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# Farmworker Health and Safety: Challenges for British Columbia



**A FINAL RESEARCH REPORT BY**

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## **EXECUTIVE SUMMARY**

Every year, almost 10,000 mostly immigrant and migrant workers carry out a range of tasks in support of British Columbia's horticultural industry. This workforce, which is so essential to this industry, to the families and communities that derive their livelihood from horticulture, and to the safety and quality of BC fruits and vegetables, comprises one of the lowest paid, least protected, and most vulnerable occupational categories in the province. Agriculture is also among the most dangerous jobs. This study, which examines the health and safety issues faced by BC's farmworkers, was motivated by a significant change in the composition of the labour force. Since 2004, the province's largely immigrant workforce has been complemented by migrant workers from Mexico under the federally administered Seasonal Agricultural Workers Program (SAWP). More than 3,000 workers participated in the SAWP in 2008. This is significant given that the largest contingent of Canadian workers—Punjabi-speaking immigrants supplied by licensed farm labour contractors (FLCs)—numbered some 6,000 that year. Given this changing workforce, our study explored workplace health and safety issues as related to citizenship and ethnicity. The research is based on qualitative and quantitative research with a range of stakeholders, including a survey of 200 immigrant and migrant farmworkers.

Our research found that ethnicity and citizenship play determining roles in workplace health and safety in complex and multiple ways. For example, the modes by which immigrant and migrants are incorporated into the labour market construct them as highly vulnerable workers. On the one hand, farmworkers from Mexico employed in Canada on temporary visas hold employer-specific work permits that restrict their mobility in the labour market and stifle their bargaining power. Also, other mechanisms of the SAWP, including employer rights to repatriate workers, exacerbate workers' precarious relationship to their jobs. On the other hand, Canadian farmworkers, most of whom are Family Class immigrants, often live in suburban areas and depend on the farm labour contracting system to link them to the agricultural labour market. Their opportunity to earn money for their households, then, also depends on a single employer. This employment relationship creates distance between farm operators and farmworkers, minimizing the responsibility of farm operators for workplace health and safety. Language barriers, limited access to information, and lack of knowledge of their rights are other factors relevant to workplace health and safety that are intimately linked to people's ethnicity and citizenship. Below we outline our key findings, followed by our principal recommendations.

## **KEY FINDINGS**

**A significant proportion of immigrant and migrant farmworkers do not receive adequate workplace health and safety training, an important step to mitigating and preventing occupational hazards.** Seventy-four percent of our Mexican respondents and 70 percent of our Canadian respondents reported receiving no workplace health and safety information at all.

**Workplace health and safety in agriculture is undermined by poorly maintained, inadequate farm equipment, deficient hygiene and sanitation at worksites, and lack of personal protective equipment (PPE).** Of significant concern is contamination by bacterial, viral, parasitic and other food-borne pathogens, which has repercussions not only for the health of farmworkers but also for the safety of the food that they produce. Fourteen percent of our respondents claimed that they had no access to toilets in the field or at the worksite on the farm where they worked most in 2007.

**Unsafe vehicles and careless driving continue to put farmworkers, particularly Canadian workers employed by FLCs, at risk as they are transported to and from work and between worksites. Workers reporting an insufficient number of seatbelts are more likely to be travelling in vans or buses driven by a FLC and to work on larger farms.**

**A considerable number of Mexican migrant farmworkers are living in accommodations that are unsafe, lacking in services, and/or poorly furnished.** The state of some housing puts migrant farmworkers at risk of illness (e.g., due to poor sanitation, overcrowding, dilapidation) and injury (e.g., due to dilapidation or fire risk). The existence of such housing conditions indicates issues not only with employer compliance regarding their contractual obligations as set forth in the SAWP's housing provisions, but also with regulatory deficiencies in the current system of housing approvals.

**Immigrant Canadian and migrant Mexican farmworkers face language barriers in the workplace.** This leads to misunderstandings regarding instructions and to problems reading health and safety information, which is rarely available in their language. Workers whose self-assessed English proficiency is poor or very poor are more likely to have sustained a work-related injury.

**BC farmworkers work extremely long hours, a factor that increases their risk of workplace injury or accident.** Migrant Mexican workers were found to work even longer hours than their Canadian counterparts, averaging 12 hours a day on weekdays and 8 hours a day on Saturday and Sunday at the height of the season. Although workers often agree to these hours out of economic need and, in the case of Canadian workers, to qualify for employment insurance (EI), farmworkers also fear that refusing to accept long shifts will jeopardize their jobs.

**Farmworkers seldom refuse work or transportation that they perceive as dangerous because they fear that they may jeopardize their current and future employment opportunities.**

**Similarly, they work when ill or injured and/or avoid reporting illnesses and injuries.** The larger the size of the farm, the less likely workers are to feel that they can communicate a health-related problem to bosses or supervisors without suffering reprisals.

**When farmworkers do report health concerns to their employers, these requests are at times met with indifference or delays, or completely ignored.** For some farmworkers, the most significant barrier to accessing health care and medical treatment is an unsupportive employer.

**Migrant workers face unique barriers, including rural or remote locations, to accessing medical attention.** Transportation in rural areas is often limited and expensive.

**The cost of medical treatment is a significant barrier that impedes migrant farmworkers' access to medical care.** The majority of migrant farmworkers in British Columbia do not have access to the province's Medical Services Plan (MSP) and are forced to rely on private insurance, which requires that workers pay for health services before receiving treatment and file an insurance claim later. As a result, workers are more likely to receive medical care from lower-cost providers and to depend on their employers to pay for their treatment. For those with MSP, the required monthly premiums are prohibitive for low-income farmworkers.

**Migrant farmworkers who access BC's healthcare system do not always receive quality care.** In some cases, quality of care is related to language barriers and cultural differences between workers and care providers. In other cases, care is simply not adequate or comparable to what other groups might receive.

**Farmworkers may not be receiving the health services they are entitled to because of the barriers they face in accessing WorkSafeBC benefits.** This leads to underreporting and failed compensation claims.

## **KEY RECOMMENDATIONS**

### **THE PROVINCIAL GOVERNMENT SHOULD:**

**Reform BC medical insurance for SAWP workers so that they receive health coverage immediately upon arrival as well as eliminating high upfront costs and waiving premiums** in recognition of these workers' low-income status.

**Provide workers with information resources concerning the details of their healthcare and insurance coverage in their languages,** including region-specific information on local healthcare providers.

**Ensure, through the Ministry of Labour and Citizens' Services, that WorkSafeBC is fulfilling its mandate to promote healthy and safe workplaces through the administration of the Workers' Compensation Act and the Occupational Health and Safety (OHS) Regulation for all workers, including farmworkers.**

**Ensure that greater attention is placed on the safe transportation of farmworkers by implementing the recommendations in the 2009 coroner's inquest into the March 2007 van crash that killed three women farmworkers and injured 14 others. Central among them is increasing random inspections of commercial vehicles.**

**Fund community organizations and agencies active in working with immigrant and migrant farm workers that are well-connected to these populations and have developed appropriate cultural, linguistic, and other resources.**

#### **WORKSAFEBC SHOULD:**

**Maintain budget increases to agriculture that were put into effect following the 2007 van crash and recognize it as a high-risk industry.**

**Continue collaboration with the Employment Standards Branch, the Ministry of Transport, and the Royal Canadian Mounted Police (RCMP) aimed at improving farmworker transportation in such areas as random inspections of vehicles used by farm labour contractors (FLCs).**

**Encourage and support the formation and activity of health and safety committees at larger farms that can respond to issues related to workplace health and safety and do regular inspections for health and safety hazards.**

**Increase the budget of the Farm and Ranching Safety and Health Association (FARSHA) to enhance its ability to fulfil its mandate in the context of a multilingual, multiethnic agricultural community.**

**Provide training courses for medical professionals who practice in areas of high farmworker concentrations to ensure that they have a proper understanding of immigrant and migrant worker issues and of agricultural health hazards.**

**Provide interpreters in hospitals and walk-in clinics to help farmworkers communicate their medical needs to healthcare practitioners with the aim of reducing workers' dependency on their employers and improving the reporting of workplace injuries to WorkSafeBC.**



**THE FARM AND RANCH SAFETY AND HEALTH ASSOCIATION (FARSHA) SHOULD:**

**Provide more multilingual health and safety training and resources for employers and workers.**

**Educate farmworkers about their rights and responsibilities through accessible, language-appropriate materials.**

**Adapt current practices to adequately address the needs of a migrant workforce** (for example, by offering training schedules that take into account the varying arrival dates of SAWP workers).

**MUNICIPAL GOVERNMENTS SHOULD:**

**Adopt comprehensive regulations for migrant worker housing and improve enforcement of these regulations, including mid-season assessments.**

**THE FEDERAL GOVERNMENT SHOULD:**

**Create a path to permanent residency for all temporary foreign workers, including farm workers, modeled on the opportunity currently available to live-in caregivers.**

**Amend the Immigration and Refugee Protection Regulations so that accompanying immediate family members of farmworkers with a temporary work permit are automatically eligible for an open work permit.**

**Amend the Immigration and Refugee Protection Regulations to reduce the dependency of Family Class immigrants on their sponsors.**

**Restructure the SAWP, including replacing employer-specific work permits with open or industry-specific work permits.**

**Abolish repatriation as an employer right.** In cases of illness or injury, workers should receive coverage in Canada or in Mexico for the full length of their recovery and should also receive support in accessing their right to compensation and employment insurance. A process for appealing dismissal, administered by an independent body, should also be established.

**THE MEXICAN GOVERNMENT SHOULD:**

**Improve and increase health and safety information provided to workers** through pre-departure orientation and resources.

**Carry out medical assessments of workers upon their return to Mexico at the end of each work term.**

**Increase the mediating role of the consulate and promote more proactive protection of the rights of Mexican workers.**

**EMPLOYERS SHOULD:**

**Help migrant workers obtain their Medical Services Plan (MSP) CareCard shortly after they arrive in Canada.**

**Comply with existing regulations under the Workers Compensation Act and the Occupational Health and Safety (OHS) Regulation, including proper maintenance of worksites and the availability of toilet and handwashing facilities, drinking water, first-aid materials, and personal protective equipment.**

**Provide workers, free of charge, with all safety and personal protective equipment, including raingear and work boots not covered under existing regulations.**

**EMPLOYER ORGANIZATIONS SHOULD:**

**Improve the dissemination and promotion of health and safety information to employers by including these materials in regular newsletters and any seasonal information packets distributed to their members.**

## INTRODUCTION

Every year, almost 10,000 immigrant and migrant workers perform a wide variety of labour-intensive tasks in support of British Columbia's horticultural production. Yet this workforce, which is so essential not just to this industry and to the families and communities that derive their livelihood from it but also to the safety and quality of BC fruits and vegetables, comprises one of the lowest paid, least protected, and most vulnerable occupational categories in the province. In Canada, farm work is one of the country's most dangerous jobs. Farmworkers face a variety of occupational hazards, including exposure to a range of carcinogens, the risk of acute and long-term disabilities due to repetitive motion and intense physical labour, a higher-than-average risk of infectious diseases, and poor sanitation and inadequate facilities at worksites and often in their housing arrangements.

Immigrant and migrant workers have contributed to the growth of an industry that has performed well in the increasingly competitive and globalized market for horticultural products. Horticulture is among the most important contributors to provincial agricultural production. Some 40 percent of the total number of farms in British Columbia are in the horticultural industry, and horticultural exports accounted for 44 percent of the province's total agricultural exports in 2008 (Statistics Canada 2008; 2009). Clearly, such a significant presence in exports indicates that the horticulture industry's production goes well beyond an interest in providing the province with a self-sufficient supply of healthy food. Given the productivity of BC horticulture, the question arises as to whether there is any justification for the persistence of the substandard health and safety conditions in this industry documented in this report. Our starting point for this assessment is that all workers in British Columbia are entitled to a safe work experience—regardless of their immigration status or country of birth.

Most farmworkers in British Columbia are immigrants from South Asia or, increasingly since 2004, temporary migrants from Mexico. Due to successive waves of Family Class immigration to the province, South Asian immigrants, particularly from the Punjabi-speaking region of India, have comprised the majority of the agricultural workforce since the 1960s. In 2004, however, the extension of the federal Seasonal Agricultural Worker Program (SAWP) to British Columbia introduced dramatic changes to the social composition of the labour force by allowing agricultural employers to hire Mexican nationals, and later Caribbean workers, on temporary visas. Five years later, the number of Mexican migrant farmworkers in the province had increased 64 times, reaching just under 3,000 in 2008. Since the number of domestic farmworkers remained more or less stable between that period, at 6,000 workers, this means

that in five years, temporary visa workers from Mexico came to represent half of the seasonal farmworker population in British Columbia.<sup>1</sup>

This study took a comparative approach to examining how the ethnicity and citizenship of these two dominant groups within BC's horticultural workforce—Canadian immigrants who are mostly Punjabi Sikhs and migrant workers from Mexico—affects workplace health and safety within the industry. As we discuss in this report, a number of social relations of inequality—age, class, race, ethnicity, and gender—shape farmworkers' experiences. Here we conceptualise ethnicity as shared cultural heritage based on common ancestry, language, or religion. In sociological terms, ethnicity is also seen as a relation of power and therefore takes on specific meanings and experiences in relation to other groups, namely the dominant group. Moreover, in Canada, both immigrant and migrant farmworkers are members of racialized groups or non-Aboriginal people of colour.<sup>2</sup> Current research suggests that racialized groups are more vulnerable to labour market segmentation and declining socio-economic status (Galabuzi 2006).

Citizenship is often understood in terms of national citizenship (i.e., membership in a nation-state collectivity). In this report, we recognize the contemporary reality of how state citizenship is experienced. First, the growth in international labour migration has resulted in diverse workforces in terms of immigration status. These workforces can include citizens, permanent residents or landed immigrants, temporary visa holders, and undocumented migrants. Second, within a global framework in which inequalities between countries have widened, immigrants as well as migrants from lower-income countries who enter affluent countries often experience citizenship and the immigration status they are granted as mechanisms that reproduce inequality. For immigrants and migrants, then, a number of markers of social difference, including poverty, race, ethnicity, and gender, may serve to position them negatively in the labour markets and societies of receiving countries.

In this report, we detail the key findings of our research and provide policy recommendations with the goal of reducing or eliminating occupational health and safety hazards for all agricultural workers in British Columbia. The two key research questions that guided our study were:

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<sup>1</sup> The figure of 6,094 refers to the number of Canadian workers bonded to licensed farm labour contractors (FLCs) servicing horticultural farms (Government of Canada, 2009). Although this measure excludes farmworkers who are employed directly by horticultural firms, it is considered the most accurate measure of the seasonal labour force.

<sup>2</sup> The term “racialized groups” to refer to non-Aboriginal people of colour is becoming preferred among scholars studying race relations in Canada because it is considered to more effectively convey the social (rather than biological) construction of the category of race and the experience of oppression that is often masked by the more neutral “visible minorities” (Galabuzi 2006:xvi).

- What perceptions and awareness of occupational health and safety issues in farm operations are held by the various stakeholders—employers, farmworkers, regulators, and advocates—in BC’s horticultural industry?
- What differences, if any, in attitudes and awareness towards, as well as implementation of, occupational health and safety standards appear between Canadian workers and Mexican migrants in the horticultural labour force?

Within the context of a diverse workforce in terms of ethnicity and citizenship, we focused on exploring possible differences that may result from working as a temporary visa worker or a Canadian citizen/ landed immigrant and belonging to a particular ethnic or racialized group. Our overall aim was to generate a descriptive analysis of health and safety issues that affect the province’s horticultural industry workforce and to arrive at recommendations that may reduce or eliminate health and safety hazards for these workers. To that end, we offer a series of policy recommendations to stakeholders in the horticultural industry.

It should be clear from the outset that, although we also offer policy recommendations to the Mexican Consulate, it is Canada’s provincial governments that have the prime responsibility for the health and safety conditions of all workers, migrant or immigrant, and it is the federal government’s responsibility to ensure the human rights of all people within Canada. The Mexican Consulate is primarily the representative of a foreign government that has a presence in a foreign jurisdiction but has limited influence on these issues. For example, the consulate has the authority to move workers in precarious conditions in one place of employment to another or to send them back to Mexico, but, beyond such extreme situations, the day-to-day health and safety conditions of Mexican migrant workers are determined by agricultural employers and regulated and enforced by Canadian provincial authorities.

## **METHODOLOGY**

This report is based on both qualitative and quantitative research carried out between 2007 and 2009 with a variety of different stakeholders, as well as on detailed reviews of government documents, reports, and academic studies on the occupational health and safety of immigrants and migrants in the agricultural labour force. In-depth interviews were conducted with key informants from a range of stakeholder groups, including employers (growers and farm supervisors); agricultural industry representatives; civil servants and consultants involved in occupational health and safety at the provincial and federal levels; representatives of the Mexican government; and immigrant and farmworker rights groups.

A second set of exploratory interviews, aimed at identifying key issues and concerns related to occupational health and safety risks, was conducted with Canadian<sup>3</sup> and Mexican farmworkers. Table 1 lists the abbreviations used in this report to refer to each group of interviewees. Each interview was transcribed and these transcripts were subjected to a detailed and rigorous qualitative analysis using N-Vivo software. The objective of this analysis was to capture the range of perceptions held by stakeholders and their experiences as they related to the topic of the study.

**TABLE 1. In-Depth Interviews**

Stakeholder Group	Respondents Interviewed	Abbreviations
Canadian farmworkers	8	CFW
Mexican farmworkers	14	MFW
Employers (excluding farm labour contractors)	12	EMP
Health and safety consultants and officials	6	GOV
Industry representatives	6	REP
Immigrant and farmworker rights advocates	7	ADV

In addition, the findings from the preliminary qualitative research were used to formulate a face-to-face questionnaire in which a purposive sample<sup>4</sup> of 200 farmworkers—100 Canadian citizens or permanent residents of South Asian descent and 100 Mexican migrants—participated. These groups were chosen intentionally to meet the criteria for inclusion in the study. Random sampling is difficult with this population because there is no list of the total farmworker population. Moreover, farmworkers are a group that is difficult to access. Given these limitations, a sample of 200 as a share of all farmworkers can be considered large. We conducted the survey in each of the three main horticultural valleys in British Columbia—the Lower Mainland, the Fraser Valley, and the Thompson-Okanagan Valley—and, within those three areas, aimed to interview workers with experience in a range of crops, on the assumption that some health and safety risks vary with different types of crops. Crops themselves vary across the different valleys, so we hoped to address the issue of variations in risk by sampling in the three regions. Together, these three regions account for nearly three-quarters of horticultural farms in the province, and they can therefore be seen as representative of the industry as a whole (see CHARTS 1 and 2, page 17).

<sup>3</sup> For ease of referencing, in this report we refer to all our domestic respondents as Canadians despite the fact that a third of our sample was composed landed immigrants (permanent residents). Permanent residents have the same labour rights as Canadian citizens and become eligible to apply for citizenship after living in Canada for three years. See Table 4 below for specific data on years spent in Canada by the workers in our sample.

<sup>4</sup> Purposive sampling, unlike random sampling, is a non-probabilistic sampling procedure that does not aim for formal representativeness.

Farmworkers were recruited mostly through service-providing agencies. Mexican migrants were contacted primarily at the Agriculture Workers Alliance (AWA) centres (Abbotsford and Kelowna) due to their extensive contact with migrant workers. To illustrate, in 2007, the Abbotsford centre had case files for about half of the 2,000 Mexican workers in the province that season. Mexican participants were also recruited at a local church in Chilliwack. Canadian farmworkers were recruited through a service provider, Abbotsford Community Services, and through snowball sampling, a strategy whereby participants are asked to identify someone who meets the criteria for inclusion in the study. The distribution of questionnaires across the three sites was similar for both groups. Approximately half of our surveys were conducted in the Fraser Valley and a quarter each in Kelowna and the Lower Mainland.

Surveys were administered face-to-face by bilingual interviewers in Spanish, Punjabi, or English, depending on the preference of the interviewee. Because of the language differences in the surveys, we were selective and cautious in the comparisons we made between Mexican and Canadian responses. In addition to our descriptive analysis of responses on a number of health and safety issues, our findings are also, where possible and relevant, based on cross-tabulations using bivariate analysis of some variables that have explanatory value. Bivariate analysis is a statistical technique used to examine the strength of a relationship between two variables. It investigates whether two variables are associated and change in a correlated way, either directly or inversely, or whether they are entirely independent of each other. The main purpose of trying to detect a relationship between two variables is to help in the task of *explanation*. For example, it is one thing to show, using univariate analysis, that people vary in their perceptions of health risks. But it is another thing to explain *why* some people have higher or lower perceptions of health risks than others. Given the study limitations mentioned above, we have employed nonprobabilistic techniques to facilitate a relatively reserved, noninferential analysis that investigates the strength, direction, and nature of certain associations between variables within our sample.

This study was reviewed and approved by the research ethics boards at Simon Fraser University and by the University of Guelph. The researchers informed potential participants of the study's nature, goals, and funding source before seeking their voluntary participation. Owing to high rates of illiteracy within both populations, verbal informed consent procedures were used for farmworker participants with both the in-depth interviews and surveys. Other stakeholders read and signed a consent form before participating in interviews. Survey respondents were anonymous, and the data collected from both the surveys and the in-depth interviews was treated as confidential. The researchers took measures to safeguard all of the data gathered, including assigning password protection to interview transcripts.

Conducting the research presented several challenges. For one thing, we encountered considerable resistance to our study by government officials, industry representatives, and employers who were less than willing or were unable to provide information. Further, conducting research on seasonal farmworkers presents challenges in and of itself. Neither the provincial or federal governments, nor independent stakeholder organizations, document the specific characteristics or activities of these workers. Moreover, the majority of farmworkers are a vulnerable group, with limited social and geographical mobility. This context and these conditions impacted the research in several ways. For example, a number of our farmworker participants, fearing repercussions if they spoke openly, were initially reluctant to participate. In addition, although we located farms that hired Mexican women, we chose not to conduct surveys with this group due to ethical concerns that their participation in the study would threaten their job contracts. Despite the difficulties in conducting the research for this report, however, this study represents the first-ever comparative survey of immigrant and migrant farmworkers in the province, and provides up-to-date, detailed insights into the occupational health and safety risks present in BC's horticultural industry.

## **ORGANIZATION OF THE REPORT**

The report is organized as follows. We start with a brief overview of horticulture within the structure of agriculture in British Columbia and describe the economic relevance of the three valleys where we conducted our research. In the second section, we describe the ethnicity and citizenship of BC farmworkers, discuss historical trends and current characteristics of BC's agricultural workforce, and offer a detailed account of the demographics of our respondents. In the third section, we situate the present study within the broader North American literature on health and safety issues in agriculture and provide an overview of the specific vulnerabilities faced by immigrant and migrant farmworkers. Section four presents and discusses the major findings of the study, specifically those relating to health and safety risks, barriers to health care, and farmworker protections. The final section sets out the conclusions and recommendations that emerged from the analysis. These are aimed at reducing or eliminating occupational health and safety risks in the horticultural sector in British Columbia.



## **HORTICULTURE AND AGRICULTURE IN BRITISH COLUMBIA: THE CONTEXT OF OUR STUDY**

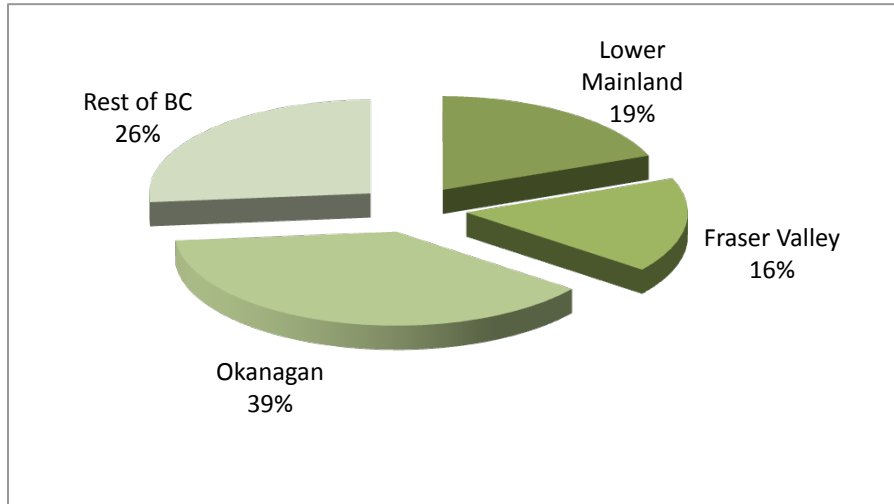
British Columbia's horticultural industry plays an important role in both the province's and the nation's agricultural production. Nationally, British Columbia is one of the most important horticultural production regions in Canada. In terms of sales, it is the country's top producer of blueberries, raspberries, sweet cherries, cranberries, and greenhouse peppers. It ranks second in the production of flowers, nursery stock, apples, grapes, and greenhouse tomatoes and cucumbers (BC Ministry of Agriculture 2004). British Columbia accounts for 24 percent of Canadian production of greenhouse vegetables, an industry that expanded rapidly throughout the 1990s with strong gains in export markets (BC Ministry of Agriculture 2003a). Production of berries is also concentrated in this province, which produces more than 95 percent of Canadian production of cultivated blueberries, a quarter of the country's strawberries, and one-half of the country's raspberries (BC Ministry of Agriculture and Lands 2009). Nursery stock, one of the province's star commodities, accounts for almost one-third of national production (BC Ministry of Agriculture 2003b).

