

**Health Wanted:  
Social Determinants of Health Among Migrant  
Workers in Saskatchewan**

**Working Paper**

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**migrant health**



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## 1.0 Introduction

Globalization and the development of political, economic and environmental crises have accelerated international migration.<sup>1</sup> Climate change, political upheaval and economic necessity are driving the highest levels of migration in recent history. It is estimated that approximately 3% of the world's population are living outside their country of birth, and that half of those migrating do so in search of work.<sup>2</sup> In 2015 there was approximately 244 million international migrants globally, a 29% increase from 2000.<sup>3</sup> By the end of 2015 about 150 million migrants were migrating across borders in search of work.<sup>4</sup> Here, the term “migrant worker” is used to represent a diverse population including workers moving from their country of origin for work through various pathways, including temporary worker programs and permanent immigration streams. Through global economic shifts and the rise in labor arbitrage<sup>5</sup> – the process of being able to pay one labor pool less for doing the same work by replacing labor from one region with another – the precariousness of migrant workers' living and working conditions is a growing academic and political concern. Migration is also associated with opportunities and public health challenges, which require inter-sectoral collaboration and interdisciplinary methods of investigation.<sup>6</sup> The vulnerability of migrant workers to various health disadvantages helped advance the endorsement of a resolution on migrant health by the World Health Assembly

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<sup>1</sup> World Health Organization. Health of Migrants. Report by the Secretariat. A61/12. Geneva. *Sixty-First World Health Assembly* 2008; 1–3; IOM, WHO, Rights UH. International Migration, Health and Human rights. 2013; 1–60.

<sup>2</sup> International Labour Organization, <http://www.ilo.org/global/standards/subjects-covered-by-international-labour-standards/migrant-workers/lang--en/index.htm>; International Organization for Migration, <https://www.iom.int/wmr2013>, 2013

<sup>3</sup> United Nations. *International Migration Report 2015 (Highlights)*. New York [http://www.un.org/en/development/desa/population/migration/publications/migrationreport/docs/MigrationReport2015\\_Highlights.pdf](http://www.un.org/en/development/desa/population/migration/publications/migrationreport/docs/MigrationReport2015_Highlights.pdf)

<sup>4</sup> International Labour Organisation. *ILO global estimates on migrants workers: Results and Methodology- Special focus on migrant domestic workers*. Geneva, 2015.

<sup>5</sup> Schrecker T. Global Reach , Local Depth , and New Cartographies of Metropolitan Health. In: Luginaah I, Bezner R (eds) *Geographies of Health and Development*. Surrey: Ashgate, 2015, pp. 261–279.

<sup>6</sup> Gushulak B, Weekers J, MacPherson DW. Migrants and emerging public health issues in a globalized world : threats, risks and challenges, an evidence-based framework. *Emerg Heal Threat* 2009; 2: 1–42.

in 2008, outlining strategies for improving the health of migrants such as advocacy and policy development, research capacity, and service delivery.<sup>7</sup> These challenges have long been faced by migrants, migrant worker advocates, and policy makers in Canada, where the number of foreign workers now outnumber permanent residents amongst the newcomer population.

Since at least 2002, Canada's constellation of migrant worker programs have been shaped by a prolonged resource boom that has defined economic development in the country's Western provinces.<sup>8</sup> Oil and gas extraction, in particular, has driven these policy reforms, facilitating the growth of a low-skilled and low-paid migrant labour force admitted under the Temporary Foreign Worker Program (TFWP).<sup>9</sup> The province of Saskatchewan has been at the centre of these reforms as an economy dependent upon the extraction and export of natural resources, particularly oil and gas. This paper is the first to report findings from a Saskatchewan study aimed at understanding the occupational health and safety, housing conditions, and healthcare access of migrant workers in the province. The paper commences with a broader political economic overview of migrant labour in Saskatchewan, as well as a review of literature on health care access, housing conditions, and occupational safety issues affecting migrant labour. We follow with examination of key informant and migrant workers perspectives on the ways in which relevant health-related policies regulate the living and working conditions of migrant workers.<sup>10</sup> An analysis of interviews is then deployed to unpack the lived realities of migrant labour from a social determinant of health framework.

