day so they say, “just do the work without it [the safety equipment] because that’s what they would do.” They don’t always realize the dangers These guys

are old school. They probably grew up doing all this themselves and thinking everything was fine, so grow up, don't be a wimp, just do the work yourself.

One grower reiterates this point: "I am trying to think up anyone we know who may have died from chemical uses that we're aware of and that's why sometimes I get a little upset about them banning spray on lawns and things because I really do not believe that they're as harmful as people say" Others, however, are a little more cautious. As one remarked:

Yeah . . . I'm still here, and I know it affects different people in different ways and maybe I was one of the lucky ones because there have been deaths in this area from chemical reactions. Poisonings and acute reactions in other farmers When I heard about the stuff it raised alarm bells then we changed very quickly, we started wearing protective coveralls and never went out without a mask on or a respirator (Interview 01-2007).

Regardless of their employers' views, most workers do fear that chemicals are dangerous, yet they continue to work with them, even in the face of symptoms. Some downplay the dangers; others try not to think about them; while others work in fear, but feel powerless to change their situation. When I asked one worker, Diego, who regularly experienced a number of symptoms (e.g. dizziness, respiratory problems, nausea, etc.) after spraying, if he is afraid of the chemicals, he replied:

Well, now that you are asking all these questions, I understand that they [the symptoms] can be due to the pesticides, but before I thought it was just because of the work . . . it's hard, sometimes the whole day we are doing the same thing in the heat and all that, but some others [co-workers] thought it was because of the pesticides, some co-workers tell me that because I'm the one who sprays, I am killing myself. Stop it already!

Incidentally, Diego did request to change positions on the farm, but was denied because he had the most experience (several years) of applying chemicals. He continued to raise concerns throughout the seasons as his symptoms worsened. The next year, after over five seasons on the farm, he was not invited back.

Diego's story is indicative of the single foremost reason why almost all workers say they continue to work amidst real and/or perceived dangers: as illustrated in the last chapter, they have little control over their work environment—they say they must do as they are told, or risk losing their jobs. Without education and training regarding

pesticides, they must trust their employers for their safety, and when they have doubts, there is little that they can do. It is also important to appreciate that migrant workers coming into Canada come from countries where policies about pesticides are even more lax and cultural understandings and beliefs about pesticides and protective equipment are often very different. Culturally and linguistically appropriate training methods should be developed and applied with these factors in mind.

In sum, although the general trend seems to be improving as awareness of health and safety increases among workers and employers, it seems that like training, the use of safety equipment and protective clothing varies widely from farm to farm. These two factors are related, of course, as part of the training component would discuss the need for protective equipment and clothing. Even if workers are aware of the dangers and need for protective equipment, many employers still fail to provide the items for workers to use, and workers generally feel powerless to demand safer conditions. While there are some signs that things may be starting to improve, the problem that remains consistent is the lack of consistency, with too many workers falling between the cracks.

Exposure to Pesticides

Routes of Contact: How Workers are Exposed to Pesticides

Pesticide exposure and links to illness are difficult to ascertain, particularly among migrant workers who may be exposed to a variety of chemicals in different locales over various time periods (Elmore and Arcury 2001). Pesticides may be absorbed through the skin, inhaled or ingested. Although those who work directly with pesticides (such as applicators) may have the most direct contact with pesticides, all farmworkers risk moderate to high levels of contact with pesticides through cumulative exposure. In fact, some farmworkers, such as harvesters or field workers, may come into more contact with pesticides than the applicators, who are likely better equipped (Ward *et al.* 2001). Even living in the proximity of agricultural areas increases exposure to pesticides (Loewenherz *et al.* 1997).

In the Leamington, Ontario, context, Moreno *et al.* (2006) found that 67% of workers reported the spraying of pesticides occurring “sometimes or regularly during

work hours in the same greenhouse where work was being done.” Verduzco and Lozano likewise indicated that:

Of the workers interviewed, 23.7% (85) had been asked on at least one occasion to apply agrochemicals. On the other hand, 123 subjects answered that they had had to go into a field recently sprayed with agrochemicals. In this case, only 12 wore special clothing and a mask. Several of those interviewed commented that although they had not been asked to apply agrochemicals, other workers had applied chemicals in the fields while they were working at the site On average, the subjects who were asked to apply agrochemicals did so twice a week (2003:77).

Basok (2002) similarly found in Leamington examples of pesticide applicators with no protective equipment and others working while pesticides are being applied.

Poor sanitation is a significant contributor to pesticide exposure. Research in the United States shows that farmworkers lack sanitation facilities (and education) and that many track pesticides into the home (through failing to change work clothes, wash hands, etc.) (McCauley *et al.* 2001). Recent research among Mexican workers in BC revealed that:

A majority (56 per cent, n=87) of study participants in the Otero-Preibisch survey noted that there was never a place to eat away from the worksite; an additional 10 per cent identified [that] a place to eat was almost never provided. Nearly one in four respondents identified that they almost never or never had access to a washroom on the worksite. One third of the participants said there was almost never or never any water to wash their hands at their worksites (Fairey *et al.* 2008:28).

Hennebry likewise concluded that for migrant farmworkers in Canada, poor field sanitation is a “significant problem, with migrants working in environmental conditions of extreme heat, with no access to clean water (often using nearby streams, ponds, or wells for drinking and bathing), without safe food storage (no coolers, ice, refrigeration), without access to washroom facilities . . .” (2007:13). Such conditions can contribute not only to pesticide exposure, but also to heat-related illness and to communicable disease. Collectively, these studies demonstrate that many workers are regularly exposed to pesticides and lack adequate sanitation and washing facilities to reduce exposures.

Many workers in my study also reported being exposed to pesticides as a consequence of working either during their application, or shortly after. Of 57 workers

who responded, 47% said that they are exposed most commonly to pesticides shortly after (within the same day) of their application. Another 28% replied that pesticides are applied while they work, while 12% said they would work in an area exposed to pesticides within a week of their application. Some workers were more actively involved in working directly with pesticides—17.5% reported applying chemicals regularly or occasionally, while 7% said they sometimes mix or prepare them.

As noted above, while far from universal, those who apply and mix pesticides regularly are most likely to receive training and PPE. Even still, many such workers report symptoms. One, for example, suffered from severe vomiting after he briefly took his mask off, not realizing the extreme toxicity of the chemicals he was mixing. Also vulnerable are those who do not apply chemicals, but who are nonetheless present during their application and completely unprotected. As Marisol, an educated female Mexican worker observes:

One of the things that worries me is the sprays. When I was working in a greenhouse for five years, the person who was spraying, she had special clothing to protect her, but we didn't and she was spraying next to me, and I wanted to say this is dangerous. Why don't I have the safety equipment because I'm at the same distance?

Likewise, Anthony, a Jamaican worker comments:

Sometimes you're in the field working and the spray machine comes . . . and you have to keep going. Even though you're breathing, even though you can smell it, you just keep pruning. . . . I say [to the employer] "that spray come in yesterday." [He replied]: "Oh yeah just forgot about it." So if I don't check to see that that tractor was there with the spray, they [wouldn't tell us]. . . . You get tricked like that because they want the things pruned.

Other workers recount being exposed through drifts of pesticides from neighbouring farms. In one memorable occasion, a whole crew of workers at a peach farm complained of burning eyes and dizziness, not from pesticides at their own farm, but from the chemical drifts from a neighbouring farm.

Also of concern are those workers who enter the area shortly after a spray. As one explains, "At night they had a machine that put liquid everywhere, it smelled very strong. After 3-4 hours we could enter." Another two workers, complaining of rashes and respiratory problems, recall: "They spray at night and in the morning the grapes are

covered in white and orange powders that irritate our noses and make it difficult to breathe.”

Although I did not ask about this, some workers mentioned that they are also exposed to pesticides by eating produce in the field that has been sprayed and not yet washed, or eating lunch without washing their hands. Many workers note that there is no clean water consistently available for washing in their workplaces, while others cite a lack of adequate laundry facilities to wash exposed work clothes. Furthermore, some workers are particularly vulnerable because their residence, often on farm property, can also be exposed to chemical fumes. As one worker advocate told me of a specific farm:

We are very concerned about the chemicals. The chemicals are stored and mixed right at the kitchen and the odor of it . . . it's a poison . . . it will kill you. If they spray today they cannot go into the house. Sometimes they'll go buy chicken and sit on the road. They have to wait for it to blow off before they can get to sleep, and they're still expected to be at the field at 7am. This man [the employer] has a whole lot of land space to put the thing to mix it, but he stores it right there, where they are.

It is important to note that not all workers report contact with pesticides. A small minority say that they do not recall ever coming into contact with pesticides, or that they were forbidden from entering areas where pesticides were stored or applied, and thus had little awareness about their use. As the organic industry expands, more workers may be able to work in chemical-free environments. Most workers, however, seem to come into contact with pesticides during each season. It is extremely important, therefore, to monitor and reduce such exposures.

Symptoms Experienced from Pesticide Exposure

“Every time I spray I get sick, but the doctor just gives me Advil and the boss doesn't change anything.” – Diego, Mexican Worker

Many of the chemicals to which migrant workers are routinely exposed are by their very definition toxins which even in low doses may cause health problems.¹² Pesticide exposure may result in:

¹² See McGee *et al.* (2003) for specific breakdowns of chemicals and crops in Ontario. Page 10 provides the outline for amount and types of chemicals applied to fruit crops. This list is included as Appendix 7.1.

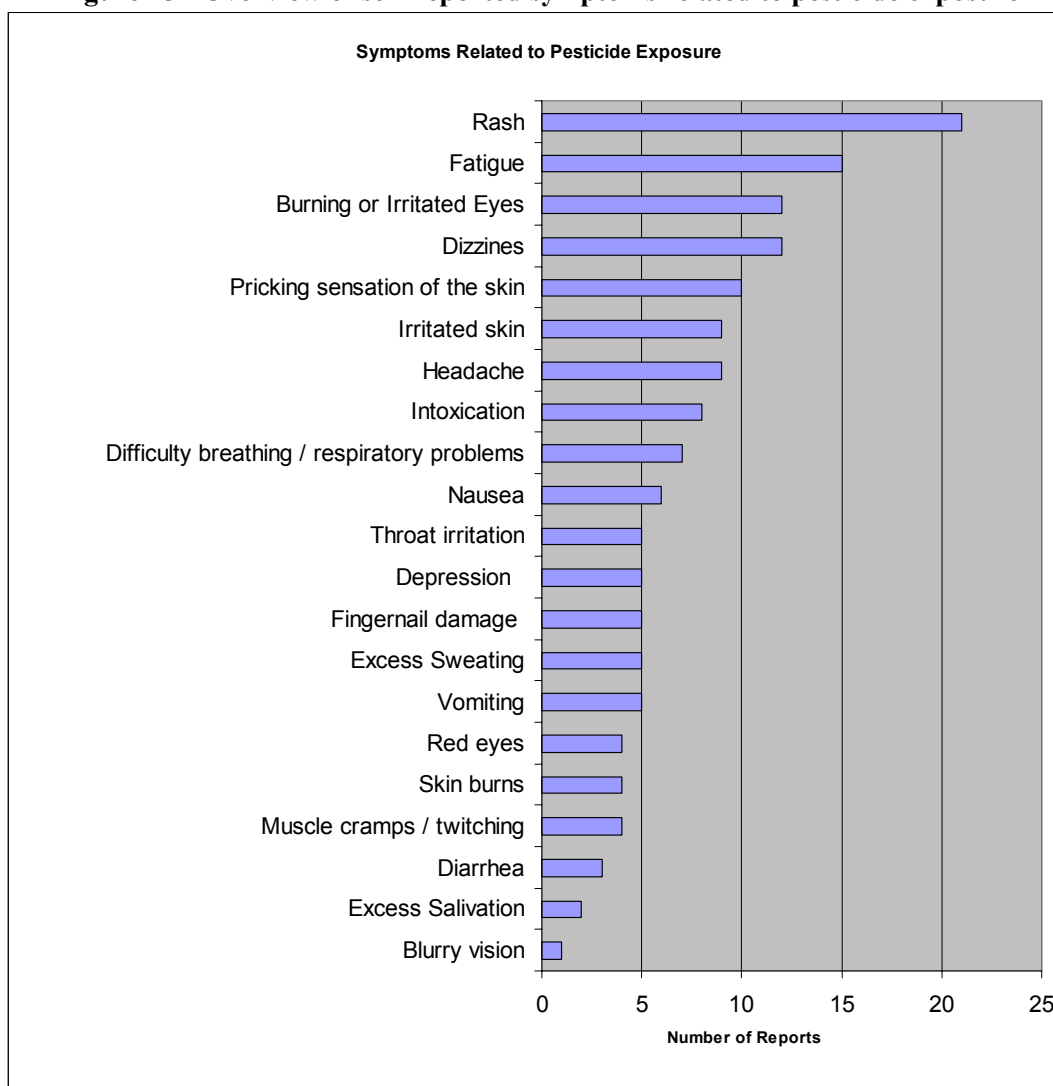
Acute systemic poisoning—abdominal pain, ataxia, nausea, dizziness, vomiting, headache, and malaise—or skin and eye problems, such as rashes, inflammation, or corneal ulceration. Chronic health problems may include chronic dermatitis, fatigue, headaches, sleep disturbances, anxiety, memory problems, and different kinds of cancers, birth defects, sterility, blood disorders and abnormalities in liver and kidney function (Mobed *et al.* 1992:369).

Given these wide implications, many of the chronic issues (those that occur over time due to prolonged or repeated exposures) explored in the next chapters, including mental and reproductive health and other long-term health problems, may also relate to pesticide exposure. Here, though, I am concerned primarily with the specific acute symptoms (those occurring suddenly, during or immediately after an exposure) identified by workers as related to pesticides.

A review of pesticide-related illness among migrant farmworkers in the United States revealed skin effects to be the most common, followed by ocular and systemic effects (Das *et al.* 2001). In Leamington, Moreno *et al.* (2006) found a wide variety of symptoms experienced by workers led by eye and skin problems. Basok uncovered “numerous accounts of illnesses, accidents, allergic and neurological reactions to pesticides, and unsafe pesticide spraying practices” in her research (2002:xv). Preibisch noted that some workers report skin irritations due to pesticides (2003).

With so much reported contact, and the acknowledged general lack of training, equipment and protective clothing to work with toxins, it comes as no surprise that the majority of workers surveyed in my research (79%) say they experienced at least one acute symptom that they believe to be associated with pesticide exposure during their work in Canada. A smaller subset of this group (15%), indicate they experienced over five different symptoms while working in Canada. (Those with multiple symptoms were often applicators.) The remaining 21% state they had never experienced an acute symptom they related to pesticide exposure. Figure 45 provides an overview of all of the symptoms I documented among the migrant workers in my research. I recorded 21 different self-reported symptoms among workers, the most common of which were: rashes, fatigue, burning or irritated eyes, and dizziness.¹³

¹³ In addition to these findings from interviews, I include data on the clinical cases of workers who sought health care at an occupational health clinic in 2008 in Chapter 11.

Figure 45 - Overview of self-reported symptoms related to pesticide exposure

Chronic and Long-Term Conditions

Some symptoms associated with pesticides may also manifest into longer-term problems. The story of Concepcion, one of the workers whose family was featured in the Introduction, is a tragic example. As his co-worker recalls:

We would work simply with a shirt, we didn't have equipment We don't receive training One occasion . . . we cleaned the greenhouse . . . and Concepcion . . . was going around with the sprayer I remember that he had not [sprayed a certain chemical] before, and so that is why he was nervous when the boss came in.

The boss got there and he wanted to hurry us, to move our hands faster and do all the work faster, and so Concepcion took the sprayer backwards, and since

the wind was [blowing] from there to here, all the liquid came over his body. The boss said that it was okay, that there was no problem, but Concepcion started to have itchiness on his body. He asked for permission to go shower, but the boss did not want him to; he said that the work was urgent.

. . . . At the end of the day he went to shower because he had a lot of itching all over his body, he had red lumps. The next day . . . I saw him in the morning, he had many lumps and I told him that it had been bad that the boss had not let him go shower.

After the incident, Concepcion's health deteriorated and manifested in a number of serious symptoms. He was repatriated and eventually died of kidney failure in Mexico. During the course of my research, I met two other Jamaicans and one other Mexican worker who had also suffered from total renal failure, but were able to stay in Canada to receive dialysis (see discussion in Chapter 12).

Other workers fear that their cumulative exposure to pesticides may have contributed to serious health problems. Hector, a Mexican, worked in Canada for almost 30 years, during much of which he served as a pesticide applicator. He recalls receiving no formal training or PPE, not even a mask to wear when he applied the pesticides. He also reports experiencing a wide variety of symptoms related to pesticide exposure during the years he worked as an applicator, including vomiting, dizziness, respiratory difficulties, as well as a burning of the throat. He never felt comfortable asking for PPE or to see a doctor. During his last year in Canada, Hector developed throat cancer. He was not a smoker and has no history of cancer in his family. Over the course of my research, I learned of three other workers who also developed cancer, two of whom were repatriated and eventually died—one was a pesticide applicator who died of brain cancer.

Of course, such longer term exposures and outcomes are much more worrisome than day-to-day acute symptoms, and also much more difficult to track (exposures) or to prove associations (disease to exposures). The complexity of chemical exposures in mixtures, over time, in varying intensity, at different locations, and with few records, makes cause and effect determination difficult. This limitation has major implications for workers' ability to receive compensation for illnesses which may have evolved due to chronic exposures. Chapter 12, which follows workers to their countries of origin, will attempt to track some of the long-term health problems which may have been associated with pesticide exposure in Canada and discusses these problems in more detail.

Although the majority of workers experience symptoms associated with pesticides, and even though they fear the consequences of such exposure, many of them deem the trade-off to be necessary. Julie, who was introduced in Chapter 4 and who was admitted to the program after six years of trying and much prayer, began experiencing symptoms related to pesticide exposure shortly after her arrival in Canada. The chemicals irritated her eyes, and she could not work without pain. She got some drops to help relieve the irritation, but the irritation still bothers her. Still, after so much effort to enter the program, she continues to thank God her prayers have been answered and she is here in Canada, regardless of the problems.

Others are less accepting. Diego, the Mexican pesticide applicator mentioned earlier, complains of a litany of symptoms whenever he sprays. “I asked to go to the doctor, and I am told – ‘just rest then.’ The doctors just say ‘take this medicine.’ And we’re wearing paper-like clothes that rip open easily. All we have to protect ourselves is a little mask and goggles. Why don’t the Canadians spray?” The answer to Diego’s question is troubling and, as argued throughout this thesis, cuts to the heart of the SAWP.

Climatic Exposures

“The cold is so cold and the hot is so hot. They say that’s why it is a remote country, in the winter there are no birds or flies or mosquitoes or people out on the street. But in the summer, you can’t open the door without being bombarded with flies and mosquitoes, and there are birds and everyone’s on the bicycle somewhere—it’s like a big holiday for Canadians. Through all of this weather you have to work, it doesn’t matter if life is falling from the sky. You have to work; they only let you off if it’s a lightning storm because of the risk of the lightning. It’s really hard in the cold. It feels like your feet and your hands are about to drop off. And you get really bad nosebleeds every time you breathe in the dust . . . And in the living quarters there was no air conditioning, and it was so hot at night in the summer.” – Turell, Jamaican worker

“Whether it’s hot or cold, they work at a steady pace.” – Grower, Niagara

In Canadian literature and art, the nature of the Canadian climate is credited with forming a unique Canadian identity. Although Canadian authors have identified this as a formative national influence, what of the effects on others who come to live and work here and then return to their native lands? They, too, are impacted by the Canadian environment and shaped by it as much as are Canadians who live here all year round.

Occupational health literature has tended to overlook climatic exposure among farmworkers, yet there is evidence that farmworkers' are particularly susceptible to morbidity and mortality from these issues (Brown 1991; Rao 2007). Agriculture, of course, normally takes place outside, which means that workers are exposed to all of the climatic elements that exist in nature's extremes. Even those who work in the shelter of greenhouses may have to deal with excessive heat and sudden temperature changes. Heavy equipment and clothing may exacerbate the situation, and heat stress, a sometimes fatal condition, can result (Rao 2007).

Researchers of the SAWP have noted excessive heat as a concern for workers, sometimes resulting in health problems such as heat stress (Preibisch 2003; Basok 2002). Verduzco and Lozano (2003) found that 111 workers (31%) in their survey became ill at least on one occasion; 70% of them believed that the illness was related to work or to environmental conditions.¹⁴ Sudden temperature changes were the most frequent (8.4%) cause mentioned¹⁵; the most common illness listed was "respiratory disease" (13.4%). Almost a third of respondents in the Otero-Preibisch survey reported that they "were at high to very high risk from working in the sun or rain without protection" (Fairey 2008:44).

Although asking about climatic exposures was not part of my structured questionnaire, such issues continually came up in open-ended interviews, clinical encounters and casual interactions with workers and warrant attention in future research. Some of health problems that migrants report working in each of these variations: heat, cold and rain, indicate the breadth of the problem.

Heat

During one heat wave in the summer of 2006 I visited a group of workers after they had finished work for the day. They were red, covered in sweat and clearly exhausted. We had had temperatures nearing 40 degrees and I hadn't even been able to walk outside without feeling dehydrated, so I couldn't imagine how the workers were faring. I found Adriana, who was normally energetic and optimistic, totally drained. "It's very bad, it's horrible," she said, wiping the sweat from her red face with her sleeve. She also showed me a large heat rash, and explained that she gets a head ache, sore eyes, etc. from the heat, but that

¹⁴ The authors do not specify which proportion was due to "work-related" or "environmental conditions" (see Verduzco and Lozano 2003:83).

¹⁵ As I discuss in Chapter 11, many Mexicans adhere to a hot-cold theory of health, so their self reported illness due to 'temperature changes' may be influenced by these conceptions.

the boss wouldn't give them a break and let them off early. Shortly after this I went to visit Louise, a community advocate, who had similar concerns. "There was one very sick worker, working for 14-hour days during the heat wave. I know the peaches are coming on, but these are human lives!" she exclaimed with indignation. – Adapted from fieldnotes

Mostly foreign born crop workers have the highest rate of heat-related deaths in the United States, accounting for 68 of the 423 people who died of heat-related causes in the United States between 1992 and 2006, with a rate of death 20 times higher than that of the regular population (CDC 2008). Workers are particularly vulnerable to heat-related illness because they are conducting hard physical labour under extreme heat (often in direct sunlight) for long periods of time, without adequate rest or hydration (see Chapter 6). Protective equipment and clothing for pesticide exposure may exacerbate the heat, while exposure to pesticides can inhibit sweating, which also contributes to overheating (Rao 2007).

Adequate hydration and frequent rest periods may help to mitigate some of the effects of heat stress. The last chapter illustrates that workers have little control over break periods, and many workers report not having access to adequate hydration on the job. In Chapter 10, I will discuss the case of one worker, Samuel, who was fired after demanding water while working. While an extreme example, many workers note that employers fail to allow them to drink water during work, citing a lack of productivity and too many bathroom visits. In other cases, workers are permitted to have water, but feel they cannot drink too much because they are not allowed to go to the bathroom in between breaks (or have to justify for employers if they need to do so). Under such conditions, workers have reported symptoms of heat stroke, with some even passing out and having to go to the hospital. Symptoms such as dizziness, rash, fatigue and headaches are most often reported by fieldworkers and greenhouse workers in times of extreme heat. These conditions are often compounded in the summer as many of the workers' living quarters are not properly ventilated and without fans or air conditioners may be stifling at night, never allowing the workers' bodies' core temperature to cool down. (There is no maximum permitted temperature in the housing guidelines, as I will discuss in the next chapter.)

Employers' determination of adequate rest periods may relate to the widely held view that Caribbean workers, in particular, are innately capable of "taking" the heat. One employer told me how he suggested to his workers that they could take an afternoon "siesta," but they refused and kept working. As he concludes:

There is also the element of the colour of their skin makes them much, much heartier to the heat. They can't take cold very well . . . they don't grumble, at least when I'm around [he laughs], but there is something in their system that doesn't allow them to be very good workers in the cold . . . What they can do in the heat is out of this world. I said I thought I was doing you more or less a favor [by offering them the afternoon off] because I wouldn't want to be out there and they said, "oh no, we can take it" (Interview 01-2007).

While some workers may indeed be able to "take it," given human variability and adaptation, others may be concerned with impressing their employers by working through even the most difficult conditions; and others may choose to work in these conditions because they want to earn as many hours' wages as possible. Yet there are many workers who feel that they are working beyond their physical limits and are not given the choice to take a "siesta."

My research, in fact, indicates that workers from the Caribbean are very uncomfortable working in extreme heat. In a focus group I conducted in Mandeville, Jamaica, for example, a common element of concern was the intense heat in Canada. "It's much hotter in Canada than in Jamaica and at night it's hard to sleep," expressed one worker. I asked if he had spoken with his employer about this, "Yes, he says, I'll put in some air, but then he never does it. He's too busy." The workers also complained that working through extreme heat in the summer sometimes causes them symptoms like dizziness, fatigue and headaches, but that there is nothing they could do, they "have to keep working" and there is "nowhere to cool off." From three different farms in the Niagara Region, all of the workers in this meeting agreed that the heat was one of the major downsides of working in Canada.

Cold

At the opposite end of the spectrum is the extreme cold. Excessive exposure to cold is referred to as "cold stress," with potential consequences ranging from frostbite to hypothermia (CCOHS 2008). When I asked workers if they felt working in Canada

compromised their health and safety, some responded affirmatively, specifying “the cold” as the main reason. Most workers are in Canada for the summer months, but a smaller yet still very significant proportion also arrive (January-March) or depart (November-December) during winter months, especially those (nearly 30% of workers) with longer seven or eight month contracts.¹⁶ Coming from warmer climates, workers often arrive unprepared for the winter months, without adequate clothing. While some employers take the workers to buy winter coats or even provide them free of charge, many others leave the onus on workers, whose mobility and financial restrictions have already been outlined.

In one particularly disturbing case reported to Justicia for Migrant Workers (J4MW), a whole group of Mexican women reported illnesses and extreme discomfort due to the cold, and were using bath towels to keep themselves warm. J4MW quickly coordinated a clothing drive to assist the women with donated coats, and several other support groups have conducted similar initiatives when the need is noted. On one apple farm (outside of Niagara), workers were told not to wear gloves because, presumably, it affected their productivity. “He (the employer) keeps telling us to take them off because it’s not that cold, but we’re freezing; we don’t want to take them off,” explains one Jamaican worker. In other cases workers report a lack of heating or hot water provided in their living units, a problem I discuss further in the next chapter. Once again, a high variation in treatment from employers contributes to some workers experiencing these problems more than others.

The cold, as any person living in Canada knows, is challenging. In some cases, even with winter clothing, working in the cold may provoke concerns. “I don’t think we get a proper pay to be working in the cold, it’s so uncomfortable,” remarks one worker, while several others say the “cold” is the “worst part of working in Canada.” This discomfort can sometimes lead to various health concerns. In addition to the potential of frostbite and hypothermia noted earlier, many workers report suffering from upper respiratory tract infections and flus during the colder periods. Respiratory illnesses are a noted problem among farmworkers, also worsened by factors such as breathing in dust

¹⁶ Verduzco and Lozano reported that the average stay in Canada in 2002 was five months, with 27.5% of workers staying 7 months or longer (2003:56).

and respiratory toxins, both biological and chemical (Mobed *et al.* 1992). Working in the cold may also contribute to other problems, such as musculoskeletal concerns (Ibid).

Rain and Lightning

Workers also discuss working in the rain without proper protection, such as raincoats and boots, and getting soaked. Sheldon, a Jamaican worker, explains the problems that can emerge:

When water gets in our clothes, we work all day in wet clothes and get chilled I myself caught a bad cold, [but] I had to keep working, the boss says, “If they can do it, so can you – get back to work!” If we get influenza and have to take some days off, the boss make a note of this and won’t invite that worker back next year Bosses assume when a worker doesn’t come to work that it’s because he was out drinking, even though he’s actually sick from working in wet clothes in the rain.

The larger danger associated with rain, of course, is lightning, and some migrant workers and Canadian labourers alike have spoken about being pressured to continue working even during thunder storms. One Canadian who used to work alongside a group of Mexican workers, and who volunteered with them as an English teacher, reflects:

The lettuce cutter would move along and they would have to keep up with it, and the supervisor would yell at them to go faster. One time [a worker] was on a high metal cutter and there was a lightning storm. He was afraid to be in the field during that time and refused to work. The supervisor and then the boss got him in trouble for this, telling him to work until they said not to – timing is very important and they cannot afford to lose 15 minutes for all the lettuce needs to be cut right then – the cost pressure faced by some of the farmers really pressures them to pass on the pressure to their workers, even though they are quite wealthy with huge houses etc.

Although lightning strikes are rare, when they do happen they can have deadly consequences. Archival records demonstrate that at least one SAWP participant died of a lightning strike in 1973 (NAC 1973e: RG 118 Vol 81 File 3315-5-1 P.11). In 2005, newspapers reported a migrant worker passed out and was hospitalized in the Newmarket area after being hit by lightning (Derbyshire 2005). In 2006, six farmworkers were hit by lightning while working in the fields during a storm on an Aylmer area farm. One of these, a young Canadian, was killed. The other five, who were Mexican migrant workers, were fortunate to escape alive. A past Canadian employee at the farm remarked in a

newspaper article that the incident was not unprecedented. Working during a storm in the previous year, she recalled calling one of the farm owners to ask if she and the other workers could get off a metal priming machine, where they had been picking seeds, and move to a safer area. She reports that the owner replied, “Keep working, it’s not bad enough” (Herbert 2006). If Canadian workers do not feel empowered to leave an unsafe work situation, it is even less likely that migrant workers will do so.

In sum, workers face a wide variety of risks and dangers associated with climatic exposures. These issues, however, seem to be a highly unregulated area. Indeed, safety training and clothing relating to climatic exposures appear to be even less emphasized than those used for pesticides.¹⁷

Musculoskeletal Disorders (MSD) and Injuries

Workers work harder and longer hours in Canada and the United States than ever in their lives. Workers experience repetitive bending and lifting it might not even be so much that they have bad posture or technique as it is just the fact that they have to keep doing it over and over. This repetition can cause their injuries. – Jamaican orthopedic surgeon

MSDs are defined as injuries that impact the musculoskeletal system, which includes nerves, tendons, muscles and supporting structures. MSDs are also known as “overexertion/overuse injuries, cumulative trauma disorders, repetitive strain injuries, and sprains and strains” (Davis and Kotowski 2007:504). Main causes of MSDs include the use of force, fixed or awkward postures, repetition, and long duration, while other factors related to farming, such as hot or cold work environments and body vibrations (from riding a tractor, for example), can also contribute to increased risk (OHSCO 2008).

In a recent review of MSD studies in the U.S. context, Davis and Kotowski write that:

Farmers and farm workers experience high rates of low back, shoulder, and upper extremity disorders. Musculoskeletal disorders may disproportionately

¹⁷ Note, however, though the Ontario Ministry of Labour has developed health and safety guidelines relating to heat stress, including the legal requirement that: “Employers have a duty under section 25(2)(h) of the Occupational Health and Safety Act to take every precaution reasonable in the circumstances for the protection of a worker. This includes developing hot environment policies and procedures to protect workers in hot environments due to hot processes or hot weather” (see: http://www.labour.gov.on.ca/english/hs/guidelines/gl_heat.html). The Farm Safety Association also has recommended guidelines for working in heat (see: http://www.farmsafety.ca/pages/heat_stress.html).

affect farm youth and migrant workers due to the types of farm tasks performed. There is an urgent need for improved and validated interventions to reduce exposures and to improve the health of farmers and farm workers (2007: 501).

The studies reviewed indicate a number of troubling issues: for example rates of injury increase with hours worked; and migrant farmworkers may be particularly vulnerable due to their placement for intense seasonal work without periods of acclimatization to the physical exertion involved. Moreover, incidents of MSDs may be underreported due to the fear of consequences, not least because they are often undocumented workers in the United States. Despite these concerns, the authors conclude that “migrant workers represent a population that has yet to be comprehensively evaluated with respect to MSDs, which leads to potentially high levels of pain and suffering” (Ibid:504). Those who have examined migrant farmworkers in particular have corroborated this hypothesis. In a random sample of 467 Mexican migrants, Mines *et al.* found that 44% experienced a “pain problem for a week or more in the year before the interview” (2001:iv). Twenty-four per cent of 2,344 California farmworkers in a National Agricultural Workers Survey reported suffering from a musculoskeletal problem in the previous year (Aguirre International 2005).

I have not come across another Canadian study exploring MSD issues among migrant farmworkers, with the exception of one small ergonomic risk assessment of nine Caribbean pepper pickers in a Leamington greenhouse. The researchers found workers in repeated stressing positions and postures at a very high speed, with the most productive worker picking an astonishing 24,240 peppers in an 8.5 hour shift (Casey *et al.* 2008). In the absence of broader studies, I would postulate that similar concerns and issues noted in the U.S. context are evident in Canada. Fifteen of my case studies were MSDs or occupational injuries. Including these, during my informal interactions with workers as a volunteer as well as in my research with them, I recorded a total of 22 acute injuries and 57 musculoskeletal disorders (MSD) – repetitive strain injuries (RSI) or chronic strains which arise from prolonged, repetitive exposures to a stressor. MSDs and injuries were also most consistently reported by physicians and program officials as the most common

health concern among migrant farmworkers.¹⁸ In addition to these findings, see Chapter 11, where I discuss the occupational health concerns of workers at a particular clinic.

Acute Injuries

Machine incidents are noted as a top source of fatal and serious farm injuries in Ontario. The Canadian Agricultural Injury Surveillance Program (CAISP) reports the following statistics:

In the fifteen years from 1990-2004, 453 people were killed in agricultural injury events in Ontario . . . or 13.7 per 100,000 agricultural population, per year Agricultural machines were involved in 72.8% of all fatal agricultural injury events in Ontario In the fourteen fiscal years from April 1, 1990 to March 31, 2004, 3,682 people were admitted to hospital for at least one day as a result of agricultural injuries in Ontario Agricultural machines were involved in 54.4% of all hospitalized agricultural injury events in Ontario (2007:vii).

While the CAISP report observes that most acute deaths and injuries occur among farm owners (who may be more likely to use farm machinery and/or to be the primary workers on smaller farms), there is no distinguishing data provided between Canadian and foreign farmworkers, nor does the report capture hospital stays of workers who were repatriated home immediately after an injury. For the same reasons cited earlier, combined evidence suggests that foreign workers may be particularly vulnerable to these kinds of injuries.

It is difficult to obtain statistics on migrant worker deaths and injuries, but some major incidents have been publicized. For example, thirty-nine-year-old Samuel Maurilio Gil-Montesinos of Oaxaca died when a tractor ran over him in 2006 (Osprey Obituary 2006); while 38-year-old Jamaican Ned Peart died in 2002 when a heavy bin fell on him (Gleaner 2002b). Other fatal incidents have involved unsafe farm transportation vehicles. In a well-known case in 2007, three farmworkers died, and another 13 were injured, after the crash of an over-crowded van filled with farmworkers without seatbelts in BC; Fairey *et al.* note that such conditions are common, with over a quarter of survey participants feeling “unsafe” during their transportation to work (2008:49). Verduzco and Lozano

¹⁸ This number is likely skewed as MSDs are arguably the most obvious work-related health concern and conceivably the most likely to be reported. For all industries in Ontario, MSDs account for 42% of WSIB lost time claims costs and 50% of days (OHSCO 2008:2).

(2003) found that 16.8% of Mexican workers in their survey reported a work-related accident on one or more occasion.

Of the 79 MSDs I recorded in my research, 22 resulted from acute injuries. These usually involve workers falling off of platforms, ladders, farm vehicles or carts; having something (like a bin with produce) fall on them; or, rarely but always with severe consequences, being run over by a tractor or other farm vehicle. With various machinery and vehicles used throughout the farm and a lack of worker training, it is not surprising that workers are involved in incidents which produce injuries. As Carl, a Jamaican worker reports: “I was riding on the back of a farm vehicle that had no seat and no barriers. It was just a board with the driver. The driver took a sharp right turn and the two of us in the back both fell off. But I fell backwards onto my head and went unconscious.” (Carl ended up in hospital and over a year later, is still suffering from debilitating pain—see Chapter 12.)

Injuries may include severed limbs, bone breaks and cracks or strained ligaments, concussions, etc., and some can have long-term consequences. Some workers in my research lost fingers or toes when a machine blade cut them off, while another had severe leg injuries after being run over by a tractor. One orthopedic surgeon whom I interviewed in Jamaica told me that of 20 recent cases from farmworkers coming from Canada, 13 were for back injuries, two for leg injuries, and four for hand or finger injuries. The one fortunate outcome for such workers is that their injuries are usually obvious (involving bleeding or bone breaks) and often require hospitalization, thus making it more likely that they will receive workers’ compensation and medical attention. (I will discuss this further in Chapters 11 and 12.)

When injuries do happen, employers and officials often cite “worker incompetence” as a factor—a “blame the victim” mentality that is very common in traditional occupational safety (Guastello 2006), and one that is used as a justification for not inviting injured workers back into the program. Among the injuries I have recorded, however, many other factors may have contributed, such as workers being asked to perform tasks for which they were not trained (some even in construction or other jobs outside of the purview of their contracts); wet or slippery conditions; stress, resulting from pressure to work quickly and effectively under surveillance of employers; and

fatigue after many consecutive hours without breaks. Nailea, who fell and injured her leg while working, explains the context of her incident:

Horrible, it [the working condition] was horrible. In fact everything was ugly, because since we arrived, nobody introduced us to anybody, who the boss was, or anything, only a translator/supervisor, and she told us to work like this, and this and this, okay, and we will work. But, we entered at seven in the morning and we left at twelve or one of the next morning. We work fourteen, fifteen hours, thirteen hours, twelve, they didn't give us rest, fifteen days and they didn't give us rest, not one day Then, after fifteen days working like this, I fell, I tripped over some boxes and fell, because I was working like crazy, because the owner, the boss, is always watching over you and wants to see constant movement because he is paying you by the hour. He was in a window, the wife was in the other, the brother was in the other. The whole time they watched over us.

Julio explains a similar incident at his greenhouse: "A friend fell off of a cart, from above, and the carts are high and because he had to work quickly, because the boss demanded him to work quickly, his hand got stuck in the tube above and it broke, he broke his hand and he fell from the cart." Under the stressful conditions of work explained in the previous chapter, it is understandable that many such incidents occur.

Repetitive Strain Injuries (RSI) and Chronic Pain

Lifting and carrying heavy loads, repetitive stressful working conditions, and exposure to climatic extremes, are some of risk factors commonly found in agriculture, which may contribute to repetitive strain injuries and chronic pain (Mobed *et al.* 1992:370). Such factors emerged regularly in my discussions with workers in Niagara. Tree fruit workers (disproportionately Caribbean men) report continual lifting and carrying of heavy baskets while picking fruits, and stretching on ladders while thinning trees, while mainly Mexican women in packing plants discuss enduring repeated arm motions for hours on end. Those working with low lying crops, like strawberries or field vegetables, report repeated stooping, bending and quick, continual squatting, standing and lifting as they place and carry produce in baskets or bins.

Given these circumstances, it is not surprising that the remaining 57 MSDs and injuries that I recorded represented a wide number of RSIs and chronic problems. Almost every worker reported suffering from sore muscles (particularly backs) at least sometime during their employment, many to the point where they sought medical attention or took

pain killers. Some of these instances of chronic pains resulted in debilitating back strains, numbness, severe joint pain and arthritis. The most common areas of pain included backs, shoulders and necks, followed by knees and legs. A few also had concerns or injuries in their hands, wrists, ankles and feet.¹⁹

As the Jamaican orthopedic specialist quoted at the beginning of this section indicates, many times workers are injured due to repetitive motions that must be continually performed. Such motions can occur in the field or packing plant. As one past packer whom I met in Jamaica recalled: “The work was hard. All my fingers would bleed after peeling and canning” He groaned and gestured with his body like an elderly man bending over holding an old, battered back for added emphasis, “My back would hurt so hard at the end of the day I couldn’t even sit down. But a man’s gotta do what a man’s gotta do.”

Others speak of the pace of work and lack of breaks as causing problems. As Felipe, who worked in a flower and tree nursery, recalls:

It was planting that made my back sore. When we plant the small baby plant, transplant to a bigger pot, and we plant 17,000 plants a day – four people with the machine that we have to keep up with – four people run the machine, and four people unload everything that comes up from the machine. If you’re feeling sore, you can’t take a break. If you can’t keep up – [they would] give us a list for a specific greenhouse to go to and sometimes when we change areas it takes us more time because half of the load is on one side, and sometimes we get four varieties in one load, and we have to run from greenhouse to greenhouse, and we still have to keep up with the machine – so then he [the supervisor] gets mad. So no, of course we can’t rest. When we are in one greenhouse then we do have time to rest between loads.

Charlie, a Jamaican worker who suffered from a debilitating back strain that prevented him from ever working again, indicates the possible consequences of years of strained biomechanical activity. No accident was involved—he believes it was just a result of cumulative bending after 22 years of working in Canada. As he explains:

Some guys picked strawberry like on their knees. Some guys crawl all day. I can’t do that. I never picked like that, my pants stay clean. I bend over, and

¹⁹ These injuries are similar to those reported by WSIB for lost time claims. In 2007, “back” was ranked as the body part with the most lost time claims filed (28.8%), followed by upper extremities (fingers, arms, wrists, hands, etc. – 21.4%), lower extremities (legs, ankles, feet, etc. – 19.1%), trunk (shoulder, chest, abdomen, etc. – 13.4%) and head (face, ears, skull, etc. – 7.1%). For full statistics, see table 9, WSIB (2007).

when I am tired one way I would stoop for a break. So I'm bending at my waist all day, my legs are straight Stooping on your knee over the years is too slow and your knee gets real bad. I just can't pick that way, crawling on my knee. Sometimes strawberry can take three or four weeks like this. I got a big strain from my waist all the way to my neck. Strawberry give pain period. But right away, this time was different, the pain was so strong. . . . I didn't get the days off work. When they got to reap the stuff they don't want to hear that you're sick, because it's reaping time. They want to have their crop leave, you got to produce for them even when you're not well.

Like many other workers, Charlie kept working even after feeling the pain because he felt he had little alternative. Unfortunately, doing so probably only worsened the problem.

As I discuss in Chapters 3 and 6, one of the problems with agriculture is the time pressure associated with harvests and other peak periods, a pervasive explanation for the necessity of exceptional circumstances, in which workers feel intense pressure to keep working even when they are sick or injured. Furthermore, in the absence of training and guidance on ergonomically sound methods, workers are left to determine their own personal preferences, which may in fact have damaging implications in the long-run (as in Charlie's case). Further attention to training and protective mechanisms with respect to preventing and treating MSDs is therefore sorely needed.

Conclusion

In the absence of comparable statistics, it is impossible to contrast migrant workers' injury rates to those of resident Canadian agricultural workers, but the indications provided from this combined data (as well as that from the United States) suggest that the experience of illness and injury among migrant workers is likely disproportionate high compared to other working Canadians, who, because of their position as citizens and their higher education, likely have better access to information and protective equipment. Most importantly, Canadian permanent residents and citizens also have the relative freedom to leave unsafe or unhealthy workplaces. Indeed, the fact that most simply leave when the work gets too difficult is the main rationale for the SAWP in the first place. In this way, environmental racism, which differently structures "foreign" workers of colour into unequal positions of risk of and control of risk from occupational and environmental illness and injury in Canada, may be a significant factor contributing to the disproportionate health burdens among this group.

Migrant farmworkers in Canada face a wide variety of health problems related to work. Their provision of health and safety training or PPE is weak and inconsistent at best. They are exposed to pesticides in a number of ways, and the majority of workers experience at least some acute symptoms related to this exposure, while an unknown number may experience more severe long-term effects or suffer from serious acute poisonings. Working outside, they are exposed to all of the climatic extremes—in the case of the cold, at least, these are concerns that may be even more apparent than in (the primarily southern regions of) the United States. Many workers suffer from both chronic MSDs and acute injuries. Nearly all report moderate to severe muscle pains or strains from time to time.

As noted throughout, health and safety conditions on farms vary widely; this inconsistency is one of the main reasons for better coverage through inspections and enforcement, including the use of Joint Health and Safety Committees regulated for certain operations under the OHSA. Some of these problems may start to be addressed with the new OHSA regulations, but initial indications suggest that the regulations do not go far enough. Migrant workers, who tend to have lower education, face language and literacy barriers to health and safety information, even if it is provided. Their structural isolation makes them essentially dependent on employers to provide them information and to access protective equipment. Most importantly, workers' vulnerability is structured into the program, due to their tenuous legal and political status in the country, making it difficult (or in their minds impossible) to comfortably complain about unsafe conditions or to refuse to do unsafe work.

In this context, workers experience a wide number of health problems, yet the effects vary widely among them. This variation in symptoms reported may be due to the different chemicals and dangers to which workers are exposed, the ways they are exposed to them, and the level of protection and training they are provided with. All of these factors, as I have shown, vary widely, primarily based on the extreme variations among farm operations, as well as individual employers and supervisors. Beyond this, however, are the effects of workers' own genetic make-ups, which will also partly determine how vulnerable they are to certain acute and chronic health effects (see Cole *et al.* 1999). That these differences in symptoms exists, even in the face of similar exposures, is one of the

reasons why cause and effect relationships are so difficult to determine for issues such as chronic pain and environmental health exposures. Despite these wide variations in experience, virtually all workers report at least some health problem or symptom related to their work in Canada; unfortunately, tracing longer-term problems, which may only emerge or worsen long after initial exposures or stressors, is a much more complex endeavour.

I was often struck by the almost total discordance between responses of workers, who widely reported health problems, and those of their employers and government officials, who almost always replied that they had heard of very few concerns. Indeed, their standard answer was that almost all workers are “happy and healthy” in Canada—otherwise, why would they return? Such answers may partly (or largely) be due to whitewashing, but also may be partly due to a genuine ignorance. As discussed above, in the U.S. context, researchers continually speculate that underreporting among the migrant worker population is a pervasive problem. It would be hoped that in context of the SAWP, where workers have legal rights, including the right to access medical services, that such problems may not be as prevalent. Unfortunately, however, in Canada, it appears that underreporting is also rampant. In fact, workers often go to great lengths to hide any illnesses or injuries to their employers or officials, for fear that appearing less than 100% healthy could jeopardize their position in the program. Illness or injury, even if brought on at work, is continually feared as a personal weakness, an “x” on the report that could equate to “no return” for the next year. Unauthorized workers in both the United States and Canada, while they face many other barriers, at least have the freedom to change from an unsafe work environment without the fear that they will lose their place in a managed migration program the following year; hence the irony of managed migration engendering unique forms of structural vulnerability.

When I first started administering my detailed health questionnaires, I remember feeling shocked when I read down the list of symptoms, to hear so many affirmative responses. How is it that workers could keep working with so many problems? Workers keep working because, whether it is perception or reality, they fear that if they slow down, complain, question, or point out concerns, they will not be invited back. They feel pressure to appear strong, brave, committed and healthy at all times. They know all too

well that even if they are not repatriated early, they can easily be removed from future invitations. This is the structural flaw in the program which keeps them vulnerable to abuse and working without complaint amidst dangerous and unhealthy conditions. In this context, their work and the income it generates is deemed worth the risk to their health.

Initial indications strongly suggest that occupational health issues are widespread among workers. Further systematic research is needed to determine the extent of occupational health issues, particularly for long-term issues for which causation is often difficult to determine. Such efforts may help workers who have been unable to access workers' compensation due to a lack of proven causality in their cases. Creative and comprehensive methods developed in the U.S. context could be applied by epidemiologists in Canada.²⁰ Additional research and interventions are needed to both determine the extent of such problems among this uniquely vulnerable population, and to mitigate these problems in the future.

That so little effort has gone into ensuring farmworkers' occupational health in comparison to the extensive efforts to ensure that they do not arrive in Canada with preexisting health problems or infectious diseases that could harm Canadians, is indicative of the one-way power relationship and of the implicit interests that govern the program. The reality is that agriculture is a demanding and dangerous industry; migrant workers are at the bottom rung of the system and have little control to change their circumstances. Their health often suffers in a silent trade-off.

²⁰ See Zahm and Blair (2001).

CHAPTER 8 - MIGRATION AND THE LIVING EMBODIMENT OF HEALTH RISKS

Introduction

The precariousness and stress of life as a migrant farmworker extends far beyond their time earning wages, to a series of more broadly contextualized issues. SAWP participants' living environments, their free time and social and romantic interactions, their transportation, access to nutritious food and healthy sleep patterns—are conditioned, controlled or at least influenced by their broader circumstances in Canada. When discussing the health effects of powerlessness, the lack of control experienced at work cannot be separated from the lack of control over broader life circumstances, including both factors experienced in Canada and the circumstances which drive migration from the migrants' countries of origin. Although this chapter focuses on concerns which arise in Canada and outside of the work itself, these issues are inextricably linked to the SAWP participants' migration and work, and are a direct consequence of their employment conditions.

This chapter starts with an overview of some of the more general health determinants and conditions which commonly arise during the workers' times in Canada. Although it would be impossible to discuss every health issue affecting workers, I review in detail those which seem to be most common and problematic. These include: health issues surrounding living environments, such as housing conditions; nutrition and weight; sleep and insomnia as well as (un)safe transportation. The second half of the chapter considers the significant area of sexual and reproductive health, while the next chapter discusses mental and emotional health and addictions. All of these health concerns must be considered in an evaluation of the effects of migration on health and not simply those which arise strictly during work hours or related to specific work tasks (as in the last chapter). As will be seen, many of the conditions and health concerns are interrelated. Within the broader context of structural vulnerability and precarious migration, multiple areas of workers' physical and mental health are involved.

Occupational health issues are often beyond workers' control—as employers have a great deal of sway over working environments and safety conditions. In contrast, many of the issues in these two chapters may be seen to rest mainly in the workers' hands—

their choices over sexual activities and risks, bicycle safety practices, as well as their dietary habits, addictions and mental states may be more easily viewed as “individual” pathologies stemming largely from personal choices outside of the workplace. According to critical medical anthropology (CMA), however, these health issues are related to the broader social, political and economic systems within which workers are enmeshed. This framework views individual actions as central, but considers them from within their broader contexts (Baer *et al.* 2003; Singer 1995). As Wolf argues, only by placing concepts “back into the field from which they were abstracted, can we hope to avoid misleading inferences and increase our share of understanding” (1982:3).

Overall, health concerns of migrant farmworkers arising outside of the workplace have received little attention. In the absence of other data to draw on in the Canadian context, many of the findings in this chapter should be considered as exploratory, unpacking the factors in workers’ lives which induce their vulnerability to a wide variety of health problems.

Living Conditions

“My first farm . . . that was a much better place. After a hard day of work we had a nice place to lay your head. It was two men to a room and a real house; we had bathrooms and laundry. It made a big difference to my happiness, going up that first time. At the second farm, things are much worse, the living quarters were no place for humans. Real inhumane. There wasn’t even a window in the bathroom. So there was always a bad odor, not meant for humans. There was a bunkhouse and one bedroom for eight people. Once you’re not comfortable, it’s hard to be happy, and it’s hard to work. We had only one electric stove and sometimes it wasn’t firing.” – Donovan, Jamaican worker

Donovan’s story indicates the conundrum associated with variability in assessing the living conditions provided to the migrant workers. Research in the United States documents unhealthy, substandard and highly variable conditions of farmwork camps (Rothenberg 2000; Vela-Acosta *et al.* 2002; Lopez 2007). Several researchers of the SAWP have noted the poor living conditions among workers (e.g. Preibisch 2003; Smart 1998; Hennebry 2006, 2007; Verduzco and Lozano 2003). Fairey *et al.* report that:

The Otero-Preibisch survey found significant problems with the quality of migrant worker housing, including overcrowding, dilapidated dwellings, and poor or non-existent toilet facilities, despite inspection requirements. These dwellings are very inferior to normal Canadian standards. Three migrants in

this survey reported having no drinking water at home. Six participants noted that their residence did not have a working toilet inside the house. For another 13 per cent, the kitchen was not separate from the bathroom. One in five did not have sufficient refrigerator space, and one in four did not have sufficient stove space. Almost one third did not have separate kitchen and sleeping rooms. Just over one quarter of these survey respondents reported not having window screens in hot summer weather and 14 per cent reported not having a heater for the cold weather (2008:47).

Hennebry notes that “[they live in] overcrowded and rundown homes with inadequate cooking and cleaning facilities” and that this along with poor access to clean water are factors which can “significantly increase health problems encountered by migrants, and specifically increase the likelihood of contracting infectious diseases” (2007:9).

Considering migrants’ living and working conditions, she concluded that: “Most certainly, migrant agricultural workers have an increased likelihood of contact with food and waterborne pathogens” (2007:9).¹

There are provincial housing “recommendations”² meant to ensure that all seasonal migrant workers have minimum standards. Annual inspections are carried out prior to workers’ arrival by regional public health inspectors, and conditions seem to have generally improved over time. As one grower reflects: “At first there were some farms with really bad housing – chicken barns, hay lofts, etc. – now there’s inspections so things have improved.” Table 13 below provides an overview of the types and numbers of deficiencies found in the Niagara Region Public Health’s 2008 pre-seasonal inspections.

¹ The Niagara Region Public Health reports that they sample all water supplies that are not part of the municipal system, and that occasionally a case of coliform bacteria is found. In such instances, a resample is taken and the owner is asked to provide an alternative potable water supply until the issue is resolved.

² See Recommendations (2006) for a copy of these guidelines.

Table 13 - Pre-seasonal housing inspection deficiencies, Niagara, 2008

<u>Deficiencies:</u>		
General	0	(0%)
Construction	19	(33.9%)
Sleeping Facilities	5	(8.9%)
Food Area	3	(5.4%)
Safety	11	(19.6%)
Maintenance	14	(25.0%)
Garbage Disposal	0	(0%)
Family Housing	0	(0%)
Washrooms	1	(1.8%)
Toilet Facilities/Sewage Disposal	1	(1.8%)
Water Supply	1	(1.8%)
Total Deficiencies	56	(100.0%)

Source: Niagara Region Public Health Data, as cited in Wong (2009)

The guidelines and inspections are extremely important to ensuring a basic minimal level of standards for SAWP workers, an advantage not shared by those (im)migrants living without authorization. Nonetheless, two major problems exist. First, the guidelines are not comprehensive enough to address many of workers' concerns (for example, no maximum temperature is provided allowing for excessively hot conditions in summer, and workers are dissatisfied with the number of people allowed per amount of space). Second, even if inspections are made by the local Public Health Department pre-season, they are not normally repeated after workers have arrived, after which conditions can change. Hence, the guidelines are not always or evenly enforced across regions (Hennebry 2007). In the 2008 season, of approximately 350 inspections conducted in the Niagara Region, only two units were ultimately not approved (NRPH, email communication, 03-2009). Within this context, housing conditions vary extensively, and while some workers are satisfied with their conditions, most have at least some concerns.

Most workers are housed in bunkhouses, trailers, or converted barns, garages and warehouses, although some live in more typical "Canadian" homes.³ While some

³ Verduzco and Lozano report: "Almost half of the workers are lodged by their employers in the old farm house; 30% live in hostels built by the employer specifically for them; 21% are lodged in trailers and three workers stayed in the farm garage during their last season in Canada" (2003:67). Russell (2003) found that about 60% of workers live in bunk houses; 21% live in farm houses. The third most popular type of dwelling is a trailer, which house 900 Jamaican migrants. See both of these reports for further analysis on living conditions.

employers go to extensive lengths to ensure that their workers are housed in comfortable, humane conditions (sometimes with extra amenities like TVs, DVD players and microwaves), many admit when asked about the conditions in which the workers live, that, “I could never live like that.” Some workers agree, complaining that they are housed in conditions “worse than the employer gives to their dogs!” While employers often believe that the housing they provide is adequate because it *must* be better than “whatever they are living in at home,” many workers disagree. Tomasa articulates a common sentiment: “My housing at home is much better than this – they think because we come from a poor country that this is acceptable – this is an insult!” (Ironically, such sentiments may become increasingly common as workers build progressively larger and nicer homes with remittance money from Canada.)

Aside from being an assault to workers’ dignity, poor housing conditions can impact many aspects of their health—their nutrition is affected by their access to food storage and cooking facilities; their sleep behaviour is influenced by access to a clean, comfortable and quiet resting space. Their mental health is affected in myriad ways by overcrowded conditions, whether or not they have access to privacy, or whether it is possible to have a phone to call home, etc. If the workers lack adequate laundry and washing facilities, it is more difficult to avoid the spread of agricultural chemicals in the house. If they are crammed into close quarters, there is a greater chance of spreading infectious disease. If they drink contaminated water, they may be susceptible to water-borne diseases.⁴ Being too hot or too cold can contribute to physical and emotional concerns. Breathing in moulds or chemicals may produce various respiratory problems.

Although very little attention has been paid to them in the Canadian context, living conditions, like working conditions, are a significant determinant of health (see Krieger and Higgins 2002). As I illustrate in Chapter 5, workers do not choose where they live in Canada. They are placed in accommodations that are provided by their employer, often on the farm property. They do not determine who they live with, in which room they are placed, or anything else. If something goes wrong, a fridge breaks, the drinking water is dirty, the roof is leaking, etc., the person they must approach to fix

⁴ See Hennebry (2007) for a detailed discussion of the potential for communicable and infectious disease among migrant farmworkers in Canada.

the problem is also their employer—the same person who controls their work contract. It has already been established that due to their structural vulnerability in the program, most workers fear complaining about *anything* to their employer. Their only other option is to call the local housing inspectors (a possibility only if they are aware of the guidelines, know they have the right to complain, have the phone number, and speak the language). The inspectors, however, are obligated to report to the employer that a complaint has been made. Workers are almost always too afraid to take such an action. Thus, not surprisingly, inspectors report “rarely” receiving complaints from workers, and those few that have been received have taken place if a migrant worker happened to be present when a unit was being inspected. Government representatives/liaison officers are the other option, but the workers do not see them as either a safe or an accessible recourse (see Chapter 10). Unfortunately for the workers, the housing recommendations themselves are lax and ambiguous.

Even if a worker is brave enough to present a complaint, in many cases there is little that these outside actors could use to leverage an improvement. As one worker explains, after complaining of a litany of concerns with his housing ranging from flooding to over-crowdedness: “The bosses tell us, if you don’t like it, you can leave for Mexico, that is what they always know to say, and as I already get used to it, now it no longer hurts me, so no, we won’t say anything because we already know the answer.” Workers must adapt or go home.

Although in my research I did not ask for responses on a specified list of concerns, I did ask workers to report if they had any problems with their housing, and as I was made aware of them throughout my observational research (including visits to workers’ housing) I also recorded problems. The most common concerns I recorded include: 1) excess heat (in the summer), a lack of ventilation, air, etc.; 2) overcrowded conditions; 3) a lack of privacy; 4) inadequate bathroom facilities; and 5) infrastructural problems, such as leaking walls or roofs.

During my fieldwork period, I collaborated with Justicia for Migrant Workers (J4MW) whose meetings with migrant workers in the Niagara Region identified housing conditions as a main issue of concern. To gain a better sense of the specific problems, together we conducted a small, but detailed housing survey among workers in the region

in the summer of 2006. In it we compared selected specific housing recommendations with workers' experiences, providing measuring tape, thermometers, and cameras to allow workers to record their own conditions.⁵ Although the sample size was small (about 20 workers), the group surveyed represents a much larger number of workers who reside in the same dwellings, and the specificity of the survey's questions is informative and demonstrates detailed areas of concern.⁶ I will use some of the results from J4MW's initial survey in Niagara, in conjunction with my own personal research, to discuss some of the main housing *problems*⁷ and their health implications.

Structure, Temperature and Safety

According to the migrant worker housing guidelines, the temperature must be a minimum of 20° Celsius (68° F). After being given thermometers to test this for J4MW's survey, 21% of respondents stated this is *not* the case in their housing, while only 57% of respondents stated this *is* the case in their housing (others weren't sure). In my research, several workers reported inconsistent or malfunctioning heating facilities in the winter, especially those who live in trailers or other forms of makeshift housing.⁸ On the other side of the spectrum, there is no *maximum* temperature provided in the guidelines, yet being overly hot in the summer was the most common concern I recorded. As I discussed in my section on climatic concerns in Chapter 7, being exposed to too much heat or too much cold can lead to various health problems, including susceptibility to colds and respiratory tract infections in the cold, and heat stress or stroke and/or dehydration in the heat.

⁵ Some of these pictures were later added to the group's web site and can be viewed at: <http://www.justicia4migrantworkers.org/migranthousing/index.html>.

⁶ After the survey gathering, I and another representative from J4MW and other community organizations met with the Niagara Regional Health Department where these concerns were presented and discussed in a report which I co-authored.

⁷ Note that this section is not meant to provide an overview of workers' satisfaction with housing or the "best practices" of certain employers. While recognizing that there is a wide variation in housing conditions and that some employers go to great lengths to go above and beyond the minimal guidelines, my interest here is to point out the problem areas, especially when they may have health implications, as these are the areas that may warrant further investigation and/or intervention. Some of the material for this section has been adapted from the report which I co-authored with J4MW.

⁸ Verduzco and Lozano (2003) report that 11.5% of workers in their survey do not have heating in their living accommodations, although they contend that in some cases this may not be problematic since some workers are only in Canada during warmer months.

J4MW's survey uncovered more disturbing problems. In contradiction to the guidelines which state that, "The building must not be attached to any building where flammable materials are used or stored," 29% of respondents indicated that this is *not* the case in their housing (only 57% of respondents stated this *is* the case in their housing, while others were not sure). The guidelines further indicate that "Housing must have a proper fire extinguisher (that is charged, and certified)." Only 57% of respondents state this *is* the case in their housing. With respect to the guideline that, "Housing must have a proper smoke alarm(s), only 64% of respondents state this *is* the case in their housing. In response to the guidelines that, "Housing must be free from any chemicals or harmful substances," 29% of the respondents state that this is *not* the case in their housing, and only 43% of respondents state that this *is* the case in their housing (the others were not sure).

In addition, many workers report inadequate ventilation and poor air quality, especially in converted-barn housing, basements or "portables" that have few windows. Furthermore, several assert that there is a lack of weather-proofing which can result in moldy and damp conditions, a particular concern in trailers. Several workers in my research were concerned with leaking walls and roofs, some of which resulted in flooding. One advocate in a different region told me of the house that workers had nicknamed the "Titanic" because of its constant flooding.

Kitchen Facilities

The housing guidelines stipulate that there must be an "adequate" amount of stoves and refrigerators, cupboard space, etc., for the number of people being housed, but nothing more specific than this. What is considered "adequate" may differ greatly between the views of workers and their employers. For example, 21% of respondents in Justicia's survey state they are *not* provided with enough pots and pans. Some migrant workers have to buy their own plates and cutlery as they are not provided with sufficient supplies. At some houses workers did not even have drinking glasses or other basic provisions. The guidelines also indicate that garbage containers must be provided and must be rodent and insect proof. Twenty-one percent of respondents in Justicia's survey state this is *not*

the case in their housing. Figure 46 below, for example, demonstrates a large hole in the bottom of a garbage can in one migrant worker dwelling.

Figure 46 - Migrant worker housing – garbage can



Source of housing images: Justicia (2008)

The guidelines further stipulate that: “Food should be stored so that it is protected from contamination” – but no inspectors typically come when workers are actually living there, so there is no way to inspect if this guideline is being upheld. The most common concern I recorded with respect to workers’ kitchen facilities is that there are inadequate facilities for cooking and storing food among so many workers. As Ed, a Jamaican worker explains:

We usually cook at the same time when we arrive and it’s too stuffed for eleven people, it’s very difficult. There are two fridges and two stoves. The fridge space is to accommodate eleven people’s groceries for the week, so we get a very small portion. This can affect the quality of the food we can eat, if we can’t fit, we have to leave it outside and it rots.

In some cases I found up to fourteen workers sharing one stove or fridge. Some noted that their cooking and storage facilities were covered in rust and/or grime, as seen in Figure 47.

Figure 47 - Migrant worker housing – cooking facilities



Source: Justicia (2008)

One problem is that facilities may be inspected, and then later stop functioning or their quality may decrease (e.g. the stove seen in this photo, in which a burner later stopped working). In other cases, more workers may be added to a facility than were initially approved. This is especially a problem when employers take in unauthorized workers, a common practice in agriculture as noted in Chapter 6. One advocate notes a number of problems in a particularly notorious bunkhouse kitchen:

When they cook, everyone is running if the stove is going to be turned off, so they lit the stove and allowed it to turn off, and all of the men except us were running, and when we heard the explosion, we were struggling to get up because we were frightened, and they were saying “that is nothing!” And they have to be using that! There are six stoves and none of them work and five refrigerators and only one works and there are rats going in there and they can’t close the kitchen door . . . because it [the stove] might explode and because they can’t close the door skunks go inside the kitchen.

Although this example may be a negative extreme, the health implications are obvious.

Water

Researchers in the United States have uncovered poor water conditions among some farmworker accommodation, which they say poses a “critical hazard” to their health (Vela-Acosta *et al.* 2002:23). Housing guidelines in Canada stipulate that workers must be provided with a “readily available supply of hot and cold water that is bacteriologically safe” Although I did not test any water and most workers did not report a problem with their water, some did raise serious concerns. For a few houses, workers reported that they did not always have access to hot water, a particularly difficult problem in winter months. “One February we had to boil our water for washing,” remarked Angelica, a Mexican worker. Several others said they feared the water was of “bad quality,” some remarking that it was “brown,” “smelly,” was like “fish soup,” made them sick, and/or was “filled with chemicals.” (Much rural water is provided by wells, and on farms where chemicals are used contamination can occur.) Some workers boil or drink only bottled water in response to these concerns, but are not compensated for doing so.

Washroom and Laundry Facilities

The guidelines indicate that “There must be 1 bathroom for every 10 people” and “1 washbasin for every 7 people.” Only 57% of respondents in J4MW’s survey state these stipulations are met in their housing. In many cases toilet tissue was not provided for migrant workers, in contradiction to the guidelines (yet another issue that cannot be inspected pre-season).

The guidelines do not indicate where washrooms must be in relation to bedrooms. Several workers complained that their washrooms are located outside of their living space, an especially problematic situation for women who may not feel comfortable going out in the middle of the night to use the facilities, and also particularly problematic in cold or rainy weather. As Alfred, a Jamaican worker asserts: “We have to go outside to access [the] fridge, bathroom, laundry – so we get wet, catch colds.” Alfred showed me large plastic bottles with holes in them which the workers use as a makeshift toilet in bad weather. Other workers take to using buckets to bathe with (see Figure 48). When a group of workers raised these concerns with their liaison officer, the answer they reportedly received was, “In Jamaica you go in the bush, so this is fine.”

As with kitchen facilities, workers regularly report long line-ups to use bathrooms. As one Jamaican explained, “14 men have to share two bathrooms. It’s not enough. We all come home at the same time, and we’re all waiting for so long to use one. Some of us have to wait up late to shower, then we have to be up first thing the next day to work.” Such line-ups cannot only lead to discomfort and inconvenience, but also contribute to workers getting inadequate amounts of rest. Some bathrooms also have inadequate privacy, so workers must walk past each other in order to reach a toilet or shower (see Figure 48).

Laundry facilities are also a concern. “We have nowhere to dry our clothes in rain so we have to go to work in wet clothes,” explains one worker, whose bunkhouse is provided only with a plastic bucket and brush to wash their clothes, and a string to dry them (see Figure 48). Inadequate laundry facilities can contribute to respiratory illness (when working in wet clothes), skin diseases and the spread of pesticide residue.

Bedroom Facilities and Crowded Spaces

The guidelines indicate that bunks must be “at least 46 cm (18 inches) apart.” In J4MW’s survey, after tape measures were provided to workers, 21% of respondents state this is *not* the case in their housing, while only 57% of respondents state this *is* the case in their housing. The guidelines further stipulate that there must be “One locker or one shelf per person.” Thirty-six percent of J4MW’s respondents state this is *not* the case in their housing. I have not witnessed any secure spaces in which workers may store their belongings and some have reported thefts, causing further conflicts between housemates. Other workers complain of old, musty, moldy, dirty and/or lumpy mattresses; mattresses on the floor; and a lack of sheets, blankets or pillows. Such conditions can cause respiratory and sleeping problems, and can exacerbate musculoskeletal concerns such as back and neck pain.

The most common concern among workers uncovered in my research with respect to bedroom facilities is a lack of space and privacy, neither of which are adequately addressed in the guidelines. Almost every worker shares their sleeping space with at least one other person—many sharing with up to five or ten, in some cases even 15 or 20 others.⁹ In many cases bunk beds are crammed one after the other, as seen in Figure 49. Some resort to cardboard, plastic, towels, blankets, or sheets to try to create a semblance of privacy. As one worker exclaims: “There is no space! Here’s one worker, here’s another . . . if I put my arm out I touch a co-worker. This is not enough space!”

⁹ Russell (2003) reports that there is an average of 2.7 workers per room, with higher crowding levels found in bunk houses and one-room units.

Figure 48 - Migrant worker housing – washing and bathing facilities



Figure 49 - Migrant worker housing – bedroom facilities



Source: Justicia (2008)

The main health issues workers associate with such conditions relate to mental and emotional health concerns, as well as the related issue of sleep. Women workers especially report sharing small spaces with their co-workers one of the most difficult aspects of life in Canada. “Yes, it’s very difficult,” explains Juanita, “they (my

roommates) are very different from me, with other customs, other ideas, other things, no, no, no” Jordan, a Jamaican worker, similarly comments, “They treat us like animals, all close together.” The J4MW report concludes that: “Increased privacy and personal space is a huge desire for all workers.”

Amidst such conditions, tension between roommates is a common concern. As Alejandro explains, “Sometimes, I don’t know if (it’s because) they miss their family, but they get angry.” On occasion the tension is so much that it erupts into aggression. Pablo, one worker, had to go to the hospital following another worker throwing a pot of boiling water onto him while the two competed for coveted stove space to make dinner. He was badly burned and couldn’t work for two weeks following the incident. I have heard of numerous cases of physical aggression, sometimes even involving knives or sharp garden tools, which in severe cases has resulted in injuries and dismissals from the program. In such highly charged cases, mental and emotional health concerns of stress and tension can lead to physical problems as well (see Chapter 9). Close quarters can also lead to the spread of infectious disease, such as TB, a common finding in U.S. studies of migrant farmworkers, and an area which warrants further investigation in the Canadian context (Hennebry 2007), especially given the recent finding that a significant proportion of Mexican SAWP workers may carry latent TB (Duarte and Sanchez 2008).

Problems Associated with Restricted Freedoms in Living Environments

Although this issue is not addressed at all in the housing guidelines, another factor contributing to workers’ mental and emotional health is the surveillance and control some experience over their living environments, which I introduced in Chapter 5. Restricting workers’ freedom of movement and association can have major mental health implications. Not only does it reinforce the feeling among workers that they are treated like a kind of slave or prisoner, but also because it shuts off vital support systems which they may need to help cope with the strains of being in Canada.

Punishment through control over access to living environments can have other health implications. Some workers report that the employer turns off their electricity if they do not work long enough to satisfy him. Others say that their employer assigns them a curfew and then locks the door if they are not home on time. Besides the obvious

problems with this, it is a particular concern for women, who may fear for their safety being locked out of their home. One female worker in this position indicated “Many of us are crying and just want to go home.” Locking doors also presents a fire hazard for those left inside who may be unable to easily get out. (A farmworker dwelling in Niagara burned to the ground during my fieldwork in 2007; no one was injured.)

Also not addressed in the housing guidelines are workers’ isolation, their means of transportation into town, or their social and communication needs. Nowhere is it stipulated that workers should have a communal space; a place to socialize and receive visitors; or even a telephone to communicate with loved ones. All of these factors restrict the social support systems that workers may rely on to help them cope with the isolation and stress they may experience in Canada (see further discussion in Chapter 9).