Horticultural farms account for more than 40 percent of the total number of farms in the province. Although horticultural production takes place throughout the province, most farms are concentrated in three main regions—the Thompson-Okanagan Valley, the Lower Mainland, and the Fraser Valley—where different products predominate (see CHARTS 1 and 2, page 17.). For example, 39 percent of the province's horticultural farms are located in the Thompson-Okanagan Valley, where fruit and tree-nut farming prevail. Conversely, most of the province's labour-intensive production of greenhouse vegetables and flowers, an activity with important export markets, is located in the Lower Mainland.

There is a growing ethnic diversity among agricultural employers and operators in British Columbia. As a whole, the owners of most farms in the province—and indeed the country—were born in Canada. In the 2006 census, 74 percent of the province's 29,870 agricultural employers and operators were Canadian-born. Statistics Canada reports that in British Columbia, 5.3 percent of the farm population is Sikh, compared to only 3.5 percent of the general population. The country of birth for the next largest group of farm operators after Canada is India, with 1,260. This is the only group that is growing at a considerable rate, from a low of only 10 operators in 1981 to 515 in 1991 and 855 in 1996 (Statistics Canada 2007). Many Indian immigrants entering the farming sector are Sikhs, a religious group that is concentrated in BC's farm population. The country of origin with the next-largest number of farm operators is Germany, but the rate of increase has been negative since its peak in 1996, with 1,220

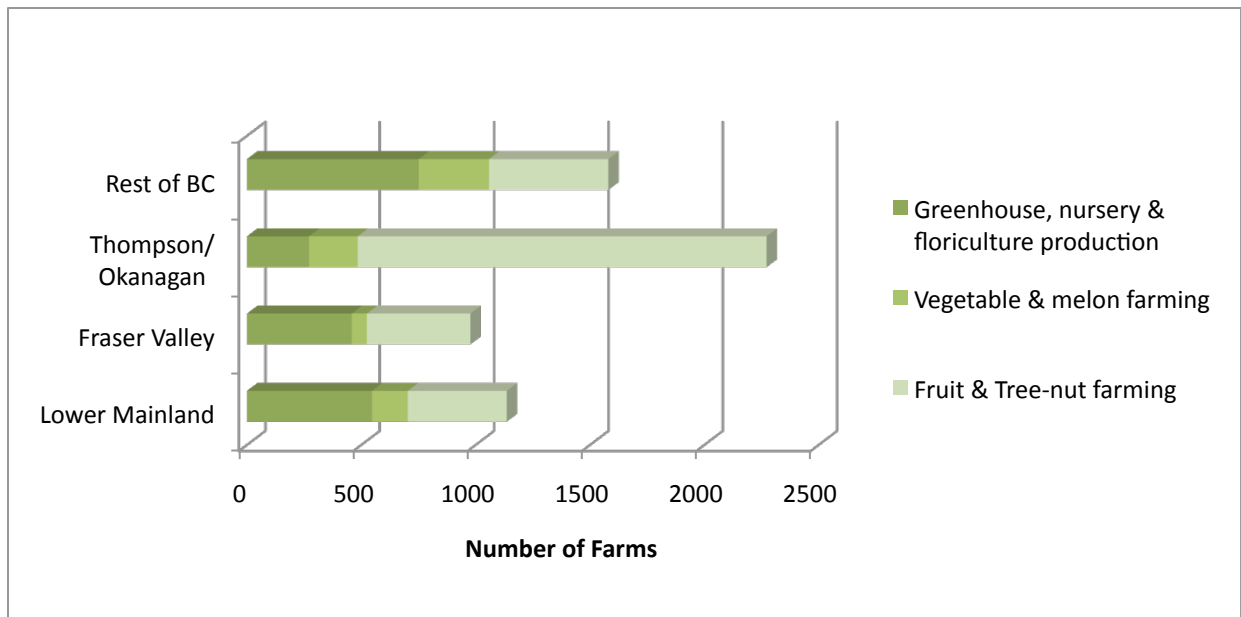
operators. The numbers then declined to 1,060 in 2001 and to 955 by 2006. In 2006, the next four countries of origin for farm operators (in declining order) were: Netherlands, 785; People’s Republic of China, 245; Portugal, 225; and Denmark, 100 (Statistics Canada 2003).

**CHART 1. Regional Distribution of Horticulture Farms in BC, Census 2006**



Source: Statistics Canada 2007a.

**CHART 2. Regional Distribution of Horticultural Farms in BC by Industry Group, Census 2006**



Source: Statistics Canada 2007a.

Although most farms in British Columbia are run by Canadian-born Whites and, to a much lesser degree, Canadians or immigrants of South Asian descent, another important group of farm employers, farm labour contractors (FLCs), belongs almost exclusively to the South Asian community. In British Columbia, the Employment Standards Act requires FLCs to be licensed and to post security in the form of a bond equal to 80 hours at minimum wage (\$8.00/hour) for each employee. Although land owners also hire farmworkers directly, the number of employees bonded to licensed FLCs provides a good indicator of the seasonal workforce in horticulture. In 2009, there were 6,098 workers bonded to 95 licensed FLCs (Government of British Columbia 2009). The overwhelming majority of FLCs work in the horticultural industry. In 2009, 97 percent (n=5,885) of the farmworkers bonded under the Employment Standards Act worked for FLCs licensed to provide labour to horticultural crops. In the following section of this report, we focus on the ethnicity and citizenship of BC's farmworkers.

## **ETHNICITY AND CITIZENSHIP OF BC FARMWORKERS**

Since the end of the nineteenth century, Canadian horticulture has relied heavily on low-wage labour supplied by a diverse workforce in terms of ethnicity and immigration status. From as early as 1885, thousands of Chinese labourers were employed in agriculture (Mann 1982). At the end of the nineteenth century, hundreds of impoverished British children were sent to Canadian farms in exchange for citizenship upon reaching adulthood (Bagnell 2001; Wall 1992). The Second World War saw the Canadian state becoming more directly involved in allocating labour to agriculture, supplying farmers with ethnic Japanese internees, German prisoners of war, and conscientious objectors (Satzewich 1991; Wong 1988). In the postwar period, Polish war veterans and displaced persons were also recruited for work in agriculture as contract labourers. Beginning in the 1960s, the Canadian agricultural labour force included migrant workers from the southern United States, the Caribbean, and Portugal (Satzewich 1991; Wall 1992; Wong 1988). In addition to immigrants, horticultural farms relied extensively on internal migrants from First Nations communities, Quebec, and the Maritimes throughout the twentieth century (Basok 2002; Lanthier and Wong 2002; Satzewich 1991).

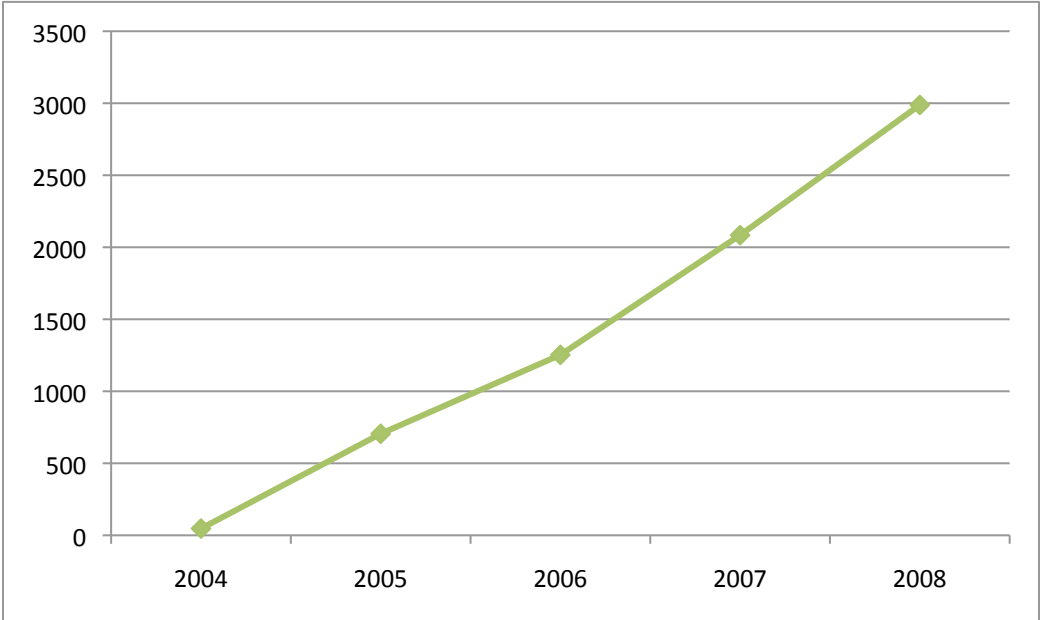
Since the mid-1960s, the large agricultural labour markets in Ontario and Quebec have been complemented by international migrants on temporary employment authorizations. In 1966, Canada introduced the Seasonal Agricultural Workers' Program (SAWP), a bilateral guestworker program with Jamaica. Over the next eight years, the program was expanded to include a number of other countries: Trinidad and Tobago (1967), Barbados (1967), Mexico (1974), and members of the Organization of Eastern Caribbean States (1976). By 2004, the SAWP had been extended to nine provinces, but most SAWP workers remain concentrated in Eastern Canada, where they have come to comprise a significant segment of the agricultural labour market (Weston and Scarpa de Masellis 2003).

British Columbia had not participated in the SAWP until 2004, largely as a result of the ready availability of a sizeable immigrant workforce willing to work in agriculture. Changes to Canada's immigration policy in the 1960s ushered in immigration flows from the Indian subcontinent and, consequently, transformations in the ethnic composition of the agricultural workforce. By 2000, South Asian immigrants, primarily Punjabi-speaking Sikhs, made up a significant share of farmworkers in British Columbia (Runsten et al. 2000). A 2000 study reported that many South Asian workers were recent arrivals: of the 5,000 workers employed by licensed farm labour contractors (FLCs) in the province, two-thirds were recent immigrants who entered Canada less than three years before (Runsten et al. 2000). A 1998 survey of 700

harvest workers found that 97 percent spoke Punjabi (Runsten et al. 2000). This corroborates the BC Ministry of Labour’s own estimates that in 2003, the year prior to the arrival of Mexican temporary visa workers in British Columbia, 98 percent of BC’s 6,000 farmworkers were Indo-Canadians with limited or no English proficiency (BC Public Service Agency 2003). This workforce is, and has consistently been, predominantly female (Fairey, Hanson, MacInnes, McLaren, Otero, Preibisch, and Thompson 2008; Runsten, Hinojosa Ojeda, Lee, and Mines 2000).

In 2004, however, concerted pressure by BC growers’ associations, citing labour shortages and an aging Canadian workforce, led to the negotiation of a new Memorandum of Understanding to extend the SAWP to the province that was signed by the Canadian and Mexican governments. In the five years that followed, the numbers of SAWP workers in British Columbia skyrocketed. While just 47 Mexican workers arrived in 2004, by 2008 that number had risen to almost 3,000 (see CHART 3). Most Mexicans have been employed predominantly in the apple and berry industries, and some 97 percent are male.<sup>5</sup> In 2008, the federal government signed a second Memorandum of Understanding with countries in the Caribbean.

**CHART 3. Numbers of Mexican SAWP Workers in BC, 2004-2008**



Source: *Secretaría de Relaciones Exteriores, personal communication.*

<sup>5</sup> WorkSafeBC, personal communication.

## SURVEY RESPONDENTS

This study surveyed a total of 200 farmworkers, half of whom were Canadian citizens or permanent residents from the South Asian community and half of whom were temporary visa workers from Mexico. Each of the next subsections offers a brief demographic description of both groups of workers.

### Canadian Respondents

Almost two-thirds of the sample (65 percent) had Canadian citizenship and one-third (33 percent) were permanent residents. The overwhelming majority—87 percent—came to Canada sponsored by a spouse or family member. Sixty-four percent of the Canadian participants were women, and most were married (79 percent). Participants' ages ranged considerably, but reflect descriptions of an aging workforce, with a full 48 percent of the sample aged 45 or older (See TABLE 2). Three of our female respondents, still employed in agriculture, were over 70. The formal education received by survey respondents also varies markedly, but in general is low, with more than 21 percent not having finished elementary school.

The vast majority of the farmworkers in this sample had been born in India (93 percent) or Pakistan (3 percent). Not all were new immigrants. In fact, 43 of the 92 people who answered this question had lived in Canada for 16 years or longer, with 20 having lived here for more than 26 years. Conversely, 49 of those 92 respondents had lived in Canada for less than 15 years, and only 11 had lived here for less than five years (See TABLE 3). Considering that 42 respondents had worked as farmworkers for more than 11 years and that 24 had worked for more than 16 years, the data indicate that a very substantial portion of Canadian farmworkers have made a career in this industry. The average number of people living in their households was 5.43, with a median of 5.

**TABLE 2. Canadian Respondents by Age**

Age Group	Percentage
<=25 years	2
26-35	22
36-45	22
46-55	20
56-65	20
>=66 years	8
Missing	6
TOTAL	100

**TABLE 3. Canadian Respondents by Years in Canada, 2008**

Years in Canada	Percentage
1-5 years	11
6-10	17
11-15	21
16-20	17
21-25	6
26+	20
Missing	8
TOTAL	100

## **Mexican Respondents**

Our sample had high regional diversity and included at least one individual from 24 of Mexico's 32 federal entities (31 states and the Federal District). Larger numbers of survey participants came from the most populous and poorest states in Central and Southern Mexico. The largest representation was from Michoacán, with 14 participants, followed by Chiapas with nine, Mexico State with seven, Guerrero and San Luis Potosi with six each, and Durango, Oaxaca, Puebla, Tlaxcala, Veracruz, Yucatán, and Zacatecas, each with five survey participants. Conversely, only one respondent each came from the Federal District, Baja California, Chihuahua, Coahuila, and Sinaloa in the north. Our sample closely resembles the actual Mexican population with regard to their state of origin in that 65 percent of the workers who came to British Columbia in 2008 were from central and southern states.<sup>6</sup> This broad regional diversity is unique to British Columbia and can be attributed to recent policy changes in Mexico that have extended participation in the SAWP throughout the country.<sup>7</sup> Given the concentration of poverty in Mexico's central and southern states, it is likely that the workers from the country's most socially and economically marginalized regions are overrepresented in British Columbia.

In addition to state of origin, participants were asked if they spoke a Mexican native language, the criterion generally used by census takers in Mexico as an indication of whether individuals belong to one of the nation's pre-Columbian indigenous peoples. In our case, 38 of the 71 individuals (54 percent) who responded this question answered in the affirmative. This question was added to the survey only after 29 questionnaires had already been completed, which leads us to believe that the figure here underestimates the number of survey participants with indigenous ethnicity. Still, this percentage is slightly higher than estimates that about half of Mexico's peasantry is indigenous (de Janvry, Gordillo, and Sadoulet 1997; Otero 2003). All of our respondents were fluent in Spanish.

The key requirements that applicants must fulfil to qualify for the SAWP are: being under 48 years of age at the time of first application; having completed the first three years of secondary education or three years beyond elementary school; and having family dependents. The age restriction clearly makes for a considerably younger workforce than for the Canadian workers. In our sample, only 13 workers out of 100 were 46 or older, with 39 workers in the 26-35 age

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<sup>6</sup> Secretaria de Previsión Social, personal communication.

<sup>7</sup> In provinces where the SAWP has been operating for several decades, most workers come from the states closest to Mexico City (Basok 2003). Before the change in policy to decentralize the SAWP, people living in more distant states could not afford the multiple trips to Mexico City required by the application process. The concentration of workers in these states was also a function of social networks in that SAWP participants referred their family members and friends to the program and employers.

range and 47 who were between 36 and 45 out of 99 who responded this question. Regarding the educational requirements, 12 of our respondents had not completed elementary school, but the majority (55 percent) had completed junior high school or higher. In fact, five individuals had completed high school, one had completed some post-secondary education, and one had completed a post-secondary degree.

Owing to the SAWP requirement that all workers must be married, legally or by common law, it is unsurprising that 86 percent of survey respondents were married and the other 14 percent were in common-law unions. Their households were similar in size to those of the Canadian workers, with an average size of 4.56 but a median of five family members per household. Most Mexican workers—more than 64 percent of our sample—had a background as small farmers or farmworkers in their country, and an additional 23 percent reported “multiple occupations,” which may also include farm work. Our qualitative research and previous studies suggest that most SAWP workers’ prior experience in agriculture is limited to small-holder farming, often subsistence-based (Basok 2002; Binford 2004). Most Mexican migrants are thus unlikely to have had experience with the products and scale of production that characterize BC’s horticulture industry.

The vast majority (84 percent) of Mexican workers started their experience in the SAWP in 2004 or later, with one having started as early as 1988, another in 1992, and the rest between 1993 and 2003. Of all workers, however, 90 percent had worked in Canada under the SAWP for five years or less. Nine had 6 to 10 years of SAWP experience, and one had more than 16 years. The average number of years was 2.73 and the median was 2. Overall, a full 76 percent of our survey participants had worked only in British Columbia. The rest had combined experiences in several provinces, including 20 who had worked previously in Ontario and nine in Quebec.



## HEALTH AND SAFETY IN AGRICULTURE

Agriculture remains among Canada's most hazardous of occupations, ranking fourth in terms of incidence of workplace fatalities after mining, quarrying, and oil wells; logging and forestry; and fishing and trapping (Pickett, Hartling, Brison, and Guernsey 1999; Sharpe and Hardt 2006). For British Columbia, this picture holds true at the provincial level—according to the most recent statistics available, farm work remains among the province's most dangerous occupations (WorkSafeBC 2009b). Although there have been some improvements, in that the volume of injury and accident claims decreased from 2001 to 2005 despite a rise in agricultural employment, the agricultural industry's workers' compensation statistics continue to show a substantial claims and fatalities picture (WorkSafeBC 2007; WorkSafeBC 2009b). Serious injuries represent 44 percent of the claims in this industry, compared to one-third for all industries combined, and the injury rate for agriculture remains slightly higher than the average injury rate for all industries. Also, workers hurt on the job doing farm work take longer to recover from their injuries: the average duration of short-term disability between 2003 and 2007 for the agriculture industry was 62 days per claim, while the all-province rate was only 47 days.

Labour-intensive horticulture accounts for most workplace accidents and injuries in British Columbia. Half of the claims in the agriculture industry are related to ornamental nurseries, greenhouses, and farm labour supply or services, a category referring to businesses that provide labourers to harvest and tend crops (WorkSafeBC 2009b). When statistics are analyzed in terms of farmwork occupations, workers in these three industries—nursery, greenhouse, and general farmworkers—also account for more than half of agriculture-sector claims (WorkSafeBC 2009b). The most recent statistics show that the three leading causes of agricultural fatalities in Canada among adults aged 15 to 59, the age group most likely to be employed as farmworkers, are machine rollovers (20.7 percent), machine entanglements (11.3 percent), and traffic collisions (10 percent) (Canadian Agricultural Injury Surveillance Program 2008).

Employment in agriculture poses similar hazards for farmworkers throughout North America. In the United States, farm labour has the highest incidence of workplace fatalities (Hovey and Magaña 2002). Researchers have shown that the health status of agricultural workers, in particular that of migrant and seasonal farmworkers, is significantly worse than among the general population (Arcury, Quandt, J.Cravey, Elmore, and Russell 2001; Arcury, Quandt, Rao, Doran, Snively, Barr, Hoppin, and Davis 2005; Bolaria, Basran, and Hay 1988; Choi 2001; Hansen and Donohue 2003; Holmes 2006; Magaña and Hovey 2003; Sakala 1987). Although the US

national average life expectancy is 75 years, that of migrant and seasonal farmworkers is 49 years (Hansen and Donohue 2003). Comprehensive reviews of the health status of farmworkers suggest that this population experiences higher rates of many forms of occupational illness and injury (Sakala 1987). Despite significant evidence that the occupational and living conditions of agricultural workers impacts their health substantially, research on farmworker health is severely lacking (Arcury et al. 2001; Hennebry 2008; Rust 1990). Although a small but growing literature has begun to develop in the United States since the late 1990s, in Canada the topic remains woefully understudied. Canadian researchers must thus rely on the US literature, bearing in mind important differences in the agricultural labour force, particularly in terms of citizenship and ethnicity. Most of the migrant and seasonal farmworkers in the US are undocumented Mexican-born workers (Carroll, Samardick, Bernard, Gabbard, and Hernandez 2005). This contrasts markedly with the situation in Canada, where the majority of farmworkers are immigrants born in the global South or international migrants from Latin America and the Caribbean on temporary employment authorizations under the SAWP or a new temporary migration program called the NOC C&D Pilot Project.<sup>8</sup>

The North American literature on farmworker health emphasizes the importance of examining occupational hazards within a broader social context, acknowledging that most people employed in agriculture-related industries live in poverty, belong to racialized groups, have a weaker legal and/or political position owing to their immigration status, and/or face linguistic and cultural barriers (Arcury et al. 2001; Holmes 2007; Zsembik and Fennell 2005). That is, research in this area acknowledges the *social determinants of health*. This perspective, which synthesizes a diverse body of public health and social scientific literature, holds that the most important precursors of human health status are not the medical care received or the health behaviours practiced by individuals and populations but rather their socioeconomic characteristics (Dunn and Dyck 2000; Health Canada 1994; Zsembik and Fennell 2005). In short, health inequalities are related to class, socioeconomic status, occupation, gender, language, age, ethnicity and citizenship. Conversely, it is also possible that health inequality varies not just according to farmworkers' characteristics but also according to those of their employers (Cassell and Day 1998; Espluga Trenc 2004; Hall 2007). That is, the varying characteristics of farm employers, such as age level or ethnicity, or the firms they manage, including such variables as farm size or production methods (conventional, organic, etc.), may also impact workplace health and safety.

In Canada, there is a paucity of research on the health status of immigrants and migrants in general, let alone those working in agriculture (Dunn and Dyck 2000; Hennebry 2008). The little

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<sup>8</sup> This initiative has had many names since its introduction in 2002. In 2007, it was renamed the Pilot Project for Occupations Requiring Lower Levels of Formal Training (National Occupations Codes C and D) or the NOC C&D Pilot.

research that exists, however, indicates that the social determinants of health exert a very strong influence upon the health of both immigrants and migrants (Bolaria, Basran, and Hay 1988; Dunn and Dyck 2000; Hennebry 2008). A 2008 study found that immigrant men are twice as likely to have work-related injuries requiring medical care compared with Canadian-born men (Smith and Mustard 2009). In the late 1980s, Bolaria found that Canadian farmworkers (comprised largely of racialized groups, newly arrived immigrants, and migrants) worked in environments characterized by unsafe and unsanitary living conditions, exposure to pesticides and herbicides, lack of job security, arduous tasks, and interpersonal subordination—with serious impacts on their physical and psychological health status. Almost two decades later, research on migrant farmworker health in Canada corroborated these findings (Hennebry 2010; McLaughlin 2007). A 2004 survey (Binford et al. 2004) of Mexican SAWP workers reported that almost one-quarter of respondents had become ill or been injured during the previous season in Canada. Similarly, Russell's (2003) survey of Jamaican SAWP migrants revealed an 11 percent injury rate and a 13 percent illness rate among respondents, while 32 percent reported that they suffered long-term health problems as a result of injuries or illnesses developed while working on Canadian farms (Preibisch 2003).

Undoubtedly, farmworkers face heightened vulnerability to health risks owing to occupational hazards. First, they are exposed to a wide range of carcinogens, with the risk of pesticide exposure best established in the literature (Arcury et al. 2005; Basran, Gill, and McLean 1995; Figa-Talamanca, Mearelli, Valente, and Bascherini 1993; Hansen and Donohue 2003; Sakala 1987; Varona, Cardenas, Crane, Rocha, Cuervo, and Vargas 2003; West Coast Environmental Law 2005). Although a high incidence of cancer among farmworkers is suspected but not well documented, a 2001 study found that members of the United Farmworkers of America in California had higher incidences of certain cancers than the general Hispanic population (Larson 2001; Mills 2001). Other studies have found higher mortality rates for certain cancers among farmworkers (Hansen and Donohue 2003).

An estimated 300,000 farmworkers suffer acute pesticide poisoning every year in the United States (Anthony, Williams, and Avery 2008; Hansen and Donohue 2003). Chemical exposure may result from workers being sprayed directly, from indirect spray from wind drifts, from direct skin contact from residues on crops, from drinking contaminated water, or from the transfer of residues from contaminated hands while eating, smoking, or defecating (Hansen and Donohue 2003). A number of studies have found that farmworkers are systematically exposed to pesticides and other agricultural chemicals, in part because their employers do not provide adequate drinking water, handwashing, and toilet facilities, or pesticide safety training (Arcury et al. 2001; Arcury et al. 2005; Hansen and Donohue 2003; Larson 2001; Sakala 1987). In Canada, one study found that almost half of all Mexican farmworkers who applied pesticides in their jobs did not receive training (Verduzco and Lozano 2003).

Research also indicates that farmworkers frequently do not use personal protective equipment (PPE), often because it is not provided (Moore 2004; Quandt, Hernández-Valero, Grzywacz, Hovey, and Gonzales 2006). Verduzco and Lozano (2003) found that 40 percent of Mexican respondents who had applied pesticides during their last season in Canada did not wear a respirator and that almost half did not wear protective clothing. Farmworkers are often unfamiliar with the potential health risks of chemical exposure, sometimes because employers fail to inform and educate their workforce (Arcury et al. 2001; Hennebry 2008; Sakala 1987). In addition to occupational exposure, farmworkers are also exposed to potentially harmful chemicals because they are housed in locations that expose them to drift or overspraying as well as to residues taken home on skin, clothing, etc. (Arcury et al. 2005; Quandt et al. 2006). Much remains unknown regarding the extent and impact of acute and prolonged chemical exposure among farmworkers due to poor reporting systems, the reluctance of farmworkers to report poisonings, barriers to seeking medical treatment, and a lack of physician training in recognizing and treating chemical-related illnesses (Hansen and Donohue 2003). Exposure to pesticides and other chemicals, plants, and infectious agents, as well as chronic sun exposure, contributes to a high incidence of skin problems and disease among farmworkers (Arcury and Quandt 2007; Larson 2001). A lack of protective clothing and the absence of handwashing facilities at worksites also contribute to skin disorders (Hansen and Donohue 2003; Hennebry 2008).

Repetitive motion and accidents constitute some of the principal occupational exposures in agriculture that can present acute problems and long-term disabilities (Anthony, Williams, and Avery 2008; Arcury and Quandt 2007; Hansen and Donohue 2003; Hennebry 2008; Magaña and Hovey 2003). Agricultural work often requires intensive physical labour, maintaining the same position for extended periods of time, heavy lifting and carrying, working with heavy machinery, or standing above ground on ladders or greenhouse carts, all of which can lead to chronic musculoskeletal injuries or the risk of more serious injury. Noise-induced hearing loss and eye injuries are also common occupational risks for farmworkers (Arcury and Quandt 2007; Larson 2001; Magaña and Hovey 2003). In British Columbia, the three most common types of accidents among agricultural workers for the 2001-2005 period were being struck by an object (15 percent), overexertion (15 percent), and falls to a lower level (11 percent) (WorkSafeBC 2007). Sprains, strains, tears, and fractures accounted for more than half of all injuries (WorkSafeBC 2007).

In Canada, traffic collisions cause the third highest number of deaths in adults aged 15 to 59—the age group most likely to be employed in agriculture. Indeed, many farmworkers face occupational hazards before arriving at the worksite. Farm labour contractors often transport workers between their home and worksites or between fields in unsafe vehicles driven by careless drivers (Fairey et al. 2008; Larson 2001; Sakala 1987). The coroner's inquest into the

March 2007 Fraser Valley van crash found that the 15-passenger van had faulty brakes and poor tires, was overloaded, and was equipped with only two seatbelts (CBC News 2009a).

Infectious diseases—viral, bacterial, fungal, and parasitic—have also been related to agricultural employment and pose a significant threat not only to farmworkers but also to public health in general (Anthony, Williams, and Avery 2008; Hansen and Donohue 2003; Hennebry 2008). Tuberculosis (TB) is particularly prevalent among farmworkers (Arcury and Quandt 2007; Hansen and Donohue 2003). A small study of TB risk among Mexican workers in Canada found a high prevalence of latent TB among this population (Duarte and Sánchez 2008). Although researchers note that the risk factors for TB infection are difficult to establish, overcrowding in housing and transportation are likely pathways of transmission (Ciesielski, Eposito, Protiva, and Piehl 1994; Hennebry 2008).

Inadequate sanitation, poor-quality drinking water, and the failure to provide uncontaminated washing and drinking water also contribute to farmworkers' risk of developing communicable diseases (Hennebry 2008; Larson 2001; Sakala 1987). In North America, farmworkers are routinely deprived of toilets and handwashing facilities (Arcury et al. 2001). Furthermore, farmworkers are at risk of bacterial infections such as salmonella from inadequate food storage (e.g., lack of refrigeration) at worksites and in temporary housing (Hennebry 2010). Even when facilities are available, farmworkers who are working under piece-rate wages versus an hourly wage may not take the time to walk to toilet or handwashing facilities, particularly if these are far away. Thus, the combination of wage structure, low wages, and limited understanding of health risks may deter farmworkers from exercising proper hygiene (Hansen and Donohue 2003; Holmes 2007; Sakala 1987).

Poor toilet facilities create conditions of indignity for all farmworkers, but particularly for women, given the degree to which women working in agriculture confront sexual violence in the workplace (Castañeda and Zavella 2003; Esperanza The Immigrant Women's Legal Initiative No date; Ontiveros 2003) In both Canada and the United States, women working in agriculture are badgered for dates and sexual favours by coworkers, supervisors, and employers (Ontiveros 2003; Preibisch and Encalada Grez 2010). If they reject these requests, they can be penalized with lower pay or inferior work assignments, or even fired.

Exposure to hazardous agents (e.g., dust, gases, herbicides, fertilizers, etc.) also put agricultural workers at risk of developing chronic and acute respiratory ailments (Hansen and Donohue 2003; Hennebry 2008; Villarejo and Baron 1999). Workers may perform tasks that involve constantly breathing in particles that can cause respiratory difficulties, or they may work in poorly ventilated enclosed spaces such as greenhouse operations or mushroom production facilities (Larson 2001).

Apart from the aforementioned physical ailments and injuries, farmworkers are also at greater risk for the development of psychiatric difficulties including depression, anxiety, hopelessness, and substance abuse, than the general population (Hovey, Booker, and Seligman 2007; Hovey and Magaña 2002; Lee 2008; Quandt et al. 2006). Studies have linked the high rates of mental illness among this population to a range of stressors. Some of these are related to the characteristics of agricultural work as dangerous, physically strenuous, low in status, and involving long hours and rigid work demands (e.g., employer reluctance to allow workers to take days off or to leave the field when weather conditions worsen) (Bolaria, Basran, and Hay 1988; Hovey, Booker, and Seligman 2007; Hovey and Magaña 2002; Lee 2008; Quandt et al. 2006). Other stressors include exploitation in the workplace (e.g., lower wages than those originally agreed to, not being paid on time, being forced to pay excessive prices for food supplies and housing); poor housing conditions (e.g., overcrowding, vermin infestations, leaky roofs, lack of running water, faulty or nonexistent amenities such as toilets or cooking facilities); social and geographical isolation; discrimination (e.g., sexism, racism); separation from family; poverty; fear of unemployment and underemployment; language barriers; and health-related concerns (Arcury and Quandt 2007; Hansen and Donohue 2003; Holmes 2007; Magaña and Hovey 2003).

Research has also found that migrants, particularly migrant men, as a population are vulnerable to sexually transmitted infections such as HIV (Hovey, Booker, and Seligman 2007; Lee 2008). Migrants are often socially and geographically isolated, with few recreational facilities (Hansen and Donohue 2003; Hovey, Booker, and Seligman 2007; Lee 2008). Marginalization at work and discrimination in the dominant society augment the stress and loneliness experienced by migrant workers coping with separation from their families and partners (Lee 2008). These factors, added to the anonymity and freedom from their accustomed social norms and values that being in a foreign country offer, all encourage migrants to take risks that expose them to sexually transmitted infections (Lee 2008).

Numerous factors, then, coalesce to place farmworkers at risk of poor health outcomes that are linked to their occupation, to the rural environment in which they live, and to the transnational livelihood strategies in which they are often engaged. Added to these risks, farmworkers face a range of barriers to accessing healthcare. For one thing, they often lack information regarding health services and resources, legal protections, or health insurance coverage (Choi 2001; Hennebry 2008; Sakala 1987). Cultural conceptions of health and disease can also act as a barrier to access (Hansen and Donohue 2003). Farmworkers also face significant time constraints, working long hours that conflict with the operating hours of health services (Anthony, Williams, and Avery 2008; Choi 2001). In addition, most farmworkers live below the poverty line and thus may be unwilling to forfeit wages by taking time off from work (Arcury and Quandt 2007; Choi 2001; Downes and Odle-Worrell 2003; Hansen and Donohue 2003;

Hennebry 2008). In addition, immigrant and migrant farmworkers often refrain from accessing health services and fail to report work-related illnesses or injuries to their employers when they perceive that this might jeopardize their employment or immigration status (Fairey et al. 2008; Hennebry 2008; Preibisch and Encalada Grez 2010). Furthermore, farmworkers are often socially and geographically isolated (Anthony, Williams, and Avery 2008; Arcury and Quandt 2007; Choi 2001; Hennebry 2008). Temporary visa workers, for example, are highly dependent on their employers for access to health services (Hennebry 2008; McLaughlin 2007; Preibisch 2003; Wall 1992). This is exacerbated by a tendency for employers to ignore or resist farmworker requests for medical treatment, which appears to be pervasive (Choi 2001; Larson 2001; Verduzco and Lozano 2003). In one study, only 35 percent of Mexican workers who reported their illnesses or injuries to their Canadian employer received medical attention (Verduzco and Lozano 2003).

Farmworkers are often also excluded from customary employment benefits such as hospitalization insurance, sick pay, and workers' compensation (Sakala 1987). In the United States, cost appears to be one of the principal impediments to seeking health care because many farmworkers lack health insurance (Anthony, Williams, and Avery 2008; Arcury and Quandt 2007; Choi 2001; Holmes 2006; Sakala 1987). Although Canada's public healthcare system is more accessible, migrants on temporary visas and new immigrants must wait three months to access it in most provinces. Linguistic barriers also prevent immigrants and migrants from learning about and navigating medical services as well as from receiving adequate, appropriate, and culturally sensitive care (Anthony, Williams, and Avery 2008; Arcury and Quandt 2007; Choi 2001; Hansen and Donohue 2003; Hennebry 2008; Hovey, Booker, and Seligman 2007; Sakala 1987). In addition, if linguistic and cultural barriers lead workers to perceive that they are receiving substandard care, this may act as a future barrier to seeking medical attention (Kim-Godwin and Bechtel 2004).

Farmworkers also face barriers to accessing compensation for workplace injuries and illnesses. In Alberta, most farmworkers are excluded from workers' compensation, as they are in 15 US states (D'Aliesio 2009; Holmes 2006). Limited literacy, language barriers, and the fear of jeopardizing their jobs and/or immigration status are also significant barriers to reporting accidents or filing for workers' compensation (Hennebry 2008). Research on migrant farmworkers in Canada has documented cases in which injured migrants have become ineligible for compensation because they were obliged to perform tasks outside their job description or to work for someone other than their employer (McLaughlin 2007; Verduzco and Lozano 2003). Even when migrants are covered, employers may discourage and/or impede them from making claims (Downes and Odle-Worrell 2003). In addition, migrants who have been repatriated face increased difficulties in claiming compensation from outside Canada (Hennebry 2008; McLaughlin 2007). Added to these barriers are findings that healthcare practitioners often lack

knowledge about migrants' eligibility for compensation or the procedures involved in helping them to obtain it (Hennebry 2008).

Researchers have also documented discriminatory and racist treatment by healthcare workers (Choi 2001; Holmes 2006; Sakala 1987). A lack of awareness of the social context of farmworker health can lead physicians to prescribe ineffective treatments or keep them from recommending appropriate interventions (Holmes 2007). In general, healthcare providers are not trained to recognize illnesses or injuries common to agricultural work, the health needs of immigrants and migrants, or the social determinants of health problems particular to this population (Anthony, Williams, and Avery 2008; Hansen and Donohue 2003; Hiott, Quandt, Early, Jackson, and Arcury 2006; Holmes 2006; Sakala 1987). Studies have also documented divided loyalties among rural healthcare practitioners in favour of farm employers (Preibisch 2003; Sakala 1987). Other structural factors also compromise the quality of care available—for example, rural areas are often underserved in terms of infrastructure and personnel (Anthony, Williams, and Avery 2008; Arcury and Quandt 2007; Stilp 1994). Finally, migrant workers are often highly transient, which prevents them from following through with lengthy diagnostic treatments or receiving care for chronic conditions (Anthony, Williams, and Avery 2008; Choi 2001; Hovey, Booker, and Seligman 2007).



## FINDINGS

### **HEALTH AND SAFETY RISKS FACING FARMWORKERS: CONSTRUCTED VULNERABILITY**

This section will offer descriptive details about the most prominent areas of health and safety risks in BC farming. All farmworkers, whether they are migrant guest workers, immigrants, or Canadian-born, take up jobs in an industry that is ranked among the most dangerous in British Columbia, yet one that traditionally has been accorded less legal protection relative to other economic sectors. Although this is true for all agricultural workers, our research found that ethnicity and citizenship (or the lack of it) shape how workers are incorporated in the labour force in complex and multiple ways that heighten their vulnerability to health and safety risks in the workplace.

Farmworkers from Mexico and the Caribbean employed in Canada on temporary visas, for example, are differentially integrated into the labour market through employer-specific work permits. Unlike Canadian workers who can work for any employer willing to hire them, SAWP workers on temporary visas can only work for their designated employer. Employer-specific permits deprive workers of mobility in the labour market, a situation that dampens their bargaining power in the workplace. Since being able to return for work in the following season is also contingent on getting a good review from the employer, temporary visa workers often engage in self-censorship with regards to grievances or health concerns. For these and other reasons, academics have referred to this group of workers as an “unfree” labour force (Basok 2002; Satzewich 1991; Sharma 1995).

On the other hand, Canadian farmworkers, most of whom are immigrants, often live in suburban areas and depend on the farm labour contracting system to link them to the agricultural labour market. In this sense, then, their opportunity to earn money for their households also depends on a single employer; in this case, the farm labour contractor. For these workers, raising complaints regarding working conditions or transportation may adversely affect their employment. The farm labour contracting system also creates distance between farm operators and farmworkers, with implications for accountability regarding workplace health and safety. Language barriers, access to information, and knowledge of their rights are other factors relevant to workplace health and safety that are intimately linked to people’s ethnicity and citizenship.

In this section of the report, we describe our findings on the social determinants of farmworkers’ health status and the conditions in their workplaces that increase their

vulnerability to health risks. We use the term ‘constructed vulnerability’ to convey our argument that workplace health and safety in agriculture is compromised by intersecting social inequalities that are structural in nature. While individual behaviour towards workplace health and safety can be improved through education and training, other factors including citizenship status, ethnicity, and race position farmworkers in a precarious position in the labour market.

### ***Constructed Vulnerability***

The majority of BC’s farmworkers are people who come from rural backgrounds in developing countries and who take up agricultural work out of economic necessity. A significant portion of the province’s seasonal agricultural workforce is comprised of new immigrants from the Punjab region in India who have limited competency in English (BC Public Service Agency 2003).<sup>9</sup> Farm work is one of the very few occupations open to immigrants of poor and rural origin who do not speak English. Most farmworkers of South Asian ethnicity entered Canada as Family Class immigrants. This category, often known as the sponsorship process, allows citizens or permanent residents to sponsor their parents or children to immigrate to Canada. Sponsors must agree to provide financial support for their parents, and any other eligible relatives accompanying them, for a period of ten years (Citizenship and Immigration Canada 2009; Oxman-Martinez, Hanley, Lach, Khanlou, Weerasinghe, and Agnew 2005). Sponsors must also repay any income security support that those relatives may incur (Oxman-Martinez et al. 2005). Among family-class immigrants, women outnumber men; in 2007, 60 percent of family-class immigrants were women (Citizenship and Immigration Canada 2008). In many families, family-class immigrants, once in Canada, are expected to contribute to the household income. Although younger immigrants may spend only brief periods in the agricultural labour market until they acquire English skills, farm work may be one of the very few occupations open to older immigrants until they retire from the workforce completely. Also, family-class immigrants may constitute a more vulnerable segment of the workforce if they feel pressure to remain in employment despite poor working conditions or ill-health (Oxman-Martinez et al. 2005).

The class background and immigration status of temporary visa workers under the SAWP also shapes their vulnerability in the workforce. In Mexico, poverty, rural location, and limited education are among the criteria used to determine eligibility in the SAWP; potential candidates must be landless or land-poor, live in a rural area, and have limited education. In addition, established wage levels in the SAWP are several times higher than in workers’ home communities, where unemployment and underemployment are often rife. Most SAWP participants, therefore, value highly the opportunity to work in Canada. The Canadian federal government issues SAWP participants temporary visas and work permits that are valid only with a single, designated employer. This mechanism significantly restricts worker mobility in the

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<sup>9</sup> The World Bank classifies India as a lower middle income country, where more than 30 percent of the population lives on less than US\$2 per day (The World Bank 2010).

labour force and makes it very difficult for workers to change employers should they become dissatisfied with the employment conditions offered. The Canadian federal government states that all temporary visa workers may request a change of employer, but doing so in practice is almost impossible (Preibisch 2010). Further, provisions in the SAWP allow employers to repatriate workers for “non-compliance, refusal to work, or any other sufficient reason,” and, in the case of Mexican workers, require a satisfactory employer report as a precondition for acceptance into the program for the following year. This can discourage migrants from reporting violations (Fairey et al. 2008).

As a result of policies enacted by both the Mexican and Canadian governments, SAWP migrants are separated from their families during their migratory periods, a factor that contributes to their willingness to accede to employer requests to work longer hours and over weekends (Basok 2002; Preibisch and Binford 2007). Most workers are likely to have families of their own as a result of recruitment policies that give preference to married applicants or singles with dependents. Eighty two percent of our Mexican respondents are supporting families with four or more members, hence they value highly the opportunity to work in Canada. Furthermore, the SAWP allows them to migrate legally. The SAWP thus offers a clear “migratory option” in light of the increased militarization of the US-Mexico border, which has increased the risks for Mexicans entering the United States as undocumented migrants (Hellman 2008). Considering that SAWP participants return home after a maximum of eight months without facing the risks of border crossing, it is unsurprising that migrants’ families, particularly the wives of migrant men, prefer that they migrate to Canada (Colby 1997; Hanson 2007).

Geographical location affects both groups of workers in different ways. Most of Canada’s immigrant communities live in suburban areas where they are surrounded by co-ethnics and kin, have access to cultural and religious infrastructure, and have a wider panorama of employment opportunities than those offered in rural areas. Accordingly, most immigrant farmworkers live in cities and rely on FLCs to transport them to their rurally sited jobs. In 2009, there were 96 FLCs registered in the province (Government of British Columbia 2009). FLCs provide a service by linking newcomers with little knowledge of the labour market to farm work and offering them transportation from their homes to their jobs and back. At the same time, immigrants become highly dependent on these intermediaries.

Moreover, under the FLC system the employment relationship is not between farmworker and farm owner, but between worker and contractor. This relationship diffuses responsibility regarding health and safety, training, and other workplace rights, an issue we address in greater detail below. Furthermore, because Canadian FLCs and farmworkers are part of the same ethnic and religious community and share social networks, it becomes difficult for farmworkers to raise any grievances. It is not surprising, then, that there was a statistically significant

difference in perceptions of risk in various aspects of agricultural labour among workers in direct employment relations with an FLC compared to those employed directly by farm owners. The magnitude of the difference indicates a strong correlation between the two variables, in this case, FLC and greater perceptions of risk on the part of farmworkers.

Temporary visa workers, on the other hand, live on property owned or rented by their employer. British Columbia is the only province in the SAWP where employers pay for their migrant employees' round-trip airfare but can charge up to \$550 per season for accommodations, regardless of the workers' length of stay. Whether the property is on the farm or a short distance away, these living arrangements extend the reach of employers' control over farmworkers' behaviour beyond the sphere of work and can include restrictions on workers' mobility off the farm (Preibisch 2004). This arrangement also fosters paternalistic, personal labour relations (Wall 1992). The desirability of housing workers on the farm is apparent not only in employers' narratives but also in their attempts to change bylaws in municipalities that prevent them from doing so. The extra level of control gained by housing workers on employers' properties is reinforced through "farm rules" that employers have the right to establish. Research in Ontario has found that such rules, while intended to serve as guidelines regarding care of the property, are open to the interpretation of individual employers, some of whom have instituted curfews, prohibited visitors of the opposite sex, or obligated workers to inform them of their whereabouts when outside the farm (Preibisch and Encalada Grez 2010).

Race forms an additional layer of power differential. Most immigrant and migrant farmworkers are racialized as "Mexican" or "Indo-Canadian" next to predominantly white employers and rural communities. Despite stated commitments to notions of diversity and multiculturalism, racial discrimination is a fundamental factor in the class formation of Canadian society; indeed, racialized groups are subject to social marginalization and persistent expressions of xenophobia. Although very little research has addressed racism in rural Canada, Mexican migrant farmworkers in Ontario have been subject to racially motivated aggression, both verbal and physical, and they perceive Canada to be a more racist country than the United States (Colby 1997). The social isolation of Mexican migrant workers is compounded by the small size of the province's immigrant Mexican community, most of which is located in Vancouver.

A final factor that heightens domestic farmworkers' precarious status is the piece-rate wage system offered in many seasonal jobs. Although some SAWP workers are given productivity targets, their employers are obliged to pay them according to annually-negotiated, hourly wages. In 2008, Canadian farmworkers on piece rates were earning an average hourly wage of just over \$5.00, slightly more than half the minimum hourly wage of \$8.90 that Mexican migrants were receiving (Fairey et al. 2008). Many Canadian workers are under pressure to

accumulate enough working hours to qualify to receive employment insurance in the off-season, being required to work a minimum of 910 hours if they have recently entered the labour force and a minimum of 700 hours for following years (Fairey et al. 2008). Because farmwork employment opportunities diminish substantially from November through March, Canadian workers often heavily rely on employment insurance payments as a significant contribution to their income (Fairey et al. 2008). In turn, many of these workers often adopt a strategy of taking up extensively prolonged work hours at an intensified work pace, which consequently places them at an increased risk of workplace injuries and accidents. Furthermore, the high priority placed on meeting EI eligibility contributes to workers' compliance with employer demands, to the degree that they may even place those demands above possible health concerns (Fairey et al. 2008).

## **FACTORS THAT INCREASE VULNERABILITY TO HEALTH RISKS**

Our research identified a number of factors that increase the vulnerability of immigrant and migrant farmworkers to health risks. In particular, we found four critical areas that account for perceptions of greater risks to health and safety among workers: (1) lax labour regulations in agriculture and workers' constructed vulnerability; (2) inadequate infrastructure, equipment, transportation and living quarters; (3) insufficient or nonexistent training; and (4) language barriers. The following subsections explore these issues and their implications in detail.