Poor living conditions can all be attributed to larger structural factors. First, employers are responsible for providing housing, but what they can provide may be deeply constrained based on the economic viability of their operations; they may also be preoccupied with running the farm and have little free time to worry about upgrading accommodations. Growers quickly note that all of the expenses for housing add additional costs to “importing” migrant workers. Good employers do not necessarily make good landlords, and it is problematic that the two roles are conflated. Second, the logic behind rationalizing substandard conditions for workers is that they come from “third world conditions” and thus should not expect anything better here. Moreover, even in cases where workers’ accommodations in Canada are physically superior to their own homes, many of the underlying problems go beyond the material space: they have no control over their conditions or their roommates; they are crammed with many strangers into small spaces; and they must all compete for the same limited resources at the same limited times to cook, clean, bathe and socialize.

Similar to the difficulties experienced in tracing chemical exposures and health outcomes, it is not always possible to determine if certain health problems may derive from living conditions. The issues raised here, however, certainly suggest that unhealthy living conditions are widespread and that the current regime of guidelines is insufficient. Many observers find it particularly concerning that several farmworkers have died at young ages, in supposedly healthy conditions, while in their accommodations. These

include both Mexican and Jamaican workers whose families I later met, and also a well publicized case of two Thai farmworkers who both died in the same home, just weeks apart in 2007 (Bajer 2007). Most of these deaths were attributed to “freak” heart problems, but the families, who knew their loved ones had just undergone extensive health checks, wonder if other factors may have contributed to their untimely deaths.

Food Access, Nutrition and Weight

“Many are accustomed to having food cooked for them, and they don’t know how to buy things or cook things, or they don’t wash things properly, or keep things out of the fridge. Those with more time there learn this type of thing. We tell them to talk to their wives and learn about these things, to drink enough liquid, etc.” Ministry of Labour official, Mexico (Interview 03-2006)

Research in the United States indicates that Hispanic migrant workers’ eating habits change “dramatically” after arriving in the United States, and include less healthy habits such as fewer fruits and vegetables due primarily to perceptions of poor quality and high prices and an increased reliance on fast and buffet foods (Cason *et al.* 2006). These authors note an obvious paradox: “while migrant workers provide the US population access to high-quality, affordable foods and services, they often suffer from food insecurity, malnutrition, poor health status, poverty, and low job security, and not uncommonly live and work in unsafe, unsanitary conditions” (2006:146). In general, migrants’ levels of obesity increase after they settle in the United States (Castañeda and Zavella 2003:139). One study of Mexican migrants on the U.S.-Mexico border found that 82% of households experienced food insecurity, and 49% had hunger (Weigel *et al.* 2007). Some migrants cite lack of time and transportation as barriers to healthy food preparation. Once more settled in the United States, migrants generally become more mobile and self-sufficient (Cason *et al.* 2006).

I would postulate that undocumented migrants (like those mainly found in the United States), who are not bound to an employer, place and contract, would normally have more freedom to determine their use of “off time” and to negotiate transportation than would legal guestworkers in Canada. It is possible for these reasons that the situation is, in some ways, more difficult in the Canadian context. Most workers in my study felt that they do not have a nutritious diet in Canada, especially when compared to their diets

at home. The main reasons given for this are a lack of access to nutritious and familiar foods from home; a lack of time and inadequate cooking and storage facilities (compounded by the fact that most workers are only taken shopping once a week, and cannot make mid-week trips to the grocery store to stock up on fresh items); a lack of knowledge about how to cook (a problem apparently particular to male workers); and emotional stress affecting eating habits (a problem noted more among female workers). Workers report either gaining or losing weight in Canada—they generally estimate a 3-10 kilo difference over a season. They attribute both weight loss and gain to poor nutrition and dietary habits in Canada, sometimes made worse by stress.

Both Mexicans and Jamaicans report being unable to access the foods they are used to eating at home. As most workers come from farming backgrounds, they are used to having access to fresh subsistence crops for consumption. One Jamaican explains why his diet is poor in Canada:

No, because the food, we're used to Jamaican, fertilizer food, that you grow every couple days or weeks. You can get good food [in Canada], but the money is too much. They import yam, banana from Jamaica, but we don't have the money to buy it, or buy much. We usually eat rice and peas, fried chicken, salt fish, dumpling, maybe if we see something Jamaican, like pumpkin or banana, we buy it.

A Mexican worker notes similar concerns:

For example, there are no *nopales* [cactus] to make you a smoothie They are liquefied, natural and very healthy because they have many vitamins, and in Canada there's nothing like that. And . . . everything has more chemicals than here [Mexico], here everything is more natural. But obviously, we don't just stop eating, we brought ourselves our tortillas and all that we can, we make *tamales* and *pozole*.

It is clear that neither Jamaican nor Mexican workers adapt by integrating much "Canadian" cuisine into their diet. In fact, when we would get together for a shared meal and I would provide a dish common in my diet, it would be invariably laughed at or ignored in favour of more familiar cuisine. (I soon learned to only bring along more familiar food to shared meals if I didn't want to face ridicule and leftovers!) Some workers, if they have the time, permission and space, grow small garden plots, and most

also stuff their suitcases with familiar items from home. Some even have *nopal* plants growing in their homes (see Figure 50).

While most Mexicans and Jamaicans alike seem to do their best to cook foods familiar to them from home, when familiar ingredients are not available to them, they sometimes have to go without or substitute with something they deem to be inferior. Junk food, like chips, cookies, and pop are common items in their fridges. Jamaicans rely heavily on fried chicken and rice, while Mexicans have tortillas present at every meal. On nights out, workers often frequent (hamburger-based) fast food and (Chinese) buffet restaurants. Interestingly, a Mexican restaurant in St. Catharines is generally ignored by workers, who, if they even know of it, view it as over-priced and geared towards gringos. This stands in sharp contrast to Leamington, where several inexpensive Mexican restaurants have sprung up and are frequented by workers, for example the restaurant shown in Figure 51.

Figure 50 - Migrant worker personal gardens



Figure 51 - Mexican restaurant in Leamington



The long hours of work also contribute to a poor diet. One worker explains, “We drink Coke to help us stay awake.” With the facility, space and time shortages mentioned earlier, many workers are simply unable to cook and eat sufficiently, especially during busy periods. As one advocate observes: “The guys have to be so organized around their cooking. They get off late from work and only have one stove, so they can’t all use it, so some of them have to cook the night before to make sure they can eat.” Invariably the quality of what they are able to prepare under such conditions will be compromised.

In addition, many men say they cannot eat well because they “don’t know how to cook.” At home, it is customary for women to do all of the cooking, and many men had never even thought about how to cook and prepare a healthy meal before they came to Canada. As one man explains, “There you arrive; you don’t know how to cook or wash or anything. It’s very difficult. We can’t find a woman to do these things. I have to cook, wash, iron, everything. There is no help. There I learned that the work of a woman is not very heavy, but it’s a lot of work.” When I asked another worker if his diet is nutritious in Canada, he put it bluntly, as if the answer was obvious: “No, because I didn’t have a wife to cook!” Perhaps one serendipitous outcome may be that men in such situations learn to appreciate and value “women’s work” at home. In the mean time, however, many appear to be going without adequate food. One “best practice” that a small number of employers at larger operations have implemented is paying one of the workers to cook for the others. This provides all of the workers with healthy, culturally appropriate meals from a more experienced cook, without them having to worry about cooking for themselves. Also repeat workers often learn how to cook from watching their peers, so perhaps nutrition improves with time in Canada.

Although women say they at least know how to cook, and are better able to provide healthy meals for themselves (often coordinating and sharing duties), they still report many problems with nutrition, some of which they attribute to emotional stress. “When I get nervous I want to eat. I get this because of tough work, missing Mexico, and problems in house,” remarks Patricia, an overweight Mexican worker who gained over ten kilos in Canada. On the converse, Marcia, another Mexican woman who lost seven kilos during her first season in Canada, and who also suffered from depression about separation from her child, suggests that weight loss is commonplace among her female

co-workers: “All of us lose weight, all of us, because we work a lot and we don’t eat what we should eat.”

A few strategies to improve nutrition could include better access to fresh, healthy food from home, including garden space for workers; adequate time and space to prepare foods; basic cooking lessons (especially for male workers); and general nutritional education for all. In considering the relationships between migration and nutrition needs more broadly, it is also important to note that as increasing numbers of peasants cannot make a living from their land, remittances from migration help to purchase needed foodstuffs for both migrants and their families at home. Part of this move away from subsistence farming and consumption of fresh, local produce, to a reliance on purchased and often imported foodstuffs, however, may in fact lead towards more highly processed and nutrient deprived foods. The high levels of obesity among predominantly poor Mexicans both abroad and in Mexico may thus be part of the same trend (see Patel 2007).

“Sick and Tired”: Sleep and Insomnia

Throughout my research, many workers discussed experiencing a chronic lack of sleep, which would often contribute to their fatigue while working. A lack of sleep, of course, also has profound impacts on all aspects of emotional and physical health. Even temporary periods of sleep deprivation, or slightly lesser periods of sleep over long periods of time can weaken immune systems, leaving workers more susceptible to illness, accidents and even premature death.¹⁰ Some scientists even call sleep loss an “occupational hazard” (Bryant *et al.* 2004; see also Lopez 2007:142).

In my research, the vast majority of workers report sleeping less in Canada than they do at home, usually the difference is estimated at between two to four hours, but for some the difference can be up to five or six hours. (Normally at home workers report sleeping eight to ten hours a night, while in Canada the number is usually five to seven.) The two main reasons given for insufficient sleep are insomnia and a lack of time available to sleep.

¹⁰ Indeed, lack of sleep has been shown to contribute to all-cause mortality, although the processes by which sleep deprivation interrelates with immunity and contributes to poor health outcomes or only now beginning to be understood. See Motivala and Irwin (2007) and Bryant *et al.* (2004).

For both men and women, the main reason given for insomnia is “thinking about and missing family.” When I ask how much sleep he gets a night, Pedro, a Mexican worker explains, “Four or five hours The minute I close my eyes I see images of my family and I am so sad.” Women’s responses about their insomnia are a slight variation on the same theme—the most common being, “Worrying about children.” Women are also more likely to complain of tension between roommates as a contributing factor. For some, bouts of insomnia are temporary adjustments, like sore muscles getting accustomed to the work, and then settling down. As Mirna explains of her own insomnia, “Only when one arrives and you think, I miss my house, my bed . . . but after you adapt.” For others, especially when linked to depression or other concerns, insomnia can remain a constant struggle (see Chapter 9).

Uncomfortable conditions discussed earlier, such as excessive heat (more commonly) or cold (especially in unheated trailers) and uncomfortable mattresses (musty, lumpy), or noise from roommates (snoring, talking on the phone, listening to music, having late night visitors) are noted as other contributing factors to inadequate rest. In one home of Mexican women, several of the workers noted insomnia as a common concern. When I asked Claudia, a Mexican worker, why she was having so much trouble sleeping, she responded that her roommate, Tomasa keeps her up, “blabbing on the phone with her boyfriend in the United States . . . into all hours of the night . . . she is just so loud!” This experience highlights the difficulty for these women living in such close quarters, neither able to have a private space for the needs of life—intimacy, sleep, etc. The situation also highlights the difficulties experienced by migrants forced to endure long separations from their loved ones. (Long distance relationships like this are common; in this case Tomasa’s partner is a Mexican migrant from her home village—they were forced to separate because he could not get into the Canadian program and she could not easily get across the border into the United States.)

Sleep deprivation may contribute to illness and accidents; on the other hand, illnesses and accidents may contribute to further sleep deprivation. After suffering from a fall at work, which she blames partly on exhaustion, Lindsay explains:

It feels like I’m pinching a nerve and the pain goes all the way from my waist to my right foot. It also affects my sleep. I’m in a lot of pain whenever I lie down and I can’t get to sleep. That’s the worst, when you’re so tired and you

want to sleep but you can't. I go to bed at 11pm and get up at 5am, so if I can't fall asleep right away it's really bad.

Some workers like Lindsay may resort to sleeping pills to help; many bring their own remedies from home as I discuss in Chapter 11.

Other workers say they simply cannot get enough sleep at night because of the excessive hours they are expected to work. As explained in Chapter 6, during harvest times the hours can be excessively long, and returning after such long days, workers still have to take care of all of their other needs before they can get to sleep. For some women especially, calling children at home regularly is a priority, and for workers without a phone, this could also mean a bike ride into town. As Maria explains of a time when 14-16 hour days were required during the harvest: "I was only 22 years [old] – I thought it was normal (to work so many hours). For a time we slept only two hours, by the time we got home from work, showered, cooked, ate, called home By the time we went to sleep it was almost time to get up again!" Another female worker explains the depth of the exhaustion she accumulated in Canada:

We are exhausted, very tired. [When we return home] we just can't wait to sleep for a month. That's how long it takes for us to recover and feel normal again. It's like we live two different lives. Here's we're on automatic-mode—during the day I can feel my eyes get heavy and I know I'm tired, but we're like machines here. We just keep moving regardless of how we feel. We get up at 5:30am every day and just do whatever we're told. We drink Coke to help us stay awake. When we get home for the first while we're still waking up early like this. It takes a while to adjust back to normal.

In sum, sleep and insomnia are issues that impact (and are impacted by) many dimensions of workers' physical, mental and emotional health. Significantly, most workers who experience insomnia in Canada do *not* report the same problem at home. Most of the sleep problems experienced seem to derive from circumstances *directly related* to conditions in Canada.

When Calling Home can Kill: Bicycle Safety and Injuries

As discussed in Chapter 5, most workers rely on bicycles as their principal mode of transportation. An incident which occurred near the beginning of my fieldwork with

migrant workers forever constructed my view of how workers' living environments, not just what happens on the job, can affect their health and safety.

September 27, 2005 started as any other day for a group of Jamaican migrant farmworkers employed at a vegetable farm near Delhi, Ontario. Like many of the over 7,500 migrant farmworkers in the region that stretches between Simcoe and Tillsonburg, they woke up early in their bunkhouses to a crisp Ontario autumn day, when fields come alive with mature crops, and workers can spend in excess of 14 hours a day bending, pulling, lifting and packing to ensure that the precious harvest is retrieved in time. Around dusk, when their work ended for the day, they left the farm on their bicycles to ride into town to call their families back home. Two of them never made it back.

On the long, straight stretch of highway that led between their farm and the small town of Delhi, three of the workers were hit from behind by a young local resident in a speeding car. Two of the cyclists, William Bell and Desmond McNeil, were pronounced dead at hospital. The third, Frederick Smith, was seriously injured. While some media and officials portrayed the incident as an unfortunate accident for which workers' own actions and even their "dark skin and clothes" against the night sky were partly to blame, an examination of the broader context within which the incident took place points to a systemic and discriminatory pattern of exclusion and exploitation within which migrant workers live and work in Canada, which collectively renders them particularly vulnerable, and which has a direct connection to their untimely deaths.

The farm which employed Bell and McNeil is notoriously known for its poor treatment of workers. Family members of the deceased, as well as past employees at the farm, even other local residents, all point out exploitative and even abusive conditions under which employees work. The migrants live in over-crowded, run-down bunkhouses and are not provided with any access to a phone or safe method of transportation. They work exceptionally long days, and by the time they finish working, it is often dark. In order to call their families, to purchase items or even to socialize, they have little choice but to ride poorly-equipped second-hand bikes along the dark highway into town.

As the son of the late William Bell, Junior Bell explains, "After working a long day, my Dad had to bike into town just to call my family back home. My father had been coming here for 12 years. There were 10 of us in the house in Jamaica and my father was the only one with a good job. He spent his whole life dedicated to us. Now there's no one to support my family in Jamaica and I lost the best Dad a man could ever ask for." Bell, who is currently residing in Toronto with his wife, says that this accident could have been avoided if there had been an accessible phone at the farm where his father worked, or if the workers there had had safe means of transportation to access the necessities of life.¹¹

I later met family members, co-workers and friends of the deceased men. I recorded in my fieldnotes that the co-workers of Bell and McNeil were shaken because they know it

¹¹ This passage has been adapted from an earlier article, which I published amidst my fieldwork (see McLaughlin 2006).

could have been them. “They’re angry and scared – they have their families at home and (biking into town) is the only way they can reach them.”

They were right. As I continued to do research with migrant workers, I found that the story of William Bell and Desmond McNeil was not just a “one off.” The same season that killed Bell and McNeil also witnessed the fatal accident of Mexican worker Alberto Tableros, in Leamington. Each year of my research, I learned of more fatal or serious bicycle accidents, always occurring among migrant workers biking into town without lights, helmets, reflectors or other basic equipment which could have helped to protect their lives. I met widows of workers who had been killed this way in both Mexico and Jamaica. In Mexico, I met the wife of Pedro Rosales, a worker who had suffered from a serious bicycle accident in Leamington, leaving him with major injuries and scars. Pedro, whose story was publicized in the *Toronto Star* (Bruser 2006b), had to stay in Canada for over a year, receiving treatments, before he was finally able to be reunited with his family. The separation took a huge emotional toll on all of them (see Chapter 12 for further discussion of these cases).

In the village next to Pedro I met the widow of another worker and her two children. Her husband was killed after two migrants’ bicycles collided on a dark, unlit street, near Leamington. She now goes to Canada as a migrant herself, to try to support her two young children. I accompanied her as she made her annual trek from Niagara to Leamington on the anniversary of his death, to put flowers at the place of his crash. His accident took place after traveling into town to send remittances for their children’s school expenses. Co-workers wonder how it could have been avoided. During my Canadian fieldwork in 2007, another Mexican worker I knew in Niagara was killed while walking home on a rural highway without a sidewalk. These are just a few examples; searches through newspaper archives reveal more deaths, more shaken co-workers, more widows and children left behind.

Figure 52 - Crosses mark the spot where Desmond and William were hit and killed, near Simcoe



Figure 53 - Pedro discusses missing his family while in Canada



Figure 54 - Flowers are left in the areas where workers died in Niagara (left) and Leamington (right)



Indeed, many workers have stories about bicycle accidents. As Elvia, a Mexican worker, explains: “I fell on the street and hurt my hand and nose . . . I wasn’t hit by a car, but I was trying to avoid a car, there was blood everywhere but I didn’t go to the doctor; I didn’t even know how to ride a bike in Canada.” Medical officials also identify bicycle accidents as a principal hazard facing workers. A nurse practitioner in Niagara, for example, explains:

18 years ago, the first fatality I dealt with in emergency was a migrant farmworker killed on highway 55. [In Niagara] there is no extensive road

safety . . . no reflectors or helmets. There is a huge potential for damage to happen. Biking is most dangerous sport in Canada, but it's their only way of transportation. There are tons of car accidents in Niagara, especially with all of the tourists (Interview 08-2006).

That so many accidents happen is not surprising, given the circumstances. Almost all workers rely on second hand bicycles as their main source of transportation. Rural Canada is notorious for unsafe roads—few rumble strips, bike lanes, street lights or sidewalks. Most rural Canadians rely on cars for transportation and accommodations have not been made for these seasonal “visitors” who must use bicycles. Very few workers use any kind of protection on their bikes, although some report having reflective tape, reflectors or lights, and among those workers who have known others to have serious accidents, there is a growing impetus to also wear vests and/or helmets. Some community groups have started to take this on as an issue. In Niagara, Enlace runs an annual bicycle rodeo along with the local police department, targeted at promoting bicycle safety among Mexican workers. A local volunteer fixes bikes for workers on a weekly basis. Justicia distributes reflectors. I have heard of similar efforts in other communities, such as Simcoe and Leamington. All of these efforts have expanded over the course of my research after many years of being neglected.

Still the majority of workers do not use protective measures; many have never received bicycle safety education; and all come from countries where the “rules of the road” are entirely different from those of Canada. In both Mexico and Jamaica, authorities are cognizant of the problem, recognizing bicycle accidents as one of the main contributors to fatalities among workers in Canada. One Jamaican authority even told me a disturbing story: “About four or five years ago there were several workers riding on bikes, who were run over by a man yelling racist slurs. Two of them died on the spot” (Interview 03-2007). (Workers, too, sometimes attribute aggressive drivers to racism.)

Other authorities, however, see the problem differently. During an interview with Mexican officials in 2006, I suggested lobbying for telephones to be mandatory on farms to avoid workers having to bike into town just to call home. The representative conceded bicycle safety is an issue, and that two Mexicans had already died that year on their bikes, but he argued that having access to a phone would not decrease bicycle deaths, saying the workers are usually not on their bikes to use the phone:

They go into the towns, have a few drinks, then they feel so brave, like superman, and they suffer the consequences. This kind of people [many of the workers] are Indians, they suffer more consequences from the alcoholic drink than the whites or mestizos, because they're more sensitive to it. Our Indians, after one or two drinks they feel strong and don't know (Interview 08-2006).

I also brought up the issue of bike vests, but he said it's "not in the Mexican culture to wear these things when riding—our workers don't have the mentality to use it."

Such racialized arguments, illustrating the biases emergent within the race and class chasm that exists between workers and their country representatives, taken to their logical extreme, can be used as an excuse that workers are "beyond help," so there is not much point campaigning to increase their bicycle safety. Moreover, authorities' responses to "blame the victim" ignore the broader determinants structuring workers' risk—a lack of safe, independent transportation. In contrast to these authorities' beliefs, however, I witnessed workers respond to education efforts and offers of accessible safety equipment. I stood by Pedro Rosales, who had himself suffered from a serious bicycle accident, as he passionately encouraged other workers to buy and wear helmets and reflective vests. I witnessed the increasing use of these items in Niagara following Enlace's spirited bicycle rodeo, as workers began to use the helmets and vests made cheaply available. And I saw J4MW run out of the flashing bicycle lights they offered to workers at a subsidized price. Interventions are possible, but until larger structural changes take place, and education efforts are targeted more widely, workers' body counts will continue as evidence that they live and travel in unsafe circumstances.

Sexual and Reproductive Health

It is certain that gender inequity can be deadly. – Ida Susser and Richard B. Lee 2009:37

Situating Sexual and Reproductive Health Issues among Migrant Workers

In considering the sexual and reproductive health issues of migrant farmworkers, I follow Castañeda and Zavella, who suggest that "social reproduction—of which sexuality is central—should be seen as local expressions of transnational inequalities" (2003:127). They note that migrants' knowledge and practices regarding sexuality are situated within broad political economic forces—globalization both pushes migrants to the North and creates a situation in which STIs and other illnesses are transferred back to the global

South in the bodies of migrants. In this context, social inequalities and their resultant health impacts constitute what Rayna Rapp has called a “political economy of risk” (as cited in Ibid:127), including such factors as mobility, gender, economic resources, and working conditions. Furthermore, unlike many studies that examine either one or the other in isolation, I view issues of sexual and reproductive health as interrelated.

People who migrate generally face particular risks for sexual health issues; their mobility is a source of vulnerability (Castañeda and Zavella 2003; Parrado *et al.* 2004). Displaced from families and communities, migrants who are normally in their reproductive years find solace and fulfillment of needs and desires for intimacy and sexuality in romantic and/or sexual partners in their place of temporary residence. In countries of origin, migrants are viewed as people who may bring home both remittances and STIs; in their host countries they may be seen as people who provide labour and transmit infections (Wolffers *et al.* 2002). Studies in the United States have found that migrant farmworkers are at increased risk of HIV and other STIs due to a number of structural, cultural and economic factors, including limited education, isolation, use of sex workers (generally female among men), poor working conditions, high mobility, separation from families and communities, low rates of condom use, and multiple partner encounters. The rate of HIV among Latinos in the United States is up to ten times higher than the national rate, and migrant workers as among this group’s poorest, most mobile and exploitable, may face particular risks (Apostolopoulos *et al.* 2006). In a study of Latino migrants in the United States, rates of use of commercial sex workers were 46% for single men and 40% for married men living apart from their wives (Parrado *et al.* 2004), a finding consistent with other studies, which have also demonstrated condom use to be rare (see Lopez 2007:155). In a sample of 210 migrant workers in Texas, for example, 71.7% reported never using a barrier method during vaginal intercourse (Varela-Ramirez *et al.* 2005).

Perceived gender roles also structure risk and behaviour. It is considered as “natural” that men may be promiscuous or pay for sex, while women are expected to be monogamous or risk a bad reputation. At the same time, women migrants are at particular risk for rape and sexual abuse. Some women also partner with men for safety in return for sex, or sell sex as a further economic survival strategy (Apostolopoulos *et al.* 2006;

Lopez 2007:143). Other studies indicate that condoms are viewed as socially inappropriate among Latinos, due largely to religious taboos based in the Catholic Church. Many Latinos have internalized these notions; condoms are largely viewed as “unnatural” and evoke shame; for women especially, their use may be seen to imply “impurity” of having more than one sexual partner (Castañeda and Zavella 2003). Women spouses of male migrants also face particular risks. Married women may feel especially hesitant to ask their husbands to use a condom, for fear of causing tension or implying unfaithfulness, a concern well documented in the African context where HIV rates are much higher (Lee and Susser 2002; Susser and Lee 2009). In communities where women are recognized as more equal and autonomous, such concerns may be less apparent. The empowerment of women is thus a key factor in mitigating the spread of HIV (Ibid).

Economic factors also play a role in structuring risk—for example, as a deterrent for the use of condoms or birth control methods. The need to ensure employment in future years may also deter migrants from STI testing, as a positive test may preclude participation in a migration program. Wolffers *et al.* (2002) likewise report that in Malaysia, being diagnosed with an STI may mean repatriation, and this threat acts as a deterrent from seeking health care.

Whatever the context in which migrants engage in sex, their work may also place them at undue risk for reproductive health problems, which may also impact their future children. Exposure to certain pesticides may affect reproductive health outcomes among both men and women. After reviewing 62 papers examining links between pesticide exposure and reproductive health, Sanborn *et al.* conclude that “occupational exposure to agricultural chemicals may be associated with adverse reproductive effects including: birth defects, [reduced] fecundability, fetal death, and intrauterine growth retardation” (2004:119).

Women face specific risks. In a review of the literature on farmworker health, Mobed *et al.* (1992) contend that female farmworkers are exposed to a number of hazards, including: “Prolonged standing and bending when working at conveyor belts, hoeing, thinning, or harvesting, as well as to overexertion and fatigue, pesticides and other agricultural chemicals, and insufficient sanitary facilities in the fields.” They note

that these exposures can have negative effects on various aspects of reproductive health including, “possibly resulting in menstrual cycle disorders, infertility, spontaneous abortion, premature birth, pregnancy complications, fetal malformation or growth retardation, cancer among offspring, or abnormal postnatal development of infants from exposure to chemicals transmitted in breast milk” (Mobed *et al.* 1992:371). In the United States, women farmworkers experience high levels of reproductive problems, with an infant mortality rate 25% higher than the national average (Castañeda and Zavella 2003:128). In a study of migrant farmworker women in California, 24% had reported at least one miscarriage or still birth (De la Torre and Rush 1989, as cited in Hansen and Donohoe 2003). My research reveals that similar concerns may be present in the Canadian context, though tracking is exceedingly difficult, as pregnant women are normally repatriated before they give birth.

Sexual Relationships in Canada

My trusted relationships with workers both facilitated open discussions about sexuality and risk, and inhibited them, since in many cases I knew their families and they would see me on a regular basis (it is sometimes easier to confide intimate details to a stranger who will never be seen again). In order to save them the embarrassment of discussing taboo or sensitive issues with me, or admitting to what they might perceive as indiscretions, instead of asking workers about their own sexual activities, I asked them to estimate how many of their co-workers engage in sex in Canada. The answers generally ranged from 40-90%, but the general consensus is that *over half* of workers engage in sexual relationships at some point in Canada, and the estimate is generally higher (60-90%) for women.

I then asked more specific questions about their observations of sexual relationships and behaviours among their peers. Most workers were willing to discuss issues from this angle quite openly, and some revealed personal experiences (on their own initiative) as well. SAWP participants revealed that they engage in sexual relationships with each other, with migrants from other countries and also with Canadians. Mexicans are most likely to seek relations with other Mexicans or Latinos (likely due to cultural and linguistic familiarity), while Jamaicans are more likely to have

relationships with Canadians of multiple backgrounds, but there are all sorts of exceptions and some Mexicans do develop relationships with non-Latino Canadians or other im(migrants). Although employers have tried to discourage sexual activity among workers by hiring men and women of different ethnic and linguistic backgrounds as discussed previously, sometimes, although less frequently, Jamaican and Mexican workers also have relationships with each other. Most workers appear to primarily engage in heterosexual activities and relationships, although strict taboos about same-sex practices likely inhibit admissions about these matters.¹²

The most common motivations workers discuss for engaging in sexual relationships include easing the strain of being away from their families; pleasure; intimacy; pressure; money; and companionship. Mexicans most frequently note the long separations, while Jamaicans are more likely to acknowledge pleasure and desire, “because the feelings come by” as one put it. Still, both groups may experience multiple and contradictory feelings regarding sex. Simon, a Mexican worker, observes:

There are many situations . . . in some cases it can be the solitude, in some cases it can be that the person has this kind of habit, or in some other cases it might be more about discovering other types of women, it is something that happens, in some other occasions it might happen because of an error, that is to say, by mistake, and sometimes you might say, “I didn’t want to be with that woman, but it already happened and it won’t happen again.”

With the skewed gender ratio, many men who would otherwise desire a relationship with a woman are left alone. In this context, there are some reports of women workers engaging in sex with multiple partners, sometimes in exchange for gifts or money. Emilio, a Mexican worker, comments:

Men flock around any woman they see. Back in Mexico, they may only like pretty women, but here they’ll go for anyone. Some of the women here in Virgil are paid for sex. The men will buy them groceries and gifts, take them out, do anything to get a woman, whereas in Mexico they won’t even take

¹² Although I have heard isolated discussion about gay and lesbian participants, or same-sex relations occurring, these are taboo topics among both Mexicans and Jamaicans, in whose countries homophobic and heterosexist attitudes are widespread and discrimination is legislated and systemic (though these dynamics may be changing in Mexico, the host of the 2008 International AIDS conference). I would speculate that more same-sex relations occur than are reported, especially in light of research in the United States which reports that same-sex relations are common among predominantly male groups of farmworkers (Apostolopoulos *et al.* 2006). Since most workers in my study only made comments on heterosexual relationships, however, I focus my analysis on these relationships.

their wives out. Some of the men in Leamington are so desperate, they will pay for a \$350 taxi to send some of the female workers [from Niagara] there to have sex.

Canadian or other im(migrant) women also sometimes act as sex workers, offering services to migrants for set fees of money. According to a local women's rights advocate, sex trafficking, including in some cases minors, is also a noted problem in Niagara. The existence of prostitution is generally acknowledged among workers. As one Jamaican (who did not accept the offer) explains, "I saw them, they come to my place and come to me and say I'll give you a blow job \$50, \$100 for sex – she was a Canadian, nice, pretty girl."

Most workers say they have never paid for sex; more commonly they acknowledge occasionally visiting a strip club. As one veteran Mexican worker explains:

My co-workers go, not knowing English, a woman asks if he wants to dance, and then after says he owes her \$200. The Mexican says he must pay because he doesn't want to get in trouble, then ends up going home feeling awful about himself and crying because he lost his money. It's hard for them because they come from very uncivilized villages and they don't know how to act around strange women, so when they see them they just bow their heads.

Although some workers engage in paid sex work or visit strippers, the majority who engage in sexual relationships appear to do so as *parejas* or partners who they meet in Canada, and who provide emotional support and social companionship throughout their time here. Jamaican men, who are more likely to be single or in informal relationships back home, often get into short or long-term relationships with Canadian women, sometimes resulting in children and/or marriage. In some cases, such workers who have no other way to gain permanent residency in the country acknowledge a primary motivation for such a relationship is to gain immigration status, and break-up after regularization has occurred. Migrant workers who return to the same Canadian community year after year end up living a double life—one with their loved one in Canada, and the other with their spouse and children at home, a common phenomenon among migrants in various contexts (see Castañeda and Zavella 2003; Lopez 2007 for discussion of U.S.-Mexico case). While the emotional support and physical intimacy of a partner in Canada may help to ease their loneliness, for many these relationships can also

cause huge strains on their families back home and also a sense of personal crisis, a theme I take up in Chapter 12.

Sexual activity, though common, is far from universal. Some workers feel that sexual relationships are not necessary or even desired. As Antonia, a Mexican woman, put it,

They say it's because the body needs it, but I don't think this is right. I think it's all in their heads. If I have the desire to eat a food, I don't have to eat it. In all of my 18 years here, I've never had sex . . . They're living in a fantasy world. It's nothing concrete, nothing with responsibility.

Many men, both Mexican and Caribbean, especially those who are religious and married, also discuss a desire to stay faithful to their spouse and avoid romantic relationships for moral reasons. Additional deterrents include a lack of free time, privacy, available partners, and restrictions on mobility.

Sexual Health Knowledge, Education and Resources

We are all too afraid to ask for condoms. We don't speak the language and we just don't talk about it. I had never talked about sex in Mexico. When I first came to Canada I didn't even fully understand what it was or how to protect myself. I was 30 and still a virgin. I met another worker, and he told me that he loved me and things weren't good with his wife. He was my first boyfriend. We conceived my son and I thought he would stay with me, but after he was born he got involved with another woman worker. Despite this I stupidly slept with him again and ended up pregnant again. This time I couldn't take the humiliation and strain of another child on my own, so I had an abortion. I now regret this. It is the worst mistake of my life. But I was scared and alone. – Sofia, Mexican worker

Unsafe sex poses two primary physical risks: unwanted pregnancies and sexually transmitted infections. Most workers from both Mexico and Jamaica report that they and their co-workers have some knowledge about STIs and understand that condoms can reduce the risk of such infections. As explained in Chapter 4, sexual health is the *one* aspect of health education most consistently prioritized at both ministries, and in particular in Jamaica, where workers are lectured before they depart on the risks of engaging in sex, especially when it is unprotected. The focus of the ministries' education – geared towards the disproportionate number of male participants – is on STIs, not pregnancies, so women report that they still lack education and support for pregnancy prevention. In Mexico, where sex has been considered a taboo topic for many, some

sexual health education is also now being incorporated into rural health efforts. Much of this, though, seems to be in the context of family planning. One worker told me he and his wife were educated in the “rhythm” method in keeping with church practices. How effective was it? Despite his annual eight month stints in Canada, they have six children together.

Even if they are aware of STI and pregnancy risks, workers continually report that they are unable to easily access forms of protection or birth control. This is a particular problem for women, who personally experience the consequences of unwanted pregnancies. As Sebastian, a Mexican worker explains:

These women arrive in Canada, have unprotected sex, get pregnant, and what do they do? Where do they run to? To which doctor? In Mexico, there is something called “the day after pill”—so that if I had sex and had doubts, I would take the pill and there would be no problem. But how do I get a hold of this in Canada? If I was a woman who had unprotected sex, and was not sure of myself, what would I do? So if this information was available to women, I think it would be better. Why? Well because unfortunately—and we all know this—our country is very sexist. Men will say, in a figurative way, I get on top to do my thing while women generally have no say. This is what I have noticed, and so (it would be good) if this existed—anti-contraceptives, forums, conferences or something relating to the prevention of sexually transmitted diseases.

There is indeed a great desire among workers, especially women, to learn more about sexual health and to protect themselves from unwanted pregnancy or illness. As I got to know workers better, they started confiding in me with their questions and concerns. I was shocked to hear how many of them had become pregnant while in Canada. When I asked about anti-contraceptive use, several reasons generally came up for not using them. Some speak of embarrassment in going to buy condoms, or of not knowing how to explain their needs to a doctor, especially in cases where employers control their access to the medical system (see Chapter 11). Both men and women also discuss not “liking” condoms. As one Jamaican man explains, “Jamaican guys don’t love to use condoms. In Canada they have whole lots of Jamaican kids up there, so they’re not using condoms or you wouldn’t have those kids up there. They’re just taking chance.” A Mexican woman comments similarly on her own co-workers: “Women don’t use birth control or condoms – they’re embarrassed about others knowing they’re using those

things, but not embarrassed about having sex!” Women explained that “Mexican men don’t like using condoms,” because of “something about Mexican culture.” Some workers explain that condoms are frowned upon by their church.

The most consistent reason given for not using forms of birth control, however, is that they are viewed as expensive and inaccessible. Even if workers are able to access a doctor and get a prescription for birth control, it is not covered by their health plans. Despite paying into a private plan for the duration of their employment, women workers do not have access to birth control. The Mexican workers’ RBC Policy Statement reads: “This insurance covers prescription drugs . . . except when required to stabilize a condition you had before arriving in Canada or a chronic medical condition” Women who tried to claim their birth control under the coverage were denied. The assumption is, I gather, that the ability to get pregnant is considered a “pre-existing condition.”

When asked about STI testing, many workers said that they had not, to their knowledge, been tested for STIs, outside of what may be necessary for the medical screening to enter Canada. “In Mexico we don’t get these tests done,” explained a group of women who asked me to take them to the local STI clinic. The different sexual health care practitioners I have asked say they don’t normally see many Mexicans getting STI tests in Canada, either. They report sometimes seeing Caribbean workers who, as one nurse put it, “come in for tests and (we find they) often had infections, usually gonorrhea and Chlamydia, but often didn’t come back for their results, or maybe they came back a year later, after not knowing and spreading it around.” Other doctors at the walk-in clinics in Niagara report mainly seeing workers who complain of symptoms; otherwise they do not normally conduct STI screening. Gonorrhea and Chlamydia seem to be the most common STIs diagnosed. Rare cases of HIV have been found among both Jamaican and Mexican workers in my research. Interviews with doctors in their countries of origin reveal that HPV is a common if under-diagnosed illness that can cause cervical cancer in women, including workers’ wives, making routine screening tests all the more crucial. Overall, workers’ access to sexual and prenatal health care services is deeply inadequate. In the face of many risks, they do not have sufficient access to the information and

support they need to make informed and safe decisions about their sexual and reproductive health (see Chapter 11 for further discussion).

Pregnancies and Reproductive Health

Many women end up pregnant in the program and then miscarry due to the difficult work they must perform, especially with the chemicals and the heavy lifting and the cold temperatures. The fact that my own baby turned out okay was a miracle. I had great fear performing various tasks in Canada while pregnant, but there was nothing I could do. I could not ask to change my circumstances or I would risk my job. – Martha, Mexican worker

As Martha's testimony indicates, pregnancies are common among female migrant workers, and most pregnant women continue to work despite the risk of complications to themselves and to their fetuses. I did not explicitly ask female participants if they had ever been pregnant, but several confided their stories in me nonetheless. With under-reporting and no tracking system, it is impossible to know what percentage of women become pregnant. Anecdotal evidence, however, suggests that the number is high. One supervisor, for example, told me that his farm replaced the Mexican women with Jamaican women because they (the Mexican women) had a "40% pregnancy rate" living beside a house of Mexican men. (A second grower told me he replaced his Caribbean men with Mexican men, because he was concerned with the Caribbean men's rate of sexual activity and impregnation of *Canadian* women.)

One female worker estimated that about ten women among her contacts get pregnant a season—or 10% of the women she knows. She suggests about half have abortions or miscarriages, while the other half have their babies in Mexico, returning to the program shortly after. Within the relatively small network of women workers I knew, I heard of eight cases of pregnancy in the course of my fieldwork. Of these, two had abortions, three miscarried, and three ended up having the child. I can only imagine how many others there were, since I did not explicitly ask, and unknown numbers of women keep their pregnancies a secret, abort or miscarry in silence.

While some workers confided their pregnancy stories in me, they told me that they had not shared them with others. Miscarriages, in particular, can go without much notice from co-workers, and women have to deal with the physical and emotional repercussions without much or any support. As Lupe, a Mexican woman, disclosed one

day of an incident in a past season, “I was feeling sick at work one day and asked to go home. I started bleeding everywhere and I lost the baby.” At the time she recounted the story, she thought she could be pregnant again and wanted to make sure the same thing did not happen; despite this, she did not access any prenatal care or modify her working conditions in any way. She whispered her predicament to me, asking for advice because “she could not tell anyone else or everyone would find out.” The only thing she agreed to do was take a pregnancy test, which I purchased for her at the pharmacy, because she was too embarrassed to do so (a common story). Once again, I was left wondering how many women survive without a support system.

Later that summer I was involved with more sexual health education workshops for women, led by Kate Sheese, a graduate student at York University, who also worked in collaboration with J4MW. Following the workshop we were both volunteering at an occupational health clinic for migrant workers, when several women showed up, all wondering if they could be pregnant. We purchased pregnancy tests for them. One of them was bleeding profusely and had miscarried. Another was indeed pregnant, and was fired and repatriated after attempting to seek medical care when she, too, experienced bleeding.

Most, although not all, of these pregnancies are unexpected and/or undesired. In the absence of birth control and accessible health care, some sexually active women rely on methods such as vinegar solutions, pills or “natural remedies” from home, some of which carry the risk of serious complications (as I discuss in Chapter 11), or unsafe abortions, to prevent and/or terminate unwanted pregnancies. Others continue working while pregnant, despite the difficulties of strenuous physical labour and chemical exposures. Several women, like Lupe, report having miscarriages. Those who maintain their pregnancies face an extreme number of barriers to accessing prenatal health care, and the health of their infant and eventual fetus is also potentially compromised. Toxins, which may bioaccumulate and end up in sperm, ovaries and breast milk, can be passed on to the developing fetus and newborn children, who are particularly at risk for long-term impairments during critical stages of their development (Schettler *et al.* 2000).

Sometimes pregnant workers make up excuses to go home early and have the child at home, without alerting authorities. Other times they are repatriated early because

their pregnancy is known or suspected. Either way, pregnant women face not only the risks and dangers associated with strenuous work and exposure to toxins and other hazards while pregnant, but also the constant fear that the pregnancy may jeopardize their current or future employment, just at a time when they will be even more desperate for economic opportunity. This fear can keep them from reporting their pregnancies, seeking prenatal care or maternal benefits, or from asking for a modification of tasks to accommodate their changing physical needs and limitations. It is no wonder in this context that so many miscarriages and (sometimes unsafe) abortions (e.g. through medications taken without prescriptions—see Chapter 11) in both Canada and Mexico have been reported among workers.

Babies who do survive the pregnancy may also face consequences associated with pesticide exposure. Some women in Mexico have reported birth defects and/or infant deaths. The elderly midwife I interviewed in the sending village where I based my research in Mexico estimates that one in ten babies she had delivered had some sort of birth defect, and 5/100 died shortly after or during birth. With improvements in medicine, she says, these numbers are lower, with only 5/100 babies having some kind of birth defect. Still, these numbers seem strangely high (the usual rate in Canada is 1-3%), but it is impossible to know how many of these problems may have been related to pesticide exposure—and which exposures may have originated in Canada, the United States or Mexico among mobile residents of this high migrant-sending region.

Conclusion

Due to poor living and working conditions, migrant workers are vulnerable to a wide number of problems, including a number of infectious and communicable diseases. Their vulnerabilities may be worsened due to poor nutrition, weight problems and sleep deprivation. Their tenuous transportation options are also perilous and more attention should be devoted both to promotion of bicycle safety among migrant workers, as well as safer independent alternatives provided in Canadian communities.

Sexual and reproductive health issues are also urgent among this community, and warrant much greater attention. My research reveals that, similarly to the United States, sexual activity is widespread among workers in Canada—Caribbean and Mexican, men

and women. Condoms and birth control are often not used, however, due in part to strict cultural and religious taboos, and a lack of access to and education about anti-contraceptives and condoms. Preliminary evidence suggests that a large number of women migrants experience unwanted pregnancies, and the perilous work they must perform combined with their lack of access to medical care puts them and their children at undue risk for harm. Both father and mother in these situations may be exposed to unsafe levels of pesticides, as discussed in the previous chapter. Evidence that such exposures may lead to miscarriages and birth defects must be considered seriously. Health problems such as STIs and birth defects, which originate in this difficult context in Canada, may be carried home in the bodies of workers and can engender profound repercussions on workers' families and communities.

Migrants' vulnerable socio-economic position both at home and in Canada renders them particularly susceptible to these various interrelated health problems. My research identifies many of these problems, but the scope of my study could not measure their magnitude. More research is needed in these areas to determine health risks for migrant workers, Canadian and workers' home communities. Once again, the scars of inequality and an oppressive system in which migrants live and work reveal themselves in the multifold health problems they experience; the ripple effects of these conditions extend far beyond the workers themselves and also affect their spouses, sexual partners, children and transnational communities.

CHAPTER 9 - BEYOND MIND-BODY DUALISMS: DYNAMICS OF MENTAL AND EMOTIONAL HEALTH

Introduction

Immigrants coming to a new country face numerous challenges that can affect their emotional and physical health. Severing ties between friends and families in their countries of origin, they experience discrimination, language difficulties, inadequate social and financial resources, social exclusion in their host country; and disorientation in response to the new environment, norms, values, customs of the host country. Acculturative stress, “stress that directly results from and has its source in the acculturative process” (Hovey and Magaña 2000:119), has been identified as a specific source of depression and anxiety among immigrants.

Although little research has been conducted on mental health issues facing migrant farmworkers in particular, it is without question that they experience many of these same stressors. Studies with migrant farmworker populations as varied as Mexicans in the United States (Vega *et al.* 1985; Hovey and Magaña 2000) and Thai workers in Israel (Griffin and Soskolne 2003) have demonstrated that multiple stressors facing migrants have been associated with increased levels of mental health symptomatology. Specifically, in a survey of 500 Mexican farmworkers, Vega *et al.* found their sample to be at “extraordinary risk” for mental health symptoms due to stressors such as discrimination, poverty, limited social mobility, transience, and traumatic life events (1985). More recently, Hovey and Magaña found that among a number of stressors, “low family income/living in poverty” and “poor housing conditions” were particularly associated with depression and/or anxiety among Mexican farmworkers in the United States. Their research, measuring current prevalence, revealed that close to 40% of the farmworkers they examined had reached caseness for depression, with 30% for anxiety—about double the general rate in the United States (Hovey and Magaña 2000; Magaña and Hovey 2003).¹ Factors associated with anxiety and depression included: family dysfunction, inadequate social support, lack of choice over life circumstances, low education levels and low levels of religiosity (Ibid).

¹ The authors based their calculations on the Center for Epidemiologic Studies—Depression Scale and the Personality Assessment Inventory (PAI).

In the Binational Farmworker Health Survey, 80% of Mexican migrants interviewed “acknowledged the need for relief from stress or anxiety,” while 22% indicated a “loss of motivation or feelings of depression so severe that it affected their ability to work” (Mines *et al.* 2001:iii-iv). The main cause of this depression was cited as separation from family. *Nervios* was also a commonly cited culture-bound syndrome among Mexican workers in this study (Ibid:22). Research in Europe indicates that temporary work (with non-fixed temporary contracts or no contracts) is associated with poor mental health status, particularly for women and male manual labourers (Artazcoz *et al.* 2005).

The previous chapters have highlighted some of the factors that contribute to mental and emotional health strains facing SAWP workers in Canada. These include, missing and/or worrying about family and home; isolation in a foreign cultural and linguistic environment; powerlessness and vulnerability; tensions with employers as well as with community members, co-workers and roommates; stressful and unsafe working conditions; cramped and restricted living conditions; illness and injury; poor nutrition; and insufficient sleep. The cumulative effects place undue stress on workers, especially first-time workers, and mental health concerns including depression, anxiety, and severe tension are very commonly reported.

Mental health is a concern in and of itself, but it also interacts in various ways with workers’ physical health. Biomedicine has been heavily criticized by medical anthropologists and others as being caught in a Cartesian dualism, which artificially separates out the psycho-social elements of illness.² As Scheper-Hughes and Lock argue, “A singular premise guiding Western science and clinical medicine . . . is its commitment to a fundamental opposition between spirit and matter, mind and body, and (underlying this) real and unreal” (1987:8). This “radically materialist thinking” in Western epistemology, they suggest, dates back to Aristotle and Hippocrates’ solely biological views of the body and health, and has been carried over into the present. Even the introduction of psychoanalytic psychology and psychosomatic medicine continued to maintain these distinctions, so that health problems are either deemed to be of the mind or

² Although this dichotomy continues to be dominant, the last two decades have seen greater understanding of dual causation and impacts. For example, ecohealth and social determinants of health approaches, as explained earlier, do not assume such duality.

the body, mental or physical, but not both (Ibid). As they note, such dilemmas leave medical researchers and anthropologists often unable to tackle the complex interconnections between mental and physical health:

We lack a precise vocabulary with which to deal with mind-body-society interactions and so are left suspended in hyphens, testifying to the disconnectedness of our thoughts. We are forced to resort to such fragmented concepts as the bio-social, the psycho-somatic, the somato-social as altogether feeble ways of expressing the myriad ways in which the mind speaks through the body, and the ways in which society is inscribed on the expectant canvas of human flesh (Ibid:10).

Scheper-Hughes and Lock (1987) attempt to overcome these dualities by proposing three ways of analyzing the body: the individual body (or body self); the social body (representational uses of the body in society); and the body politic (regulation and control of bodies). Their work has been highly influential in medical anthropology, providing an analytical frame to comprehend the multilayered nature of health. Linda Green, for example, offers a powerful analysis of *susto*, a malady common throughout Mesoamerica known as “fright illness,” among Mayan widows in Guatemala. She argued that an interpretation of such a condition should be viewed as situational: “an embodied understanding of complex social and political relations—one that links the lived experiences of the physical body with the social, cultural, and body politic” (1999:122).

With these considerations in mind, in this chapter I explore the various intersections of stress and vulnerability with workers’ mental-physical health. After providing a brief review of the literature integrating mental and physical health concerns, I review some of the principal mental strains facing migrant workers and illustrate how the stressors in workers’ lives may manifest as “mental health” concerns, as well as their psychosomatic or physical manifestations. I then discuss some of the coping mechanisms for workers which may help to mitigate these problems, including both positive coping techniques (such as social support and religious faith) as well as potentially harmful behaviours (such as drug and alcohol dependence). As I argue throughout the thesis, risk behaviours and health outcomes alike must be viewed within the matrix of broader political-economic structures, cultural norms and understandings, and individual circumstances and actions.

Mental health questions developed from the Medical Outcomes Study, which are designed to measure health from patients' perspectives, were included in my structured interviews with workers (questions relevant to this chapter are included in Appendix 1.3, Sections F.1, G, H and I), but I did not ask enough workers these questions to be representative. Nonetheless, responses to these questions served as rich starting points for more detailed qualitative interviews. This data was complemented by participant observation activities.

Interrelationships of Mental and Physical Health

In exploring the interrelationships of mental and physical health, it is crucial to understand not only the mental strains facing workers, but also the implications of these strains on their physical health. The connections between body and mind have become increasingly apparent, as scientists have started to seriously investigate health from a more integrated perspective (see, for example, the *Journal of Psychosomatic Medicine*). A newly developed, but growing field, psychoneuroimmunology studies the relationship between psychological factors and immune function. Psychoneuroimmunology, as Rabin explains, explores the ways in which:

(1) psychological factors that an individual experiences and that activate neurons in the brain (2) modify the production and release of neuropeptides and endocrine hormones that (3) alter the function of the immune system, which then (4) increase the susceptibility of an individual to diseases that are normally prevented by a healthy functioning (1999:4).

The science of psychoneuroimmunology has led to startling scientific findings about the myriad connections between mental perception and physical response.³

³ A very simplified version of this complex relationship is as follows: the immune response involves an intricate array of physiological changes that alter the body's equilibrium, or homeostasis. The immune system attempts to restore homeostasis by fighting internal aberrations (e.g. a malignant cell) or external invaders (e.g. viruses, bacteria, fungi). The physiological response to stress also changes homeostasis and can impair the immune system's ability to restore homeostasis if the stress occurs over a long period of time and is not resolved. When a person confronts a "stressor" in her environment (a stimuli that is deemed to be "stressful"), certain regions of the brain become activated, causing neuronal pathways and hormonal centers to release substances such as cortisol that can modify the immune system's functioning. Stressful stimuli can range from illness to arguments, and can be caused by events that lead one to feel acute emotional states associated with, for example, a perceived lack of control, fear, sadness or oppression (Rabin 1999, 2002; Shelby and McCance 2002).

People's inability to deal with long-term sources of stress has caused or exacerbated numerous health problems. Stress has been implicated in the causation of the largest "disease of civilization" – essential hypertension, or high blood pressure (Carroll *et al.* 2003; Dressler 1984). As Dressler (1984) explains, people with even slightly high levels of blood pressure (i.e. 140/90 mm. Hg) are at risk of cerebrovascular accidents (or strokes) and coronary artery disease. As well as the better known links between stress and blood pressure, anxiety disorders and diabetes mellitus, a plethora of recent studies has shown stress to be connected to a vast array of less obvious diseases and ailments, including: the healing of surgical wounds (Broadbent *et al.* 2003), cancer (Pereira *et al.* 2003); multiple sclerosis (Ackerman *et al.* 2002); streptococcal infection, respiratory disease, incidence of infectious illness, and major and minor injury (Musante *et al.* 2000). Thus the low-control, high-stress environment, and low socioeconomic status of migrant workers may contribute to serious health consequences.

Many studies find that socioeconomic inequalities are directly related to health inequalities, with morbidity and mortality for all causes increasing progressively with levels of inequality (see review in Alder *et al.* 1999; Powell *et al.* 2001; Hertzman 2001; Pickering *et al.* 2001; Bezruchka and Mercer 2004). Bezruchka argues that people's health can be more dramatically affected by the psychological impacts of their social rank in society than other predictable factors such as diet, nutrition and access to health care. He summarizes exactly why capitalist development and its hierarchical effects may have such a profound emotional impact on those at the bottom end of the growing gap between rich and poor:

How can hierarchy affect health? Consider the feelings that predominate in a hierarchical situation: power, domination, coercion (if you are on top); resignation, resentment and submission (if you are on the bottom). Compare them with feelings in an egalitarian environment: support, friendship, cooperation and sociability (2001:14).

A recent study by Amick *et al.* (2002) adds another dimension to the relationship between type of work and mortality. Using a nationally representative sample in the United States, the authors found that working in low-control jobs was associated with a 43% increase in the chance of death over the 22-year study period between 1970 and 1992. While there was no significant relationship found for high-strain work (i.e. "high

psychosocial job demands and low job control”) there was a significant positive association discovered between passive work (i.e. “low psychosocial job demands and low job control”) and mortality. This study suggests that participating regularly in passive work, which does not engage the mind in meaningful or stimulating ways, *and* over which one has low control, can have a profound impact on long-term health and mortality. Experiencing discrimination has also been found to impact on levels of morbidity and mortality (Freund and McGuire 1999; Steffen *et al.* 2003). Migrant workers face not only the stress of being at the bottom of a social hierarchy, but also challenging physical and psychological circumstances.

Mental Strains Facing Migrant Workers

I accompanied a reporter to interview Alberto, a worker who had been diagnosed with cancer. Shortly after arriving, the reporter asked Alberto if he misses his family. The tears start. He covers his face in anguish. No words are needed to say the obvious. The awkwardness of the question became apparent. The reporter tried to lighten the mood—what else do you miss about Mexico? Tortillas? Fiestas? “Just my family, that’s the only thing,” Alberto muttered, his voice shaky between tears – Adapted from fieldnotes.

“If you miss home, we always say the best thing to do is keep working. I have a better solution – give me some money and let me go home to Jamaica.” – Jordan, Jamaican worker

Migrant workers face mental and emotional strains relating to their displacement from their homes, communities and families and the forfeiture of traditional roles within their households. Research in the United States has identified mental health concerns as a major issue for Mexican migrants (Alderete *et al.* 1999; Waltera *et al.* 2004; Hovey and Magaña 2000; Magaña and Hovey 2003). In the Canadian context other researchers have given a nod to the existence of problems (Preibisch 2003; Basok 2002; Binford *et al.* 2004), but have provided little detail or analysis. Binford *et al.* (2004), for example, note that the loneliness of some workers leads them to spend more on long-distance calls home than on food and suggests that depression and anxiety are experienced by some workers. Preibisch (2003) reports that incidents of depression and anxiety are common among workers, particularly for women.

Mysyk *et al.* (2006, 2008) are the only researchers who have explored mental health issues in more detail among migrant farmworkers in Canada. They conducted a

qualitative study with 30 male Mexican SAWP workers in Leamington and found *nervios* to be a common concern among the participants. According to Mysyk *et al.*:

Nervios (nerves) and *ataques de nervios* (attacks of nerves) are culturally constructed illnesses, variously described in the literature as idioms of distress, embodied metaphors of distress, even acts of resistance to unacceptable working and/or living conditions. *Nervios* is a process that represents the cumulative effects of physical and psychological distress with the potential to make an individual vulnerable to more serious illnesses (2006: iii).

Nervios among workers was attributed to relocation, family separation, linguistic and cultural barriers, difficult working and living conditions, and strained relationships among workers, often provoked by competition to gain positive evaluations from employers. Common symptoms experienced were fear, anger and depression and some workers postulated that their *nervios* contributed to physical manifestations as well. Typically the condition was not medicalized (unless physical symptoms materialized); workers' main method of coping was to look for support from family or friends. In fact, workers found the medical system often unable to meet their needs; some even reported symptoms of *nervios* provoked by stressful and humiliating encounters with the medical system, where they complained of being misunderstood (Mysyk *et al.* 2006).

That workers experience widespread psychological strains is recognized by some SAWP officials. The Mexican psychologist in Puebla, who has conducted psychological assessments of hundreds of workers processed through her centre (as part of workers' medical days explained in Chapter 4), observed that:

The most common issue is depression, especially among those who go for the first time, because all the time they are thinking of their life here (in Mexico). Those that have longer times away are more relaxed, but they all experience friction among their co-workers, how they live together, they have problems About 60% of workers experience depression, 20% family disintegration, and others have other problems such as alcoholism and other problems. Alcoholism, you might see in 15% (of workers), more or less (Interview 12-2006).

A past Ministry of Labour official, whom workers spoke of favourably for her concern and care for them, had drawn similar conclusions about the problems facing the workers whom she sent to Canada as part of the SAWP:

Some [workers] suffer from a loss of control and culture shock, particularly those who are there for the first time, the first time away from their families, the language and customs totally different, food They don't always find co-workers who help - often there are problems among them, some know each other better [than others]. Unfortunately they don't always help each other to learn what the employer wants, or if it's a timid person One of the principal problems is the general stress and the culture shock. There many suffer from gastritis and other stomach problems that hurt and bother them a lot. If you have these problems and you have to work, it's horrible (Interview 03-2006).

Workers in my study indicated high levels of anxiety, *nervios* and depression. Contributing factors are complex, with loneliness and homesickness being at the fore. Low control, high stress, competitive and isolating work and living environments, as emphasized in Chapters 5 and 6, as well as poor sleeping and eating habits, as discussed in Chapter 8, can also contribute mental health concerns. Structured powerlessness and isolation, and feelings of worthlessness or lack of purpose and value all interrelate with mental health concerns. For physically sick and injured workers such concerns are often greatly exacerbated. Although it is nearly impossible to separate these interrelated factors, a brief examination of each provides a more detailed understanding of their origins and manifestations.

Homesickness, Gender and Transnational Parenting

Gabriela shows me a picture drawn by her eldest daughter, Alejandra, a young adult who is living in the United States with her boyfriend and son. In the picture, Gabriela and her five children are all together, in a house. A fairy has united them, and hovers above the happy family, with a magic wand in her hand. Stars and hearts frame the parameter of the picture. "This is what she dreams of," Gabriela tells me, "a day when we can all be together again." But only the magic of a fairy, it seems, could make this dream a reality.
– Adapted from fieldnotes

Gabriela had not seen her eldest daughter, Alejandra, in years. Alejandra had migrated with her boyfriend to the United States, both as undocumented workers, where she gave birth to a son. Alejandra complained of abuse from her boyfriend, but had nowhere else to go. Gabriela was continually stressed over the situation. She had met her grandchild and kept in touch with her daughter only through letters, photos and pictures like the one described above. Even though her daughter is just a few hours' drive away, across the U.S. border, they can never see each other. The embodiment of the metaphor mobilities

and enclosures is particularly striking in this case, since both women who had been mobile to cross borders in specific ways, are now both enclosed within them, just hours apart.

It is situations like this, and the aching, longing sadness that migrants feel for their separated families and communities, which contribute so much to a sense of enduring homesickness. The psychiatric literature largely identifies homesickness as an individual pathology, divorced from larger social forces and physical outcomes (Kysela 2007).⁴ Yet for migrants, homesickness is both embodied in structural forces, and often related to physical symptoms. Most often, workers and observers alike point to “homesickness” as the main cause of workers’ widespread depression. Homesickness may be compounded among migrants (as opposed to immigrants who travel with family members) because they are not only far from home, but also far from their families. In fact, Mexican authorities report that every year, some workers have to return within only a couple of weeks of arriving in Canada because they simply cannot take the strain of being away from their familiar surroundings and loved ones, because of “homesickness.” For most workers who report mental health concerns, depression due to missing or worrying about families, and feeling guilty for leaving their children behind, are the strongest contributors.

Gender roles and expectations deeply mediate workers’ experiences of depression, affecting both women and men in distinct ways. Men in Mexico have a much longer and more well-established history of leaving their families to provide economic support than do women. At the same time, their traditional role as authority in the home has been undermined by these absences. As Waltera *et al.* argue, “masculinity in patriarchal family contexts that prize the authority and respect of senior men is often thrown into crisis by labor migration” (2004:1161).

⁴ “Homesickness” as a medical construct is derived from the term “Nostalgia,” identified as a “wasting illness” dating back in the European medical lexicon to the 17th century, then used widely to diagnose sailors, soldiers and slaves. The term combines the Greek words ‘nostos’—“returning home or to one’s native land,” and ‘algos’—“pain, longing or distress.” The German word ‘Heimweh’ means, literally “home, sick.” The term fell out of the use of medical discourse by the end of the 19th century, as medicine became more empirically based, but began to be utilized in psychiatry, shifting the focus away from the ‘body’ to the domain of the ‘mind.’ Researchers have shown, however, the homesickness can very much manifest into physical symptoms (Kysela 2007; see also Matt 2007).

René, a Mexican worker, explains how hard it is to be away from his family, especially during celebrations and gatherings, a cornerstone of Mexican communities: “during my daughter’s birthday, everyone else was there. All I could do was send a big cake. When there is a birthday here [in Mexico] we are used to all being together, eating tamales, cake. This is my people”

Men from the Caribbean express similar feelings. As Richard, a Caribbean worker, explains:

I miss my kids growing up. I see a giant leap when I go back and the kids have grown. There’s no way to express that feeling. At some point you need to be compensated for this sacrifice When I left home last time my daughter was about a year old. When I came home eight months later she didn’t even recognize me. I tried to hug her and she saw me as a stranger. I can’t explain this feeling to you. I miss a lot of her growing up, working here each year. I miss her first words, going to school, parent-teacher meetings. If I could, I would bring my family up here in a flash. When I last left her my daughter said to me “I want to come live with you in Canada.” Here, there’s more opportunities for our kids, but we can’t bring them. We have to be separated each year. It’s hard on all of us. It’s the ultimate sacrifice. But what choice do we have?

Men’s anxiety over this displacement is somewhat mitigated, however, by the sense that the purpose behind the migration is to fulfill the masculinized role of breadwinner (Waltera *et al.* 2004).

Women, on the other hand, face possibly an even more emotionally challenging situation, living a paradox where they take on the role of breadwinner traditionally subscribed to men, and in so doing abandon their socially inscribed roles as caregivers.⁵ Not surprisingly, they continually express the guilt they feel for leaving their children behind. “My child has no one to play with because his mother is gone. When he is sick, there is nothing the mother can do to comfort him, because she is so far away,” explains Kristina, a migrant mother. Likewise, Beatriz, who had to come to Canada to pay for her son’s cancer treatments, found the first year away almost unbearable:

I cried every day, because I had never separated from him I would listen for the telephone, and he was smaller then, and he would say, “When are you

⁵ Preibisch (2007a) likewise argues that gender is a contributing factor to depression, suggesting that women migrant workers often suffer from “greater anxiety” than men in separating from their children.

going to return?” And now he says, “Don’t start to cry, I am okay, I am with my grandmother. Don’t worry, I am okay”

When children get sick or experience hardship, their mothers find it particularly difficult to be away. Claudia became pregnant in Canada, and returned to Mexico to have her baby. The Mexican worker who fathered her child was married with children, leaving her alone and without support. Due to financial hardship, she felt she had no choice but to leave her son in the care of her family each year, missing crucial periods as he grew from an infant into a toddler. She seemed totally distraught about the separation. Every time I spoke with her, her thoughts and emotions seemed to be focused on her son, and with every day he was sick missing her, she grew sadder and more helpless, being forced to make the tough decision between supporting him financially and emotionally. One day, she explained through tears:

[My son] is still sick, not eating, shivering, crying, losing weight. My brothers had a meeting to discuss and decided that I must come home. They are taking him to the doctor to have some tests done, and this will determine if I should break my contract and come home early. It is so hard to be a single mother. I regret that I cannot give my son the same kind of happy upbringing that I had—with two parents to care for me. Instead, he only has me, and I am away much of the time Last time he was much younger so he didn’t really know what was going on. But this time he knows. I talk to him on the phone and tell him I am here for him—to improve our lives in Mexico, to build our house, to buy him clothes and school. But he just says he wants me to come home. He is sick, feels abandoned, is scared and sad.

Powerlessness, Tensions and Competition

Previous chapters have discussed the extent to which workers experience powerlessness and are thrust into intense relationships of competition with each other. Close living quarters and competitive working environments often lead to a sense of anxiety and resentment among them. Sometimes this tension erupts into physical altercations. For example, two Jamaican workers fought after one had been called names by other co-workers on the job, leading both to get kicked out of the program. In other cases resentment and suffering brew beneath the surface, leading workers to revert inwards into depression. As discussed in Chapter 6, sometimes power dynamics can affect the nature of working relationships, with clashes between workers of different ages, nationalities and genders. Fights over romantic partners are another source of stress and resentment

between workers, sometimes even leading them to make up stories about each other to supervisors to get a worker kicked off of a farm or even out of the program altogether.

In other cases, demeaning relationships with their employer and supervisors are the principal source of mental angst. Alfredo, another Mexican worker, describes: “I went [to Canada] for one year, but after I didn’t return because I was treated badly. I can’t return where they treat me worse than they treat their dogs.” Alfredo, who is employed in Mexico as a teacher, elected not to return under the program. Eric, a Jamaican worker, similarly complains of depression after being physically assaulted by a supervisor. Shortly after he reported the assault to a manager, he was told there was no more work for him, and he was repatriated home just halfway through his contract. Given less than a week’s notice before his repatriation, there was no chance for him to arrange a transfer, and he was forced to lose the rest of the year’s income on which his family had counted. In such cases workers report returning home to their families with a sense of shame and disappointment as their families do not understand the reason why the contract was prematurely terminated.

For Lorenzo, (who was discussed in Chapters 5 and 6), powerlessness and a sense of undue restriction contributed to a sense of frustration and depression. Recall that he had previously lived for many years in the United States, where he grew fluent in English, ran his own businesses and attended post-secondary education. Although he seemed to be the most adjusted and resourceful worker among my contacts, he concluded after only a couple of months that “Canada is bad for my mental health.” Lorenzo had been continually frustrated after attempts to apply his skills in Canada and by the restricted movement allowed at his farm. “Because of Canada I now appreciate the freedom and ability to grow I have in my own country,” he reflects. “Here if I have the will to do something, learn something, I am held back, because I think what Canada needs from the Mexican people is a labour force, just labour power.” Lorenzo determined that the United States is a better country to work in because at least there you have “freedom of movement and association.” He had given Canada a try only because of the increased security barriers along the U.S. border. He vowed upon leaving Canada (months before his contract was due to end) that if he ever came back to Canada as a

worker, it would have to be “undocumented” so that he could actually be free to “move around” and “get ahead.”⁶

What makes both Alfredo and Lorenzo distinct is that they have reasonable alternative employment opportunities in Mexico. The majority of workers do not, so even if their mental, emotional and physical suffering is equally profound, they feel that they have no viable alternative but to continue, and return in future years. As Herman, a Jamaican worker, laments, “The fear we feel of losing our spot weakens our strength and unity. What power do we have? There is nothing we can do. Our government doesn’t fight for us and even some men betray each other to look good for the boss.” Indeed, although many workers are frustrated by their poor treatment, most seem to accept these conditions as necessary for the opportunity to work in Canada. They take note of cases like Eric’s, of what happens to workers who were brave or foolhardy enough to report an abuse. For every Eric there are many others who make the strategic decision to stay quiet amidst oppression, but this acquiescence often comes at the cost of mental anguish. “It is a shame that slavery lives on,” comments Wally, a Jamaican worker who had seen Eric and several of his other friends and co-workers repatriated early one season. “It is a disgrace to all of us.”

Injuries and Illness

Workers who are physically injured or sick face additional emotional stressors: away from home in a foreign environment, worrying about how they will continue to support their families, and needing their families’ emotional support more than ever. Such situations can also have a deep impact on the male workers’ identities as fathers, husbands, and men. As Waltera *et al.* write of injured Mexican migrants in the United States:

When workers are injured, their male identity is doubly assaulted. The delicate balance between their sense of patriarchal accomplishment at generating income for the family versus their shame at “abandoning” their wife and children collapses. Injured workers suddenly fail both as providers

⁶ Contrary to intuition, some analysts suggest that high education levels among Mexican farmworkers may be a predictor for depressive symptomatology, since they may be more “sensitive” to discrepancies between their treatment and that of other residents, and their jobs as farmworkers may not be allowing them to reach their life’s goals. Lorenzo’s experience supports this hypothesis (Hovey and Magaña 2000:129 for further discussion).

and as engaged fathers. When their worthwhile masculine identity collapses, day laborers fall into a personal crisis that often manifests in depression and anxiety—sometimes as *nervios* (2004:1164).

Likewise, in my research, injured workers indicated a profound sense of depression and anxiety. Felipe, a worker who was admitted to the hospital after suffering a severe workplace injury, says he cried a lot, both out of fear and loneliness. “I was very afraid for the three operations, I was very lonely being so far away from my loved ones, and even my friends. I didn’t speak much English, and there was no translator provided, so I often didn’t understand what was going on,” he recalls.

Ben, a Jamaican worker who suffered from kidney failure, similarly acknowledged: “I may look strong, but I cry every night. There are so many workers who are sick or injured and don’t get support. My children are my brothers and sisters and friends – if you have children you know how hard it is to be away and they keep asking, “Daddy, when are you coming home?” and I don’t know what to say.” Izek, a Mexican worker in a similar situation, admitted, “I’m getting to the point where I might just go back to Mexico; I’m getting too desperate. I’m suffering from depression and high blood pressure. One day I fear I might just die, not wake up. I’d rather die in Mexico . . . I’m afraid because I don’t speak English.”

Jessica, a Mexican woman who came down with a life-threatening illness in Canada, was so depressed in the absence of her family and familiar support system that she opted to return to Mexico, even though doctors warned her that she might not survive without the life-sustaining treatment she was receiving in Canada. Unable to provide for their families, and frightened that they will not make it alone, such workers must decide between going home where they may not have access to adequate medical care, and staying on in Canada, where they may not have access to adequate support (see Chapters 11 and 12).

Workers who witness the abuse or death of their friends may also suffer from mental health concerns. Marcos, whose roommate was killed in an accident in Canada, had a particularly hard time coping. One day when I visited, he asked me, “Why does someone die, why do we live? Should we keep going? Is life worth the pain?” He said he had been suffering from dizziness, head aches and insomnia. In the end, even after seeking treatment, the depression he experienced was too much for him. “Even though I

can't afford to go, I just want to be with my family," he explained after breaking his contract to return home.

Physical Manifestations of Stressors

Workers themselves articulate a belief in the interconnections between physical and mental health. Sometimes Mexican workers label such instances as embodiments of *nervios*, as described earlier. Both Caribbean and Mexican workers often discuss feelings of sadness, tension and guilt manifesting into symptoms like head and stomach aches, insomnia, fatigue and heart symptoms. Phillip, for example, a Jamaican worker, complains of problems breathing (like he "can't get enough air") and fast heart rhythms, when he is in Canada. He says he knows many other workers with similar symptoms. The symptoms landed him in the Emergency room one day, when he feared he was having a heart attack. After many tests the doctors didn't find an underlying pathology, but the nurse mentioned that many workers are reporting similar problems. Workers and some health care practitioners alike believe stress to be the trigger.

Can profound sadness result in more profound health effects? The workers seem to be in accordance with the studies mentioned earlier, which postulate that they can. In the few cases where workers have had severe or fatal health outcomes, such as strokes or heart attacks, almost always they, their families and/or co-workers blame otherwise unexplained incidents at least partly on stress, nerves, anxiety and depression. When discussing one worker who collapsed and died in Leamington, his co-workers explained: "We think this guy died under the stress of being here. We saw him just before and he was so depressed. He died from the heart, from the sadness."