### **LAX LABOUR REGULATIONS IN AGRICULTURE**

Weak labour regulations for agricultural workers pose a considerable risk to occupational health and safety. This is why we regard farmworkers' vulnerability as socially constructed. It emanates from a labour legislation that places them at a disadvantage when compared to workers in other industries of Canada. Their risks are exacerbated because most agricultural work is carried out by workers, be they family-class immigrants working for an FLC or international migrants employed on temporary visas, whose relationship to their jobs is precarious and who may work while ill or injured, or be reluctant to refuse unsafe work. Lack of organization also contributes to agricultural workers' lack of bargaining power. Historically, the weak position of agricultural workers in the labour market has made them notoriously hard to organize, a situation that has encountered new challenges with the increasing incorporation of international migrants in agriculture. Below, we outline three findings that relate to the weak labour regulations found in the agricultural sector and the constructed vulnerability of workers: long hours and intensity of work; fear of employers and/or losing pay; and lack of representation.

### ***Long Hours and Intensity of Work***

**Finding:** Farmworkers labour long hours, a factor that increases their risk of workplace injury or accident. Many accept these hours out of economic need--Mexican migrants want to earn as much as they possibly can during their temporary employment in Canada, and Canadian workers want to accumulate enough hours to be able to receive employment insurance in the off-season. In some cases, however, workers are compelled to work long hours because they fear that refusing to do so will jeopardize their jobs. In other cases, their hours are dependent on their employers collecting them from remote worksites. In some workplaces, long hours are carried out in a context of productivity targets and piece-rate wage systems that intensify the rhythm of the tasks workers are asked to perform. There is evidence to suggest that Canadian workers who do not get paid breaks, presumably as a result of piece-rate wages, have a greater risk of work-related injury. Also, Mexican migrant workers, overall, are working longer hours than their Canadian counterparts.

Our survey data revealed that during periods of high production, Mexican migrant workers were toiling, on average, 12 hours a day Monday to Friday and 8 hours on Saturday and Sunday (See TABLE 4). Canadian farmworkers, on the other hand, were working, on average, 9 hours Monday to Friday and 5 hours Saturday and Sunday. The trend for Mexican migrants to work longer hours than Canadians held constant even in periods of low production, when Mexican farmworkers clocked an average of 9 hours on weekdays and 5 on weekends and their Canadian counterparts worked an average of 6 Monday to Friday, 3 on Saturday, and 2.5 on Sunday.

**TABLE 4. Average Farmworker Hours Worked**

	<b>Mexican Farmworkers</b>	<b>Canadian Farmworkers</b>
<b>High Season</b>		
Monday to Friday	12	9
Saturdays	8	5
Sundays	8	5
<b>Low Season</b>		
Monday to Friday	9	6
Saturdays	5	3
Sundays	5	2.5

Daily shifts during periods of high production for Mexican workers ranged from 8 to 16 hours, indicating that some farmworkers were labouring extraordinarily long hours. Cases of Mexican migrants working extended shifts were also reported in our in-depth interviews. One worker claimed: “We have worked until two in the morning. From seven in the morning until one, two in the morning” (MFW13). On another farm, the Mexican workers’ shifts stretched from 1 P.M.

to 1 A.M., requiring them to work a good portion of their shift harvesting in dark fields with only the lights on the tractor for illumination. In one extreme case, an employer was requiring his Mexican employees to work 20-hour shifts and even set an alarm clock to ensure that they slept for only four hours. Our findings corroborated similar allegations in the press. In 2005, the Mexican newspaper *La Jornada* reported that Mexican SAWP workers in Abbotsford packing plants were being forced to work 15-hour shifts in the rain, without breaks or food (Petrich 2005).

For Canadian workers, the range of daily hours worked was 4 to 15.5, indicating that some Canadian farmworkers were working days almost as long as those reported by Mexican migrants. Our study indicates, however, that a higher percentage of Canadians perceived working long hours as a high-risk activity. When farmworkers were asked to rate a list of activities they carried out on the job in terms of the perceived risk to their health and safety on a scale of 1 to 10 where 1 indicated very low risk and 10 indicated very high risk, 43 percent of the study's Canadian respondents rated "working long hours" as a high-risk activity compared to 28 percent of Mexicans. Correspondingly, more Mexicans perceived working long hours as a low risk (52 percent) than did Canadians (25 percent). These differences may be explained by age differences in that the Mexican workers were generally younger than the Canadians. Moreover, temporary visa workers are generally more accepting of longer hours since they are separated from their families and cannot draw on social benefits such as employment insurance after their contracts end.<sup>10</sup>

Working long hours six to seven days a week may compromise workplace health and safety, particularly given that most farm work involves considerable expenditures of physical energy and can take place under extreme temperatures. Researchers have associated fatigue with compromised safety at work (Lilley, Feyer, Kirk, and Gander 2002). A Canadian worker related the following:

I believe the hours worked [are] a risk. During the rush season, I would work 11- to 12-hour shifts for like two straight weeks. My body would be sore, but I knew I would have to get up and gut it out. I have felt sick a few times at work, but I was afraid that the owner may get angry at me if I asked for a holiday because not everyone could do my job (CFW08).

The 2001 amendments to BC's Employment Standards Act (ESA), which governs issues such as the minimum wage, hours of work, and holiday pay, have likely exacerbated the already long shifts that characterize seasonal farm work (Fairey et al. 2008). For example, not only are

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<sup>10</sup> SAWP workers are not eligible for most benefits associated with the Employment Insurance Act, yet employment insurance contributions are deducted from their pay cheques.

farmworkers no longer entitled to overtime pay, they also have to work longer to compensate for wages they have lost through other mechanisms, such as the cuts to the minimum piece rate wage.

One important finding from our study that relates to long hours and weak regulation is a link between a lack of paid breaks and work-related injuries. Specifically, our survey results showed a moderate relationship by which 38 percent of our Canadian respondents who suffered a work-related injury (12) did not get paid breaks. Conversely, 82 percent of those who did not report a work-related injury did get breaks. This relationship indicates that, among the Canadian cohort, those who got breaks were less likely to be injured. This association was not found amongst Mexican workers, perhaps because of their younger age.

Although farmworkers often agree to long hours or do not take breaks due to economic considerations, in some cases they have little choice. As mentioned, workers can be left stranded in remote worksites without transportation. As one worker explained: “There are times when a person is very tired and really wants to stop, but sometimes we are so far away that even if we want to return on our own it would take two or three hours walking. On those occasions, we have to put up with it until the boss returns” (MFW12). One advocate claimed that both Canadian and migrant workers face a similar dilemma: “It’s the same thing whether they’re with the contractor or whether they’re Mexican workers—they have to be transported home. They can’t just leave as they please. *They just can’t*” (ADV04).

Farmworkers interviewed for this study perceive that they jeopardize their current jobs and future employment opportunities if they refuse to work the hours they are given. One advocate explained the context in which Mexican farmworkers make choices to accept long hours or unsafe work:

They don’t really have the ability to refuse work because if they do, they can be repatriated to Mexico. [A SAWP worker] doesn’t have the freedom to say, “Listen, I’m not working 20 hours today, I’m only going to work 16,” because if he does, then the farmer can say, “You don’t want to work? See you later, I’ll get the next guy to come in,” which is a huge problem. What we’ve found with accidents on farms—and it’s one of the highest industries for deaths and injury in Canada—is that the workers are being pushed to an extent where accidents and injuries are almost inevitable, to the point where they’re so tired that errors are being made. [. . .] We keep saying we’ve got to do more in terms of health and safety—well, hours of work to us is one of the provisions that needs to be addressed (ADV03).



Canadian farmworkers have different concerns. Refusing to work the hours and shifts they are given may make them lose favour with the farm owner or FLC and, consequently, opportunities to work. Given the seasonal nature of some farm jobs, economic considerations compel farmworkers to accept work as it arises.

At some worksites, farmworkers are not only putting in long shifts, six to seven days a week, but also working at an accelerated pace. Some respondents in our study perceived that unreasonable productivity targets, piece-rate wage systems, and pressure from employers and supervisors intensified the production process to an extent that was increasing their risk of workplace injury. One Mexican worker related the following: “Since we use very sharp knives and they ask us to cut very quickly, there is always a risk. They ask us to cut 13 boxes of chillies [green peppers] per hour per person, so you have to work very fast, and I have cut myself twice” (MFW12). Similarly, a Canadian worker claimed: “To make work safer, I feel that we should receive three breaks per day and not get pushed so hard by our contractor to work faster” (CFW07).

### ***Fear of Jeopardizing Future Work Opportunities***

**Finding: Farmworkers do not question their employers or refuse work or transportation they perceive as dangerous because they are afraid to jeopardize opportunities for future work.**

There was a generalized perception among Mexican workers that both their current job and their long-term placement in the SAWP would be put at risk, either as a result of a negative employer evaluation, of not being requested by their employer the following year, or of premature repatriation, if they refused the requests of their employers and/or supervisors. In general, workers felt that they could not speak up against their employers, even to refuse unsafe work. As one Mexican worker related:

The tractors don't have signal lights and the brakes are failing. Sometimes you have to drive on the highway when you are going from one field to another, and this worries me. But if [my employer] says the signal lights or brakes are working, I'm not going to contradict him (MFW10).

Even one of the most informed and self-assured workers we interviewed admitted: “It's rare that I say something. Sometimes they take reprisals against you, especially against us [Mexican] *compañeros*. At times, we will bring something to their attention, but we are afraid to speak up” (MFW14). Even if threats are not verbalized, however, Mexican migrant workers have internalized the precarious nature of their jobs in Canada. To illustrate, one worker commented: “We do not complain much about the work because we think that this will affect the evaluation that they give us on our work. We have never been threatened with this, but you always do your best in order to return [to Canada]” (MFW05). As a number of academics have

noted, employer evaluations of workers—a unique feature of the Mexican SAWP—has generated a broad perception among Mexican migrants that a negative assessment will jeopardize their standing in the program (Basok 2002; Binford 2003; Hennebry 2006).

Although some of the fears expressed by workers were based solely on their own experiences or on those of other SAWP workers, some was generated by aggressive employers and supervisors. In the course of our study, we heard reports of both physical and verbal aggression on the part of employers and supervisors. One employer corroborated workers' claims of verbal and physical abuse: "The guys we get on transfers<sup>11</sup>—we've had a few in—and they've been abused. Some of these people have been deprived, either of food or security or whatever" (EMP02).

When farmworkers were asked to rate a list of activities they carried out on the job in terms of the perceived risk to their health and safety on a scale of 1 to 10 where 1 indicated very low risk and 10 indicated very high risk, 44 percent of the Mexican respondents who answered this question rated "working with an aggressive boss or supervisor" as high-risk ( $\geq 7$ ) compared to 22 percent of Canadians, while more Canadians perceived it as low-risk (66 percent) than did Mexicans (43 percent). It therefore appears that migrant workers feel that intimidation in the workplace is a health and safety risk to a much greater extent than do Canadian citizens or permanent residents. Canadian workers are more likely to be of the same ethnicity as their supervisors, who are often FLCs, and who share similar understandings of the social acceptability of displays of aggression. Differences in the perception of risks, however, likely reflect Mexican migrants' greater constructed vulnerability in the workforce.

Our research also indicates that some farmworkers have experienced overt expressions of racism on the job. Allegations of racism that occurred in our in-depth interviews with Mexican workers were corroborated in the survey. More than 43 percent of Mexican workers ranked the phrase "working with an employer or supervisor who says racist insults" as high ( $\geq 7$ ) in terms of perceived risk to their health and safety. Mexican workers, furthermore, felt that Canadians were treated better than they were. When asked to agree or disagree with the statement "In my job, the workers who live permanently in Canada receive better treatment than the Mexicans," 59 percent of Mexican respondents agreed. One Mexican migrant related that his employer forced the Mexican temporary visa crew to plant faster by driving the tractor in second gear, practically hitting them in the legs, while the Canadian workers planted with the tractor in first gear. This informant attributed the differential treatment to the shared ethnicity between the employer and the Canadian workers.

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<sup>11</sup> Employers transfer migrants among themselves to deal with seasonal labour demands. Employers are required to broker these transfers through Human Resources and Skills Development Canada (HRSDC), but at times they fail to do so. This has implications for the ability of migrant workers to claim compensation because working for someone other than the employer stipulated on their work permit is a violation of their contract.

Some Mexican workers, farm labour advocates, and even employers we spoke to perceived that the ethnicity of the employer or supervisor played a role in worker mistreatment. One worker, comparing his former White employers in Ontario to his current Indo-Canadian employer in British Columbia, stated: “The Canadian employers seemed very nice to me compared to these Hindus [sic]” (MFW15). One advocate was more direct: “From my experience, I believe that the Indo-Canadian farming communities do have different ethics, a different code of ethics, or maybe no ethics at all” (ADV01). Another advocate observed mistreatment among Hispanics: “I know three farms that have a Latino supervisor. [. . .] It’s worse because they are always on the employers’ side, and because they speak Spanish, they can intimidate and extort the workers even more” (ADV05).

Other respondents, however, dismissed differences based on ethnicity. According to the same advocate cited above, “The truth is that we have seen abusive employers that are White and abusive employers that are Punjabi. [. . .] I don’t really know if ethnicity has an influence” (ADV05). In addition, a grower representative claimed: “It’s not as much a cultural issue as people like to think it is or made out to be. I think it’s the focus, the responsibility, and the attention that the employer places on farm safety and the value he places on his employees” (REP01).

The vulnerability that generates fear among Canadian farmworkers is linked to different processes from those experienced by Mexican workers. In the case of farmworkers employed by FLCs, questioning their employer or refusing to accept the work they are given can put them at risk of losing their livelihood and mode of transport. That is, workers who speak up against their contractors are no longer hired by that contractor and must find employment with someone else: “Today if I speak something against the contractor, the next day I’m not going to be picked up. He will say, ‘Okay, fine, stay at home. You’ll come to know’” (ADV02). More serious consequences include the contractor penalizing other workers from the same family or speaking negatively about the individual or family in the broader ethnic community. As one civil servant explained, “They would never refuse work. They’d never refuse getting into a van that they know doesn’t seat them properly or doesn’t have seatbelts or may be in mechanical disarray. The fact of the matter is, if they make any kind of noise at all, then the whole family could be punished” (GOV01). To illustrate further, in the wake of the March 2007 van tragedy, one advocate explained the willingness of immigrant farmworkers to be transported to work thus:

Everybody’s asking why people get into these vehicles. I say they don’t have a choice. [. . .] They don’t think of the distance from one place to another. They’re just thinking of getting into the vehicle there and getting dropped off here. [. . .] Getting into an accident, that’s not probably even in their mind. [. . .] There’s 16

people [and] there's 14 seats in your vehicle. You woke up [at] probably four thirty or five, you work from six A.M. until it's nine [P.M.] now, almost dark, and are you going to tell your employer or the contractor that there's only 14 seats? My husband and I are numbers 15 and 16, and we're not getting into the vehicle? He's saying, "Okay, good luck. I won't pick you up tomorrow [and] you can stay there, get a ride or whatever." Are you going to be standing at nine o'clock when everybody else is getting into the vehicle and going home? Are you going to be whining and not getting into the vehicle thinking about your safety? Or are you going to get in? I mean if I was in that spot, I probably would get into that vehicle too, thinking, "I'm not going to die. [. . .] I'd rather get home rather than be in this stranger's field. Who knows what worse things could happen if I stay here by myself?" (ADV04).

Farmworkers supplied through the FLC system thus face unique vulnerabilities to occupational hazards due to their power relationship with their employer, which is not only economic in nature but also, owing to kinship and community ties, social as well. Furthermore, the FLC system downloads employer responsibility for worker health and safety onto an individual who is more difficult to trace, an issue we return to later in this report.

However, FLCs are not the only source of pressure on Canadian farmworkers. The introduction of the SAWP and the arrival of Mexican workers have increased their precarious relationship to their jobs. Our study heard reports that some businesses were threatening to replace them if they did not perform to management's expectations. One advocate, a former farmworker, related the following: "The employer boosted his productivity by using constant fear. He told the workers, 'The Mexicans are coming, the Mexicans are arriving soon. If you don't work fast, you'll be replaced by a Mexican'" (ADV05). Given the spectacular growth of the SAWP in British Columbia, these threats are likely very real. However, labour replacement is a real threat for Mexican workers as well. After Mexican migrant farmworkers made history in 2008 as the first temporary guestworkers under the SAWP to successfully join a Canadian union in British Columbia, the following year the employer—Greenway Farms Ltd—rehired only a dozen Mexican workers out of the original 38 and topped up the workforce with 28 Canadians (Sandborn 2009).

In addition to findings on ethnicity and mistreatment, our study found that the larger the farm in terms of the size of the workforce, the more likely Mexican workers were to perceive that Canadian residents are treated better than they are. Conversely, the smaller the number of workers, the more likely Mexican workers were to report feeling that both groups of workers were treated equally. These findings may indicate a more harmonious working relationship

between Canadian and Mexican workers on smaller farms as well as a closer personal relationship with employers.

### ***Lack of Representation***

**Finding: Both immigrant and migrant farmworkers are at greater risk of workplace injury and illness because they are very weakly represented. Labour organization among farmworkers is weak and few worksites are unionized.**

As mentioned previously, many farmworkers perceive that they cannot refuse unsafe work or work periods and/or report health and safety risks in the workplace to avoid putting their jobs at risk. The bargaining power of immigrant and migrant workers in the workplace is weakened by low levels of labour organization. Only two BC agrifood operations have been unionized: Floralia Plant Growers Ltd. in Abbotsford and Greenway Farms in Surrey (Agriculture Workers Alliance 2008). The bargaining unit for both groups of workers is United Food and Commercial Workers (UFCW) Canada, a private-sector union that has been actively organizing farmworkers since 1999, including operating ten support centres for agriculture workers across Canada through the Agriculture Workers Alliance (AWA). In 2010, UFCW Canada operated three centres in British Columbia, in Kelowna, Abbotsford, and Surrey. Labour organization among farmworkers in British Columbia is, however, nascent.

Farmworkers on temporary employment authorizations have different vulnerabilities. On the one hand, they have more to lose than immigrant workers because being fired or made redundant almost always means immediate repatriation to their home country. For Mexican workers, dismissal may also compromise future migration if the Ministry of Labour in Mexico City does not find a new employer for them for the following year. On the other hand, they work under standardized employment contracts drawn up by HRSDC that are revised annually (Human Resources and Social Development Canada 2008). They also have access to consular support provided by the Mexican Consulate in Vancouver. Migrants and their advocates, however, had highly negative assessments of this representation, an issue we explore in greater detail later in this report.

### **INADEQUATE INFRASTRUCTURE, EQUIPMENT, TRANSPORTATION, AND LIVING QUARTERS**

A second cluster of our findings concerns poorly maintained or inadequate equipment, deficient hygiene and sanitation at worksites, poor transportation, lack of protective equipment, and substandard housing. As we relate below, problems in these areas have repercussions not only for the health and integrity of farmworkers but also for the safety of the food that they produce.

### ***Working with Poorly Maintained or Inadequate Equipment***

**Finding: Immigrant and migrant farmworkers perceive that working with poorly maintained or inadequate equipment increases their vulnerability to workplace injuries and accidents.**

Our study found that workers perceived that working with badly maintained tools and machines posed considerable risks to their health. Poor worksite maintenance was of particular concern to greenhouse workers whose jobs involve standing on electric carts with adjustable platforms some six to eight feet off the ground. Greenhouse workers complained that the heating pipes used as rails were not well maintained. An immigrant worker who formerly worked in a vegetable greenhouse claimed: “If a pipe was broken, there would be a risk of the cart going off the track. Then a person could fall off the cart. Once I fell off the cart and was injured for a couple of months” (CFW02). Similarly, a Mexican worker told researchers:

Last year I was working and suddenly the cart went over, but because there are wires that the plant hangs from, I ended up hanging there and luckily some *compañeros* were close by and could help. Not long ago a woman fell. She didn’t have time to hold onto anything and she went down (MFW02).

A third worker at this same farm also fell from the cart, sustaining a head injury that kept him from working for over a month. The workers alleged that when they reported the defective rail to their supervisor, he laughed at them and did not undertake the repairs.

Harvesters voiced frustrations over dull knives: “Some of the knives are dull and it takes a lot of energy to try and cut a pepper. This increases the risk of the knife slipping and cutting me” (CFW05). To further illustrate, a Mexican worker related:

We use knee pads, gloves, and raincoats that we purchased. The boss provides the tools and the cleaning equipment, but it is old and not in good shape. This should be improved. If the tools are not good, you cannot carry out your work easily. We have to use more force, and you tire more quickly by using additional physical force (MFW12).

Some workers reported purchasing their own equipment in order to ease their work, protect themselves, and harvest the volume of produce expected of them. While these were measures they could exercise, in other areas farmworkers have little power to make their worksites safer. For example, there were reports in our in-depth interviews of poorly maintained tractors. One worker stated: “Many of us drive the tractors and take the field produce to the boss’s house, where it is processed. There are some tractors that don’t have proper signal lights. The boss did not teach us how to drive the tractors” (MFW11). As these findings indicate, by providing properly maintained equipment and infrastructure, employers would not only increase the safety of their worksite but might also experience productivity gains.

### ***Poor Hygiene and Sanitation***

**Finding: Workplace sanitation conditions on many BC farms, particularly in industries that produce field crops, are inadequate to protect workers and pose risks to public health, particularly in terms of food safety.**

Our research points to serious shortcomings in the provision of appropriate sanitation on BC farms. To begin with, some worksites lack toilet and handwashing facilities to ensure good hygiene. Fourteen percent of our respondents claimed there was no access to toilets in the field or worksite on the farm they were worked most in 2007. When respondents were asked to rate a list of activities they carried out on the job in terms of the risk to their health and safety on a scale of 1 to 10 where 1 indicated very low risk and 10 indicated very high risk, “working in places where there is no access to a bathroom” received a ranking of 7 or higher by more than 31 percent of respondents. Although sometimes there are simply no portable toilets in the particular field, at other times they are far away, full, or dirty. This obliges farmworkers to urinate and defecate in the fields. As one farmworker advocate claimed: “Bathrooms are a big issue. If there is a large field, the complaints are that the bathroom is at one end or there are only two bathrooms and they’re dirty [and] filthy [and] nobody wants to go in there. So they start going outside” (ADV02). As mentioned earlier, piece-rate wage systems can further deter workers from taking the time to walk to toilets that are far away.

The lack of clean toilets close to worksites also creates situations of indignity for farmworkers. In particular, it can create discomfort in a mixed-sex environment. Women voiced concerns about their privacy and physical safety when they are forced to urinate and defecate in the fields. One Canadian woman described how she would urinate quickly to avoid being seen and would hold her stool for extended periods of time. Furthermore, a Mexican man related the difficulties of working alongside Canadian women: “This was really problematic. The [women] also felt uncomfortable, especially with regard to the bathroom. They were able to endure the need to go to the bathroom more than us” (MFW12). Women voiced particular concerns over the need to use the toilet more frequently when pregnant or menstruating. Even when toilet facilities are available, some respondents reported being reprimanded when they use these outside of scheduled breaks:

The employer asked that we don’t speak [to one another]. He also told us that we couldn’t go to the bathroom, that we could only use it during our breaks. There are times in which we have to go outside of this schedule and even if you try and tolerate it, you have to go. We start at six thirty, and they tell us to go at ten, but sometimes I don’t feel like going in the morning. If I feel like going to the bathroom, I go, but my coworkers tell me they wouldn’t do it because they fear they’ll be fired (MFW10).

As this testimony illustrates, underprovision or poor maintenance of facilities, rigid working conditions, and concerns for their jobs lead some of our respondents to retain urine or feces, a practice that can have health implications.

Furthermore, women farmworkers' concerns for privacy are linked to concerns for their physical safety. A study conducted in 1998 found that farmworker women confront significant levels of sexual violence and harassment in the workplace, and that seeking out isolated locations where they can urinate and defecate in privacy placed them at further risk for sexual assault and harassment (Penticton Area Women's Centre and Abbotsford Community Services 2003). In that study, 37 percent of seasonally employed women interviewed by the Penticton and Area Women's Centre stated that they had been sexually harassed (Penticton and Area Women's Centre, n.d.).

The lack of handwashing facilities was also widely reported in interviews and surveys. Twenty-three percent of our respondents claimed that there was no area to wash their hands when needed. Workers reported that at times they had to eat their lunch without washing their hands after using the toilet, handling chemicals, or working with soil. As one worker stated: "If we are in the fields, there is nothing nearby. Sometimes, even if we have been handling chemicals, we touch our food without washing our hands" (MFW07). One health and safety consultant observed that the lack of handwashing facilities was a problem in the Okanagan Valley: "Handwash facilities within the orchards generally tend to be very minimal. We often are using outhouses when working in the orchard, and the handwashing facility may only be a bucket of water" (GOV06). Although some farmworkers bring water for hygiene purposes, they are not always told the location of their worksite or the tasks they will be carrying out in advance, and thus may be unprepared to fend for themselves.

The lack of facilities for proper hygiene contributes to farmworkers' risk of developing gastrointestinal infections. As one farmworker on a vegetable farm related:

We have to work in fields that are very distant from the place where we take our breaks. Sometimes we cannot wash our hands as we would like to, and this causes stomach ailments. Many of us have fallen ill. It's what we get the most. You rinse your hands, but there is no soap or anything (MFW12).

In addition to putting farmworkers at risk of developing infectious diseases, inadequate provision of handwashing facilities can also result in workers being exposed to chemical residues when eating, smoking, or going to the toilet. Furthermore, it may also lead to food contamination that carries broader public health risks.

The risk to farmworkers of developing infectious disease or being exposed to chemicals rises when they have no choice but to eat at their worksite. Our research found that farmworkers



were not always provided with a designated space to eat their lunch. Of our Canadian respondents, 63 percent reported eating their lunch outside at the farm where they worked most in 2007, while 31 percent reported having access to a lunchroom. One Mexican farmworker we interviewed in depth described his worksite on a vegetable farm as follows:

There is no potable water. Everyone takes their water bottle. When we are far away, we have to take our break there. When we are there [in the fields], everything is in the open air. There is not a covered place to take our break. Even if it is raining, we have to eat outside. These are the hard days (MFW12).

Our research found that some employers, besides not providing adequate sanitation, were not providing sufficient drinking water for their workers. As one Canadian worker related:

Limited access to cold water is a risk. We have to take our own water with us, and it always gets warm, especially if it is a hot day. The contractor brings some water in a cooler, but it is not nearly enough for all the workers. The contractor's water always runs out on hot days (CFW07).

When we asked our respondents to rank "working without access to sufficient drinking water" on a 1-to-10 scale where 1 indicated very low risk and 10 indicated very high risk, 34 percent of our Mexican respondents and 23 percent of our Canadian respondents rated it as high-risk ( $\geq 7$ ).

### ***Poor Transportation***

**Finding: Unsafe vehicles and careless driving continue to put immigrant and migrant farmworkers alike at risk as they are transported to and from work and between worksites. Our research indicates a very strong relationship between size of farm and seatbelts: farms with larger numbers of workers have a much higher percentage of respondents who claim that there are not enough seatbelts. Workers who report an insufficient number of seatbelts are more likely to be travelling in vans or buses driven by a farm labour contractor. The lack of rural transport exacerbates the dependence of farmworkers on FLCs.**

Unsafe transportation may be the most serious risk facing Canadian farmworkers employed under the FLC system (Canadian Farmworkers Union 1995). As mentioned, during the course of this project, on March 7, 2007, three farmworkers in an overloaded passenger van died in a crash as they headed to work at an Abbotsford greenhouse. Thirteen other farmworkers and the driver were injured, some critically. The 15-person passenger van was carrying 17 people, the majority of them women (Canadian Farmworkers Union 1995; CBC News 2007). A WorkSafeBC report submitted as testimony at the coroner's inquest claimed that the van was in such poor condition that it should never have been on the road, and that the driver was unqualified to be transporting passengers (CBC News 2009b). This particular tragedy was the most recent in a series of farmworker vehicle crashes, and renewed calls from organized

labour, community and political groups for a reevaluation of the health and safety regulations and employment conditions applied to farmworkers, and for stricter enforcement of the existing regulations (CBC News 2007).

Our research confirmed a situation of pervasive unlawful transport of farmworkers. One of our Canadian respondents who owned a car explained why she drove to work: “It was common knowledge in the field that contractors did not offer their workers adequate seatbelts, the van was overloaded, and it was being driven too fast” (FCW02). Of respondents in our survey who were transported to their worksites, an astounding 27 percent reported that there were not enough seatbelts for every passenger. The vehicles most likely to be lacking seatbelts are vans and buses: 87 percent of our survey respondents who reported not having enough seatbelts were travelling either in a van (48.9 percent; n=23) or a bus (38.3 percent; n=18). Among the Canadian workers who reported being transported in a van, most were transported by a FLC (75 percent) and 41 percent reported not having enough seatbelts for everyone. It is not surprising that 24 percent of our Canadian respondents—almost one-quarter—disagreed when asked to register their degree of agreement or disagreement with the phrase, “I felt safe when being transported from my home to my workplace.”

Our analysis found a very strong relationship between larger farms and insufficient seatbelts: farms with greater numbers of workers had a much higher percentage of respondents who claimed that there were not enough seatbelts. This finding could indicate that larger farms are transporting their workers in buses unequipped with seatbelts, and/or that larger farms rely more heavily on FLCs who transport workers to farm sites.

SAWP migrants living on farm premises avoid some of the dangers facing farmworkers who depend on their employers to drive them to work. Transportation issues, however, include not only being transported safely from home to the worksite but also travel between worksites. In interviews, workers described being transported while seated on trailers, in wagons, or in tractors with missing tail lights. One Mexican worker related:

Here I feel that there are risks facing us, principally due to the transportation we use. It is not safe. The trucks that they take us to the fields in do not have seats, and the roads are awful. I feel they are not safe. Sometimes when it rains they transport us in tractors, in the wagons, and the produce is to one side of us—we aren't seated. There are some tractors that are very old. The people that are driving are fine. It's the tractors I don't trust (MFW12).

Furthermore, although the risk to Mexican workers is reduced because they are travelling shorter distances between fields, these side roads may be less monitored by police.

One issue related to unsafe transportation is the fact that some farm work takes place in remote locations where workers have no means to return should someone be injured or weather conditions can make it unsafe to continue working. Some employers provide cell phones for workers working in remote locations. Other workers, however, are left without any means of communication in case of emergency. One Mexican worker related:

You are never near to a telephone. It is a problem because [the boss] abandons you in the field and you don't have any way of communicating because you don't have a telephone. If something happens to someone, you would never get anywhere because you are far from the road. [. . .] You would have to walk a great distance to get to the street and try to stop someone. In addition to this, you don't speak the language, and they're not going to understand you. [. . .] This already happened to us in the snow. For three or four hours we were freezing, wet, and covered with snow, not knowing what to do because the [manager] said that if it started to snow he would come for us. One, two, three, four, five hours passed, and he never appeared. We decided to stop working and still waited some time before we started to stop motorists in the street, [asking] if they could please call this person so he could come for us because we were too far from home to walk (MFW13).

Another Mexican worker related a more serious incident:

When my friend hurt his back, we had to carry him out on a platform. Between the four of us, we carried him about half an hour to where the employer was because he couldn't walk. We had to call the ambulance. They asked him if he could walk first to see if they could take him by car. I think that if he could have walked, they wouldn't have paid any attention. It was as if they didn't want to take him, but he was in so much pain (MFW05).

Although some employers, including FLCs, accompanied their workers to remote worksites, from our interviews it appears common for workers to be left in remote locations unsupervised. Some employers, however, do ensure that workers have transportation in case of emergency, or at least a cell phone so they can call for help if needed.

### ***Lack of Protective Equipment***

**Finding: Both immigrant and migrant farmworkers' vulnerability to risks associated with agricultural work—including chemical exposure, infectious disease, respiratory problems, and skin disease—are heightened because they do not have access to adequate personal protective equipment (PPE).**

The Occupational Health and Safety (OHS) Regulation states that workers are responsible for acquiring clothing needed for protection against the natural elements, general-purpose work gloves, appropriate footwear, including safety footwear, and safety headgear. Employers are responsible for all other items of personal protective equipment, such as those used to mitigate chemical exposure. Our study found that not all employers were complying with OHS Regulation. For example, workers reported in interviews that they applied chemicals without protective equipment. One worker related:

I have had a headache from being in the fields a lot where we apply pesticides. We don't have masks or gloves. The problem is when it is windy and the [product] you are spraying falls on you. The employer has not explained to us what precautions we should take. Sometimes we change our clothes, because if you keep the same clothes on, your skin begins to itch (MFW07).

Unsurprisingly, our survey respondents registered concerns about applying chemical products. When asked to rate a list of activities they carried out on the job in terms of the risk to their health and safety on a 1-to-10 scale where 1 indicated very low risk and 10 indicated very high risk, 75 percent of the Mexican and 59 percent of the Canadian farmworkers who responded to this question rated "applying chemical products without protection" as high-risk ( $\geq 7$ ).

Respondents were also concerned about whether they were adequately protected when working in places or with produce that had been treated with chemicals. Clearly, few had been informed about the chemicals they were working with or their potential impact (if any) on human health. In in-depth interviews, Canadian and Mexican farmworkers reported suffering from side effects, including respiratory complaints, rashes, and headaches, that they felt were caused by chemical exposure. As one Canadian worker stated, "The pesticides that are used are a major risk. I have had coworkers whose arms would turn red from having to pick in rows that were heavily sprayed" (CFW03). One Mexican worker claimed that, on one occasion, a supervisor fumigated in an area where workers were taking a coffee break.

Respondents in both groups who worked with chemical products were asked to rate "working in a place where chemical products are applied." Eighty five respondents or 49 percent ( $n=175$ ) ranked this activity as high-risk ( $\geq 7$ ). Similarly, "working with plants that have had chemical products applied to them" received a high-risk ranking by 53 percent of those who responded to this question ( $n=93$ ).

Many farmworkers labour outdoors in all types of weather conditions, including extreme heat and cold, heavy rain, or intense sunlight. Their work often involves hard physical labour or working with machines that require them to use gloves or work boots to protect themselves. Although OHS Regulation does not require employers to provide their workers with clothing

needed for appropriate footwear, work gloves, or protection against the elements, making low-income immigrant and migrant farmworkers responsible for their own equipment may mean that they do not protect themselves adequately, if at all. When respondents were asked to rate a list of activities that farmworkers carried out at their workplaces in terms of the risk to their health and safety on the job on our 1-to-10 scale of risk, 38 percent of respondents rated “working without protection from the rain or sun” as high-risk ( $\geq 7$ ). This refers to 71 of 189 respondents who answered this question; with the Canadians having a higher mean response than the Mexicans. In interviews, Mexican migrants reported difficulties adjusting to the cold, wet weather so characteristic of the BC’s climate. Although Canadian workers may be more accustomed to wet weather, a higher percentage of them perceived working in excessive heat or cold as a higher risk (41 percent) than did the Mexicans (33 percent), whereas more of the Mexicans perceived it as a low risk (53 percent) than did the Canadians (26 percent). For the Canadians, then, working under extreme climatic conditions was much more of a health and safety concern than it was for the Mexicans.

Some employers recognized the barriers facing their low-waged workforce and provided PPE beyond that required by law. One employer of a Mexican workforce shared his rationale for doing so:

When [the Mexicans] come here and get to the airport, they have absolutely no idea what they’re going to be doing [or] in what industry. They show up in running shoes with a gym bag, that’s it. [. . .] When they come here, I supply them with a complete set of raingear. That’s probably 100 to 120 dollars a person for a good set of raingear, but that’s not solely for their benefit. I don’t want them getting sick either. I don’t know how other farms work, but that to us is what you should do—it’s part of the investment that you make (EMP01).

Another employer interviewed in this study split the cost of work boots with his workers. At most worksites, however, employers did not provide workers with any protective clothing. Sixty-six percent of our Canadian farmworker respondents claimed that they supplied their own gloves, while 68 percent supplied their own raingear.

Many of the workers we spoke to felt that the provision of all personal protective equipment should be the responsibility of the employer. As one worker claimed:

We use gloves, but we purchase them ourselves. The boss does not provide them. I think that the boss should provide these for the workers. When it rains we also have to provide our own raincoats. I think this should also be the boss’s responsibility (MFW08).

When Mexican respondents reported purchasing their own protective clothing and footwear, our research found that sometimes this occurred coercively. For example, some SAWP workers—many who had never travelled internationally before coming to Canada—were taken directly from the airport to a store where they were told they had to buy specific gear on loan and that the cost would be deducted from their first pay cheques. In other cases, workers went without appropriate clothing until they were able to pay for the gear they needed. On one farm, a manager reported that workers were routinely using plastic sacks used to hold agricultural products to protect themselves from the rain. Clearly, this is an area where employers should provide personal protective equipment as part of their operational costs, and stricter regulation should require it.

### ***Poor Housing***

**Finding: Some Mexican migrant farmworkers are living in accommodations that are unsafe, lack adequate appliances, and/or are poorly furnished. The state of some housing puts migrant farmworkers at risk of illness (e.g., due to poor sanitation, overcrowding, dilapidation) and injury (e.g., due to dilapidation or fire risk). The existence of undignified housing conditions in the province indicates regulatory deficiencies in the current housing approval system. Similarly, some employers are not meeting their contractual obligations to provide adequate cooking utensils and facilities so workers can prepare their own meals.**

According to the 2008 employment agreement for SAWP workers in British Columbia, employers are obliged to provide housing for their migrant workers or to ensure that housing is available for them in the surrounding community (Human Resources and Social Development Canada 2008).<sup>12</sup> All on-farm housing must meet with approval of either a designated government authority responsible for health and living in the province, a government-licensed private housing inspector, or a Mexican government agent. Unlike the operation of the SAWP in other provinces, employers are permitted to recoup accommodation costs from workers at a rate of seven percent of the worker's gross pay from the first day of full employment up to a total of CAD \$550 per year. Employers are also contractually obliged to provide reasonable and proper meals for their workers or to furnish cooking utensils, fuel, and facilities without cost so workers can prepare their own meals.

Employers are providing a range of different types of accommodations, including trailers, new and converted housing on farm property, motels, and apartments, to migrant workers. Our research found that this housing varied greatly, from clean, well-furnished trailers or houses to dilapidated, leaky farmhouses or insect-infected hotel rooms. On the one hand, our research team heard and/or observed instances of employers providing decent housing and amenities. To illustrate, one company in the Okanagan Valley provided workers with three-room trailers

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<sup>12</sup> Employers must cover all costs for transporting workers living off-farm to worksites.

that housed six workers (see FIGURE 1). Each trailer was equipped with a washing machine and kitchen facilities. Satellite television was provided in a large common dining room that was also furnished for evening socializing. The units were located close enough to the worksite that workers could return home for lunch, while the more distant ones had vans at the workers' disposal so they too could eat lunch in their accommodation.

**FIGURE 1. Farmworkers' Living Quarters at a Kelowna Farm**



Photo credit: *Kerry Preibisch*

On the other hand, the study also identified deplorable conditions, as depicted in FIGURE 2. One house supplied by a farm in the Fraser Valley, for example, did not have an indoor toilet. The Mexican men living in the house had to use a portable toilet located outside. The toilet was not emptied on a regular basis. When workers complained, their employer told them “to go in the bushes, like you are used to doing in Mexico.” The workers in this house also reported buying bottled water for cooking and drinking because they believed that their drinking water was contaminated. The variability in housing conditions documented by our study corroborates previous research findings in Ontario that the absence of enforcement has left the quality of farmworker housing wholly dependent on the goodwill of individual employers (Preibisch 2003).

Our survey measured workers' perceptions of the impact of their housing conditions on their health. When Mexican migrant workers were asked to agree or disagree with the “The state of my housing damages my health,” 37 percent agreed. The survey also asked workers to report on their housing facilities and services. TABLE 5 lists the percentage of workers reporting that their accommodation was equipped with each facility or service. Our research finds serious

shortcomings. In terms of water facilities, three percent of our sample reported that there was no drinking water in the dwelling, and four percent reported no running water inside the dwelling at all. Although only seven percent reported no functioning toilets inside the dwelling, it appears that, with 29 percent of our respondents reporting having to go outdoors to use the toilet, migrant housing arrangements on a number of BC farms lack adequate sanitation.

**FIGURE 2. Farmworkers’ Living Quarters at a Fraser Valley Farm**



Photo credit: *Gerardo Otero*

**TABLE 2. Reported Availability of Housing Facilities**

	<b>% Yes</b>	<b>% No</b>
Drinking water within the dwelling	97	3
Functioning toilets inside the dwelling	93	7
Portable toilets outside the dwelling	71	29
Running water inside the dwelling	96	4
Kitchen separated from the toilet	88	12
Stove separated from sleeping area	72	28
Sufficient refrigerator space for all occupants	79	21
Sufficient cooking elements for all occupants	75	25
Washing machine	81	19
Tumble dryer	75	25
Heating in cold weather	86	14
Windows with insect screens	75	25



A high proportion of workers, more than 21 percent, did not have adequate means to refrigerate their food, while 25 percent reported insufficient cooking elements. The lack of facilities such as adequate refrigeration or stoves exacerbates the risk of food-borne illnesses. The geographical location of farms, the limited mobility of migrants, and long hours that provide little free time mean that shopping trips occur only on a weekly basis at most operations. Migrants thus need ample refrigeration space to store highly perishable foods (e.g., meat, dairy) and enough cooking elements to properly cook their meals. One consultant interviewed for this research reported:

I've been in some of these lodgings [in the Okanagan], and I'm really not that impressed. I have seen excellent ones where growers have gone to the extreme with trying to provide excellent facilities. However, the vast majority [are] pickers' cabins that are not necessarily all that well put together. The kitchen is shared by several men, and at times the facility can house up to a dozen people, and perhaps there may only be two stoves to cook on and two fridges. When people come home from a day of hard labour, they want to be eating and cooking and getting showered. I believe there must be a gap in time between when people can actually do that in those facilities (GOV06).

Overcrowding and insufficient facilities were concerns frequently raised in interviews with farmworkers and advocates. One interviewee described problems with migrant worker housing as follows:

People are living 9, 10, 11 to a house with access to one bathroom, without even a stove but three or four electric hotplates for nine people. No washer, no dryer. And there are houses that I get the impression are not even adequate for human abode because I have not seen fire extinguishers. I don't think these houses are adequate enough for an insurance company to insure them (ADV01).

Similarly, another advocate claimed: "Sometimes there's not proper bedding, proper bathroom facilities for them. We've been hearing complaints that there were 14 or 16 in one big room where they actually have just mattresses on the floors and they all had one stove to cook [on]" (ADV04). In 2005, a leading Mexican newspaper reported that over 40 SAWP workers lived in a dilapidated two-storey house on one BC farm, with cement floors and four to five men crammed into each room. The rest slept in unheated trailers, and all shared two bathrooms, with a plumbing system on the verge of collapse, and two stoves, which forced most of the men to cook outside (Petrich 2005).

The housing guidelines provided to employers and on which inspections are based indicate that a laundering machine and “drying facilities” should be provided for every 15 occupants, or that employers should provide weekly access to a laundromat (Western Agriculture Labour Initiative 2005). The lack of specificity in these guidelines could leave the interpretation of “drying facilities” open to a drying rack rather than a tumble drier. As TABLE 5 indicates, 19 percent of workers did not have access to washing machines, and 25 percent did not have tumble dryers. The lack of washing machines is of significant concern considering the importance of laundering clothes immediately to mitigate pesticide exposure. Furthermore, given the wet weather conditions of British Columbia, the lack of tumble dryers may also discourage frequent laundering.

Perceptions that housing conditions needed improvement were not shared by the industry or by some of the civil servants charged with occupational health and safety. Further, individuals responsible for occupational health and safety education and enforcement did not see migrant worker housing as coming under their mandate. These perceptions fly in the face of multiple studies in the United States and internationally that link farmworker housing to health status (Hennebry 2008; Larson 2001; Sakala 1987).

### **LACK OF ADEQUATE HEALTH AND SAFETY TRAINING**

Our study found that a number of immigrant and migrant farmworkers do not receive adequate workplace health and safety training, if they receive any at all. This contributes to perceptions among farmworkers that they are at risk of suffering injuries or illnesses in their workplaces. In this subsection, we detail our findings related to training.

**Finding: A significant proportion of immigrant and migrant farmworkers do not receive adequate workplace health and safety training, one of the most important factors in mitigating occupational hazards and preventing injuries and illnesses. Although both farmers and FLCs are failing to provide this training, there is a stronger relationship between working for an FLC and not receiving training for being employed on a farm. Training makes people feel safer and less at risk, and workers who receive training have much lower perceptions of risk than those who do not.**

Our study reveals disturbing findings about training in occupational health and safety. First, our research found that farmworkers reported receiving little or no training in how to do their jobs safely. On average, 74 percent of our Mexican respondents and 70 percent of our Canadian respondents reported receiving no workplace health and safety information at all. Overall, when our respondents were asked if they had received adequate training about dangers in the

workplace when they started their jobs, only 28 percent reported in the affirmative, while 72 percent reported that they had not.

Concerns regarding lack of training were frequently expressed in our interviews with both Mexican and Canadian farmworkers. As one Canadian worker said: “I feel that more training was needed about the correct and incorrect methods of picking up the boxes. For some reason, I would almost always have a sore back when work was over” (CFW08). In the preliminary, in-depth interview phase of our study, none of our Canadian farmworker respondents reported receiving health and safety training at any time during their entire careers as farmworkers at any of the multiple worksites where they had been employed. As one woman who began working as a farmworker in Canada at age nine claimed:

Throughout my agricultural career, I have not received much training from my different bosses. In agriculture you learn from your coworkers and through experience. Your boss or supervisor does not have the time to train you properly and does not want to give the money to have someone else train you (CFW08).

Another Canadian farmworker’s response underlined that knowledge about health and safety was often communicated between workers and/or through experience: “Most of the workers, where I work wear safety shoes, not because they were told by the contractor but because they have hurt themselves before or know of others who have hurt themselves” (CFW07).

Second, our research found a strong relationship between working for an FLC and not receiving training. Among Canadian workers, 91 percent (n=21) of those who worked for a FLC did not receive health and safety training, whereas only 58 percent (n=35) of those who worked directly for a farmer did not receive health and safety training.

Third, our study found that, overall, workers were concerned about the lack of training on how to do their jobs and how to work safely. When asked to rate a list of job activities in terms of perceived risk to their health and safety using a 1-to-10 scale from “very low risk” to “very high risk,” 24 percent of our those who responded to this question ranked “working without having received adequate training on how to do my job” as a high risk ( $\geq 7$ ). “Working without knowing the dangers in the workplace” was ranked as high-risk ( $\geq 7$ ) by 39 percent of respondents.

Fourth, our research indicates that training makes people feel safer and less at risk. We found moderate to strong associations between having received training and a series of measures of risk perception among workers. That is to say, those who did receive training had much lower perceptions of risk than those who did not have training.

Moreover, among our Canadian respondents there was a very strong relationship between reports of work-related injury and not having received training. That is, Canadian farmworkers who reported a workplace injury were less likely to agree that they had received adequate training. Among Mexican workers, 11 out of 15 (73 percent) of respondents who had sustained a workplace injury had not received any health and safety training. Clearly, then, perceptions of high risk and actual injuries are highly correlated.

At the same time, however, even when workers did receive some training, our research did not find a significant association between such training and a decreased likelihood of workers having been injured in the workplace. In other words, workers were just as likely to get injured whether they received training or not. This could indicate that the training that workers are receiving is insufficient or inadequate, or that at least it is not helping to reduce the risk of workplace injuries. The questionable quality of occupational health and safety training was raised in interviews, and some Mexican migrants reported receiving more information about how to behave socially or how to handle produce in a food-safe manner than they did on how to work safely. As one Mexican migrant related:

When we arrived, a man came to pick us up at the airport, and it was him who told us the rules of what we can and can't do. For example, in the workplace you cannot chew bubble gum because it can fall into the product. We should also try and get along, and if there is a problem we should call the [Mexican] Consulate to resolve our problems. I don't know if my coworkers have received information on how to act safely around the machines or what equipment they recommend we use, but I was not told any of this (MFW09).

Conversely, the finding that training did not affect the likelihood of injury could also indicate that a trained person who returns to a hazard-filled environment is still exposed to the potential for injury.

Training in workplace health and safety is essential for all workers, but it may be even more important for immigrant and migrant workers whose prior work experience in their countries of origin probably took place under very different conditions and in very different regulatory environments. Although many Punjabi-speaking immigrants and most Mexican migrants have previous work experience in agricultural systems in India or Mexico, it cannot be assumed that this will protect them in their Canadian jobs. Most Mexican participants in the SAWP, for example, are small-scale farmers with little or no experience operating the agricultural machinery used in Canada. As one interviewee related:

The material that they work with here is different. When we plant there [in Mexico], it is just with an animal and on horseback. With a plough, we prepare

the earth. Here we do it all with a machine. How you cultivate the plant is different, and the tools with which you move the soil are different. The climate is also different (MFW01).