Ramirez, a second Mexican worker whom I accompanied to the ER after he suffered a stroke leading to vision loss, blamed his own pathology on stress. When I later visited him in Mexico, he told me that he and his Mexican doctor believe that he lost his vision due to "this tension that I was experiencing in Canada." What was he so worried about? "Oh, my brother [another migrant worker who had been diagnosed with terminal cancer] . . . and also it's very difficult to live with those coworkers," he replied.

The most obvious physical manifestation of mental health concerns are actions of self-harm, which have been reported among both Mexican and Caribbean SAWP

workers. When a Jamaican worker attempted to stab himself, co-workers immediately blamed it on the “stress” and “tension” of his everyday life. Other workers have reportedly attempted to commit suicide, one after complaining of depression and requesting to be sent home.

Although workers readily describe their physical ailments with references to embodiments of stress and emotional suffering, like cumulative exposures to pesticides or muscular strains, it is difficult for medical scientists to pinpoint the cause of most physical problems as related to (or caused by) mental health. Once again, this lack of “clear evidence” has implications for workers’ compensation not being assigned, even if work was the primary cause of the stress. Yet both empirical research and anecdotal evidence suggest that these interrelationships may be far more profound and wide reaching than readily acknowledged or understood in prevalent scientific paradigms. What is clear is that migrant workers face multiple assaults to their dignity, identity, control and sense of belonging. Divorced from their family/community contexts, in general they also lack the stable coping mechanisms more readily afforded to them at home to help them manage these stresses.

Coping Mechanisms

“I miss mango season every year, but at least I get to eat peaches.” – Brad, Jamaican worker

Multiple studies show that the negative effects of stress on the immune system and level of health can be ameliorated by “stress-buffering” behaviours and interventions. As Rabin explains:

Stressor-induced alteration of the hormonal milieu of plasma can be modulated by the behavioral characteristics of an individual. It is not exclusively the characteristics of the stressor that are of importance in determining the hormonal alterations, but rather it is how the stressor is perceived by the brain and the availability of coping skills that will influence how the stress will alter the hormonal milieu in which the immune system resides (1999:279).

In this respect, insight can be drawn from Viktor Frankl, a Viennese psychotherapist who suffered for many years in Nazi concentration camps. In his most influential work, *Man’s Search for Meaning* (1984), Frankl describes the experiences of

concentration camp prisoners from a psychoanalytic perspective. The underlying thread throughout his moving account is that prisoners who were able to find meaning in their lives and even in their suffering were able to survive even the most horrendous circumstances, while those who for the sake of their survival engaged only passively in camp activities, or who could find nothing for which to be optimistic, were far more likely to let circumstances overcome them, to fall ill and to die. As he recalls: “Woe to him who saw no more sense in his life, no aim, no purpose, and therefore no sense in carrying on. He was soon lost” (1984:98).

Frankl provides numerous examples of prisoners who were either kept alive because of their purposeful outlook, or who perished without one. He makes the fascinating observation that an unusually large number of prisoners died shortly after Christmas, as though they were living in the hope to be freed by this day, and once it had past, felt no more drive to keep going.⁷ Frankl does not speak metaphorically when he asserts that: “Those who know how close the connection is between the state of mind of a man—his courage and hope or lack of them—and the state of the immunity of his body will understand that the sudden loss of hope and courage can have a deadly effect” (1984:97). What is so important about Frankl’s observations in relation to what they may say about the many stresses experienced by migrant workers is that all of the prisoners faced near-identical external circumstances in terms of available food and nutrients, space, shelter, exposure to illness, and the extreme amount of physical and emotional abuse. The only major difference to prisoners’ health was how they mentally handled the circumstances imposed upon them. As Frankl says, “the last of human freedoms—to choose one’s attitude in any given set of circumstances, to choose one’s own way” (1984:86) – and this, according to Frankl, made a significant difference in their ability to survive their dire external circumstances.

Some of the main stress-buffering activities and strategies discussed by Frankl have been supported by scientific literature, including social support and religious faith. It comes as no surprise, then, that some workers are able to handle the stress and isolation

⁷ A fascinating parallel to this event occurred in the first week of the year 2000, when there was an increase in the average number of deaths in the United States of 50 percent, following a drop in the normal death rate prior to the millennium change (as discussed in Zautra 2003). This incidental yet provocative occurrence begs the question of whether optimistic expectations – something to live for and look forward to – can cause health-sustaining physiological processes and ultimately extend life.

they experience in Canada better than others, depending on their engagement with such activities and relationships, and their mental outlook. While every worker experiences periods of missing their families and homes, of course, not everyone suffers from prolonged depression or anxiety. Several factors (in addition to workers' genetic susceptibility) may influence whether or not mental health concerns emerge, and such conditions are also influenced by the community and support services available to workers, which vary widely across and within regions of Canada.

Social Support

"[In Canada] there's no one to say, here, have a taco; you have to care for yourself. If you don't cook for yourself, you don't eat. No one cares for you. Here you are worth nothing. If something were to happen to you, no one would care. You are important to nobody. All you have is your co-workers." – Juan Pablo, Mexican worker

Frankl (1984) often used images of his own "beloved" to arm his spirit to cope against the assaults against his body, and he explains throughout his works that the existence of supportive and loving relationships can serve to provide meaning in people's lives (1984; 1978). In scientific terms, "social support" refers to the help people receive through their social networks. Cobb (1976) defines social support as information that makes people feel esteemed and valued, loved, and part of a network of communication and obligation. Social support resembles the anthropological notions of social solidarity or social integration (Dressler 1980).

In 1976, both Cassel and Cobb theorized that social relationships can reduce the harmful effects of stress by helping people to cope with stressors. Since then, numerous studies have supported their hypothesis.⁸ Social support, then, is a key factor in maintaining both physical and mental health, yet such considerations have been consistently neglected in the implementation of the SAWP.

Why social support has so consistently been associated with better immune functioning and longer life, however, is still largely unknown. Some hypotheses suggest

⁸ Perhaps most decisively, many studies over several decades have shown that married people have significantly higher life expectancies and lower mortality rates than those who are single for every age, sex and racial group in the United States (see summaries in Melmed 2001; Dressler 1980). Although clearly beneficial, a spouse represents just one type of support. As House (2001) observes, the nature of the relationship, whether it be a spouse, child, other relative or friend, is less important than that the person has some sort of social tie perceived to be meaningful.

that simply having more social ties may serve to encourage people to seek healthier behaviour (House 2001). Other studies have identified a direct chemical basis for social support (Hughes 2003; Myers 1998). As Rubin explains:

Aspects of social support that promote better health by activating pathways in the brain that provide a hormonal milieu in plasma that optimizes physiological function may be those that provide feelings of self-respect, desirability, or competency. The effect of these emotional states on suppressing the stress hormone-producing areas of the brain may contribute to immunological functions that enhance good health (1999:282).

Feeling supported, loved, and a sense of companionship seems to have a significant effect on inhibiting the release of stress hormones that disturb the immune system. Migrant workers not only find themselves at the bottom of the social hierarchy in Canada, but they also lack their families' support to buffer this stress. For migrants the availability of social support varies widely, but is generally much less than they would normally experience at home. Previous chapters illustrate that workers rarely have a say as to where they are placed in Canada, so even if other friends or family members are also in Canada, they may be inaccessible. One family which I traced had several members in Canada; the daughter was placed in British Columbia, her mother and aunt in Niagara, and their brother in Leamington. No contact was made between the siblings in Niagara and Leamington, let alone with the daughter in BC. Even the two sisters in Niagara rarely saw each other—only a few brief times over an eight-month season. With limited means of transportation, long work hours, and restricted visitor policies, they might as well have been in separate countries.

As discussed in Chapter 5, the majority of workers have no family with them. Their co-workers and housemates become their family, for better or worse. For Mexican workers who do not speak English, interactions with other Mexicans becomes essential. The relationships that form play a significant role in workers' sense of belonging, companionship and social support. Unfortunately, however, (as discussed in Chapter 6), workers are often placed in a relationship of competition with each other. Even those who might otherwise get along reasonably well are placed into positions of conflict. Having to interact with the same small group of people all day at work and all night at home would be difficult for even the best of friends. Once again, workers discuss physical symptoms

as direct embodiments of the tensions they experience: “I had a pain in my *vesicle* [bladder],” says Tania, a Mexican worker. “That pain was when she [a co-worker] made the negative report [to the Ministry of Labour] about me, I had fought with her, and I don’t know if it was because of my anger or to compensate my anger, I don’t know why she gave me that pain.”

In light of the nexus of social relationships and health, I sought to assess the level of social support available to SAWP workers using questions derived from the Medical Outcomes Study combined with qualitative interviews and participant observation research. Overall, this research found that most workers do *not* have a stable and comprehensive source of social support available to them. Heightened degrees of social support are found among workers who either have romantic relationships or positive connections with members of the local community. The types of support these relationships engender, however, also vary.

The greatest indicator of workers’ level of social support (and reported levels of happiness in Canada) relates to whether or not they have a romantic partner in Canada (as discussed in Chapters 5 and 8). Workers who are engaged in romantic relationships are the most likely to report having someone to “show them love and affection,” to “confide in” or to “talk to about yourself or a problem.” Those who had either romantic relationships or strong friendships are the most likely to say that they have “someone to have a good time with.” At least on weekends and some evenings these workers can have someone with whom to exchange conversation, love, care, comfort and affection. Of course, these relationships can also create guilt and strain, especially for men who leave wives or partners behind, and for women who fall in love with male co-workers, only to be left abandoned when they return to their wives each winter. In both cases, migrants may live double lives across borders, forming two separate sets of familial attachments that are continually fragmented and ruptured. Yet the emotional benefits that such relationships may provide while in Canada are often deemed worth the complications.

Even still, the majority of workers remain single in Canada due to the lack of female partners available within the program; nor are many workers willing to have affairs. There are also important differences in the way Caribbean males who are predominantly unmarried and English-speaking, and Mexican men who are

predominantly married and Spanish-speaking experience romantic relationships in Canada.⁹

Workers who report having “good” employers and/or contacts with support groups are most likely to answer that they have “someone to take you to the doctor if you need it.” Workers with contacts with support groups and other Canadians are most likely to answer that they have someone to offer them “information in order to help understand a situation.” (Most did not feel comfortable turning to their employer or liaison officers for any of these categories, although there were some exceptions.) Another factor which relates to the workers’ ability to access social support is quite simple: the provision of telephones. To this one could add the availability of free time coupled with freedom of movement and association, so that workers may socialize and communicate with friends and loved ones.

My own involvement with social support groups and my friendship with workers, may have influenced or biased their responses to the importance of having access to support networks. Often when I would ask questions regarding the availability of support, they would answer, “Yes, you,” or “Yes, your group.” Many other times workers would indicate “before you came along, no one ever demonstrated care towards us.” (“You,” in this case, may have been referring to me and/or to other individuals who have offered support, whom workers may associate with me.) It seems clear, though, that support groups have made a significant difference in the workers’ abilities to access social support, especially those support groups or NGOs whose members form personal relationships with workers.¹⁰ As more awareness about the SAWP has spread, and interested Canadians have become involved in either support or advocacy roles for workers, the changes in workers’ access to support systems, to their feelings of being valued, included and cared for, have been substantial. Still, far too many workers,

⁹ As discussed previously, Mexican men in the program are almost all married with wives at home. Because of the language barrier, their affection tends to be displayed towards other Mexican women in the program, of which there are a very limited number. Many Jamaican workers, by contrast, come to the program unmarried and many actively seek a marital partner among the local Canadian community, often with the intent of immigrating to Canada. Without the language barrier this is a lot easier, and many workers end up staying in Canada with Canadian partners.

¹⁰ See Chapter 5 for a list of such groups active in the Niagara Region.

particularly those far outside of town centres, or with employers who restrict their movement and associations, remain outside of the reach of such efforts.¹¹

Religion, Faith and Church Services

In *Man's Search for Meaning*, Frankl explains how prisoners who took comfort in spiritual or religious faith were better able to survive. Such prisoners, he recalls, were able to “retreat from their terrible surroundings to a life of inner riches and spiritual freedom (1984:55). Both Mexicans and Jamaicans come from societies in which religion is central; religious festivals and church services are key aspects of community cohesion, and faith has been used as both a means of discipline and of hope in dealing with life's problems. Although I knew this intellectually, it wasn't until I attended various church services and religious festivals in both Mexico and Jamaica (and Canada) that I fully realized what a central part religion plays in workers' lives. The availability of religious services in Canada, and the larger community elements that surrounds them, can indeed play a significant role in workers' sense of belonging, meaning, and normalcy.

Frankl's observations about the value of connecting to a spiritual or religious faith or practice of any kind have been proven to have significant health benefits. A book published by Oxford University Press summarizes the recent but growing amount of scientific research that links religion or spirituality to health. In this account, Koeing (2002) notes that studies investigating a wide variety of populations and contexts have demonstrated consistent positive links between religious involvement, better physical health, and increased longevity.

These findings remain consistent when studying the effect of religion and spiritual practices on specific ailments. People who regularly attend church services have been found to have lower levels of atherosclerotic heart disease, emphysema, cirrhosis of the liver and lower blood pressure (see summary in Rabin 1999:290). Several other studies show that meditative or spiritual practices have significant positive effects on immune function, lower blood pressure, and the ability to fight disease (e.g. Irwin *et al.* 2003; Carlson *et al.* 2003; Davidson *et al.* 2003; Steffen *et al.* 2001). Why religion is so

¹¹ The UFCW support centres have been the best funded and most comprehensive outreach service. Even still, their four centres throughout Ontario in Leamington, Simcoe, Virgil and Bradford leave a lot of major rural areas (e.g. regions surrounding Tillsonburg, Chatham, Owen Sound, etc.) uncovered.

consistently positively related to health and able to serve as a buffer to stress is still debated. Religion has been found to act as a motivator to improve healthy behavior, to foster a sense of optimism and meaning, and to increase meaningful social support (Imes *et al.* 2002).

Church services, widely viewed as acceptable non-work activities for workers because they are seen as *apolitical*, are a common form of workers' integration in Canadian communities. Many churches throughout rural Ontario offer special services for either Caribbean or Mexican workers. Many also offer social time following masses or other liturgies, soccer games, meals, movie nights, etc. For the Mexicans this normally involves a Spanish-speaking Catholic priest organized by a local church. For the Jamaicans, either a Jamaican pastor sponsored by the Caribbean Workers Outreach Program (CWOP) to minister for two months (May and June) of each year to the workers, or a Canadian minister offering a special service, typically in a Pentecostal tradition, is the norm. For many workers, their experience with a church may be their principal or only interaction with the community, even if the services do not actually integrate with Canadian parishioners.

In Niagara, church services have sprung up for both Caribbean (in Virgil and Vineland) and Mexican workers (in Vineland and Niagara-on-the-Lake). The CWOP has been organizing these services for Caribbean workers, and various activities surrounding them, providing a crucial source of community and support for the workers who participate. Workers' participation in such services is limited by the normal factors which govern all of their social activities—their proximity to the church, transportation options, work hours, employers' flexibility, etc. Nonetheless, a significant number of workers¹² from both Mexico and Jamaica appear to engage in church services, assisted by volunteer CWOP drivers, and those who do are, not surprisingly, much more likely to report that their religious and spiritual needs are met in Canada.

Throughout my research, I attended many of these services. The dynamics are an important indicator of the important relationships that are formed. A special farewell service for the Caribbean workers held in the fall, months after their own Jamaican pastor

¹² Again, this is hard to estimate, but on my observations of church services in Niagara, normally about 50-250 workers were in attendance.

had left, was one particularly memorable occasion. There were probably about 60 people, a little over half of whom were Jamaican migrant workers (including about six women), and the rest were mainly elderly white Canadian members of CWOP (primarily women), including several playing in a band at the front. The reality struck me that this is probably one of the few places in the world where primarily young black men and elderly white women congregate together.

The service was long, lasting over an hour. Throughout it, several people gave informal sermons or talks, including some spontaneously from the congregation who would burst out (seemingly randomly) with enthusiastic praise for Jesus and messages to the rest of the crowd. Also a woman and man improvised a song which they got up and sang together. People energetically raised their hands in the air and shouted out “Praise Jesus!”

Near the end, a white middle aged pastor took the mike from the stage, and told the workers he wanted to be closer to them while he gave his message. He started off by saying energetically, “Do we love Jesus!?” several times, to which the congregation enthusiastically replied: “YES!” (This was in much the same energetic tone as the responses during the “condom sermon” given to workers in Jamaica.) He talked simply but for a long time and covered a lot of ground, from the importance of rest from their hard labour when they go home to resisting the temptation for sin, to the eternal salvation that would one day be theirs. The pastor kept referring to the work they do here with great respect and appreciation, and when he commented on how hard they have worked and how tired they must be, many workers were nodding their heads in agreement and saying, “Yes, yes.”

Richard, a SAWP participant who is a preacher at home in Jamaica, was one of the workers on stage joining in with the music. He was set to go home in just a few days. He was busy with the others singing and encouraging the parish to worship with him. He was simply alive up there, so filled with passion and energy, so different than the tired man I often encountered after a day’s work on the farm.

While the band continued jamming, the rest of the congregation went to the church basement for a snack of cheese and crackers, fruit, cookies and juice which the church women had prepared. Many of the workers talked in little groups and the

Canadians would go up to them, asking questions about if they missed their families and were looking forward to going home. They seemed quite sympathetic and caring with the workers, as though they were young children visiting Canada without their parents.

What struck me about the whole evening was how different this reality was to the workers' everyday experience in Canada, where they often report being ignored, ordered around, or discriminated against by other Canadians. The church services, even for those who are not particularly religious, provide workers with a forum to interact with and receive support from others. For some, such occasions provide their only sense of belonging in Canada. Thus the services serve a dual purpose of religious support and, even if limited, community support and integration.

For Mexicans, who mainly practice in the Catholic tradition, the services tend to be more formal. Typically they are led by a Spanish-speaking priest, and do not normally involve a broader cross-section of Canadians. Still, they provide an important religious venue for workers who find strength, comfort and familiarity in their faith, and community with each other.

In some cases where organized religious meetings are not available, workers develop their own spiritual activities. On the last day of work at one processing plant, for example, the Jamaican workers use machines as instruments and sing spirituals among themselves. At another farm, the Jamaican workers pray together each day before getting off the bus to start work. Some of the workers credit this practice as the reason why no one on their farm has ever got into a fight. Mexican workers also organize their own festivals to coincide with important dates and celebrations in Mexico, and hold activities to celebrate each other's birthdays, or to mourn and honour those who have died. When workers have the time and freedom to join in, religious and community events can help to ameliorate the negative effects of stress, and feelings of loneliness and isolation.¹³

Alcohol and Drug Use

Despite these examples of integration and activities, many workers do not have access to adequate support to help buffer stressful and depressing experiences. When faced with so

¹³ Hovey and Magaña came to a similar conclusion, reporting a "negative relationship between religiosity and distress" (2000:129).

many stressors, workers who lack stress buffering or coping mechanisms or the “inner resources” to deal to help them mitigate these concerns may turn to more damaging behaviours. Heavy drinking carries its own health risks, including liver disease and cancer (Meyerhoff *et al.* 2005); and may contribute to social problems such as violence and aggression (Chermack and Giancola 1997). Alcohol use also increases the chance of occupational injury (Stallones and Xiang 2003). Recent research in the United States has found alcohol use among Latino immigrants extremely variable, and although problematic, not as widespread or universal as popular stereotypes may suggest (Grzywacz *et al.* 2007). Heavy alcohol use is more frequently reported among Hispanic farmworkers than among other Hispanics or ethnic groups, with unmarried (im)migrants and those who are working at one farm (as opposed to those who migrate from place to place) among the heaviest drinkers (Ibid). Drug use, including heroin, marijuana and crack cocaine, has also been documented among Mexican migrants as a way so “help them withstand the hardship of farmwork” (Lopez 2007:141; Mines *et al.* 2002:27).

Singer *et al.* note that: “The anthropological examination of drinking has failed to systematically consider the world-transforming effects of a global market and the global labor processes associated with the evolution of the capitalist mode of production” (1992). In viewing alcohol and drug use and dependence through the prism of critical medical anthropology, these authors argue for understanding such practices, rather than as “individual pathologies,” as outcomes situated within broader historic and political-economic relationships—an expression of the “macro-micro nexus,” which considers the dynamic interplay of symbolic, environmental, psychological and structural factors. The authors situate the story of “Juan Garcia,” a Puerto Rican immigrant who developed a dependency on alcohol, noting that high alcohol use has emerged among Puerto Rican migrants as a “means of forgetting about problems” and in seeking what they could otherwise not attain from the society—“respect, dignity, and validation of their masculine identity.”

Some similar issues emerged in my research among migrant workers in the Canadian context. One advocate of the workers, who works closely with them and is also a Latino immigrant, postulates:

Depression and anxiety lead to problems like alcoholism or getting into intimate relationships with people, damaging relationships, because you are just so lonely and there's no one to understand you here. We, generally in Latin America, we don't have the skills to deal with these kinds of things, because back home we are just struggling all the time, so we have no time to think, we should just get depressed, so we don't have the skills, so we end up drinking or doing other things. Of course it creates mental health problems. [There are] no support systems, absolutely not.

In discussing alcohol use among workers, it is crucial not to fall into the trap of stereotyping alcoholism as a form of "group pathology." Indeed, Canadians in rural communities often stereotype Mexican and Caribbean workers, like the Natives who came before them, as widely involved with alcohol and drug use. As one Leamington politician remarked: "We used to have Natives coming, they would stay for lunch and then wouldn't make it for a few hours. These Mexicans come and work hard. Sure they drink too much, but I drive them home when I see them dancing with a mailbox They're good workers."

Similar to the findings of Grzywacz *et al.* (2007), my research revealed a wide spectrum of drinking behaviours among workers and left me with the impression that they engage in these activities much less frequently than popular stereotypes often suggest. Where workers do drink, it is normally either to relax on social occasions (perhaps once a week or less, depending on the time of season), or as a coping mechanism against the strains and mental anxiety associated with being in Canada. Some, however, do develop a dependency on alcohol and some engage in drug use, but these appear to be a very small minorities.

José was one such worker. He had been coming to work in Canada for 13 years. Newly married with three young children, he first came to Canada to build and furnish a house for his family. The eight months every year he had to spend away from them, however, put a great strain on his relationship. He also found the poor treatment in Canada extremely stressful, and complained that his employers were verbally abusive. José became depressed and turned to alcohol to deal with the stress. When he returned back to Mexico one year, his wife told him she no longer wanted to be with him. He blames his alcoholism as well as their break-up on the strain of his migration. As he says, "I went to Canada in order to build my family a home. The irony is that I now have a

home but no family to put in it” When I interviewed him in Mexico in 2006, he did not see any hope of reuniting his family, even his children had turned against him. “They only talk to me because they want money,” he related:

Yes, I’ve been doing very badly, but I’m trying to recover. I’ve started going to an evangelical church on Sundays. They are the only ones who are helping me . . . I’m thinking of moving out of here. I’m drinking a lot, and I’ve been having family problems since I arrived . . . I still have a lot to confront. I may just go to Canada permanently . . . enter in the program and then not return, like so many other workers do. I will stay there permanently, until they deport me.

José’s family life became so difficult, that he saw no point in continuing on in Mexico. As of 2009, he continues migrating annually to Canada, hoping one day the program will open up to allow him to immigrate legally.

Frederico, another Mexican worker, was almost caught in a similar cycle. Finding the problems with his work and tension between co-workers impossible to bear, he regularly turned to alcohol. One night after drinking he got into a fight with a co-worker, which got him kicked out of the program. Back in Mexico, he joined AA and had time to reflect. He contemplates the possibility of a return to Canada:

Canada has done a lot of harm here. It has caused harm. It is certain that it is good, but for people who know how to think, who know how to have your limits. Canada has helped families economically a great deal, but it ruins them morally, it destroys them. In Canada I was a disaster, a lot of liquor, a lot of wine, many troubles, I was about to lose my family. . . . Now I see that Canada is good, but for people that are centered in what they want, if they have some goal, it is good, but for the person who works without having purpose, or goals, it will be difficult to achieve it, he leaves to destroy himself and his family I am afraid of arriving at [the Canadian town] because it is a town where there are many bad habits My emotions are very weak and I am going to fall into that because I am going to feel far away from my family and I am going to try to escape this by going through a false door—and not confront my solitude. I will simply feel alone and I will want to have one [drink], and from there [it] will turn into drunkenness. The thought of going to Canada is a latent one, I am conscious of that, but it would be worse if I did it. It is difficult for me to accept this, and I go about trying to accept it through my [AA] meetings

Frederico continues to struggle with a dependence on alcohol, but is working hard to stay sober and to prioritize his family. He has been banned from re-entering the

SAWP, but working at home on his own land, earning only \$10 a day, has not been enough to support his family. He is contemplating a return as an undocumented worker, despite the damage migration has caused in the past.

Conclusion

The life of a SAWP worker is not an easy one. Workers face many stressors and threats to their health and emotional wellbeing. Often these stressors manifest in mild to severe depression or anxiety, or in conditions such as *nervios*—in extreme cases resulting in hospitalization or attempted suicide. Such concerns, disconcerting in their own right, may also have impacts on physical health, both in the short and long-term. These outcomes can be viewed, as Green expresses, as the “rupture of the intricate and the immediate connections among body, mind, spirit and of the social relations among the individual, society, and the body politic” (1999:123). Migrant workers’ lives are marked by rupture and disconnection; their social relations are characterized by flux, competition, and inequality. Their bodies, minds and spirits are all connected, and are thus all affected. Their individual pathologies are reflective of the wider social-political pathological relations in which they live out their lives.

Some workers, however, are better able to deal with stressors than others. Buffering mechanisms, like supportive social relationships, religious/church or other community events, may help workers to cope with the challenges faced in Canada. Some derive meaning and satisfaction from their work in Canada and their ability to support their families at home. Others develop more destructive behaviours, such as alcohol or drug dependence. Whatever solace is offered, the workers are faced with a life which is challenging and intimidating and often they face it on their own.

More attention needs to be paid by researchers, policy-makers, rural communities and program officials to the mental and emotional needs of workers and the health effects of the stressors they face. Increased measures to involve them in the community, and to mitigate some of the negative work and living environments, could help to alleviate some of the concerns. Further research is needed to determine the extent of such problems and to identify appropriate interventions.

Interventions such as increased community support and mental health outreach efforts may help to mitigate some of the suffering that workers experience. Such measures are limited, however, and do not replace the need for more fundamental changes. The conditions of extreme vulnerability, isolation, powerlessness and separation from loved ones and communities, which structure workers' experiences in Canada, also place them at risk. As long as the drama of cyclical migration continues, with all of its painful disjunctures and unequal power relationships, so too, will depression, anxiety and alcoholism – and all of the concomitant problems – continue to affect many of its protagonists.

PART IV: RIGHTS



Figure 55 - A collection is made by migrant workers to send to the widow of a co-worker who was killed

CHAPTER 10 - ARE MIGRANTS' RIGHTS HUMAN RIGHTS?

Introduction

"We are far from the required paradigm shift towards treating migrants as 'global citizens' and 'rights-holders,' regardless of where they are coming from and where they are going." –World Health Organization 2002:29

Scholars writing on the human rights regime and its relationship to "post-national citizenship," suggest that rights are no longer dependent on the relationship between states and citizens, and now apply to individuals universally (e.g. Sassen 1996; Soysal 1994; Jacobson 1996; Yuval-Davis 1999). This premise is based on "universal personhood" rather than "national belonging" (Soysal 1994:1-3) and is consistent with the foundation of international human rights law. As Article 2 of the Universal Declaration of Human Rights (UDHR) stipulates:

Everyone is entitled to all the rights and freedoms set forth in this Declaration, *without distinction* of any kind, such as race, colour, sex, language, religion, political or other opinion, *national or social origin*, property, birth or other status. Furthermore, *no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs*, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty (emphasis added).

Some scholars have argued that (im)migrants, and in particular guestworkers, have been able to benefit from these broader conceptions of rights, which transcend citizenship. Writing of the case of Europe, Soysal argues:

Guestworkers are now permanent, and form large, "foreign" communities within the host societies. More strikingly, guestworkers without formal citizenship status have been incorporated into various aspects of the social and institutional order of their host countries. They participate in the educational system, welfare schemes, and labour markets. They join trade unions, take part in politics through collective bargaining and associational activity, and sometimes vote in local elections Guestworkers are thus empirical anomalies with regard to predominant narratives of citizenship (1994:2).

The lived experience of participants in the SAWP, however, challenges the notion of post-national citizenship and the universality of human rights, as different levels of rights are instituted for different groups within the name nation-state. Indeed, the very

modus operandi of the SAWP has been to keep participants excluded from claims on the state (see Part I and the Conclusion). Unlike in Europe and even the United States, where large groups of migrant workers have settled and in many cases reunified with their families, the vast majority of SAWP participants do not stay in Canada beyond their contracts (Basok 2000); do not reunite with their families in Canada; and do not participate in the educational system, welfare schemes, trade unions or in Canadian politics. Instead, the program has been incredibly effective in ensuring that workers contribute to the Canadian social contract but rarely draw from it; in this system, the costs of migration are borne almost exclusively by the sending countries—principally by the workers, their families and communities.

In this chapter I sketch out the complexities involved with rights provisions for SAWP workers. I first outline the rights and entitlements of SAWP workers and go over some of the barriers workers experience to accessing these provisions. I then discuss the measures in place to support and assist workers, including both officials with the program, as well as social and labour movements. I highlight the restrictive dimensions of the program which impede rights access, with a focus on repatriations and mobility restrictions. Finally, I document some of the ways in which workers have responded to these restrictions and fought for their rights.

Rights on Paper

SAWP officials contend that participants are eligible for the same protections as Canadian workers. As one Canadian government representative declared:

They have exactly the same rights as a Canadian worker has. I don't know what those rights are, they vary from province to province, but that has to be addressed regionally. . . . Basically temporary foreign workers in terms of labor rights ha[ve] the exact same rights as a Canadian doing the job (Interview 03-2008).

In this respect, on paper, migrant workers may seem to have many of the same rights as Canadian workers. First, participants in the SAWP are guaranteed all rights under applicable international human rights laws. The UDHR lays out numerous rights that are relevant to issues of labour and health. For example, it stipulates that everyone has the right:

. . . to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment . . . to equal pay for equal work. . . to just and favourable remuneration ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection . . . to form and to join trade unions for the protection of his interests (Article 23:1-4) . . . to rest and leisure, including reasonable limitation of working hours and periodic holidays with pay (Article 24) . . . to . . . medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control (Article 25) (UDHR).

With respect to health, various international agreements also provide guidelines on specific rights (see Chapter 2). The International Covenant on Economic, Social and Cultural Rights (ICESCR) outlines the right to the highest attainable standard of health (UN 1966a). General Comment 14 further expands on how this right can be implemented. Among many important and detailed recommendations, it stipulates that:

Health facilities, goods and services have to be accessible to everyone without discrimination . . . *within safe physical reach* for all sections of the population . . . [and] affordable for all Accessibility includes the right to seek, receive and impart information and ideas concerning health issues. However, *accessibility of information should not impair the right to have personal health data treated with confidentiality* All health facilities, goods and services must be respectful of medical ethics and *culturally appropriate*, i.e. respectful of the culture of individuals, minorities, peoples and communities, *sensitive to gender* and life-cycle requirements, as well as be designed to respect confidentiality and improve the health status of those concerned (UN 2000b, emphasis added).

This glowing ideal is far from migrant workers' actual experience in the SAWP, as I will show in the next two chapters.

SAWP participants are also officially granted rights and benefits under Canadian and provincial laws, including, Canada Pension Plan (CPP) benefits, special (but not regular) benefits under Employment Insurance (EI), and in Ontario, the right to provincial health care under the Ontario Health Insurance Plan (OHIP). They are also eligible for workers' compensation through the Workplace Safety and Insurance Board (WSIB) and selected components of the Employment Standards Act.¹ For the first time in 2006,

¹ Initially agricultural workers were exempted from the Employment Standards Act (1968). In 1975 harvesters, a specific category of agricultural workers, were granted some minimal standards, but collective

workers in Ontario were also covered under the Occupational Health and Safety Act (OHSA). In addition, for non-work related health concerns and some prescription medication, Mexican workers make contributions and are covered under a private plan through the Royal Bank of Canada (RBC) Insurance, while Jamaican workers have coverage through their National Insurance Plan, paid for through regular deductions to their wages. (See Table 14 for an overview of deductions, benefits and rights; Table 15 provides an overview of the laws and policies affecting SAWP workers.)

Table 14 - Overview of deductions and benefits

Right/Benefit	Amount Workers Pay	Main Benefits	Main Problems/Limitations
CPP (Canada Pension Plan)	\$6 million (2001) (FARMS 2003 estimate as cited in Preibisch 2003) or 4.9% of income (Source: Mexican consulate data 2006)	Pension upon retirement (age 65 or reduced pension at age 60)	Many don't claim (lack of support infrastructure) or the amount they can claim is extremely low as it is difficult to accrue sufficient hours
EI (Employment Insurance)	\$3.4 million (2001) (FARMS 2003 estimate as cited in Preibisch 2003) or 2.7% of income (Source: Mexican consulate data 2006)	Can claim parental benefits, but have only been doing so for the past few years, primarily with the help of union and advocacy groups	Not eligible for regular benefits
Taxes	\$9.5 million (2001) including work visas - \$12.2 million in 2001 (FARMS 2003 estimate as cited in Preibisch 2003) or between 17-22% of income (Source: Mexican consulate data 2006).	Health care access through OHIP in Canada.	Cannot benefit from contributions to taxes (such as education, etc.). Do not normally contribute to taxes at home, either, which may exclude them from health insurance and other benefits
20% mandatory savings (Caribbean workers)	20% of income	Savings returned—helps to ensure families receive remittances	Lack of freedom over income; delays in claiming money upon return; some workers and families (including widows) report having difficulty claiming this money.
RBC Health Insurance (Mexican workers)	\$.50 a day	Non-occupational health insurance and some prescription drugs	Limited coverage – Maximum \$3,500 upon return; does not provide for basic medications such as birth control pills

bargaining and occupational health and safety laws remained inapplicable to all farmworkers (see Tucker 2006:262).

Workplace Safety and Insurance Board (WSIB)	Nothing (Employers pay)	Coverage for occupational related accidents and injuries; Farm Safety Association, funded by WSIB, promotes safety	Claims are often not filed or followed-up (see discussion in Chapters 11 and 12)
Ontario Health Insurance Plan (OHIP)	Nothing (but they do pay taxes)	Coverage for basic primary health care services	Available only while in Canada and expired with annual visa; various barriers to accessing care (see Chapter 11)
5% Program administration fee (Caribbean workers) and Jamaican National Health Insurance	5% of income	Administration of program, liaison service, National Health Insurance (NHI)	NHI limited coverage – maximum 3 months upon return; roles of liaison in conflict of interest (see Chapters 10-12)

Table 15 - Overview of laws and policies

Law or Policy	Enforcement / Legislative Body / Signatories	Main Benefits	Main Problems
Recommendations for the Provision of Seasonal Housing for Migrant Farmworkers (see Recommendations 2006)	Municipal Public Health Officials (Negotiated between various bodies)	Provides guidelines for a basic standard of living conditions	Guidelines not comprehensive enough or always fully enforced (see Chapter 8)
The <i>Pest Control Products Act</i> (federal) and the <i>Pesticides Act</i> (provincial)	Federal and provincial governments	Regulates use of pesticides on farms, including the training of applicators	Those who work around pesticides, but do not apply them, may not be trained (see Chapter 7)
Workplace Safety and Insurance Act (WSIA) (1998)	Province of Ontario	Requires farm employers to register with WSIB	Not all employers register; workers performing duties outside of their contracts may not be covered
Occupational Health and Safety Act (OHSA) (passage in 1978; applied to farmworkers as of 2006)	Ontario Ministry of Labour	Provides basic standards for occupational health and safety, including the right to refuse unsafe work and the right to know about workplace dangers	Many workers are unaware of rights; guidelines are not comprehensive; workers have no protection against premature repatriations for refusing unsafe work (see Chapter 6)
Employment Standards Act (ESA) (2002)	Ontario Ministry of Labour	Some basic provisions, including minimum wage	Farmworkers excluded from most of Act (see Chapter 6 and OMOL 2008)
Ontario Labour Relations Act (1995)	Ontario government	Ensures the right to bargain collectively	Farmworkers are excluded from the Act

Agriculture Employees Protection Act (2002)	Ontario government	Provides the right to join an employees' association	Farmworkers cannot collectively bargain
UN and ILO Conventions on the Protection of Migrant Workers	UN and ILO	Framework for human rights protections for migrant workers	Canada has not ratified these Conventions
SAWP Contract/ Employment Agreement	Government agents, workers and employers are signatories (no statement on enforcement)	Outlines various rights, including the right to a minimum or prevailing wage	Canada has upper hand in contract negotiations; workers and independent advocates excluded; repatriation clause renders many other rights inoperative, with no appeals process for unjust dismissals (see Part IV)
Memorandum of Understanding (MOU)	Canadian, Mexican and Caribbean Governments are signatories	Outlines policy objectives for the SAWP and roles of states in determining "mutual benefits", including monitoring workers' movements, ensuring workers do not replace domestic labour, and supporting the economies of the participating countries (Verma 2003)	It is an "intergovernmental administrative arrangement", and therefore not legally binding (Verma 2003)
Charter of Rights and Freedoms (1982)	Bill of rights in Canada's constitution (applies to all levels of government)	Canadian government decisions may be reviewed by the courts on the basis of the Charter (Verma 2003)	TFWs are excluded from certain provisions because they are non-citizens
Human Rights Code	Ontario Government	Rights to employment and accommodation free from discrimination	Farmworkers are generally unaware of the Code and have little recourse to bring complaints against employers without retribution
Immigration and Refugee Protection Act (IRPA) (2002)	Parliament of Canada	Workers are admitted to Canada under the provisions of this Act; attempts to ensure that Canadians will benefit from employment of TFWs	Allows workers to be in Canada legally, but only up to a maximum of eight months, and does not include any provisions for permanent residency

Rights in Practice

Migrant workers have remained excluded from rights and benefits in two ways: they are legally excluded from a number of rights; and those rights to which they are legally guaranteed are often practically inaccessible. First, although they pay taxes to the Canadian government, SAWP workers have been fundamentally excluded from the rights and benefits associated with Canadian citizenship. As agricultural workers in Ontario, SAWP participants are excluded from those labour and employment related statutes meant to protect workers with basic standards, including the Ontario Labour Relations Act. The rationale behind this exclusion was that “unionization of the family farm has no place in Ontario’s key agricultural sector” (as cited in Verma 2003:11). Accordingly, SAWP workers do not have the right to join a union or to bargain collectively. As Verma argues, “This has placed agricultural workers in a vacuum as it relates to legislative employment protections.” In effect, having equal rights to other Ontario farmworkers is “the equality of having no rights at all” (2003:63-4).

As temporary foreign workers without citizenship status, migrant workers also face a number of other specific limitations. For example, the Charter of Rights and Freedoms guarantees Canadian citizens “the right to enter, remain in and leave Canada” and to “pursue the gaining of a livelihood in any province” (section 6(1) as cited in Verma 2003). Migrant workers, by contrast, can be repatriated at any time, and do not have the right to freely change employers or to be mobile within Canada. Furthermore, as noted in the Introduction, Canada has not ratified any of the international agreements relating specifically to the protection of migrant workers.

With respect to the rights and entitlements that migrants are provided on paper, a number of barriers make them difficult to ensure in practice. Several scholars investigating the program have identified severe limitations that affect the workers, including fear of removal from the program (Basok 2002; Verma 2003; Preibisch 2003; Basok 2002; Hennebry 2006); social exclusion (Basok 2003); mobility restrictions (Preibisch 2007); lack of information or understanding about how to access benefits (Preibisch 2003; Verduzco and Lozano 2003) and language differences (Basok 2002; Hennebry 2006; Preibisch 2007). Ambiguous mandates and poor communication between local, provincial and national authorities are a further problem. Since the

program is federal, but labour laws are provincial, neither level of government takes responsibility for enforcement (Verma 2003). Finally, premature repatriations render it impossible for workers to access protections or to investigate and enforce workplace rights, such as the dispute resolution mechanisms that are available to resident Canadian workers (Verma 2003).

Through a focus on rights related to health (particularly in Chapters 11-12), my research tests and evaluates these findings and provides ethnographic evidence on how these limitations play out in practice. Basok (2003) argues that workers' ability to access rights is fundamentally limited by their social exclusion. While I support this contention, my research shows that rights' access is more fundamentally constrained by the structure of the system, both in Canada and in the workers' countries of origin. I will demonstrate that even as workers' social exclusion has lessened through the last several years due to the increased interaction with support groups and community members (see also Preibisch 2003, 2004, 2007b), the workers' ability to access health care and compensation, in particular, remains constrained by the limits of the program.

Furthermore, most of the above scholars have limited their discussion to rights access in Canada; in Chapter 12, I extend the analysis by demonstrating the constraints of rights access in Mexico and Jamaica where workers are recognized as citizens. I argue that migrant workers are in a uniquely vulnerable position both in Canada and in their countries of origin. In Canada, workers are eligible for health care only so long as they are in the country, but most often seriously sick or injured workers are immediately repatriated. Working, living and making contributions to health and benefit programs in Canada, these workers do not normally contribute to the social contract of their countries of origin, and therefore remain excluded from many of the benefits which could otherwise be accessible to them when they return. Those who suggest that migrant workers benefit from equal or even special protections across borders fail to realize that in practice workers' rights to accessible and equitable health care, as outlined in the ICESCR, is compromised by their positionality as migrants, both in Canada and in their countries of origin.

This final section on rights develops many of the themes introduced in the first and second sections, particularly Chapter 5, where I discussed workers' social exclusion

and the restrictions placed on them by their fundamental dependency on their employers for everyday needs. The third section, “Health,” made it was clear that these dynamics affect the provision of healthy working and living conditions. In this section, these same dynamics render workers’ access to rights and benefits highly dependent on the “good will” of the employer. Further complicating the picture, this section also demonstrates the influence of government and civil society actors on rights access, and identifies that with the recent heightened interest and engagement in migrant workers’ rights from various non-governmental organizations the situation has begun to change, though in a limited way.

Assistance to Access Rights and Benefits

The Role of Government Agents

SAWP administrators explain that workers’ “government agents,” more commonly known as the Mexican consulate and the Jamaican Liaison Service (JLS), are responsible for informing and assisting workers in accessing their rights and benefits. Indeed, the formal provision of this representation in Canada has been labeled a “best practice” of the program (see NSI reports 2003) and is often used as a justification for the lack of need for monitoring and enforcement of workers’ rights by Canadian authorities. At the same time, this representation has also been heavily criticized as inadequate, unresponsive, and in some cases favouring the employers. Scholars and critics have repeatedly noted that the workers’ government representatives are in an inherent “conflict of interest,” as they must also consider the needs of their countries and the employers and they often punish (through repatriating or threatening them) rather than assist SAWP workers (Preibisch 2003, 2004; Binford *et al.* 2004; Verma 2003; Basok 2002; Griffith 2003). As Basok observes:

While the consulate assists them with their personal problems (such as when an illness or death in the family impels a worker to return to Mexico), it is unwilling to interfere when workers experience problems with their *patrones*. In the opinion of the Mexican workers interviewed for this study, the representatives either do nothing useful or they take the side of the farm owners against the interests of the Mexican workers (2002:112).

Similar concerns expressed by migrant workers, indicating a widespread distrust of and dissatisfaction with government agents, was a consistent pattern in my research. The result is that many workers are reluctant to contact these representatives for assistance. In my interviews with officials, they assured me that they do attempt to represent workers' interests, and I did witness cases where this occurred (see the case of Samuel below), but the power to affect change is fundamentally limited by the structure of the program. This is especially so for the Jamaican Liaison Service (JLS), who are concerned with the decline in requests for Jamaican versus Mexican workers, as discussed earlier. Jamaican officials, however, deny this claim. One of them assured me that: "I would never compromise the rights of workers because of numbers. I represent workers very well I would say" (Interview 07-2007).

Yet in my research I came across situations where government agents not only failed to advocate for their workers to stay in Canada, but sent them home even when employers did not request it. As one grower recounts:

If there was any little problem, you are gone. And these guys [the workers] they're afraid, they want the jobs, they want to be working there. Yes, it's the liaison who would kick them off, it's not us. We would say, look, [we] will put up with this and give them another chance, but the countries want these guys here and they don't want to have any black marks over here (Interview 01-2007).

Indeed, employers and workers alike regularly suggest that government agents' concern with a "black mark" on their country's image in the program inhibits their ability to independently represent workers, especially in times of conflict with employers.

One crucial difference between the Mexican and Jamaican foreign representatives is that the JLS maintains a much closer contact with their workers, normally visiting all farms on a monthly basis, while the vast majority of Mexicans have never met nor spoken to their consular representatives. The Mexican consular officials only intervene if called upon to do so.² Both approaches have downsides for workers: the Jamaicans feel intimidated by regular monitoring by their officials, while the Mexicans feel abandoned by theirs. Both groups have regularly expressed that the other has better representation.

² There is now a satellite office in Leamington for workers in that region, and these workers have more opportunity for contact with their consular officials. Workers in Niagara, however, continue to deal with the Toronto-based officials who rarely visit the region.

Labour and Advocacy Groups

The failure of governments to protect workers' interests became publicly apparent when, in 2001, approximately 50 Mexican workers began a wildcat strike in Leamington, protesting workplace conditions, leading to the immediate repatriation of 20 leading participants. While the Canadian labour movement through the Canadian arm of the United Farm Workers of America had undertaken some modest efforts to engage with migrant farmworkers in the 1990s, the Leamington strike heightened awareness of the plight of migrant workers in Ontario. Shortly afterwards, activists and labour organizers investigated the incident. The result was that several labour, legal, community, activist and medical groups began to advocate for these workers. The Global Justice Care Van Project, with funding from the Canadian Labour Congress, United Steel Workers of America, United Food and Commercial Workers (UFCW) and the Canadian Auto Workers Union, started to document the conditions facing migrant farmworkers. The UFCW has since taken a leading role among SAWP workers, placing their case before the government in annual reports and advocating for their rights in several court challenges (UFCW 2002, 2004, 2007).³

Figure 56 - UFCW centre signs (1) Leamington; (2) Virgil (Niagara)



In 2002, the UFCW set up a support and advocacy centre in Leamington (see Figure 56), followed by similar centres in Simcoe, Bradford and Virgil, Ontario, as well as more recently, in Portage la Prairie, Manitoba, Surrey, Kelowna and Abbotsford, British Columbia and a mobile centre originally based in Saint-Rémi, Quebec. These centres, now operating under the name “Agricultural Workers Alliance” (AWA) assist

³ See Encalada Grez (2006), Basok (2003), Raper (2007), and Preibisch (2003, 2004, 2007) for further analysis of the origins of the labour movement. Verma (2003) provides an extensive legal analysis.

workers to claim their benefits, educate them about their rights, provide general support and advocate on their behalf.⁴

Most Ontario workers have had the right to engage in unions and collective bargaining since 1943; agricultural workers have been excluded because the industry has been viewed as unique due to its association with family farms, the concerns of weather unpredictability, and the threat that strikes could ruin an entire season's harvest (Tyler 2008). The UFCW recently won its legal fight against the exclusion in Ontario through a Charter challenge, but the provincial government announced in January 2009 that it would appeal, leaving the fate of organizing farmworkers still unresolved at the time of this writing.⁵ The case will be heard at the Supreme Court of Canada in December, 2009. The agricultural industry's Labour Issues Coordinating committee is joining the provincial government in fighting the case against the union. Chair Ken Forth (also President of FARMS) says that the industry will be arguing: "the same old thing about the *uniqueness of agriculture* and all that kind of stuff. . . . It's the same old story from 20 years ago. Nothing's changed" (as cited in Mann 2009, emphasis added).

Although they have been legally forbidden from organizing farmworkers in Ontario, the UFCW has managed to organize select migrant worker farms in Manitoba and British Columbia, and additional certification applications are pending for farms in Quebec and Saskatchewan, where farmworkers are allowed to unionize. These efforts have been hampered, however, by employers' resistance and government inaction. Some employers have legally challenged the union's right to organize workers, while others have used more direct tactics. Fourteen Mexican workers employed in BC were fired and

⁴ See UFCW (2004, 2007) for more information on the centres' activities and accomplishments.

⁵ In 1994 full-time farmworkers (excluding seasonal and SAWP workers) were briefly given the right to organize under the provincial NDP government's Bill 91, but by the next year, 1995, when the Conservative government was elected, these rights were quickly revoked (Verma 2003). The UFCW has launched charter challenges to fight against the exclusion of agricultural workers from the right to unionize. The first challenge came in 1995, after the Ontario Conservative government prohibited farmworkers from unionizing. In 2001, in *Dunmore v. Ontario* (see *D v O* 2001), the Supreme Court of Canada ruled that this exclusion violated agricultural workers' right to freedom of association under the Charter of Rights and Freedoms. In 2002, the Ontario government issued the Agricultural Employees Protection Act, which, in a minimalist interpretation of the Supreme Court decision, recognizes workers' rights to form associations and make representations, but forbids them from collective bargaining rights (Preibisch 2004; Verma 2003; UFCW 2007). In 2003 the UFCW launched a Charter challenge, arguing that the exclusion of collective bargaining rights is unconstitutional (UFCW 2007), and that the law violates rights of equality and freedom of association under the Charter (Tyler 2008). The UFCW won the case in November 2008, but in January 2009 the Provincial Liberal government announced they would launch an appeal (UFCW 2009). See Verma (2003), *DvO* (2001), Raper (2007) and Preibisch (2003, 2004) for more information.

repatriated a day before their union certification vote in September, 2008 (Steuck 2008). In June 2009, it was reported that a BC farm did not hire back the Mexican workers who had supported joining the union the year before, replacing them with Indo-Canadian workers. Other workers have reportedly been fired for so much as associating with AWA staff to attend a church service (Sandborn 2009). When HRSDC was interviewed by *The Tyee* about such incidents, the spokesperson replied that the situation was out of the Canadian government's hands: "It is ultimately the responsibility of the Mexican or Caribbean country's government to recruit and place the workers. . . . HRSDC/Service Canada does not provide any input regarding the determination of which workers are chosen to participate in the SAWP or their placement" (Sandborn 2009). In this regard, the Canadian government absolves itself of the responsibility of ensuring that workers are only fired for just cause, or that their rights to join a union, to safely engage in labour actions, or even to engage in free associations, are protected.

The volunteer collective Justicia for Migrant Workers (J4MW) was also formed in the wake of the Leamington strike and remains active, meeting with workers and supporting their cause in various regions of Ontario and in British Columbia. The group maintains an extensive web site (www.justicia4migrantworkers.org) outlining workers' rights abuses. Even without formally organizing workers, the UFCW, J4MW, and other groups, have been crucial in informing workers about and promoting their rights.

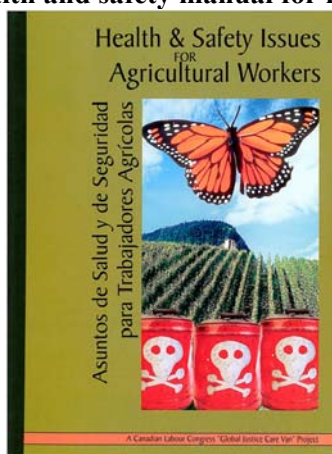
Heightened awareness about rights among some workers has enabled them to educate and assist each other. One former migrant worker, for example, discussed helping many of his co-patriots fill out pension applications in Jamaica. He says that before he started doing this, many workers had never heard of the pension, or had no idea how to access it once at home in Jamaica.⁶ Justicia's model emphasizes empowering workers to organize, assist and advocate among themselves as much as possible.

With respect to health access, volunteers and staff from many of the groups introduced in Chapter 5, such as Frontier College, J4MW, the UFCW, Enlace and the

⁶ Although more workers are now receiving pensions, many have been denied them for working too few hours, or are receiving very small pensions which are insufficient to provide for daily needs. Since workers only come for part of the year and can be dismissed as they age, many simply have not worked enough hours to earn a sufficient pension. Age discrimination prevents many older workers from being asked back (Preibisch, 2003; Verduzco and Lozano 2003). Most who qualify receive under \$100 a month in benefits (Preibisch 2003).

CWOP have been key aids in transporting workers to medical appointments, arranging follow-ups, acting as health advocates and as translators. Some of these groups have also made it their responsibility to provide workers with health and safety information. Groups like J4MW and Enlace have offered pesticide education workshops, and a number of groups put together a bilingual Health and Safety manual (Figure 57), distributed primarily through UFCW support centres throughout the country. Much of this information has been adapted from educational materials prepared in English and Spanish by the U.S. Environmental Protection Agency, which includes clear symbols, simple language, and drawings to help educate workers of all literacy levels. Interviews with workers and observations of such events suggest that they are playing an important role, filling in the gaps where government actors have otherwise failed. As one pesticide applicator explained: “On one occasion the group Justicia talked to us about pesticides. They taught us that it can cause cancer, vomiting . . . lots of things . . . and this is what I now understand. For this reason I try to be careful as much as possible.”

Figure 57 - Health and safety manual for migrant workers



Though certainly important, the efforts of such groups have been limited by a number of factors. First, the reach of these groups is by no means comprehensive; many workers continue to slip through the cracks, especially in regions which do not have support centres. Verduzco and Lozano report that only 15% of the workers they interviewed “knew of an organization or group that conducts activities in support of the temporary workers in Canada” (2003:93) and most of the groups named were religious in nature. I believe the current proportion would be significantly higher as groups’ efforts,

particularly those of the UFCW, have expanded rapidly in the past five years. There are still many areas, however, which remain outside of reach. On a recent (summer 2008) visit to Ontario's Prince Edward County, for example, workers there told me that they had never heard of support groups, and had never been told they were eligible for benefits such as the parental benefits (discussed below). This lack of consistency is a result of primarily non-government and volunteer groups attempting to fill in gaping holes where governments have proven ineffective. These are the outcomes of a much broader neoliberal structure, which downloads the responsibility of many support services primarily to unpaid volunteers. It is inevitable that they cannot offer comprehensive and consistent services without sustained funding and support, especially across such wide geographic areas and across linguistic and cultural lines.

Secondly, due to differing ideologies, group targets (Mexican or Caribbean), mandates and approaches, the plethora of support and advocacy groups working to improve conditions for migrant workers has remained largely uncoordinated. For example, some groups label themselves as explicitly "non-political"—sometimes strategically eliminating advocacy from their mandates in order to not alienate growers and to ensure "access" to workers. Other groups have retained overtly political agendas, but may differ in their approaches (e.g. union or non-union). In recent years, collective efforts such as Ace-Net (a loose coalition that has largely dissipated), the Kairos Justice Gatherings, conversations initiated by the North-South Institute following the publication of their reports, and the Temporary Foreign Workers Action Group (TWAG) led by the Canadian Labour Congress, have aimed to generate conversation among these groups and break down some of the barriers (see Chapter 5). Yet in large part these efforts remain divided, sometimes affecting the quality and scope of support available to migrant workers and limiting the potential of a collective strategy towards a cohesive social movement for change.

Social movements aiming to improve conditions for migrant workers have also been limited by the difficulties in involving workers themselves in key organizing roles. Although many workers have been involved in movements for change and everyday resistance "behind the scenes," the tenuous and vulnerable nature of their contracts and limited available time and mobility in Canada have fundamentally restricted the potential

to develop themselves as leaders of movements for change.⁷ This is particularly so when workers who have taken leading roles in protesting workplace conditions have been quickly repatriated (see Chapter 1 for numbers of contract violations). Despite these restrictions, many workers have participated in efforts by articulating their concerns, taking part in documentary films like *El Contrato* (Lee 2003) and *Migrants: Those who come from within* (Díaz 2007), as well as participating in research like that reported here, in efforts to share their stories with the broader public and to create change. Some have attended conferences and public gatherings where they have spoken articulately and passionately about their concerns. The J4MW web site features several worker-led initiatives, such as a survey of Canadians, a petition, and photos of living conditions taken by workers.

Finally, the social justice groups attempting to advocate for workers are generally not recognized as legitimate actors by government and grower representatives; to the contrary, when groups attempt to intervene, they are often met with hostility by government agents and growers who view them as “interfering” with the normal operations of the program. These conflicts have been well documented in the media, where open disputes and/or condemnations by government officials and growers against labour and advocacy groups have been frequently publicized (e.g. Wint 1995a, 1995b; Rose 2005b; Sonnenberg 2006a, 2006b; Boughner 2008). Mexican and Jamaican Ministry of Labour and government agents as well as growers sometimes actively discourage these associations, indicating that they could threaten workers’ jobs,⁸ and the

⁷ Encalada Grez (2006) and Preibisch (2003, 2004, 2007b) for a more detailed analysis of social movements in relation to the SAWP.

⁸ Jamaican officials are particularly wary of union and advocacy interventions because they believe it was the interventions of similar groups in the United States which led growers there to mechanize sugar fields and terminate the lucrative offshore sugar workers’ program. This legacy still looms large in the minds of the officials I interviewed, and is also documented in the media (e.g. Wint 1995a, 1995b). After citing early outreach efforts of the UFCW to Jamaican workers, one article cautions, for example, that: “If Jamaica is not careful the [SAW] programme could go down the tube, as did the sugar section of the programme in the United States. Recall that at one time Jamaica had as many as 13,000 men cutting canes in Florida. And, then the do-gooders, the bleeding hearts, and sundry vested interests both here and in the United States set about sabotaging the programme. Miss Simpson, tried to save the programme, she failed, and where Jamaican men once earned a living, sweating for the Yankee dollar, machines now do that job Clearly the UFCW is not a charitable organisation. It is seeking to augment its membership and make money at the Jamaican farm workers’ expense . . .” (Wint 1995a).

viability of farming and the SAWP itself,⁹ or at very least charging that outside groups do not have accurate knowledge of the how the program operates and can provide misinformation—a claim that is made in written information provided to workers by their government agents.¹⁰ In other cases, government agents and program officials contradict the concerns of advocacy groups that workers are being mistreated.¹¹ I discuss these concerns in more detail below.

Despite these divisions and limitations, it is clear that collectively, the efforts of civil society groups have made a significant impact in assisting workers with access to rights and entitlements where all three governments have continually fallen short. The pressure of these groups may have also led to some Canadian government response. In 2008, for example, HRSDC posted information on its web site about SAWP workers' rights to access EI parental benefits, CPP, etc., and the WSIB produced a pamphlet to distribute to doctors outlining workers' rights after consultations with members of J4MW and the Industrial Accident Victims' Group of Ontario (IAVGO) on the systemic barriers workers face to accessing workers' compensation.

Overarching Issues Relating to Rights Access

Information Sharing and Support to Access Rights

Workers report that they have generally not received sufficient information and support to access their rights and benefits. Of the workers in my survey who answered questions on rights access (n=43), a minority reported having sufficient information and support to access their pension (16%), rights in general (23%), parental benefits (28%), and workers' compensation (30%). Workers were slightly more satisfied with having information about their contracts (44%), taxes (40%), and health care (42%). In most cases workers reported receiving information from support groups rather than from their

⁹ For example, one grower representative quoted: "The union mentality is one of confrontation and it does not work on farms . . . Besides, it would only take one or two grievances to put a family farmer out of business" (Boughner 2008).

¹⁰ Workers are instructed in a pamphlet that "if a third party offers you help, avoid them and call us."

¹¹ For example, in response to allegations made by J4MW that workers are "operating in inhumane conditions and often time complained of these conditions," the Jamaican government representative quoted in the Jamaica Gleaner retorted: "The ministry has not been informed by any worker of such conditions" (Rose 2005b).

government officials, with the exception of their contracts and taxes.¹² I would also speculate that these numbers are much higher than in previous years, due to recent education campaigns by various support groups. Workers generally report receiving a contract in their native language (English or Spanish), but some say they could not understand the conditions of the contract or were not explained the details. Information on additional rights and benefits remains highly inconsistent.

Table 16 - Survey results. Question: Do you feel that you have adequate access to information about, knowledge of and support for . . . ?

	Yes	No	Very little	N/A/Don't know/ N.R.
Conditions of the contract	44.2%	46.5%	0%	9.3%
Health care	41.9%	48.8%	0%	9.3%
Taxes	39.5%	46.5%	4.7%	9.3%
Workers' Compensation	30.2%	62.8%	0%	7%
Parental benefits	27.9%	58.1%	2.3%	11.6%
Rights in general	23.3%	65.1%	0%	11.6%
Pension Benefits	16.3%	72.1%	0%	11.6%

As discussed in Chapter 4, the pre-departure orientation in either Mexico or Jamaica provides very little information about rights and benefits. Although workers' government representatives provide them with an information pamphlet in Canada, the information in these pamphlets is insufficient and inconsistent. Some workers report not receiving the pamphlet; each participating country provides different information; and even different Mexican consulate offices in Canada provide different pamphlets. Finally, the information that they contain remains very basic, instructing workers to contact their government officials for any assistance and avoid contact with outside groups (see Appendix 5.1 for copies of the pamphlets).

Many of the misunderstandings and much of the misinformation regarding rights and benefits is a result of a pervasive break-down of communication among the various government agents and officials, the various countries involved in the SAWP, employers, service providers, and workers. As one Canadian federal official acknowledged:

¹² The Jamaican liaison service does taxes for its workers, while Mexicans are encouraged to use the services of a private agency in Leamington. Workers are normally given their contracts before they come to Canada.

The mandate [of HRSDC] is to provide LMOs [Labour Market Opinions], CIC [Citizenship and Immigration Canada] their mandate is everything related to the temporary foreign worker coming in, and then you have the provinces, and their mandate is employer employee well-being, employment standards, health and safety, all of those things fall under provincial jurisdiction. So there's a lot of players involved, and I think if you were to do that dissection and look at each partner and what their mandate is, maybe you can see some gaps between the mandates (Interview 03-2008).

The TFW division within HRSDC has expanded rapidly, from twelve to 50 employees in the past five years according to one interviewee, in an attempt to keep up with the rising demands of the TFWP, of which the SAWP is just one part (Interview 03-2008). Much of these resources have gone into insuring a smoother functioning of the LMO process for employers, whom one government official describes as the “clients” of HRSDC (Ibid). It is clear that the principal mandate of HRSDC is to ensure a flexible, just-in-time labour supply for employers. While they may be sympathetic to workers' concerns, worker welfare, they explain, is not their mandate—it is a provincial matter. Yet the program, its guidelines and regulations are mandated at the federal level.

The numerous breakdowns in communication and information sharing have left many workers with ambivalence or confusion about their rights and benefits. There is more to it than a weakness in communication, though, for as Adrian Smith (2005) points out, contrary to the prevailing liberal legal paradigm, legal knowledge does not necessarily equate to legal power. Workers must also have the mechanisms and supports to safely access their rights.

The need for assistance beyond what governments have provided became glaringly apparent to me when, near the beginning of my fieldwork in 2005, I attended a farmworker meeting near Pitt Meadows, British Columbia organized by J4MW BC. This was a rare opportunity (the only one I have ever heard of) for workers to meet face-to-face with Canadian government officials, who could explain the benefits available to the workers and how to access them. It was immediately obvious that even with these explanations, the system had not been set up to be accessible for workers. At one point, an official explained that workers can have assistance to fill out benefit forms in urban centres during weekday business hours. When it was brought up that most workers are unable to get into urban centres at this time, the official responded that they could, in that

case, download the forms off the internet and fax them in. One of the workers raised his hand, and explained the obvious (through an interpreter): “We are poor *campesinos* who can’t even read and write in Spanish. How do you expect us to ‘download, fill out and fax in’ your on-line English documents?” Rights access is more than the legal guarantee of entitlements—without provisions to allow accessibility, rights remain out of reach for many.

Case Study: Employment Insurance

One remarkable example of the complicated nature of workers’ struggles to obtain entitlements is exemplified by the case of benefits under Canada’s Employment Insurance (EI) scheme. Migrant workers who contribute millions of dollars annually into the EI fund are legally prohibited from claiming regular EI benefits for their periods of unemployment in the off seasons, due to the requirement that in order to claim these benefits they must be available for work in Canada. Under the SAWP, migrant workers must return to their countries of origin immediately upon completion of the contract, rendering them ineligible for this benefit. In recent years, however, some migrant workers have been able to take advantage of “special” benefits, especially parental leave benefits, under EI.¹³ In 2002, advocate Consuelo Rubio, of the Centre for Spanish Speaking People in Toronto, discovered this loophole, and spread the word widely that new parents could be eligible for parental leave while at home with their infants between Canadian growing seasons. Shortly after the discovery, Rubio along with a number of other advocates, met with the Mexican consulate to discuss this and various other issues. One of the advocates at the meeting recalls:

At first [the Mexican consulate] didn’t want to acknowledge workers’ eligibility for EI [special benefits], but after a critical mass [they] had to acknowledge it and then claimed that it was their discovery. At this point Caribbean governments are refusing to acknowledge that workers are eligible

¹³ The purpose of the EI scheme is to assist insured workers who are temporarily out of work, providing “regular” benefits for periods of unemployment, as well as “special” benefits, including sick, maternal and paternal leave benefits for new parents (Verma 2003). Since the program’s inception, workers have paid into EI without getting any benefits in return. This has been a constant source of frustration and resentment for workers, as well as their employers and government officials, many of whom have repeatedly pressured the Canadian government to revise this policy (either exclude workers from paying or allow them to receive full benefits), but to no avail. In 2001, SAWP workers contributed 3.4 million dollars to the EI fund (Verma 2003).

for these benefits – telling workers not to rock the boat or that they are not eligible.

While the Mexican consulate started processing modest numbers of applications (the Toronto office told me they had filed a total of 81 cases over three seasons 2004-2006), the efforts of many groups and individuals contributed to thousands of workers benefiting from claims. The UFCW made the most significant impact; they estimate that they had assisted over 4,000 workers with parental benefit claims, with an average of \$5,000 per claimant (UFCW 2007:9)—or an estimated \$22 million for workers up to the 2006/7 season (Stan Raper email communication 2008).

Despite these economic gains mainly for Mexican workers, Caribbean workers did not take advantage of this new-found benefit; most, in fact, remained totally unaware of it. (The UFCW centres had focused on targeting Mexican workers, partly because of the language differences and the much more involved nature of the Jamaican liaison service; a major shift occurred in 2007/8 with efforts to involve Caribbean workers as well.) During my fieldwork in Jamaica in early 2007, Jamaican officials seemed surprised about this benefit. When I asked one Ministry official, the reply was: “[Jamaican workers are] not there [in Canada] long enough to get those things because they’re just temporary workers.” When I insisted that these workers were eligible, the officer replied: “I haven’t heard of it. The Canadian government doesn’t educate us about these things.” When I explained the issue to another Ministry official, that Mexicans have been receiving the benefits for years while Jamaicans have not, his reaction was even more blunt: “So Canada’s been hoarding all this money for all these years? . . . Canada’s been robbing us!” Later, when I went on to explain how to apply, the official remarked, “The Canadian government won’t like you – you let the cat out of the bag! (Interviews 03-2007).”

When I asked a Canadian government agent about why Caribbean governments did not know about these benefits, he explained:

Why are there Canadians who don’t know that there are sickness benefits for employment insurance? . . . There are all these connections all across the government and not just at the federal stage, at the provincial stage, a lot of partners involved in this program. And that’s why we are growing, we’re trying to create these links trying to get this information and dissect it in a way that our clients understand. I think it’s a symptom of just not getting the

information out. And I think that's what we've been working on (Interview 03-2008).

Apparently, the Canadian government did not consider itself responsible for informing the other participating countries about the benefits to which workers are entitled, or this mandate fell between the cracks (despite annual meetings where all aspects of the program are discussed with the various participating parties and governments). In the mean time, the EI fund has grown by millions of dollars annually at the expense of contributing migrant workers. Were it not for the intervention of these advocacy groups and individuals, workers would likely never have known about their rights to these limited benefits under the fund.

Tensions between Employers, Advocates and Officials

Complicating the picture is the fact that many employers are unaware of the rights and benefits for workers, and believe that efforts to educate them about these rights are scams. Brian, one Niagara grower, assured me, "As far as I know they cannot claim pension or EI. I am certain they can't claim their pension." While in many cases their ambivalence relates to a genuine lack of knowledge, in some instances growers have demonstrated open hostility towards advocates of workers' rights. One grower explains what happened at a meeting with other local farmers:

Afterwards this lady that was asking . . . in a question-and-answer period, about these issues, about pension plan and minimum wage, and so on. If it would have been another country that lady would have been tarred and feathered by the farmers because, this is something that I see . . . to keep the farmworkers subdued and don't let them be conscious too much of what they can or cannot do because we want cheap labor and that's the end of that It . . . has to do with all of a sudden the guys will start to ask for this and that and it may cost us. The farmers were very agitated by the questions and . . . they were saying, "What the heck, who is this lady, she has no idea what's going on, on the farms" (Interview, 01-2007).

During the UFCW's efforts to educate Caribbean workers about the parental benefits in 2007, a volunteer involved recalls:

Farmers were calling [the JLS], really upset and angry [asking] "Why are all these workers asking for a ROE [Record of Employment]? What's going on?"

We don't have to give them these"¹⁴ [The JLS] called [the support centre] and left a nasty voice message telling him to stop doing benefits forms – “you have no right to be doing this,” telling him to stop putting through the benefits – “you don't represent the workers.” Workers are frightened and caught in the middle.

Many workers and advocates were left wondering why would growers be so opposed to workers accessing their legal entitlement to these benefits? Through interviews with the farming community, I learned that growers were concerned that their premiums may increase if workers were all claiming the benefits. Second, they were afraid that it would give the union leverage because all of the forms they had seen had the union's logo on it. Some reportedly indicated that they didn't think “offshore workers” should be able to claim “*our* EI funds.” Others were convinced it was a scam. Finally, some growers were concerned that if workers starting accessing one benefit, they may want to start demanding all of them, as demonstrated in the quote above.

With employers putting pressure on the JLS, the JLS then applied pressure onto both the UFCW and the workers. Several workers discussed concerns over the emerging tensions between the support centre and the JLS and many were persuaded to drop their claims. At an event, one approached me with a hushed voice, to warn me about the latest development in the area. He reported that a member of the JLS was visiting farms, warning workers:

Not to listen to “you people.” [The liaison officer—LO] says you are lying to us, and that we could be sent home for applying to these benefits because we could anger the boss. [The LO] is also saying if the support centre does the forms it can mess up our taxes. The liaison is saying they will learn how to do the benefits themselves and they have to be done through them. They said the Mexicans don't have a liaison service, so the support centres have arisen to help workers with these types of forms in their absence, but the Jamaicans shouldn't go there. The liaison is also saying you people are lying about how many benefits workers can get—saying it's only about \$200—and that you people are applying for more months than [the workers] can actually receive.

At first, then, the JLS tried to convince workers that they were not eligible for the benefits. Some workers who were among the first to apply report that they were told to

¹⁴ It is a legal obligation that employers provide all employees with a Record of Employment, but employers in the SAWP had been accustomed to not providing this information as migrant workers had never asked for it. The ROE is necessary, however, in order to complete an EI application.

“drop it, that only Canadians can access these benefits.” Eventually, after pressure mounted from various circles, the JLS conceded the workers’ eligibility, but insisted that only their office (not the support centre) could apply for them. The workers were apparently told by the JLS that they were not applying for benefits previously because they didn’t know about them. This justification, which may actually have been true given my interactions with Ministry officials in Jamaica, was widely rejected by the workers. As one exclaimed: “Why wouldn’t they know about them? They work with the Canadian government!” When I asked one liaison officer why it was that Jamaica only started filing for parental benefits years after the Mexicans had begun doing so, he replied, “It was because Mexico was part of NAFTA . . . that they were entitled to more things than the Jamaican workers” (Fieldnotes 06-2007). Workers had their own explanation. As one declared, “We all bleed red blood . . . it shouldn’t matter the colour of my skin to determine whether or not I can benefit.” Such situations, even if based on a misunderstanding or poor communication among SAWP actors generally, nonetheless have the effect of further undermining workers’ confidence and trust in their government representatives and the SAWP itself.