Given that there are likely more rural and indigenous Mexican migrants participating in the SAWP in British Columbia than in other provinces, it may also follow that a smaller number of temporary visa farmworkers have prior labour market experience compared to those in Ontario or Quebec and thus may be less aware of occupational health and safety risks as well as less educated in how to work safely.

Our research confirms the need for and recommends more emphasis on educating farmworkers about occupational health and safety issues. Both farmworker advocates and health and safety professionals perceived that farmworkers are often unaware of potential risks in the workplace and how to prevent them. Employers interviewed for this research cited a lack of awareness about farm safety among some of their workers and mentioned observing workers removing protective clothing in hot temperatures or not wearing appropriate footwear to work. Also, managers at two tree farms said that in the first year they began using Mexican workers they noticed a spike in injuries, due largely to incorrect lifting.

## **LANGUAGE BARRIERS**

**Finding: Both Canadian and migrant farmworkers face language barriers in the workplace that cause them to misunderstand instructions and leave them unable to read health and safety information, which is rarely available in their language. Employers often rely on contractors, supervisors, or coworkers to act as translators, but workers' assessments of these interpreters are not always positive. Workers whose self-assessed English proficiency is poor or very poor are more likely to have sustained a work-related injury.**

In this final subsection, we outline our findings regarding language barriers in the workplace: how these barriers were experienced, how farmworkers perceive them as impacting safety on the job, and how they impact work-related injuries.

Our research found that both Canadian and migrant workers felt that language barriers in the workplace compromised their health and safety. Interviews with Mexican migrant workers, for example, revealed a great deal of concern regarding risks related to language. As one Mexican worker stated: "The machines have little signs on them that tell you where to touch and where not to, but they are in English. I understand a little, but we are lacking a training course and signs that are in Spanish" (MFW08). Our survey asked respondents to rank the risks posed by language barriers in the job where they worked most in the season using a scale from 1 to 10 (from "very low risk" to "very high risk"). In response to the statement "Working without

knowing the language of the supervisors or employer,” Mexican migrant workers reported a median risk assessment of 6, while Canadian workers reported a median risk assessment of 2. Clearly, language barriers were of greater concern to Spanish-speaking migrant workers. In another section of the survey, when asked to register their agreement with the phrase “I think that not knowing the language of my supervisor increased my risks,” 82 percent of Mexican respondents and 49 percent of Canadian respondents agreed.

Employers appear to rely heavily on farm labour contractors, supervisors, or even members of the local community, to translate. Several employers claimed that they often asked other Mexican workers who spoke some English to act as translators. To illustrate, one employer said, “If the Mexican guys don’t speak a lick of English, then you know it can get to a point where there’s health and safety issues. We’re really lucky. We usually have one, maybe two guys, whose English is passable” (EMP02). Relying on these actors, however, is not without problems. First, growers have no guarantee that their instructions are being translated properly or even passed on. Second, the translators—who are often labour contractors, supervisors, or coworkers with command of the English language—are often in positions of authority, so workers may be reluctant to express their concerns through these individuals. When one worker was asked what could make his workplace safer, he responded: “I think we need a supervisor who can translate well and who pays attention to us. If he doesn’t pay attention to us, there is no use having one” (MFW02). In interviews, Mexican workers indicated that they distrusted their supervisors and translators, and perceived them to be acting solely in the employers’ interest.

The study also found that although the Farm and Ranching Safety and Health Association (FARSHA) has produced some written materials pertaining to workplace health and safety have been produced in Punjabi and Spanish, not all employers have access to them. One berry grower in Chilliwack expressed the following:

We were fortunate enough this year to get Spanish-language pamphlets from the Blueberry Council that say, “Wash your hands” or “Don’t do this, don’t do that” in Spanish. We don’t have access to things like that here. I don’t have access to Punjabi signs. I should, but I don’t. We’re fortunate that one of the chemical supply companies has some East Indian salesmen, and they bring me the signs. So I have Punjabi language signs, which help (EMP02).

As this interviewee indicates, some employers reported accessing multilingual resources through their growers’ associations and even salespeople rather than FARSHA—the organization charged with this responsibility.

Because many Canadian workers are employed by FLCs who speak Punjabi, language barriers may be reduced for this group. Another mitigating factor regarding language barriers for Canadian workers is that some growers are Punjabi-speaking Indo-Canadians. Immigrant farmworkers with limited English language skills, however, are also employed on farms where Punjabi is not spoken and where safety signs are posted only in English.

Our study found strong evidence that Canadian workers whose self-assessed English proficiency is poor or very poor are more likely to have sustained a work-related injury. Seventy-five percent (n=25) of Canadian workers who reported work-related injuries rated their English proficiency as poor or very poor. This indicates that as communications skills in English decrease, the number of work-related injuries increase and vice-versa. Although the survey did not find statistically significant results for the Mexican cohort, it is worth noting that 82 percent (n=9) of the Mexican workers who reported a work-related injury also said they spoke poor or very poor English.

#### **SUMMARY: FACTORS THAT INCREASE VULNERABILITY TO HEALTH RISKS**

In sum, failures in employer compliance as well as lax labour regulation and enforcement in agriculture have increased farmworkers' vulnerability. Workers must labour long and intensive hours because prevailing payment systems—whether income is received in the form of minimum wages or on a piece-rate basis—do not allow for living wages. This factor, in conjunction with the fact that both Mexican and Canadian workers are dependent on a single employer for their jobs, introduces a series of pressures that increase risks to health and safety because workers are reluctant to threaten their relations with employers. Overall, Mexican workers are working longer hours than their Canadian counterparts. Our finding that 38 percent of those who suffered a work-related injury did not get paid breaks highlights the extreme need for stronger regulation of agricultural work. Furthermore, inadequate infrastructure is not limited to worksites, including faulty equipment, but extends to transportation equipment and, in the case of Mexican workers, to living quarters, where a staggering 21 percent lack access to sufficient refrigerator space, 25 percent do not have enough stove burners, and 28 percent have sleeping quarters that are not separated from stoves. In addition, some vehicles used to transport workers continue to operate with insufficient seatbelts for all occupants, a situation that affects mostly Canadian workers linked to the farm labour contractor system. Insufficient or inadequate training—or no training at all—in health and safety precautions is a prevailing circumstance that cuts across all workers interviewed, but it is particularly dire for Canadians working under the FLC system. Language barriers also increase vulnerability and health risks in that workers who sustained an injury were more likely to self-assess their English proficiency as poor or very poor.

## **BARRIERS TO HEALTH CARE**

This section of the report explores our research findings which indicate that farmworkers in British Columbia confront a number of barriers to both accessing health care and receiving quality care. As we discuss in detail below, our research suggests that migrant farmworkers work while sick and injured and fail to report their health concerns because they fear losing paid hours, risking premature repatriation, receiving a poor end-of-season evaluation, or because it could lead to their employer failing to request them for the following year. Similarly, some Canadian workers also perceived that falling ill or injured could result in losing paid work or falling out of favour with their employer or FLC. Furthermore, when farmworkers do report health concerns to their employers or supervisors and make requests for medical care, these are not always heeded.

As a result of their non-citizenship status, migrant farmworkers face unique barriers to accessing health services. First, as temporary visa workers, most of them live on or near their employers' properties, which are generally located in rural or remote areas. Geographical isolation and a poor rural transportation network hamper their access to local clinics or hospitals and deepen their dependence on their employer. Second, migrant farmworkers' long shifts are often in conflict with the operating hours of most health services. Third, international migrant workers are not eligible for coverage under the province's healthcare system until they have resided here for three months. Fourth, although migrant workers are covered by private insurance, healthcare providers do not always recognize this insurance, and coverage is limited. Compounding this situation is the fact that migrant farmworkers confront economic barriers in that providers require them to pay fees before receiving treatment. Of the 100 migrant workers surveyed, only eight working in a large farm in Kelowna had access to the provincial Medical Services Plan (MSP). Finally, a lack of information about health insurance further compounds migrants' access to medical consultation and treatment.

Our study also raised questions about the quality of care that immigrant and migrant workers were receiving. Language barriers are a problem for both Punjabi- and Spanish-speaking farmworkers because few healthcare services have qualified translators. Also, migrant workers generally access the healthcare system in rural locations, which raised questions as to whether walk-in clinics have the resources to properly diagnose farmwork-related illnesses and injuries. Farmworkers' limited awareness of their rights, coupled with language barriers, a lack of training among medical professionals, and the farmworkers' own apprehensions about reporting health concerns as work-related all contribute to the underreporting of



workplace injuries and illnesses as well as farmworkers' access to compensation and the risk of acute and chronic health complaints.

## **REPORTING ILLNESSES AND INJURIES**

**Finding: Immigrant and migrant workers work when ill or injured and/or avoid reporting illnesses and injuries because they fear losing hours or jeopardizing future opportunities for work. Furthermore, the larger the size of the farm, the less likely workers were to feel that they could communicate health-related problems to bosses or supervisors.**

Our research found that farmworkers reported working while ill or injured because they did not want to lose income. When our Mexican survey respondents were asked to agree or disagree with the statement "On my farm there are coworkers who work when they are ill because they don't want to lose paid hours," 62 percent responded in the affirmative. In interviews, Mexican migrant farmworkers spoke in depth about their fears of reporting health concerns. One Mexican migrant worker claimed: "We tolerate the pain and don't say anything" (MFW11). Another stated: "There are people who have injured themselves horribly, and even so they keep working" (MFW12).

Some reasons for doing so were economic in nature. Most immediately, Mexican migrants wanted to avoid losing hours for which they did not believe they would be compensated. One interviewee related: "The other day I was ill, and, even so, I reported for work. I put up with the pain. I didn't want to lose hours, so I told them that with the tablets I was fine" (MFW10). Another respondent reported:

The doctor told me to rest three days. [. . .] Saturday and Sunday went by, and Sunday afternoon I said to my supervisor, "Am I going to be paid for the [sick] days?" He said, "Let me talk to [the employer]." Later that afternoon, he came and said no. I said, "Well then, I definitely better go to work tomorrow!" I lost two days, and to lose three without working is not in my interest. So I went to work on Monday (MFW16).

Of greater concern than losing hours was a generalized perception among Mexican workers that both their current job and their long-term placement in the SAWP would be jeopardized if they reported illnesses, injuries, or problems in their working or living conditions. When respondents were asked to agree or disagree with the statement, "On my farm there are coworkers who work when they are ill because they are afraid to tell the boss," 48 percent (n=43) of Mexican workers responded in the affirmative. Mexican workers' concerns ranged from receiving a negative end-of-season evaluation from the employer, to not being selected the following year by their employers, to premature repatriation:

To be honest, you don't want to stop working. Sometimes you are a little stupid—pardon the expression—because you don't want to stop working. It's because you think, "Maybe they won't ask for me [next year] if they see me complain about this and because I'm hurt. And if I go to the doctor, I'm not working and will earn less money" (MFW13).

As this excerpt illustrates, some workers feared that reporting their health concerns would jeopardize their employment. Some workers who said they reported an initial health complaint to their employers told researchers they were afraid to tell them when the problem persisted. One migrant who suffered from back pain explained: "I am still in pain, but I have decided not to say anything because I am ashamed. I am afraid the boss will send me back to Mexico if I tell him I am unwell. I work well, but it hurts a little" (MFW10). This interview passage illustrates the perception among a number of both Mexican workers and farmworker advocates identified in our research that sick or injured workers are repatriated. As one advocate stated: "The first reaction of the employer is, 'If you don't get better in two weeks, we'll see,' and this 'We'll see' means that they're already preparing their flight to Mexico" (ADV05). The premature, and at times involuntary, repatriation of sick or injured workers has been widely documented in Ontario (Basok 2002; Hennebry 2006; McLaughlin 2007; Preibisch 2004; United Food and Commercial Workers Canada 2005).

Similarly, our research found that Canadian workers as well feared that reporting illnesses or injuries will result in their losing paid work. When our Canadian survey respondents were asked to agree or disagree with the statement, "On my farm there are coworkers who work when they are ill because they don't want to lose paid hours," 79 percent responded in the affirmative. One advocate who described the economic need she witnessed among new immigrant farmworkers reported: "If it wasn't for their loss of income, they would probably definitely sit down and get a treatment or first aid or whatever, but right away they know, 'As soon as I get injured I'm off, whether it's a day or two,' and it's a loss of income" (ADV04). Immigrant farmworkers also perceived that missing work for illness could jeopardize their jobs. When respondents were asked to agree or disagree with the statement, "On my farm there are coworkers who work when they are ill because they are afraid to tell the boss," 44 percent of Canadian workers responded in the affirmative.

## REQUESTS FOR MEDICAL HELP DENIED BY EMPLOYERS OR SUPERVISORS

**Finding: When farmworkers did report health concerns to their employers or supervisors, these requests were at times met with indifference, delays, or even complete inaction. Some respondents perceived that it would take an emergency to get an employer to act. Thus, for some farmworkers, the most significant barrier to accessing health care and medical treatment is their employer.**

Both Mexican migrants and farmworker advocates recounted a number of cases in which employers or supervisors denied medical care to their migrant employees. On one farm, a Mexican man became very ill and asked to be taken to the doctor, only to have his employer dismiss his request. It was not until the man fainted at work four days later and was taken to the hospital by ambulance that he received medical care. The diagnosis was pneumonia, and he was hospitalized. Other concerns mentioned in interviews with Mexican workers included the following:

The delay it takes—it's as if they don't believe us immediately. One of my *compañeros* has been waiting a month, and they told him that they're going to come visit him today to see if they take him to the doctor. They'll probably send him [back] to Mexico (MFW07).

I have seen that when someone says that something hurts, they don't take them [to the doctor] the following day. One guy had something fall into his eye, and they never took him. They just gave him some drops (MFW16).

Apparently we have medical insurance and are paying for it, [but] the boss doesn't take us to the doctor and has not explained how the insurance works. There are *compañeros* who have wanted to go to the doctor, but the boss just brings tablets. The boss did take some [workers who] developed a fungus to the doctor, but since it was a private doctor the workers had to pay (MFW10).

An employer's failure to respond to workers' requests for medical assistance is a violation of BC Occupational Health and Safety regulations that require employers to provide the supplies and services appropriate for promptly rendering first aid to workers if they suffer an injury at work, and to transport injured workers to medical treatment (WorkSafeBC 2009a). In addition, the current SAWP agreement between the province and Mexico requires that employers report all injuries sustained by migrant SAWP workers that require medical attention to the Mexican Consulate in Vancouver.

Researchers also heard cases in which supervisors or translators denied help to Mexican migrants seeking medical care. One worker recounted:

I told the translator that I wanted to go to the doctor, but she told me that I should go to the supermarket to buy some drops to clean my eyes, and if it didn't go away in two weeks to give her another call. I didn't want to buy these drops in case they damaged my eyes, so I waited two weeks and told her it hadn't gone away. She sent me with an [English-speaking] supervisor, [but] she didn't converse with him. More or less he and I understood one another, and that's how I went to the doctor. There are a lot of people who want to go to the doctor but just put up with it because it is too tedious to deal with (MFW02).

Among the cases of supervisors failing to respond to workers' medical concerns, the researchers heard of one supervisor who did not take a worker who had developed a hernia to the doctor but rather instructed him in how to move in ways that she thought would not cause him pain. It is also likely that, in some cases, employers may not even be aware that an incident has occurred or that a worker has fallen ill because supervisors do not pass on the information.

Canadian farmworkers also claimed that FLCs denied requests for medical care. As one Canadian worker related:

If we have an accident at work, we will be left to take care of ourselves. Another problem with the contractor is that they do not pay attention to anyone who gets hurt. They will never offer to take someone to the hospital if they get injured or are feeling ill. They may offer the person a ride home, but more often they will tell you to wait in the lunchroom until the day is over. If you then decide to take the next day or two off, that will be fine. However, if you try to take off a longer amount of time, they will get angry (CFW05).

This excerpt illustrates the perception among some farmworkers that their employer does not care about their well-being. Our survey addressed this concern by asking respondents to express their level of agreement or disagreement with the statement, "My boss does what is necessary to guarantee the health and safety of his workers," to which 42 percent of Mexican migrant farmworkers responded negatively. Similarly, when Canadian farmworkers were asked to indicate their level of agreement with the statement, "The owner of the farm cared about the health and safety of his workers," 29 percent responded negatively.

When the migrant worker described above collapsed after four days of illness, his coworkers were deeply troubled by their employer's inaction. Mexican workers at other farms echoed this

worker's feeling that "In case of an illness, they don't pay attention to you quickly, so people despair" (MFW16). Others further related:

There are times when we feel unwell, but they don't take us to the doctor. My friend has been sick now for a week. They took him to the doctor, and they told him he was well, but he says that his feet are swelling and his spine hurts. He's thinking of returning to Mexico. This is what I don't like—it seems that if there were an emergency at night, they would make you wait until the morning. Here, the most important thing is work and the farm. They really don't look after us (MFW07).

Last year there was a *compañero* who had a lot of pain in his joints, and he reported it to the boss, but they never took him to the doctor. I think the boss is only interested in money, and they really don't care about our welfare. They only pay attention when the work turns out poorly and they have to scold us. They yell at us in English, and obviously we don't understand, but we can tell they are not speaking nicely because of the expression on their faces. It makes me think that they see us differently, only as machines of production (MFW08).

The employer won't take you to the doctor. You have to get there by your own means. Not all of them are like that, but the majority are [. . .]. There is no help for us if you catch a disease here [in Canada]. No, that is your problem. With the simple act that the employer doesn't ask for you back, he relinquishes all responsibility for your health and your person. Thus, there is no safety guarantee for your person. You have to care of yourself. If you don't do it, no one will (MFW14).

As these quotes illustrate, employers' failures to respond to farmworkers' requests for medical care generate feelings of despair, hopelessness, and having been discriminated against—all of which have been identified by researchers internationally as stressors for higher rates of mental distress and psychiatric difficulties among migrants (Arcury and Quandt 2007; Bolaria, Basran, and Hay 1988; Holmes 2006; Hovey and Magaña 2002; Lee 2008; Magaña and Hovey 2003).

Our study also found an inverse relationship between size of farm and willingness to report injuries or illnesses: the more workers there were on a farm, the more likely they were to agree that workers were afraid to tell their employers that they were sick. Conversely, the smaller the number of workers, the more likely they were to feel comfortable telling the boss that they were sick. This result likely indicates that workers on smaller farms may have a closer relationship with their employers and may feel more comfortable reporting illnesses or injuries. On larger farms, the lack of contact between workers and their employers may create social

distance that increases workers' fears of speaking to their employers. Similar trends were seen in both farmworker groups, with the Mexican population showing a slightly greater tendency to be afraid to tell their boss about illnesses or injuries, regardless of the size of the farm. In fact, size of farm seems to be a determining factor of likelihood of reporting an injury for both groups of workers. Our research found a greater likelihood of "working sick" at larger farms for fear of losing wages. Conversely, the smaller the numbers of workers on a farm, the less likely workers were to work sick for fear of losing wages.

When it came to reporting a work-related injury, however, an extremely strong relationship appeared: as the number of workers on a farm increased, the likelihood of reporting an injury as work-related also went up. This may indicate that more formalized working environments on larger farms are more conducive to reporting an injury.

### **RURAL LOCATION AND LACK OF INFORMATION ABOUT LOCAL HEALTHCARE PROVIDERS**

**Finding: The potential risks of failures by employers to respond to worker requests for medical attention are heightened for migrant farmworkers, who face serious constraints on their mobility. Mexican migrants often live on their employers' property in rural or remote locations without transport that they can freely access, and with little knowledge of where medical care facilities are located and/or how to access them. Some individual employers have tried to ameliorate this by providing workers with their own transportation and/or by providing them with information about where healthcare facilities are located.**

Most migrant farmworkers are housed on or near farm properties located in rural areas with weak or nonexistent transportation links. This increases workers' dependence on their employers for access to health care. As one worker related: "In the place I was before, we were assigned a truck for our use. If anyone felt sick at night, we had the freedom of taking them directly [to medical care]. But here we don't. Here we have to go to the farmer and explain everything" (MFW07). This reliance on their employers may discourage migrant farmworkers from seeking health care altogether, particularly given the fears identified earlier that informing their employers of illnesses or accidents could jeopardize their current and future employment opportunities.

While some farmworkers reported lacking independent means to access healthcare, in other cases employers had made vehicles available to workers who had drivers' licenses. One employer provided her Mexican employees with a telephone number for a doctor they could see if needed. One farm in Kelowna included a trip to the local hospital and walk-in clinic as part of its orientation for Mexican workers. This same farm assigned a van to each crew of eight workers for their transportation needs, from grocery-shopping and going to their specific worksites to healthcare-related trips. This was the same farm where all the workers were

enrolled in the provincial medical service plan. Unfortunately, such “best practices” examples seem to be more the exception than the rule.

## **COSTS OF MEDICAL TREATMENT**

**Finding: The cost of medical treatment is a major barrier impeding migrant farmworkers’ access to medical care. In large part, this is owing to the fact that migrant farmworkers are not eligible for coverage under the provincial Medical Services Plan (MSP) until they have resided in British Columbia for three months. Although workers have private health insurance, it is limited in scope and is not universally recognized by health care providers. Consequently, migrant farmworkers are often obliged to pay for healthcare services up-front, costs that some are unwilling or unable to bear. The fact that migrant farmworkers must pay for their health treatment means that workers are more likely to receive medical care from lower-cost providers, such as walk-in clinics, that are less likely to have the diagnostic equipment to detect agriculture-related injuries or illnesses. In addition, it further fosters paternalistic labour relations between migrant workers and their employers because the latter are likely to have to finance health-related costs incurred by their workers.**

Our research found that the cost of medical treatment and shortcomings with insurance coverage are serious impediments to migrant farmworkers receiving health care. In contrast to Ontario, where migrant SAWP farmworkers receive public health insurance upon arrival, BC migrants are not eligible for the provincial Medical Services Plan (MSP) during their first three months of residence. Although they do hold private insurance provided by Royal Bank of Canada (RBC) Insurance, this is restricted to “non-occupational accident, sickness, hospitalization and death benefits”(HRSDC 2008:3).<sup>13</sup>

Our research found a number of problems related to migrant farmworkers’ health insurance. To begin, migrant farmworkers had a poor understanding of their health insurance. For example, many believed that their Social Insurance Number cards were their medical insurance. Language barriers only compound workers’ lack of understanding. When our Mexican respondents were asked to rate their understanding of how their medical insurance functioned, 74 percent claimed poor or very poor understanding. Similarly, employers voiced confusion and, at times, frustration with the insurance mechanisms covering their migrant employees. A number of employers argued the province’s MSP should be extended to SAWP workers upon arrival:

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<sup>13</sup> Employers must pay the total amount of insurance premium calculated for each worker’s stay period in Canada, a cost they can recover by deducting \$1.00 per day from the worker’s wages (HRSDC 2008).

[If] they have the [MSP] card, there's no questions asked. You go to the clinic or the ER, and here's the card. [Healthcare providers] are more familiar with it too, because we've had some of the workers at the clinic [and they] say, "Are you a Mexican worker? Now what do we do?" (EMP07)

As this last quote suggests, a second finding with regards to health insurance for migrants is that healthcare providers in British Columbia also appear to lack understanding regarding migrant worker health coverage, with some not recognizing the private insurance from RBC as legitimate coverage. To illustrate, one advocate explained the situation as follows:

You go to the walk-in clinics and they accept [RBC insurance] there, but you go to the general hospital or a community clinic and they don't. It is a mess—the same thing happens when trying to purchase medicines in the pharmacies. [The Mexican migrants] are limited greatly and even worse, they also don't know what the insurance covers. They cannot defend themselves or say that they are covered (ADV05).

As we explain below, problems regarding coverage has meant that healthcare providers have required farmworkers to pay for services before being treated. In 2007, for example, the Chilliwack General Hospital was requiring a \$400 deposit from migrant farmworkers before it would provide them with basic emergency treatment.<sup>14</sup>

A third finding with regard to health insurance is that RBC insurance does not cover all types of treatment. Of great concern is the perception among some workers that they are covered for all their medical needs, when in truth their coverage is limited—as advocates have discovered in cases where migrants have suffered serious injuries. Although RBC does not make the details of the coverage public, one advocate described it as "travel insurance, a death benefit, and some dental" (ADV03), while an employer referred to it as "bare-bones protection" (EMP04).

Further, problems with health insurance for Mexican migrant farmworkers in British Columbia has meant that their access to medical care often requires someone—usually an employer or supervisor—to mediate on their behalf, as one supervisor recalled:

The [hospital] phoned me [. . .] in a hot panic because [a migrant farmworker] needed to have a heart test done, and they wanted \$700 or something ridiculous like that before they'd even look at him. [. . .] So I ended up coming back [to the farm] and getting a hold of the RBC office in Mississauga and then walking

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<sup>14</sup> Apparently, these up-front payments were waived after a long-time Chilliwack resident spoke to the director of the hospital, but it is unlikely that Mexican workers would have had the language skills or political influence to achieve this change on their own.



through the motions with them, faxing papers back and forth to have them reimburse me what I've already paid out. Which is not the point: [Mexican migrant farmworkers] can't just walk in and get whatever they need (EMP02).

This is further reflected in the following interview with another employer:

There was one guy I brought back and forth about seven times. At one point he went himself, and they wouldn't accept him at the [hospital] because he had [no health card or insurance]. We actually phoned the hospital and they got in a bit of trouble because they should have accepted him regardless (EMP03).

In particular, employers, advocates, or friends of migrant farmworkers have had to pay the fees demanded by medical services. Problems of access increase workers' reliance on others, usually their employers. One advocate claimed:

This creates dependency for the workers. They don't know how to go on their own to a hospital or they don't dare. For obvious reasons—they don't have the information, because of fear, and because when you are sick you become more vulnerable. [. . .] If they go to the hospital and need tests, [the staff] will tell them "no" because that implies costs, and because the hospital will phone the insurance and realize that it won't pay (ADV05).

A number of employers interviewed were willing to pay for such expenses or to give their workers a loan. This was not the case for all farms, though. Workers at one farm were told by their employer that he would not pay for any of their medical treatment. Outright refusals and the need to get loans may discourage workers from accessing treatment altogether.

Migrant farmworkers may be reluctant to pay for medical treatment if they perceive problems in getting reimbursed through insurance. For "non-occupational" health-related issues, migrants have to claim under the RBC insurance and wait six weeks to be reimbursed. This is a particular deterrent for workers accessing medical treatment toward the end of their contracts because they do not trust that they will receive their reimbursement in Mexico or that a Canadian cheque will be recognized at their local financial institution. For occupational health issues, the standard contract for all Mexican SAWP workers in British Columbia suggests that these are to be covered by making a compensation claim through WorkSafeBC (HRSDC 2009).

Even though workers are eligible for MSP after three months, the premiums and the bureaucratic application process appear to be further impediments. When we began our research in 2007, it appeared that few employers were registering their migrant employees for MSP despite their obligation to do so (Western Agriculture Labour Initiative 2009). One advocate claimed: "In theory, workers are eligible for provincial medical service after three

months of residence, but in practice there is no employer or anyone at the [Mexican] Consulate who is filling in the forms to include workers in MSP. No one is doing it" (ADV05). Another advocate claimed that his organization had been run off farms when trying to assist workers with their MSP applications, which he noted were cumbersome:

Each individual worker shouldn't have to go through the application process and put in those forms. It's very difficult for them. [. . .] There are systems in place that the BC Government could look at, and I would recommend the Ontario example as a procedural one that would certainly assist [migrant] workers. Right now these workers are paying cash at the clinics and it's a nightmare for them (ADV03).

Throughout the course of our fieldwork, from late 2007 to mid-2009, we located only two farms in the Lower Mainland and one in Kelowna in which employers had applied for MSP on their workers' behalf—a finding confirmed by personnel at the Abbotsford Agriculture Workers Alliance Centre who are in contact with at least half of all BC SAWP workers.

The Medical Services Plan (MSP) may also pose barriers to migrant farmworker access to medical care due to the cost. As one employer related: "Who is going to pay for it? RBC [Insurance], at \$17 per month, is a far cry from MSP premiums [at \$54 per month]" (EMP04). Again, Ontario stands in sharp contrast to British Columbia in this regard because SAWP workers there do not contribute to healthcare premiums, which are waived for all low-income groups.

## **QUALITY OF MEDICAL TREATMENT**

**Finding: Migrant farmworkers who access BC's healthcare system do not always receive quality care. A number of factors hinder their ability to receive appropriate and adequate treatment. The lack or insufficiency of Spanish-speaking medical staff means that many migrants struggle to communicate their health concerns. Also, given that migrants often must rely on their employers to mediate their access to health care, they often have little say as to where they are treated. Mexican migrants reported high dissatisfaction with the quality of care they received. Although in some cases this may be due to cultural differences, in other cases it appeared that workers received inadequate treatment.**

Language differences impede Spanish-speaking migrant farmworkers from receiving quality medical care in British Columbia. Migrant farmworkers have trouble making themselves understood in BC hospitals, which may have few or no Spanish-speaking medical staff. One worker, expressing frustration at his inability to explain an injury he sustained at work, said: "Unfortunately for me, one thing that I lack is that I don't understand English very much or at

all. In that moment, I should have said to the doctor, ‘You know what? I feel poorly. Send me for an X-ray, and if the employer won’t pay for it, I will, but I want to be healthy’” (MFW16). In other cases, workers reported having to depend on unqualified or reluctant translators chosen by their employers, including paid or volunteer local residents, Spanish-speaking Canadian coworkers, or the migrant employee with the most advanced English skills. One worker recalled his experience with a translator whom his employer had paid to liaise with the Mexican migrants: “The first time I went to the doctor she had another commitment and she was going to just drop me off there. It so happened that there [were] not a lot of people in the doctor’s office and we went in quickly, but because she was in a rush she didn’t translate well” (MFW02).

The inability of migrant workers to make themselves understood puts their health at risk and also jeopardizes their chances of receiving compensation for work-related injuries or illnesses. The worker cited above who wanted an X-ray claimed that he could not communicate to the doctor that he wanted diagnostic tests to determine the source of his pain. After a few minutes of discussion between the doctor and his employer, he left the office with only a prescription for a medicine that was never explained to him. Similar scenarios were described by farmworker advocates who reported that migrants’ trips to the doctor were often friendly conversations between the medical personnel and the employer or supervisor, with little or no input from the injured or ill patient, much less a full examination.

In sum, it appears from these findings that, at best, medical personnel do not understand the power relationships between migrant workers and their employers. At worst, these findings suggest they are complicit in maintaining a relationship of power in ways that may put the health status of temporary visa workers at risk. The ability or willingness of medical professionals to appropriately diagnose agriculture-related illnesses and injuries was called into question by our research, which found some doctors failing to examine workers’ conditions in depth or to take their conditions seriously. One worker claimed that the doctor told him he would be fine and instructed him to “wait until I get back to Mexico so someone can check me there” (MFW02).

Farmworker advocates were highly critical of the treatment migrants were receiving and alleged that employers were using walk-in clinics as quicker and cheaper alternatives to taking their workers to the hospital. Advocates and workers alike claimed that painkillers were often prescribed for serious conditions, as in this instance:

One worker that they took to the walk-in clinic and was given a Tylenol couldn’t breathe during the night. So he called a friend, the owner of a Mexican restaurant, and the man took him to emergency and he had a broken rib. It’s possible that the doctor didn’t notice it, but it’s also because in a walk-in clinic

they don't do a full examination. I think that it is often the case that they don't want to lose a lot of time taking them to the hospital, so it's the minimal [treatment] at the employer's convenience" (ADV05).

Along with barriers to access, workers' negative perceptions regarding the quality of care they receive in Canada leads some farmworkers to treat themselves with Mexican medicine brought from home, including self-injected antibiotics and painkillers. In other cases, migrants tolerate their illnesses and injuries until they return home, or they leave prematurely to seek medical care and treatment there. For example, one employer described one of his Mexican employees' dissatisfaction with his medical treatment:

Here [in British Columbia] the doctors just do a little thermometer thing and "Here's some Advil and you're fine." One guy I brought back maybe seven or eight times for the same problem, [and] every time the doctor said, "I can't find anything." Eventually his contract was up, but he went home a week or so early because he wanted to see his doctor at home (EMP03).

However, Mexican workers who return home prematurely risk breaking their contract, which may jeopardize their chances of working in Canada the following season. Our research also indicates that workers may not be receiving the full extent of care they are entitled to because their employers, and/or officials in the Mexican Consulate, pressure workers to return home when they are ill or injured to avoid having to treat workers' health-related problems in Canada. Furthermore, if workers are not receiving compensation for days off work, either because their problem is not work-related or because a Workers' Compensation Board (WCB) claim was not filed on their behalf, many opt to leave on their own accord because: (1) the RBC insurance is limited; (2) they cannot justify their living expenses in Canada when they are not receiving a wage; and (3) because they do not have anyone in Canada to care for them. However, because many of these workers do not have medical insurance at home—in part due to their work status as migrants—the medical expenses they must shoulder at home are also considerable. As one worker stated: "I will have to pay the appointment and unfortunately I'll spend some [. . .] 1,500 pesos [CDN\$132.37 in late 2007]. The X-rays alone cost about 400 [DN\$35.30], the doctor's appointment about 300 [CDN\$26.47]" (MFW16).

## **WORKERS' COMPENSATION**

**Finding: Our research indicates that immigrant and migrant workers may not be receiving the full extent of care that they are entitled to because of the barriers they face in accessing benefits from the Workers' Compensation Board (WCB).**

Fears about reporting workplace illnesses and injuries among immigrant and migrant farmworkers, discussed extensively above, also deter them from filing claims and thus exclude them from receiving WCB compensation. One worker explained why he never reported an injury when it occurred:

Out of stupidity I never reported it, so I wouldn't lose my job or because they wouldn't request me again. Now I regret it because my knees bother me when I climb stairs. I haven't gone to the doctor, but I need to go. Now I will have to pay with my money. [. . .] This was a bad deal and I knew it. I knew that I had to report it at that moment and get a witness because that is how it is in Mexico I don't know about here. But the other thing that holds you back is language (MFW14).

Our study heard of cases in which employers, supervisors, and FLCs intimidated workers from making claims in the first place. Groups such as Justicia 4 Migrant Workers and the Agriculture Workers Alliance (AWA) reported that migrant workers whom they assisted in filling out workers' compensation claims were later harassed by supervisors for seeking compensation. One advocate also noted that a group of Mexican greenhouse workers who had fought for compensation failed to be requested again by the employer the following year—a message that was noted by the workers who did return. Advocates and agencies involved in workplace health and safety also acknowledged that intimidation has resulted in reluctance by Punjabi-speaking Canadian farmworkers to file claims as well.

Employers' refusals to address farmworkers' health concerns further impedes their access to compensation. One advocate estimated a high rate of non-reporting:

Very few cases, about 10 percent, are reported to Workers' Compensation. The number one reason is because [migrant farmworkers] are not taken to the doctor—they are left to deal with the pain over and over again. [Employers] don't take them to the doctor, or they buy them an anti-inflammatory and leave them in bed (ADV01).

Advocates also claimed that underreporting among immigrant farmworkers was due to pessimism regarding their chances of lodging a successful claim. As one advocate described:

If it's something that you can't show physically—when you pull a muscle or back or a knee—it's been very difficult for some people to have that case proved because the employer could say they were injured already when they were coming [to work]. So [the farmworkers] continue to work until sometimes they are really, really sick (ADV04).

A Mexican migrant worker expressed similar pessimism:

If you work for a company in Mexico and you feel that your work has affected your health and you report it, and they know this is the case, then some way or another they have to pension you and look after you. But here it is not like that. Here they just dispose of you. You leave the country, and that's that. If you are no longer of service to them, they just ask for another [worker]" (MFW13).

As mentioned earlier, frontline medical staff may also act as barriers to workers receiving the compensation due them because they are not properly educated in farmworker medicine or in the social context that farmworkers face when accessing health care. Furthermore, the language barriers that both immigrant and migrant farmworkers confront when accessing health services also decrease their chances of filing a successful claim. For example, if workers or their interpreters do not state when health services are accessed that incidents are work-related, it is likely that the claims will be unsuccessful. Farmworkers may also be unaware of what they need to do to exercise their right to compensation. As one advocate working predominantly with immigrant farmworkers explained:

A lot of the cases get dropped because people don't document. People don't report [at] the time. People don't tell their employer when they get hurt right away because they think it will be okay by tomorrow or the day after. So not reporting injuries to employers, doctors, [or] coworkers is the other big issue with these people (ADV02).

In fact, advocates working with Mexican migrants reported that many of the injured workers they have assisted were unaware that they were entitled to workers' compensation.

### **SUMMARY: BARRIERS TO HEALTH CARE**

In sum, many factors undermine the health and safety of immigrant and migrant farmworkers. First, pressures stemming from precarious employment security often lead to situations where workers are compelled to suspend or set aside health and safety concerns. Stressors such as the prospect of losing important income due to the loss of work hours and of jeopardizing future employment opportunities contribute to the common practice of continuing to work despite illness or injury and/or to not reporting health issues. Cases in which employers have prematurely repatriated ill and injured workers or fail to rehire such workers in following seasons only contribute to farmworkers' fears.

Furthermore, employer indifference, delays, or complete inaction regarding farmworker reports of illness or injury are among the most significant barriers to workers' accessing health

care. Isolation, mobility constraints, and a lack of information about locations of healthcare facilities and/or accessing procedures also hamper the ability of migrants to bypass their employers and to independently address their health needs. In addition, when workers are able to connect with healthcare services, they often receive inadequate care. A scarcity of healthcare professionals who speak the workers' native languages and a lack of comprehensive training in agriculture-specific health concerns contribute to the inadequacy of healthcare provisions for both migrant and immigrant workers.

Underreporting of workers' compensation claims by farmworkers limits their ability to receive the full extent of care to which they are entitled. Insufficient information and support regarding the reporting of workers' compensation claims is a significant factor in the underreporting of workplace illness and injury. Finally, the requirement that migrant workers pay costly upfront fees to private insurance providers because they are excluded from BC's Medical Service Plan (MSP), and the obligation of those who are covered by MSP to pay costly monthly premiums, also render cost a central health issue for both groups of workers.

## **PROTECTIONS FOR FARMWORKERS**

In this section, we outline the existing framework of protection for farmworkers in British Columbia, focusing first on legislation and enforcement and then proceeding to identify the principal institutions responsible for agricultural health and safety in the province, including WorkSafeBC and the Farm and Ranch Safety and Health Association (FARSHA). We then outline the role taken by both the Mexican Consulate and the Agriculture Workers Alliance (AWA) in providing additional protection to farmworkers.

We argue that, although health and safety protections for farmworkers increased in 2004 with the extension of provincial legislation to agriculture, it was not until the van crash of 2007 that the legislation was vigorously enforced. We also critically discuss health and safety education and promotion. In British Columbia, FARSHA's lack of regulatory authority means that the reach of its work extends only to employers and workplaces with which it has an established relationship and who value and invite the organization's work. This lack of enforcement authority arguably exonerates potentially unsafe workplaces run by employers who either are not aware of FARSHA or who dismiss its efforts. Additionally, there are some indications that FARSHA has not responded proactively to the changing ethnic composition of BC farmworkers in terms of promptly developing and disseminating health and safety materials and programs that address the language needs of both immigrant and migrant workers.

Our study also questions the Mexican Consulate's ability to protect Mexican migrant workers in British Columbia. The consulate in Vancouver is extremely understaffed, leading to a situation

in which worker concerns are, at best, not addressed in a reasonable amount of time and, at worst, are ultimately ignored. In the end, the Mexican Consulate, as the office of a foreign government, has no jurisdiction in the realm of legislating, regulating, or enforcing occupational health and safety on Canadian farms. Farmworkers' attempts to negotiate this institutional void have found the support of nongovernmental actors in the labour movement, immigrant rights groups, and Canadian faith communities. Although these groups are making gains in helping farmworkers to exercise and expand their rights, these efforts are woefully insufficient to compensate for structural weaknesses in the regulation and enforcement of workplace health and safety in the horticultural industry. As society's representative, the BC government should step up to guarantee that all farmworkers in the province have the same rights and protections as those in any other sector of the economy.

## **LEGISLATION AND ENFORCEMENT**

The first decade of the twenty-first century has been contradictory for farmworkers. In 2001, amendments to BC's Employment Standards Act (ESA) governing issues such as the minimum wage, hours of work, and holiday pay, among many other workplace rights, rolled back farmworkers' rights compared to low-wage workers in other sectors. These amendments included: reducing the minimum piece-rate wage by including statutory holiday and vacation pay in piece rates; excluding farmworkers who are paid hourly from being entitled to statutory holiday and annual vacation pay; reducing the minimum pay due farmworkers who are transported to farms where no work is available from four hours to two; and eliminating farmworkers' rights to overtime pay. In addition, a return to a complaint-based enforcement system from the previous proactive enforcement system also decreased farmworkers' legislated rights. Cuts to the Employment Standards Branch (ESB) budget reduced staff and offices by one-third, resulting in fewer audits conducted and complaints investigated (Fahey et al. 2008).

Yet, at the same time that BC's farmworkers saw their workplace rights repealed, their legal health and safety protections increased. In 2004, the province extended the same health and safety legislation that protects workers across the province to those who labour in the agricultural sector. This inclusion required employers to provide adequate washroom and handwashing facilities, signage indicating non-potable water, and areas where workers can safely consume food.

Enforcement of this more comprehensive legislation, however, has lagged. Between 1994 and 2006, the number of both inspection reports (usually the result of a directive to fix an existing hazard witnessed by a WorkSafeBC inspection office) and prevention orders (usually the result of a directive to implement a policy or procedure intended to prevent an accident) conducted



by WorkSafeBC declined dramatically. One study (Fairey, Hanson et al. 2008) noted that in agriculture, inspection reports dropped from an average of 523 in the 1994-2001 period to an average of 200 in 2002-2006, a 62 percent decrease. The study also reported that during the same period, prevention orders fell 73 percent, from an average of 940 to an average of 253.

Such substantial decreases in inspections may have been attributable to the 2002 reductions in WorkSafeBC's budget that resulted in a 30 percent reduction in the number of prevention officers inspecting workplaces (Fairey et al. 2008). In 2007, WorkSafeBC had only four prevention officers solely dedicated to agriculture (Delaney 2008). Some growers we spoke to felt a noticeable decline in enforcement activities in the 2000s compared to the 1990s. As one grower reflected, "In the '90s, I felt [the prevention officer] was harassing me. [. . .] But then, all of a sudden, I never heard from him again. They seemed to have really laid off. I talked to other growers too" (EMP08). Indeed, some growers we spoke to mentioned that they had never seen a prevention officer.

It took the 2007 van tragedy to turn the regulatory spotlight on agriculture. A month after the incident, the BC Ministry of Labour and Citizens' Services announced changes to better protect farmworkers (listed in FIGURE 3). In particular, the deaths prompted significant changes at WorkSafeBC because agriculture was deemed a high-risk industry. To begin, the agency collaborated with the Ministry of Transport, ESB, and the Royal Canadian Mounted Police (RCMP) to increase inspections of farmworker transportation and to pull unsafe vehicles off the road. In 2009, WorkSafeBC also established a voluntary "preseason" inspection program. The number of staff devoted to agriculture also increased, from two full-time equivalents prior to the van crash to six in 2007. Prevention hours rose from 5,015 in 2007 to 8,878 in 2008. The increased resources targeting agriculture resulted in an increase in inspection reports from 242 in 2006 to 805 in 2008 (see CHART 4).

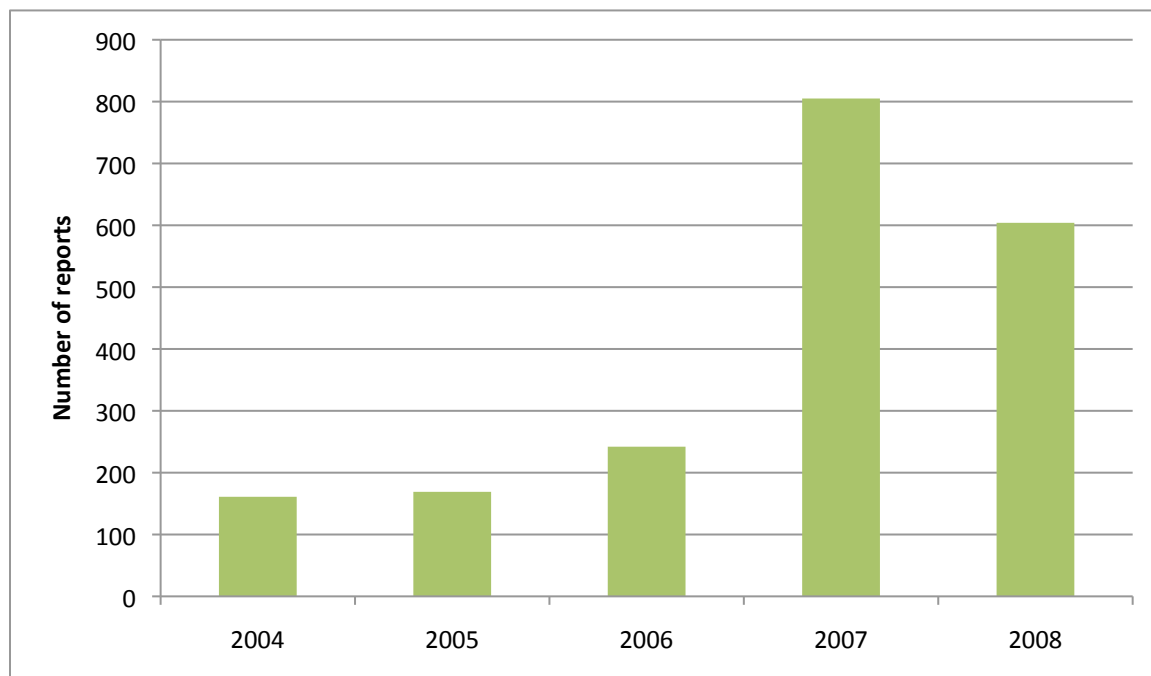
In our research, a number of growers expressed frustration and cynicism about the sudden surge in inspections that began in May 2007, soon after the van crash. One commented: "They were looking very, very hard for things because they wanted to be able to show that a big percentage of all the vans didn't pass the inspection. And that was not in the interests of making things safe at all" (EMP09). Another grower noted that the inspections were short-lived: "Now there are no inspections. They had them until about June, and now there are no inspections—there's nothing" (EMP08). By 2010, these initiatives had wound down. Also, WorkSafeBC limited inspections to peak harvest periods and cut the voluntary preseason program (Hunter 2010).

**FIGURE 3. Changes to Protect Farmworkers Announced in 2007**

- Fines for operating vehicles found to be at overcapacity or without seatbelts
- Posting of translated information on seating capacity and safety requirements in each vehicle
- Better interagency roadside enforcement as well as education to farmworkers, farm labour contractors, and producers
- Additional funding for the ESB for increased staff, farmsite education, inspections, and audits
- Four WorkSafeBC inspectors hired exclusively for the agricultural industry
- An amendment to the ESA requiring growers to use only licensed FLCs and mandating the suspension of operating licenses for FLCs who violate WorkSafeBC or Motor Vehicle Act regulations
- Mandatory penalties for noncompliance with provincial employment standards
- An increased budget allocation to FARSHA for work with FLCs on safety education

Source: *Ministry of Labour and Citizens' Services, 2007*

**CHART 4. WorkSafeBC Inspection Reports in Agriculture, 2004-2008**



Source: *WorkSafeBC, 2009*

## **PROMOTION OF WORKPLACE HEALTH AND SAFETY**

### **FARM AND RANCH SAFETY AND HEALTH ASSOCIATION (FARSHA)**

In British Columbia, the promotion of workplace health and safety in the agricultural sector is not the responsibility of WorkSafeBC. In 1993, this responsibility was devolved to the Farm and Ranch Safety and Health Association (FARSHA). Industry-focused, FARSHA was the first industry health and safety program of its kind in Canada. In 2006, WorkSafeBC conducted an external audit of FARSHA after 10 years of activity, analyzing 12 years of data for the period 1992-2005. The study found a substantial reduction in the injury rate in the agricultural sector, with reportable incidents decreasing from 1,096 injuries per 100 person-years of work in 1992 to 746 in 2005. There was also a significant reduction in the cost of injuries over the period. According to civil servants and consultants in the area of health and safety interviewed for this research, these gains are attributable to the progress that FARSHA has made in winning the trust of agricultural employers.