Despite the impressive support of UFCW centres in gaining EI benefits for workers, translating into significant additional remittances funds for workers (in some cases nearly doubling workers’ annual income), Mexican and Jamaica government representatives alike continue to advise workers not to visit them. These officials claim that the union misadvises and creates more problems for workers. One Mexican consular official explains the concerns:

Many [workers] collect [parental benefits] at home even though they’re working. This is not good, but the organization [UFCW] says “it’s their right.” I say it’s a bad thing . . . I don’t do them retroactively – all these claims overwhelm the Canadian [HRSDC] office. We only do it for the babies who are about to be born . . . We also tell them they can’t claim for the whole 35 weeks or come back to Canada before the 35 weeks is up; this would be illegal and they could get in trouble for it later . . . The support centres just apply indiscriminately . . . When [workers] suffer the consequences [if their applications “break the rules”] who will stand up for them? (Interview 08-2006).

Some workers ultimately suffer from the lack of communication, mistrust and indeed open hostility between the union and government agents. In many cases

throughout the course of my research, workers who have sought the aid of “outside parties” are told they will no longer be assisted by government officials. These dynamics are especially complicated in cases involving sick and injured workers (see Chapters 11 and 12). Most workers do not understand the political implications of receiving help from a support centre versus their government officials, or that seeking outsiders’ help can cause tension with their government agents. They do not consider applying for a parental benefit a political act. At the same time, the support centres provide on the ground services that are resource-heavy, and without them it would be logistically impossible for the under-staffed consulate to provide assistance to all of the workers who are currently receiving this support, that is, unless the consulate expanded its staff significantly.

Repatriations, Labour Restrictions, and Vulnerability

Perhaps the most fundamental barrier to workers accessing health care and their rights in general is the tenuous nature of their contracts. Premature repatriations and/or future exclusions from the program remain a constant threat. Part of the reason workers are reluctant to contact their government agents in times of crisis is because these agents also play a punitive role through the facilitation of repatriations and removals from the program. The 2008 Mexican SAWP contract states:

the **EMPLOYER**, after consultation with the **GOVERNMENT AGENT**, shall be entitled for non-compliance, refusal to work, or any other sufficient reason, to terminate the **WORKER'S** employment hereunder and so cause the **WORKER** to be repatriated (HRSDC 2008c).

Hence, employers, in consultation with the government agent, can decide whenever they want to dismiss a worker. Workers are sent home, sometimes with only 24 hours’ notice. At this point, it is up to the government agent to determine the classification of the repatriation.¹⁵ If the classification is “breach of contract,” workers are

¹⁵ The following classifications are possible: *contract completion*, which means the worker completed the contract and went home, as expected; *incompatible match* signifying that the worker and employer did not get along (a classification which Mexico uses, but Jamaica does not); *domestic* indicating that the worker requested to go home for personal reasons such as a sick family member; *medical* suggesting that the worker was repatriated early due to a medical or health concern and *breach of contract*, which means that the worker did not honor the conditions of the contract or refused to work. A final classification is *absent without leave (AWOL)*, indicating that the worker has left the program, but has not returned home. Workers who are repatriated under breach of contract or AWOL are normally permanently expelled from the program. Very rarely workers may also be repatriated under the classification *visa status change*, if they get

normally black-listed from the program. The interpretation of the label “breach of contract,” though, is often seen differently by workers and their employers. For example, a worker may refuse to work due to poor or dangerous conditions or because he or she is sick; the employer may label this a breach of contract, but the worker would argue otherwise. In such cases, the classification of the repatriation seems to be left up to the individual interpretation of the liaison officer investigating the case, and no appeals process is in place. As I discussed in Chapter 1, the classification of repatriations varies greatly by country, suggesting that it is even differently interpreted by Jamaican and Mexican government officials (Jamaican government officials are more likely to classify the workers repatriation as a “breach”).¹⁶

It also appears that Canadian authorities can influence the decision and can impose their own blacklist. A Ministry of Labour official in Jamaica recounts one such occasion:

Four of them (workers) went to a mall. Three of them were in the store, and one was actually outside on a phone booth. One of them stole a battery and the store owner called, the police came, and even the guy who is out in the phone booth they took. Now one battery you can't cut it into four and it will still work, but four of them have to face the police environment and the instruction was that “we won't charge you, but you will not be allowed to re-enter Canada.” All four of them, even the poor guy who was outside in the phone booth and the other two that were at the store When they give me that thing they tell me I have to give them a breach. I spoke to the liaison service, and I said, “What, can you guys make a case. One of the guys was out in the phone booth. Can't you talk to the [Canadian] consulate?” And it just died. Nobody took it up Yes it's racial discrimination. One battery . . . how can one battery serve four people? (Interview 03-2007).

Adding insult to injury, the official further explained that once a worker has a “breach” on his record, he will be forbidden from entering any overseas employment program for the rest of his life, so effectively these workers were banned from the U.S. programs as

married or their employer sponsors them to immigrate as a citizen and stay in Canada, for example. While contract completions are generally clear-cut, other forms of repatriation are somewhat more opaque and open to subjective interpretation.

¹⁶ Caribbean officials more commonly assign the label ‘breach’ to their workers, while Mexican officials are more likely to transfer the worker or assign him the classification *incompatible match*, signifying simply that the worker and employer did not agree, and enabling workers to return the following year with a different employer. (As mentioned in Part I, I suggest that these differences are at least partly due to the heightened political necessity and pressures facing the Jamaican government.)

well. Three of these workers were banned, it appears, for being in the wrong place at the wrong time. With no recognized appeals process in place, even blatantly unfair decisions cannot be contested.

Preibisch (2003, 2004) argues that the threat of repatriation acts as an “effective mechanism of control,” and a deterrent to accessing rights, since workers have been repatriated for “falling ill, for refusing to work, or simply complaining” (2003:51). Basok likewise concludes that most workers consider the loss of rights and benefits,

As relatively minor compared to what they might lose if they were to confront their employers. They are willing to accept some abuse in exchange for positive letters of evaluation, since without them, their chances of getting their contracts for work in Canada renewed would be very slim (2002:143).

Throughout my research, I was continually struck by how greatly the act and threat of premature repatriations and future exclusions from the program affects workers’ morale and sense of safety and its deterrent to demand any of their rights and benefits. Even something as seemingly innocuous as taking drinking water on the job has been used as a justification to dismiss a worker. As Samuel recounts:

I was working on a farm where they provided flavored water, like Gatorade, to all the workers. There were about 30 Mexican and Canadian workers and there was a Mexican supervising the farm who was supposed to help us with translations.

One day he told us that the Mexicans could not drink any more of the flavoured water because we drink too much and just he and the Canadians could drink it. I didn’t think that was right, so I went ahead and drank it anyway. I was really thirsty that day, so after drinking one glass I went to pour myself another, and when he saw me going to the tap to get the water he put his hand in front of it so I couldn’t get any of it. He said I already had one glass and I couldn’t have any more because the water had to be for the Canadian workers. He kept holding his hand and he said “no, you can’t have any more,” and I said, “yes I can, it’s my right to drink the water that is there for everyone.” We kept fighting like this and eventually he pushed me and I got very angry and pushed him back in the chest. We started calling each other names and then he threatened me.

I went back to work and a few minutes later the boss came out and he had a ticket in his hands, he said “here’s your ticket for Mexico for tomorrow” and I said “why?” but it was only my second year here and I didn’t speak English so I couldn’t get in a conversation. The other workers started to protest and he said “you can all go back to Mexico” and I told the other co-workers to just

be tranquil and go back to work and I would return alone—it's better that I go so not everyone has to leave the program.

Fortunately, the Mexican consulate in the above case met Samuel at the airport and after hearing his side of the story, arranged for him to be transferred to another farm where he completed the season. This outcome likely did little to alleviate the fear in the workers who were left behind.

In other cases, workers have been punished for attending to family emergencies at the expense of work demands. In one such instance, Carlos was fired after going to visit his brother (another migrant worker) in the hospital after he was diagnosed with a serious illness. In another, Jonathan was fired after using the company phone to call his partner in Jamaica who was in labour and needed his emotional support. “You had to put a ruling down, that you meant something,” reasoned the employer who told me the story.

Such stories swirl around workers' communities of those who get “sent home early”—for working “under the table,” drinking, having a girlfriend, complaining about living conditions, not working fast or hard enough, getting into an argument, disputing a supervisor, asking too many questions, etc. Several workers told me that bosses don't want “smart” workers, who ask too many questions and understand their rights, so they “pretend to be ignorant.” Others share stories of when ten or twenty workers were repatriated at once for protesting working conditions. Residents tell of farmers who send home “one worker early every season” to “get the message across to the others.” As one grower recounts “I have heard of cases of colleagues of mine who with the liaison officer basically decide if the worker goes back or not, but I've also heard of cases where the employer just says ‘you, you and you are going home tomorrow’ and they're not even given a reason.” All in all, these stories serve to keep most workers compliant (on the surface) with the conditions imposed upon them. As they know sickness or injury can be a cause for employer disapproval and/or repatriation, they are hesitant to report such circumstances (see next chapter).

The governments involved, however, dismiss these fears as unfounded. A Mexican agent, for example, insisted, “I don't know why they're afraid to talk – if they come or not depends on the Mexican government, not the farmer. If the employee is harassed we can change the farm or the province” (Interview 08-2006). Changing farms

is not always so easy, however. Many workers on bad farms report that their requests for transfers have gone unanswered. As one explains:

I've been dealing with the Mexican embassy, trying to call but they're saying it's hard to do—you finish your eight months wherever you are. They said just finish the eight months They just didn't want to work and make the transfer. They count the months and the years like days, just eight months, that's nothing

Jamaican workers are not as fortunate as their Mexican counterparts. If they are dismissed from the program, normally they are not transferred to another employer.

More to the point, however, my research documents cases where workers were actively restrained from contacting their government representative. A Mexican worker, Margarita, for example, was repatriated after making complaints to an advocacy group about her “slave-like” living restrictions. She was given only a night's warning and her cell phone was forcibly removed the night before so she could not contact anyone, even the Mexican consulate. Likewise, Pablo describes a similar situation after he made complaints about the conditions and threatened to complain to the consulate:

That *patrón* locked us up for five days in the house because I told him that I will speak with the consul, and he told me “you won't speak with the consul because I don't want problems with the consul” and he locked us five days in his house, without telephone and without anything. After the five days, he told us you will go now to Mexico, I will take you right now to the airport; I told him, but pay us what you should, and he threw the money at my feet . . . and he told me, I will send you to Mexico and you will never again return to Canada, because I have many friends in Mexico and I can do what I want in Mexico and in Canada.

Resistance amidst Constraint

Workers are well aware that they are easily replaceable and can be dismissed at any time. As Marcus explains, “We couldn't utter a word because if we said something you're on the way home. You got back to Jamaica your brother's on the way up . . . if you don't behave, your brother's on his way up.” Without even a grade school education, Lance, another Jamaican worker, has figured one of Marx's central concepts: the reserve army. He describes coming to this realization when he sums up his experience in Canada: “It's like a prison and a high school – you go to prison and you learn something. I figured out that we are reserve workers – they have 1,000 extra guys they call on if there are any

problems. Any time you stick up for your rights they don't like you. I may not be educated, but you can't fool me!"

Workers, though, are active agents within this deeply constraining system. They are not slaves; nor are they passive or indifferent to the circumstances in which they find themselves. Migrants make the decision to return to Canada because they deem it to be the best out of the limited options available to them. Workers are well aware that when they are not treated fairly and recognize the injustices they face, but they make a conscious and strategic decision to accept it for the very reason that Juan identifies: "We have family and come for necessity, for this reason we don't protest – we have fear of saying no." This "fear of saying no" is a well founded fear, based on workers' knowledge that their employer controls their position in the program. As one explains: "You have to be there to do what the *patrón* tells you . . . if you start to disobey him, you will no longer return. For that reason one has to accept everything. Although you know that it is not the correct thing or that they are committing injustices against you, you have to allow it."

Some workers practice forms of passive resistance, like disobeying an employer's rules or refusing to work at top speed, but overt resistance *at work* is uncommon. When it does occur, there may be two reasons for the exception. First, workers may be so fed up and humiliated that they believe that standing up for their rights is the only dignified response. Recall Samuel's experience, where he could not accept that he would be denied a glass of water simply because he was Mexican. He was so angry with his Mexican supervisor that a physical confrontation ensued. (Indeed, as we will see, in many cases workers take out their frustration and rage on each other instead of their employers.)

In other cases, select workers may have the courage to stick up for their rights because they do feel that they have other options at home. Lorenzo, for example, had no qualms about defending his right to get a health card and have a car on site. He knew if he returned to Mexico he had a reasonably well paid greenhouse job waiting for him. Both Samuel and Lorenzo did stick up for their rights, and both were dismissed early from their contracts. Most workers are not willing to follow in their footsteps since their job prospects at home are not as promising as Lorenzo's. Indeed, as explained in Chapter 4, the recruitment and selection systems are designed to ensure that people in these

situations do not normally enter the program, for the very reason that they will be more submissive and less likely to complain.

The spirit of resistance is alive and well among workers, but in the face of the constraints of the system it can rarely manifest in an obvious way. As more social and political groups have become involved with workers, the opportunities for resistance at various levels had expanded, and workers have lent their voices, talents and energies to many of the movements seeking the promotion of justice for and with them.

Conclusion

Although SAWP participants are guaranteed specific entitlements, the lack of support to attain these benefits, including not only information sharing, but also assistance to ensure accessibility, is lacking as a formal element of the program. The EI example demonstrates the impact that non-government groups have made in assisting workers' rights attainment, yet despite this, the relationship between these groups and the officials and employers in the program remains tense and the suspicion and rivalry among them prohibits collaboration for the common good of workers. Indeed, the EI situation reveals many important points for the understanding of rights and benefits in Canada: the relative power of Canada vis-à-vis the other nations; the inconsistent treatment of workers from different countries; the complex roles of consular officials; the lack of communication (and even tension) between government officials and non-government groups; the crucial role of advocacy groups for promoting and advocating rights; and workers' own persistence to gain those benefits to which they are entitled. Many of the same themes emerge with respect to workers' access to health services and insurance in the next two chapters.

Undoubtedly, workers' access to rights is being slowly transformed by the efforts of civil society and labour groups, workers themselves, and in some cases the assistance of government agents. As discussed in Chapter 5, some have argued for the recognition of migrants as "cultural citizens," deserving of rights due to their cultural and economic contributions to the country. Yet workers' fundamental freedom to access rights remains very much restricted by the limitations of the program, most importantly, by the repatriation clause, and by the nature of the SAWP's design, in which workers'

government representatives are implicated as participants in and even facilitators of this restrictive system. In this way, the Canadian government can claim it is providing the legal entitlements to migrant communities and that workers' interests are formally represented, while at the same time creating a system which fundamentally limits workers' ability to freely and safely access these rights. When workers' official "representatives" are put in the position of having to also be "punishers," it is no wonder that workers feel intimidated by and untrusting of them. Organized labour generally offers a different model of representation, but currently in Ontario unionization is legally prohibited, while growers fear that the enhanced bargaining power of the union could undermine the viability of their industry and the integrity of the program itself (see Verma 2003 for analysis). Based on the limited interactions thus far, it is likely that if any union attempts to organize workers in the future, growers and government agents alike will continue to attempt to restrict workers' involvement.

The next two chapters will interrogate these themes further to explore how workers' access to rights and benefits often breaks down in practice, with a specific focus and elaboration on those rights which are health-related. Chapter 11 deals with the rights and benefits specifically related to health care in Canada, while Chapter 12 discusses the struggles for sick and injured workers to receive health care and compensation across borders. I argue that migrant workers are uniquely and structurally disempowered from accessing the right to the highest sustainable level of health as evidenced by the difficulties that they experience to access quality health care both in Canada and in their countries of origin.

CHAPTER 11 - ACCESS TO HEALTH CARE

Introduction

New immigrants and non-dominant ethno-racial groups face unique barriers when seeking to access health care in Canada. Language barriers, difficulties navigating the system, cultural differences, and a lack of information are only some of the more well-documented challenges for immigrants (Steele *et al.* 2002; Williams 2001). The specific needs of migrant farmworkers are less well understood in the Canadian context and no major research has focused on these issues. In addition to the traditional concerns facing immigrants, research in the United States indicates that the barriers confronting migrant farmworkers include linguistic and cultural differences, low education levels, high rates of movement, insufficient transportation, financial concerns, a lack of health insurance and documentation, and insufficient health care facilities (Arcury and Quandt 2007; Villarejo 2003). According to the National Agricultural Workers Survey (NAWS), only 5% of seasonal farmworkers in the United States report having personal health insurance through their employer, and only one fourth (28%) of workers say they are covered by workers' compensation insurance (Villarejo 2003).

Migrant clinics have been established to ameliorate such concerns through the Migrant Health Program, initiated in 1962 and later merged under the Community Health Center Program. The program is estimated to serve 13% of workers and their families (Villarejo 2003). Despite these efforts, many migrant workers remain without adequate access to health care. One reason is that most migrant farmworkers in the United States are undocumented labourers, and they fear contact with any authority, including medical clinics (Arcury and Quandt 2007; Villarejo 2003), in some cases neglecting to seek health care even in the face of serious concerns (Núñez and Heyman 2007).

By contrast, SAWP participants work legally and are entitled to health care and compensation. The Canadian health care system seeks to provide equal benefits to all legal residents. Research in this field suggests that despite the concerns noted earlier, the health care system generally meets the needs of permanent immigrants (Wu *et al.* 2005). Perhaps not surprisingly, the official view of the SAWP is that Canada's health care system also functions well for migrant workers. As a Jamaican Ministry of Labour

official assured me, in Canada “Health care is very good because employers take workers to the doctor if they’re sick and they have health benefits and the Workers Compensation Board and at home there are specific doctors who care for them” (Interview 03-2007). Workers who have been able to access the Canadian health care system, especially for costly exams or treatments, also speak positively about their experiences. For example, Ramirez, a Mexican worker who had a stroke in Canada, had a series of tests which cost thousands of Canadian dollars. “I never would have been able to afford those tests in Mexico,” he reflects.

Undoubtedly, it is extremely important that workers have health coverage in Canada, and many workers have benefited from this coverage, receiving assessments, treatments, and in some cases even surgeries during their time in Canada. Unfortunately, however, many migrant workers find it difficult to gain access to their legal entitlements. Poor health literacy – “the ability to obtain, process, and understand basic health information and services needed to make appropriate health decisions and follow instructions for treatment” (AMA 2008) – is a major concern. Indeed, SAWP participants in Canada face many of the same barriers to health care access as have been identified for migrants in the United States. Ironically, as will be discussed below, it is the high degree of control over workers in the SAWP that poses unique difficulties for those who need health care.

Although health care access for migrant workers has not been the focus of any major research in Canada, scholars who have included questions about health care access among SAWP participants in their research have uncovered disturbing trends. Some of the barriers found in the Canadian context include: language, transportation and cultural barriers; unwillingness to take time off work (or even inform employers) when sick or injured; the fear of repatriations shortly after falling ill or becoming injured; or being asked to pay for medical treatment (Basok 2002; Preibisch 2003, 2007; Hennebry 2007; Verma 2003; Fairey *et al.* 2008; UFCW 2007). Verduzco and Lozano (2003) report that only 30% of those workers who became ill received medical attention, though the severity of illness was not specified. Hennebry concludes: “migrant workers rarely receive these [health] benefits and are typically repatriated as soon as any health problem is identified by an employer” (2007:6).

In this chapter, I provide an overview of the main issues and barriers identified in my fieldwork with respect to workers' access to health care in Canada. Two categories are evident: 1) barriers imposed by the structure of the program and the workers' dependence on employers for health care access; and, perhaps not surprisingly, 2) other barriers manifested in doctor-patient interactions. The latter category has been less explored in the published literature, but is also crucial. I then provide an overview of workers' access to specialized services, paying particular attention to sexual, reproductive and occupational health issues. I also discuss issues regarding WSIB access, and assess the efforts of an occupational health clinic which has attempted to overcome some of the barriers mentioned.

Barriers Associated with the Employer-Employee Relationship

"I was in Canada working for four years before I ever got a health card. During that time I was injured when a tractor ran over my foot. The worker who ran over me begged me not to tell the boss because he didn't want to get in trouble, and I was new here so I didn't know my rights. I just kept working through the injury. Now we have our health card, but we have to ask the boss for them—he doesn't just give them to us. The boss also told us if we go to the doctor with any complaint, not to tell him it's work related—tell them we got hurt off the job. We don't think this is fair." – Fitzroy, Jamaican worker

Fitzroy articulates the multiple ways in which the power dynamics between employers and workers can affect access to health care. Workers' dependence on employers for health care access creates a unique set of circumstances. At the most fundamental level, awareness of rights and access to the means and knowledge to attain benefits is often mediated by employers. Secondly, even when workers are aware of their rights, they may be intimidated by external factors which preclude being able to access them. Below I highlight a few of the most common examples of issues which emerge in this relationship.

Health Card Access

"Many [employers] don't give them [the workers] their health card, RBC or SIN cards. They keep them [the cards] and they treat them [the workers] like kids, so if the worker needs something they have total control over them. The worker has to go to them for any need they have. Then they have to go with someone to the doctor, so they have no privacy whatsoever." – Eduardo, worker advocate

The onus for taking workers to apply for health cards and distributing them in the workers' first year in Canada lies with the employer. This responsibility is outlined in an information booklet provided by FARMS, which advises employers to "take the worker to the nearest Ministry of Health [office] . . . as soon as possible after arriving in Ontario" (FARMS 2007:24). Even when employers are prompt in applying, there is still a delay (of 3-5 weeks) before the Ministry of Health prepares the cards and sends them to the farms in the first year (FARMS 2007:25), and sometimes delays can be longer. Once taken, workers' photos are kept on file and can be re-used for five years, so although cards are deactivated at the end of each year, in subsequent years new cards can be issued more quickly, as the workers' liaison services can simply issue a list of workers to the Ministry of Health. Even then, hold-ups often occur. A consular representative explains that: "When they don't have their health cards it's due to bureaucracy – we send a list to the Ministry [of Health], sometimes there's a problem with the information, they send it back to us, we have to put the address and send it again; then it takes another 2-3 weeks" (Interview 08-2006).

In other cases, however, employers fail to apply for the health card or do so only later into the season when health problems may have already emerged. This may not be due to any mal-intent on the part of the growers. Many explain it is simply an oversight amidst stressful and demanding conditions, especially considering that the Canadian provincial Health Ministry offices are normally located in cities and only open during business hours when farm operations are in full swing (although some accommodations for employers have been made through mobile outreach services and the use of appointment bookings). Yet the problem is a serious one. One grower explained to me how day after day he intended to take his workers to apply for health cards, but the demands of the season never permitted him to do so: "I meant to give them their health cards, but when they arrived there was so much work so they had to start right away, and they wanted to work, and until now there just hadn't been time" (Fieldnotes 09-2006). On the last day before his workers were to return for Mexico, he finally took them all to apply, so that they would at least be in place for the next season.

Other times, employers may take workers to apply for the health cards in a timely fashion, but then retain the cards in their own possession rather than giving them out to their workers. Lorenzo, a Mexican worker, recalls:

When we arrive he [the employer] takes us to the Health [Ministry]. He puts his address on the forms, so all mail comes to him and then we have to pick it up from the office. In some cases our letters are opened first. We get these letters out of the envelope. In the case of the envelopes for the SIN card and health cards, they are both opened. We are only given a photocopy of the health card, but are allowed to keep the SIN card. At one point I asked [the employer] for my health card because I needed photo ID to get a video rental card, and he refused. I didn't protest because I was new and didn't know how the system works here.

Lorenzo explains that his employer justified these actions for purposes of “safe keeping” the card, which is why they were still allowed a photocopy (no explanation as to why the SIN card did not require similar “safety” measures was provided). The employer noted that the photocopy was accepted at a nearby clinic. Yet when some migrants expressed the desire to go elsewhere for care, the lack of an actual health card prevented them from being able to do so. In this situation, some workers speculate that a relationship has been formed between the employers and the doctors at the clinic which accepts the photocopy, making the workers suspicious and fearful of attending this clinic.

Lorenzo's experience is not uncommon. In one publicized case, an injured worker in Quebec, with the help of a migrant worker support centre, had to ask for police intervention to retrieve his health card in order to access medical care (Noël 2007; UFCW 2007). Another worker explained to me that her employer failed to provide the cards because he did not want the workers to “take advantage of the Canadian system,” while a farm supervisor told me that his farm withheld health cards because in the past some workers had used them to try to cross the U.S. border. Regardless of the intention, the result is the same: workers feel disempowered and unable to freely access their right to health care in Canada.

Inter-co-worker dynamics can also play a role in health care access if the cards are not freely assigned. At some farms a specific trusted worker has been placed in charge of driving other workers to the clinic whenever necessary. Alejandro, a Mexican veteran of the SAWP with good English skills, plays this role at one farm. He explains:

The boss keeps their health cards until they need to use them, but he has never refused a co-worker to go to the doctor if he needs to. Sometimes the co-workers don't want to tell the boss that they have to go to the doctor. But I cannot ask for the time off work if the boss doesn't know.

Other workers at this farm indicated that they did not like or trust Alejandro because of his close relationship and favoured treatment with the employer. Consequently, they felt uncomfortable going to him to request his assistance in seeking medical care.

Limiting access to workers' cards has particular ramifications for women workers. At one fruit farm, a Spanish-speaking supervisor, Pancho, has been hired to take workers to clinics whenever needed. The procedure is that when workers need to see a health care provider, Pancho, who holds all of the cards for "safe keeping," must be asked for permission. This seemingly benevolent practice by the employer can have quite negative unintended ramifications. On one such occasion, Elsa, a Mexican woman, was transported by Pancho to the clinic, where he also acted as her translator. In doing so he discovered that she was pregnant. The pregnancy placed her in a difficult position and she feared losing her employment since she assumed that Pancho would inform her employer. Consequently, she decided to seek an abortion and was mortified when Pancho told her co-workers about the decision and when the other workers' disapproval of abortion turned into discrimination against her. The next year, Elsa asked me to take her to see a doctor about getting birth control. She said she would be willing to pay for the appointment herself rather than go again with Pancho who controlled access to her health card. I drove her to the Niagara health bus, an outreach service meant to target vulnerable groups in Niagara, where patients are able to see a nurse without a health card. After the consultation she decided that an IUD would be the best form of birth control, but in order to have the device implanted without charge, again she would need to get her health card. In the end, she decided to forego the operation and continued without birth control.

In each of these cases, a situation of dependency emerges in which workers must seek their employers' or supervisors' approval to access the card to receive medical care. Many are reluctant to speak to their employers, as they fear that the existence of a health concern may reflect negatively on their image as strong, healthy and resilient workers, or that acknowledging a need like birth control (in the case of women) may place them in a negative light. In cases where employers refuse to provide the card without the worker

issuing an explanation, migrants are put into a position of compromising their confidentiality or being forced to create an excuse to seek medical care.

Regardless of the reason, when workers do go to Emergency rooms or walk-in clinics without health cards or someone there to translate or explain the situation, some health care practitioners assume that they are illegally in Canada. Having difficulty deciphering between various migrants' status and entitlements is a problem which has been identified in research (Davidson *et al.* 2004). For their part, workers, too, may not fully understand their rights and entitlements, or how to access them. In the absence of documentation, workers are normally asked to pay for treatments. This can deter them from seeking medical care, even when it is urgent, and can add even more stress and confusion to already difficult situations for those seeking medical services. For example, Liliana, a Mexican participant, revealed that she paid for a consultation, ultrasound and pills. "You see why we don't go to the doctor? It costs too much, if we have to pay for the consultation, the tests and the pills, we're afraid to go!" she exclaimed. Liliana, who is illiterate, had not been given her health card (her employer kept it), but she did have her RBC insurance card in her wallet. I explained to her that the card can be used to pay for some prescription medications; although this is outlined on the back of the RBC card in her possession, she did not understand it.

In a more serious case, Inez, a Mexican worker who arrived at the hospital (brought by another Spanish-speaking co-worker) with high fever and respiratory problems, was told that she would have to pay for treatments. Given the gravity of her state, the hospital admitted her anyway, and eventually the situation was cleared up and covered by OHIP. Yet she spent a week in the hospital, very sick, unable to understand what was going on, and fearing all the while that she would be in debt thousands of dollars for the treatments. In addition to these concerns, the withholding of health cards is illegal, yet it seems to carry no punitive consequences for employers who do so (see UFCW 2007).

Many workers have been informed that they should have access to their health cards and they are indignant that this right is denied to them. Osvaldo, a Mexican worker, explains the story of attempting to gain the right to access his and others' own health cards. Several years ago, with the help of an English teaching volunteer, some of them

raised this concern to their employer. As Osvaldo recalls: “We know this is illegal, but what can we do? Whenever we raise a concern they add more pressure or take something away. For example, we used to have an English-teacher on the farm, and after we raised this concern they took our teacher away.” Faced with such discrimination, workers are reluctant to call their government agents, feeling that there would be little point, or not believing that the consulate/liaison will intervene in such a scenario. In one situation, however, after advocates published a story about this problem in *El Popular*, a Canadian-based Spanish-speaking newspaper, the Mexican consulate intervened to request that an employer provide workers with their health cards (Bianchi 2006).

Time Constraints and Difficulty Taking Time off Work

A health card alone does not necessarily mean workers are able to access health care. As discussed in Chapter 6, many migrants work exceedingly long hours, six or seven days a week. If they want to seek non-emergency medical care, their only option is to take time off work, which many of them are unable or unwilling to do. Compounding the difficulty is that because many workers rely on employers for transportation and translation, both worker and employer must take the time off. Employers sometimes take hours or even days off work to perform this service without any reimbursement. At one small Niagara farm, for example, an employer drove a worker, who had a serious health problem, to several appointments an hour away in Hamilton, incurring the travel expenses and both losing a half day’s work each time.

Such exceptional levels of care and support may be more present in small farming situations, where employers know the workers and report treating them like “members of the family” (as discussed in Chapter 5). Not surprisingly, however, many employers are not able or sometimes are unwilling to be so generous. As one worker explained when having to cancel an appointment: “[The boss] orders that you work tomorrow, so that’s it, we have no control over it. If the boss says it, you have to do it.”

While at less demanding times in the season employers may offer more flexibility, some explicitly forbid their workers from leaving during the most intense times of work. Lilia, for example, recalls:

When we arrived the *patrones* told us that during the harvest month, no one could go to the doctor . . . I told my boss I had . . . pain [after falling], but he

said there was no time to see a doctor because there was too much work. I waited over a month until the work demands decreased before they took me . . . *We'd have to be dying before they take us* (emphasis added).

Lilia continued to work through intense pain in her back and legs, which kept her up at night and prevented her from cycling after work to visit town. Ultimately she sought treatment in Mexico once the season was over, treatment that she then had to pay for. Two years later, she is still in pain and has never received compensation. In other cases, workers are reluctant to even ask for permission in the first place. Marlina, a Mexican worker, explains:

Even if we're the best workers in the world, if you're sick, another person is better to come . . . I had a terrible accident [and hurt my legs], but I didn't want to say anything. We didn't tell the boss . . . If you're sick a lot or bothering the *patrón*, they're not going to ask you back, and if they don't ask for you, they [the Ministry of Labour] will think you're not a good worker, so you prefer to stay in a place for a long time . . . [The MOL] always says: "Take care of your work because we can't change you every time."

A priest who works among the migrants explains that some employers are also reluctant to take time off because they do not understand or believe the medical case is valid. "When it's a language barrier, unless he's throwing up in their face, they charge it up to homesickness," he explains. A migrant support staff worker concurs: "The boss doesn't pay any attention to them, or they say they're too busy to bring them to the doctor. The guy has to be really bad for them to believe him or her, other than that, they just dismiss the complaints."

With long delays in rural Emergency departments and walk-in-clinics, taking a day or even a few hours off of work to leave the operation and transport a worker can pose a huge burden for employers in an already demanding environment. The priest continues:

I think they [workers] have some real physical ailments and they would like to have them attended to and they have a hard time getting them attended to because they're totally at the mercy of who's around them to tell them where to go, there's no family around them. They have to go to Emergency, and they need someone with them and the person who transports them says "I wasted four hours of my time in the Emergency department," usually the employer or a family member. They resent having to waste that much time, of course, especially when the person who has a stomach ache, whether it's an ulcer or

whether it's just gas because he's nervous. It's not like there's a cure, it's not like if I have my finger broken I can get it in a cast, go home and away you go. So it's difficult for everybody. They've [farmers] got lots of other things they'd like to be doing, and that they'd like the worker to be doing.

In some cases genuine misunderstandings prevent employers from appropriately addressing the concerns of their workers. In one case, a well meaning employer took a worker to the walk-in clinic when his complaint was a toothache. "I couldn't explain that I needed to see a dentist" recalls the worker, who eventually had the molar pulled. Sometimes, however, these misunderstandings can have grave consequences. Alberto, a Mexican worker, recalls what happened when he fell ill:

I felt tired, I had a lot of pain in the back, I felt very weak, weak . . . I told him [the supervisor] two or three times, "you know what, I need to go to the hospital," two or three days before. I think that he didn't believe me, or I don't know, until they got together, like four or five or six [workers], who also needed to go, and with the secretary of the farm, between more of us it will be cheaper. That's the little I understood, so when they got together various workers, that's when they took us . . . It made me angry, with rage, one feels bad, because how is it possible?

At the large farm where Alberto worked, he was one of several workers asking for medical care, and his more serious concern was thus overlooked. Alberto spent these days waiting in agony. By the time he reached the hospital, Alberto could barely walk or eat, and was severely ill. Tests determined that he was suffering from an advanced stage of cancer. (See the next chapter for a more detailed discussion of Alberto's story.)

For their part, workers are also reluctant to take time off because they do not want to lose hours of work (Preibisch 2003). There are reports of SAWP participants working through broken bones, severe pain, appendicitis, and severe ocular concerns (at risk of blindness). In each case, they were either hesitant to take time off work for fear of losing income necessary for their families at home, too intimidated to report the concern and ask to seek medical attention, or their concern was not understood or taken seriously.

During my fieldwork I was asked to transport and translate for workers at clinics. The requests came not only from workers, but also from employers who said they could not afford to leave the farm to spend the day waiting around in an Emergency room, or that they could they not competently translate. On one such occasion, a worker I was asked to accompany had suffered from a suspected stroke, causing him to lose partial

vision in one eye. We waited an entire day in the Emergency room, first for the doctor, then for the CT scan, then for the blood work. Each time we had to wait it seemed like people had just forgotten about it. “Health advocates,” I learned, are critically important to workers in these types of situations. Despite my best efforts, by the time we were seen, the neurologist had gone home for the day and the worker was told to return the next morning. After 12 hours of waiting and feeling very frustrated, I could also understand why employers, who are often already facing so many pressures on the job, struggle to make the time for this kind of service. Yet without someone to assist workers, medical attention becomes inaccessible.

Transportation and Mobility Constraints

Even when employers provide the workers with health cards and permit them the time to attend an appointment, many migrants face additional barriers to accessing health care. Isolation and lack of transportation are two such problems in rural Ontario. In some cases, workers are told they must pay for a taxi if they want to attend an appointment, but the high cost is often prohibitive. As one worker explained, even when the supervisor took him to the doctor, he still had to find a way home: “I had to take a taxi. The last two I never got reimbursed. It was \$30. It’s not a lot, but for me, I have to work four hours for that.” Other times, sick or injured workers are left to ride their bikes or walk long distances to clinics. At the end of a long work day, having to walk or bicycle to a clinic which may be miles away is a significant deterrent. Preibisch (2007a) notes that women workers face more mobility constraints than their male counterparts.

When “outsiders” such as UFCW staff members and volunteers sometimes drive workers to their appointments, the difficulties of mixing political activism and support cause concerns among growers. While some growers are grateful for the assistance (in one memorable case, a grower accused me of being a prostitute after seeing me waiting outside the male workers’ residence; he later realized the purpose of my visit and gave me a basket of peaches in thanks), others are more suspicious. Volunteers are seen as interlopers and interrogated: – “Who are you? Why do you need to speak to a worker? What is the problem?” In some cases they have been denied permission to talk to or transport workers to appointments altogether, even during their time off. Workers in such

situations have arranged to meet on a street corner, away from their employer's property, but when they do not have phones available, and work hours are unpredictable, planning such meetings can be extremely difficult and the fear of reprisals ever lingers. (The issue of repatriations of sick and injured workers will be discussed further in the next chapter.)

Challenges in the Doctor-Patient Interaction

A second set of challenges for SAWP participants is perhaps more difficult to document as it occurs within the doctor-patient interaction. Even if workers manage to reach a medical facility, many receive what they regard as inadequate care. Without family doctors for this transient population, most workers rely on walk-in clinics and Emergency departments which, particularly in rural areas, are already under pressure due to a lack of doctors (Shuchman 2008).¹ Visits there for migrants and Canadian residents alike, often involve long wait times and rushed consultations. In some cases, workers are turned away because they arrive too late to be seen. In other situations, the workers wait several hours for a brief and rushed appointment. One worker asserts: "They only give a minute to each person!"

Under severe time pressure and in the absence of competent interpreters, many physicians are unable to take occupational histories and workers with more than one problem are often restricted to a single issue. Furthermore, they often lack the tools and training to understand and analyze the structural constraints of migrants' lives. Seth Holmes draws on Foucault's description of the "clinical gaze" – in which physicians treat patients as a set of isolated body parts rather than placing them within the broader context of their lives – to demonstrate how clinicians treating migrants in the United States decontextualize their patients' sicknesses, divorcing it from the broader social determinants of health. In addition, when assessing "behavioural" health issues, such as smoking, drinking, attending follow-up appointments, wearing safety gear, etc., many clinicians fail to appreciate the structural constraints on migrants' lives which can contribute to these practices (Holmes 2006).

¹ Canada's doctor to patient ratio is 450:1; in comparison, in the United States the figure is 250:1 and in Cuba it is 159:1 (Huish and Kirk 2007:81).

Such issues are readily apparent among the clinicians who treat migrants in Canada. Little is known by most clinicians of migrant workers' broader social contexts, and little time is afforded to appreciate how these circumstances may impact their health. As a result, suggested remedies, divorced from these broader realities, are all too often simplistic, ineffective and leave migrant patients feeling unsatisfied. These issues are systemic as physicians are faced with needs and demands that are beyond the traditional doctor-patient relationships and expectations; nor are a range of non-physicians and support staff systematically integrated into primary care, which could help to manage the various issues that arise.

Cultural and Linguistic Differences in Medical Treatment

Alberto's hospital room in London, Ontario, is pink and barren. Only one painting hangs on the wall, of water-coloured flowers. On the other wall hangs a solitary Mexican flag, given by a migrant worker advocate, to remind him of his homeland and provide some familiarity in this foreign place. Nothing else. No books, no cards or flowers. He is alone here. I give him a small box with a gold Virgin of Guadalupe necklace inside. He immediately wraps it around his hands and clutches it for the remainder of our meeting, looking at it and clasping it as if it were a lifeline to heaven.

Every once and a while a young nurse comes in and says a few words to him in Spanish, followed by a nervous giggle. The doctor also does her best to speak to him in a few Spanish words – "como estas?" – she says in an awkward accent. She says she will study more Spanish tonight so she can speak to him better tomorrow. He answers some questions in broken English, and really this is how they usually communicate. That there was any translation at all rested solely on the fact that a volunteer happened to be there and was willing to do so. It is a patchwork system of volunteers, if they are available, at best, to understand and navigate Alberto's health care, even in this grave situation.

– Adapted from fieldnotes

I am accompanying two Native healers on their visit to two Mexican workers at their Ontario bunkhouse. Each worker is complaining of physical and emotional ailments, one is addicted to alcohol. When we arrive, each worker is given a bunch of basil and an egg, and told to put their left hand on their right. Javier, a healer, takes various materials from his tins and bags and assembles them on the table. I offer a bar of chocolate. It is put aside, sitting on the table beside all of the other ceremonial materials.

Minutes later Victoria, a second healer, becomes overcome with tears . . . she sees their ancestors, the Aztecs, dancing in their headdress. There are many spirits now in the room, called unwittingly by the cocoa offering. The tears are streaming down her face now, and she holds up her arms to the energy of the spirits. She commands Javier to

include the chocolate bar in the ritual. He quickly unwraps it and breaks it into squares, which he places intermittently with flakes of tobacco. He then begins chanting and the wafts of tobacco, basil, chocolate and other mysteries seep into the air.

Javier begins his rituals with the two Mexican men, one after the other. He asks them how they are, and Spanish chatter emerges. They are lonely, still having troubles with alcohol, still worried about money, their backs are aching.

Each of the workers stands, holding their egg and basil close to their stomach, as Javier surrounds them with smoke and chants. He touches them in various places, massaging their pain away. Victoria is fully engaged from the couch, telling Javier which parts to focus on.

After this Javier takes the eggs that the workers have been holding and breaks them into a glass of water. He examines the formations that the eggs take in the water, and sees visions about their health and life, of which he tells them. He comforts them and assures them that things will improve. – Adapted from fieldnotes

These two vignettes demonstrate the magnitude of difference between conventional medicine and the importance not only of familiar language, but also the use of traditional symbols and methods of healing which may be deemed meaningful by patients. Chavez (2003) reminds readers that critical medical anthropologists must stay attuned to the influence of culture on migrants' health experience, as well as the broader structural forces that they face. Indeed, there are numerous linguistic and "cultural" barriers causing problems for migrants seeking to negotiate their health and rights in the Canadian context, and while recognizing the vast differences within any culture, these issues are also important considerations (Hirsch 2003:247).

Effective translations in cross-cultural contexts must include not only the literal translation, but also the translation and mediation of meaning (see Fadiman 1998). Research in the United States demonstrates that Latino farmworkers' cultural beliefs impact their understanding of health and illness as well as their health care utilization, including timing of medical care, utilization of treatments, and preventative behaviours (Arcury and Quandt 2007). Many Mexican farmworkers, for example, believe in a hot-cold (humoral) conception of health, which was adopted and passed on by the Spanish in the Americas and continues as a model of popular health throughout much of Latin America. Central to this belief system is that hot and cold can affect one's health (Logan

1975).² Folk illness or culture-bound syndromes, such as *susto* (fright sickness); *mal de ojo* (a number of serious and sometimes fatal symptoms believed to be caused by “the glances or power of a stronger person acting on a weaker person”); and *caida de mollera* (an illness found in infants) have also been more recently noted among Latino farmworkers in the United States (Baer and Bustillo 1993, 1998; Mines *et al.* 2001). While most researchers in the Canadian context have not mentioned culture-bound illnesses in their research, Mysyk *et al.* (2006, 2008), report high levels of *nervios* among Mexican farmworkers in Leamington, as described in Chapter 9, and corroborated by my study of workers in Niagara.

Other research conducted with immigrants in international contexts demonstrates the importance of competent interpreters in medical interactions with newcomers (Davidson *et al.* 2004; Lawrence and Kearns 2005; Bischoff *et al.* 2003). Language barriers permeate every stage of the health care process, including appointments, prescriptions and communications with health care providers (Lawrence and Kearns 2005). Adequate language concordance is particularly important for relaying traumatic events and psychological symptoms (Bischoff *et al.* 2003). Moreover, some interpreters can not only explain information and meaning between health provider and patients, but also act as a cultural bridge and as patient advocates, facilitating a more effective rapport, improving patient attendance and facilitating patients’ sense of feeling understood. It is especially important that the interpreter be a neutral figure rather than employing family members, employers or co-workers and even friends. Untrained interpreters, especially those who may have poor skills in one of the two languages, may lead to inaccurate translations (Davidson *et al.* 2004).

Language barriers are consistently reported by Mexican workers and physicians alike as a major impediment to health care access. As Antonio, a Mexican participant, explains:

It’s frustrating that I can’t speak the language, when there’s something really important that I don’t understand in this hospital . . . there are many things they say I don’t understand and I don’t have the ability to explain in my own words and a lot of questions they don’t answer.

² Throughout many occasions I witnessed farmworkers describe their problems in terms of exposure to heat and cold, but it is unclear whether these descriptions related to a humoral understanding of health, were a result of the climatic changes apparent in Canada, or both.

In many situations in Canada, sick or injured workers report feeling frustrated, lost, confused and scared. Others say that they feel insulted or hurt by their experience. At very least, some migrants walk away from interactions with physicians feeling misunderstood and as though the treatment they received has been inadequate. When Lilia, who had the fall at work described above, was finally able to seek medical care, she asserts:

There was no one to translate. I don't speak any English and they don't speak any Spanish, so we only use signs to communicate. It's difficult, because I don't think they can really understand the problem and I can't understand them either All they did was give me pills. The pills lessened the pain but didn't take it away, so I asked a friend [from another farm] to bring me medicine from Mexico. I'm now using that medicine and it's helping a bit more for me to rest at night, but still I have the pain.

Lilia's experience is a common one. Workplace injuries are difficult to diagnose and treat even when there is no language barrier, and Mexican workers commonly prefer and feel more comfortable with their own remedies, often herbal in origin. "Traditional" herbal medicine has been long been associated with popular medicine practiced among the poor in Mexico, and in recent years has been increasingly commodified along with the development of complementary and alternative medicine (CAM) (Napolitano and Flores 2003). It is important not to present a homogenous representation of Mexicans as solely engaging in the belief or use of folk medicine, especially at a time when increasing numbers among the population are exposed to and make use of bio-medical and (internationally influenced) CAM alternatives (Ibid). Yet it is also important not to discount these "traditional" practices and beliefs, and their impact on health-seeking behaviour in a context such as Canada where they have been widely neglected from mainstream medical research, teaching and practice.

In this regard, Mexicans are accustomed to seeking care from multiple and often unofficial sources, and such trends undoubtedly continue when migrants leave Mexico. Studies in the United States demonstrate Mexican farmworkers' tendency to rely on traditional herbal remedies (Poss *et al.* 2005) or to bring and use medications available at Mexican *tiendas* (stores) that would be unavailable without prescription in the United States (Work 2005; Mines *et al.* 2001). Most farmworkers do not inform their physicians about these practices (Poss *et al.* 2005). Potential adverse interactions between

medications, as well as between herbal remedies and allopathic medicine, thus cannot be assessed, and sometimes have serious consequences. A U.S. Board of Pharmacy report discusses the problem:

[The Latino population's] health problems [are] often complicated by their unorthodox and unsupervised use of pharmaceuticals Part of the transplanted Hispanic culture is self-diagnosis followed by the use of injectable drugs. This results in very powerful antibiotics such as Lincocin and Gentamicin being used indiscriminately without a competent diagnosis. Serious allergic reactions or runaway infections and deaths have resulted from using the wrong antibiotic to treat an infection. Even the injectable steroid Phenylbutazone, only used in horses in this country, is available for human use at some *tiendas*. This drug has not been available for human use in the United States for over 30 years (Work 2005:16).

Canada may not have the same concentration of farmworkers to warrant the development of locally-based *tiendas*, but certainly workers here have begun to establish patterns of self-treatment and medication. I repeatedly observed the tendency for farmworkers to bring remedies from home, where pharmaceuticals may be purchased over the counter without a prescription, or where herbs may be long established accepted remedies.³ In fact, doctors whom I interviewed in Mexico report being consulted by family members of migrants in Canada on which medications they would recommend for specific ailments. The family members then purchase the medications and send them with other migrants to Canada, as happened in Lilia's case. This system is not always expedient, however, especially late in the season when most migrants have arrived. In one case, a migrant woman suffering from unexplained vaginal bleeding asked if I could investigate the purchase of a herbal remedy from a natural supplement store in Toronto. When I encouraged her to go to a doctor to seek care for the problem, she replied that she had heard from a friend that this herb was effective, and likely the doctor here could not help her.

Many workers discuss how ineffective "Canadian" remedies offered to them, such as "Tylenol" can be to curing their ailments. Mine *et al.* (2001:18-19) explain that Mexican doctors are more likely to immediately administer potent medication upon examination, often in the form of injections; when this becomes an expectation, Mexicans

³ Preibisch (2003) and Verduzco and Lozano (2003) also found high levels of self treatment among Mexican workers.

may feel “cheated” if they are not provided with a strong medication after a consultation and may prefer their own remedies. Workers with back problems sometimes report receiving massages from “Mexican healers” (in some cases, other workers or immigrants in Canada, like those in the vignette which began this section). Many also discuss taking pills or herbs to assist with pain or sleeping, brought from their home country. All of this is viewed as more trusted and/or accessible than seeing a Canadian doctor and being told to take an over-the-counter medication.

Sometimes, however, these self-prescribed medications carry serious risks. Some women, for example, bring misoprostol, a prescription drug often used to treat and prevent stomach ulcers, but is also used in self-induced abortions where safe, affordable, and legal alternatives are not available. In the absence of affordable, effective and accessible birth control methods in Canada, some women who suspect they are pregnant have reportedly used this method. The unsupervised use of misoprostol to induce abortion carries a number of significant risks, including rupture of the uterus, severe bleeding and shock (Lee and Buckley 2009). Similar findings have recently been reported in Brazil (Coêlho *et al.* 1994) and among Latinas in the United States (Lee and Buckley 2009).

Training in cross-cultural differences can improve clinicians’ responses to diverse populations of patients (Kirmayer *et al.* 2008). Despite these benefits and the various challenges presented by these linguistic and cultural differences, there is little support for health care practitioners to work through these issues, and some in fact remain ambivalent about them. For example, one doctor suggests:

I think the system works pretty well, we’re right in the middle of farm country, I don’t know the general feeling of workers and farmers, but I think most of them are happy and it would be great if we all spoke the same language and there wasn’t a barrier, but generally we manage to work through that.

Other health care practitioners, are critical, and acknowledge that linguistic and cultural differences pose a significant barrier to optimal care. One nurse practitioner explains:

It’s harder to help teach complex [health issues] . . . even with English it’s hard to understand sometimes and we try to use very plain language, so now

try to add a cultural or linguistic issue on top of that . . . like this guy with diabetes who came in and I had to try to explain that you have high blood sugar, it makes you at risk for stroke heart attack and blindness . . . trying to do that so he doesn't get overwhelmed and freaked out but at the same time that you address his health issues . . . for a high literate white educated Canadian it's hard enough . . . language, literacy, cultural issues – [these are] all barriers.

Likewise, a second doctor who comes from an immigrant family, and who spent several years working in Africa, comments:

Pain perception is cultural . . . they [the workers] accept pain, both more than our society; the Jamaicans more than the Mexicans. [When language is a barrier I do] a pain history using sign language . . . it's more of a cultural issue. I find that especially in Mexican population, it's really hard to get a history – they complain about discomfort in various locations – you do a physical exam and it would be very variable. I think that's probably cultural as well It would help [the doctors] to have cultural training.

Workers, their employers and health care practitioners are rarely provided with cultural and linguistic aids to help bridge the gaps in communication and understanding; this is a considerable structural shortcoming of the program and primary health care in Canada in general. Despite the obvious importance of medical communication, migrant workers are ineligible for language training services, and neither the federal nor the provincial governments provide the services necessary for adequate care. One professional interpreter explained that “no funding is available for patients without private insurance. Interpreters are asked to volunteer their time, but they usually don't.” She suggests that the lack of interpreters “is a liability suit waiting to happen against the hospitals”:

They don't have access to interpreters in the . . . hospital – they say they don't have the budget for it. They'd rather go to the laundry room and find someone. We've been pushing for it for years, but they just say they don't have a budget for it. A Mexican farmworker isn't going to bring it up.

The lack of independent, certified interpreters at hospitals and clinics merely increases workers' dependency on employers or supervisors to translate. Not only are these “interpreters” often unable to speak Spanish fluently, they are also in a conflict of interest. Furthermore, they rarely understand the culturally constructed meanings of illness of the workers. Their presence also creates an inherent infringement of privacy,

and many workers do not feel comfortable openly discussing their concerns or being examined in the presence of a supervisor, employer or even co-worker.

In the absence of interpreters, some workers have received assistance in translating from support groups. In rare cases, workers have paid for translation services of a local bilingual Latin American immigrant. The Mexican consular officials indicate that they are willing to translate over the phone. Unfortunately, many workers either do not know of the service or do not want to share their health concern with the consulate, where calls must be reported by name (they are not taken anonymously) and their concerns are entered on file. Predictably, workers fear that a demonstration of health problems may translate into early dismissal or their future removal from the program.

Mistrust of Doctors and Doctors' Relationships with Employers

To fully understand the reasons why so many workers rely on medications from home and alternative therapies, it is also important to understand the lack of trust in the Canadian medical establishment given its relationship with their employers. On this issue, some of the health care practitioners I interviewed appear to have a different interpretation from that of the workers. One doctor, for example, explained:

Major employers all have someone who looks after their offshore workers and are very good and come in and translate and explain things. Sometimes owners themselves bring their lads and lasses in. I feel intuitively that they're very well looked after by their farm owners because they realize what a valuable resource these guys and girls are.

This doctor's belief that employers have the best interests of their workers in mind may have arisen because health care providers regularly have to interact with employers in order to ensure medical care for workers, due to the various aforementioned barriers (transportation, language, work hours, etc.). In some cases, especially on smaller farms and in more isolated regions, employers take workers to their own family doctors. Many workers and their advocates, however, are less than sanguine about the inherent problems that may arise from this close employer-physician relationship. Some have gone so far as to speculate that a friendly arrangement between doctors and the employers translates into inferior medical care—at very least compromising workers' confidentiality and trust. Furthermore, critics fear such relations could influence the likelihood of physicians

applying for workers' compensation claims, especially when the employer, not the worker, presents the context of the case (see discussion to follow).

On the other side of the ledger, workers' advocates, including staff from UFCW support centres, regularly accompany workers to medical appointments. This can result in a perception of bias from the other side, as they are more likely to advocate for compensation claims. One UFCW staff member, however, suggests that their presence can be an important element in obtaining proper medical care as he reflects on the ambiguity of the relationship between medical practitioners and foreign farmworkers:

You barely can get them to a walk-in clinic and get a couple of ibuprofen pills for them, but it's so difficult to get a referral to a specialist, you know? They are usually so reluctant to send them on, they just say, buy some pills and take care, and you try to tell them it's pesticides, but they [don't listen] . . . and when you try to tell them they work in a farm and they don't give the equipment they don't want to listen anymore, they just give you the pills and that's it. [At a walk-in clinic] the treatment is so poor. They have no social skills at all and they treat people so badly and they don't write the WSIB forms. It's . . . really poor treatment . . . and it's not open every day so you have to choose which day of the week you can get sick to see the doctor They barely look at you. They don't want to listen to what's wrong with you.

Sean, a Jamaican worker, expresses similar concerns:

I went to see Dr. [X] because I had bumps all over my skin, like a rash. He prescribed me some tablets, but I took them and they just made it worse. [He] refused to refer me to a dermatologist when I asked. I went back and saw another doctor, who gave me some tablets that work. Now when I need to see a specialist the receptionist or another doctor will refer for me since he [Dr. X] refuses any requests to do it. I hear rumours he's in with the farmers. I don't know if he's racist or what, but he treats us all so badly. I'd rather go to no doctor than go to see him.

Ironically, in cases where doctors have been assigned to workers – which is an important step to ensure regular, consistent treatment – a common apprehension expressed by workers is that these assignments reflect a collusion between physician and employer. When one Jamaican worker approached me to help interpret a form assigning him to a family doctor, he was very reluctant to sign it, asserting: “These doctors work with [our employer], and I don't trust them. This is about controlling us. They're not on our side.” Lorenzo, a second worker, speculates that it is “standard practice for employers to try to control the doctor-worker relationship They are often friends with the

doctors, and have deals that the doctor won't file for work-related claims." Edwyn, a Jamaican worker, jokes, "[the doctors] say 'you're good to go' even if you're dying."

Of course, doctors and employers alike deny any misuse of their relationships and many deem it necessary to communicate and work together in order to ensure the health of workers. What these issues speak to is the broader importance of establishing a relationship of confidentiality, independence, safety, and trust between workers and practitioners when seeking medical care—all of which may be challenged when employers mediate the medical interaction.

Follow-up and Lack of Regular Care across Borders

One consequence of the barriers of caring for a mobile and vulnerable population is the difficulty in attaining consistent treatment over space and time. Living between borders (both physical and ideological), many workers have difficulty attending follow-up appointments, tests and treatments. Amidst transnational cyclical migration, routine health tests, immunizations and screenings may be neglected as migrants miss out on campaigns and services conducted at home. Workers discuss having tests in one country, only to have to leave for the other country, where they are unable to access the results and/or attain further tests or follow-up treatment. In other cases, workers who are in Canada for a period of time may not be able to follow-up on concerns, when they return home. Test results may take a while to come back, and some workers are transferred or repatriated before they are able to receive these results.

In interviews, health care practitioners often express frustration over workers' lack of dependability in attending follow-up appointments. For example, workers may be advised to get x-rays or specialized tests, available only during the day, and are simply unable to take off work, get the transportation, or find an interpreter to assist with the process. Canadian health care providers are aware of the problem, but may not fully understand the causes. Dr. Y, for example, speculates that it's a "cultural issue" because "they wouldn't see a doctor unless they're very sick." Dr. Y explains that he has tried to adapt his practice around these issues:

It's really hard to get these guys to come in for follow-up . . . one who had severe asthma, I asked him to follow-up in a few days because I was concerned that he'd have to go on steroids, he didn't show up, I don't know

what happened to him. I presume he felt better. I try to do as much education on the day knowing that they might not show up again.

Not all problems can be understood or resolved within a day, however, and the problem is exacerbated when trying to trace, diagnose and compensate work-related health issues.

Dr. Y continues:

Whether some of it is occupational it's hard to say . . . I try to arrange for follow-up tests. I don't think they go. With occupational issues you have to look at it through time, if they keep having repeated exacerbations, if they don't have a history of asthma and you notice this pattern then yes [but] it's difficult to monitor them over time and workers don't follow-up.

A nurse practitioner adds another concern about dealing with patients in these situations:

There are lots of undiagnosed untreated disease like high blood pressure and diabetes. You get people that are here with tragically high blood pressure, you get the medication to go on and then they go home to Jamaica and come back next April and they haven't taken the blood pressure medication since they got off the plane, and they have like 190/100. One guy, he came in with type two diabetes and he needs to be on a whole whack of more medications to be adequately treated, but how do we do that when he won't come to appointments during the day and we have to refer him to a specialist, and they're not going to come to daytime appointments, so what do we do? And then he goes back to Jamaica and I don't know if he's going to be adequately treated down there (Interview 08-2006).

Some physicians suggest that if workers could receive regular monitoring and be assigned a family doctor, some of these problems could be alleviated. As Dr. Z explains:

They come in not for any preventative health issues, just when they're hurt or feel sick . . . None of them come in for [a check-up]. They're here for 6-8 months of the year and probably don't see doctors back home. I think if we can get them involved with health maintenance appointments that'd be great, especially where we're setting up a family health team. It would be nice to roster these patients. I don't know if the Ministry will let us, because we don't know if they're coming back next year. If we're rostering patients they're going to lose out and I'm sure that we're missing out on a lot of things with these patients because they're just not coming for regular check-ups.

The transient nature of migrant workers' lives may only exacerbate the problems of specialized services and tests. Several women indicated an interest in getting mammograms and Papanicolaou tests ("pap smears"), saying that it had "been a while" since they had received these tests (if ever). One woman had been coming here for 16

years, but had never had one in Canada. They usually wait and do these things in Mexico, if they do so at all. Another woman from an urban area commented that Mexican women rarely get pap tests in the rural areas due to lack of knowledge and education, and in the urban areas due to lack of time. After inquiring, the women reported having difficulties accessing the service of a mammogram as non-permanent residents in Ontario.⁴

In other cases, follow-up after exams prove challenging amidst frequent transnational travel. Miranda, for example, who had received abnormal results on her pap test during her short time in Mexico, was told to have a colposcopy. She did, but had to leave for Canada before she could receive the results of this second exam. She tried calling from Canada, but was told the results could not be released over the phone. She was in a state of panic until volunteers were able to take her for a follow-up test in Canada. In another situation, Elizabeth, who had received sexual health tests in Niagara, was told she was going to be transferred to a farm in another region of Ontario. As is common, the transfer came without any warning. They had worked until after 3pm one day, and then suddenly told that they would be transferred the next morning. At 9am the next day, they were picked up and driven several hours away. That afternoon she was supposed to have received her medical test results.

Amidst these complicated circumstances, workers' ability to access follow-up appointments often depends on health advocates or assistants. One doctor, for example, notes that a Frontier College representative who often accompanied workers to translate for them was a great asset "because she ensured the follow-up." While employers, volunteers and migrant worker support staff who are willing to help workers access medical care and ensure follow-up are extremely important, this constitutes a patchwork system in which many workers still remain unable to access the care and follow-up they may require. Workers generally have no say over their work schedules, are unable to take time off for medical appointments without harassment or embarrassment, and can be transferred without even so much as a couple of days' warning. All of this indicates how little workers' independence and their social and personal needs are considered.

⁴ Underuse of mammography screening is a noted area of concern for Hispanic women farmworkers in the United States as well, with subsequent reduced survival rates among women who develop breast cancer (Palmer *et al.* 2005).

Access to Specialized Services

Specialized services and treatments are even more difficult to access, especially those which may cause embarrassment or shame among workers who do not feel comfortable explaining the need to seek additional care to employers. For example, support groups and services for mental health and addictions issues are almost never utilized despite high levels of these concerns, as discussed in Chapter 9. I distinctly recall trying to find an AA chapter for a worker struggling with alcoholism in a remote area. The nearest chapter could not easily accommodate a Spanish-speaker, let alone someone working long, unpredictable hours and lacking transportation. Research elsewhere documents that migrant workers face particular barriers to mental health care services (Blignault *et al.* 2008).

In addition, issues surrounding a wide variety of other specialized health issues emerged in my research. Two came up so repeatedly that they are worth mentioning. First, many workers complain of ocular concerns, some of which may have to do with pesticides, as discussed in Chapter 7. Several workers report poor vision, but are unable to afford glasses. One almost lost his vision since he was reluctant to seek services until urged to do so by a local nurse. Many workers indicate that they have never had an eye exam in their life (this may be one of the reasons why so few of the workers I observed wear glasses). Similar findings are apparent in the United States, where eye concerns are very common among farmworkers (Quandt *et al.* 2008; Taylor *et al.* 2006) and less one third of workers in a California-based survey reported ever having had an eye care visit. A recent initiative, the Farmworker Eye Network, aims to address some of these issues (Villarejo 2003).

Second, many workers report moderate or severe oral health issues, including excruciating tooth aches. Poor oral hygiene and limited access to dental care services are noted concerns among Latino (im)migrants in the United States (see Barker and Horton 2008; Horton and Barker 2008), where special clinics have been set up for them (Lukes and Simon 2006). A California-based survey of farmworkers found that half of male respondents had *never* been to a dentist (Villarejo 2003). Workers are generally unable to access these high cost services in Canada as they are not covered by their health plans.

Sexual Health Services

I started getting calls from Pearl, one of the Jamaican women, asking me to take her to the doctor. I asked if it could wait for another day so I could take a carload together, but she said no, she needed to go today. She also insisted on not going to the clinic [where they are normally taken by their employer], saying again that the doctors there are “bad.” She also didn’t want [someone from the farm] to take her. So, I drove her to a walk-in clinic in St. Catharines and waited over two hours for her to see a doctor. She came out with a prescription, which she filled for birth control pills. – Adapted from fieldnotes.

Sexual health services are perhaps even more complicated because of the issues of embarrassment or social and moral judgment for accessing such services. Workers must know about the services, have the freedom to leave the property, and be able to find transportation and translation services. Even in rare circumstances when all of these are possible, the situation is challenging. I learned this many times first-hand, as both Jamaican and Mexican women relied on me and other female volunteers to help them take care of their sexual and reproductive health needs.

As explained in Chapter 8, many workers view condoms and forms of birth control as expensive and inaccessible. That was not always the case in Niagara. The region has a mobile health bus which used to come to Virgil, a central area accessible to many workers. As one Mexican worker recalls:

There was a van in Virgil where people can go to receive health services every Thursday. They also gave out condoms and birth control. Jamaicans go to the van, but Mexicans rarely do because they are afraid to admit they are having sex, and also because they don’t speak English. When we had a Frontier College volunteer, she used to take us and translate, but she is no longer there, so we stopped going. None of the staff speak Spanish.

The bus, while not a perfect solution, did allow workers to gain free and confidential access to condoms when necessary. Since the service was removed from Virgil, many workers say that they have nowhere to access sexual health services, or to get condoms and other forms of birth control.

In the summer of 2006, I approached the Niagara Region Public Health (NRPH) about these issues. Although they were unable to re-instate the health bus in this area (the decision of where it goes, I was told, is politically and demographically driven and not determined by them) or to expand clinic hours, they were extremely cooperative in other

ways. Over the course of the summer, they provided thousands of condoms to distribute. These were brought to workshops and placed in the migrant support centre. I remember making trip after trip to the Department to pick up another load of condoms to distribute, as they would quickly be taken by the workers. It appeared from this effort that workers were open to using condoms if they were easily accessible.

In addition, together, with the help of J4MW, a sexual health educator from NRPH presented a sexual health workshop for women workers on a Sunday afternoon. About 40 women took part, mainly Mexicans, but three Jamaican women also attended. This was an impressive turn-out, especially since there are comparatively few women in the program, and the fact that communication and transportation barriers often prevent large attendance at events. The interest and enthusiasm in the room was palpable (men who had wanted to come were turned away at the door so as to create a safe space for the women). The presentation by the public health representative focused on birth control and also included some information on STIs and how to properly use a condom. Throughout the whole time the women were attentive, asking questions and listening intently. The workshop went over three hours, and even after the formal presentation, the women continued asking questions.

Many of the women had never been to a doctor in Canada, despite having sexual health concerns. Their questions varied widely and indicated the vast gaps in knowledge and understanding of their sexual and reproductive health. Some had specific questions about uterine cysts, yeast infections, ovarian pain, genital warts, sexual desire, hemorrhoids, menstruation, pap tests, menopause, and STI symptoms. Others asked questions regarding the safety of various lengths and frequency of sexual activity. Some said they were told if they didn't have sex, they would have health problems (in their ovaries). One woman asked if it was dangerous not to have sex at all, while another asked if it was a health problem to want to have sex all the time.

We also discussed the multiple barriers to migrant women accessing sexual health services. Even the local sexual health centre is only open Monday-Friday until 4:30—making it almost impossible for workers to attend. Additional sexual health clinic hours are held one night a week, but in St. Catharines, where workers in rural areas are unable to get without transportation.

At the end of the day, the box of approximately one thousand condoms that had been brought was empty. After all this open talk, women got over their embarrassment and were stuffing as many as they could carry in their pockets and bags. We also brought hundreds of pamphlets on all sorts of information, all in English. Despite this, they too were almost all gone at the end of the night. Clearly, more education is both needed and desired. The sexual health educator agrees. She commented several times that this was the most rewarding workshop she had given because everyone was so attentive and interested. Normally, she gets teenagers who act bored and like they “already know it all.” Not so with these women.⁵

After the workshop I began shuttling women home, allowing a period of informal debrief. All of the women said the workshop was extremely informative and commented that they had not been taught about these things in Mexico. “We only learn what we know from TV and radio and rumors” they said. “Mexico is a lot less open. Abortion isn’t legal and no one talks about these things. This information was very useful.” Several women asked to be taken to have STI tests. They were either concerned because of symptoms they had not investigated, because they had engaged in unprotected sex in Canada, or because they did not fully trust their husband or partner at home in Mexico.

In the days following the sexual health workshop, I received calls from groups of women who had attended, asking to be driven to the sexual health clinic in St. Catharines. I started doing regular trips with interested workers. A particular issue facing women, especially those seeking sexual health services, is privacy. We saw this issue arise in the case of Elsa, whose male supervisor disclosed her abortion to her co-workers, and Pearl, the Jamaican worker who asked me to take her for birth control pills. In another case, Dora, a Mexican worker, also asked to be taken to the STI clinic. When she told her employer she would be going with a friend to the doctor, he questioned her, saying “If you have a health problem, I have to take you.” She explained she didn’t have a problem, nothing work-related, and just wanted to have an interpreter for a routine check-up. Then all the women proceeded to question her and it was, in her words, “very awkward.” She

⁵ Although such workshops are normally not made available to workers, in 2008 a large employer in the area invited a sexual health educator to provide a similar session to their workers. This could be considered a “best practice.”

said it was imperative to her that the visit was totally confidential, because she didn't want other people talking about her behind her back.

Although women most commonly complain of their privacy being compromised by male employers or supervisors, some men articulated similar concerns. Ignacio explains he doesn't have confidence in the employer-hired interpreter because:

He divulges what happens, for example, "he's not sick with this, he's sick with that" and no, I don't have confidence For example, I'm going to tell you right now, if I go for them to examine my genitals, he will divulge and this is happening to me, and I don't want all the world to know what I have.

When I asked if workers' privacy is compromised by the presence of male supervisors who act as interpreters, Dr. Z responded that:

Dr. Z: I think they generally trust their foreman and whoever they come in with and they're concerned enough with their problem that they're willing to discuss it.

Janet: Even with women/sexual health issues?

Dr. Z: Yes, I haven't run into any problems there, I've certainly run into no complaints [One large employer] had successive male people looking after their offshore workers and often males come in with female workers to translate for them; there's no awkwardness.

While many physicians, especially those who are sexual health specialists, are sensitive to the privacy needs of anyone seeking sexual health services, others remain ambivalent about the issues. Increased sensitivity to these concerns may help to ensure more appropriate and accessible treatment.

Occupational Health and Physicians' Understandings of Workers' Rights and Circumstances

"They [the doctors at a clinic] don't give us workers' comp, they don't really listen to us, they just tell us to come back later if we're still sick, but we can't because we don't want to ask to leave work. The other worker had a fall, but they say it's a sickness. They don't relate it to the work." – Julia, Mexican worker

"In many cases there are no Spanish-speaking doctors. We [the Mexican government] give all workers a diagram of their body with English words to help them explain to doctors what the problems (this started in 1998) Sometimes the doctors don't understand and give workers the wrong medicine. The medicine is general, not occupational medicine, so doctors don't understand the health problems associated with

work. This is particularly a problem with greenhouses. Sometimes there are very strong pesticides.” – Mexican Ministry of Labour representative (Interview 03-2006)

Occupational health issues also pose particular challenges in doctor-patient interactions. Workers often come away from appointments unsatisfied, feeling that their work-related concerns have been dismissed and they are not given thorough exams or adequate treatment. Some migrants report that some physicians only “give us pills, not exams” and that they “don’t ask us questions to really find out what is wrong, they just rely on the employer’s interpretation.” Several workers have named a dismissive doctor as “Dr Tylenol,” since regardless of the problem, he tells them to “take Tylenol.” “Perhaps he is a representative of Tylenol under cover,” jokes one. For pesticide-related symptoms workers are also prescribed medication or creams to relieve symptoms, but they are expected to continue the exposure which originally caused the problem. For musculoskeletal problems workers rarely receive physical, massage or chiropractic therapy referrals, nor are they relieved from work; instead they are often told to take pain killers.

When interviewing health care practitioners in Niagara, I was struck by how few of them identified occupational health issues as an area of concern for migrant workers. When I asked about pesticide-related problems, for example, one doctor’s reply was “probably I’ve seen one case in the 13 or 14 years I’ve been here, no serious cases.” I started asking the physician about the symptoms workers commonly report to me: Rashes? Skin burns? Eye problems? Breathing problems? “No, not associated with the use of chemicals,” he replied.

While some physicians have gone out of their way to accommodate migrant workers (see OHCOW example below), many rural physicians, even those who regularly see migrant workers, seem to have very little sense of their circumstances. The cultural and linguistic barriers are one part of the reason. The opportunity to learn and understand workers’ positions is limited by the severe constraints on physicians’ time as they are in already over-stretched environments in under-serviced areas. Furthermore, there is no specialized training or information normally available for physicians to understand the unique circumstances facing this particular group of patients. Dr. W, who estimates that 15% of his patients are “offshore workers,” says that he never received any specialized

training with respect to their needs, circumstances, rights or benefits. “You don’t get training for it; it’s learn as you go,” he explains. The problem extends even beyond the particular circumstances of migrant workers. In fact, there is “little to no curriculum time” devoted to understanding rehabilitation and return to work guidelines in most standard medical training (PEPWH 2000:1)

Physicians’ understandings of migrant workers’ status, rights and entitlements in most cases is also very limited. Some physicians to whom I have spoken indicate not knowing the difference between SAWP workers and undocumented workers. Rural physicians often discuss being over-stressed and rushed, which can compromise the time for assessments and interactions with all patients. As one explains: “There’s no difference between offshore worker and resident Canadians, when you’re rushed, you’re rushed, when you’re not, you’re not.” While it is important that the doctor did not seem to prioritize Canadians over “offshore workers,” it is also crucial to understand that the specific difficulties and challenges faced by migrant workers, especially just to communicate their concerns, may in fact necessitate “different” treatment. For example, migrants may require extra time to assess their conditions and explain the diagnosis and treatment in a way that is intelligible to them. Furthermore, Canadian doctors may not have access to past records to know the medical histories of these “offshore” patients, so covering this background information also may require extra time. These specific circumstances require unique care.