Notwithstanding these achievements, during our research, a number of concerns emerged. First, because FARSHA lacks any form of regulatory authority, it reaches only those employers who are aware of its services and who consider them beneficial. This leaves a number of worksites outside its scrutiny.

Second, although FARSHA aims to provide resources to a multilingual farm community, our research noted shortcomings. Farmworkers reported a lack of materials in their languages, and both growers and farmworker advocates perceived that FARSHA could become more proactive in terms of providing multilingual resources. As noted earlier in this report, some growers are not aware of the resources that FARSHA has to offer. Furthermore, one respondent claimed that although FARSHA had been advised in advance that the SAWP was likely to be approved for British Columbia, resources in Spanish were slow in coming: "It took them forever, and still the [signs] are not right. [Growers] are bringing in people and we have nothing for the equipment" (EMP06). By 2008, however, FARSHA had hired a Spanish-speaking health and safety consultant on a five-month contract to assist employers with their Spanish-speaking workers.

Third, our research found that FARSHA perceives workplace health and safety in narrow terms and fails to address all areas that impact farmworker health. This can be seen, for example, in its failure to address the impacts of poor housing on the health of farmworkers. Moreover, at the time of our research, there was no indication that FARSHA's work placed any emphasis on the gender-specific needs of women farmworkers. Farmworker advocates charged that FARSHA

was unreceptive to considering privacy issues and the availability of toilets, nor did it see sexual harassment as a workplace health and safety issue.

It is important to note that FARSHA delivers its mandate on a very limited budget. In 2006, FARSHA's budget was \$667,000, a figure that was only raised to \$723,000 in 2007 by the Ministry of Labour and Citizen's Services as part of its response to better protecting farmworkers after the 2007 van tragedy (Government of British Columbia 2007). However, this small budget increase is unlikely to afford a permanent position for a Spanish-speaking consultant. As one informant noted: "FARSHA could definitely use a higher budget because if [FARSHA]'s got to deal with the Mexican workforce, the obvious thing to do would be to hire somebody that could go out and do that" (ADV04).

Furthermore, although FARSHA is considered a neutral party, it is likely that the institution works much more closely with industry than with workers. One research respondent noted that although FARSHA has equal representation from both groups on its board of directors, the institution works more closely with the industry associations than with workers, in part "because [workers] are not organized. [. . .] The Canadian Farmworkers Union has a very small membership. They don't really represent workers" (ADV04).

## **MEXICAN CONSULATE IN VANCOUVER**

According to the guidelines of the SAWP, the Mexican consulate in Vancouver is responsible for receiving and addressing the concerns of its workers. Our research suggests, however, that consulate intervention in and resolution of worker concerns is a rarity. The consulate's failure to meet these responsibilities may be in part a result of the fact that only four of its employees are in charge of the province's SAWP program. As of 2008, three employees were handling 300 farms and about 3,000 workers, or an average of 10 workers per farm and 1,000 workers per employee. Therefore, when workers try to contact the consulate about a grievance or complaint, it is virtually impossible for them to get through to a consulate employee. When they do get a response, our research suggests that it may take a month or more for workers to get any attention.

Although understaffing is a major impediment to the consulate's ability to do its job in this area, our research corroborates previous studies which suggest that governments that are sending migrants to Canada under the SAWP may be caught in a conflict between protecting workers and maintaining worker placements—a situation that compromises the genuine representation of workers' interests (Preibisch 2004; Preibisch and Binford 2007). These governments benefit from placing workers in the SAWP both in terms of relieving rural unemployment and through the cash remittances workers send home. Any interventions by the consulate, then, must take into account how these will affect the willingness of employers to hire Mexicans in the future.

For example, employers might choose to return to their Canadian workforce, or they might stop hiring migrants from Mexico in favour of Caribbean workers under the SAWP, or Thais under the new NOC C&D Pilot Project.

The Mexican workers we interviewed claimed that the consulate was slow to respond to their requests or ignored them altogether. Worse, our research also heard reports by both workers and advocates that the consulate had warned them against pursuing their complaints.

According to one advocate interviewed for this research:

When a worker calls the consulate, his calls are ignored, but when the employers call they quickly attend to the case. They go to the farm and say to the worker, “What is your problem? You are causing problems, and the employer has already told us that if you are not happy, you leave. You know there are a lot [of other workers] in the queue [. . .] so you better behave” (ADV05).

To set these issues in context, however, it should be made clear that the Mexican Consulate is an office of a foreign government with no jurisdiction in Canada other than allocating workers to farmers, and, when a compelling reason arises, moving workers to a different farm or removing them from a specific employer and sending them back to Mexico. It has no jurisdiction in the realm of legislating, regulating, or enforcing occupational health and safety on Canadian farms. Once in Canada, foreign workers are protected under the Canadian Charter of Rights and Freedoms as well as under provincial legislation. Indeed, the provincial and federal governments are obligated to take full responsibility for ensuring the health and safety of these workers, and to introduce legislation, regulation, and policy to address the particular realities of immigrant and migrant workers. This would ensure that the standards of treatment for these workers correspond in every way to those granted to all Canadians.

### **UNITED FOOD AND COMMERCIAL WORKERS AND AGRICULTURE WORKERS ALLIANCE (UFCW/AWA)**

In 2001, the United Food and Commercial Workers Union (UFCW) launched a campaign aimed at organizing Canadian farmworkers. Its efforts have included legal challenges to promote worker rights through provincial and federal legislation, unionization of agricultural worksites, and direct outreach to workers. The UFCW campaign has had implications for farmworker health and safety in several respects. First, unionization has advanced occupational health and safety on farms. For example, in the collective agreement signed between UFCW Canada and Floralia Plant Growers Ltd on September 21, 2009, migrant workers were able to establish a health and safety committee with worker representation that minimized the threat of repatriation and established recall rights to ensure migrants would be rehired in subsequent years.

In addition, UFCW's direct outreach, through its Agriculture Workers Alliance (AWA) support centres, arguably provides more assistance to (Mexican) farmworkers in Canada than does their own government. In May 2007, UFCW established its first BC support centre in Abbotsford, a city in the heart of the Fraser Valley. AWA's support centres, which total ten nationally, focus on providing information and support to migrant workers. In terms of health and safety, AWA staff inform workers of their rights and advocate on behalf of workers when their rights are violated; provide interpreters and translation services for workers, employers, and healthcare providers; and even ferry workers back and forth between their accommodations and healthcare facilities. AWA's outreach is extensive—in 2007, the Abbotsford support centre had case files for more than half of the Mexican workers registered in the province. By June 2009, UFCW had established two more BC AWA centres, one in Kelowna and one in Surrey. Further, support for services to Indo-Canadian workers was expanded and facilitated by the hiring of a Punjabi-speaking staff member in 2008.

## **OTHER MIGRANT RIGHTS ORGANIZATIONS**

In addition to the support provided by the AWA support centres, BC farmworkers are also able to access other resources. Canadian farmworkers, for example, can access Progressive Intercultural Community Services (PICS) and Abbotsford Community Services, two organizations in existence long before the arrival of migrant workers. In Vancouver, PICS helps farmworkers to find work and learn more about their rights. PICS and Abbotsford Community Services also co-manage a legal advocacy program funded by the Law Foundation of British Columbia to address the typical needs of the seasonal worker communities in the Lower Mainland and Fraser Valley regions. Some of the program's objectives include providing seasonal workers with information and education regarding their rights; producing research and analysis on how policies and law affect farmworkers; lobbying on behalf of farmworkers; and liaising with other stakeholders in the agricultural community.

Following the arrival of migrant workers in British Columbia in 2004, other organizations have emerged to provide support to farmworkers. Justicia 4 Migrant Workers (J4MW), an Ontario-based migrant rights organization, opened a chapter in the province in 2004. J4MW BC provides direct outreach, such as transporting workers to healthcare providers and offering translation services to workers. The organization also aims to increase workers' awareness of their rights, including occupational health and safety issues. J4MW BC has also made gains in documenting the working and living conditions of migrant workers and has disseminated this information in the media and on its website, as well as through academic collaborations. Migrant farmworkers have also found support through churches such as St. Paul's Lutheran Church in Chilliwack and through other faith-based groups in areas of high migrant-worker concentration.

Support to migrant workers in BC on behalf of unions, organizations, and faith-based groups still lags behind other provinces, an observation made by several of the Mexican farmworkers interviewed for this study who had worked previously in Ontario and Quebec. Although the efforts of these organizations have provided significant support to migrant workers through both short-term measures such as mediating with the healthcare system, and long-term measures such as securing farmworker rights through collective agreements, such gains cannot address the institutional void created by governments. Indeed, shortcomings in agricultural workplace health and safety could be more effectively addressed through employer compliance and through government policies to enhance farmworkers' rights and protections.

## CONCLUSIONS

The timing of this study coincided with record levels of temporary workers entering the Canadian labour force nationwide. The most notable fact is that temporary workers have been surpassing the entry of immigrants into Canada since 2006. The increase of temporary workers in British Columbia is most pronounced: it has grown 1.8 times between 2003 and 2007 (Standing Committee on Citizenship and Immigration 2009). This phenomenon raises the question of whether Canada, with its declining rate of natural population growth along with an aging workforce, will shift from a nation of immigrants to one that depends increasingly on noncitizen guest workers. The latter option would clearly pose huge difficulties in terms of incorporating this new workforce on conditions of parity with Canadian workers, given that even Canadians who are members of ethnic and racialized groups are being disadvantaged.

Our research shows that both groups of workers in this study—South Asian immigrants and noncitizen migrant workers alike—constitute part of a precarious labour force. Yet, Punjabi-speaking farmworkers in British Columbia seem to be facing the looming prospect of being replaced by SAWP workers. Whether the latter will continue to be primarily Mexican or will include workers from other nations remains to be seen. But the key challenges to farmworkers' health and safety will remain unaltered unless some significant policy changes and enforcement, as recommended in this report, take place.

Our research reveals serious challenges facing BC's farmworkers in terms of workplace health and safety. Although some employers strive to create safe and healthy environments for their employees and respond proactively to the needs of this new migrant workforce, our research indicates systemic failures in both industry practices and government regulation and enforcement. Our study set out to examine workplace health and safety issues in the context of a labour force that was changing in terms of citizenship status and ethnicity brought about by the incorporation of a new group of workers, namely Mexican migrants under the SAWP. Although some characteristics of this population, such as the fact that Mexican workers tend to be younger heads of households who return to the same employer year after year, may impact workplace health and safety positively, the characteristics of the industry have not changed. Our research finds that this latest cohort of workers enters an industry in which immigrant Canadians themselves labour under dangerous conditions.

Furthermore, Mexican migrant farmworkers are subject to new mechanisms, including the threat of repatriation and loss of livelihood, that not only position them in a very precarious relationship to their jobs but also hold the potential to worsen conditions for Canadian



farmworkers. In the absence of a stronger regulatory environment, Canadian farmworkers will face grim employment prospects and conditions if they can be threatened with replacement by migrant workers from economically marginalized regions throughout the world who are willing to accept the precarious working conditions in agriculture.

When we started this study, we had some hope that British Columbia would stand out as a more desirable destination for immigrant and migrant workers than other Canadian provinces and other nations. Instead, we have confirmed that the province fits the pattern of dire conditions faced by most farmworkers around the world. One of the most sombre phrases that characterize the types of jobs taken up by migrant and immigrant workers is encapsulated in the infamous “3Ds”: Dirty, Difficult, and Dangerous (Ellerman 2005). We have to add a fourth “D”—“Devalued”—to this phrase, given that farmworkers have fewer rights than do workers in other sectors of the Canadian economy. Rather than being an exception, then, the province confirms the rule of poor conditions for farmworkers, migrant and Canadian alike. Our strongest recommendation in this regard, therefore, is that governments at all levels must ensure that workers in all industries enjoy the same legal rights to healthy and safe workplaces, with the same level of enforcement of those rights, regardless of whether they are migrants or citizens who belong to a distinct ethnic group.

In our research, farmworkers made specific suggestions about how to make their workplaces healthier and safer. We draw upon their experiences as well as on other studies that seek to improve occupational health and safety for farmworkers. Our recommendations emphasize that:

- Occupational Health and Safety (OHS) Regulation must be enforced comprehensively, proactively, and continuously;
- BC employment standards must be improved for farmworkers so their situation does not become a downward pressure that will lower standards in other industries; and
- Both the farm labour contracting system and the SAWP must be restructured to promote workers’ rights.

## **RECOMMENDATIONS**

The recommendations below aim to reduce or eliminate occupational health and safety hazards facing workers in British Columbia’s horticultural industry while improving working conditions for farmworkers and strengthening their rights.

## **RECOMMENDATIONS FOR THE PROVINCIAL GOVERNMENT**

**Reform BC medical insurance for SAWP workers so they receive health coverage immediately upon arrival; also, eliminate high upfront costs, and waive premiums** in recognition of these workers' low-income status. Furthermore, the Ministry of Health should be proactive in ensuring that workers obtain their CareCard upon arrival to reduce incidents where worker coverage is questioned by uninformed medical professionals, thus risking treatment delays.

**Provide workers with language-suitable resources concerning the details of their healthcare and insurance coverage as well as guidelines to any registration requirements in accessible formats such as radio spots, photo novellas, etc.** Furthermore, the Ministry of Health should provide workers with region-specific information on local healthcare providers, including contact numbers, locations, and detailed instructions on transportation options for reaching these providers and as well as information concerning emergency transportation.

**Ensure that greater attention is placed on the safe transportation of farmworkers by implementing the recommendations in the coroner's inquest into the 2007 van crash, such as increasing random inspections of commercial vehicles.**

**Increase WorkSafeBC's budget** so it can proactively enforce existing health and safety guidelines, increase its number of prevention officers, and, in turn, add to and improve its scheduling of comprehensive enforcement activities. These should include annual as well as unplanned inspections of agricultural worksites and commercial vehicles that transport farmworkers.

**Increase FARSHA's budget** so it can enhance its provision of health and safety training. This would also provide FARSHA with the resources required to better adapt itself to the changing ethnic composition of the BC agricultural workforce by enabling the hiring of full-time Spanish- and Punjabi-speaking consultants.

**Fund community organizations and agencies that are active in working with farmworkers.** These groups have played an important role in supporting farmworkers, have extensive ties to their communities, and have developed linguistically and culturally appropriate resources.

**Restore labour entitlements** such as overtime pay, statutory holidays, and annual vacations for farmworkers; reconsider the use of piece-rate wages and, at a minimum, establish piece rates that are equivalent to the minimum wage. Furthermore, increase the minimum wage to \$10 per hour and index this wage to inflation. These improvements will address the issue of worker overload and burnout by reducing pressure on workers to work beyond the standardized and safe number of hours.

**Consider new forms of regulating farm labour contractors (FLCs)** such as the Gangmaster Licensing Act implemented in the United Kingdom, which has served to address employment violations carried out by private contractors serving agrifood operations.

## **RECOMMENDATIONS FOR WORKSAFEBC**

**Provide training courses for medical professionals practicing in areas of high farmworker concentration** to ensure that they have a proper understanding of immigrant and migrant worker issues, including rights and entitlements, agricultural health hazards, and the process of workers' compensation for farmworkers.

**Provide interpreters in hospitals and walk-in clinics** who can assist and empower non-English-speaking farmworkers to report and communicate their medical needs more directly to healthcare practitioners. This would contribute to reducing the dependency of workers on their employers in terms of their accessing health services. Translators can also aid in reporting workplace injuries to WorkSafeBC.

**Heighten scrutiny of the condition of work equipment during workplace safety assessments.**

**Include interviews with farmworkers in workplace health and safety assessments** to obtain a comprehensive understanding workplace conditions. Some translation services may be provided at little or no cost by community nongovernmental organizations (NGOs), so that WorkSafeBC might serve as a liaison between them and healthcare providers.

## **RECOMMENDATIONS FOR FARSHA**

**Increase the provision of health and safety training** and ensure that this takes staggered arrival dates of SAWP workers into account.

**Provide first-aid training to workers.**

**Integrate education on the importance of rest periods and proper work-pacing techniques into health and safety training** to address the increased risk of workplace injuries or accidents when work hours are excessively prolonged or when work is carried out at a rapid and intensified pace. Furthermore, FARSHA should direct this material to employers and supervisors as well as to workers.

**Identify crop-specific training needs and require that employers implement them** for their workers before they commence work. This is particularly necessary for workers under farm labour contractors (FLCs,) who are unlikely to know specific risks and are reported to provide no training.

## RECOMMENDATIONS FOR MUNICIPAL GOVERNMENTS

**Adopt comprehensive regulations for migrant worker housing.** The condition of some of the housing identified in the course of our research puts migrant farmworkers at risk of illness and injury. Migrant worker housing should meet accepted municipal standards and should be assessed as to whether it meets those standards through inspections before workers move in and through unannounced follow-up inspections to ensure that standards are still being met. Employers should be required to successfully meet housing standards before being granted Labour Market Opinions (LMOs).

## RECOMMENDATIONS FOR THE FEDERAL GOVERNMENT

**Restructure the SAWP.** As noted in the recommendations above, enabling SAWP workers to move more freely within the agricultural labour market by providing industry-specific (as opposed to employer-tied) work permits is crucial to promoting an environment in which workers can better prioritize their health and safety because their opportunities for employment would be better protected.

**Allow SAWP workers to apply for permanent residency after working for two seasons.** The fact that farmers across Canada systematically require the importation of temporary visa workers clearly indicates that the country has a dire need to fill such jobs. Yet, continued reliance on temporary migration only perpetuates the unfair conditions that lead to “4Ds” types of work: dirty, dangerous, difficult, and devalued. Only by expanding Canada’s workforce by offering equal rights to the rest of the population can health and safety and other human rights issues be addressed.

**Allow farmworkers to bring their families to Canada with them.** Living with their families would enhance workers’ health and safety because they would enjoy the support that families provide and be under less pressure to overwork. Also, having their families with them would assist migrants in integrating in Canadian communities should they decide to exercise their right to apply for permanent residency.

**Require that employers be in full compliance with program regulations to qualify to rehire SAWP workers.** SAWP workers should be empowered to evaluate their employers, and the results of evaluations should be considered before employers’ LMOs are renewed.

**Abolish repatriation as an employer right.** Repatriation is the main deterrent to SAWP workers’ exercising their rights to health and safety. Proper cause should be determined before SAWP workers are dismissed and dismissals should not be followed by mandatory repatriation. In cases of illness or injury, workers should receive coverage in Canada or in Mexico for the full

length of their recovery, and should also receive support in accessing their right to compensation and employment insurance (EI). A process for appealing dismissals should also be established and administrated by an independent body.

## **RECOMMENDATIONS FOR THE MEXICAN GOVERNMENT**

**Improve and increase information provided to workers about labour and health rights in Canada.** The Mexican government should work with Canadian government agencies to develop and provide information and to contribute to the supply of information on health and safety regulations. Currently, workers get some information through booklets and a predeparture video, but additional information and/or training sessions in Mexico or upon arrival in Canada should be added. Some of these sessions could be coordinated with FARSHA.

**Carry out free medical assessments of workers upon their return to Mexico at the end of each work term.** This would improve further identification of workers' health issues, particularly those developed in Canada. This procedure would merely mimic the one workers must now go through to qualify for the program—they must be in excellent health, so it is only fair that they should return home in similar condition. The provincial medical services plan (MSP) should be responsible for the costs, including treatment and follow-up, associated with any ailments carried back to Mexico by workers.

**Increase the consulate's mediating role and promote proactive protection of the rights of Mexican workers.** As long as Mexican farmworkers have no organization or mechanisms for self-representation, the consulate is their only recourse. This mediation would involve increasing the number of Mexican government agents in the province, and the resources at their disposal, so they can better respond to the needs of their compatriots.

**Aggressively exercise the consulate's right to remove workers from incomppliant employers.** This practice, coordinated with other migrant-sending countries, would deliver the message to growers that only good workplace health and safety practices are acceptable. Therefore, even if the Mexican Consulate finds itself in a foreign jurisdiction, it has some room to manoeuvre as indicated. The more it exercises this mandate, the better it will be serving its own citizens.

## **RECOMMENDATIONS FOR EMPLOYERS**

**Introduce or enhance training programs,** especially those focused on workplace health and safety.

**Provide workers their provincial medical service plan (MSP) CareCard** upon arrival or immediately afterwards. Ideally, part of their welcome package should include the MSP CareCard.

**Report all work-related health problems to WorkSafeBC so workers can be compensated for any time they must spend off work.**

**Ensure that enough well-maintained worksite toilet and handwashing facilities are available** for the number of workers on the site, with the aim of protecting workers and safeguarding public health.

**Allow workers two scheduled breaks and a meal break** when working for periods of eight hours or longer.

**Provide workers with access to clean drinking water at all times.**

**Provide workers with an adequate lunchroom** or, if they are working in a distant location, a shelter to protect them from the elements during meals and breaks.

**Have first-aid materials readily available** in close proximity to worksites, and provide workers with training and instruction in their use.

**Supply workers with all the safety and personal protective equipment (PPE) that they need,** free of charge, as part of the employer's operational costs.

**Provide work crews working in remote locations with a form of transportation or, at a minimum, a cell phone** and a list of emergency contacts for use if needed.

**Schedule the spraying of pesticides on workers' days off,** or, at a minimum, ensure that workers do not return to work in sprayed environments before the elapsed time listed in the pesticide instructions.

**Ensure that all information and instructions, including those explaining proper machinery use and pesticide safety, meet the language needs of workers.**

**Make sure that all machinery and equipment is in safe working order.**

## **RECOMMENDATIONS FOR EMPLOYERS' ORGANIZATIONS**

**Provide more health and safety information to employers** through newsletters and seasonal information packages, and encourage greater attention to health and safety issues.

**Contribute to enforcing penalties for employers who violate health and safety standards** or who receive poor evaluations from their workers.

## **RECOMMENDATIONS FOR THE LABOUR MOVEMENT**

**Educate farmworkers about their rights and responsibilities, particularly in the area of workplace health and safety.**

**Support farmworkers' efforts to organize and represent themselves** so they can voice their concerns in a systematic and empowered manner.

## **FUTURE RESEARCH**

This report has opened a number of avenues for future research on farmworker health and safety. This study focused on BC horticultural crop operations, which according to the 2006 Agricultural Census are located predominantly in the Thompson/Okanagan, Lower Mainland, and Fraser valleys. It would be useful to extend the study to other agricultural industries or to conduct in-depth comparative research on particular crops and/or commodities. Here, however, our suggestions for future research focus on horticulture.

As of 2009, 97 percent (n=5,885) of the farmworkers bonded under the Employment Standards Act worked for FLCs licensed to provide labour to horticultural crops. The vast majority of SAWP workers are concentrated in BC horticulture as well. We thus focus on three aspects of particular salience for future research on farmworkers' working conditions in general and on health and safety, particularly within horticulture: (1) farm size and management style; (2) employer ethnicity and best practices; and (3) labour arrangements.

Regarding the first point, are there systematic relationships between farm size and health and safety, whether in terms of increasing or reducing risks? If there are, what are the specific relationships, and what can public policy do to reduce or eliminate risks? Similarly, are there systematic relationships between farm size and management style? If there are, which entrepreneurial styles are associated with best practices regarding health and safety, and how can public policy promote such styles?

Second, are entrepreneurial styles a function of farm size only, or does employer ethnicity play a role in best practices? If employer ethnicity does play a systematic role in farmworker health and safety, what public policies can be designed, implemented, and enforced to promote best practices among all employers? For example, although we do not discuss the issue of employer ethnicity in our report, there was a clear perception by most of our Mexican interviewees that working for Punjabi-speaking employers could be riskier—a view corroborated by some farmworker advocates. Such heightened risk may be a result of customary farming practices in their country of origin or to having been farm workers themselves in BC. Whatever the reason may be, public policy should be designed so as to homogenize farming practices that best reduce or eliminate health and safety risks to workers.

Third, how is the increasing incorporation of migrant workers, including those under the new NOC C&D Pilot Project for occupations designated as low skill, impacting workplace health and safety in horticulture? Has the increased availability of migrant workers or the incorporation of new groups, such as Thais or Guatemalans, affected workplace health and safety? Alternatively, what implications does a more competitive labour market hold for the farm labour contractor (FLC) system, which, as suggested in this report, is already facing challenges? How could new forms of governance, such as private standards by retailers (in some cases leading to organic farming) or new regulations on FLCs such as the UK's Gangmaster Licensing Act, lead to safer, healthier workplaces in agriculture?



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