In other cases, doctors may be aware of workers’ rights, but still fail to diagnose and treat work-related conditions. In this regard, the presence of worker support groups and advocates has begun to make a major difference to some workers. As one advocate explains:

A worker had been going to the doctor with various complaints The doctor did all sorts of tests, but never tested for pesticide levels. He even did testing for mental issues to see if the worker was imagining things. Then finally the worker was admitted to hospital with a number of symptoms [One of the advocates was informed of the situation and] . . . went to the hospital and asked if they had tested for pesticide levels. They did the test and found he had suffered from pesticide poisoning. The doctor said no one had ever suggested this and he had not been trained to do this.

The worker was quickly repatriated, but the advocate helped to file a WSIB claim on his behalf.

Even if health care providers correctly identify an occupational-related health concern, sometimes there is little that can be done anyway. As a nurse practitioner who regularly sees migrant workers in the Niagara Region explains with respect to diagnosing occupationally-induced problems:

It depends what the problem is because if they've got a sore back and they tell me they have to bend over tying grapes the whole next day, I told them they can't do that because the back problem isn't going to get better—you would give them the same treatment you would give anyone who comes in.

Just telling a worker to amend a practice is normally insufficient, however, as most migrant workers feel structurally powerless to modify working conditions, and practitioners' appreciation of these circumstances varies widely. Some physicians, for example, offer to write workers notes (in English) which workers could provide to their employers, explaining that in order to protect their health they should avoid a specific activity or movement for a certain amount of time. Of course, not all workers feel comfortable providing this information to their employers, nor do the doctors' notes ensure that the employer will change anything. Fundamentally, the role of the physician is limited even for those who go out of their way to accommodate the needs of workers to the fullest extent.

Workplace Safety and Insurance Board (WSIB)

Throughout my research I uncovered numerous cases of workers who believed they had suffered an injury or illness related to their work, but who had never received (or even filed a claim for) workers' compensation. Many of the same barriers workers experience to access health care exist in relation to their ability to access workers' compensation (under the WSIB), including a lack of awareness about rights, language and literacy difficulties, fear of taking time off work and reporting injuries, difficulties in follow-up and communication, etc. Yet there are additional difficulties and complications related to the compensation system.

In the event of a workplace accident, workers, employers and physicians are all legally obligated to file a claim to the WSIB. The system can break down at each of these

levels. First, workers are often unaware of their rights. Limited literacy and fear of causing trouble are also significant barriers to filing claims. Workers' government officials will assist workers in making these claims, but can only do so if they are made aware of the situation. Sometimes, however, workers are ineligible for coverage because they were asked to perform tasks (such as construction on an employer's property or labour on a neighbouring farm) which are outside of the contract, and often for which they received no safety training. (Verduzco and Lozano (2003) found that 17.8% of Mexican workers interviewed were asked to perform duties outside of their contracts.)

Secondly, employers also often fail to make claims even when workers are covered. In some cases, they are simply unaware that the incident has taken place. In other situations, they may purposely avoid making a claim, a finding of other researchers as well (Basok 2002; Verma 2003). Basok (2002), for example, reports that some growers send their injured workers home claiming that there is no more work for them to do, making it impossible for workers to claim compensation for lost time. Hennebry likewise notes that: "Migrant workers rarely receive these benefits and are typically repatriated as soon as any health problem is identified by an employer" (2007:6). Downes and Odle-Worrell cite cases of Caribbean workers who say their employer would not allow them to report an injury or illness (2003:96), while in the BC context, Fairey *et al.* found that farmworkers "experience considerable pressure to not report injuries and lack understanding about their rights to workers' compensation" (2008:29).

The issues surrounding compensation are especially complicated because unlike accessing health care through OHIP, making claims through the WSIB can cost employers money, as their premiums may increase with the number of claims filed. Thus there is incentive for employers not to make claims, or to contest workers' claims. Such concerns are not unique to agriculture or to migrant workers (for an example of Canadian newspaper employees, see MacEachen 2000). For years, the Ontario Federation of Labour (OFL) has advocated for the elimination of "experience rating programs," which adjust premium rates according to each employer's history of claims. While the practice is based on the principle that it will provide employers with incentives to create safe workplace conditions, the OFL notes that:

Premium costs can be reduced by covering up or misreporting accidents, by forcing workers back to work before they are ready, by paying sick employees wages rather than have them receive benefits, or by simply contesting all claims, including the most well-documented and well-founded cases.

Experience Rating has a very negative effect on injured workers. It undermines the basic principles underlying the compensation system. It weakens the collective liability system; burdens smaller employers for the gain of the bigger ones, effectively denies injured workers their legitimate benefits; produces nightmares instead of peace of mind for injured workers and their families; and increasingly makes the system more and more adversarial (2007:2).

Migrant workers are placed into the same “adversarial” system as their Canadian counterparts, but face much greater vulnerability because they can easily be repatriated, and their employment and stay in Canada depend on their employer’s approval.

Physicians are legally obligated to report work-related conditions to the WSIB, but many workers, as discussed in the previous chapter, face barriers to accessing care. If they make it to a medical facility, language barriers may prevent practitioners from realizing that the problem is work-related. Employers’ common role as a mediator of medical care can have serious effects on the assignment of compensation, especially in cases which are not clear-cut. Some workers report that their employers explicitly state that they should not tell the doctor when they have a work-related concern or accident, while some employers have also acknowledged filing claims under the less comprehensive RBC private insurance instead of WSIB when the problem (like back pain) is ambiguous.

Physicians may also fail to report if they are unsure of workers’ rights and benefits. Many medical practitioners, in fact, are not aware of the rights of SAWP workers. “Some people don’t even know they’re covered by OHIP. We’ve had this conversation around here” acknowledged a nurse practitioner who regularly sees the workers. Even fewer practitioners whom I interviewed and with whom I interacted, were aware of workers’ eligibility for WSIB. On several occasions when I took workers to see doctors with obvious work-related injuries, they failed to file for WSIB. In one case, the physician insisted that the migrant workers are not covered. When I came back for a follow-up appointment with the worker, he revealed: “I had to ask [about WSIB] . . . and there was a little bit of uncertainty, but eventually someone said ‘yes.’ There’s not a

strong understanding of these issues; several other colleagues also didn't know." In other cases, I urged physicians to apply for WSIB and I was told that "I can only apply if the employer tells me it's work-related." Such reactions may not be surprising, given that doctors and medical students report receiving minimal WSIB or occupational health training in medical school, and no training on the rights and entitlements of migrant workers in particular.⁶ Furthermore, one health care provider admitted to me: "Doctors don't like filling out WSIB forms. We get a lot of them, and they take a long time."

Workers who are rushed to the Emergency department following an obvious and serious workplace injury, are more likely to have a claim filed. Injured workers are often repatriated, however, before their conditions can be fully investigated or treated. Many workers who have received compensation are asked to return to work doing modified duties, and if, at this point, they refuse to work, their compensation coverage can come to an abrupt end and they can be deemed in "breach of contract" (see Carl's case, next chapter). Some workers report that they did not feel well enough to do the tasks they were asked to perform, and were repatriated quickly, before the dispute could be resolved. In this way, the "experience rating programs" can have a particularly detrimental effect on TFWs. Accessing WSIB once workers return home creates even more challenges, which I explore in the next chapter.

Attempt to Overcome the Barriers: OHCOW Clinics

Unique health care has been the impetus behind a pilot project headed by the Occupational Health Clinics for Ontario Workers (OHCOW), which partnered with volunteers from various groups, aiming to provide accessible occupational health care services to SAWP workers in Niagara and Simcoe. After we met to discuss the problems raised in this research, OHCOW, with support from NRPH, began holding monthly occupational health clinics for migrant workers in the Niagara Region in the summer of 2007 and these efforts continued on a bi-weekly basis in Simcoe during 2008 and 2009. The clinics, which are described to workers as an occupational health information centre

⁶ Hopefully this situation will start to change with increased awareness. In 2008 I participated in a presentation to the McMaster medical school class along with doctors from OHCOW to explain these issues to the students. In 2009, I met with a group of medical students placed in Niagara, who demonstrated a keen interest in these issues. WSIB has also created an information pamphlet to distribute to rural doctors explaining migrant workers' rights to WSIB.

(see Appendix 11.1), are hosted by an occupational doctor, nurse and hygienist, who are trained to understand workplace exposures and injuries, and can offer basic physical exams, information, advice, and prescriptions to workers. The practitioners are assisted by volunteer interpreters and outreach workers from various groups. The clinics take place in accessible locations and times (on Friday nights, which workers normally have off for shopping and errands, in the town centres close to the locations where workers shop).

I have taken an active and continual role in the clinics as an interpreter and outreach volunteer, enabling me to witness dozens of migrant-physician interactions. In May 2009, I accepted a position coordinating the OHCOW migrant worker health initiatives, which at the time of this writing, I am just taking up.⁷ During the 2008 season's Simcoe clinics, we implemented an anonymous questionnaire for workers to fill-out in order to learn more about the patients utilizing the services. The questions in this survey were developed in part out of the qualitative findings in this research. This information, combined with the anonymous aggregate data compiled by the clinicians, contributes some important findings on migrant workers' health concerns.

In total, there were 102 patient visits to the clinic in 2008; 80% were Mexican, 16% Jamaican, and 4% from Trinidad and Tobago. Of the 53 workers who completed the survey, 28 (53%) thought that their work contributed to their health problem (15 did not think so, while 10 were not sure). Of those who thought their work contributed, 11 attributed the problem to pesticides, 11 to posture (e.g. bending and lifting), 12 to weather or climate, and nine to other causes. The clinicians determined that of the patients they saw at the clinic, 37% of the concerns were "direct or suspected work-related"⁸; 13% "indirectly work-related"⁹; 28% new problem (work-relatedness not determined)¹⁰; and 22% recurring or chronic problem.¹¹

Over the course of the two seasons, the majority of cases seen by the specialists have involved musculoskeletal disorders, dermatitis/skin problems, and upper respiratory

⁷ This position was taken up after the completion of my field research. Needless to say, any opinions presented in this thesis are mine alone and not necessarily reflective of OHCOW.

⁸ **Directly work-related:** Association identified e.g. sore back & heavy lifting; **Suspected directly work-related:** Association suspected e.g. sore throat & exposure to pesticides.

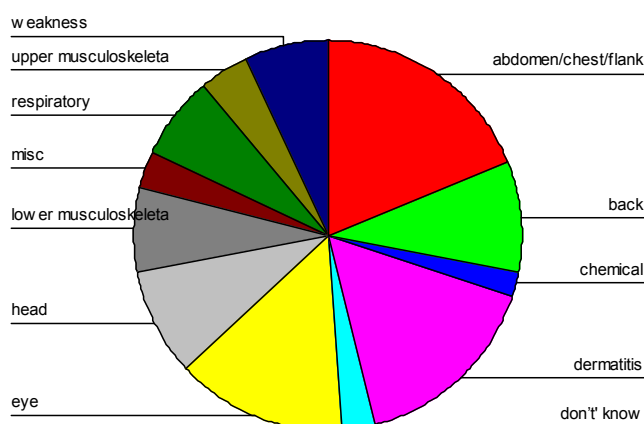
⁹ Condition is made worse by work or affects ability to do work (e.g., rash and heat.)

¹⁰ New problem not seeming to be work-related (e.g., GI symptoms).

¹¹ Health problem they had at home.

symptoms. There have also been eye concerns, hearing loss, mental health issues, minor traumas, reproductive concerns, and heart problems. (See Figure 58 for a specific breakdown of cases seen in Simcoe in 2008.)

**Figure 58 - Overview of OHCOW Simcoe clinic cases by principal health concern
– June-October 2008**



Data compiled and provided by OHCOW Hamilton (2008)

Many of these workers had experienced symptoms for months without having the opportunity to seek medical attention, or were unsatisfied with the attention they had received at local, over-stressed walk-in clinics, where hurried doctors normally do not have experience in occupational disease, injuries or exposures or the time to fully assess these complex conditions. The questionnaire also sought to ascertain the extent of these concerns, as previously identified in my research. Of the 53 workers who said they had attempted to seek health care prior to the clinic, just 37.7% reported being able to do so. The barriers they experienced are summarized below:

Table 17 - Summary of workers reporting barriers to health care access

Difficulties experienced in accessing health care in Canada	# reporting
No health card	16
Language barriers with MD	16
Did not know right to med care	13
MD did not understand concern	13
No transportation	12
Unable to get time off	9
Did not want boss to know	7
Other	4
No difficulties	3

Data provided by OHCOW Hamilton

The OHCOW clinics attempt to overcome these barriers. Here, workers can receive the full attention of the specialists in a more relaxed atmosphere, without long waits, and at a time and location convenient to them. There are interpreters, targeted information pamphlets and even refreshments to help them feel comfortable and welcome. No health cards are required. Specialized advice, including (in order of frequency provided), ergonomic workplace process changes, the use of PPE, work hygiene, comfort measures, exercises and diet, is readily offered, along with referrals and prescriptions. If a worker has a workplace injury or illness, volunteers and staff are on hand to help fill out a WSIB application, and to follow through on the claim.

The clinic faces a number of challenges, however, primarily that it can only operate bi-weekly, and advance advertising to this isolated and spread-out population is difficult. Furthermore, even if they are conveniently located, many workers do not have time to take out of their already rushed grocery shopping period to see occupational health specialists. It is also difficult to ensure adequate follow-up when workers lack the transportation and language skills to attend recommended exams. Some workers leave the clinic with a sense of hopelessness, admittedly unable to modify their working conditions as suggested by the practitioners, as to do so, they fear, may jeopardize their position in the program. Yet the OHCOW clinic's unique care model has proven invaluable for some workers.

Juana is one worker who came to the OHCOW clinic for medical advice. Through an interpreter, she explains to the medical staff that she has a number of concerns. First, she reports of a pain in her chest, upper leg, as well as her lower and upper back. Near the end of the encounter she reveals she is also suffering from *nervios*, depression and anxiety. "Sometimes I just feel so overwhelmed," she says. Taking about half an hour with Juana, the physician is able to discuss each of these various concerns, asking detailed questions about Juana's working conditions and symptoms.

Most of the pains, the doctor explains, are likely muscular in origin, due to the continual bending and lifting that Juana does at work, sorting and weeding crops in the fields for twelve hours a day with few breaks. The physician offers to call the employer to suggest ways that the work could be modified to lessen the strain. For example, Juana is loading the crops into a high cart. If she could work with a cart lower to the ground,

she may not have to bend up and down so frequently. Juana is too afraid for this. She does not want to appear weak when her future employment depends on her employer's evaluation of her. In the end, she accepts that the doctor write a note, in English, explaining that Juana should avoid bending. She can then think about giving it to her boss if the pain becomes unbearable.

She is also given some advice on how to bend and lift in safer ways, but unless her tasks are modified, her work will continue to cause strain. What she wants is a pill to numb the pain so that she won't feel it while working. The doctor explains that doing so may lead to worse or permanent back injuries and that he wants Juana to be able to continue coming to Canada, so she must take care of herself. The doctor suggests that Juana buy over-the-counter analgesics/anti-inflammatories if she needs them on occasion. Juana says she doesn't know how to buy them, or what dosage to take. All of the names and instructions are in English. The doctor provides a hand-out with pictures and names of common over-the-counter medications and instructions on how to take them in Spanish, which Juana can use to find the correct medication at the pharmacy. She is also provided with a Spanish handout and some instruction of exercises for low back discomfort.

As the doctor surmised, the pain in Juana's chest may simply be due to heartburn and with a modified diet may be relieved. But even so simple a recommendation is not easy to implement. Juana has little time to be picky about what she eats after her twelve hour workday. Still, some dietary suggestions are offered.

Her depression and anxiety are likely due to the mental strains of being so far away from her family. The doctor asks how often she speaks to her young children, which have been left in the care of her mother. Juana answers, softly, once a week, when she is taken into town and has access to a payphone. There is no counseling service available for workers. The doctor asks if she has any friends here. "No one I can really talk to," Juana replies. Finally the doctor suggests that Juana speak to a Spanish-speaking priest and arranges this through the support centre. Recently, a Spanish-speaking specialist in mental health has also begun volunteering at the clinic.

As this case study illustrates, other than to listen and to offer advice, a doctor can do little to cure Juana's ailments. Still, Juana leaves thanking the physician and

interpreter profusely for taking the time to listen, saying, “You are beautiful people.” Another worker writes on a survey distributed by OHCOW, “These services permit us to communicate better and work with more tranquility because we have support in Canada.” Although the clinic cannot solve every problem, many workers have indicated that there is something important simply about the act of listening, of working through the options (even if limited), and of caring. Previously this had not been her experience in the health care system, nor was it in the Canadian society in which they live and work.

In the likelihood of reaching people who might not otherwise seek health care, the clinic offers a valuable service to the community. Luis, an illiterate Mexican worker, presented one night at the clinic complaining of constant, severe abdominal cramping which radiated to his back, and a frequent urge to urinate (20 times a day, with little outcome), symptoms which he had had for months and which were getting increasingly intense. After a physical exam and history taking, the physician warned that he may have a kidney infection, and would need to get follow-up tests done as soon as possible to determine the cause of the problem and prevent further complications. The doctor wrote a note explaining the problems, hoping that a doctor at a nearby clinic will order the necessary tests.

I asked Luis why he had not sought medical care earlier given the severity of his symptoms. He told me that he did not even know that he was eligible for health care—despite being in Canada for two seasons, he had not been taken to apply for a health card or given an RBC insurance card, nor did he even know what these things were. The only card he had was his SIN card, which, as far as he knew, was the only piece of Canadian identification he was entitled to receive. He also said he had no way to indicate his concerns to anyone since he spoke no English. When I asked him why he not call the consulate about rectifying these matters, he replied that he thought he was at the consulate office (he was in fact inside a UFCW support centre at the back, where the clinic was located).

Although most workers understand there is a difference between the UFCW and the consulate, the incident demonstrates, once again, how little some workers understand about the dynamics of the program, their rights and entitlements, and their health. Even upon leaving, there was no clear resolution. It was feared that going to a clinic during

work hours could raise suspicions with the employer that he was sick and potentially trigger an early repatriation to Mexico, where medical care could be even more difficult to ensure. The doctor offered to write a note to the employer explaining the situation, but as is common, Luis was too worried to present it to him. Instead, a volunteer from the UFCW centre agreed to take him to seek medical attention one day after work, but without a health card, Luis was told he would have to pay for blood tests, and was unable to receive them.

Despite its limitations, the clinic has already proven indispensable in a context where migrant workers' needs are too often ignored or overlooked. In one case a worker was so sick with anxiety due to stomach pain that he was attempting to return to Mexico in order to have it investigated. Once an OHCOW doctor was able to reassure him that the pain was caused by muscular exertion and not an underlying problem with one of his organs as he had feared, he said he could finally work in peace. The clinic provides a space where workers can have their questions answered in a safe and confidential environment, with health care practitioners who have a nuanced understanding of their specific circumstances and a specialized training in occupational health, and who can offer recommendations on how to reduce exposures or avoid further injury. That is an important and welcomed development for many workers who are in desperate need of occupational health care and information and who have long felt unsatisfied by other health care options. It is a model that could well be adapted for workers' other common health concerns, such as mental and sexual health (see Figure 59, Figure 60 and Figure 61 for images of the clinic).

Figure 59 - Simcoe UFCW support centre, within which clinics are held



Figure 60 - A volunteer waits to greet patients at the Simcoe clinic



Figure 61 - OHCOW clinicians and volunteers, Simcoe, 2008



Conclusion

Workers' access to medical care is complex and does not conform easily to the theoretical and almost utopian vision of it that is often presented by program officials. The role of the employers is controversial and challenging. They determine a great deal about access to health care. Most employers mediate the access to the workers' health cards, their work hours, their access to transportation, their ability to take time off work, in some cases also translate for workers who do not speak English. Separately, but not unrelated to health issues, they also control workers' dismissals and the evaluations necessary for future invitations to the program. It is problematic that so much control rests in the hands of employers, not only for the sake of the workers, but also for employers, who cannot always easily absorb into already demanding work schedules the added burden of caring for sick workers.

Some employers have acknowledged that they do not request workers to return who have sought medical attention, simply because they perceive them as more likely to be a burden in the future. In other cases, even when employers make every effort to accommodate sick employees, workers fear that they will be denied future positions in the program or sent home early for accessing care. Collectively, the power dynamics and the all encompassing nature of the employer-worker relationship inherent in the SAWP present profound barriers to workers accessing medical care in Canada.

As has been documented, if workers attend a medical facility, they then face additional barriers caused by a combination of cultural and linguistic difficulties. Arising out of these concerns, some workers are suspicious of and may even mistrust Canadian doctors whom they perceive to be working "on the side of the farmer." In other cases, and for entirely different systemic reasons, workers may leave the clinic or hospital feeling that their concerns have not been adequately understood or treated. Problems are compounded for more complicated medical diagnoses that involve follow-up care, both within Canada and across borders, and for specialized services, especially those which workers may view as embarrassing or placing them in a negative light.

At the most basic level, workers require more support in order to ensure their access to medical care—including the universal provision of health cards, clear information about their rights, professional interpreters, transportation, and time to attend

appointments without fearing the loss of current or future employment. Health care providers must also be attuned to the specific needs, vulnerabilities and rights of workers in order to provide sufficient care. The OHCOW project provides one model of how the unique circumstances facing migrant workers can be accommodated within Ontario's health care system. Fundamentally, however, even the most well-intentioned and thoughtful actions still remain limited by the constraints of the program. Underlying all of these dynamics is workers' exclusion from social and political membership in Canada.

As a final note, reflecting on the OHCOW example and the various barriers that workers have faced to access medical care and other services in Canada led me to develop a check-list for providers to consider in making services more accessible to migrant workers. I have distributed this list to service providers in the Niagara Region (see Appendix 11.2).

CHAPTER 12 - RIGHTS ACROSS BORDERS: HEALTH, COMPENSATION AND LONG-TERM CONSEQUENCES OF MIGRATION

Introduction: Homecomings: Heroes and “Collateral Damage”

When Pedro’s family bid him goodbye they never realized it would take this long to see him again. Today, after nearly two years away from Mexico, Pedro is returning home. His parents, siblings, nieces and nephews, wife and three children have all gone to the airport in Mexico City to greet him. After suffering a serious accident in Canada, Pedro had to stay on past his visa, receiving treatments and resolving his legal case against the driver who hit him while he was riding his bicycle. To some degree, Pedro was fortunate; the insurance of the driver who hit him paid for his treatment and prolonged accommodations in Canada, allowing him to recover from his injuries before returning. But, he says, the prolonged absence was more unbearable than the physical suffering he endured, even after having all of his teeth knocked out.

Pedro’s mother is grasping a balloon with the English words “Welcome Home!” Everyone is emotional, including Pedro’s oldest son, who says he is “nervous” about seeing his father again. The two had been keeping in touch regularly, and he had sent regular reflections to his father about his life in Mexico: “This was very important, to not forget my father.”

Pedro’s wife, Reyna, holds their youngest son in her arms, waiting and looking desperately for her husband. The young boy, now three years old, can’t even remember his father’s face. “It’s been two years” she explains, “I’ve never had to wait so long.” When Reyna finally caught the long anticipated glimpse of Pedro, his large, brown eyes were looking back, soaking wet with tears.

Every year when Pedro arrives home, as when he departs, the family tradition is to go to the Villa de Guadalupe in Mexico City, and that is exactly what we did. The entire family—wife, children, parents, siblings, cousins—join Pedro on this journey, praying and rejoicing for his safe return. One child on his shoulders, another grabbing each of his hands, each jostles for a coveted place beside him as they walk towards the majestic basilica.

Pedro, who I had come to know as a sad, anxious man in Canada, transformed in the presence of his family. He always had at least one child on his arms or on his shoulders, and he is so tender and loving with all of them. His youngest son stayed attached to him virtually the entire time, amazing considering when Pedro left he was just one year old.
– Adapted from fieldnotes

Figure 62 - (1) Pedro's family waits to greet him at the airport; (2) Pedro greets his son



Figure 63 - (1) Pedro and family walk towards the Basilica; (2) Pedro poses with his extended family at the Basilica



Most homecomings, like Pedro's, are a time of joy, reunion and relief after a hard season's work. Many migrants return not only with money to invest into their homes and families, but also with a sense of pride and accomplishment, stories, new perspectives, friendships, and suitcases of gifts and goods for the family. They are often hailed as heroes for enduring the long absence and hard work to advance their families' future. Many put up flags and wear clothing with symbols of the United States or Canada to reflect their pride as migrant workers who have survived "*El Norte*."

Yet not all homecomings are as joyous as Pedro's. The homecoming of César is met by an awkward reunion with his wife. César has met and fallen in love with a female worker in Canada. César and his wife's marriage is about to come to an end. Then there is the pain of Rosa, whose children resent that she left them. They do not come to the airport to greet her. When she returns to her home, they do not even give her a hug. Her suitcase, filled with blond-haired Barbie dolls, is met with ambivalence by her daughters.

Are the dolls supposed to keep them company as she leaves them again for another eight months? In the absence of any parents to keep watch, her teenage son has developed an addiction to drugs and rarely attends school. He is nowhere to be found.

Then there is Raul, who has developed a dependency on alcohol. His wife, frustrated by his behaviour and even more by his absence, has found someone else. He takes the long bus ride from the airport back to his village alone, unsure of what will await him. In other cases, women migrants come home with unwanted pregnancies, only to be shamed by their families and communities, while other migrants return home with STIs which they unknowingly pass onto their spouses. There are also the workers who come home with lasting physical impairments, or those who do not return at all.

The flip-side of migration's lauded consequences – its “collateral damage” – is the many migrants who return to strained marriages, distant relationships with their children, physical and emotional scars. Most profound is their sense of not really belonging anywhere. The magnitude of the joy of a family's reuniting is matched only by the depth of sadness felt when they know that they must once again depart. It is nearly impossible to imagine or quantify the pain of constant separation engendered by migration. Continually, workers cite separation from family and home as the single most difficult part about working in Canada (see Chapter 9); workers' families, too, say this is the most difficult aspect of their loved one's work. It is an immense sacrifice, not only for migrants, but also for the families who endure the migrants' absence. Many migrants and their families report experiencing heightened depression and anxiety in times of absence; others develop dependencies on drugs or alcohol. Migration is normally a family decision with consequences and benefits for each member. Most families are willing to make these sacrifices because of the economic returns; but not all anticipate or are prepared for the unintended consequences. This chapter discusses the consequences of migration, first focusing on the economic impacts, and then delving into some of the more hidden outcomes, including family dynamics and impacts. Moreover, through case studies of workers with serious or long-term health concerns, I demonstrate that the system of health insurance and compensation has proven grossly inadequate for them.¹

¹ Unfortunately it is difficult to determine the exact extent of compensation use among migrant workers since the WSIB has not kept statistics on how many migrant workers have received compensation.

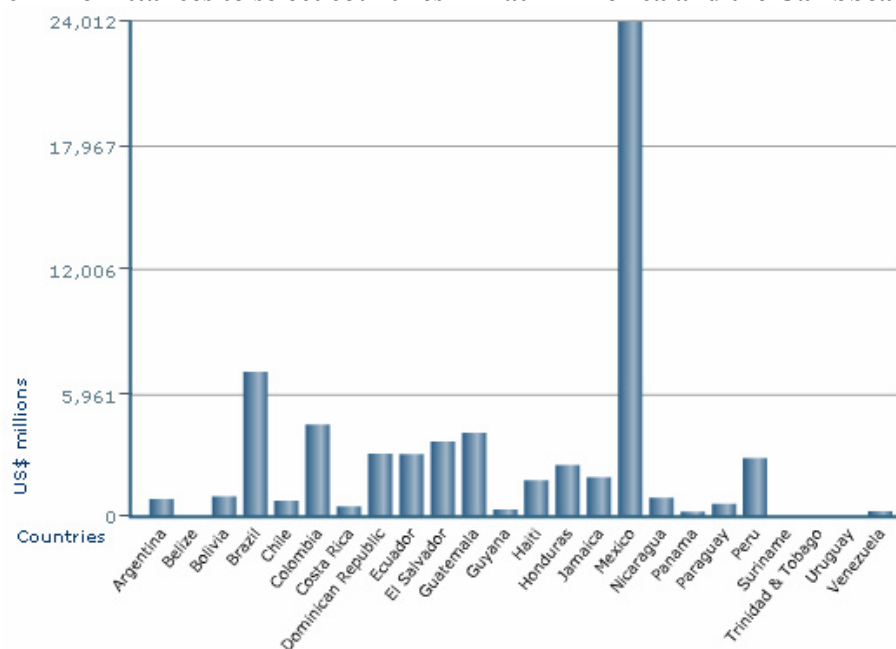
Motivations and Remittances

Migration is a complex and contradictory phenomenon and most migrants return with a mix of emotions and consequences. Even migrants who say they have had negative experiences will often return to Canada the following year, and the years after that. Migration is seen as a result of both the “imbalances in development, but also as influencing development” (Nyberg–Sørensen *et al.* 2002:4). Scholars have debated whether migration can be seen as a form of development, or if migration simply spurs a dependency on more migration to make ends meet (Kapur 2004; Nyberg–Sørensen *et al.* 2002; Lopez-Cordova and Olmedo 2006; Massey *et al.* 1994). It is clear, though, that migrants, their families, and their states’ economies benefit from remittances, and many have come to see remittances as a crucial source of development in economically depressed regions. As Kapur notes, on a global scale:

Remittances are emerging as an important source of external development finance. They have been growing in both absolute volume, as well as relative to other sources of external finance. Perhaps even more important, they are the most stable source of external finance and are providing crucial social insurance in many countries afflicted by economic and political crises (2004:1).

An economic analysis by Adams and Page of the World Bank demonstrates that remittances “significantly reduce the level, depth, and severity of poverty in the developing world” (2005:1645) while a second WB study finds that: “in aggregate, remittances are more than twice . . . the size of international aid flows” (2006:xi). Kapur (2004) argues, however, that while remittances may address transient poverty, their effects on structural poverty remain questionable, especially as migrants develop increasing dependency on migration in lieu of local job developments.

In Latin America and the Caribbean, remittances are particularly important. As seen in the graphs below, Mexico is by far the foremost recipient of remittances in the region, outstripping its larger and more populous counterpart, Brazil, several times over. Mexico received US\$23.979 billion in remittances in 2007. This accounts for 2.8% of its GDP (IDB 2008). Jamaica, for its part, is leading among the countries of the Caribbean in terms of remittances overall, with US\$1.975 billion in flows in 2007 (IDB 2008), about 20% of its GDP (CIA World Factbook 2009b).

Figure 64 - Remittances to select countries in Latin America and the Caribbean (2007)**Figure 65 - Map: Remittances to Latin America and the Caribbean 2007 (US\$ millions)**

Source of the above figures: Inter-American Development Bank (IDB 2008)

Among the principal uses of remittances, workers in my research cited (in order of frequency) educating children, building and improving homes, maintaining the basics of life (food, clothing, etc.) and medical expenses. A smaller number have spent money to start small businesses, such as home sewing operations, raising animals, driving a taxi, buying plots of land, or setting up fruit stands or small stores. Workers with more years in Canada often invest in electronic goods, vehicles, and house improvements. Some have even built two homes—one in the city, and the other in the country.²

As discussed in Chapter 4, while some migrants indicated “opportunity,” “experience,” “escape” or “adventure” as motivations to migrate, for the vast majority the principal reasons are economic necessity and improvement of their families’ lives, especially children, a finding consistent with wider studies of Mexican migrants.³

Antonio, a Mexican migrant articulates a common sentiment:

I work like this for my children. I work so hard, so many months, so many years (8 months a year, 20 years), all for my family. I don’t want my children working in the fields. I want them next to their computer, learning. I don’t want them to work in a factory—I want them to be the factory manager. I work so hard so that they don’t have to.

Tony, a Jamaican worker, put it plainly: “If I was in Jamaica, what could I offer my kids? The opportunity to come here was a big one. The Lord opened the way to achieve this opportunity.” Tony, who never went to school, and whose daughter eventually attained a Master’s degree, continues, “I couldn’t help her with her homework, but I could give her the opportunity to learn.” Other workers tell of children who have become teachers, engineers, lawyers, nurses and doctors. One worker saved money to buy his son a professional violin to play in a national orchestra in Mexico.

Some workers have also used migration to finance costly medical treatments for family members or themselves, such as surgeries and cancer therapies, which are expensive in both Mexico and Jamaica. Even though they are covered by health care in Canada, some migrants opt to have surgeries in Mexico (where they have to pay) because

² Hennebry likewise cites educating children, building and repairing homes as principal sources of remittances of the Mexican SAWP workers in her study. She also found some evidence of income generating projects and development projects (2006:221-224).

³ For 75% of respondents in a major study of remittances, “Mexico’s economic problems” played an “important” or “very important” role in the decision to migrate (Bendixen & Associates 2003: 25).

they fear the effects of missing work and appearing ill in Canada. Others support elderly parents or disabled family members. In many cases, communal patterns of kinship generate expectations that an entire extended family can rely on the remittances of a migrant. As Nailea, a single mother, explains:

I'm saving money to build my house – I only have to buy the materials and my family will help me to build it. My father has already cornered off a plot of land on the corner of his land for my house. I have sent my brother and sister to school, and I had to pay for expenses when a cousin was in an accident – this is our lives, we have to take care of each other. It is the Mexican culture. Once my house is completed, then I plan to move back to Mexico. I can't stay here [in Canada]. I have to think of my son and my family. I'll probably get a job at a store in [Mexico] as a cashier. But it's going to be hard to earn so little money when now I'm used to earning so much here!

Many migrants, like Nailea, indicate a desire to stop migrating one day, but there is always another purchase or financial need around the bend which keeps them returning for as long as is possible. In the Introduction of this thesis I spoke of the homes throughout Cuijingo financed by migration. As Elia, a Mexican family member, explains:

The entire village was built up by migrants, and previously people lived in a much greater state of poverty, but now all of the houses you see were either made by Canadian or American migrants. [Before we had] nothing, just tin shacks and absolute poverty. Growing up we had nothing. We all slept in one room. We had no shoes. It was really hard. We just ate beans and soup.

In fact many of the houses in migrant-sending villages are shells or are at various stages of completion. They may have one or two floors constructed, but no windows, no floors, no paint, no furniture. Each year in Canada, one more of these projects can be completed. Maybe tiles can be put on the floor, or a bathroom can be added, or they can paint the walls or buy some furniture. Each year represents a new project—“This year, I'm working for my roof.” Meanwhile, the houses are perpetually unfinished. The stage of the home reflects the number of years the worker has been able to migrate.

Figure 66 - Migrant homes at various stages of construction in Mexico



It is no wonder that workers feel caught within a perpetual state of cyclical migration, as they must continually return in order to finish their projects, finance more education, etc. The family becomes used to the flow of income, becomes accustomed to the availability of food and clothing, and a better standard of living, which continuously puts pressure on the migrant to journey north. “*Poco a poco*” (little by little) is the common phrase used by migrants constructing their homes with annual remittances. Some, like addicts trying to quit a nasty habit, vow year after year that this “next one will be the last.” Migration is not the addiction—the income is—and in the absence of decent job prospects at home, migration becomes the necessary means, however difficult, to this end.

It is for this reason that many children of migrants, even if they have had the opportunity to go to school, still end up migrating. As Victor, a young university student

whose mother migrates to Canada, explains, exposure to wealth in “El Norte” also perpetuates desires for further accumulation:

Sometimes you want to resemble the Americans, the Canadians, to copy their ideas, you copy everything because you want to be like them. If you study perhaps you can earn a little bit more income, but what you can earn here is never sufficient. But more than anything it's to copy them, to dress like them, have the same things as them; it's like a curiosity that you want to be like them. Never is one satisfied with what one has, one always wants more, something better. I'm going to study and I will have work, but I don't know if it will be enough money. One is never happy with what one has.

In Mexico, nothing is just. If we had had the same opportunities maybe we would have developed ourselves like you, but we were born this way already, because of the corruption. Perhaps my future is already determined, that I will go like a worker, that I will work there. Sometimes the future is in our hands, but the dreams have an end, you cannot develop yourself further on. If you stay in a village like this, you're not going to have a great future. The education is to be a worker, not to develop more. You have to have a big dream of having things or money, perhaps you will be able to reach it, but sometimes not seeing the reality I don't know if it is possible to achieve.

For many people living in regions without viable job prospects, heading north is the only way of fulfilling their ambitions.

Hidden Consequences - Family Dynamics

“My son cries, he says, I won't ask for anything, but please don't go. He doesn't want a bag of gifts; he wants his mother.” – Xenia, Mexican migrant and mother

“You don't lack money to go to school, but you lack a mother, sometimes, you feel alone.” – Toraidio, son of migrant mother

The Mexican psychologist who interviews migrants (see Chapter 4) sees a disturbing pattern emerging: “When they return, they no longer know their own children. The wife has many problems with her spouse, some sexual dysfunction problems, depending on their sexual life over there (in Canada), and then they arrive home to their partner, there can be problems” (Interview 12-2006). The psychologist estimates that 20% of migrant families experience disintegration, and many others have additional problems such as alcoholism.

Indeed, family dynamics are greatly affected by migration. Children, left without a father and/or mother for much of the year, take on new roles. Older children become

parents to younger ones, and to themselves. They grow up faster, and sometimes without a moral guide. Some of the most insightful experiences I gained doing this research occurred while visiting migrant homes when the migrant workers had returned to Canada. In some homes, especially in the absence of a mother, children did not eat as well as they had; nor did they maintain the home. Omar, a teenage boy in one Mexican household comments:

My Mom began to work nine years ago, we were six [children] and we didn't always have enough money, to eat, yes, but not to go to school, it wasn't enough. When my Mom left I went into the fifth grade of primary school. I felt very bad because there was no one to make food, to wash clothes, it's like everything at first, you feel sad, but over time you become accustomed to being alone, to doing your own thing. At first one of her sisters helped us, when my sister got older, it was only between ourselves; we helped each other. When my Mom returns everything is different. She does the chores, makes the food; we no longer have so many chores

I feel that I have played the role of the father With [my younger brother] I nag him . . . I don't tell him he shouldn't do things like smoke, drink, drugs, but I tell him to analyze, to question. There are things one should learn how to reject

My sister had bitterness. She blames all of the mistakes that happened on Mom. When you commit errors, you need to find someone who is at fault. Sometimes my Mom [wasn't there to] talk with us enough, or give advice.

Extended families are often called upon to act as substitute parents. Grandparents, uncles and aunts, cousins and siblings may step in to fill the parenting role of the migrant. Most often, women, in particular maternal grandmothers, take on these additional tasks. This sharing of roles is facilitated by the close proximity of many extended families who build homes next to each other in the same small villages.

Still, no one can substitute the presence of a parent, and many children remain resentful at their parents for migrating, especially the children of single mothers, who are not able to be left in the care of another parent. As one migrant mother puts it: "My children say, 'Don't go to Canada. Buy a bag of rice and a bag of beans and don't go. We'll get by with beans and rice' But later the expenses are high and they want things." Another child expresses a common sense of injustice: "How many birthdays have I had to pass without my father? It's now been 21 years!" Others discuss feeling less secure in the

absence of their parents. Parents and children alike discuss depression mounting among children with absentee parents. A wife of a migrant explains:

It was always like this, since my daughters were young, so imagine, it's hard, to grow up without the love of a father. For example, my older daughter suffered from depression, but now she is in treatment, she is with a psychologist and she is getting better . . . I believe it is (at least partly) because of her father's absence, because later she said, "No, Dad, it's because you go and we never see you, you are never with us!"

Other migrants discuss problems of addiction developing among their children left behind. As a former migrant father observes:

Previously there was no drug addiction, there was not a lot of alcoholism. About five years ago many people began to leave for Canada, for the United States, so many people, a lot of people, because previously people worked here in the fields, we all maintained the products of the field and there was less alcoholism, and the alcoholics that were there were only the adults, the older people. But now they are children of 12 and 13 years. Every Saturday and Sunday there are many young boys in the town center, drinking and doing drugs, and this worries me a lot today . . . Now I say that Canada was not made for me. I have my 12 year-old son and he has commented to me that his classmates drink alcohol at school, and I say, if I leave to Canada that it will be a problem because nobody will guide him . . . he will think the same as the other ones.

Even in cases like this, where prospective migrants are well aware of the negative consequences of migration, most still feel the compulsion to go, believing that overall their families will be better off with the increased financial support. With age, some children come to understand the migration of their parents as a sacrifice instead of just abandonment. It is for this reason, that even among the children who may have resented it most, the cycle of migration continues. As Omar explains:

When my Mom left you feel very sad, you were attached to her and you felt sad. At the beginning you didn't understand why she left, and after you start to understand the necessities, she told me that we didn't have enough money to continue in school. For me it's bad because now I am single and I don't have responsibilities, but in the future with a family, I will no longer think like this, I will think, yes, it's good if I go, or no, more likely I will have to go out of necessity.

Some migrants return to younger children who no longer recognize them as parents. Esperanza's young son had had a tough year while she was in Canada, battling a

stomach infection and “constant sadness.” First he missed his mother horribly, and the transition was very hard. And just when he had started to forget about her and got used to his aunt in a maternal role, his mother arrived back home and the aunt withdrew.

Esperanza explains: “When I arrived my son didn’t recognize me. He called me ‘aunt’ and he would leave me and go looking for my sister (who had been caring for him) and calling her Mom. I felt awful. I talked to him every day from Canada, but it wasn’t the same as seeing him. He didn’t recognize my face.”

Raul, whose family left him after repeated migrations, discusses the strained relationship with his children:

There are many things I have to analyze for why the relationship is so bad. The role of (being away in) Canada is one part I only hope they understand why I had to leave They’re being taught they don’t need me, the only thing I can give them is money When I go, I have many desires to be with them, to play and kiss and hug them, but I can’t do this All they (the kids) say is hi, they don’t want to hug or kiss me If I ask them for a kiss, they say no. I say “why not?” and they answer “because no.” I feel so sad They never say, “Papa, I love you.” Before yes they did, but now, no. It affects me greatly morally. Maybe, later, they will value me.

In other cases, children become sick while their parents are abroad, and have no one to care for them. Marina recalls with deep sorrow the case of her daughter who got sick shortly after she arrived in Canada. Her daughter sought treatment from a natural doctor. By the time Marina realized how serious the illness was and made arrangements to go home, her daughter had died. She still feels responsible for not being there to care for her and to see that she received adequate medical attention.

In homes where fathers leave children in the care of their mothers, women left behind adopt roles formerly employed by their husbands—they take up jobs in farming and do the family banking; in Jamaica I met some wives who take on tasks such as preaching at the local church in their spouses’ absence. Such women may develop an increased sense of independence, new skills, and respect; yet they also face the overwhelming prospects of providing the role of both parents. As one wife of a migrant explains: “I have to be the father, the mother, and I have all the worries that one can have.” In a rare case where gender roles are reversed, one Jamaican husband whose wife

leaves for Canada says he takes up the role of mothering, and cooks and cleans in her absence.

During long absences, both spouses may develop other relationships, which can lead to marital strain and also the spread of STIs (see Chapter 8). As one doctor in Mexico explains, “Men don’t tell their wives when they have an STI – they just try to cure themselves and stay with them. Women know men have other women – they just accept it.” Migrants in Canada also sometimes speak with resignation about their wives at home. Clive, a Jamaican worker, relates: “Yes . . . I lose my wife – that happened to other guys too.” After a thoughtful pause, Clive adds, “And it is hard to meet another partner in Jamaica when we spend all our time up here!” In one conversation among Mexican migrant men, one conceded: “My wife could have another man and what would it matter? There’s nothing I could do about it. I am here, and she is there . . . I am on vacation in Canada eight months of the year . . .” Another worker chimed in: “You go home and already your wife is saying, ‘when are you leaving again?’ so she can go back to her other man.” A third added, “And then there’s the kid who asked his Dad for money, and he kept refusing, so the kid asked his mother to bring back the other Dad who has money!” While some of these comments may be in jest, they do reflect a deeper anxiety (and reality) among many migrants and their partners as to how absence can drive relationships apart.

Health Care and Compensation across Borders

The previous chapter documented the problems of migrants trying to access routine and specialized health care in Canada. When workers become too sick or injured to work in Canada, these problems are compounded, and workers are often repatriated. Sick and injured workers normally have nowhere to go but to their employers’ residence and no one to care for them but their employers. This is a difficult situation for employers and injured workers alike, with no one to look after the worker, and the worker taking up a spot in the residence, but being unable to perform duties. One former employee of WSIB put it bluntly: “For sure, most injured workers are sent back to Jamaica quickly because most employers don’t want to pay fees” (Interview 02-2007). Once again, the dependency relationship built into the SAWP between employees and employers causes

problems for both parties. While some employers allow sick and injured workers to stay on for weeks, especially when close relations have formed, more commonly, swift repatriation orders are thrust upon workers in such situations, by employers and/or government agents who are keen not to “burden” the employers. Workers rarely have any say over this—they are simply told that their airplane ticket has been purchased and they are escorted to the airport. A healthy worker, perhaps a “reserve” who has been on the waiting list (Chapter 4), can provide a quick replacement.

Many workers requiring costly medical treatments, however, would prefer to stay in Canada and receive treatment under OHIP as long as possible. Workers and their advocates are often concerned that they will not receive adequate health care in their countries of origin. Government agents, though, insist that workers are covered by health plans and will receive the care that they need. Government agents assure that if the condition is due to a work-related incident, they should be covered by WSIB, and the board should pay for treatments at home. Workers who develop non-work related conditions in Canada are eligible for some limited support under RBC insurance (Mexicans) or the Jamaican National Health Insurance (NHI) — both are plans to which the migrants contribute while they are in Canada.

Even for those workers who find a way to prolong their stay in Canada, their OHIP coverage lasts only until December 15th of each calendar year.⁴ As a Canadian government representative explains:

Does the Ministry of Health cover people forever? With the SAWP, for example, December 15th is it, period. That is one of the requirements of the program. After December 15th, you don't have any right to be here working in the country, you know, point finale. It's carved in stone. And there's nothing that can be done about that. So if somebody has, for example, a long-term illness, a chronic illness which may require long-term treatment, the SAWP was never, or the TFWP, was never intended to provide long-term medical

⁴ In fact, information on the FARMS web site indicates that: “A worker's OHIP coverage ends on the earliest of:

- the expiry of the Work Permit
- the date of departure from Ontario
- the termination of employment
- the date reported absent without leave (AWOL)” (FARMS 2009 – see “health” link). In practice, however, some workers have continued to receive OHIP coverage after leaving their employment, though their cards expire each December.

coverage for people from nations who don't have good medical care (Interview 03-2008).

Below I explore the limitations of the system for workers who develop more serious injuries and illnesses.

Health Care across Borders

The UN Global Commission on Migration has documented the concern that “less than 25 per cent of international migrants work in countries with bilateral or multilateral social security agreements, and such agreements do not necessarily provide the same portability for health care benefits” (UN 2005b:18). Proponents of the SAWP argue that this program provides adequate health benefits and coverage for workers. Government agents assure workers and their advocates that sick workers, even those who are not eligible for WSIB, will be looked after when they return home. In a *Toronto Star* article documenting the issues, a Mexican official defends the consulate's practice of sending sick workers home: “They can choose to stay, but what we try is to get the better way to have them treated In Mexico we have a health system like in Canada” (Bruser 2006a). Claims that workers' health needs will be taken care of rest on two grounds—first, that SAWP participants can make claims under their supplementary insurance, and second, that the health care system at home is adequate once this insurance runs out.

Although workers' coverage under RBC and the Jamaican National Health Insurance (NHI) may offer some (limited) assistance initially, the overriding shortcoming is that they are insufficient to cover long-term or serious conditions. These plans are seen more as a type of travel insurance, and are not meant to substitute for long-term health coverage. The RBC insurance has a maximum coverage of \$3,500, and the Jamaican NHI plan covers only up to a maximum of three months. These are simply inadequate to cover serious medical operations or long-term treatments. Like all insurance policies, these plans also have conditions. For example, RBC insurance will not cover treatment for conditions which are deemed to be “preexisting.” A second problem is that even if the expenses are approved, workers must pay out of pocket and then submit receipts. This can take months. In many cases, workers say they cannot afford the treatment. Others, if they do get reimbursed, report poor exchange rates in cashing their cheques. The majority of workers do not have any other kind of health insurance. Finally, transportation to

access treatment can be costly and take a lot of time for workers who live in isolated areas.

Secondly, the health care systems in both Mexico and Jamaica are grossly inadequate to cover the needs of serious or long-term complications for the poor and uninsured and these systems are by no means equivalent to Canada's. My interviews conducted with Ministry officials in both countries revealed that for long-term conditions, migrants receive no special treatment or coverage in their countries of origin—they are treated like “any other citizen.” Within these systems, there is a multi-tiered, fragmented system of health care.⁵ As Barraza-Llorens *et al.* note, “For persons at the top of the socioeconomic spectrum, Mexico's multiple, parallel health care subsystems provide excellent care as assessed by any standard. But for those at the bottom of the distribution, the system provides little more than vaccination” (2002:47).

Although there have been important recent efforts to expand health care services to Mexico's under-serviced populations, in the public health care system utilized by those who are poor and uninsured, patients must normally pay part of the expenses based on an assessment of their financial capability. The efficiency and quality of care in this public system is typically much lower than for those who are insured. The medical facilities for those who have insurance (or who can afford to pay for private care) are better equipped with more technology, resources and personnel, and are more modern and efficient. The result is that those with private insurance plans can receive timely and modern treatments, while the poor and uninsured are left without access to many services.

The fully-insured systems are for those who are working in Mexico and paying income taxes to the *Instituto Mexicano del Seguro Social* (IMSS), the Mexican Department of Social Security. Mexican employees contracted under the SAWP, like other transnational migrants, are not eligible for these health insurance schemes as they do not earn their wages in Mexico and they do not pay taxes in Mexico. Recent research conducted on returning Mexican migrants from the United States concludes that: “Elderly Mexicans who spent their working years in the U.S. are uniquely disadvantaged for

⁵ There are three main health care systems in Mexico. (1) Social Security Institutes that provide health insurance for those who are formally employed, financed by employer and employee taxes and government contributions; (2) a (largely for-profit) superior private sector, mainly funded by patients who can afford it; and (3) government (and some non-government) services for the uninsured.

accessing health insurance” (Ross *et al.* 2006:374). Similar conclusions can be made about the migrants returning from Canada who do not pay into employment schemes at home. In either case, transnational migration programs do not sufficiently provide for the long-term health needs of migrant workers; many transnational migrants do not have medical insurance in their countries of origin and must rely on the public health care system.

I witnessed time and time again how families in both Mexico and Jamaica, who do not have health insurance, were forced to assume massive debts to pay for the treatments of their loved ones. If not, the patients are forced to go without medical intervention. Patients are asked to pay more than they can afford, and the costs of medical examinations and drugs are not included in their assessments. This effectively renders patients unable to access the care they need. In some cases, they have had to wait too long for their care or their care has been insufficient, with sometimes serious consequences. Some simply have never been able to get the care they need. In fact, as discussed above, many migrants spend large portions of remittance money to pay for their family’s medical treatment. In some instances, financing medical care is even the impetus to migrate. Recall Beatriz, one Mexican mother, who sold her house and migrated to Canada for years to pay for her son’s cancer treatments of \$20,000.

In this context, when workers fall ill in Canada, they often feel compelled to stay in Canada in order to receive medical treatment as long as possible. They fear that if they return home they will not receive adequate treatments. Doctors in both countries confirmed the legitimacy of this fear: they insist that workers with serious problems, such as kidney failure or cancer, would be better off staying in Canada as long as possible, where expensive treatments such as chemotherapy and dialysis are covered under OHIP. Yet even OHIP does not provide a long-term solution, because the coverage expires at the end of each year. Recognizing this as a shortcoming, a North-South Institute (NSI) report recommends that: “Workers who need treatment for health problems derived while working in Canada should continue to be covered under health insurance after their return home, perhaps through agreements between the Canadian insurers (Ontario) and the home country social security scheme.” (NSI 2006:11). At the time of writing, this recommendation has yet to be implemented.

Workers' Compensation across Borders

The previous chapter explored barriers that migrant workers often experience to accessing WSIB coverage in Canada. Here I take up the concerns of workers who are repatriated with ongoing concerns over workplace injuries or illnesses. Once at home, it is even more difficult for workers to communicate with or make appeals to the WSIB. Some say they never received the reply letters sent to them by WSIB, indicating the difficulties of tracking and communicating with a mobile population. Others say their claims are still unresolved after several years, and are caught in a confusing and bureaucratic maze of doctors' reports, various government agents, and a system which does not always take into account the difficulties workers, especially those in remote areas, experience to get to a qualified doctor or to pay for appointments, assessments, exams and reports when they are not covered upfront.

While compensation is more often assigned for obvious and acute injuries occurring in Canada, in more ambiguous, chronic and long-term cases it can be extremely difficult to ensure recognition. One advocate notes that migrant workers are systematically under-covered for chronic, long-term conditions:

Because a lot of the times they [develop] RSIs and it's easier to come to Canada for two years and say "I don't have good knees anymore, I'm going to stay in Mexico," . . . because workers don't know they have a right to claim compensation when there's no blood. And still we have a very adversarial system where workers aren't getting benefits even in high risk jobs.

Indeed, while many health problems are alleviated upon the migrants' return to their countries of origin, some workers suffer from chronic or lasting injuries and illnesses, some of which may not have even been identified in Canada, especially musculoskeletal disorders (most commonly back injuries). Others experience more serious issues such as kidney failure, paralysis and various forms of cancer (see Chapter 7). Once in their countries of origin, there is little infrastructure in place to assist workers to access the benefits to which they may be entitled, including investigating whether these illnesses and conditions can be traced to workplace conditions, which would thereby make them eligible for workers' compensation.

Although returning workers are examined each year before reentering the program (see Chapter 4), these exams are normally only conducted on workers who have

been requested back and who feel healthy enough to return. Moreover, the doctors who examine migrants in their countries of origin have no specialized training to deal with the problems that arise out of the migration experience. Of the physicians I interviewed, both Mexican and Jamaican respondents reported receiving no specific training in relation to migrants' occupational health or the Canadian WSIB system.

In Jamaica, the Ministry of Labour (MOL) has assigned specific orthopedic specialists to handle any cases of workplace injuries. At first glance, this holds out great promise for injured Jamaican migrant workers. It is important to recall that in Canada the Jamaican government agents have been in charge of representing workers to WSIB, while the MOL in Jamaica is responsible for assigning an appropriate doctor. Many workers, however, speculate that there is collaboration between the MOL assigned doctors and the government agents. Even in cases where they feel they have been fairly assessed by the physicians, workers do not trust their liaison officers as adequate representatives to WSIB, because they also suspect they will not push the case for fear of antagonizing the growers, whose fees are related to claims. This theory was corroborated by one of the Jamaican doctors, who suggested that the liaison service did not have the best interests of the workers in mind. As he reflects:

The premise that they start off with is that the patient is lying The farmworker is not at the center of all this. They just have the impression to send him home and get dealt with down here I had a worker whose wife came in with the worker and they shared a letter that the liaison wrote them explaining why they cannot get more treatment in the letter. They quoted one small section of the very thorough medical report, which I submitted, which discusses the worker's range of motion, even though in other sections of this report I said that the worker was still injured and unfit for work and was even attending regular physiotherapy. I was furious to see how they had taken my report out of context. They assume these guys are exaggerating their illness because they are illiterate. Workers can't even read what the report says and that's not what I wrote (Interview 03-2007).

Indeed, many workers claim that the liaison officers are "not on their side" and do not even believe that their injury is valid. These claims were corroborated by my research. In several interviews, Jamaican government representatives referred to the "majority of injured workers" as "malingerers" who are "trying to take advantage of the system" (Interviews 2007). In relation to workers claiming for compensation, one former

liaison officer expressed: “You have the good genuine cases, but the good ones are few and far between” (Interview 03-2007). It seems fair to say that people who hold such views are not the best advocates for workers, particularly representing their appeals to the WSIB. Yet in the history of the program, the vast majority of workers’ cases have been represented by the government agents—this has been the standard practice in the absence of broader support systems and communication channels with legal agencies in Canada.

This situation has begun to change in recent years, as legal aid clinics such as the Industrial Accident Victims’ Group of Ontario (IAVGO) have represented some workers. The few workers who have sought outside representation or assistance, however, have reported receiving threats and reprimands from their government agents. Some were pressured to drop the outside support and return to the liaison officers as their representatives for fear that otherwise they would receive no future support in their countries of origin, or that the representatives would bar their chances of future employment options. In this context, several workers indicated that in their countries of origin they had not received the necessary support to help them recover or to appeal lost claims. While one of the Jamaican orthopedic specialist assigned to workers’ cases seemed sympathetic to their plight, even he expressed that there was little to be done for workers in such situations.

For their part, the Mexican physicians and Ministry of Health officials whom I interviewed reported having no knowledge of or experience with WSIB. In Jamaica, the practice of assigning specific doctors to injured workers is much easier to manage—the three assigned specialists reside in the capital, Kingston, and workers are expected to travel from all areas of the island to attend these appointments (the distance across the island can pose additional difficulties for workers outside of Kingston). In Mexico, however, with the vast amount of space, such a system would be untenable. The Mexican Ministry of Health may be able to help suggest a medical facility closer to workers’ home regions, but there is no consistent care by trained physicians for all returning workers, who understand the system and can communicate easily with the Ontario WSIB. In some cases, for example, physicians are asked to perform tests or treatments to be reimbursed by the board. If they have no experience with the board, they have been reluctant to put

up the expenses for fear that they will not be reimbursed. Language barriers for Mexican physicians present further complications.

Even for workers whose long-term injuries have been recognized, the WSIB's system of reimbursement has been devised for Canadian workers, not foreign employees. The system of "deeming" (now referred to as "determining") injured workers' long-term wages assumes that even if a worker is no longer able to endure the rigors of farmwork, he could get a similar job in Ontario with a similar amount of education or skills. As a legal assistant who represents injured workers to WSIB explains:

When a worker isn't able to go back to pre-accident employment, but is able to do some job that approximates pre-accident wages . . . the worker is not entitled to anything further. For example, he can't do farm work, but he can pump gas, so benefits end. Often migrant workers are deemed at very low rates How do we do this when there's no equity with pay, job availability, locations of jobs between the two countries?

So, in this case, it could be "determined" that an injured migrant worker with no education could be able to pump gas in Ontario, and this makes him ineligible for wage loss earnings. But since the workers are unable to return to Ontario outside of the program, and such jobs may be unavailable at home, such proclamations are largely meaningless. If the worker resided in Canada, she could be trained in other employment skills, but such opportunities are not available in the workers' countries of origin. Instead, many workers with chronic pain, which can be difficult to quantify, are trained only in manual labour, and are unable to earn any income. As a Jamaican orthopedic surgeon who treats migrant workers explains:

There is no such thing as a full recovery for her back injuries. These workers are not trained to do anything but heavy manual work. Many try to go back to work and simply cannot, nobody can truly quantify pain. So once I tell them they've reached the maximum medical improvement that's really all I can do. There is no light work in farm work. It's either all or nothing. The insurance is not interested in this Workers with these back injuries can never do hard manual labor again (Interview 03-2007).

If the worker is injured severely and cannot work at all, and a claim is granted for more than 12 weeks, the long-term wage loss benefits will be determined by calculating the earnings based on the worker's average income over the past two years. A legal advocate explains that: "In the case of farmworkers, when the recalculation happens, they

can end up getting almost nothing (e.g. \$50 a week) because they can't prove income over the winter months. [The WSIB] wasn't taking into account if workers were in Ontario they would be eligible for EI." In sum, the compensation system has not been designed with migrant workers' concerns and experiences in mind; the result is that they are often not adequately compensated for work-related injuries and illnesses.⁶

Returning Home with Injuries and Illnesses

Although workers are intensively screened before leaving for Canada, there is no monitoring of longer-term health problems upon their return to their countries of origin. To the contrary, the purpose of the Ministry doctors is to check workers before they leave for Canada, not routinely once they come home (see Chapter 4). Any worker who is sick or injured would presumably self-select and not even bother applying to the program. For this reason there is no tracking of the workers who have serious health problems—they simply fail to re-apply the next year.

Moreover, workers who have faced illnesses or injuries in Canada are less likely to be requested back into the program. Jamaican workers generally only return to the program if they are "named workers," or specifically requested to return by their employers. If they are not on "the list," they cannot normally return. No evaluation beyond that is normally provided, nor is any explanation necessary. A Jamaican Ministry of Labour official explains that injured workers are often excluded from these lists and hence from future participation in the program:

You find that, especially the employers are afraid that when a worker suffers an injury that "I don't want to take back John because John might do the same thing again next year." You know, and it becomes a hassle between the compensation board and the employer, so they say the best thing is that I don't send for John Of course there are cases where the worker has been injured, and the employer called him back and they just keep working as normal. So it's not really a hard and fast . . . so that it's a bit more of a grey area [But] if the recommendation comes down that he doesn't go back, then he won't go back (Interview 03-2007).

⁶ Members of the Industrial Accident Victims Group of Ontario (IAVGO), J4MW, and I met with representatives of WSIB to discuss these issues over several meetings between 2006 to 2008. The board has been examining its policies and some are under revision to address these concerns. Further research needs to be conducted to see if these policy changes will have a measured impact on workers' access to compensation.

Mexican workers, by contrast, are provided with an evaluation form from their employers, which they must present to the Ministry of Labour when they return home (see Appendix 1.2). This allows for more flexibility than a simple “list” of requested employees – especially since Mexicans, unlike Jamaicans, can be placed on a different farm even if their previous employer did not request them back. Yet this evaluation is totally based on the subjective view of their employers and if it is negative can affect their future participation in the program. Sergio’s case demonstrates just how subject to the whims of an individual the evaluation can be. A Mexican worker who suffered an injury, Sergio angered his employer by demanding compensation; the employer then repatriated him early with a negative evaluation. Sergio recounts the story:

The *patrón*’s wife took me to the airport and during the drive we were chatting and I already understood English a little bit, and the *patrón*’s wife asked me if I was married, and I told her that “yes,” and she asked “how many children do you have?” I told her that “I have two.” She said, “right now what will you do?” I told her I didn’t have work. She said “would you like to return to Canada?” “Yes, yes I would like to return to Canada” [I said]. And the wife just shook her head, because in the letter that the *patrón* gives, it says I was not a hard-worker, that I wasn’t good enough to work in Canada and that they should send people who were better able to do the work in Canada, and then the *patrón*’s wife said that this was not just, that to her it seemed unfair, and when we arrived there at the airport she took out the letter and said . . . “I will help you.” She removed the letter and erased what her husband had put, and she put other things there, that I was good worker that yes, they had liked my work and that they agreed that I should continue coming to Canada to work.

Due to the last minute intervention of the employer’s wife, Sergio was able to return to Canada the following year with a new employer. Jamaican workers dismissed under similar circumstances are not even given an evaluation, and would normally not have this option. In either case, however, the cards are stacked against injured workers for returning to the program when they are not viewed favourably by their employers.

In the end, workers’ long-term health is not tracked, and the percentage of those who return home with or later develop injuries and illnesses is unknown and impossible to quantify, although some research suggests that the number of workers experiencing problems after return is high.⁷ What I can say is that I was continually surprised by the

⁷ Verduzco and Lozano (2003) reported that nearly 20% (n=67/358) of their research participants developed a health condition after returning from Canada, which they believed to be related to their work

high number of such cases whom I encountered in the various villages and towns in which I conducted research. In Mexico and Jamaica, I met and interviewed dozens of workers, and/or family members of workers, who had suffered from accidents and had long-term injuries. Some developed fatal conditions. Many others suffered from depression, alcoholism and drug addictions. Some had STIs. Between Mexico and Jamaica, I interviewed the family members of seven workers who died, either in Canada, or shortly after returning home from a condition that was acquired in Canada. Some of these workers I knew before their deaths; in other cases, I only came to know their stories afterwards.

When workers return home injured, or lose their lives, their families also suffer in various ways. Some of the children of injured workers in Jamaica, where education is not free, had to drop out of school due to an inability to pay the fees. In both countries, workers' wives and other family members had to take on extra work to compensate. Some injured workers say they don't have enough money to even feed their families, and certainly cannot afford the transportation, communication and exam costs involved in booking further doctor's appointments. In such cases the effects on family dynamics and the sense of self-worth and dignity among workers can be profound and have implications for their mental and emotional health.

These are the common themes that could be illustrated by dozens of stories I encountered. Below, I can only share a few of these accounts in more detail. Many of these stories continue the narrative across time and space from earlier chapters. I have selected a sampling which reflects a diversity of experiences of ill and injured workers, but one which focuses on the more serious cases – not because they are more representative of the typical experience of a worker – but rather because their stories exemplify what can go wrong; they demonstrate what occurs when the worst happens, when workers are most in need of protection, support and assistance.⁸

or stay in Canada. According to research which investigated the long-term health of Mexican migrants after returning from the United States, 42% reported musculoskeletal pain, while other common ailments included dermatitis and respiratory illnesses and chronic diseases (Mines *et al.* 2001; Villarejo 2003).

⁸ Although throughout most of this thesis I use pseudonyms, for some workers in this section I am using their real first names and identifying photos because their cases have been highly publicized and are already well-known. Carl is the exception; this is a pseudonym and his photo does not reveal his face. Several of these cases have been profiled by J4MW. See: http://www.justicia4migrantworkers.org/campaigns_new.htm

Carl and Susan

Carl, whose workplace injury was described in Chapter 7, was taken to the hospital where he eventually awoke from his concussion and received stitches for his injury. He did receive some workers' compensation for the work days lost, but when his doctor said he could try doing light work, he was forced to go back to work and his compensation stopped. Even the proposed "light duties" assigned by his employer aggravated his pain. "I couldn't even sit without being in agony," he recalls, and soon after starting the work he told his boss that he was in too much pain to continue. Unfortunately, his medical situation was not reevaluated. Instead, his employer told him he had breached his contract and would be going home that week.

Carl's doctor had recommended physiotherapy and had booked an MRI to determine the extent of his injury. The MRI was scheduled just days after the date of the return ticket which had been thrust upon Carl. For his part, Carl knew that these treatments and tests would not be affordable to him in Jamaica and he feared suffering from a permanent injury without any support at home, so on the day he was to be sent home, he instead ran away to a friend's house. Because he did not go home on his designated flight, he was labeled "Absent without Leave"—AWOL—a classification that essentially deemed him to be illegally in Canada and forbidden to ever re-enter the SAWP. The next week he showed up to his MRI appointment and was told it had been cancelled, and that he was ineligible to receive more treatments.

Carl spent many months in Canada, trying to seek compensation and medical care, or even enough money to fly back to Jamaica. He spent the rest of the money he had earned supporting himself and became increasingly homesick. Finally, with the help of a friend, he purchased a ticket to Jamaica, where he arrived in a great deal of pain and unable to work on the rented Jamaican farm which had previously sustained him. When I visited Carl and his family in Jamaica, his wife explained that she is now is the sole support for the family, working daily on the small farm where she grows yams, bananas and vegetables. Even this has since been decimated by a hurricane which ravaged parts of the island. Carl's daughter had to leave school because the family could no longer afford the expenses. His wife, Susan, is exceedingly frustrated, exclaiming: "Before he left, his medical show he is healthy. Now he come back to me a sick man."

Carl is still seeking long-term compensation for his problem, but he can't even afford the doctor's appointment to get the reports or exams necessary to do this. Unsatisfied with the treatment of the JLS, with the help of a legal aid clinic in Canada, Carl appealed the decision to terminate his WSIB. The adjudicator refused his claim, saying that he should have had an MRI in Canada, and now too much time had passed. It is over a year later and he is still injured, unable to work, and ineligible for compensation.

Figure 67 - Susan bends over to cultivate a yam, while her husband, Carl, standing with a cane, looks on.



Carl's story provides an example of how the workers' compensation system breaks down for injured workers. As explained in Chapter 7, many workers experience MSDs, either through acute accidents or RSIs. I tracked numerous cases where injured workers were told that they could do "light duties," only to be fired the minute they indicated they were in too much pain to continue. Repatriating workers immediately, before their injuries can be further investigated or treated, means that they must rely on the system in their home country to support them, and normally on their liaison officers to represent them to WSIB.

William and Lynette

William was killed after being hit by a bicycle in Canada (see Chapter 8). His widow, Lynette, has remained devastated since the accident. Below I describe my visit to the family in Jamaica.

After a few hours we finally reach the village of Sandy River. Off of the main road, down an overgrown path, we drive until we reach the family home of William Bell.

His widow, Lynette, greets me, along with his six surviving children who still live at the home, and a few grandkids.

William's unmistakable grave, marked by a colourful airplane to represent his many years of travel to Canada, sits in the lawn next to the house. The children put a laundry hamper on it and sit all over it, almost as if they are crowding around their father's lap and sharing their day with him as normal. When I ask to take a family photo they immediately crowd around it again, as though wanting to pose with their father at the centre of their world, just as if he were alive. He seems to remain this way – at their centre – even in death.

Figure 68 - Lynette, William's widow, and her children pose next to his grave, shaped like an airplane



Lynette's eyes seem as though they had a permanent glaze over them—stained with wetness from too much crying, but producing no more tears. “It’s been so hard,” she tells me. “I ask God, why this happen?”

Lynette and William were married in 1978. They had ten children, two of whom died. During the time when William was not in Canada, he worked on the family farm, growing cabbage. Lynette says that she and William met when they were young and knew each other their whole life. She had a crush on him early on and got married young. He was her best friend and the love of her life. Her only love. How is she doing now? “Not very well.” She has health problems too; she struggles with diabetes and high blood

pressure. The kids still need to go school. There are many bills to pay. “I am financially destitute,” she says.

I asked her what financial support she had received since the death. She said that shortly after the deaths she received a call from the Jamaican Liaison Service. The representative told her that he would help to find a lawyer, and also to arrange for her to receive her pension. In the end she decided to go with her own lawyer and, she says, she never heard from him again. After all this time, she has still not received the pension. She tried to claim her husband’s mandatory 20% savings, but was told she is not eligible because only his name is on the bank book. She did receive some money for the burial and transportation of the body, but after that no support has arrived, other than a small sum of money the accident lawyer applied for from the car insurance, to help until a settlement is made. Because William was hit by a car, eventually, the family should be entitled to some money through the accident claim. Yet nothing can replace the presence of a husband, father and best friend in their lives.

Alberto and Maribel

It is a crisp day in between summer and autumn in 2006, when the hot sun gives into the inevitable cooling of the changing seasons. In Waterford, Ontario, a strange crowd has assembled in a living room, including Mexican migrant workers, the staff of a local migrant worker support centre, about ten Canadians of Dutch descent, a Catholic priest and a few others. It is an unusual mix and an unusual occasion. Alberto, a Mexican who came to work near Simcoe, Ontario, is receiving his first communion, his confirmation, and getting married to his long-term partner Maribel, the mother of their three children. Two of his brothers, as well as other relatives and friends who are also migrants in the program, are also there. The priest, Father Frank Murphy, a legend among the workers for his years of dedicated ministry to them, seems pleased to perform this eccentric Catholic “catch-up / all in one” ceremony. The Dutch contingent is led by Herman and Joanne Plas (seen in Figure 69), who have lovingly housed Alberto and Maribel for months, and several of their relatives who also came to see the Mexican couple as part of the extended family.

It is a happy day laced with sadness, for we all know that Alberto is dying of cancer. Just weeks before he lay in a hospital bed, with hollowed out cheeks, expected to live less than six weeks more. Father Murphy had visited then, too, to give him spiritual support and to provide the sacrament of his last rites. With intensive treatment and strengthened by a group of dedicated supporters, Alberto recovered enough to perform the other Catholic sacraments he had missed throughout his life, and most importantly, to marry his long-time love, Maribel.

Prior to becoming ill with cancer, Alberto worked near Simcoe, Ontario for eight years to support his three young sons and Maribel. In the spring of 2006, he was diagnosed with rhabdomyosarcoma, a serious form of cancer. Initially Canadian doctors gave him only weeks to live. The consulate arranged for Alberto to return home, where they were able to offer him the maximum benefits under RBC insurance (\$3,500) in medical treatments. Alberto was scared to go—he was in agony and could barely move, even to sit up in bed. At this point he was visited by a staff member from the Simcoe UFCW centre, who provided him with support, and while suggesting it may be best to return to be with his family, also offered to assist him if he decided to stay in Canada to continue cancer treatments.

Alberto decided to stay in Canada. The Mexican consulate was furious over what they viewed as an intervention of the centre. From their perspective, Alberto forfeited a generous plan of care and the chance to die at home with his family, due to this unwelcome intervention:

We arranged everything with a specialist and treatment in Mexico, bought tickets for him and his brother to go, and then he received some bad advice from this support centre. Yes, with cancer treatment he would have to pay something, but it's very low. RBC will cover a maximum of \$3,500 in expenses (e.g. medicine, treatments). If you can't pay the rest they don't charge . . . the Ministry of Labour would make sure he had a good doctor – he would be referred to Hospital General in DF [Mexico City] to be treated. On the morning of his flight he decided not to travel because he wanted to have a chance to live here – all the doctors recommended it would be better to go back to Mexico. The doctor said you have bad cancer and is terminal and the best thing is to go to Mexico and be with your family. Other people said we were telling him all lies, that [we] won't give them anything (Interview 08-2006).

One of Alberto's family members has a different interpretation, speculating: "the Government of Canada doesn't want to give money to the Mexicans and the government of Mexico doesn't want to upset Canada. So this is why Mexican workers get sent home so quickly." Despite the consulate's best efforts and intentions, Alberto and his family did not believe the \$3,500 offered by RBC insurance would go far enough to cover the extensive treatments he would need to prolong his life, nor did they have the same faith that the Mexican medical system would offer them additional treatments free of charge.

By accepting the support of the union and refusing the consulate's plan to send him home, Alberto found himself at the centre of a public quarrel between the consulate and the UFCW. A series of articles in the *Simcoe Reformer* publicly documented the tensions. In a letter to the paper, the Mexican consulate wrote:

The Migrant Worker Support Center's lack of judgment, understanding and sensitivity affected all the parties involved and particularly the worker who they presume to be looking after. Therefore, we hold responsible the Migrant Worker Support Centre for the losses the family could have (Sonnenberg 2006a).

For their part, the support centre officials are quoted as saying: "The Mexican consulate has nothing good to say about us - surprise, surprise They don't even acknowledge our existence" (Sonnenberg 2006a). Once Alberto "sided with the union" he never again heard from the consulate.

In the end, Alberto was grateful that he decided to stay in Canada and receive medical treatment at one of Canada's top cancer centres. He stayed in Canada for six months, receiving extensive chemotherapy treatments which extended his life, while living with the Plas Family, who were volunteers at the UFCW centre. Maribel joined him in Canada for most of this time, during which time they got married, and the Plas' drove them several times a week to the hospital for treatments until his medical coverage under OHIP expired that December. He then returned home, where he lived over a year more with his family. He died at home in Mexico early 2008, with no medical support, not even palliative care. Maribel is now suffering from depression, as she struggles to raise three young children without a father.

Figure 69 - (1) Fr Murphy marries Alberto to Maribel; (2) Post-wedding celebrations with the Plas family



Figure 70 - Alberto reunited with his family in Mexico in December, 2006



Figure 71 - Friends and supporters gather once again at the Plas residence for a memorial service in February, 2008, following the announcement of Alberto's passing in Mexico



Photo: K. McLaughlin. Used with permission.

Alberto's case demonstrates that the lack of health coverage across borders fails to treat those who have long-term, fatal, or chronic illnesses which prevent their return from Canada. In the final stages of cancer, Alberto wondered if he could have lived more if he had stayed in Canada longer, or had been able to receive more treatments in Mexico. Instead, he could not afford the costly private treatments, and line-ups in public hospitals were too long. He wrote letters to the Mexican government begging for assistance to receive further treatments, but never heard back. As it stands, the experience of people like Alberto illustrates that in practice the poor who cannot afford expensive cancer treatments go without. In these cases, life and death is directly determined by wealth or poverty. Spending the remainder of their meager savings on Alberto's care, his widow and children have been left without any support. Maribel, who has never known work outside the home, has been thrust into a position of being the main breadwinner for her family. She has been advised that Alberto did not work enough hours in Canada to earn a pension.

Concepcion and Alicia

When health problems are not reported or investigated at the time of an incident, as so commonly happens, it is exceedingly difficult to obtain compensation. Take the case of Concepcion, who was presented in the Introduction, and discussed again in Chapter 7. After being sprayed with pesticides, Concepcion was never seen by a doctor, even though his health continually deteriorated. Once back in Mexico, he and his wife, Alicia, did not know whom to consult for support and they were unable to afford adequate medical treatments. It was not until his death from complications arising from kidney failure that someone suggested that Alicia contact a representative at the Mexican government, at which point she was told that nothing could be done because her husband had not worked in Canada for enough years to earn a pension and that no further support could be provided. Alicia explains what happened:

When he came from Canada he came with bad headaches, nausea and heavy nose bleeds. He would cough and cough and his body was weak. He had no strength.

I didn't recognize him in the airport He was very pale, almost without any blood. He had lost 20 kilos. The first few years [in Canada] he was well,

the problem was the last year, after the accident. Before everything was normal. He was healthy.

He saw blurredly, he would get hopeless . . . he would say that his head was exploding. They told me that his . . . kidney was very bad, they did a dialysis on him; they took out a liquid from him that smelled very bad. With the money that [my husband] earned [in Canada] I paid [for his medical expenses]; he had no insurance. We ran out of money and had nothing left. He came home in October. In December he was in grave conditions and in February he passed away.

After he died I went to report the death to the [SAWP] administration. The [government worker at the Secretary of Foreign Relations] called Canada and then he told me “you cannot be helped nor be given anything because your husband didn’t work in Canada for 36 months . . . so . . . nothing can be done in your case” He was very rude with me and I left crying. I have no hope anymore because they told me your husband didn’t reach the 36 months and my son cannot reach any pension

Now I am supporting my son by myself but I have no work except what I can earn in the fields—about \$8 a day. It is not enough. I am so depressed and so is my son. He does not understand that his father is dead. It’s hard for me to motivate myself to work any day. But there is no one to support us; I have no choice. We are barely getting by.

Occupational health and legal specialists in Canada are now investigating to see if Concepcion’s kidney failure and death can be traced to his pesticide exposure. Working across international and linguistic boundaries, with few medical records and Concepcion himself now gone, the investigation is exceedingly difficult. The chance that his widow will ever receive compensation is unlikely.

Alicia, whose parents have both died, is now struggling to support herself and her son. She says that her husband’s family no longer supports her. They remain resentful that he went to Canada so that they could “get rich.” Her brothers must support their wives and children, so cannot help her much either. She admits crying regularly and suffering from depression, and says that her son is lost without his father. She has had to try to be strong, though, as it is now up to her to support her son. As she says:

It is difficult being in this situation . . . because now I don’t have my parents. And so now I have to do this on my own. I have to face this alone. I work. I teach kindergarten and they pay me minimum wage, but I teach. On Sundays I get up at 5 am and go to my brother’s house where I can cook the tamales that I sell. I have to blow to make a fire in order to cook the tamales. I have to

make them at my brother's house because mine is so small, I don't have a place to start a fire I start selling the tamales, here doing this, I finish my chores, and then I send my son to Catechism, then I take the fruit that I sell . . . so today, Sundays, it's a full day, but it's the only day that I can make enough money to support my son.

She wonders why there is no system in place to support her, as a widow of a worker who has died. Her husband died in 2004, and as of 2008, neither the government of Canada nor that of Mexico has done anything to help her. She is now making hand embroidered bags, distributed through J4MW, to sell to Canadians in order to earn money for her family. Recently, the Canadian Labour Congress (CLC) purchased 100 of these bags.

Figure 72 - (1) Alicia, holds pictures of her husband before (right) and after (left) returning from Canada, demonstrating the difference in his weight; (2) Alicia and her son



Hermelindo and Fanny

In 2005, a second Mexican worker, Hermelindo, came down with kidney failure, but the outcome has been strikingly different, because he did not return to Mexico. Hermelindo explains what happened when he was diagnosed with renal failure:

RBC and the consulate started calling and saying I had to go back to Mexico, because the insurance here doesn't cover serious problems like this, and that I have to go back, but they will help to find a medical centre where I can go and they could offer me \$3,000 worth of support. I said I wanted to see a paper signed saying where I would be going for treatment and what they could offer me, but it never came. They also called Fanny [my wife] trying to get her to sign a paper authorizing me to go home. The RBC put me on a phone with a Spanish-speaking nurse who explained that they would not cover situations like mine and that I would have to return because there was no one to pay for my medical care. I told them "I'm not going home. Do you

think \$3,000 is worth your life?” And he said “But this is your case, not mine, and \$3,000 is a lot for someone in your situation.” I got very angry and hung up on them.

Hearing of the gravity of the situation, Hermelindo’s employer intervened. Citing Hermelindo as an excellent worker, he did not want to “send him home to die.” He hired a lawyer for Hermelindo, who then filed for refugee status, enabling him to prolong his stay in Canada. As a refugee applicant, Hermelindo has been able to have all of his dialysis and medical expenses covered under the Interim Federal Health (IFH) Program. He lost his case, as Canada does not normally accept refugees on medical grounds, and at the time of this writing it is currently being appealed. In the mean time, Hermelindo has continued on dialysis treatments. After a long and difficult absence, his wife and children have come to live with him, and although his life remains in limbo, he is happy to be alive. His case has been well publicized, including a three-page feature in the *Toronto Star* (Bruser 2006a), and many groups and individuals have offered financial and moral support to him and his family.

Figure 73 - Hermelindo packs a suitcase with gifts to send to his family in Mexico. Included is an outfit for his newborn son, whom he has yet to meet



Figure 74 - Fanny reads an article about her husband's plight, published on the front page of the *Toronto Star*, from their home in Hidalgo. In the photo, Hermelindo is seen hooked up to a dialysis machine.



Figure 75 - Hermelindo's family at their home in Mexico in 2006



Figure 76 - Hermelindo with his family are reunited in Canada. Here, they are seen together at a Canadian hospital in 2007.



As in the case of Alberto, the Mexican consulate maintains that if Hermelindo returned to Mexico, he could have received treatment there, stating in an interview:

In Mexico he could have the kidney transplant very quickly. He has all sorts of siblings that could donate to him. In Mexico the dialysis and operation are free . . . I don't send people to die in Mexico – it's unethical. His employer called me and said "why are you sending him to Mexico?" and I said "but are you going to offer him a kidney?" (Interview 08-2006).

While written off as deceit or whitewashing by critics, the consulate's response – again assuring that repatriated workers will receive complimentary and comprehensive medical care – may be based on a genuine misunderstanding. For the insured in Mexico, many say the level of medical care is excellent, and as employees of the government, this would likely have been the consulate's experience. For some conditions, such as HIV/AIDS, the public system is better at contributing to the bill. One worker repatriated with AIDS, for example, reports receiving complimentary ARV drugs through a special government organization that assists those living with HIV/AIDS. With changing governments, the level and scope of medical coverage is constantly evolving, and it is complicated to know which conditions are covered for the uninsured, and which are not. There has also been a new insurance program in Mexico, *Seguro Popular*, with the purpose of targeting the poor who normally do not have access to medical insurance. Mexicans have to contribute to the insurance, however, and most migrants do not do so, as they spend so much of their time outside of the country, where they have to contribute to other insurance plans (RBC).

In the case of renal failure and cancer treatments, in any case, it is clear that treatments have not been "free" for the uninsured. When I interviewed a representative at the Health Ministry in Mexico, she clarified that the Ministry could aid in finding a treatment hospital, but could not pay the bill. Commenting on Hermelindo's case, the representative explains:

I remember that we responded with a yes, we can provide him with medical attention, but obviously he has to pay, because it cannot be given for free, in the case of the General Hospital, they told us: "We are renting the [dialysis] machines and we must pay for the rent." Yes, then here we cannot handle this and we cannot help him pay, because so many people need this, there are so many people who are becoming ill with this [kidney failure] (Interview 11-2006).

The Ministry's response is confirmed by research on access to renal failure treatments in Mexico. In a recent study, Garcia-Garcia *et al.* conclude that:

Access to RRT [renal replacement therapy] is unequal Although it is universal for the insured population, it is severely restricted for the poor. Social and economical factors, as well as the limited number of understaffed, centralized dialysis facilities, could explain these differences (2005:S58).

Even if Hermelindo were able to afford adequate treatments in Mexico, there are also bureaucratic and geographical difficulties to accessing timely and adequate care in rural Hidalgo where Hermelindo and his family have a home. Hermelindo does not have access to an automobile, and would have to travel hours to receive dialysis three times a week. In Mexico, if he were to have access to dialysis at all, it is likely he would be restricted to less than his current regime of three times a week, which could have severe or fatal consequences. Even if he were to receive a transplant, costly procedures and medications will be necessary for the rest of his life to ensure the safe functioning of the new kidney. Doctors in Canada told me the medications alone would likely cost thousands of dollars a month. As one specialist explained: "Ten years ago the average dialysis patient cost the system \$60-70,000; even then, transplant costs weren't recovered or even break-even for 2-3 years after the transplant." Medications and treatments are also costly in Mexico and would be unaffordable to Hermelindo. As it stands, Hermelindo has several siblings who are willing to donate a kidney and the funding for the operation has been approved by IFH. However, his doctors do not want to proceed with a transplant until his refugee status has been granted; otherwise, they say the risk is too great that he will lose the kidney if he is repatriated and can no longer afford the medications to support it.

Since Hermelindo's case became public, two Jamaican workers I have known also suffered from kidney failure. One of them, Roger, also has cancer. In both cases the Jamaican Liaison Service applied pressure similar to that of the Mexican government agents, telling the workers that they had to go home immediately, and that they had no more right to medical care in Canada, and also assuring them that they would be "taken care of" – for a while at least – in Jamaica. The Jamaican system, like Mexico's, also has different levels of treatment for those who can pay or are insured. When I asked a Jamaican physician about the likelihood that Roger would receive treatment, she replied:

There is a long waiting list for dialysis at the public hospital and he is likely to be on the bottom of the list and would most likely die waiting to be dialysed in view of his associated cancer and his age There is private dialysis but it is extremely expensive. Very few chemo therapy drugs are provided by the government and if the drugs he is taking don't fall on that list he will have to pay for them privately plus he would have to pay to be seen and for whatever else is used. I would strongly advise trying to get him to continue treatment in Canada (Email communication 09-2007).

In both cases, following Hermelindo's lead, individuals and groups in Canada intervened to support the workers in question. Canadian families took them into their homes, and with public attention, many individuals made contributions to help cover their costs. In the case of Roger, who was based in Niagara, a nurse from the hospital took him into her family's home, and the community raised money for his children to visit him at Christmas. When Canadian immigration authorities denied his son a temporary visa to visit his dying father at Christmas, a story on the CBC radio aired publicizing the situation. The decision was quickly reversed, and the happy father was reunited with his children for two weeks. Their immigration cases are all still pending, and their life-sustaining treatment continues at least until their cases are decided. In each case, government agents attempted to repatriate workers; their lives were prolonged due to the intervention of private citizens, an employer, and non-government groups.

Conclusion

These stories tell of different health issues, different paths and different outcomes. In some cases, employers tried to send workers home immediately; in another case the employer intervened to ensure that this didn't happen. This once again demonstrates the wide variability in treatment among employers. In several instances, workers' advocates and friends in Canada went to extreme lengths to assist workers—in the absence of structured systems of support, they opened their homes in order to help prolong their lives. One can only guess how many workers have been quietly and quickly repatriated, under the radar of support groups and media coverage. Canadian health care providers in hospitals and clinics speak of such cases, of other workers with kidney failure, cancer, injuries, etc., who were quickly sent home.

What these stories collectively demonstrate is that despite the kindness of some individuals, the SAWP as a *system* is not set-up to consider the long-term needs of workers. This is not necessarily the result of any individual action, but rather symptoms of a structure in which migrant workers are treated as disposable, and in which their long-term needs are not taken into account. While many observers demonize workers' government agents, they have little choice but to send their compatriots home. Some have even privately expressed support for workers who choose to stay in Canada, even though they must publicly comply with the system, for these are the rules of the game: when a worker is unable to work – when he is no longer wanted by his employer – he is no longer wanted in Canada. As the Canadian official quoted earlier expressed, December 15th – when visas expire – is “point finale.” The sending government agent's job is to ensure that workers comply with the contract and return home, regardless of what medical coverage, or lack thereof, awaits them in the long-term. They ask—why should the workers receive any advantage in treatment over other citizens of these countries?

While the cases highlighted are specific, they are not unique; the issues within them are systemic and could affect any migrant worker. I have sought to identify some of the overarching issues; systematic research should be implemented, such as cohort studies with long-term follow-up, to document the full range of outcomes. As it stands, however, enough collective evidence points to the fact that workers are not having their health protected or their rights upheld. It is not enough to say that workers have the entitlements to access rights and benefits during their time in Canada and that they have access to health coverage. Without meaningful and non-threatening ways to learn about and access these rights they remain effectively unattainable for a large number of workers. Moreover, the rights and benefits are not sufficient for long-term outcomes. Whether it is pension or health benefits, workers contribute while in Canada and forego contributing to similar programs in their countries of origin, yet these schemes are often insufficient for long-term coverage. Workers who experience long-term injuries and illness wonder why they contributed to so many benefit programs in Canada, only to be ineligible for coverage at home.

Thus, despite promising laws and intentions of treating workers “similar to Canadians,” in practice workers have remained systematically denied access to many

rights and benefits available to citizens of Canada. Their access to the limited benefits to which they are entitled has very much depended on the actions of employers, government agents, and most recently, community groups and advocates, which have been inconsistent, at best. Certainly with time workers' access to some rights and benefits has improved – due largely to the efforts of non-government actors – but fundamentally the workers' structurally vulnerable position in the program makes them unable to demand any entitlements beyond those which are readily available or viewed as non-threatening to their employment or to the program. The fact that the SAWP workers are not permanent residents of Canada ensures that the workers who are demanding their rights can always be repatriated, and even with increased awareness and support groups this threat continues to persist as a barrier to many workers accessing the protections, rights and benefits to which they should be entitled. The structural shortcomings of the program systemically fail to bridge these divides or make any serious attempt to overcome these challenges.

CONCLUSION

Introduction: An Alternative Wanted Ad for the SAWP

Wanted: Strong, Healthy, Fit and Disciplined Workers for Agricultural Work in Canada in the Model Seasonal Agricultural Workers Program

Education Required: Minimal Education Preferred

Skills Sought: Agricultural Experience, Subservience

Additional Requisites: Only married men with dependents and single mothers who have little or no land and few employment opportunities need apply. Must be willing to separate from families for long periods of time with no prospect for integration in the host society, have no expectation of understanding or accessing rights and entitled benefits, and no desire to communicate effectively or understand interactions with employers, medical professionals, community members and officials or inspectors in host country.

Successful applicants must be willing to work any length of time (short or long) without complaint, must be willing to endure regular contact with toxic chemicals, often without protection, must be able to withstand extreme cold and extreme heat, continual bending and lifting or other repetitive tasks with few breaks or rest periods which you cannot control.

Only applicants who will work without complaining or getting sick or injured, and who have no need for social time, cultural integration, building relationships or job satisfaction and no hope for promotion or skills development need apply.

Successful applicants must be willing to live in whatever living conditions are assigned, and share a room with random people (of the same sex), on the employer's property, under the employer's supervision, and the employer's rules. In addition, applicants who wish to leave the farm during their stay must be able to navigate well on a used bicycle with no or little protection, lights, reflectors or safety equipment.

Hours of Work: Unknown

Name and Type of Employer: Unknown

Rating of Employer (from kind, helpful and respectful to abusive and racist?): Unknown

Place of Employment: Unknown

Pay: Canadian Minimum or Prevailing Wage—with deductions for taxes, EI, CPP, the cost of the flight and private health insurance. (You may never benefit from any of these deductions, but if you find the right support systems you might be able to apply under certain conditions.)

Possible Benefits: Compare the three options available to you:

- (1) Continue to live in abject poverty with no hope of escape; continually feel as though you are letting your family down because you are not providing for them or giving them a better future;
- (2) Pay thousands of dollars to a money-hounding coyote to help you attempt a life-threatening journey to the United States, where, if you succeed after several tries, you will be criminalized and forced to live in continual fear of deportation; or
- (3) Acceptance into one of the world's model migration programs! Canadian employment allows you to escape from poverty and the fulfillment of masculine identities as providers of families (or for single mothers—ability to feed and clothe your children)—and delivers you legally, *on an airplane*, to your employer. While you will enjoy the opportunity to learn about Canadian agriculture first-hand, once a week you will be permitted a trip into town to buy groceries, and may have a chance to sample some of Canada's fine foods, imported directly from the low-paying Mexican plantations you escaped. If you can arrange to stay in town, prostitutes and strippers who charge hundreds of dollars to dance with you are available to ease your loneliness on Friday nights, or you may develop an entirely different set of romantic relationships in Canada (which you must leave every year when you return home). Most importantly, you will be able to earn 5-10 times more per day than you can at home, and this will allow you to purchase homes, feed and educate your children, and even to buy fancy electronics at Wal-Mart, like TVs and DVD players, to impress your neighbours and allow your children to learn more about the joys of American culture and aspire to their own migration. One day you may be able to retire and actually live in the home you built. If you work enough years and find someone to help you apply, you may even receive a pension of \$30 a month. Hopefully your children will be better educated and be able to find employment closer to home so they can avoid the same fate. On the other hand, possibly your family will enter a multi-generational cycle of dependency on migration because there are so few other options for employment and chronic lack of education and opportunities at home. But don't think about that.

Legal Protections: Successful applicants will have the right to a minimum or prevailing wage, to health insurance including workers' compensation for workplace accidents, and coverage under the Occupational Health and Safety Act in Ontario, meaning you can refuse to do dangerous work. However, if you do refuse to do this, or demand any of your rights, you can be fired from the program at any time, at the discretion of your employer. To help you mediate your concerns, you will have access to five government consular officials, based in Toronto, who have a free 1-800 number you can call, if you can get access to a phone. If you must call outside of business hours (8:30-4:30) you can leave a message and hope they get back to you, if you are allowed access to a phone while working. Don't be deterred by the fact that you have never met them and you have learned to be afraid and distrustful of government officials after decades of corruption in your own country, or by the fact that your co-workers have told you they may take the employer's side and they do little to help. Their pamphlet says not to trust anyone else outside of the program, and that they are there to serve you.

Possible Costs: Most common side effects include pesticide poisoning, with short or long-term consequences ranging from skin rash (common) to (rarely) cancer; mild to severe muscular-skeletal disorders, and other health risks, including workplace or transportation accidents, sometimes resulting in death. (If the death happens in Canada your spouse will be compensated with \$50,000; if you die in Mexico nothing is provided). Long-term health problems will receive no support from the Canadian or Mexican government, unless you can somehow prove it was work-related and get all of the assistance you need to do so. But if you get seriously ill in Canada you are entitled to a maximum of \$3,500 in treatment PLUS however many days of provincial health care coverage you are able to get until your government representatives and employers ship you home.

Spending much of your adult life away from your family in a society where you are extremely vulnerable and where you are socially and politically excluded and isolated and may sometimes experience racism or other forms of discrimination (including sexual harassment, especially common if you are a woman) could result in depression and other mental health problems, which may be addressed (and worsened by) a dependency on drugs or alcohol. In addition, effects on family could include dysfunctional children; spousal problems; homesickness; family disintegration; and in extreme cases, marital break-down. You may engage in sexual relationships to ease the loneliness of your separation, which could result in a variety of consequences, from guilt and marital tensions to sexually transmitted infections or unwanted pregnancies with no prenatal counseling or support available (for women) and more children to support. All of this may also affect your family. So don't forget to use a condom (unless you are Catholic).

Don't Delay! Apply Now! Spaces Limited! Competition Tough!

This alternative "job ad," though satirical, sums up many of the realities of the SAWP from a worker's perspective. Though often exceedingly frustrated with these conditions, many migrants feel powerless to change them, and indeed continue to participate a system they recognize as unjust. Lester, a Jamaican worker, explains this sentiment: "If something happens and they send you home there would be another one to fill your space. Who's going to speak out on something that's not right? That's where all the nervousness comes from. I'm not going to speak out. That's the way it is." Yet through providing their testimony for this thesis, workers have spoken out; they have explained both the benefits of and the problems with the program; they have collectively made a call for change. This conclusion revisits and ties together some of the major themes of the thesis, keeping at the fore these calls for change, from the eyes of Ricardo, to the voice of Lester.

Bad Apples or Bad System?

Integrated in employment and living conditions characterized as *total institutions*, most of the workers' experiences in Canada revolve around their relationships with employers. The wide spectrum of relationships that exists, from employers who treat SAWP participants, in workers' own words, "like family members," to those who, on the other end, handle them "like slaves," is documented throughout this study. Sharing the stories of workers who are treated poorly is not to portray all employers in a negative light. Neither is it to portray the few "bad apples" as representative of the whole group. A wide range of relationships exists, and many employers are truly kind and respectful towards their workers. Perhaps, as some workers suggest, employers should be screened and evaluated in a manner similar to that which their workers experience.

When I present my research to the public or policy-makers, I am often asked to provide a calculation as to the actual percentage of employers who treat workers' "badly." Many people seem to view an answer to this question as the definitive measure of whether the program is successful or exploitative. Yet I find this question exceedingly difficult to answer, not least because of the difficulties of interpreting such terms. In quantitative studies of the program, other researchers have concluded that incidents of overt abuse are in the minority. Verduzco and Lozano (2003), for example, found that a quarter of the workers they surveyed (91) reported being mistreated on the farm, principally through what could be called "verbal abuse," although four respondents also reported physical mistreatment. Similarly, Binford found that 25% of the workers in his survey said they would not be willing to return to a given employer, generally citing maltreatment (2002). As I have stated, I would suggest that most employers do make an effort to treat their workers decently. My findings generally support those of other researchers. If I had to quantify an estimation, perhaps 25% of workers would rate their employers as "good" to "excellent"; 50% as "decent"; and 25% ranging from "bad" to "horrible."

These are subjective terms, however, which may conceal many contradictions—especially within the broad and ambiguous "decent" category. What we define as "overt abuse" versus "underlying discrimination," is both different and dependent on subjective classifications of these terms, and these statistics obscure an important reality. Even with

“good employers,” workers continue to experience problems associated with living and working within a country in which they are never integrated as citizens. It is also true that an employer may provide workers with a TV and telephone, and refrain from yelling racist slurs at them – he or she may even give them a bonus for working productively or take them on a trip to Niagara Falls – while at the same time denying them the freedom of movement and association on their off-time; asking them to work 18 hour days in which they do not have adequate time to cook and sleep; or refusing to hire a worker the following season for having a girlfriend or applying for legal benefits. In these cases workers may define their employer as “good,” but still be quite frustrated with the restrictions surrounding their lives and working conditions.

Clearly, what is understood as abuse and allowable discrimination comprises two different things. While incidents of overt abuse may be in the minority, incidents of underlying discrimination amount to 100% of cases, since the program’s very constitution renders workers as structurally vulnerable and permanently temporary, and is therefore a form of discrimination. Thus, individual employers, operating within a large spectrum, are all taking part in an inherently problematic system. It is the system which constitutes the SAWP, not the dispositions of individual employers, which must be the main focal point of critique and analysis.

There is thus little point in detailing workers’ relatively positive (or less problematic) experiences for the semblance of balance when the program itself allows too many abuses to occur. The root of the problem is a system which does not systematically put in processes to prevent abuses, hold abusers to account, or provide a meaningful mechanism to allow workers to address concerns without the threat of punishment or dismissal. That so many examples of poor, discriminatory and abusive treatment exist is testimony in and of itself that the program fails to adequately protect workers. Several researchers, for example, report that *over 30% of workers have their mobility and freedom of association restricted on their off-time* (see Chapter 5). Those who are so restricted are not just because of a few “bad apple” employers. Rather their restriction demonstrates an underlying premise of the program that migrant workers are integrated into Canada within a system of exception—one in which such unjust treatment towards them is routinely tolerated. Employers can act in such ways with impunity because of the

structured vulnerability of their workforce and the indifference or ignorance of most Canadians to these injustices.¹ Even “good employers” participate and are complicit in a system which inherently constrains and restricts the rights of workers.

Indeed, in cases where employers are “kind,” workers still have very little control over their living and working conditions. One question that I repeatedly asked is whether or not workers would feel safe telling their employers that they do not feel comfortable doing a certain task, even if they perceived that it could jeopardize their health or safety. An overwhelming consensus of workers felt they could not do so. As a Mexican worker explains:

No, we don't feel comfortable [asking for a change in circumstance], because it bothers the boss if one tells him that one is sick, and it bothers him if one asks the boss to change the work or work place. He doesn't like it if we feel bad or if we tell him to change us to work in another place, because he thinks that what we want is to be in a calmer place where we don't have work or do what he wants us to do. That is the concern that we have, for me at least, I don't have the desire to tell my boss: “I don't feel well working like this, for the chemicals, or because it's very hard,” because if we tell the boss many times he will get annoyed and he will say, “You have to work, this is why I brought you. If you don't want to work, go to Mexico,” always, *always* this is what they say. So, no, we don't say anything

The pervasive (and incredibly effective) tactic which underlines the structure of the program is the threat of dismissal and immediate repatriation, or negative reports which could result in workers' removal from the program in future years. In this context, workers know that they do not have the freedom to change employers, and this unfreedom inherently limits their power. Sen (1999) powerfully reminds us how crucial freedoms are to all aspects of development, empowerment, and the fulfillment of human potential, and a lack of freedom is a main constraint within the SAWP. As a Jamaican worker explained, “I think that boss in Canada is the worst one I've ever had, because in Jamaica when I meet someone like him, I just don't stay with him, so I don't have to cope

¹ Writing of the Arizona-Mexico borderlands, where there has been widespread indifference to the suffering plight of migrants attempting to cross the U.S.-border, even in the face of rising migrant deaths in the desert, Linda Green reflects: “I have recently begun to think about impunity as a social process that is enabled in part by a characteristic mixture of silence and memory among the victims and historical amnesia and widespread indifference on the part of the dominant society, thus leaving the fallout generated from what is often planned misery to be understood as inevitable or at the very least acceptable” (2008:162).

with his foolishness. Up there [Canada] I just have to cope with what he is doing, so it was the worst experience for me.”

Falling through the Cracks: Human Rights across Borders

This thesis has attempted to sketch out the multiple relations between the causes and consequences of migration with respect to human rights and health. While migration is an attempt by many to ameliorate some of the negative effects of an inequitable global system, migration itself poses new problems to protecting human rights as migrants live between borders and work in countries where they are recognized as labourers, but not as citizens worthy of equal rights. I demonstrated how the system of international human rights often breaks down for migrant workers before they even leave their countries. Enduring forms of structural violence, they have often been unable to access the necessities of life, pushing them to migrate and accept unfavourable conditions (Chapters 3 and 4). Much of this structural violence is directly connected to global inequities and international and national policies which deeply affect the marginalized. For many, the program becomes their best means for the survival and support of their families.

The system breaks down again in Canada where the SAWP workers are not provided with rights afforded to Canadian citizens (Chapters 10-11). Migrants' health is commonly compromised by a program which constitutes a system of exception within Canada—it is inherently dangerous, discriminatory and oppressive, but pressure to reform this program is hampered since the migrants themselves are unfree labour. They are denied citizenship and basic labour rights, and have no capacity to influence the formulation of policy. Within this unbalanced context, workers accept a wide variety of hardships and even abuses without complaint for fear of losing their employment. Their health seems to be a last priority in the fierce competition to earn a living and maintain their employers' approval (Chapters 7-9).

The system breaks down a third time when migrants return home without long-term health protection, with health problems arising from their work in Canada, and lack of eligibility for whatever social programs exist in their countries of origin (Chapter 12). In each case, the ostensible “right to health” is undermined. Yet no one is held to account for these structural constraints. In this respect, the current human rights regime's limited

and narrow focus on contemporary state practices, which ignores both these historical and structural injustices as causes of human rights abuse, is deeply limiting.

Each of the contexts underscores the inherent contradictions of global capitalism that place the interests of markets before the interests of people. In each, migrants' options for gaining power or mobility are limited; their political powerlessness and social oppression essentially deem them as unworthy of equal rights. Furthermore, because of global inequities, their countries' need to ensure their continued participation in the program and generated remittances also compromises the ability of sensitized country representatives to effectively advocate for improved conditions. Amidst all of this, international laws guaranteeing equal rights and safe working conditions are either signed and ignored, or not signed at all. Though often publicized as a model in which migrants' rights are ensured and protected, any notion of universal human rights or "post-national citizenship" is undermined by this program of paradox. The result is that migrants too often quietly fall outside of the boundaries of international human rights, both within and between borders.

Revisiting the SAWP as a System of Exception

As I proposed in the Introduction to this thesis, Agamben's theorization of the state of exception is a useful frame to understand how such a system can be enacted in a liberal democracy such as Canada. Once again, a state of exception, according to Agamben, arises in a situation in which exceptional measures, including suspending normal rights for certain groups of people, are seen to be necessary and become normalized. A sovereign may determine the extent of such exceptions (and who is subject to them), and Agamben argues that modern state power is defined by such exceptions.

Rather than explore the state of exception philosophically or conceptually (as Agamben largely does), I have attempted to show how such a system works on "the ground." I have done this through demonstrating and documenting: 1) the lived realities of workers within it; 2) the specific ways in which specific configurations of institutions, actors and laws are productive of exception; and 3) the specific implications of the system for human health. Drawing on the tools of CMA, situated within a broader political-economy framework, I have sought to analyze the mechanisms through which

workers are rendered structurally vulnerable, through their marginal positionality (via their class, race, gender, citizenship status, etc.) within a political economy of risk. In so doing, I have argued that workers' experiences of structural violence, enabled through their position within a system of exception, have generated undue risks to and consequences for their health and well-being as they live and work across borders.

Within the SAWP, one of the most significant underlying factors of these circumstances is that there are no formal procedures or regulations in place regarding the adjudication and the dismissal of a worker. This makes dismissal an arbitrary and discretionary act—reminiscent of Agamben's "will of the sovereign"—as a fundamental form of political power. In this regard, growers themselves are given the authority to act as sovereign via the inaction (lack of rules/monitoring) of the Canadian state, while the states of Mexico and Jamaica, ostensibly charged with protecting their workers, are largely crippled in doing so due to their placement in globalized competition with each other (and increasingly with other states too). Although the system works to grant *yet* obfuscate rights, make available *yet* inaccessible certain entitlements, it is this discretionary power over workers that remains unaddressed and protected in the system.

This capricious form of power over livelihood links up with the structural inequalities which produce the system of embodied risks (or vulnerability). The discretionary aspect of power—something that Agamben connects to the sovereign's power to declare a state of exception—is a core component of the structure. In other words, structural power feeds on, thrives upon the arbitrary power of the grower, and this power is sanctioned by the rules (or lack thereof) governing the program. The reasons why such a warped playing field can exist at all relate back to the unequal global positing and power of the various actors (and states) at play. Below I offer a summary of the various dimensions of exceptionalism in the SAWP, and how this system of exception results in rights abuses, including the systematic undermining of workers' health.

Dimensions of Exceptionalism in the SAWP

Screening and Selection takes place outside of Canada

First, Chapter 4 demonstrated the ways in which workers are selected and screened for the program, which embodies various forms of discrimination and is a violation of

employment equity laws. The workers' return to Canada is also mediated by their own Ministries of Labour, whose officials can remove workers from the program at their own discretion. Workers have no recourse to appeal against discriminatory or unjust selection processes. This situation is justified because the selection takes place outside of Canada and by government agents of the workers' home states.

Employers' Control over Workers in Canada

Chapter 5 and 6 demonstrated how workers are tied to their employers—in both work and social life, they must obey the employer's rules, even when seemingly arbitrary, discriminatory, and in violation of basic freedoms and rights. SAWP participants can be subject to work under any conditions and they feel pressured to do as they are told, even when the work and/or living conditions may be a risk to their health and safety. The employer acts as a form of “sovereign” and in the absence of effective enforcement and protection mechanisms, can create their own sets of “rules” and regulations which would normally not be deemed justifiable for white Canadian citizens.² In this context, workers can be subject to rules which violate their human rights (such as restricting their freedom of movement and association, freedom of speech, ability to retain their own information such as health cards, ability to access rights, etc.), but have little power to change this situation.

Workers' Protections are Denied or Exist in Jurisdictional Grey Zone

I demonstrate in Chapters 10-12 the many difficulties workers experience to access their rights, both in Canada and in their countries of origin. In their report detailing farmworkers' rights violations in British Columbia, Fairey *et al.* likewise note that: “Federal agencies have created a jurisdictional void in their poor coordination of the SAWP with other governmental agencies. As such, the SAWP is not protecting workers' rights” (2008:8). Although the SAWP is a federal program, much of the protection of

² This is not to say that Canadian citizen workers do not also face various forms of harassment and vulnerability at work; indeed, precarious working conditions have long been part of Canada's labour practices (see Vosko 2006). One of the key differences, however, is that in most cases, Canadian workers have the freedom to seek other employment, even though in some communities there may be few options, leading some Canadians to have to migrate to other areas of the country in order to earn a living (see, for example, Sider 2003).

participants' rights rests with provincial or municipal authorities—creating a system of extreme inconsistency and ambiguity.

This problem, too, has been recognized since the early stages of the program, yet little has been done to rectify it. In the Terms and Conditions for the Program written in 1973, the Director General of the Manpower Employer Services Branch writes:

We agree that the Federal-Provincial Agricultural Manpower Committee should set housing standards. However, our overtures to Ontario have met with a half-hearted to indifferent response to anything tangible on bringing some degree of standardization to housing. The inclination appears to be that it is a provincial department of health responsibility and that department should take the initiative (NAC 1973a: RG 118 Vol 81 File 3315-5-1 P.11).

In an interview that I conducted with Canadian program officials in 2008, not much had changed. When I asked about workers' welfare, the federal bureaucrat responded: "That's provincially mandated. There's no federal jurisdiction over, for example, health and safety, that is provincial and it's not for HRSDC to go into any province and say we want to take over this" (Interview 03-2008).

In this context, farmworkers have been excluded from many laws and protective regimes both nationally and provincially which are standard throughout other industries. In Ontario, all farmworkers were traditionally excluded from the Occupational Health and Safety Act (OHSA) and continue to be excluded from several parts of the Employment Standards Act and denied the right to bargain collectively. Fairey *et al.* (2008) show how similar concerns of exclusions are paramount in BC. All SAWP workers are further excluded from regular EI benefits and all benefits associated with permanent residency and/or citizenship. Furthermore, as discussed earlier, Canada has refused to sign the major international agreements meant to address and uphold the rights of migrant workers. Although the federal government representative above noted rightly that many aspects of the SAWP's regulation remain at the provincial level, it is clear that issues under federal jurisdiction, such as international migrant rights agreements, are also inadequately addressed.

In the end, there are some limited laws to protect and provide benefits for workers, but the workers remain in practice unable to access many of these rights, protections and benefits. Chapters 10 and 11 demonstrated the language and logistical

challenges faced by workers and the consequences to their position in the program regarding complaints. The Canadian state has not made rights and benefits accessible or instituted any serious efforts to protect workers from being fired and/or repatriated for defending their rights. Playing a jurisdictional game of hot potato, there has been no federal monitoring to ensure workers' rights are upheld in the various provincial jurisdictions in which the workers are employed.

Conflated Roles of Nonstate and Transnational Actors and Lack of Independent Advocates

Lahav (2000) argues that states have transferred many of their migratory regulation functions to nonstate and transnational actors, and that this process constitutes a reinvented form of state power which seeks to diffuse responsibility of migration management while promoting strategically open borders for trade and goods. In the case of the SAWP, the Canadian federal government divests responsibility of running the program to privately-run user agencies such as FARMS; foreign governments (which are not held to Canadian processual standards) recruit, examine, screen and select workers; and foreign consulates are called in to deal with problems, including disputes over wages, living and working conditions, and coordinating and classifying the repatriation of workers. Program defenders insist that consulates are in the best position to defend workers. As one federal bureaucrat told me, "My experience with working with my counterparts and the liaison officers is that they are enormously dedicated, actually most of them, the ones I've met, to promoting the welfare [of workers]" (Interview 03-2008).

In Chapter 10, however, I demonstrated that these foreign representatives are often constrained by an inherent "conflict of interest" position. Crucially, there are no monitoring or appeals mechanisms to ensure that the treatment offered by these foreign representatives is just or adequate—the underlying assumption is that since they are ostensibly obliged to uphold the interests of their citizens, they will do so, and if they fail to do so, it is beyond Canada's jurisdiction of authority anyway. In one sense, then, their power to punish workers is virtually limitless, but in another sense their power to help workers is limited by constraints imposed by Canada (and pressure imposed by Canadians, as seen in Chapters 3 and 4 as well as pressures from their home governments not to jeopardize the relationship with Canada). If an employer decides to fire a worker,

for example, there is nothing workers' representatives can do to prevent this. If there are no transfers available, the agent has no choice but to send the worker home. If a worker becomes sick or injured, the foreign representative does not have the authority to allow the worker to stay beyond his or her visa to receive treatment.

It is difficult to tease apart the webs of power that constitute the governmentality of the program. Some of the actors may be "petty sovereigns," in some cases unaware of the consequences of their actions. Their acts may be "conditioned, but their acts are judgments that are nevertheless unconditional in the sense that they are final, not subject to review, and not subject to appeal" (Butler 2006:65). In this regard, the multiple actions performed by the Canadian state parties (represented by the highest levels of government and those working for HRSDC and CIC), foreign governments and consulates, and agricultural employers and their representatives, all constitute fields of power which collectively create and/or reinforce the circumstances in which seasonal agricultural workers are rendered powerless within the constraints imposed by a system. There is little to no accountability built into the system with respect to the interests of migrant workers against those of these actors, although the latter regularly insist that workers' rights are guaranteed within the legal system and protected by consular officials.

Given the limitations noted earlier, there is no independent representative, nor is there any neutral body of arbitration for disputed decisions or conditions. Unable to bargain collectively by law, Ontario farmworkers have been structurally forbidden from organizing as part of a union. In sum, a patchwork of foreign, national, provincial and municipal authorities are said to have jurisdiction over various regulatory mechanisms of the SAWP, but little coordination or enforcement by such bodies exists. Recognition of the particular needs and vulnerabilities of workers barely enters into policy consideration, translating into the situation in which workers remain largely unprotected.

Repatriations and Firings are not Monitored or Regulated

Decisions to repatriate workers, normally requested by employers and undertaken by the SAWP workers' own government agents, constitute the central form of punishment and the threat which makes most other rights practically unattainable. Yet decisions about repatriation are not monitored nor are they open to appeal. Future exclusions from the

program – which can be influenced by employers and government agents and determined by the workers’ Ministries of Labour and/or Canada – are also closed to monitoring or appeal. The government officials act as judge and jury for the employment and migration status of workers. These processes, therefore, are not governed or monitored by a standard legal process.

Butler argues that “the suspension of standing before the law, is itself a tactical exercise, and must be understood in terms of the larger aims of power” (2006:68). In this case, the larger aim of excluding workers’ firings, repatriations and future exclusions from the program from a legal regulatory or monitoring framework is to ensure that workers are only in Canada as long as they are fit, compliant and effective workers. In order to maintain their countries’ good standing and positions in the program, government officials, far from being neutral arbitrators, are charged with the responsibility of ensuring the physical and social attributes of the workers. If workers are no longer deemed willing or able to do the work under the conditions provided, they can be quickly removed and replaced, regardless of their state of physical and mental health, or the justness of the circumstances surrounding their situation.

Health and Health Care in a System of Exception

What are the consequences of this system of exception for workers’ health and safety, and their access to health care? Commenting on the situation of migrants throughout the world, the WHO reports that:

There is a high risk that migrants, especially low-skilled migrants or migrants in an irregular situation, will be placed in high-risk, low-paid jobs with poor supervision. They typically accept positions that local workers refuse . . . that can expose them to a range of occupational health risks, including toxic agents, long hours and little if any protection in terms of clothing and other equipment. Linguistic obstacles, poor communication, lack of familiarity with modern machinery, and different attitudes to safety are all factors that increase the work-related health risks. . . . Lack of familiarity with the country, the culture and the language also means that migrant workers are typically unaware of their rights In general, occupational accident rates are about twice as high for immigrant workers as native workers in Europe, and there is no reason to believe the situation is not similar in other parts of the world (2003:25).

Although the WHO report closely echoes many of the issues evidenced in the SAWP, it fails to consider the structural reasons why migrant health is so readily undermined in the world system. Through examining the case study of the SAWP, this thesis has begun to address some of these broader questions.

Living and working within a system of exception has multiple implications for health and access to health care. I discuss these in detail in Chapters 5-12, and only highlight a few key points here. Under the SAWP, workers regularly experience unhealthy or unsafe living and working conditions. They are often told to work long hours under extreme conditions, or to do dangerous or difficult tasks. If they refuse to work, they can be repatriated. Many of the laws and policies in place to protect the migrant workers (such as post-arrival monitoring of the “housing guidelines”) operate on a complaint-driven model, which is ineffective: if workers even knew where to complain, or spoke the language, most would still be too intimidated to do so, since there is no protection against repatriation.³ When they do become sick or injured, they can also be summarily repatriated without investigations into their illness or injury. Although instances of actual physical abuse from employers may be rare, perilous and dangerous tasks at work which manifest as physical and psychological harm are common. Sick and injured workers, even at the point of death, are sent home where there is insufficient medical coverage to pay for serious or long-term problems. As seen in Chapter 12, these workers are regularly pressured by their own government officials to forego the medical care legally available to them in Canada and to return home immediately where systems of care are much less secure.

Once at home, return migrants are in a “black hole” where they are no longer the responsibility of Canada; instead, their own governments are assumed to have the responsibility to care for them. Yet this care, as part of health care conditions facing the poor in the global South, is inconsistent and often insufficient. Some have died or live in long-term states of illness or injury due to (or exacerbated by) a lack of available care. Others remain unable to work or to support their families. Some of these conditions can be traced back to living and working conditions in Canada, while for others these factors may have contributed, but cause and effect determinations are impossible due to the

³ Smith-Nonini (2005) indicates that this is an issue in the U.S. H2A program as well.

complex and multifactorial etiology of many health conditions. Their conditions often go without care or compensation, and migrants and their families silently bear the long-term burdens of an inequitable system. Meanwhile, Canada continues to profit from a renewed and healthy stream of migrant labour—comprised often of migrants’ own spouses or children—integrated as the next generation of temporary healthy docile bodies who will one day also be replaced.

In all of these ways, migrants are integrated into a system of exception within Canada. In my Introduction, I posed the question of how this system of exception came to be enacted, given Canada’s stated adherence to principles of human rights and equality. Below I offer some suggestions, which together demonstrate how the SAWP, as a system of exception, has been facilitated and rationalized in Canada.

How the SAWP is Rationalized and Normalized

First, there is a prescribed state of (economic) necessity which warrants a deviation from normal laws and rules protecting people.

There are two dimensions of this state of necessity. First, the integration of “temporary foreign workers” is in general justified by the exceptional needs of employers to fill urgent and “temporary” labour shortages under conditions which Canadians are unwilling or unable to accept.⁴ Agriculture is not unique in this respect. Live-in caregiving has long been categorized as an industry requiring exceptional labour arrangements, rationalizing the decades-old import of domestic workers through the Live-in Caregiver Program (LCP). Other industries (e.g., service or construction in Alberta) are similarly invoking “essentiality” in order to expand temporary foreign worker programs into their sector or jurisdiction.⁵ As an industry, agriculture, has remained outside the normal jurisdiction of labour laws more than others, and the SAWP is structurally different from the LCP because some (though not all) live-in caregivers may apply to be permanent residents.⁶

⁴ See Sharma (2001, 2006) and Satzewich (1991) for thorough reviews of parliamentary discourse and documents indicating the process by which this system was initially rationalized. See also Chapter 3.

⁵ A recent article, for example reports that, Terry Burton, corporate manager of labour resources for Shell Canada, said “Temporary foreign workers are *essential* to us getting our projects being built” (Versace 2008, emphasis added).

⁶ LCP migrants can only apply for permanent residency after working as a live-in caregiver for two years; even then there is no guarantee their applications will be accepted (see Valiani (2009) for a recent report of the shortcomings of this system. She estimates that only 50% of recent LCP participants have become permanent residents after several years in Canada). Health problems, for example, can serve as a barrier to

One can see how the trope of essentiality may be used to justify the import of similarly precarious temporary foreign workers (TFWs) across various sectors, and how certain TFWs are given the “privilege” of an invitation to become permanent residents, while others are summarily excluded from doing so. It is crucial to probe the rationale behind whom is deemed a “worthy immigrant,” and whom only a “worthy migrant.”

Secondly, the Canadian agricultural industry has been consistently viewed and treated as an industry of exception. Throughout history agriculture has been exempt from a host of labour protections and norms that are standard across other industries. Much of the reason for this has been the notion of agriculture as a small family endeavour which should not be subject to industrial labour laws (see Tucker 2006). As the industry has become centralized into larger industrial operations, such arguments have been more difficult to sustain. Nonetheless, a new argument for exceptionalism has arisen suggesting that, under the conditions of globalization and the cost-price squeeze facing farmers, if the agricultural industry were held to the same standards as others, it would collapse or be greatly compromised. Hence a valuable sector of the economy, which supports Canada’s local food supply and which has considerable lobbying power, could be jeopardized.

In this context, exceptional measures may be justly seen to occur among agricultural labourers, where the suspension of their rights – including their permanent integration as unfree non-citizen temporary workers who lack the right to organize or to free mobility – is viewed as *structurally necessary* for the continued survival of the industry (Basok 2002). Growers involved with the SAWP have continually argued that labour-intensive agriculture could not exist without the import of unfree labour. As Gary Cooper, former president of FARMS contends, “If it wasn’t for migrant workers, labour-intensive agriculture in Ontario would be *virtually non-existent*” (as cited in Ferguson 2004, emphasis added). Framing the discourse in such a way negates the possibilities of other reforms – such as improved wages and working conditions – which could enable

permanent residency for applicants. Take the case of Juana Tejada, a publicized case of a Filipina LCP migrant, who after completing the mandatory work requirement applied for permanent residency in 2006. A health exam as part of the application detected that she had cancer, and was thus deemed an “excessive demand” on Canada’s public health care system. On this ground she had been denied permanent residency, despite the fact that she had otherwise fulfilled the requirements of the LCP. This decision was reversed in 2008 after much public outcry (see NOII 2008).

the use of Canadian or free (im)migrant labour. Instead, the impression is created that *only* the import of unfree foreign labourers (i.e. migrant workers) can save the industry.

It may be true that many farmers, under the pressures of globalization, could not survive without an inexpensive, captive labour force. However, government programs to assist them and to protect the industry are not even considered, e.g. a reorganization of globalized “free”-trade based agriculture to a system that respects labour rights internationally, or a system by which cheaply produced imports may not undercut local supply. Such alternative solutions to the implementation of exceptional measures for agricultural labourers are dismissed out-of-hand in favour of limiting rights for migrant workers as the only solution to preserve Canada’s domestic food supply. In a 2008 article, when discussing the potential ramifications if SAWP workers were to unionize, the current president of FARMS, Ken Forth, reiterated the point of view of his predecessor, stating: “I don’t know what the ramifications will be [of farm unionization], especially on food . . . I think it’s important some food is produced in Canada.” The article goes on to discuss the much lower wage rates and working conditions in developing countries, leading Forth to contend that unionization “would not be good for farmers.” Recounting a conversation with Mexican greenhouse vegetable growers, Forth noted that: “They said their labour rates were less per day than we pay per hour . . . The Mexican industry representative pointed to us and said ‘Tell those guys it’s over’” (as cited in Helsdon 2008).

Second, the dehumanization or devaluation of a group of people justifies that exceptional measures can be rationalized in a rights-based liberal democracy.

In this case, the racialized foreign Other—the lower class, uneducated peasants of colour from the Caribbean and Mexico—fill this role. From the very beginning, the program was framed in racialized terms, with Caribbean migrants unfit for the nation’s “imagined community.”⁷ Program defenders continually say that such groups are “lucky” to have a job working in Canada; the implication is that the program is an act of charity or “aid,”

⁷ For example, a letter between the Deputy Minister and Assistant Deputy Minister of Immigration in 1966 discussing the feasibility of the program states: “. . . in Canada certain types of work have been traditionally taken by Negroes, notably certain railway occupations; but as wages and working conditions in these occupations improved, white workers moved into them with alacrity” (NAC 1966a: RG 118-ACC 85-86 / 071 Vol 81 File: 3 315-5-1 p. 8.1).

and that given the conditions in their own countries, its participants should be grateful and accept whatever conditions they are offered (see also Sharma 2006).⁸ This proposition was ingrained in the original framing of the program as a type of “aid” provided to poor foreign Others in the “Commonwealth” or “North American family.” For example, in a Memorandum to the Minister in 1969, advice on how to deflect criticism for the program is proposed as follows:

You may wish to point out that this program is regarded by the Caribbean countries . . . as a significant opportunity for their workers to improve their economic position. From this point of view, therefore, it is a form of economic aid to those countries and Canada should not in principle be averse to doing anything like this which helps poorer North American countries (NAC 1969a: RG 118 Vol 81 (ACC 85-86/071) File 3315-5-1 p.3).

The supposition that migrant workers are worthy of lesser conditions than their Canadian counterparts is also manifest in the rules that govern the program. Employers were granted the right to dismiss workers at their discretion, while workers were left without an independent dispute resolution or appeals mechanism, without any voice in the program’s operations, and without an independent representative to defend their rights. At the same time, workers are excluded from entering Canadian society as equals. They can neither become citizens nor permanent residents. They are expected, however, to buy into the social contract through the payment of taxes, employment insurance, health insurance, pension, etc., though largely denied access to its benefits. All of this is justified based on the structuring of the migrant worker Other, who may work in and contribute to Canada, but is not treated as a “Canadian.” The notion of disposability and lesser worth is thus imbedded within the structure of the program, and re-enacted in day-to-day interactions and discourse. As I illustrate in Chapters 5-6, growers interviewed regularly invoke a sense of “ownership” over workers, feeling that they rightly have ultimate authority over the participants in the SAWP, while workers themselves often say they are treated akin to “slaves,” “animals,” “machines,” or “second class people.” Regardless of the metaphor, dehumanization is inherent.

⁸ Some scholars contend that migrant rights are inversely related to migrant numbers. Offering fewer rights therefore makes migrant programs more attractive to receiving states and employers and therefore opens more positions for migrants from lower-income countries. Such migrants make rational choices to work in countries which may offer better income and working conditions than their own, even if they are still less than those experienced by citizens of the receiving state (see Ruhs and Martin 2008).

As discussed in the Introduction, Sharma (2006) similarly argues that notions of Canadian “nation-ness” allow for the ideological differentiation of the foreign Other as not belonging to Canada, and therefore, not worthy of equal rights associated with citizenship. While her research has been largely based on textual analysis, my ethnographic inquiry has demonstrated that in practice, the view of migrant workers being fortunate to work in Canada contributes to the substandard housing, working and transportation conditions which render the workers vulnerable to health problems. Migrant workers are also physically excluded from Canadian membership. If they leave the program in Canada, and are labeled as having either “breached” their contract or gone “AWOL,” regardless of the reason (even if it is to access health care), they face the threat of deportation, are driven “underground” and viewed as “illegals.” In this way, temporary foreign workers are inextricably linked with other forms of precious (im)migration to and in Canada.

Third, the use of the discourse of “temporary workers” masks the reality that the need for such workers is in fact permanent, or at least indefinite.

Not only are workers labeled as temporary even when they return for years or even decades, but temporary worker programs, when they have been introduced, are invariably labeled as “experiments” or “pilot projects,” which then never end. Agamben (1998; 2005) argues that the state of exception has now become the norm—that measures rationalized as temporary to address exceptional circumstance are now being inscribed into the social order. Traditionally, exceptional circumstances have called for exceptional measures—in this case, the import of temporary workers gives the impression that this is indeed a temporary measure to deal with a temporary labour shortage. In fact, the program was framed as temporary from the very beginning, as demonstrated by governmental correspondence from the time. A 1966 Memorandum to the Assistant Deputy Ministry of Immigration states:

I think that a limited project, frankly stated as being on an *experimental basis* and with emphasis on its being an *experiment to meet seasonal needs*, would appeal to public opinion as a sensible initiative in the area of the new manpower policy and would give us greater future freedom to go with public support in either direction – more organization of seasonal immigration, or more rigid rejection of it – according to the results of the experiment (NAC

1966b: RG 118-ACC 85-86 / 071 Vol 81 File: 3 315-5-1 p. 8.1, emphasis added).

The former outcome, of course, occurred, and more recent migration programs have likewise been labeled “pilot projects,” with a similar insinuation of temporariness and experimentation, but quietly turn into standard policy.

The fact that each year growers must demonstrate that there are insufficient numbers of Canadians willing to work under the conditions offered before they can be approved for foreign workers is part of the façade of temporariness; but this veneer is clearly undermined by the reality. Growers and government officials alike admit that these are largely performatory gestures; there is no real chance that enough Canadians will be found to fill the shortage, nor is there any serious possibility that growers will be denied the foreign workers they seek (see Chapter 4). Yet the façade is kept in place to give the impression that the situation is temporary and thus does not justify the import of permanent residents. Instead, the program only expands, it does not contract, and in fact temporary labour has become a permanent solution to Canada’s need for cheap, docile and captive labour. Nothing about this situation *structurally* is temporary, but the nature of a given worker’s stay in Canada, which cannot be guaranteed to be permanent or even repetitive (since at any time they can be removed from the program), certainly is temporary.

Fourth, program defenders deflect criticism of the system by focusing on the poor behaviour of a few “bad apples” in an otherwise successful structure.

Despite its many limitations, the program is held up as a model which protects workers’ rights, and provides them access to benefits. Criticism of the program is thus summarily dismissed as unfounded or must derive from the exaggerated and inflated concerns based on a “few bad apples.” In fact, frequently when a report or article comes out critiquing the program for exploitation, the same few explanations are offered – too few workers were interviewed to be representative; migrant workers are treated the same as any Canadian worker; such reports only focus on the negative experiences.⁹

⁹ I have heard such comments made many times in public as well as in interviews with officials, as well as in media reports. For example, in response to the Fairey *et al.* 2008 report criticizing BC labour practices for (im)migrant workers, a spokesperson for the Ministry of Labour responded that by interviewing only 100 workers, the study “doesn’t represent the full picture”, while an HRSDC spokesperson retorted:

In making such claims, defenders point out that workers are eligible for many of the same rights as Canadians, yet fail to acknowledge that Canada has historically made no effort to ensure that workers are educated or even informed about their rights. They place the onus for this education on workers themselves and their foreign government representatives, yet, as I demonstrate in Part IV, they systematically fail to account for the structural limitations which impede workers from gaining access to rights and benefits. When workers' rights are abused or workers fail to access their rights or benefits, program adherents individualize the criticism to a "bad employer" or a "lazy migrant." Such logic sets up a situation in which the "bad apples" can get away with "bad things" with almost complete impunity. The system is not reformed to protect workers.

Fifth, workers' exploitation is obscured because workers remain an isolated and invisible workforce.

Part of the reason Canada has been able to sustain the SAWP is that the state traditionally has not had to justify the program to the public. It has slipped largely under the public radar, with the SAWP quietly importing workers into isolated regions of rural Canada. Sick and injured workers have been discreetly sent home before anyone takes notice of their presence or absence. As the British Columbia Federation of Labour president Jim Sinclair stated in a recent article, such workers are "some of the most exploited people on the planet Most people don't see the farm workers going to work, nor do they see them coming home They are the invisible work force and as long as they're invisible then people and government will ignore them" (Canadian Press 2008).

Indeed, Canada's "low-skilled" migrant workers are largely isolated and invisible from broader Canadian society. A lack of social connections and community integration, coupled with barriers of language and transportation, all contribute to workers living largely outside of the social spaces in which they may reside physically. This positioning of silence and isolation has two effects regarding workers' rights: first, it impedes workers' ability to access support to facilitate their rights; and second, it masks workers'

"Temporary foreign workers have the same rights as Canadian workers These workers are not 'indentured.'" (Delaney 2008). At the same time as officials reject research findings for a lack of comprehensiveness, they use anecdotal evidence to support their claims. At a public meeting when I presented my research findings, for example, a government official reassured the audience that he had recently attended a party held for workers who had been in the program since the beginning, and none had any complaint; therefore, he concluded, my findings must be baseless.

exploitation, so that the larger Canadian community remains oblivious to the existence of and problems faced by migrant workers. As a result, there has, until very recently, been little public pressure or public insistence on changes to the program.

With growing academic, media and civil society interest in the program, this context has been changing, as examined in Chapter 5 and Part IV. Yet it remains difficult to gather data, information and statistics on the SAWP. By refusing to publicly release statistics and information or to open annual negotiating meetings to public observation and scrutiny, all the while deflecting (or obscuring) reporters' and researchers' questions, the Canadian government actively discourages knowledge and debate about the program. This secrecy, which has been such a source of frustration among contemporary researchers, is coterminous with the early years of the program.¹⁰

Finally, to justify this exception, the rights of SAWP workers are balanced against the rights of Canadians.

In this case, the logic is balanced in an “us/them” dichotomous frame as demonstrated in numerous examples throughout the thesis: allowing “them” to immigrate could pollute “our” imagined national community; allowing “them” to organize could undermine “our” agricultural industry viability; allowing “them” to access EI could undermine its availability for Canadians¹¹; providing “them” with long-term health care for long-term

¹⁰ For example, an internal government memo in 1973 responding to an inquiry by a reporter about the program indicates that the Canadian civil servant was advised “to release minimal data, enough to satisfy the press agent, in order to avoid any spontaneous press news containing flagrant errors and bad publicity I refused the release of detailed 5 year statistics . . .” (NAC 1973c: RG 118 Vol 81 File 3315-5-1 p.86).

¹¹ With respect to EI payments, for example, a 1973 *Windsor Star* article covering an Ontario growers meeting, in which they discussed the option of extending the program's maximum length, quotes one as saying: “There is one possible danger in extending the length of the program If the Caribbeans start working full time, they may become landed immigrants, putting more people on unemployment insurance At least this way we know they're getting back” (NAC 1973b: RG 118 Vol 81 File 3315-5-1 P.11). It should also be noted that numerous times over the course of the program, workers' advocates, their governments, and even growers have complained about the mandatory deductions for SAWP workers into social assistance programs from which they can never benefit. In a response to such a concern in 1974, the Director General of the Manpower Employer Services Branch, writes: “Deductions for UI and CPP are statutory requirements, and to make an exception for one group of workers would open the door to requests from a variety of sources, legitimate and otherwise, to remove the protection of these social insurance schemes from the employees concerned” (NAC 1974a: RG 118 Vol 81 File 3315-5-1 P.11). Interestingly, the government is unwilling to make an exception for workers' mandatory payments, even though the entire program constitutes an exception to typical immigration and labour laws. Thus it can be seen that “exceptions” are strategically assigned only when they are deemed to be in the interests of the group defining the exceptions—in this case, the Canadian state.

problems would come at the cost of the collective system meant for Canadians. Thus each of these exceptions is also justified by the corresponding interests of the benevolent Canadians who are kind enough to employ these foreign Others, but should not otherwise have to share a piece of their pie.¹²

Conclusion: The Embodiment of Hope

“Human rights abuses are best understood (that is, most accurately and comprehensively grasped) from the point of view of the poor. This too is a relatively novel exercise in the human rights community. In no arena is it more needed than in that of health and human rights.” – Paul Farmer 2005:17

Seeing the SAWP through the eyes of migrants, and through the prism of their health, a very different picture emerges than that through the eyes of the officials who run it or the growers who benefit from it. Although workers have many rights on paper, official human rights and labour laws are lacking for migrant farmworkers, while those laws that do exist are not enforced by either Canada or the sending countries. The result is that migrants are integrated to work in Canada as parts of a *system of exception* within an era of ostensible universal human rights and postnational citizenship. Migrants are included in international migration processes only to the extent that their labour is needed, while being excluded from citizenship and other rights for which their expendability renders them unworthy. Despite promising legal rhetoric, neither the universal human rights regime, nor the participating states which are part of this system, adequately protect those whose lives stretch across the physical and social margins of the new world order. Unnecessary suffering is the result.

In any evaluation of a migration program, positive as well as negative experiences and outcomes must be considered. Clearly the SAWP provides a measure of opportunity that is welcomed by its participants. The economic benefits to the families who can now afford education and homes are indisputable. Such benefits, however, cannot be used to gloss over, ignore or even justify the problems. Similarly, it is necessary to understand the magnitude of dependence on migration in order to understand why migrants accept

¹² Similar conclusions have been made of post-9/11 U.S. immigration policy. As noted by Kanwar: “since the terrorist attacks of September 11, 2001, the fundamental structure of U.S. immigration policy has allowed the rights of noncitizens to be ‘balanced’ against the security of citizens, subjecting an already vulnerable population to an invidious distinction and, potentially, a zerosum relation” (2005:574).

problematic conditions in Canada. The purpose of this thesis has not been to take a measurement of happiness or discontent with the program, but rather to probe its causes and its effects, especially for those migrants who have “fallen through the cracks” of a system with far too many holes and far too many gates, in the hope of finding a more humane and just approach to the challenges of international labour, agriculture and migration.

The social impacts of migration programs, for both migrants and their families, are often overlooked by policy-makers, academics and politicians who hail the SAWP as a “model migration program,” praised for its ability to relieve Canadian farmers of a chronic shortage of “reliable” labour willing to work for poor wages, and at the same time helping Mexico and Jamaica’s poor to earn wages impossible at home with “all rights guaranteed.” If the SAWP can be seen to contribute to a “development” model, we must ask, what is the ultimate goal of this model for the individuals and communities involved? This idea of a “win-win” situation does not take into account that those who “win” economically can also “lose” other things; health – and lives – which are hardly reducible to quantifiable measurements or models in the eyes of the people involved. While the economic benefits of the program cannot be discounted, any complete analysis must consider not only economic and developmental impacts of migrants’ remittances, but also the impacts which lie beneath the surface.

The question which so many workers, activists and sympathizers ask of sick and injured workers is: “What does Canada *owe* to a worker who has been living and working legally in Canada for years or decades, who has contributed to the social contract throughout this period, and who may have become ill or injured in Canada and may not receive care in his or her home country?” The legal answer may be that they are not entitled to any further medical treatment, but many migrant workers and Canadians alike view the moral answer as something different—as evidenced in the comments offered by over 900 Canadians who signed an on-line petition in support of Hermelindo Gutierrez’s humanitarian and compassionate claim to remain in Canada. Some comments offered by Canadians in the petition include: “If we need him to work here, then we as a country take on the responsibility to take care of him”; “I am shamed by my country that we treat the people who grow our food such disrespect. We should honour the people who care for

our life sustaining substances”; and “This man has put in years of work here, and I know for a fact that migrant workers pay taxes! Therefore, he has already contributed to Canada’s private economy as well as our public social services. On these grounds, as well as on grounds of compassion, he has earned his right to refugee status.”

The question of what Canada “owes” to such workers is rarely asked nor answered at the policy level, for the entire system revolves around the interests of Canadian employers and the Canadian state, not that of the “temporary” non-Canadian citizen employees. From the Canadian state’s interest, it would be best for such workers to quietly go home and not evoke the awareness – let alone empathy – of Canadians so that the obvious contradictions of Canada’s “compassionate,” “humanitarian” and “inclusive” reputation are not sullied. Nonetheless, with rising numbers of migrants throughout the country, social and labour movements are somewhat belatedly beginning to notice these workers, and are seeking changes towards a more just system—as evidenced in the increasingly heard rally cry “Good enough to work; Good enough to stay!” Indeed, more workers may be integrated by such groups as “cultural citizens” even if they continue to remain politically excluded.

Particularly telling for me was an event that occurred on July 5, 2009, just as I was preparing to submit this manuscript. Justicia arranged for several dozen migrant farmworkers, both Mexican and Caribbean, from multiple regions across the province, to converge in Toronto for a rare group meeting. The meeting was followed by a rally along with live-in caregivers and other temporary foreign workers, to demand justice and equal rights for all, across categories of country of origin, work permit and immigration status. Some of the migrant workers took the microphone and, to many cheers of support from the crowd, shared their vision for a better future. After an afternoon which went by far too quickly, of workers, aided by volunteer interpreters, discussing their common struggles and visions for change, our time had run out and we had to put an end to the discussion. I told one of the workers, who has been involved in group meetings and my research for several years, that “the conversation will have to continue.” He looked at me, and very candidly replied: “We have conversed enough. It is now time for action.”

The calls for change in this program are many, and come from academics, activists, community members, labour and faith groups, and most importantly, migrant

workers. Many people would like to see the program enacted in a more humane way—facilitating a more supportive environment, providing cultural integration and linguistic training, emotional support and improved education and support regarding health, safety and rights. Others would like to see policy-changes, such as a long-term health insurance that covers workers in both Canada and their countries of origin; migrant workers' full inclusion in benefits such as employment insurance; an appeals process for repatriations; the right to bargain collectively; migrant workers' inclusion in the contract negotiations; greater employer screening and monitoring; and job security for returning workers. All of these are important changes that would undoubtedly improve migrant workers' experiences in the program. More fundamental changes include calls for labour mobility rights and a path to the regularization of immigration status. Such suggestions recognize that migrant workers will continue to be structurally vulnerable so long as they are temporary residents tied to a specific employer. More fundamental still are those who call for a more just and equitable world system, in which migration is not necessary for survival, and where it is chosen as an option, is done under conditions of freedom and autonomy.¹³

I have used this thesis as a means to document the health effects of a particular migration program from workers' perspectives, and I have simultaneously attempted to share their issues and their suggestions for change with as many people who will listen. Some of my specific recommendations are included in the Appendix (11.2, 13.1, 13.2).¹⁴ Although the power structures which benefit from the status quo are formidable, I believe that changes are possible. Over the course of the five years of researching and writing this project, I have witnessed a great momentum of actors coming together to call for change

¹³ See, for example, the demands of Canadian-based migrant-rights groups such as No One Is Illegal and Justicia for Migrant Workers.

¹⁴ In April, 2008 I presented a summary of my findings to a parliamentary standing committee examining the use of temporary foreign workers in Canada (see minutes at CIMM 2008). I have included my list of recommendations to reform the program, as Appendix 13.2. The committee released its findings and recommendations as I was completing the final draft of this thesis in May 2009 (see CIMM 2009), including a wide range of recommendations to address many of the issues I and others have raised. It is yet to be seen which of these recommendations will be adopted; the Conservative party released a minority report issuing dissenting opinions on many of them. I have also attended symposia and provided specific recommendations to various bodies involved with the SAWP, including the WSIB, the Mexican government, HRSDC/CIC, and Niagara Region Public Health. See Appendix 13.1 for a list of recommendations I compiled with Dr. Jenna Hennebry (Spanish version), which was distributed at some of these events. Recommendations for service providers are included as Appendix 11.2.

– not only migrant workers and labour activists, but also, in some cases, employers, community members, health care practitioners, policy-makers, politicians and government agents – who have learned of the flaws in the system and want to improve it. I hope that this research can be used as one more tool to understand a thus far neglected aspect of the program—migrant health—and as one more voice in a movement towards constructing a system that is not only more humane, but also fundamentally just.

In pursuing these goals, it is crucial to base our analysis on the lessons learned from the lives already deeply touched by migration. The profile of Cuijing, which began this thesis, is but one example of many sending villages which contain lives forever changed by their migration, in contradictory ways that are good as well as bad. Of those workers who did suffer illnesses or injuries, a common pattern is evident: feelings of abandonment and struggle; a lack of support; and family strain. In every town, there are some who have slipped through the cracks of this migrant labour system. And in every town there are those who don't want to keep slipping; those who, despite the challenges, have a passionate determination to change the system for their children and for those who come after them. These migrants' stories point to the weaknesses of a system that treats them as commodities, and does not take into account their human needs. Their struggles for their lives and health embody its deficiencies. Their voices and their eyes speak to the profound need for change . . . and to the hope for better things to come.

Figure 77 - Changing landscapes



Jane Andres, a local resident, displays a thank-you sign for her migrant worker neighbours, along with a hand-painted Jamaican flag, outside her home in Niagara-on-the-Lake

Photo: J. Andres. Used with permission.

APPENDICES



Figure 78 - After a season in Canada, a Mexican migrant worker farms in his own field, accompanied by father and dog, in rural Hidalgo

APPENDIX 1.1 - SAWP STATISTICS

Mexican and Caribbean Migrant Workers According to Provinces, 2002

Province	Mexican Migrant Workers	Caribbean Migrant Workers	Total
Canada	10,779	7,756	18,535
Ontario	7,633	7,580	15,213
Quebec	2,635	81	2,716
Alberta	195	0	195
Manitoba	276	7	283
PEI	28	0	28
New Brunswick	12	0	12
Nova Scotia	0	88	88

(Source HDRC, Verma 2003, Becerril 2003, as cited in Justicia 2008).

Overview of Expansion of the Program

Year	Caribbean	Mexico	Total
1966	264 (all Jamaican)	--	264
1967	1,077	--	1,077
1974	5,342	195 (first year)	5,537
1980	5,325	676	6,001
1985	4,173	832	5,005
2002	7,756	10,779	18,535

(Source: HDRC, Verma 2003, Becerril 2003, as cited in Justicia 2008 and Satzewich 1991:111).

Ontario Placement of Seasonal Agricultural Workers by Region, 2003, 2004

Location	2003	2004
Barrie	291	300
Chatham	790	812
Cobourg	374	294
Cornwall	36	35
Guelph	56	58
Hamilton	397	431
Kingston	0	16
Leamington	2,899	2,961
Lindsay	14	12
Newmarket	813	780
Oakville	257	236
Oshawa	352	339
Ottawa	91	104
Owen Sound	1,019	910
Simcoe	4,690	4,880
Smiths Falls	2	2
St. Catharines (Niagara)	2,188	2,457
Sudbury	4	2
Tillsonburg	2,454	2,457
Wallaceburg	208	204
TOTALS	16,987	16,986

Top Centres for Numbers of Workers in Ontario - 2003, 2004

Location	2003	2004
1) Simcoe	4,690	4,880
2) Leamington	2,899	2,961
3) Tillsonburg	2,454	2,457
4) St. Catharines (Niagara)	2,188	2,457
5) Owen Sound	1,019	910
6) Chatham	790	812
7) Newmarket	813	780

Vacancies Filled by Crop in Ontario 2003, 2004

Crop	2003	2004
Apples	1,706	1,544 (9.09%)
Canning/Food Process	479	424 (2.50%)
Flowers	326	312 (1.84%)
Fruit	3,340	3,291 (19.37%)
Greenhouse	2,350	2,402 (14.4%)
Nursery	887	819 (4.82%)
Sod	0	4 (0.02%)
Tobacco	3,822	3,829 (22.54%)
Vegetable	3,634	3,848 (22.65%)
Ginseng	443	513 (3.02%)
Totals	16,987	16,986 (100%)

Source: Human Resources Development Canada (HRDC) Statistics (2005)

APPENDIX 1.2 - RETURN REPORT FOR MEXICAN WORKERS



SECRETARÍA DEL
TRABAJO Y
PREVISIÓN SOCIAL

COORDINACIÓN GENERAL DE EMPLEO
DEPARTAMENTO DE EMPLEO PARA MIGRATORIOS INTERNACIONALES

PROGRAMA DE TRABAJADORES AGRÍCOLAS TEMPORALES MEXICO CANADA

Notice to the employer

The Mexican government wants to improve the selection procedures of the Mexican seasonal agricultural workers program, therefore, your information is very important, about the job of:

WORKER'S NAME: FILE'S NUMBER

1. He has been working in my farm from until of 200__

2. Total hours worked:

3. Did he come from Mexico? Or was he transferred?

4. He is going back to Mexico because:

- The working contract expired.
- There is no more harvesting to be done.
- The worker has health problem's.
- The worker has family or personal reasons.
- Other.

5. The airplane fare from Canada to Mexico is being paid by:
The employer The worker The Mexican Government

6. Would you like this worker to return next year?

Yes On wich month do you require him?

No Please specify your personal reasons

7. Your opinión about the worker:

Mr/Mrs.

Farm:

Date Signature

C:\CANADACARTA FRANCES.DOC

APPENDIX 1.3 - BILINGUAL INTERVIEW TEMPLATE

A) DEMOGRAFÍA E HISTORIA PERSONAL / DEMOGRAPHICS AND PERSONAL HISTORY

A.1) Datos personales y familiares / Family and Personal Background

A.1.1) Género / Gender

1. Hombre / Male
2. Mujer / Female

A.1.2) Fecha y lugar de Nacimiento / Place and Date of Birth:

A.1.3) Edad / Age:

A.1.4) Lugar de origen; Lugar de residencia / Place of Origin; Place of current residence:

A.1.5) Idiomas/ Languages

Primer idioma / First Language: _____ habla/speak__ lee/read__ escribe/write__
 Segundo idioma / Second Language: _____ habla/speak__ lee/read__ escribe/write__
 Tercer idioma / Third Language: _____ habla/speak__ lee/read__ escribe/write__

A.1.6) ¿Sabe hablar algún dialecto? / Do you speak a dialect?

A.1.7) Hasta que grado estudió en la escuela (grado, diploma, o título mas avanzado completado)
 /
Education level (highest grade, degree or diploma completed):

A.1.8) Estado Civil / Civil Status:

1. Casado(a) / Married:
2. Unión Libre / Living with Common law:
3. Viudo(a) / Widowed:
4. Separado(a) / Separated:
5. Divorciado(a) / Divorced:
6. Soltero(a), nunca casado(a) / Single, never married:
7. Nunca casado, actualmente sale con alguien / Never married, currently have a dating partner:
8. Padre o madre solteros (se casó o no?)

A.1.9) ¿Me va a ir diciendo si son niños o niñas, cuales son sus edades y si son sanos o enfermos?/ Number of Children, their gender and what ages, are they sick or healthy?:

B) CONDICIONES EN PAIS DE ORIGEN/HISTORIA DE VIDA **(CONDITIONS IN HOME COUNTRY/LIFE HISTORY)**

B.1) Personal Background

B.1.1) ¿A que edad empecé a ayudar en la casa? ¿Que tipos de labores o tareas realizaba? ¿A que edad empecé a trabajar por un ingreso/dinero? ¿Que tipos de trabajos pagados tenía? / At what

age did you start helping around the house? What kinds of tasks did you do growing up? At what age did you start working for money? What types of paid jobs have you had?

B.1.2) Si indicó en el campo, por favor responda lo siguiente: ¿Que tipo de trabajo realizaba en el campo? ¿Trabajaba en tierras de su familia o de otras personas? ¿Esto es trabajo solo de hombres o de mujeres tambien? / *If you indicated farm work please respond to the following: What kind of farm work did you perform? Did you work on your family's land or on other people's land? Is this work that only men performed?*

B.1.3) ¿A que edad se caso y/o a que edad tuvo niños? / *At what age did you get married and/or have children?*

B.1.4) ¿Cuál es la mayor razon por la Cuál va a Canadá cada año? / *What is the main reason that you come to Canada each year?*

B.2) Composición Familiar Actual (Current Family Composition)

B.2.1) Por favor indique Cuántas personas, y quines viven en su misma casa /*Please indicate how many people, and those who live in the same house:*

Miembros de la Familia / Family members

Padre/Father:

Madre/ Mother:

Abuelo/Grandfather:

Abuela/ Grandmother:

Hijo/ Son:

Hija/ Daughter:

Yerno/ Son-in-law:

Yerna/ nuera / Daughter-in-law:

Los padres/Parents:

Suegros / Parents-in-law:

Hermano/Brother:

Hermana/ Sister:

Cuñado/ Brother-in-law:

Cuñada/ Sister-in-law:

Sobrino/ Nephew:

Sobrina/ Niece:

Otros/ Other:

B.3) Economia / Economics

B.3.1) ¿Cuánto dinero gana trabajando en Canadá cada año? / *How much money do you earn on average for your work in Canada per year?*

B.3.2) ¿Cuánto dinero esperaria ganar si no migrara a Canadá? / *How much money would you expect to earn if you did not migrate to Canada?*

B.3.3) ¿Cuáles son las maneras principales en que utiliza el ingreso ganado en Canda? / *What are the main ways you use your additional income from Canada?...*

1. Mantener lo basico para vivir: comida, ropa / *Maintain the Basics of Life: Food, clothes*__

2. Invertir en una vivienda/casa / *Invest in House*__

3. Educación de los niños / *Schooling of children*__

4. Capacitación para adultos / *Schooling or further training of adults*__

5. Mercancia electrónica, televisores, artículos de lujo / *Electronics, TVs, luxury household items*__

6. Gastos medicos propios (ejemplo, medicina, visitas al doctor) / *Medical expenses of self (e.g. medicine, doctor visits)*__

7. Gostos medicos de familiares / *Medical Expenses of family*__

8. Invertir en la agricultura o tierra (ejemplo comprar terreno, equipo, herramientas, animales, ganado) / *Invest in Farm or Agriculture (e.g. purchase of land, equipment, animals)* __
 9. Invertir en negocios no agrícolas / *Invest in non-agricultural Business* __
 10. Otro/ *Other*: _____

B.3.4) ¿Cuál era su principal fuente de ingreso antes de empezar a trabajar en Canadá?
What was your main source of income before you started migrating to Canada?

B.3.5) ¿Cómo conocio el programa? / *How did you hear about the program?*

B.3.6) ¿Enfrento problemas para entrar al programa? / *Did you face any barriers to entering the program?*

B.3.7) ¿Qué hace cuando regresa a Mexico? ¿Trabaja? ¿Que tipo de trabajo hace? ¿Si no, porque?
/ What do you do when you're in Mexico? Do you work? If so, what type of employment? If not, why?

C) CARACTERÍSTICAS DEL EMPLEO EN CANADÁ / CHARACTERISTICS OF CANADIAN EMPLOYMENT

C.1) Información General / General Information:

Por favor, indique / *Please indicate...*

C.1.1) Número de años / temporadas trabajando en Canadá (desde cuando hasta cuando?) /
Number of years in total working in Canada (from when to when):

C.1.2) Número de diferentes patrones en Canadá / *Number of different employers in Canada:*

→ ¿Porqué cambió de granja? / *Why did you change farms?*

C.1.3) Llenar una sección por cada empleo en Canadá
(Fill out one section for each employment circumstance in Canada):

C.1.3.1) ¿Qué cultivó en esas granjas (ejemplo tobacco, pepino, flores)? / *What types of crops were grown at these farms (e.g. tobacco, cucumbers, flowers?):*

C.1.3.2) ¿En qué regiones trabajó en Canadá (pueblo/condado, provincia) / *In what regions of Canada did you work (town/county, province)?:*

C.1.3.3) Años trabajados en cada granja / *Years worked at each farm (e.g. 1998-2000):*

C.1.3.4) Plazo de empleo (promedio de meses cada año) / *Work Term (average number of months each year):*

C.1.3.5) ¿A qué se dedicaba en la granja? / *Type of Work/Jobs Performed:*

C.1.3.6) ¿En qué tipo de lugar trabajaba en Canada? / *Location of Work Site:*

1. Invernadero / *Greenhouse*: __
2. Campo / *Field*: __
3. Huerto / *Orchard*: __

4. Planta de empaque / *Packing Plant*: ____
5. Otros (especificar) / *Other (specify)*: _____

C.1.3.7) Horarios y Condiciones Sanitarias / *Hours and Sanitary Conditions*:

1. ¿Cuántas horas al día trabaja regularmente? / *How many hours a day did you usually work*: ____
2. ¿Cuántas horas trabaja aproximadamente en un día durante la temporada más ocupada del año? / *Approximate number of hours worked a day at busiest time of year*: ____
3. ¿Cuánto tiempo duró/dura la temporada más ocupada del año? / *How long did this busy time last?* ____
4. ¿Cuántos descansos al día tiene? / *How many breaks a day would you usually get?* ____
5. ¿Cuánto duraban estos descansos? / *How long were these breaks?* ____
6. ¿Cuántas veces paraba para comer? / *How often did you stop to eat?* ____
7. ¿Tenía acceso a agua potable mientras trabajaba? / *Did you have access to clean water while working?* ____
8. ¿Tenía acceso al baño mientras trabajaba? / *Did you have access to toilets while working?* ____
9. ¿Tenía acceso a un lavado mientras trabaja? / *Did you have access to sinks while working?* ____

C.1.3.8) Cuántos trabajadores habian en su granja / *Approximate number of other workers on farm*:

1. Participantes del PTAT Mexicanos / *Mexican SAWP participants* ____
2. Participantes Caribeños del PTAT / *Caribbean SAWP participants* ____
3. Otros migrantes / *Other migrants* ____
4. Canadienses / *Canadian* ____

C.1.3.9) ¿Cómo considera el nivel de dificultad del trabajo que hace en el campo en Canada en comparación a otro trabajo que ha tenido? / *How difficult was work in relation to other farm work you have performed...?*:

1. Bien difícil / *very difficult* ____
2. Difícil / *difficult* ____
3. Promedio/regular / *about average* ____
4. Fácil / *easy* ____
5. Bien fácil / *very easy* ____
6. No se / *don't know* ____

C.1.3.9.1) ¿Por qué se debe esta diferencia? / *Why the difference?*

C.1.3.10) ¿Cuántas veces se siente cansado/a en el trabajo? / *How often would you feel tired on the job...?*

1. Durante todos los días / *Throughout every day*:
2. A veces todos los días / *Sometimes almost every day*:
3. Solo algunos días cada semana / *Only some days each week*:
4. Una vez a la semana / *Once a week or less*:
5. Una vez al mes o menos / *Once a month or less*:
6. Nunca / *Never*:

C.1.3.11) ¿Cada cuánto sentia los músculos doloridos? / *How often would you have sore muscles?*

1. Durante todos los días / *Throughout every day*:
2. A veces todos los días / *Sometimes almost every day*:
3. Solo algunos días cada semana / *Only some days each week*:
4. Una vez a la semana / *Once a week or less*:

5. Una vez al mes o menos / *Once a month or less*:

6. Nunca / *Never*:

C.2) Vivienda / Accommodation

C.2.1) ¿Que tipo de vivienda ha tenido en Canadá? / *In what type of accommodation did you reside in Canada?*

1. House / casa ____
2. Trailer / casa móvil ____
3. Bunkhouse / barraca ____
4. Other (please specify) otro (por favor explique) ____

C.2.2) ¿Cuántos más vivían en este lugar? / *How many others lived in this accommodation?*

C.2.3) ¿Cuántos cuartos/recamaras habían? / *How many bedrooms were there?*

C.2.4) ¿Cuántos baños habían? / *How many bathrooms were there?*

C.2.5) ¿Tuvo algun tipo de problema con su vivienda, explique? / *Did you experience any problems with housing, if so, what?*

C.3) Trato del Patron y Control Sobre el Trabajo / Treatment of Employer and Job Control

C.3.1) ¿Cómo lo trato el patron? / *How did your employer treat you?*

1. Muy bien, como un amigo o pariente / *Very well, like a good friend or family member* ____
2. Bien, con respecto / *Pretty well, with respect* ____
3. En una manera decente / *Decently* ____
4. Mal / *Poorly* ____
5. Bien mal / *Very poorly* ____
6. Terrible (Cómo un esclavo, animal, o una persona de una clase inferior) / *Terribly (Like a slave, animal, or second class person)* ____

C.3.2) ¿Cómo lo trato el majordomo? / *How did your supervisor treat you?*

1. Muy bien, Como un amigo o pariente / *Very well, like a good friend or family member* ____
2. Bien, con respecto / *Pretty well, with respect* ____
3. En una manera decente / *Decently* ____
4. Mal / *Poorly* ____
5. Bien mal / *Very poorly* ____
6. Terrible (Cómo un esclavo, animal, o una persona de una clase inferior) / *Terribly (Like a slave, animal, or second class person)* ____

C.3.3) ¿Si no se sentía bien, le daba tiempo su patron/majordomo para descansar o recuperarse? / *If you weren't feeling well, did your employer allow you to take the time you needed to rest or get better?*

Si siempre / *Yes, always* ____

Si, a veces / *Yes, sometimes* ____

No, nunca / *No, never* ____

No recuerdo / *I don't remember* ____

No le preguntaría / *I wouldn't ask* ____

No se aplica, nunca lo he necesitado / *Not applicable/never needed it* ____

C.3.4) ¿Alguna vez tuvo la preocupación que si tenía un problema de salud iba afectar su relación con su patrón y su puesto en el programa? ¿Por que si o por que no? / *Were you concerned that if you experienced any health problems this may affect your relationship with your employer or your placement in the program? Why or why not?*

C.3.5) ¿Si usted pensó que su trabajo estaba poniendo en riesgo su salud y seguridad, se sentiría en confianza de decirle a su patrón/mayordomo sobre sus preocupaciones y pedir un cambio de su situación? / *If you felt as though your work was compromising your health or safety, would you feel comfortable telling your boss or supervisor your concerns and asking for a change in circumstances?*

C.3.6) ¿En general cuánto control o poder siente que usted tiene sobre sus condiciones de vivienda en Canadá (incluyendo alojamiento y transportación y etcétera)? / *Overall, how much control, or power do you feel you have over your living conditions in Canada (including housing, transportation, etc.)?*

1. Sin control / *No control*
2. Poco control / *Very little control*
3. Algo de control / *Some control*
4. Mucho control / *A lot of control*

C.3.7) ¿En general cuánto control o poder siente que usted tiene sobre sus condiciones de trabajo en Canadá (por ejemplo la capacidad de determinar cuantas horas usted trabaja, el tipo de tareas que desempeña y etcétera)? / *Overall, how much control, or power do you feel you have over your working conditions in Canada? (e.g. ability to determine the hours you work, what types of tasks you do, etc.)*

1. No control / *No control*
2. Poco control / *Very little control*
3. Algo de control / *Some control*
4. Mucho control / *A lot of control*

C.3.8) Por favor explique su repuesta. / *Please explain your answer.*

C.4) Trato Comunitario / Community Treatment

C.4.1) ¿Ha recibido algunos esfuerzos para involucrarlo en la comunidad o algún grupo le ha brindado apoyo? ¿Que grupo y que tipo de actividad o apoyo fue? / *Have you been the recipient of any efforts to involve you in the community or has any group provided support to you? If so, which group and what type of activity or support?*

C.4.2) ¿Piensa que los trabajadores mexicanos son queridos y bienvenidos en las comunidades rurales en Canada? ¿Se le ha tratado mal por parte de alguien de la comunidad local en Canadá? ¿Ha tenido el sentimiento que se le ha tratado diferente por el hecho de ser mexicano? ó ¿ha sabido de algun caso de otros compañeros que hayan sido tratado(s) mal? / *Do you think that Mexican workers are wanted and welcome in rural Canadian communities? Have you ever been treated poorly by anyone in the local community? Have you felt like you've been treated differently because you're Mexican? Or do you know of any other case where a fellow workers was treated badly?*

C.4.2.1) ¿Por favor, explique que pasó...? / *If so, could you explain what happened?*

C.4.3) ¿Alguna vez ha necesitado el apoyo del consulado? Si, es que sí, por favor explique las circunstancias y qué pasó. / *Have you ever required the support of your consulate? If so, please explain the circumstances and what happened.*

C.4.3.1) ¿Quedó satisfecho/a con la respuesta del consulado? / *Were you satisfied with the consulate's response?*

C.4.4) Piensa que tiene acceso al información, conocimiento y apoyo necesario para lo siguiente, (Indique si o no) / Do you feel that you have adequate access to information about, knowledge of and support for (Indicate, Y, N)

1. Benéficos para la jubilación / *Pension benefits* _____
2. Beneficios de paternidad/maternidad / *Child benefits* _____
3. Impuestos / *Taxes* _____
4. Servicios de Salud / *Health care* _____
5. Seguro de incapacidad laboral / *Workers compensation* _____
6. Derechos en general / *Rights in general* _____
7. Condiciones de su contrato / *The conditions of your contract* _____

C.5) Canadá v. E.U. / Canada vs. the United States

C.5.1) ¿Cuál es la razón principal por la que trabaja en Canadá en vez de los Estados Unidos? / *What is the main reason you come to Canada as opposed to working in the United States?*

C.5.2) ¿Ha trabajado en los Estados Unidos o en otro país? / *Have you ever worked in the United States or in another country?*

C.5.2.1) ¿En dónde? / *If so, where?*

C.5.2.2) Que país era mejor para lo siguiente? / Which country was better for:

1. Salario / *Wages* _____
2. Atención medica / *Health care* _____
3. Vivienda / *Housing* _____
4. Libertad de movimiento, fácil movilidad / *Freedom of movement* _____
5. Trato respetuoso / *Treatment with respect* _____
6. Vida social / *Social life* _____
7. Trato en general / *Overall treatment* _____
8. Otros aspectos / *Other aspects* _____

D) ASUNTOS DE SALUD / HEALTH ISSUES

D.1) Salud General / General Health:

Esta sección del cuestionario trata varios aspectos de la salud. Le voy a preguntar sobre actividades físicas, relaciones sociales y estado de salud. Por salud no me refiero solamente la ausencia de enfermedad o lesión sino también el bienestar físico, mental y social. / This part of the survey deals with various aspects of your health. I'll be asking about such things as physical activity, social relationships and health status. By health, I mean not only the absence of disease or injury but also physical, mental and social well-being.

Empesare con algunas preguntas sobre su salud en general. / I'll start with a few questions concerning your health in general.

D.1.1) ¿En general, diría que su salud es / In general, would you say your health is:

1. excelente / *excellent?*
2. muy buena / *very good?*
3. buena / *good?*
4. regular / *fair?*
5. mala / *poor?*

D.1.2) ¿Cómo esta su salud comparada con antes de trabajar en Canadá? / Compared to before you started working in Canada, how would you say your health is now? Is it...:

1. Está mucho mejor ahora que antes de empezar a trabajar / *Much better now than before you began working?*
2. Estaba mejor antes de empezar a trabajar / *Somewhat better now than before you began working?*
3. Igual / *About the same?*
4. Peor ahora que antes de empezara trabajar / *Somewhat worse now than before you began working?*
5. Mucho peor ahora que antes de trabajar / *Much worse now than before you began working?*

D.2) Peso Y Nutricion / Nutrition and Weight

D.2.1) ¿Piensa que tenía una dieta nutritiva en Canadá? ¿Si no, por que? / Do you feel like you had a nutritious diet in Canada? If not, why?

D.2.2) ¿Durante la ultima temporada en Canadá, diría que subio de peso, perdio de peso o se quedo igual? / During your last season in Canada, did you gain weight, lose weight or stay about the same?

1. subí de peso / *gained weight*
2. perdí peso / *lost weight*
3. quedé igual / *stayed about the same*

D.2.3) ¿Cuánto perdio o subio? / About how much did you gain/lose?

Fue en kilos o libras - *Was that in pounds or in kilograms?*

1. libras- *pounds*
2. kilos- *kilograms*

D.2.3.1) ¿A que se debe esta diferencia? / If applicable, why the difference?

D.3) El Dormir / Sleep

D.3.1) ¿Tuvo mas problemas en Canadá para consiliar el sueño que en México? / When in Canada, did you have more trouble falling asleep than you usually do when you're in Mexico?

1. Si/Yes
2. No/No

D.3.2) ¿En Mexico, Cuánto tiempo duerme cada noche? / In Mexico, how long do you usually spend sleeping each night?

1. Menos de 4 horas / *Less than 4 hours*
2. 5 horas / *5 hours*
3. 6 horas / *6 hours*
4. 7 horas / *7 hours*
5. 8 horas / *8 hours*

6. 9 horas / *9 hours*
7. 10 horas / *10 hours*
8. 11 horas / *11 hours*
9. 12 horas o mas / *12 hours or more*

D.3.3) ¿En Canadá cuánto tiempo en general duerme cada noche? / *In Canada, how long do you usually spend sleeping each night?*

1. Menos de 4 horas / *Less than 4 hours*
2. 5 horas / *5 hours*
3. 6 horas / *6 hours*
4. 7 horas / *7 hours*
5. 8 horas / *8 hours*
6. 9 horas / *9 hours*
7. 10 horas / *10 hours*
8. 11 horas / *11 hours*
9. 12 horas o mas / *12 hours or more*

D.3.3.1) ¿A que se debe esta diferencia? / *If applicable, why the difference?*

D.4) Exposición General a las Pesticidas / *General Exposure to Pesticides*

D.4.1) Pesticidas son productos químicos que usan para matar insectos, malezas (malas hierbas), gérmenes y enfermedades de las plantas. También nos referimos a fertilizantes y otros tipos de químicos agrícolas / *Pesticides here used to refer to all agricultural chemicals*)

D.4.2) ¿Durante su tiempo trabajando en Canadá, ha tenido que mezclar, fumigar o reparar o limpiar equipo que se usó para pesticidas; o tocar envases de pesticidas u otros químicos agrícolas sin enjuagar? Por favor responda las siguientes / *During any of your time working in Canada, were you involved with mixing or applying pesticides; repairing or cleaning any equipment used for pesticides; or handling containers with pesticides or other agricultural chemicals without rinsing them? If so, please answer the following questions:*

→ **D.4.2.1)** ¿Cuántos años aplicó pesticidas? / *How many years did you apply pesticides?*

→ **D.4.2.2)** ¿Con qué frecuencia aplicaba pesticidas? / *How frequently would you apply pesticides?*

D.4.3) Hacia todos los Trabajadores / *All Workers:*

D.4.4) ¿De qué maneras ha tenido contacto con pesticidas en el trabajo? / *In what ways did you come into contact with pesticides in the workplace?*

D.4.5) ¿Cuántas veces estuvo en contacto directo con pesticidas? / *How often did you come in direct contact with pesticides?*

D.4.6) ¿Con qué frecuencia se fumigaba con pesticidas cuando trabajaba? / *How frequently would pesticides be applied while you were working?*

D.4.7) ¿Cuánto tiempo después de que se fumigaba comensaba a trabajar de nuevo? / *How long after pesticides were sprayed would you begin working?*

D.4.8) ¿Conoce los nombres de las pesticidas que usaba en el trabajo? Por favor nómbrelas / *Did you know the names of the pesticides used in your workplace? If so, please name them:*

D.4.9) ¿Que equipo o ropa de protección se le dio y utilizaba para trabajar con pesticidas? Indique la frecuencia / *Which equipment or clothing for personal protection were you given and did you use while working with pesticides? Indicate the frequency:*

Equipo personal de protección/ <i>personal protective equipment</i>	1. Nunca, no fueron proporcionados / <i>never, were not given</i>	2. nunca pero si fueron proporcionado/ <i>never, but were given</i>	3. De vez en cuando / <i>once in a while</i>	4. Siempre/ <i>always</i>
Guantes / <i>Gloves</i>				
Botas de Goma / <i>Rubber boots</i>				
Poncho Plástico / <i>Plastic poncho</i>				
Pantalones de Goma / <i>Rubber pants</i>				
Cubierta para la espalda / <i>Plastic back covering</i>				
Playera con mangas largas / <i>Long-sleeved shirt</i>				
Cubre bocas (mascara) / <i>Mask</i>				
Lentes / <i>Glasses</i>				

D.4.10) En los casos que si le dieron equipo pero no los uso, por favor indique la razón / *In cases where you were given the equipment but did not use it, please indicate the reason why:*

1. El equipo de protección era muy incómodo para usar / *The protective equipment is uncomfortable to use* _____
2. No creo que fueron importante de usarlo / *I don't believe that they are important to use* _____
3. Otro, especificar / *Other, Specify* _____

D.4.11) ¿Ha recibido capacitación para trabajar con pesticidas? / *Did you receive training with how to work with pesticides?*

→ **D.4.11.1)** ¿Quien administro la capacitación, y por Cuánto tiempo duro? / *If so, who administered the training, and how long was it?*

→ **D.4.11.2)** ¿Fue en español? / *Was the training in Spanish?*

D.4.12) ¿Habian instrucciones sobre pesticidas en un lugar visible dónde trabajaba? / *Were there instructions concerning pesticides posted in the workplace?*

1. Si / *Yes* _____
2. No / *No* _____
3. No se / *Don't know* _____

→ **D.4.12.1)** ¿En que idioma estaban estas instrucciones? / *If so, in what languages were they posted (include all that apply)?*

1. Ingles / *English* 2. Español / *Spanish* 3. Ingles con dibujos / *English with Drawings*
4. Español con dibujos / *Spanish with Drawings* 5. Otro / *Other* ____
6. No se / *Don't know* ____

→ **D.4.12.2)** ¿Siguió estas instrucciones? ¿Si no, por que? / *Did you follow these instructions? If not, why?*

D.4.13) ¿Qué tan peligroso cree que son los pesticidas para su salud ? / *How dangerous do you think pesticides are to your health?*

1. No peligrosas / *Not dangerous* ____ 2. Un poco peligrosas / *A little dangerous* ____
3. Bien peligrosas / *Quite Dangerous* ____ 4. Extremadamente Peligrosas / *Extremely dangerous* ____

D.4.14) ¿Qué peligros atribuye al uso de pesticidas? / *What are some of the dangers you associate with pesticide use?*

D.4.15) ¿Sabe lo que es el residuo de pesticida? / *Do you know what pesticide residue is?*

Si / *Yes* ____ No / *No* ____

D.4.16) ¿Piensa que las pesticidas pueden ser dañinos incluso si no se pueden ver, probar(saborear) u oler? / *Do you think pesticides can hurt you even if you cannot see, taste or smell them?*

Si / *Yes* ____ No / *No* ____ No se / *Don't know* ____

D.5) Problemas de Salud y Síntomas Específicos de Pesticidas / Pesticide Specific Health Problems and Symptoms

D.5.1) Voy a repasar algunos síntomas relacionadas con el manejo de pesticidas y usted indica si los ha tenido mientras trabajaba en Canda. / *I'm going to read some symptoms related to pesticide exposure. Please indicate whether you have had any of these problems while working in Canada.*

Problemas (Problems)	Si o No (Yes or No)	En relación con exposición a pesticidas (Relation w pesticide exposure)	Numero de veces (Number of times)	Con que pesticida y actividad relacionada (With what related pesticide and activity)	Año/Industria/Contexto (Year/Industry/Context)
Dolor de Cabeza/ <i>Headache</i>					
Visión borrosa/ <i>Blurry vision</i>					
Salivación/ <i>Salivation</i>					
Mareo / <i>Dizziness</i>					
Nausea / <i>Nausea</i>					

Vómitos/ <i>Vomiting</i>					
Traspiración/ <i>Sweating</i>					
Calambre de músculos/ <i>Muscle cramps (twitching)</i>					
Problemas para respirar / <i>Difficulty breathing</i>					
Debilidad muscular / <i>Muscular weakness</i>					
Fatiga (cansancio) / <i>Fatigue (tiredness)</i>					
Sensación de piquetes en la piel / <i>Pricking sensation of the skin</i>					
Quemadura en la piel / <i>Skin burns</i>					
Piel irritada / <i>Irritated skin</i>					
Alergia en la piel/ <i>Rash</i>					
Daño a uñas/ <i>Fingernail damage</i>					
Ojos rojos/ <i>Red eyes</i>					
Falta de energía / <i>Lack of energy</i>					
Otras síntomas relacionadas con la exposición a las pesticidas / <i>Any other symptom you relate to pesticide exposure (specify)</i>					

D.6) Enfermedades y Lesiones Generales / General Illness and Injury

D.6.1) Seleccione todos los síntomas o problemas de salud que tuvo durante o después de trabajar en Canadá. Indique en que industria trabajo, que años atribuye estos problemas y si a que atribuye la causa de los problemas. / *Check all of the following symptoms or health problems that you experienced while or after working in Canada. Name what industry you were in, which approximate years you experienced the problem, and what, if anything, you attributed as the cause of the problem:*

Problema / Problem	Industria / Periodo de tiempo-desde cuando hasta cuando/ Industry Time Period From-To	Problema atribuido a / Problem Attributed To
Hueso Quebrado (nombre el hueso) / <i>Broken bone (name bone)</i>		
Enfermedad de Tabaco Verde / <i>Green Tobacco Illness</i>		
Cancer (que tipo) / <i>Cancer (specify type)</i>		
Perdida de pelo / <i>Loss of hair</i>		
Insomnio / <i>Insomnia</i>		
Dolores de la Espalda / <i>Back Aches</i>		
Dolores Musculares / <i>Muscle Aches</i>		
Díabetes / <i>Diabetes</i>		
Cistitis (Infección Urinaria) / <i>Urinary Tract Infection</i>		
(Esterilidad) Problemas para concebir niños / <i>Difficulty conceiving children</i>		
Perdida de embarazo/ <i>Miscarriage</i>		
Defectos de nacimientos o dificultades (especificar) / <i>Birth abnormalities or difficulties (specify)</i>		
Problemas del corazon (especificar) / <i>Heart Problems (specify)</i>		
Problemas del		

estomago (especificar) / <i>Stomach Problems (specify)</i>		
Hernia / <i>Hernia</i>		
SIDA / <i>HIV/AIDS</i>		
Otra enfermedad veneria/ <i>Other STI</i>		
Depresión (Tristeza) / <i>Depression (sandez)</i>		
Ansiedad / <i>Anxiety</i>		
Otro / <i>Other (specify)</i>		

D.6.2) Por favor explique cualquier otro síntoma o diagnóstico (explique el contexto y Cómo te ha afectado). / *Please expand on any symptom or diagnosis reported (explain the context and how it has affected you):.*

D.6.3) ¿Le han afectado algunos de estos síntomas, enfermedades o lesiones para poder trabajar en Canadá? / *Did your experience with any of these symptoms, illnesses or injuries affect your ability to work in Canada?*

→ **D.6.3.1)** Nombre del síntoma, enfermedad o lesión y su causa / *If so, name the symptom, illness or injury and its perceived cause*

→ **D.6.3.2)** ¿Tomo tiempo libre del trabajo? / *Did you take any time off work?*

→ **D.6.3.4)** ¿Por Cuánto tiempo? ¿Tuvo problemas por tomar este descanso? / *If so, how long? Did you experience any problems in doing so?*

→ **D.6.3.5)** ¿Si no descanso del trabajo, por que no? / *If you did not take time off, why not?*

E) ATENCIÓN MÉDICA E INDEMNIZACIÓN / MEDICAL ATTENTION AND COMPENSATION

E.1. Visitas al Médico / Doctors Visits

E.1.2) ¿Ha querido visitar un doctor, curandero, u obtener otro atención médica en Canadá? Si, si por favor responda las siguientes preguntas / *Did you ever want to visit a doctor, healer, or seek any kind of medical attention in Canada? If yes, please answer following questions:*

→ **E.1.2.1)** ¿Cuántas veces ha querido visitar un profesional médico? / *How many times have you wanted to visit any kind of health practitioner?*

→ **E.1.2.2)** ¿Tuvo problemas o obstáculos para recibir la atención médica que deseaba? / *Did you experience any problems or challenges to seeking the care you wanted?*

→ **E.1.2.3)** ¿Que problema lo motivó para buscar atención médica? / *What problem(s) caused you to seek medical attention?*

→ **E.1.2.4)** ¿Le ofrecio ayuda el patron o mayordomo? / *Did your employer or supervisor offer to help you?*

E.1.3) ¿Ha visitado un doctor, curandero, hospital o otro profesional medico en Canadá?
Por favor responda las siguientes preguntas / *Did you ever visit a doctor, healer, hospital or other medical practitioner in Canada? If so, please answer the following questions:*

→ **E.1.3.1)** ¿Que tipo de atención medica recibio (doctor, quiropractico, sala de emergencia en el hospital) y Cuántas veces? / *Which health care services did you access (e.g. doctor, chiropractor, hospital emergency room) and how many times?*

→ **E.1.3.2)** ¿Cuáles fueron las razones por su visitas? / *What was the reason for your visit(s)?:*

→ **E.1.3.3)** ¿Le ofrecieron servicio de un interprete? / *Were you provided with a translator?*

→ **E.1.3.4)** ¿En general Cómo evaluaría la calidad de atención medico que recibió? Diría que fue / *Overall, how would you rate the quality of health care you received? Would you say it was:*

1. excelente / *excellent?*
2. buena / *good?*
3. regular / *fair?*
4. mala / *poor?*

E.1.3.5) Por favor describa la situación y explique las razones de su respuestas / *Please describe the situation and explain the reasons your answer.*

E.2) Incapacitación Laboral / *Workers' Compensation*

E.2.1) ¿Sufrió de un problema relacionado con la salud o lesión que piensa que se atribuyo al vivir o trabajar en Canadá? / *Did you ever experience a health-related problem or injury that you believe is due to your work and/or living in Canada?*

1. Si / *Yes*
2. No / *No*

→ **E.2.1.1)** Si, sí por favor responda las siguientes preguntas / *If yes, answering the following questions:*

→ **E.2.1.2)** ¿Que fue y que parte de su trabajo lo atribuye? / *What is it and what part of your work do you attribute it to?*

→ **E.2.1.3)** ¿Le explicaron el proceso del incapacitación laboral que existe en Canada? Quien se lo explico? / *Were you explained the Canadian workers' compensation process? If so, who explained it to you?*

→ **E.2.1.4)** ¿Hizo los tramites para recibir compensacion por su problema? Si no, ¿por qué? / *Did you ever apply for compensation for the problem? If not, why not?*

→ **E.2.1.5)** ¿Recibio indemnización? / *Did you receive compensation?*

→ **E.2.1.6)** ¿Pensa que fue suficiente dinero para cubrir sus gastos por perder los días de trabajo y otros gastos que tuvo por esta condicion? / *If so, do you feel it was adequate to cover the loss of work and health expenses you incurred?*

→ **E.2.1.7)** ¿Cómo ha afectado esta lesión o condición a su trabajo? / *How has this injury or condition affected your work?*

→ **E.2.1.8)** ¿Cómo ha afectado esta lesión o condición a su vida (en el hogar, tiempo de recreación)? / *How has this injury or condition affected your life (at home, leisure)?*

E.2.2) ¿Padece de otro problema físico o mental de largo plazo que reduce la cantidad y el tipo de actividad que puede hacer? / *Do you have any other long-term physical condition or mental condition or health problem, which reduces the amount or the kind of activity you can do?*

→ **E.2.2.1)** ¿Que tipo de enfermedad o lesión es y que tipo de actividad le restringe? / *If so, what was the cause of this illness or injury and what activities does it restrict?*

F) OTROS TEMAS DE SALUD / OTHER HEALTH ISSUES

F.1) Alcohol / Alcohol

F.1.1) Ahora voy a hacerle preguntas sobre el consumo del alcohol. El propósito de estas preguntas no es para reportar Cuánto consumen los trabajadores sino para determinar si algunos usan el alcohol Como una manera de soportar las dificultades del trabajo y de estar lejos de su familia. / *I am now going to ask a couple of questions about alcohol. The purpose of these questions is not to report on how much workers drink, but rather to find out whether or not some workers use alcohol as a way of coping with the difficulties of work and being far away from home.*

F.1.2) ¿Durante su tiempo en Canadá, Cuántas veces bebía alcohol? / *During your time in Canada, how often did you drink alcoholic beverages?*

1. Menos de una vez al mes / *Less than once a month*
2. Una vez al mes / *Once a month*
3. 2 a 3 veces al mes / *2 to 3 times a month*
4. 1 vez a la semana / *Once a week*
5. 2 a 3 veces a la semana / *2 to 3 times a week*
6. 4 a 6 veces a la semana / *4 to 6 times a week*
7. Todos los días / *Every day*

F.1.3) ¿Cuando esta en casa en Mexico, Cuántas veces normalmente bebe alcohol? / *When you're at home in Mexico, how often do you normally drink alcoholic beverages?*

1. Menos de una vez al mes / *Less than once a month*
2. Una vez al mes / *Once a month*
3. 2 a 3 veces al mes / *2 to 3 times a month*
4. 1 vez a la semana / *Once a week*
5. 2 a 3 veces a la semana / *2 to 3 times a week*
6. 4 a 6 veces a la semana / *4 to 6 times a week*
7. Todos los días / *Every day*

F.1.3.1) (If appropriate): Cuál es la mayor razón por la Cuál bebe en Canadá? / *What is the main reason you drink in Canada?*

F.2) Seguridad Ciclista / Bicycle Safety

F.2.1) ¿Cuál es su principal metodo de transporte en Canadá? / *What was your main method of transportation in Canada?*

1. auto / *car*
2. bicicleta / *bicycle*
3. caminando / *walking*
4. bus / *bus*
5. regularmente no salgo de la granja / *don't usually leave farm*

→ **F.2.1.1)** ¿(Para ciclistas) cuando anda en bicicleta, usas ... ? / *(For bike riders) When riding a bike, did you use...:*

1. un casco / *a helmet*
2. un reflector / *a reflector*
3. una luz / *a light*
4. un chaleco iluminante / *a vest*
5. cinta reflectora / *reflective tape*

→ **F.2.1.2)** ¿Piensa que las calles son seguras? / *Did you feel as though the roads were safe to ride on?*

1. Si / *Yes*
2. No/No

→ **F.2.1.3)** ¿Pensaba que su bicicleta era segura? / *Did you feel as though your bicycle was safe?*

1. Si / *Yes*
2. No / *No*

→ ¿Por que o porque no? / *Why or why not?*

→ **F.2.1.4)** ¿Alguna vez, le ha golpeado un auto? / *Did you ever get hit by a car?*

→ **F.2.1.5)** ¿Si indico que si, que sucedió? / *If so, what happened?*

F.3) Salud Sexual / Sexual Health

Ahora le voy hacer preguntas generales sobre la salud sexual. No le voy hacer preguntas personales sobre su propia experiencia, pero preguntas en generales sobre este tema que usted ha podido observar entre sus compañeros. El proposito de estas preguntas es para entender el tipo de información y apoyo que seria util para los trabajadores sobre salud sexual, embarazo y enfermedades de transmisión sexual. Tambien para determinar Cómo la experiencia de migración crea ciertas relaciones entre hombres y mujeres. ¿Se sentiría cómodo(a) de responder algunas preguntas sobre este tema? / *I am now going to ask some general questions about sexual health. I am not going to ask you any personal questions about your own experiences, but rather questions in general about sexual health that you may have observed among your co-workers. The purpose of asking these questions is to better understand what type of information and support may be useful to supply to workers regarding sexual health, pregnancy, and sexually transmitted infections. Also these questions serve to determine how migration creates certain relations among men and women. Would you feel comfortable answering some general questions on this topic?*

F.3.1) ¿Piensa que muchos de sus compañeros tienen relaciones sexuales en Canadá? ¿Que porcentaje de mujeres del programa diría que tienen relaciones sexuales en Canadá? ¿Y que porcentaje de hombres? ¿Por ejemplo, entre 10 hombres o mujeres, Cuántas diría que tienen relaciones sexuales? / *Would you guess that many of your co-workers engage in sex while in Canada? What percentage of women involved with the program do you think have sex while in*

Canada? What percentage of men? For example, out of every 10 men or 10 women, how many would you say have sexual relationships in Canada?

F.3.2) *¿Porque piensa que trabajadores Mexicanos tienen relaciones en Canadá? / Why do you think Mexican workers have relationships in Canada?*

F.3.3) *¿En general, piensa que sus compañeros entienden los riesgos asociados con enfermedades de transmisión sexual? / In general, do you think most of your co-workers understand risks associated with sexually transmitted infections?*

F.3.4) *¿Que tipo de información esta disponible para los trabajadores sobre enfermedades de transmisión sexual? / Is any type of information available to workers about sexually transmitted infections?*

F.3.5) *¿Los preservativos o otros métodos anticonceptivos son fácilmente adquiridos en Canadá? / Are condoms or forms of birth control easily available in Canada?*

F.3.6) *¿Piensa que los preservativos son generalmente usados por trabajadores que tienen relaciones en Canadá? ¿Piensa que anticonceptivos son usados por trabajadoras? ¿Piensa que otros métodos anticonceptivos son usados? (Porque piensa que no se acuden a protección o anticonceptivos para tener relaciones en Canadá? / Do you think condoms are generally used by workers having sex? Do you think birth control pills are generally used by workers having sex? Do you know of any other forms of birth control of protection that are used? (If appropriate: Why do you think workers don't use protection or birth control when they have sex in Canada?)*

F.3.7) *¿Con quienes piensa que se relacionan más los trabajadores Mexicanos en Canadá? Conoce de relaciones entre mexicanos y otros trabajadores Caribeños? / With whom do you think Mexican workers have more relationships with in Canada? Do you know of relationships between Mexican and Caribbean workers?*

F.3.8) *¿Sabe si sexoservidoras (prostitutas) están disponible para los trabajadores? / Do you know if sex workers are available to workers?*

F.3.9) *¿Sin mencionar nombres, conoce de alguna trabajadora que se ha embarazado en Canadá? Conoce de algunas trabajadoras que han tenido problemas con su embarazo en Canada? / Without naming anyone, do you know of any worker that has become pregnant in the program? Do you know any workers who have had problems with their pregnancies in Canada?*

G) SALUD MENTAL / MENTAL HEALTH

G.1) *Indique lo frecuente que vive las siguientes emociones mientras trabajas en Canadá / Rate how often you experienced the following emotions while living in Canada:*

<i>Emoción / Emotion</i>	<i>Siempre Cada día / All the time (every day)</i>	<i>Frecuentemente Algunas veces a la semana / Often (at least a few times a week)</i>	<i>Bien pocas veces menos de una vez a la semana / Very few times (less than once a week)</i>	<i>Casi nunca (menos de una vez al mes) / Almost never (less than once a month)</i>	<i>Nunca / Never</i>

Felicidad / <i>Happiness</i>					
Resentimiento / <i>Resentment</i>					
Tristeza / <i>Sadness</i>					
Frustración / <i>Frustration</i>					
Tensión / <i>Stress</i>					
Enojo / <i>Anger</i>					
Soledad / <i>Loneliness</i>					
Fatiga / <i>Fatigue</i>					
Confusión / <i>Confusion</i>					
Orgullo-Cómo ha logrado algo con sentido / <i>Pride – Like you accomplished something meaningful</i>					
Incomprendido/a / <i>Misunderstood</i>					
Mal porque alguien lo ha criticado / <i>Upset because someone criticized you</i>					
Nerviosa/o / <i>Nervous</i>					

(If any emotion experienced frequently, ask about intensity/context)

G.2) En resumen Cómo diría que se siente en Canadá? / *Taking things all together, how happy would you say you feel when you're in Canada?*

1. Bien contento/a / *very happy?*
2. Contento/a / *happy?*
3. No muy contento/a / *not too happy?*

G.3) En resumen Cómo diría que se siente en México? / *¿Taking things all together, how happy would you say you feel when you're in Mexico?*

1. Bien contento/a / *very happy?*
2. Contento/a / *happy?*
3. No muy contento/a / *not too happy?*

G.3.1) ¿A que se debe esta diferencia? / *Why the difference?*

H) APOYO SOCIAL / SOCIAL SUPPORT

H.1) Lo siguiente se trata sobre el apoyo que tiene en Canada. Por favor responda a las preguntas en relación a su experiencia en Canadá, no en México. / *Next are some questions about the support that is available to you. Please answer all questions in relation to your experience in Canada, not that in Mexico.*

H.2) ¿Cuántas veces cuentas con este tipo de apoyo cuando lo necesitas? / *How often is each of the following kinds of support available to you if you need it:*

H.3) ¿Hay alguien para llevarle al doctor cuando necesita? / *Someone to take you to the doctor if you needed it?*

1. Ninguna de las veces / *None of the time*
2. Pocas veces / *A little of the time*
3. A veces / *Some of the time*
4. La mayoría de las veces / *Most of the time*
5. Siempre / *All of the time*

H.4) ¿Alguien con quien pasarlo bien? / *Someone to have a good time with?*

1. Ninguna de las veces / *None of the time*
2. Pocas veces / *A little of the time*
3. A veces / *Some of the time*
4. La mayoría de las veces / *Most of the time*
5. Siempre / *All of the time*

H.5) ¿Alguien que le muestre amor y cariño? / *Someone who shows you love and affection?*

1. Ninguna de las veces / *None of the time*
2. Pocas veces / *A little of the time*
3. A veces / *Some of the time*
4. La mayoría de las veces / *Most of the time*
5. Siempre / *All of the time*

H.6) ¿Alguien que le de información para ayudarle entender una situación? / *Someone to give you information in order to help you understand a situation?*

1. Ninguna de las veces / *None of the time*
2. Pocas veces / *A little of the time*
3. A veces / *Some of the time*
4. La mayoría de las veces / *Most of the time*
5. Siempre / *All of the time*

H.7) ¿Alguien con quien confiar para hablar sobre Ud y sus problemas? / *Someone to confide in or talk to about yourself or your problems?*

1. Ninguna de las veces / *None of the time*
2. Pocas veces / *A little of the time*
3. A veces / *Some of the time*
4. La mayoría de las veces / *Most of the time*
5. Siempre / *All of the time*

H.8) ¿En Canadá, Cuántas veces le habla a sus amistades y familiares en Mexico? / *In Canada, how often do you usually talk to friends or family at home?*

1. Todos los días / *Every day*__

2. Por lo menos unas vez durante la semana / *At least a few times a week*__
3. Una vez a la semana / *Once a week*__
4. Una vez cada 2 semanas / *Once every two weeks*__
5. Una vez al mes / *Once a month*__
6. Menos de una vez al mes / *Less than once a month*__
7. Nunca / *Never*__

H.9) ¿Tiene un telefono disponible dónde vive en Canada? / *Do you have a phone available to you in your living quarters in Canada?*

Si / *Yes*__ No / *No*__

I) RELIGIÓN Y ESPIRITUALIDAD / RELIGION/SPIRITUALITY

I.1) ¿Hasta que punto consideras que sus necesidades espirituales y religiosas son cumplidas mientras esta en Canadá? / *Do what extent were your spiritual or religious needs fulfilled while in Canada?*

1. Bien satisfechas / *Very fulfilled*__
2. Algo satisfechas / *Somewhat fulfilled*__
3. Poco satisfechas / *Not very fulfilled*__
4. No satisfechas para nada / *Not at all fulfilled*__

I.1.2) ¿Porque? / *Why?*

J) PREGUNTAS SOBRE DERECHOS / QUESTIONS ABOUT RIGHTS

Esta sección es para asistirnos en nuestro trabajo de apoyo hacia trabajadores migrantes en Canadá. Por favor indique que percibe y lo que sus compañeros consideran lo más importante para lograr y mejorar para ellos y sus familias. / *This section is intended to inform our advocacy work for migrant workers in Canada. Please indicate what you perceive is the most important to change and improve among your migrant workers and their families.*

J.1) Indique el nivel de importancia de cada tema del siguiente listado / *Rate each with how important it is to you:*

Puede ser

1. Muy importante / *Very important*
2. Importante / *Somewhat important*
3. No importante (no cambiaria) / *Not important (would not change)*

1. Aumento en sueldo / *Increase in wages*__
2. Derecho de ser parte de un sindicato independiente / *Right to join a union*__
3. Procesos para tomar decisiones en el programa / *Process to give input into program*__
4. Mecanismos de apelación si trabajadores son regresados a sus países / *Appeals process if you aren't invited back or are sent home*__
5. El derecho de migrar permanente con la familia para vivir en Canadá / *Right to immigrate and bring your family to live in Canada*__
6. Derecho de tener acceso a beneficios que son descontados / *Right to receive benefits you're paying into*__
7. Mejor acceso a los servicios médicos / *Improved access to Canadian health care*__

8. Acceso a curanderos tradicionales Mexicanos y medicinas o yerbas / *Access to Mexican traditional healers or medicine*__
9. Mejor acceso a seguro de incapacitación laboral / *Improved access to workers' compensation*__
10. Mejor trato en la comunidad / *Better treatment from community*__
11. Mejor trato de patrones y mayordomos / *Better treatment from employers and supervisors*__
12. Mejor conocimiento de derechos / *Increased knowledge about rights and entitlements*__
13. Pagar menos impuestos / *Pay less taxes*__
14. Mejor vivienda / *Better housing*__
15. Mayor acceso a transporte / *Better access to transportation*__
16. Mejor seguridad ciclista / *Improved bicycle safety*__
17. Acceso a teléfonos en las viviendas / *Access to a phone*__
18. Mas privacidad / *Increased privacy*__
19. Mejor acceso a salud y capacitación de protección laboral / *Improved access to health and safety training*__
20. Mejor acceso a equipo de salud y protección / *Improved access to health and safety equipment*__
21. Mejor oportunidades sociales y excursiones a regiones cercanas / *Increased social opportunities and trips to surrounding regions*__
22. Mas horas / *More hours*__
23. Menos horas / *Less hours*__
24. Acceso a información mas clara y asistencia con impuestos, pensiones, beneficios de niños / *Access to clearer information and assistance with tax forms, pension and child benefits, etc.*__
25. Acceso a seguro de desempleo / *Access to EI benefits*__
26. Ser excluidos de pagos a EI (desempleo) que significa no poder cobrar para beneficios bajo este programa Cómo seguro de paternidad/maternidad / *Exemption from having to make EI payments, which also means you cannot access the benefits such as paternity and maternity leave benefits*__
27. Posibilidad de traer a familiares a Canadá / *Allowed to bring family members to Canada*__
28. Mejores salarios y oportunidades laborales en Mexico para que la migración no fuera necesaria / *Better wages and job opportunities in Mexico so migration isn't necessary*__
29. Eliminar el examen medico mandatario / *Remove the mandatory medical testing*__
30. Otro / *Other* _____

K) ULTIMAS PREGUNTAS / FINAL QUESTIONS

K.1) ¿En general, piensa que su trabajo en Canadá ha reducido su salud y seguridad? En que maneras? / *Overall, do you feel that your job in Canada compromised your health and safety? In what ways?*

K.2) ¿En general, piensa que su trabajo en Canadá ha mejorado su salud y su seguridad? En que maneras? / *Overall, do you think your job in Canada improved your health and safety? In what ways?*

K.3) ¿En general Cómo ha cambiado usted y su vida por la migración a Canadá? / *Overall, how you and your life changed because of your migration to Canada?*

K.4) ¿Cómo ha cambiado su ausencia a su espos(a), hijos, y vida familia en general-¿en un sentido bueno o malo? / *How has your absence changed your spouse, children and family life in general? In good ways? In bad ways?*

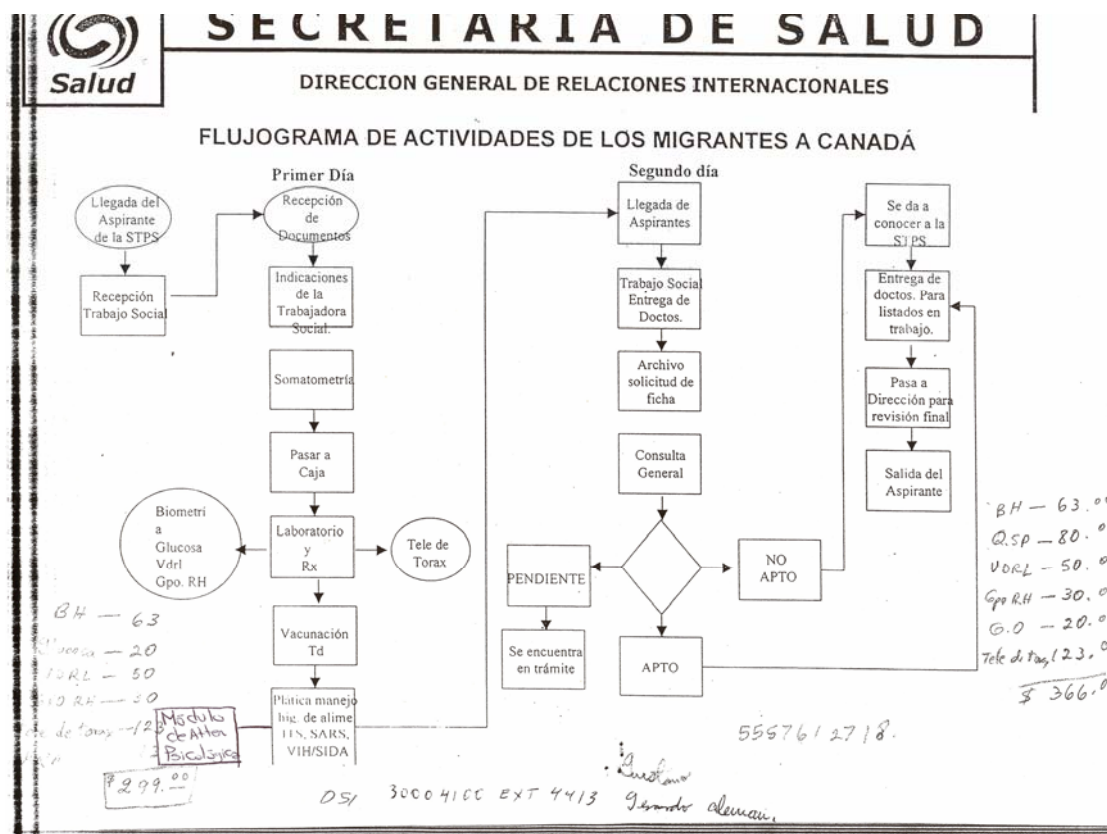
K.5) ¿Que es la mejor parte de trabajar en Canadá? / *What is the best part about working in Canada?*

K.6) ¿Que es la peor parte de trabajar en Canadá? / *What is the worst part about working in Canada?*

K.7) ¿Conoce de algunos compañeros /casos que han tenido problemas graves de salud por su trabajo en Canada (por ejemplo, fallecimiento/muerte, accidentes, enfermedades serias)? / *Do you know of any fellow workers whose health has been seriously impacted by their work in Canada, who may have suffered a major injury or illness?*

K.8) ¿Hay unos temas relacionados con su trabajo, su salud, o su vida en general que le gustaria explicar a mas profundidad? / *Are there any issues relating to your work, your health or your life in general which you would like to add or expand on?*

APPENDIX 4.1 - FLOW CHART OF THE MEXICAN MEDICAL EXAM



Source: Secretaría de Salud (SS) (n.d.)

APPENDIX 4.2A - HEALTH EXAMINATION EVALUATION SCALE

With notes*

The scale is as follows: “A – Fit for employment in Canada without restriction [*these workers are admitted without problem*]

B – Fit for employment in Canada, but likely to require regular medical follow-up and care in Canada [*some workers in this category may be admitted, such as controlled diabetes or hypertension, while many others would be denied*]

C - Fit for employment in Canada, but will require medical surveillance and follow-up by Canadian public health authorities [*none of these workers will be admitted to Canada*]

D - Unfit for employment in Canada under the Seasonal Agricultural Worker Program as applicant has a condition or findings that may require more extensive investigations or care or that is incompatible with agricultural work. [*none of these workers will be admitted to Canada.*]

*These are the actual requirements as listed on the official medical report for the SAWP (See Appendix 4.2B). The comments in italics here are based on interviews with the physicians who conduct these exams.

APPENDIX 4.2B - MEDICAL EXAM REPORT FORM

Medical Report: Section A Client Identification and Summary for the Seasonal Agricultural Work Program – CANADA					PROTECTED WHEN COMPLETED-B 	
Surname: (provide alias or AKA names in brackets)					Forename/First Names	
Date of Birth	Day	Month	Year	Country of Birth	Sex	Marital Status
Mailing Address (for use if further medical information is required)					Category of Applicant	
Telephone Numbers					Interantional Canadian Destination	
Contact address/Person within Canada (name full address and telephone number)					PHOTO PHOTOGRAPH OF APPLICANT Required for all applicants. Must be taken within six months of the medical examination	

**PHYSICIAN'S SUMMMARY AND DECLARATION BASED ON HISTORY AND PHYSICAL EXAMINATION
FOR THE SEASONAL AGRICULTURAL WORKER PROGRAM**

✓CHECK OFF ALL APPROPRIATE ITEM(S)

☐ **A. FIT FOR EMPLOYMENT IN CANADA WITHOUT RESTRICTIONS.** Findings are unremarkable or there are only minor conditions that will not interfere with the applicant completing physically demanding farm work in Canada and should not require regular medical follow-up during the period of employment.

☐ **B. FIT FOR EMPLOYMENT IN CANADA – BUT LIKELY TO REQUIRE REGULAR MEDICAL FOLLOW-UP AND CARE IN CANADA**

☐ **C. FIT FOR EMPLOYMENT IN CANADA – BUT WILL REQUIRE MEDICAL SURVEILLANCE AND FOLLOW-UP BY CANADIAN PUBLIC HEALTH AUTHORITIES** (Inactive Pulmonary Tuberculosis or Adequately Treated Positive Serology for Syphilis).

☐ **D. UNFIT FOR EMPLOYMENT IN CANADA UNDER SEASONAL AGRICULTURAL WORKER PROGRAM. AS APPLICANT HAS A CONDITION OR FINDINGS THAT MAY REQUIRE MORE EXTENSIVE INVESTIGATIONS OR CARE, OR THAT IS INCOMPATIBLE WITH AGRICULTURAL WORK.** Applicant may have:

- (1) Active tuberculosis, or untreated Positive Serology for Syphilis, or an easily communicable serious infectious disease.
- (2) BEHAVIOUR that appears to be POTENTIALLY DANGEROUS to others (e.g. some psychiatric disorder or illicit drug/alcohol abuse during the last two years, especially when associated with impaired driving or legal difficulties).
- (3) CONDITIONS that would create an excessive demand on health or social services in Canada.
- (4) CONDITIONS that would result in restrictions on job employment and prevent full employment in tasks required in Agricultural work in Canada.

DECLARATION: I declare that I have confirmed the identity and examined this applicant and that this is a true and correct record of my findings					
Physician's full name, address and telephone number (OFFICE STAMP MAY BE USED)					
Signature	Date	Day	Month	Year	Place of examination
Signature – Nurse	Date	Day	Month	Year	Place of examination

FOR THE SEASONAL AGRICULTURAL WORKER PROGRAM ONLY

MEDICAL REPORT: SECTION B (For the Seasonal Agricultural Worker Program)
FUNCTIONAL INQUIRY, BACKGROUND INFORMATION, & APPLICANT'S DECLARATION

APPLICANT TO ANSWER IN THE PRESENCE OF THE EXAMINING PHYSICIAN
 IF YOUR ANSWER IS YES TO ANY OF THE FOLLOWING QUESTIONS, PROVIDE DETAILS INCLUDING DATES.

HAVE YOU EVER HAD OR NEEDED:

1. An Operation or hospital treatment for any reason?	No	Yes▶
2. Convulsions, blackouts, loss of consciousness, "fits", or Epilepsy?	No	Yes▶
3. Any Allergy? Allergy to bee stings? If unknown testing is recommended since some workers may work as bee keepers.	No	Yes▶
4. High blood pressure, heart trouble, chest pain, Chronic Cough, wheezing shortness of breath, or asthma?	No	Yes▶
5. Recurrent or Chronic Pain or Stiffness in the neck, back, or any other joint, sufficient to interfere with work or normal daily activity?	No	Yes▶
6. Problems with Digestion, stomach pains, heartburn, blood in stool, or chronic diarrhea?	No	Yes▶
7. Tuberculosis, a Sexual Transmitted Disease, or an Infectious Disease lasting more than 3 weeks	No	Yes▶
8. Jaundice or Hepatitis either yourself or in anyone in immediate family?	No	Yes▶
9. Kidney or bladder problems?	No	Yes▶
10. Diabetes or told you had sugar in the urine?	No	Yes▶
11. Any Other illness, injury, cancer, or medical condition lasting or recurring for more than 3 weeks, not previously mentioned?	No	Yes▶
12. To take any pills, Medication or receive any medical treatment?	No	Yes▶
13. Any Psychological, Nervous problems or Alcohol-related problems or treatment in the past 5 years?	No	Yes▶
14. An Addiction to alcohol or a drug, or taken drugs illegally?	No	Yes▶
15. Concerning Alcohol use		
What is the maximum number of drinks you have consumed on any one occasion during the last two months?		
How many drinks a week on average do you consume?		
Have you ever been annoyed by someone criticizing your drinking?	No	Yes▶
Have you ever felt guilty about drinking, or about something you did while drinking?	No	Yes▶
16. During the last 2 years, have you been in close contact with anyone who had active tuberculosis or any tuberculosis requiring treatment?	No	Yes▶
17. Are you Pregnant? If yes, what is the Expected Date of Delivery:	Day	Month Year
	No	Yes▶
18. Have you previously worked in Canada as a Seasonal Agricultural Worker?	No	Yes▶
If so, what years did you work in Canada?		
If so, did you complete the entire length of the contract?	No	Yes▶
List all countries (with duration of stay) where you have lived during the last five years:		
Occupation/activities in last 5 years:	Intended occupation in Canada	
SEASONAL AGRICULTURAL WORKER PROGRAM		
Declaration and Authorization of applicant I hereby declare that the information I have provided is true and complete. I authorize any physician, laboratory, clinic or hospital to release to the Ministry of Labour, Sender Government, any information concerning my health or medical history. I also authorize the Ministry to release information obtained for the purpose of determining my fitness for work in the farm worker program (CCSAWP or working for any other program) to the Department of Citizenship and Immigration, Government of Canada, public health agency or a physician in Canada, if indicated. I certify that the information I have provided on this form is correct.		
Applicant's Signature▶	Date	Day Month Year

FOR THE SEASONAL AGRICULTURAL WORKER PROGRAM

MEDICAL REPORT: SECTION C (For SAWP) EXAMINING DOCTOR'S FINDINGS

- Review answers provided by applicant in Section B and provide details if needed.
- The physical examinations of organ systems should be preceded by an appropriate functional inquiry.
- If at any time there is ANY clinical or radiologic finding suggestive of active TB, immediately refer to an appropriate specialist and submit a specialist's report.
- In keeping with standard ethical practice, the applicant should be made aware of abnormalities detected, in particular conditions requiring early or urgent intervention.

1. Weight/Height		kg	cm
Hearing is applicant able to hear whispered voice at 6 m.?		Normal	Abnormal
Eyes including funduscopic exam		Normal	Abnormal
Corrected Visual Acuity Left Right:			
2. Ear, Nose, Throat, Mouth, Teeth		Normal	Abnormal
3. Endocrine System		Normal	Abnormal
Thyroid enlargement or nodule:		Absent	Present
4. Skin, Lymph Nodes, and Breasts <i>Inspect skin for cancer, and surgical scars. Inspect neck, axilla, and groin for lymphadenopathy</i>		Normal	Abnormal
5. Cardiovascular System			
Pulse Rate _____	Cardiac Rhythm	Normal	Abnormal
	Cardiac Impulses	Normal	Abnormal
	Murmur or Abnormal Heart Sound	Absent	Present
Blood Pressure Initial _____ / _____ <i>If initial BP greater than 145/95, then repeat after 3 minutes lying</i> _____ / _____			
6. Respiratory System		Normal	Abnormal
Respiratory Rate _____ Breaths/minute			
7. Gastrointestinal System		Normal	Abnormal
Hernia — inguinal, umbilical, incisional		Absent	Present
8. Urogenital System		Normal	Abnormal
9. Locomotor System/Physical Build Any Deformity?		No	Yes
Range of Movement - hands, wrists, shoulders		Full	Restricted
Range of Movement - neck and back		Full	Restricted
Range of Movement - hips, knees, ankle		Full	Restricted
Any signs of arthritic or degenerative joint or disc disease?		No	Yes
Any abnormal curvature of the spine?		No	Yes
10. Nervous System Any Sensory or Motor deficits?		No	Yes
11. Mental Status examination		Normal	Abnormal
12. Do you feel this applicant has, or is at risk for developing Alcohol-Related Problems?		No	Yes

Comments on abnormalities
(continue on back of this sheet if needed)

Summarize abnormalities and provide your opinion as to Prognosis and this applicant's FITNESS TO CARRY OUT SUSTAINED HEAVY PHYSICAL WORK on the Seasonal Agricultural Worker Program in Canada.

DECLARATION: I declare that I have confirmed the identity and examined this applicant and that this is a true and correct record of my findings.					
Examining physician's name, address and telephone number (OFFICE STAMP MAY BE USED)					
Signature	Date	Day	Month	Year	Place of examination

FOR THE SEASONAL AGRICULTURAL WORKER PROGRAM ONLY

Medical Report: Section D Laboratory Requisition

Applicant's Declaration: I hereby declare that the information I have provided is true and complete. I authorize any physician, laboratory, clinic or hospital to release to the Ministry of Labour, Sender Government, any information concerning my health or medical history, including x-ray films. I also authorize the Ministry of Labour to release information obtained for the purpose of this medical examination to the Department of Citizenship and Immigration, Government of Canada, public health agency or a physician in Canada, if indicated.					PHOTO PHOTOGRAPH OF APPLICANT Required for all applicants. Must be taken within six months of the medical examination
Applicant's Signature	Date	Day	Month	Year	

1. Perform the investigations recommended below. (Please note that local authorities of each country have the right to modify this list and additional tests may be added).
2. Person collecting blood or receiving specimen should sign in the corresponding signature box below to confirm that the sample was collected from the individual identified above.
3. Please return this form to the ordering physician.

Urinalysis Required of all SAWP Applicants	Signature

DIPSTICK TEST FOR PROTEIN, GLUCOSE AND BLOOD IF ANY ABNORMALITY, THEN MICROSCOPIC URINALYSIS IS ALSO REQUIRED

If urinalysis is known to be unremarkable & normal, check here. ► ☐

Syphilis Serology Required of all SAWP Applicants	Signature

If syphilis serology is known to be nonreactive/negative, check here and attach a copy of the laboratory report. ► ☐

HIV Required for all SAWP Applicants	Signature

If HIV Elisa test result is negative, check here and attach a copy of the laboratory report. ► ☐

Serum Creatinine Required for indications listed below	Signature

SERUM CREATININE is required for applicants with a history of finding of hypertension, diabetes, auto-immune disorders, a confirmed abnormal urinalysis done on a repeat clean specimen, and those with a history of kidney or urinary tract disorders or disorders potentially affecting renal function.

If Urinalysis is positive for more than a trace of protein, or if the serum creatinine is elevated above the upper limit of normal, then measure urine protein concentration and urine creatinine concentration on a first morning void urine specimen.

Urine Protein and Urine Creatinine concentrations from a first morning void urine specimen	Signature

FOR THE SEASONAL AGRICULTURAL WORKER PROGRAM

Section E:
Page 1 of 2

Medical Report: Section E (For the seasonal Agricultural Worker Program) CHEST X-RAY REPORT

- A single posterior-Anterior chest X-ray is required by all applicants and remains valid for 12 months
- The chest X-ray must be on a large posteroanterior (PA) film and must bear the date of the examination, the applicant's surname and given names. This information is to be automatically inscribed during the photographic process or written in ink (preferably white ink)
- If the examinee is pregnant, the film must be full sized, the field size must be strictly limited and there must be abdominal shielding.
- This report is to be returned to the physician who examined the applicant

1 Applicant Details				
Surname		Forenames (First Names)		
Applicant's Declaration: To be signed by the applicant (or responsible guardian) in the presence of the radiographer/technologist I hereby declare that the information I have provided is true and complete. I authorize any physician, laboratory, clinic or hospital to release to the Ministry of Labour, Sender Government, any information concerning my health or medical history, including x-ray films. I also authorize the Ministry of Labour to release information obtained for the purpose of this medical examination to the Department of Citizenship and Immigration, Government of Canada, public health agency or a physician in Canada, if indicated.				
Applicant's Signature		Date	Day	Month
				Year
PHOTO PHOTOGRAPH OF APPLICANT Required for all applicants. Must be taken within six months of the medical examination				

2 Certification: (If X-ray is deferred, provide reason below and return to examination physician)
If deferred provide reason:
DECLARATION (IF X-ray is not deferred): I certify that I have carried out the X-ray of the person whose photograph and signature are on this form
Writing Address and telephone number of the location where chest X-ray was taken (please print or use office stamp)

Signature of Technician/Radiographer	Date chest X-ray taken	Day	Month	Year	Place of examination

3. Chest X-ray interpretation by the Radiologist (general findings)		
a) Bone and/or soft tissue abnormalities?	No	Yes
b) Scoliosis?	No	Yes
b) Abnormal great vessel or heart shadows?	No	Yes
c) Abnormal hilar shadow and/or lymphatic glands?	No	Yes
d) Abnormal hemidiaphragms?	No	Yes
e) Abnormal lung fields?	No	Yes
f) Any evidence of tubercular lesions?	No	Yes
g) Evidence of ANY fibrosis / fibrocalcification involving the upper lobes or superior segments of the lower lobes?	No	Yes
h) Any other abnormalities?	No	Yes

4. Record of Special Findings Noted on the Applicant's Chest X-ray Film(s)
Please review the list below and check all appropriate boxes

MINOR FINDINGS

- ☐ 1.1 Single fibrous streak/band/scar
- ☐ 1.2 Bony islets
- ☐ 2.1 Apical pleural capping with a smooth inferior border (<1cm. thick at all points)
- ☐ 2.2 Unilateral or bilateral costophrenic angle blunting (below the horizontal)
- ☐ 2.3 Calcified nodule(s) in the hilum / mediastinum with no pulmonary granulomas

MINOR FINDINGS (OCCASIONALLY ASSOCIATED WITH TB INFECTION)

- ☐ 3.1 Solitary Granuloma (<1 cm. and of any lobe) with an unremarkable hilum
- ☐ 3.2 Solitary Granuloma (<1 cm. and of any lobe) with calcified/enlarged hilar lymph nodes
- ☐ 3.3 single / Multiple calcified pulmonary nodules/micronodules with distinct borders
- ☐ 3.4 Calcified pleural lesions
- ☐ 3.5 Costophrenic Angle blunting (either side above the horizontal)

FINDINGS SOMETIMES SEEN IN ACTIVE TB OR OTHER CONDITIONS

- ☐ 4.0 Notable apical pleural capping (rough or ragged inferior border and / or ≥ 1 cm. thick at any point)
- ☐ 4.1 Apical fibronodular / fibrocalcific lesions or apical microcalcifications
- ☐ 4.2 Multiple / single pulmonary nodules / micronodules (noncalcified or poorly defined)
- ☐ 4.3 Isolated hilar or mediastinal mass / lymphadenopathy (noncalcified)
- ☐ 4.4 Single / multiple pulmonary nodules / masses ≥ 1 cm.
- ☐ 4.5 non-calcified pleural fibrosis and/or effusion
- ☐ 4.6 Interstitial fibrosis / parenchymal lung disease / acute pulmonary disease
- ☐ 4.7 ANY cavitating lesion OR "Fluffy" or "Soft" lesions felt likely to represent active TB.

☐ NONE OF THE ABOVE ARE PRESENT

5. Certification by the Radiologist

DECLARATION: This is a true and correct record of my findings. IF THE X-RAY LIKELY REPRESENTS ACTIVE TB, THE REFERRING PHYSICIAN WILL BE NOTIFIED DIRECTLY.

Full name, writing address and telephone numbers (please print or stamp)

Signature

Date

Day

Month

Year

Location

APPENDIX 4.3 - USING THE EXAM FOR HEALTH PROMOTION IN MEXICO

Several education programs and pamphlets have been adapted by the Mexican Health Secretariat (SS). One such program, *Vete Sano, Regresa Sano* (Go Healthy, Return Healthy), is a federal initiative aimed at all migrants (mainly to the United States), but its educational resources have also been used for those going to Canada. One such item—a “health passport”—is given to workers to allow them to fill in information about their health experiences abroad, and they are also given a basic diagram with body parts written in English and Spanish to help with medical encounters. Some additional information is given to migrants specifically headed for Canada (see pamphlets below). The ingrained assumption behind all of this, borne out of decades of mass migration to the United States, is that the destination countries of migrants may not necessarily monitor the health or provide adequate services (like interpreters) for Mexicans abroad.

**INFORMACIÓN IMPORTANTE
QUE DEBES CONOCER**

IRAS - Infecciones respiratorias agudas

Síntomas

- Escorrimiento nasal
- Puede haber tos
- Malestar General
- Puede o no haber fiebre

Medidas de Prevención

- Tomar abundantes líquidos.
- Taparse la boca y nariz con un pañuelo desechable.
- No acudir a lugares muy concurridos.

EDAS - Enfermedades diarreicas agudas

Síntomas

- Malestar general.
- Puede haber fiebre o no
- Puede haber vómitos
- Diarrea (Evacuaciones líquidas frecuentes)
- Puede presentarse deshidratación, caracterizada por sed intensa, llanto sin lágrimas, boca seca, irritabilidad, respiración rápida, ojos hundidos.
- Puede haber o no presencia de sangre y moco en heces.

Medidas de Prevención

- Hervir y desinfectar el agua antes de beberla.
- Lavar bien frutas y verduras.
- Lavarse las manos antes de comer y después de ir al baño.
- Tomar alimentos ricos en vitamina "A".
- Freír o cocer bien los alimentos.
- Eliminación de excretas de niños con diarrea.
- Lactancia materna

INFECCIONES DE TRANSMISIÓN SEXUAL

- Prurito en genitales.
- Secreciones uretral o vaginal purulentas o mucopurulentas.
- Disuria- Dolor al orinar.
- Presencia de lesiones vesículas, ulcerosas o chancros en genitales o regiones, perianales o bucales.
- Inflamación de ganglios.
- Malestar general.
- La importancia que tiene el no automedicarse ante la presencia de manifestaciones clínicas de Infecciones de Transmisión Sexual.
- Promover las prácticas sexuales y protegida utilizando correctamente los condones de látex (masculino) o poliuretano (femenino), en especial en aquellas prácticas de riesgo, y de esta manera prevenir la transmisión de Infecciones de Transmisión sexual VIH/SIDA.

MEDIDAS HIGIÉNICAS DIETÉTICAS:

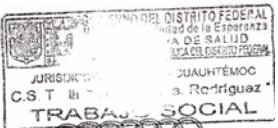
- Baño diario.
- Aseo de boca 3 veces al día.
- Mantener limpio el lugar donde viven.
- Lavar los trastes que ocupen.
- Mantener limpia a su ropa

**EN CASO DE ENFERMEDAD
NOTIFICAR A :**



00000040

**Cartilla de Salud
para el
Migrante a Canadá**




CONSULADO GENERAL DE MÉXICO

CONSULATE GENERAL OF MEXICO



FORMATO DE ASISTENCIA MEDICA BILINGÜE



MEDICAL BILINGUAL ASSISTANCE FORM

Estimado trabajador : Este formato está diseñado para ayudarte a describir los síntomas que más se aproximen al padecimiento que te aqueja, con la finalidad de que el personal del Servicio Médico Canadiense pueda entenderte y tener una base de información sobre tu salud en el momento que te presentes en un Hospital o Consultorio para ser atendido. Sólo marca con una X el cuadro o cuadros que describan lo que sientes y entregaselo al médico que te atiende.

Dear Doctor : Due to the language barrier between the Mexican workers and the Medical Service, this form was designed as a tool in order to help you and also help the workers to explain the symptoms they are suffering when they get to your office. Please, check both sides of this form before you proceed and fill up the spaces that correspond to you and sign it up.

PROGRAMA DE TRABAJADORES AGRÍCOLAS TEMPORALES - MEXICAN SEASONAL AGRICULTURAL WORKERS PROGRAM

Cuadro Básico de Síntomas - Common Symptoms Table

Español - Spanish ☐ Dolor de Cabeza	Headache	Español - Spanish ☐ Mareos	Dizziness	Español - Spanish ☐ Dolor de los Riñones	Flank
Español - Spanish ☐ Dolor Abdominal	Abdominal Pain	Español - Spanish ☐ Náuseas	Nausea	Español - Spanish ☐ Dolor al Orinar	Pain when urinating
Español - Spanish ☐ Dolor de Estómago	Epigastric Pain	Español - Spanish ☐ Irritación de Ojos	Irritation in Eyes	Español - Spanish ☐ Sangrado de Pene	Blood in Urine
Español - Spanish ☐ Dolor de Garganta	Throat Sore	Español - Spanish ☐ Nariz Congestionada	Stuffy Nose	Español - Spanish ☐ Estreñimiento	Constipation
Español - Spanish ☐ Dolor de Pecho	Chest Pain	Español - Spanish ☐ Debilidad Muscular	Weakness	Español - Spanish ☐ Fiebre	Fever
Español - Spanish ☐ Dolor Articulaciones	Pain in Joints	Español - Spanish ☐ Escalofríos	Shivers	Español - Spanish ☐ Insomnio	Insomnia
Español - Spanish ☐ Dolor de Espalda	Upper Back Pain	Español - Spanish ☐ Dificultad al Respirar	Difficulty Breathing	Español - Spanish ☐ Irritación en la Piel	Skin Irritation
Español - Spanish ☐ Dolor de Cintura	Lower Back Pain	Español - Spanish ☐ Sangrado de Nariz	Bleeding Nose	Español - Spanish ☐ Ecorrimiento Vaginal	Vaginal Discharge
Español - Spanish ☐ Dolor de Oídos	Ear Pain	Español - Spanish ☐ Comezón Externa	Itchiness	Español - Spanish ☐ Retraso de la Menstruación	Menstruation Delay
Español - Spanish ☐ Dolor Muscular	Muscular Pain	Español - Spanish ☐ Tos Persistente	Persistent Cough	Español - Spanish ☐ Dolor en los Senos	Breast Pain
Indica si eres Alérgico a					
Penicilina ☐	Sulfas ☐	Indica si tienes algún Padecimiento Pre-Existente			
I'm Allergic to		Otros ☐	Diabetes ☐	Problemas Cardíacos ☐	Problemas de Presión ☐
		Other ☐	Heart Problems ☐	Blood Pressure ☐	
Pre-Existing Illness					

IMPORTANTE : Si necesitas mayor asistencia, no dudes en comunicarte con tu Consulado al número gratuito 1-888-351-2690

NOTE : Should you need any further assistance, please feel free to contact the Consulate of Mexico at the following Toll Free number : 1-888-351-2690

These broader federal programs and initiatives have trickled down to the various SS satellite centres, where they manifest in different ways. Applicants to the SAWP are now normally given a talk and some pamphlets on basic health issues, such as HIV/AIDS, vaccinations, alcohol use, tobacco, cancer, diabetes, condom use and basic hygiene, as well as their health passport and translation form. Other practices vary widely among the different states. In this respect, decentralization has created some inconsistencies in the types of programming for migrants, but it has also promoted

innovation. As a pilot project in Puebla, mental health has also been added into the discussion of medical issues through the employment of a psychologist to assess and provide guidance to workers. Tlaxcala has also initiated an innovative pilot project, inviting male workers' wives to attend the orientation as well—because, as one female SS administrator comments:

The wife many times helps to make sure the man washes his hands, to be more hygienic, and more orderly, because [in Canada] they will have to cook! And many times they eat off the same plate for one week without washing it(!), because they are not accustomed to [housework]. And the man, here in Mexico...we find it more work to make sure they are vaccinated...it is more difficult to promote health among men (Interview 11-2006).

Safe sex is also an emphasis. The Puebla social worker explains:

We give each one a pack of eight condoms, explaining that it is the method of contraceptive most effective to also prevent STIs. We tell them if you arrive and get to know someone and you're going to have a sexual relation, use this, but we first we advise them not to have sexual relations outside of their spouse (Interview 12-2006).

While many of the social workers and administrators I interviewed seem to be passionate and committed to providing health education for workers, according to the workers I interviewed, these efforts are a more recent and expanding phenomenon and have been administered inconsistently throughout time and geographic locations. They are nonetheless important initiatives for the workers who can benefit from them.

APPENDIX 4.4 - JAMAICAN APPLICATION FORM



MINISTRY OF LABOUR AND SOCIAL SECURITY
Application Form for Canadian Farm Work, Low Skill & General Labour Programme

ALL SECTIONS OF THIS FORM MUST BE COMPLETED.
 FAILURE TO ANSWER REQUIRED QUESTIONS TRUTHFULLY MAY RESULT IN REFUSAL OF YOUR APPLICATION.

MOTHER'S SURNAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

ADDRESS: _____

TELEPHONE (IF ANY): _____

POSITION APPLIED FOR: _____

DO YOU HAVE ANY OTHER SPECIALISED SKILL? (e.g. welding, plumbing, etc.) YES ☐ NO ☐

DATE OF BIRTH: ____/____/____ dd mm yy PARISH OF BIRTH: _____

MALE ☐ FEMALE ☐ HEIGHT: _____ WEIGHT: _____

MARITAL STATUS: SINGLE ☐ MARRIED ☐ COMMON-LAW RELATIONSHIP ☐ DIVORCED ☐ WIDOWED ☐

DATE OF MARRIAGE: _____

NAME OF SPOUSE: _____

FIRST NAME MAIDEN NAME/MARRIED NAME MIDDLE NAME

ADDRESS OF SPOUSE: _____

NAME OF DEPENDENT (S)	AGE	RELATIONSHIP	ADDRESS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SCHOOLS ATTENDED: NAME OF SCHOOL NO. YEARS

(A). PRIMARY _____

(B). SECONDARY _____

(C). VOCATIONAL _____

DO YOU HAVE A DRIVER'S LICENSE? YES ☐ NO ☐

HAVE YOU EVER BEEN ARRESTED/FINGERPRINTED BY THE POLICE? YES ☐ NO ☐

DO YOU HAVE A VALID JAMAICA PASSPORT? YES ☐ NO ☐

PASSPORT NUMBER: _____ EXPIRY DATE: _____ / _____ / _____
dd mm yy

RELIGIOUS DENOMINATION: _____

WERE YOU DENIED A US VISA LESS THAN A YEAR AGO? YES ☐ NO ☐

WERE YOU DENIED A CANADIAN VISA LESS THAN A YEAR AGO? YES ☐ NO ☐

MOTHER'S SURNAME FIRST NAME MIDDLE NAME

MOTHER'S ADDRESS: _____

FATHER'S SURNAME FIRST NAME MIDDLE NAME

FATHER'S ADDRESS: _____

HAVE YOU EVER

(1) SUFFERED FROM ANY DISEASE, PHYSICAL OR MENTAL DISABILITIES? YES ☐ NO ☐

(2) BEEN REFUSED A VISA TO TRAVEL TO CANADA OR ANY OTHER COUNTRY?
Important: Any type visa (Visitor, Immigrant, Student, Worker) YES ☐ NO ☐

(3) WORKED IN CANADA UNDER THIS PROGRAMME? YES ☐ NO ☐

(4) PREVIOUSLY OBTAINED A CANADIAN SOCIAL INSURANCE CARD?
If yes, Card No. _____ YES ☐ NO ☐

(5) ARE YOU CURRENTLY EMPLOYED? YES ☐ NO ☐

PRESENT OCCUPATION: _____

HAVE YOU ANY RELATIVES(S) IN THE U.S.A.? YES ☐ NO ☐

NAME OF RELATIVES(S) RELATIONSHIP _____

ADDRESS: _____

TELEPHONE: _____

HAVE YOU ANY RELATIVE(S) IN CANADA: YES ☐ NO ☐

NAME OF RELATIVE(S) RELATIONSHIP _____

DO YOU HAVE ANY RELATIVE ON THE GOVERNMENT OVERSEAS EMPLOYMENT PROGRAMME? YES ☐ NO ☐

IF YES, NAME OF RELATIVE(S)/RELATIONSHIP: _____

ADDRESS: _____

TELEPHONE: _____

NAME/RELATIONSHIP OF NEXT TO KIN: _____

TELEPHONE: _____

OCCUPATION OF NEXT TO KIN: _____

WHO RECOMMENDED YOU TO THIS PROGRAMME/RELATIONSHIP?

LAST NAME MIDDLE NAME FIRST NAME

ADDRESS: _____

TELEPHONE: _____

PERMANENT SECRETARY
Ministry of Labour & Social Security
Manpower Services Division

Applicant's Photograph

Applicant's Fingerprint

APPENDIX 4.5 - LIST OF RIGHTS AND RESPONSIBILITIES GIVEN TO MEXICAN WORKERS

SECRETARÍA DEL TRABAJO Y PREVISIÓN SOCIAL

DIRECCIÓN GENERAL DE EMPLEO
DEPARTAMENTO DE EMPLEO PARA MIGRATORIOS INTERNACIONALES

PROGRAMA DE TRABAJADORES AGRÍCOLAS MIGRATORIOS TEMPORALES MEXICANOS CON CANADÁ

OBLIGACIONES Y DERECHOS

OBLIGACIONES DEL TRABAJADOR

- Respetar las disposiciones establecidas en el contrato de trabajo.
- No abandonar la granja en la que se encuentra trabajando sin causa justificada y sin informar previamente a las autoridades consulares mexicanas.
- Respetar los horarios de trabajo y colaborar en todas aquellas actividades que guarden relación con las obligaciones establecidas en el contrato.
- Cuidar las herramientas y el equipo que se asigne para llevar a cabo su trabajo.
- Desarrollar actividades complementarias, siempre y cuando mantengan relación con el trabajo principal para el cual fue contratado.
- Reportar al empleador y a las autoridades consulares mexicanas en Canadá la intención de regresar a México por causas personales graves, que justifiquen su retorno.

DERECHOS DEL TRABAJADOR

- Recibir el pago y las prestaciones que se establecen en el Contrato de Trabajo.
- Ser alojado en habitaciones adecuadas que cuenten con el mobiliario necesario para dormir y preparar sus alimentos.
- Reportar al empleador y a las autoridades consulares mexicanas cualquier problema o irregularidad que dificulte el normal desempeño de su trabajo.
- Disfrutar de los días de descanso que prevé la legislación laboral vigente en Canadá.
- Solicitar atención médica, en caso de ser necesario y no abandonar el lugar de trabajo sin el reporte donde se especifique su estado de salud.
- Tener acceso a los servicios de atención médica y demás prestaciones que establece la seguridad social canadiense para trabajadores agrícolas.
- Salir de la granja los días de descanso para atender asuntos personales y comprar alimentos.
- Comunicarse vía telefónica con las autoridades consulares mexicanas, cuando se requiera reportar alguna anomalía, y con su familia por razones personales o asuntos de interés del trabajador agrícola.

.....

HOJA/CARTA DE DERECHOS Y OBLIGACIONES DOC

APPENDIX 4.6 - RELEVANT EMPLOYMENT EQUITY CLAUSES IN HUMAN RIGHTS ACTS

Section 10 of Canada's Human Rights Act states: "It is a discriminatory practice for an employer, employee organization or employer organization

(a) to establish or pursue a policy or practice, or

(b) to enter into an agreement affecting recruitment, referral, hiring, promotion, training, apprenticeship, transfer or any other matter relating to employment or prospective employment, that deprives or tends to deprive an individual or class of individuals of any employment opportunities on a prohibited ground of discrimination."

(Source: Canada Human Rights Act. Available on-line:

<http://www.efc.ca/pages/law/canada/canada.H-6.part-1.html>)

The Employment Equity Act states:

"The purpose of this Act is to achieve equality in the workplace so that no person shall be denied employment opportunities or benefits for reasons unrelated to ability and, in the fulfilment of that goal, to correct the conditions of disadvantage in employment experienced by women, aboriginal peoples, persons with disabilities and members of visible minorities by giving effect to the principle that employment equity means more than treating persons in the same way but also requires special measures and the accommodation of differences." (Source: Employment Equity Act. Available on-line: <http://laws.justice.gc.ca/en/showdoc/cs/E-5.401///en?page=1>)

APPENDIX 5.1 - PAMPHLETS AVAILABLE TO WORKERS FROM THEIR GOVERNMENTS



EN LOS DÍAS DE DESCANSO.

- No abuse de las bebidas alcohólicas.
- Comuníquese por teléfono o escriba a su familia.
- Haga ejercicio.
- NO SE COMPLIQUE LA VIDA. SI ASÍ LO REQUIERE, UTILICE EL MÉDICO. Evitará problemas de salud a usted y a su familia.



SI NO HA TERMINADO SU CONTRATO, POR NINGÚN MOTIVO REGRESE DE CANADÁ SIN LA AUTORIZACIÓN PREVIA DEL CONSULADO

RECOMENDACIONES GENERALES.

- CUMPLA CON SU CONTRATO.
- Lea bien su Acuerdo de Empleo.
- La atención médica y los medicamentos son gratuitos.
- Ante cualquier problema importante, primero trate de arreglarlo con el mayordomo o empleador. SI NO HAY ARREGLO, LLAME AL CONSULADO (si contesta la grabadora, deje su nombre y el de su granja) o escriba y agregue las notas, fotos, recibos, etc. que considere necesarios.
- NUNCA FIRME ningún documento que no esté en su idioma. Solicite un traductor o la intervención del Consulado.
- Conserve copias de todos los documentos que utilice o firme para cualquier trámite.
- El empleador no le debe cobrar por los traslados del aeropuerto a la granja y de regreso al aeropuerto. Si lo hace, repórtelo al Consulado.
- No haga alborotos, ni tome objetos sin pagar.
- Utilice equipo de seguridad en su bicicleta. SI TOMA NO MANEJE.



DURANTE LA JORNADA DE TRABAJO.

• El clima es extremoso y las jornadas son intensas y pesadas. RECUERDA QUE LOS GRANJEROS CONTRATAN EXTRANJEROS PARA HACER LABORES DIFÍCILES.

• Antes de salir DESAYUNE BIEN, así soportará mejor la jornada.

• Tome agua regularmente. Para evitar infecciones urinarias y agotamiento.

• Utilice una faja para cargar objetos pesados y vista el equipo de protección; tenga presente la localización del tractor o la maquinaria para evitar accidentes.



EN LOS DÍAS DE PAGO.

• Verifique que sean correctos la cantidad del pago y los descuentos. Solicite un comprobante.

• El pago de impuestos es una obligación. Para recuperar el Incometax debe hacer su declaración.

• Registre el pago en su formato de control. El empleador puede pagar por hora o por destajo.

SI EL PAGO POR DESTAJO NO ESTÁ ACLARADO Y AUTORIZADO POR EL CONSULADO, EL EMPLEADOR DEBE PAGAR POR HORA.



AYUDA DE ORGANIZACIONES Y DE PERSONAS DIFERENTES AL CONSULADO.

• Consulte al Consulado, porque su intención puede ser buena, pero desconocen el Programa y por ello pueden equivocarse en la información.

A SU REGRESO A MÉXICO.

• En cuanto llegue, presente su reporte de retorno.

¡ESTAMOS PARA SERVIRLE!





CONSULADO GENERAL DE MÉXICO TORONTO, ONTARIO CANADA

PROGRAMA DE TRABAJADORES AGRÍCOLAS TEMPORALES

ONTARIO

2007

BIENVENIDOS A CANADA

NOS DA GUSTO SALUDARTE Y DESEARTE UNA BUENA TEMPORADA AGRÍCOLA DURANTE EL PRESENTE AÑO.

A CONTINUACIÓN TE PROPORCIONAMOS INFORMACIÓN QUE TE SERÁ DE UTILIDAD SOBRE TUS DERECHOS Y OBLIGACIONES.

ES MUY IMPORTANTE QUE NOTIFIQUES AL CONSULADO SOBRE CUALQUIER ACCIDENTE O ENFERMEDAD QUE SUFRAS O ALGUNA IRREGULARIDAD QUE DETECTES, DE ESA MANERA EL CONSULADO PODRÁ REALIZAR LAS GESTIONES NECESARIAS EN TU BENEFICIO.



1. SALARIOS

Los salarios mínimos en la provincia de Ontario para la temporada 2007 son:

• Fruta, Vegetales, Empacadores y Viveros	\$8.58 / Hora
• Tabaco Curado (Flue) Plantado	\$8.58 / Hora
• Tabaco Negro Plantado	\$9.63 / Hora
• Cosechado	\$8.58 / Hora
• Flores	\$8.58 / Hora
• Pesto Ornamental	\$8.99 / Hora
• Aplanos	\$8.60 / Hora

2. DESCUENTOS AL SALARIO

De acuerdo con el contrato de empleo, el granjero te podrá hacer los siguientes descuentos:

- Gastos de Operación: 7% (mínimo C. \$ 150.00 y máximo C. \$ 700.00, incluyendo la Visa)
- Plan de Pensión de Canadá (C.P.P.): 4.95 %
- Seguro de Desempleo (E.I.): 2.7%
- Seguro de Vida, Accidentes y Medicinas: C. \$ 0.57 centavos diarios (C. \$ 3.96 a la semana)
- Pago de impuesto sobre Ingresos es variable dependiendo de tus ingresos (Income Tax).

Declarar impuestos es obligatorio en Canadá y en tu caso deberás tomar en cuenta lo siguiente:

- Si eres casado y ganas \$ 16,510.00 (DC) o menos, estas exentas del pago de impuestos y es posible que no se aplique ningún descuento a tu salario (pero aun así estas sujeto a presentar tu declaración anual).
 - Si eres soltero y ganas \$ 8,929.00 (DC) o menos, estas exentas del pago de impuestos y no se te debe aplicar ningún descuento a tu salario (pero aun así estas sujeto a presentar tu declaración anual).
- Presentar tu declaración anual garantiza que tu cuenta fiscal este actualizada y correcta, la posibilidad de que recibas devolución de impuestos, que cuentes con tu número de Seguro Social (SIN) y acumular tus aportaciones al Plan de Pensiones de Canadá (CPP).

En caso de necesitar asesoría para el pago de tus impuestos, te sugerimos llamar a la siguiente oficina en donde te atenderán en español. (Previo pago del Servicio)

Eileen Babbirk Tax Preparation / Attn. Jessie Brouwer
Atención en Español

64 Talbot Street West Leamington, Ontario N8H 1M4
1-519-326-7823 1-519-322-5684 Fax 1-519-322-4939

Número gratuito

1-866-622-4568
Martes, Jueves y Viernes de 16 a 20 hrs.
Domingos de 13 a 17 hrs.

3. TARJETA DE SALUD..... (OHIP)



Si eres nuevo en el programa en Ontario o tu tarjeta tiene más de 5 años, serás llevado por tu empleador a que tomen una nueva fotografía. Si te tomaron la fotografía hace menos de 5 años, tu tarjeta te llegará a la granja.

En caso de que necesites atención médica y aun no recibes esta tarjeta, comunícale al Consulado lo más pronto posible.

- Si nunca has tenido esta credencial de salud con fotografía, o estás en tu 1ª temporada, debes haber recibido por parte de la STPS, un formato que ya estará llenado y sólo tendrás que firmarlo y entregarlo a tu empleador a fin de que te lleve a tomar la fotografía correspondiente. Cuando vayas a tomar esta fotografía deberás llevar tu pasaporte y tu permiso de empleo en Canadá. Posteriormente recibirás tu tarjeta en la granja.
- La tarjeta de salud con fotografía es necesaria para obtener atención médica en Canadá, debes traerla contigo en todo momento y cuidar que no se te pierda. Al terminar tu contrato debes regresar esta tarjeta a tu empleador o al Consulado General por correo.

Es muy importante que devuelvas esta tarjeta antes de irte para evitar que alguien haga mal uso de ella, lo que podría causarte problemas en futuras temporadas.

4. TARJETA DE SEGURO SOCIAL ... (SIN)



Esta tarjeta será elaborada a tu llegada a Canadá y se te enviará a la granja en la que seas asignado en un plazo de 6 semanas. Si ésta no llega en ese lapso, solicita a tu empleador llamar a Human Resources Canada.

El número de Seguro Social no cambia, por lo que si recibes la tarjeta con un número distinto repórtalo al Consulado.

4. BENEFICIO POR PATERNIDAD

Si durante tu estancia en Canadá tu o tu esposa en México va a dar a luz, tienes derecho a solicitar este beneficio. Lo que recibas como beneficio por paternidad es considerado como ingreso y deberás pagar impuestos por este concepto. Comunícale al Consulado a la Ext.232 para que te asistan en el trámite ante las oficinas canadienses del Seguro de Empleo (EI).

5. CONVIVENCIA

Es tu obligación **respetar** las leyes de Canadá ya que te son aplicables, así como leer y aceptar las reglas de vivienda, convivencia, limpieza y disciplina en la granja en la que trabajas. **No se debe trabajar en estado de ebriedad o bajo influencia de enervantes, ya que te expones a sufrir un accidente.** Si no cumples con estas normas, estarás sujeto a las sanciones correspondientes, entre las cuales está la terminación de tu contrato de trabajo.

6. ACCIDENTES O ENFERMEDADES

Recuerda que en caso de enfermedad y/o accidente dentro del área de trabajo cuentas con cobertura médica por WSIB y fuera de ésta cuentas con la cobertura de RBC y el reembolso de medicinas que hayas comprado con receta emitida por el médico. También ten presente que puedes adquirir los medicamentos presentando la tarjeta de RBC.

Tú deberás:

- Solicitar a tu empleador el formato bilingüe para asistencia médica, llenarlo y entregarlo al doctor que te atiende.
- Cumplir con el tratamiento que el médico te señale.
- Llamar al Consulado que te corresponda, para proporcionarnos los datos de tu médico e informarnos sobre tu situación a fin de ayudarte.

Tu empleador deberá:

- Llevar al doctor y proporcionar el formato bilingüe para asistencia médica.
- Avisar al Consulado y abrir un reporte ante WSIB o RBC, en caso de que sufras algún accidente.

Si sabes de algún otro trabajador que esta padeciendo una enfermedad o accidente y no lo reporta, o bien el empleador no lo atiende, por favor avisa al Consulado para ayudar a tu compañero.

Precauciones:

Es muy importante que cuando conduzcas tu bicicleta cuentes con el equipo de seguridad adecuado, especialmente casco y reflectantes para manejar en la noche.

Si ingieres bebidas alcohólicas, hazlo con moderación y NO utilices tu bicicleta ya que te expones a sufrir un accidente. (Drogas y otros Enervantes no están permitidos)

En caso de que realices labores de fumigación, asegúrate de que tu empleador te brinde la capacitación y protección correspondiente. De lo contrario, avisa a este Consulado.

7. TRANSFERENCIAS

Sólo si tú lo deseas puedes ser transferido de granja cuando hayas concluido tu primer contrato. Si estás interesado comunícalo a tu empleador.

8. EQUIPAJE

A tu regreso a México, es importante que tu equipaje no sobrepase los límites (en peso y/o volumen) autorizados por las líneas aéreas:

Mexicana: dos maletas de 32 kg. cada una, cuyas dimensiones no excedan 158 cms. en total por maleta y una petaca de mano de 10 kg. con dimensión máxima de 120 cms.

Air Canada: dos maletas de 23 kg. cada una, cuyas dimensiones no excedan 158 cms. en total por maleta y una petaca de mano de 10 kg. con dimensión máxima de 120 cms.

No se permite exceso de equipaje, ni transporte de armas u objetos prohibidos.

9.- ENVÍOS DE DINERO A MÉXICO

Debes escoger con cuidado el medio que vas a utilizar para manejar tu dinero o enviarlo a tu familia. Existen distintas maneras de hacerlo:

- Abre una cuenta de cheques (Chequing) o de ahorro (Savings) en un banco de la localidad donde trabajas que te servirá para depositar tu dinero y disponer de él cuando lo necesites a través de los cajeros automáticos, utilizando la tarjeta de acceso (Débito) que te será entregada al abrir tu cuenta.
- Giro Bancario (Draft o Money Order) para enviarse por correo certificado (toma hasta dos semanas en ser recibido y puede extraviarse).
- Transferencia Bancaria (Wire Transfer) tarda entre 2 y 3 días y es necesario proporcionar al Banco en Canadá los siguientes datos:
 - Nombre del banco al que se enviará el dinero.
 - Número de la Sucursal.
 - Domicilio de la Sucursal.
 - Número de cuenta donde se depositará el dinero.
 - Nombre de la persona que recibirá el dinero.

Envíos de dinero por empresas particulares, es una manera económica y rápida de enviar dinero a México. Los requisitos y las tarifas dependen de cada compañía.

Es importante que durante tu estancia en Canadá NO guardes dinero en tu vivienda (a menos que cuentes con la debida protección). Si viajas a México, NO cargues mucho dinero en efectivo ya que lo puedes perder o te lo pueden robar. Puedes enviárselo a tu nombre y recogerlo en México.

- NO expongas tus ahorros, ni tu seguridad personal.

En el Consulado estamos para protegerte, ayudarte y orientarte respecto a tus derechos y obligaciones en Canadá, por lo tanto, si terceras personas te ofrecen ayuda, evítalas y llámanos.

Si te encuentras en México y deseas saber el proceso en que se encuentra tu reclamo ante alguna de las Aseguradoras (WSIB o RBC) o sobre tu pensión, debes contactar al Lic. Mario Manrique en las oficinas de la SRE de la Cd. de México. Tel. 3686-5875

Nuestra Dirección y Teléfonos son:

Consulado General de México en Toronto

199 Bay Street, Suite 4440
Commerce Court West
Toronto, Ontario, M5L 1E9

Tel : (416) 368-2875 Fax : 416-368-9384

Teléfono sin Costo 1-888-351-2690

Cordinador del Programa
Ext. 231, Juan José Martínez de la Rosa
jmartinezr@consulmex.com

Ext. 230, Luis Mario Martínez
lmartinez@consulmex.com

Ext. 232, Otilia Picazo
opicazo@consulmex.com

Ext. 233, Ernesto Proo
eproo@consulmex.com

Ext. 271, Tania Aguilar
taguilar@consulmex.com

Horario de Lunes a Viernes de 9:00 am – 5:00 pm

Teléfono de Emergencia 416-716-0931

A partir de las 6:00 p.m. y fines de semana

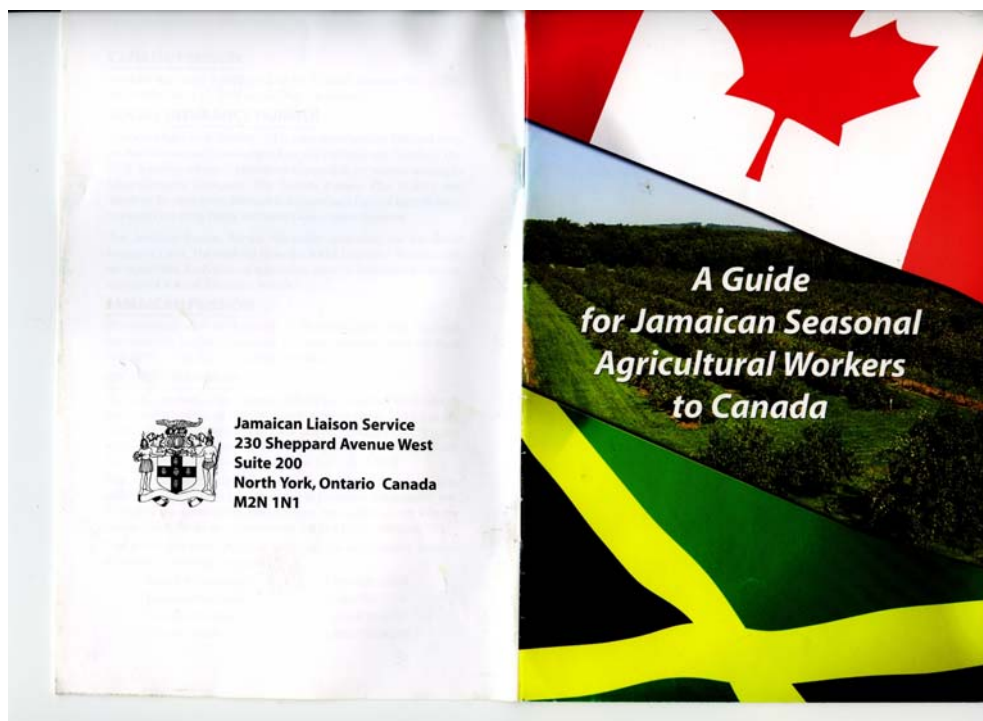
Oficina Consular de Leamington

36 Erie St. South
Leamington, Ontario, N8H 3A7

Tel: (519) 325-1460, (519) 325-1462
y (519) 325-1463 Fax: (519) 325-1464



Si al llamar te responde una grabación, por favor deja tu nombre, apellidos completos, nombre de la granja y un mensaje detallado para que personal del Consulado pueda contactarte a la brevedad posible.



GREETINGS

The Minister & Staff of the Ministry of Labour & Social Security, as well as the Chief Liaison Officer and staff of the Jamaican Liaison Service recognize your participation in the Programme and express appreciation for your contribution to a successful partnership between the Governments of Canada and Jamaica.

Please accept wishes for a successful season and remember, the Liaison Service is here to represent you while you are in Canada.

The office hours are:

Monday - Friday 8:30 a.m. - 4:30 p.m.

Main Office

Phone: 416-733-4358
Fax: 416-733-4260
Toll Free: 1-888-898-3951

Sub-Office (Leamington)

Phone: 519-326-9869
Fax: 519-326-6592

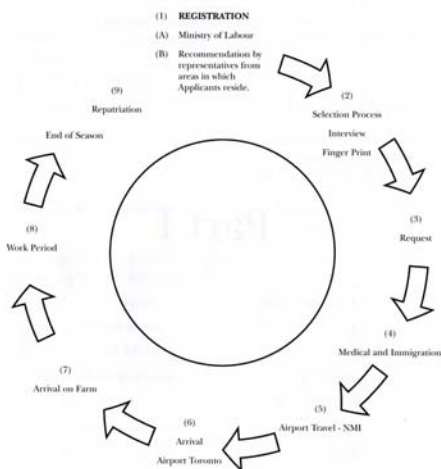
After hours & Week-ends the following officers can be contacted at the numbers listed below:

John C. Wright	-	(905) 827-5301
Larkland Stone	-	(905) 272-9241
Kenneth Phillips	-	(905) 943-9237
Vernon Melhado	-	(905) 472-3808
Steven Day	-	(519) 325-0376
Carlton Anderson	-	(416) 281-2840
Clifford Williams	-	(416) 785-9049

Part I

THE SELECTION PROCESS

The drawing below represents a stepwise listing of the Selection Process which a worker goes through in order to become a participant on the Programme:



6

THE CONTRACT

A contract is an agreement usually between two or more parties. When used here, the term contract really means the agreement between the Employer, the Worker and the Government Agent. A contract is signed each year by all parties. This contract contains the terms of the agreement, the period of work, as well as, the obligations of the parties.

CANADIAN LAW

While in Canada, the worker must abide by the law and offenses such as shoplifting, drug related offenses, sexual assault, touching of females without consent, disorderly behaviour, will land him/her in prison and if found guilty, may either be deported immediately or serve time and then be deported.

ACCOMMODATION

Accommodation is provided without charge to the worker as part of the contractual agreement with the employers. The employer is obliged to provide a clean and generally habitable condition on the one hand, while the worker is obliged to maintain such accommodation in an appropriate state of cleanliness. No member of the opposite sex is allowed to sleep over in the accommodation.

BICYCLES

The riding of bicycles/bikes can be very dangerous. Workers have been killed in this way, therefore he/she must obey the law by riding on the correct side of the road with bicycles equipped with reflectors. Towing another person is not allowed.

GROUND TRANSPORTATION

Employers are requested to take workers to do their shopping for essentials and banking once per week, preferably on pay day. This service is provided at no cost to the worker as part of the employer's contractual agreement.

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VACATION PAY

Workers who perform harvesting would become eligible for vacation pay after completing thirteen (13) weeks of continuous harvest work. Vacation pay should be 4% of Gross Earnings.

If a worker does both harvesting and other farm duties during a week, the worker would also be entitled to vacation pay but only on the harvesting portion.

ADVANCES TO WORKERS

Employers are requested to give a cash advance of C\$200.00 to workers upon their arrival and there should be no need for a further advance, as workers are to be paid each week or bi-weekly.

BONUS

An employer may decide to give a bonus to some or all of his workers. This is left to the discretion of the employer as this is not a right or an entitlement.

RECOGNITION PAY

As of 2003 workers with five (5) or more years of service with the same employer will be entitled in the sixth year to Recognition Pay at the rate of \$4.00 per week to a maximum of \$128.00, payable at the end of the contract. Once a worker becomes eligible, this payment should be received every year.

MEAL BREAKS & REST PERIODS

Workers are entitled to a 30-minute break after five (5) hours of work and two (2) ten-minute breaks, one in the morning and one in the evening. For each six (6) consecutive days of work, the worker will be entitled to one day of rest, but where the urgency to finish farm work cannot be delayed, the employer may request the worker's consent to postpone that day until a mutually agreeable date.

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Part II

WAGE RATES 2005-2007

(I) ONTARIO			
		WAGE RATE	
CROP	2005	2006	2007
Tomatoes Mechanical Harvest	8.00	8.30	8.58
Tobacco-Flue			
a) Planting and Mechanical harvesting	8.00	8.30	8.58
b) Emptying Kiln	8.00	8.30	8.58
c) Daily Kiln Rate	80.00	83.00	86.00
Tobacco-Black			
a) Planting	8.00	8.30	8.58
b) Harvesting	9.24	9.43	9.63
Fruit	8.00	8.30	8.58
Canning/Processing (Fruits & Vegetables)	8.00	8.30	8.58
Vegetables-Field (includes hand harvest, tomatoes, ginseng and greenhouse)	8.00	8.30	8.58
Nurseries	8.00	8.30	8.58
Flowers	8.00	8.30	8.58
(II) QUEBEC			
		WAGE RATE	
CROP	2005	2006	2007
Fruits and Field Vegetables	7.95	8.25	8.52
Flowers Greenhouse	7.95	8.25	8.52
Greenhouse	7.95	8.25	8.52
Nursery	7.95	8.25	8.52
Sod	8.53	8.71	8.89
(III) NOVA SCOTIA			
		WAGE RATE	
CROP	2005	2006	2007
Fruits and Field Vegetables	7.36	7.52	7.68
(IV) MANITOBA			
		WAGE RATE	
CROP	2005	2006	2007
Field Vegetables	7.30	7.60	7.85
Nursery Workers	7.30	7.60	7.85

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For 2005, when tobacco is fully mechanically harvested, the normal work day for the harvesting crew shall consist of an aggregate of 8 hours to be compensated at the prevailing unit (KILN) rate of \$80.00/KILN. Work performed by the harvesting crew in excess of 8 hours in the same day will be paid at the prevailing hourly rate of \$8.00.

Where the employer has less than 8 hours of aggregate work when mechanically harvesting a kiln, the harvesting crew will be paid at the full unit (KILN) rate.

HEALTH COVERAGE

All workers who participate in the Agricultural Programme receive Health Coverage. In the cases of Ontario and Quebec, the worker receives coverage at the Provincial Level under the Ontario Health Insurance Programme (OHIP) and the Quebec Health Insurance Programme (QHIP) respectively.

Laws in the Provinces of Manitoba and Nova Scotia do not allow for health coverage in this way. Coverage for workers in these Provinces is the responsibility of the Jamaican Liaison Service.

JOB RELATED INJURIES

All Job-related Injuries whether they will result in time loss or not, must be reported immediately to the employer and the Jamaican Liaison Service. If the injury involves health care treatment or lost wages, the employer should report the accident to the Workers Compensation Board. All workers in Canada are covered under the Workers' Compensation Board which operates in all provinces. A worker must see a doctor if he/she is unable to work. Benefits will only be paid on acceptable medical evidence.

In Ontario the function of the Workers' Compensation Board is carried out by the Workplace Safety & Insurance Board (W.S.I.B.).

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NON-JOB RELATED ILLNESSES

An Insurance is in place to cover workers for illnesses not related to the job. However, there is a waiting period of five (5) days and benefits will only be paid as of the sixth day. Most prescription drugs purchased will be reimbursed. The request for a refund must be accompanied with the drug receipt. Neither Dental nor Optical Care is covered unless it is job related.

Workers are advised that receipts for prescription drugs purchased in Canada should be submitted for reimbursement to the Liaison Office or the Liaison Officer within 14 days of visiting the doctor. Failure to do so may result in non-payment.

DEDUCTIONS

The employer is requested to withhold 25% of the worker's gross earnings and forward to the Jamaican Liaison Service.

- From this 25% an amount of 5% of gross earnings is deducted to assist with Insurance, Medical Examination, Prescription Refunds, Payment to the National Insurance Pension for the Entire year in Jamaica, as well as other administrative expenses.
- From the remaining amount of 20% of gross earnings, the visa fee is taken out (\$150.00 in 2005). The entire remaining balance which is 20% of gross earnings less the visa fee is forwarded to Jamaica for deposit in the workers' savings account.

In 2005 the employer is authorized to deduct C\$3.50 per working day to a maximum of C\$505.00 for contribution towards The worker's airfare. See the table below for deduction levels 2005-2007.

	2005	2006	2007
DAILY	\$3.50	\$3.75	\$4.00
MAXIMUM	\$505.00	\$505.00	\$505.00

Deductions for 2005-2007

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OTHER DEDUCTIONS

Income Tax

Canada Pension (CPP) Employment Insurance (EI)

(Determined according to amount earned using standard Payroll Deduction Tables)

INCOME TAX

Some workers may have to pay Income Tax and the amount deducted will be based on the amount earned and whether or not the worker is single or with dependents.

A Dependent is either a wife, a common-law spouse or a child under the age of eighteen (18)

(Remember) Each worker must provide Information of his/her dependents to the Ministry of Labour before leaving Jamaica. This information will determine your level of taxation and is reported to the Canadian Agencies on a document known as the TD 1.

The Jamaican Liaison Service will file for income Tax and Canada Pension Returns on behalf of eligible workers at the end of the year.

Refunds received in this office on behalf of workers will be mailed to the farm if the worker is still in Canada or to an address in Jamaica if the worker has gone home. Please ensure that you inform your Liaison Officer or the Liaison Service of your correct mailing address in Jamaica.

BREACH OF CONTRACT

The worker's contract can be terminated for unsatisfactory performance, or refusing to work. However, before any repatriation, a Liaison Officer will investigate your case and must agree to the repatriation. Workers traveling for the first time and sent home before the completion of half their contract, will be responsible for the airfare both ways. After completing half their contract, they are responsible for their return airfare.

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PROHIBITED SUBSTANCES

The use of Marijuana (Ganja) or any non-prescription prohibited drug is illegal. Any worker caught or is reported to be using these drugs or is in any way involved in the preparation or trading of these prohibited substances will be arrested.

Any worker who is sent home for such involvement will be excluded from future participation in the programme.

DOMESTIC REPATRIATION

If a worker wishes to return home for domestic reasons he must first inform the employer, who should advise the Jamaican Liaison Service, who will in turn have the Ministry of Labour in Jamaica investigate the circumstances. Arrangements might then be made for the worker to proceed home, depending on recommendation by the Ministry.

Please note, that for a new worker with less than 50% of his contract completed, he will be responsible for the full cost of the return fare.

With more than 50% of the contract completed, the employer will pay 25% of the return fare.

MEDICAL REPATRIATION

If a worker has to be repatriated due to medical reasons which are verified by a doctor, the employer will pay the cost of the airfare. However, if the medical condition existed prior to the worker leaving Jamaica, then such worker will meet the costs.

COMPLETION OF CONTRACT

After completion of contract, the employer is requested to make arrangement for return flight within seven (7) days. Where permission is being requested to spend time with relatives or friends, such requests will not be entertained.

A.W.O.L.

When a worker breaks his/her contract and leaves the farm to live in Canada and not return to Jamaica at the end of contract he/she is described as having gone A.W.O.L. - a term borrowed from the military meaning to be "Absent Without Leave".

On a yearly basis a number of workers go AWOL, which means they are in violation of Immigration Laws in Canada and are subject to deportation. The Government of Canada has decided to treat this matter very seriously and men who go AWOL are putting the Programme and the Jobs of other workers at great risk.

The Government of Canada has also recently issued very strong statements about this matter and is threatening to severely reduce the number of workers allowed into Canada if this practice continues.

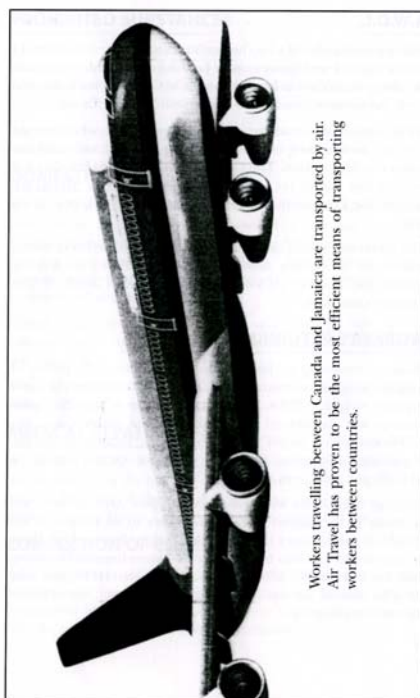
WORKER'S RETURNING TO JAMAICA

Workers returning to Jamaica are allowed two (2) pieces of luggage weighing a maximum of 70lbs each, and one (1) hand luggage weighing 20lbs. Only these two pieces plus the hand luggage are guaranteed to be taken by the Airlines and any additional piece might not. Bicycles are treated as excess, regardless of number of pieces. Cost for excess luggage is \$147.00 per piece, not exceeding 70lbs.

Luggage over 70 lbs will have to be shipped. Arrangement will be made at the airport to facilitate either to air freight or sea freight at special rates through Atlas Freight Forwarding. Prior arrangements can also be made for all excess luggage by calling Toll Free: 1-800-267-5754. Radios, televisions HI-FI Sets and Bicycles should be in their original container, or securely packed for shipping.

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Workers travelling between Canada and Jamaica are transported by air. Air Travel has proven to be the most efficient means of transporting workers between countries.

Part III

CANADA PENSION

Workers who have contributed to the Canada Pension Plan (CPP) are entitled to apply for Canada Pension at age 65.

SOCIAL INSURANCE NUMBER

The Social Insurance Number (S.I.N.) was introduced in 1964 and every person who works in Canada must have a Social Insurance Number. The S.I.N. is used as a form of identification especially for matters relating to Unemployment Insurance, The Canada Pension Plan (C.P.P.) and Taxation. In other cases this card is also used as a form of identification in matters involving Banks and some Government Agencies.

The Jamaican Liaison Service will make application for the Social Insurance Card. The card will show the Social Insurance Number with an expiry date. Each year an application must be submitted for the re-issuance of a Social Insurance Number.

JAMAICAN PENSION

Workers will also be entitled to benefits from the National Insurance in Jamaica, based on the contributions made on their behalf by the Jamaican Liaison Service.

MONEY TRANSFER

National Commercial Bank Jamaica (NCB) has launched Servia Money Services which allows all farm workers to send money to Jamaica at any branch of National Commercial Bank at a very attractive rate. You can send any amount you want up to C\$2,500.00 for a cost of only C\$7.00. For further information, call toll free 1-877-473-6842.

Western Union is offering preferred Customer Cards to all farm workers, which will allow workers to send money to Jamaica at a reasonable rate. To receive this special offer, workers must first register at any Western Union outlet. For further information, call Toll Free: 1-800-225-2750.

There are also other Agencies offering money transfer services to Jamaica. Among them are:

Rapid Remittance	-	1-800-631-3209
Jamaica National	-	1866-353-7778
Victoria Mutual	-	416-652-8652
Money Gram	-	1-800-926-9400

APPENDIX 6.1 - NIAGARA FARM FACTS

	Niagara-on-the-Lake (CCS 350126047)	Niagara (CD 350126)	Southern Ontario Region (CAR 3501)	Ontario (PR 35)	Canada
Source: Statistics Canada, 2006 Census of Agriculture.					
Farm and farm operator statistics					
Total population in 2006 ¹	14,587	427,421	2,405,526	12,160,282	31,511,587
Total number of operators	545	3,355	26,970	82,410	327,060
Average age of operators	54.1	53.1	53.1	52.6	52.0
Total male operators	385	2,310	19,470	58,875	236,220
Total female operators	165	1,035	7,490	23,530	90,840
Total number of farms	380	2,236	18,665	57,211	229,373
Land statistics					
Land area (km²) ¹	133	1,854	21,520	907,574	5,469,898
Total area of farms (hectares)	8,271	93,777	1,592,343	5,386,453	67,586,739
Average area of farms (hectares)	22	42	85	94	295
Farm finance statistics					
Total gross farm receipts (excluding forest products sold) (dollars)	143,297,060	671,680,773	4,672,359,547	10,342,031,229	42,191,981,171
Total farm capital (market value in dollars)	471,517,677	2,411,945,808	24,502,536,917	65,336,796,501	248,317,591,506
Crop and horticulture statistics					
Land in crops (hectares)	6,709	72,924	1,353,636	3,660,941	35,912,247
Top crops (hectares)					
Grapes	3,179				
Peaches	1,469				
Soybeans	296				
Total area of nursery products	284				
All other tame hay and fodder crops	277				

	Niagara-on-the-Lake (CCS 350126047)	Niagara (CD 350126)	Southern Ontario Region (CAR 3501)	Ontario (PR 35)	Canada
Livestock statistics					
Total cattle and calves	251	13,706	348,937	1,982,651	15,773,527
Total pigs	11	43,641	1,650,084	3,950,592	15,043,132

Source: Statistics Canada. Available on-line:

http://www26.statcan.ca:8080/AgrProfiles/cp06/Table1.action?prov=35&search=search&placename=niagara&placestart=1&geog_id=350126047&geog_id_amal=350126047&loccode=22187&tab_id=1

APPENDIX 7.1 - QUANTITIES OF SPECIFIC PESTICIDE ACTIVE INGREDIENTS USED ON ALL FRUIT IN ONTARIO, 2003

Pesticide Used	Quantity (kg)	Pesticide Used	Quantity (kg)
HERBICIDES		INSECTICIDES	
chlorthal dimethyl	453	azinphos-methyl	7,692
Dichlobenil	402	carbaryl	2,773
Diuron	299	chlorpyrifos	2,718
Glyphosate	3,732	cypermethrin	244
Napropamide	732	diazinon	1,883
Paraquat	811	dinocap	2,605
Simazine	1,023	endosulfan	215
Terbacil	609	phosalone	1,801
Other	429	phosmet	8,658
Total	8,491	pyridaben	593
		other	1,108
		Total	30,291
FUNGICIDES		NEMATOCIDES	
Captan	60,337	Total	59
Chlorothalonil	901		
copper oxychloride	6,318		
copper sulfate	922		
Dodine	539	GROWTH REGULATORS	
Fenbuconazole	217		
Fenhexamid	275	ethephon	246
Ferbam	1,769	other	53
ferric dimethyldithiocarbamate	1,944	Total	299
Folpet	3,280		
fosetyl-al	610		
Iprodione	1,903	GRAND TOTAL	248,732
kresoxim-methyl	652		
Mancozeb	40,681		
Metiram	33,848		
Myclobutanil	704		
Sulphur	54,080		
Other	611		
Total	209,592		

Source: McGee *et al.* (2003)

APPENDIX 11.1 - OHCOW CLINIC ANNOUNCEMENT (DRAFT)

Announcing...

Occupational Health Clinic for Farm Workers from Mexico and the Caribbean



This is a free service for all farm workers in the Niagara Region. At the clinic you can talk to a doctor or nurse about health concerns which you think may be caused by **working conditions and exposures** (e.g. a rash from working with plants, concerns about pesticides, muscle strains that do not get better). You may also have questions about the safety of chemicals you are working with - there will be an occupational hygienist (someone who knows about chemical exposures) to discuss this with.

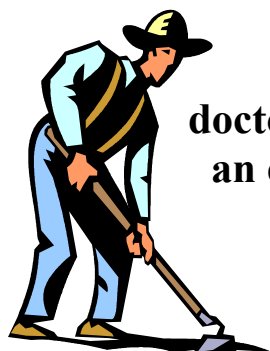


When:

Where:

Please come to this clinic if:

- You have a health problem which you think may be caused by or made worse by work you are doing, OR
- You want information about health effects that could be from work.



**If you are sick or have been hurt, you should see the doctor that is available through your employer. If you have an emergency, go to a medical facility as soon as possible.
This clinic does not provide treatment.**

This clinic is being provided free of charge by the Occupational Health Clinic for Ontario Workers Hamilton, a not-for-profit clinic who's mission is to prevent occupational injuries and disease.

1-800-263-2129

Espanol: otros lado

APPENDIX 11.2 - CHECKLIST FOR ACCESSIBLE SERVICES FOR MIGRANT WORKERS (VALHALLA)

Vulnerability and Confidentiality – For much of their time in Canada migrant workers are dependent on their employers or government officials to help them navigate the system. However, these same individuals may be responsible for ensuring their work contract and migration status in Canada. It is thus especially important that services are made available which consider these vulnerabilities and that allow migrant workers a safe, confidential space for service provision.

Awareness/Advertising – There are distinctive challenges to informing workers about services. Many migrants are outside the reach of such typical methods of communication and promotions as local media or independent mailings. To be effective, promotions campaigns should target the areas which workers frequent or partner with organizations with well established channels of accessible communication for the workers.

Language and Literacy – Many migrant workers do not speak English and those who do often have limited literacy skills. It is essential that all services provided to migrant workers be done in the language that the workers understand using basic messaging that does not necessitate advanced literacy.

Hours/Timing – Migrant workers often work long hours, sometimes seven days a week. It is important to determine in advance the limited hours which migrant workers have available, and offer services to them within these times. This may involve service provision on evenings and/or weekends. Making food available at services is an effective way to attract workers as they may otherwise be unable to come due to the limited time outside of work that they have available to cook and eat.

Affordability/Cost – Generally the migrant workers' primary motivation to work in Canada is to earn money needed to support their families; therefore services which necessitate a cost may be prohibitive.

Location/Transportation – Most migrant workers are employed in rural areas and have limited transportation options. It is essential to find a location that is accessible to them (i.e. within biking distance) and/or to provide low-cost transportation options.

Links/Collaboration –Forming collaborative partnerships with migrant support groups is a useful way to bridge the gaps that otherwise exist between service providers and migrant workers. Such groups can often assist with services such as translation, outreach, promotions and transportation.

Adaptability/Flexibility - Migrant workers have very little control over their work schedules, and sometimes their schedules change without notice. Furthermore, many workers do not have regular access to a telephone. They can also be transferred or repatriated to their home country at any time, sometimes with only a day's notice. It is therefore essential to have back-up plans for follow-up communication and to be adaptable to workers' varying needs, schedules and circumstances.

APPENDIX 13.1 - THE SAWP: OBSERVATIONS AND RECOMMENDATIONS

(Spanish version distributed to Mexican authorities and community)

El Programa de Trabajadores Agrícolas Temporales (PTAT): Observaciones y Recomendaciones*

Comunicaciones	
Observaciones:	Recomendaciones:
- Idioma y traducción: la comunicación entre los patrones y los trabajadores esta limitada por la barrera lingüística - Acceso telefónico: unidireccional, falta de privacidad, alto costo para llamadas de larga distancia (tarjetas de teléfono) - Servicios para el envío de remesas: alto costo, acceso limitado, monopolios	- Clases de inglés para los trabajadores (e.j. Frontier College) - Servicio de traducción e interpretación para uso general (incluyendo para servicios de salud o resolución de conflictos laborales) - Programa educativo para los patrones sobre la cultural e idioma de los trabajadores - Acceso y disponibilidad de teléfono para recibir y hacer llamadas (patrones deben proveer éste) - Reducción de los costos en llamadas de larga distancia y del envío de remesas; buscar soluciones en conjunto con los negocios de las comunicaciones: por ejemplo, FINMex: provisión de mejor acceso (conveniente y barato) - Incrementar la comunicación entre los trabajadores, los patrones, FARMS, HRSDC, el Consulado Mexicano y otros intermediarios (ONGs, etc.)
Transportación	
Observaciones:	Recomendaciones:
- Transportación afuera del trabajo: es común que haya accidentes cuando los trabajadores van al pueblo/ciudad más cercano en sus bicicletas y otros medios de transportación - Transportación dentro del trabajo: es común que haya accidentes con la maquinaria agrícola especializada y con la transportación hacia los lugares de trabajo (por ejemplo por la falta de un adecuado mantenimiento, y la falta de	- Bicicletas apropiadas y en buenas condiciones que cumplan con las debidas medidas de seguridad (como cascos) - Mejorar la transportación de los trabajadores al lugar de trabajo, entre granjas - Mejorar la transportación de los trabajadores a los pueblos o ciudades (transporte publico, carril para ciclistas en las calles, acceso a automóviles ya que muchos tienen licencias de manejo)

cinturones de seguridad en maquinaria y vehículos de uso común) • La transportación es controlada y limitada; falta de autonomía: los trabajadores solamente pueden transportarse cuando el patrón provee el medio; es común que los vehículos sean limitados y que el patrón no quiera transportarlos mas de una vez a la semana	• Regular la inspección del mantenimiento de vehículos y maquinaria agrícola en las granjas • Mejorar la seguridad de vehículos y maquinaria agrícola en las granjas para que se adhieran a las regulaciones de Ontario Occupational Health and Safety Act (OHSA)
Información	
Observaciones:	Recomendaciones:
• Todos los trabajadores deben de recibir una copia de su contrato de trabajo, además muchos de ellos reciben trípticos de STPS y el Consulado Mexicano; Los documentos son importantes, sin embargo, no todos los trabajadores reciben o comprenden éstos • El gobierno de Canadá no dedica los recursos suficientes para explicar los derechos y obligaciones de los trabajadores (por ejemplo CPP, EI & prestaciones para las familias, impuestos, WSIB, RBC, OHIP) • Los patrones y trabajadores no tienen buen conocimiento de las leyes canadienses (por ejemplo OHSA) • Muchos de los patrones no tienen buen conocimiento de los trabajadores que contratan, de sus capacidades, entrenamiento, experiencia, etc. • El gobierno de Canadá no provee buena ayuda o asistencia para la recolección y declaración de impuestos de los trabajadores a nivel federal y provincial (incluye el hecho de que los trabajadores pagan por derechos pensionarios y de seguridad de empleo, que en muchos de los casos no utilizan)	• Un libro de información que contenga de manera detallada toda la información sobre el programa, los derechos y obligaciones de los trabajadores y los patrones; mismo que debería ser actualizado de manera anual (Inglés y Español) • Un paquete informativo que contenga el libro antes mencionado e información relevante (comunicación, salud, transportación, derechos, etc.) y que le sea entregado a los trabajadores con la anticipación debida • Talleres de entrenamiento (posiblemente impartidos por el gobierno de Canadá); especialmente para los trabajadores analfabetos. Los derechos y obligaciones deben de ser explicados a los trabajadores en cuanto pisen tierras canadienses. • Revisar el sistema de cobro del impuesto federal, EI, deducciones de CPP (trabajando en conjunto el consulado, patrones y trabajadores mexicanos) • Creación de un mecanismo para que los trabajadores puedan decidir en que tipo de granja quieran estar por medio de una “base de datos” que contenga sus capacidades, entrenamiento, experiencia, etc. A su vez, dicha base de datos permitirá que los patrones puedan decidir en que tipo de trabajador quieren.

Salud	
Observaciones:	Recomendaciones:
Trabajadores tienen muchos problemas de salud: • Salud y Trabajo, Salud Mental y Alcoholismo, Problemas de vivienda, Enfermedades Comunicables y Infeccioso, Enfermedades de Transmisión Sexual • Aislamiento y falta de transporte para llegar a los servicios médicos y mucho tiempo de espera • Falta de intérpretes y falta de médicos, especialmente especialistas de medicina ocupacional, salud sexual y mental • No se cuenta con médicos familiares asignados y muchos médicos carecen de conocimientos sobre los derechos, culturas de los trabajadores migrantes, y falta de conocimiento sobre WSIB y derechos de seguro Es bueno que trabajadores tienen acceso a OHIP, RBC y WSIB, pero hay algunas preocupaciones: • Los trabajadores no siempre reciben sus tarjetas de OHIP o las reciben muy tarde – y las tarjetas no tiene validez si los trabajadores regresan a México o después 31 Diciembre • El RBC no es suficiente la prima (\$3,500) para casos graves – y el trabajador deberá de cubrir los gastos y después solicitar reembolso cuando están en México • WSIB es bueno en la mayoría de los casos, pero muchos trabajadores tienen miedo de reportar accidentes, o no saben sus derechos, y es difícil demostrar que algunos problemas son relacionados con el trabajo	• Mejorar el equipo de protección para la exposición a los pesticidas y para trabajar (e.j. guantes, mascarar, botas) • Proporcionar el entrenamiento adicional sobre la salud en lugar de trabajo (pesticidas, salud sexual, accidentes, sanidad) • Mejor acceso a información sobre salud – sexual (y al acceso al uso de preservativos y anticonceptivos), pesticidas, accidentes, enfermedades infecciosas • Grupos de apoyo para trabajadores con problemas de salud mental y alcoholismo • Mejorar estándares, guías y inspecciones mas frecuente de vivienda (e.j. temperatura máxima dentro de la casa, baños, camas, equipar de la cocina, sanidad, acceso al agua potable) y ponerlos en practica • Proveer médicos familiares para los trabajadores y asegurar que los especialistas estén disponibles para los trabajadores (e.j. salud mental, Medicina del Trabajo) y emplear a profesionales de salud mexicanos • Los médicos en Canadá y México deben recibir capacitación relativa a WSIB • Todos los trabajadores deben recibir sus tarjetas de salud • Los trabajadores deben recibir un seguro con mayor cobertura y Canadá debe pagar por éste • Mejorar acceso e incrementar los servicios gratuitos - e.j. “Occupational Health Clinics for Ontario Workers” (OHCOW) e “Industrial Accident Victims’ Group of Ontario” (IAVGO), para ayudar a aspectos relacionados con problemas de salud en el trabajo y WSIB • Todos los empleadores, médicos y trabajadores deben reportar cada

	accidente
Vida Social, Personal y Laboral	
Observaciones:	Recomendaciones:
• Conflictos entre compañeros (canadienses y mexicanos): desigualdad sobre niveles de trabajo, tratamiento y pago, tensión interpersonal de vivir y del trabajo junto • Relaciones con las comunidades canadienses: problemas con el racismo, comprensión intercultural, barreras lingüísticas cuando los trabajadores van a la ciudad/ centros comerciales • Relaciones con los patrones: conflictos, quejas, maltrato, abuso, el racismo, comprensión intercultural, barreras lingüísticas • Familias en México: Cambio de la estructura tradicional de la familia, divorcios, problemas maritales, abuso, pérdida de cultura e identidad nacional	• Apoyar eventos en las comunidades donde residen los trabajadores; que incluya a canadienses y mexicanos (juegos de fútbol, eventos religiosos) • Eventos de bienvenida por parte de las comunidades locales (entendimiento cultural e integración comunitaria en Canadá) • Sesiones inductivas para los trabajadores (por ejemplo, con informaron local, mapas, números telefónicos, etc.) • Guía de relaciones laborales y código de conducta (para los trabajadores mexicanos); éste deberá crearse en conjunto con los trabajadores. • Crear métodos de diferentes niveles de responsabilidades laborales para los trabajadores con mayor experiencia (por ejemplo mayordomos, capataces, etc).

*Written by Dr. Jenna L. Hennebry and Janet McLaughlin, Ph.D. Candidate

Más Información y Recursos:

- Consulado: <http://www.consulmex.com/esp/programadetrabajadoresagricolas.asp>
- Occupational Health and Safety Act:
- <http://www.labour.gov.on.ca/english/hs/ohsaguide/>
- OHCOW: <http://www.ohcow.on.ca/>
- IAVGO: <http://www.iavgo.org/>
- WSIB: <http://www.wsib.on.ca>
- Frontier College: LabourerTeacher@frontiercollege.ca,
- <http://www.frontiercollege.ca/english/programs/labteach/ltpro.htm>
- Immigrant Women's Health Centre: 416-323-9986
- Niagara Region Sexual Health Centre: 1-800-263-5757
- J4MW Resource Page:
- http://www.justicia4migrantworkers.org/resources_new.htm
- Enlace: <http://enlace.ca/>

APPENDIX 13.2 - AUTHOR'S SUBMISSION OF RECOMMENDATIONS TO STANDING COMMITTEE ON CITIZENSHIP AND IMMIGRATION

Recommendations following submission of Brief, *Why Rights on Paper do not Equate to Rights in Practice for Temporary Foreign Workers: The Case of Health Care and Compensation among Seasonal Agricultural Workers*, to the Cross-Canada Hearings of the House of Commons Standing Committee on Citizenship and Immigration, March 28, 2008. Full transcript available at CIMM (2008).

Conclusions and Recommendations

- *Although this submission focuses on a distinct issue – that of health care and compensation for Seasonal Agricultural Workers (SAW) –the larger issues identified reflect on temporary foreign workers' rights and entitlements in general. It is a testament that workers need more protection, not less, which is even a greater concern of other, less regulated temporary foreign worker programs. Even in the face of laws and regulations meant to protect them, SAWP workers remain extremely vulnerable to health problems and in many cases are unable to access health care, treatments and compensation to which they are entitled. **If Canada is going to admit temporary foreign workers, it must ensure that their rights are adequately explained and protected. It is not enough to say that they are entitled to the rights of any other Canadian when their unique vulnerabilities as non-Canadians mean they can often not access these rights.***
- *Any meaningful changes must address the inherent fear workers feel of losing their position in the Program when attempting to access their rights or entitlements, as well as their dependency on employers.*
- *While many of the concerns relate to issues specific to provincial mandates (such as health care), **the underlying prohibition originating at the federal level that SAWP workers cannot normally become citizens means that they will remain on the margins of society**—many never integrate into their communities, learn English or French, or make social connections—even after decades of seasonal work in Canada. This social isolation and political exclusion is problematic and unjust, especially considering that some have returned for 30 or 40 seasons, separated from their families for up to eight months a year. Their experience, not only at work, but also regarding their living conditions and all other needs, largely depends on the good will of and relationships with their employers. Although many employers do their best, the onus must be taken off of this relationship, which is inherently constricted by unequal power-relations and even with good intentions is all too easily subject to abuse. Until this relationship is altered, the structure of the Program cannot adequately protect workers.*
- *The right to regularization is viewed by many as the only way to fundamentally address these inequities which otherwise amount to two classes of people living and working in Canada.*

- *More immediate changes could include **giving workers the right to freely change employers, and/or an impartial appeals process for early repatriations and removals from the Program.***
- *A key first step would be to ensure that employers are held to account under existing legislation and guidelines (e.g. provincial Health and Safety Acts, providing workers with health cards). Monitoring and enforcement of employer contractual obligations should be a priority of Program administrators at every level.*
- *Notwithstanding (and in light of) the multiple mandates of so many national, provincial, and municipal governments involved in the Program, **it would be advisable to coordinate, harmonize and make consistent mechanisms for workers' protection across the country, with greater mechanisms for accountability at the federal level.** At very least, **enhanced communication across sectors about workers' rights and entitlements, including disseminating information directly to workers (in their languages) and to front-line practitioners, for example, would be an important endeavour.***
- ***Workers should be given job security,** knowing that they will have a placement in Canada each year unless they do something to rightfully justify dismissal (this could be especially possible in agriculture where the Program has only continued to expand and open up more spots, even while some sectors within the industry have declined).*
- ***Workers, who generally arrive healthy in Canada (they can only enter the country after extensive health screening), must be provided with effective long-term health insurance for problems which arise in Canada,** especially considering that many of these issues may be traceable to their working conditions. Extended health coverage should include former workers who are currently suffering from health problems acquired in Canada and struggling to afford the care they need. After contributing for so many years into various schemes, including Canadian taxes, EI and CPP, as well as additional health insurance packages – often at the expense of not contributing to similar schemes at home – migrants deserve entitlements when things go wrong and more support to access them. **These gaps that emerge between contributions and entitlements as people live and work in and contribute to societies in which they are not recognized as citizens is one of the main shortcomings of temporary migration programs, which both sending and receiving countries should work together to ameliorate.***
- *Although economic factors are important considerations for all parties involved, in evaluating the successes or failures of any temporary foreign worker program, **workers' social and human needs must also be considered into the equation.** Many community, labour and church groups have already begun to fill the gaps*

left by policy, assisting with translations at clinics, completing benefit forms, teaching English and literacy, and educating workers' about rights, for example. Supporting such efforts with sustained funding and expansion would also be a promising first step.

- ***Finally, all measures to address these and other issues should be considered in consultation not only with employers and government representatives, but also with migrant workers and the community and labour groups who work alongside them, as equal partners at every step of the process.***

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