What the paper concludes is that a social determinant of health framework is pre-requisite to understanding the conditions of work and employment in which

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<sup>7</sup> World Health Organization, 2013.

<sup>8</sup> Eaton, E. *Engaging Saskatchewan's Oil-producing Communities on Climate Change Issues*. CCPA and Corporate Mapping Project. 2013.

<sup>9</sup> Foster, J. and Barnettson, B. Exporting oil, importing labour, and weakening democracy. In Shrivastava, M. and Stefanick, L. (ed.) *Alberta Oil and the Decline of Democracy in Canada*, pp. 249-274. Edmonton: Athabasca University Press: Edmonton, 2015.

<sup>10</sup> Statistics Canada. 150 years of immigration in Canada <http://www.statcan.gc.ca/pub/11-630-x/11-630-x2016006-eng.htm> (2016, accessed 20 January 2017).

migrant labour functions. This is particularly salient in a province with one of the worst workplace health and safety records, and in which economic growth was accompanied by a housing affordability crisis throughout cities and small towns – all in the shadow of a resource-based development.<sup>11</sup> The findings also suggest the need to develop unique social determinant frameworks for the various types of foreign workers. Saskatchewan’s experience with temporary foreign labour demonstrates that agricultural workers are a numerically marginal constituency, limiting the existing claims that can be made about the migrant labour population as a whole in terms of occupational safety, housing, and access to health care. Thus, existing health-focused frameworks are constrained in terms of grasping the spectrum of migrant realities in the province. Where overlap exists – such as the paternalistic housing model, in which employers shoulder the responsibility of securing accommodations for workers – certain nuances construct divergent experiences across the migrant worker regime and occupations. Participants also enforce that migrants are not passive actors; they deploy various strategies to resist, interpret, cope with and makes sense of their precarity. For example, migrants employed in the service industry - where customer and public interaction is a defining element of the labour process - health care outcomes are in part shaped by racism, discrimination, threats of violence, and exploitation in the employment relationship. To this point, status-induced precarity and migrant labour “unfreedom” is equally conditioned by their industry of employment and work permits, displacing attempts to construct uniform experiences across the foreign labour population.

### **1.1 Migrant Workers in Canada**

As a settler colonial nation of immigrants, Canada’s foreign-born population reached 21.9% in 2016, which represents a proportion not seen since 1921. 60.3% of those

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<sup>11</sup> Nahiduzzaman, MD. Finding an affordable housing option: Social business as the ‘new’ policy tool? May 11. Johnson Shoyama Graduate School of Public Policy.  
<https://www.schoolofpublicpolicy.sk.ca/research/publications/policy-brief/finding-an-affordable-housing-option.php>

arriving between 2011 and 2016, came through an economic program.<sup>12</sup> Once a source of internal migrant labour in Canada, the Saskatchewan trend reversed and net population growth was realized throughout the 2000s.<sup>13</sup> Much of this growth is attributable to international migration through a constellation of immigrant streams, particularly the Temporary Foreign Worker Program (TFWP) and Saskatchewan Immigrant Nominee Program (SINP). Whilst immigration patterns in Canada post-1967 encouraged landed immigration and family reunification, the period also witnessed the genesis of a temporary migrant labour regime through the formation of the Seasonal Agricultural Worker Program (SAWP) in 1966. Fueled by labour market shortages, the SAWP empowered employers to recruit Caribbean agricultural labour to work in the country's greenhouses and fields. By the 1990s, the number of workers entering on annual basis reached approximately 12,000, up from just 300 when the program first launched. One of the new and temporary migration categories that has emerged from the shift in immigration policy has been the Temporary Foreign Worker Program (TFWP), which had evolved from the Non-Immigrant Employment Authorization Program (NIEAP). Now, "temporary migration" was the precursor to permanent residency, representing a departure from the post-War model of immigration. Initially introduced during the 1970s, the NIEAP "established a new class of temporary resident[s] tied specifically to non-permanent employment", lending to the construction of precarious migration.<sup>14</sup> Changes to the TFWP in 2002 introduced a new low-skilled category in an effort to address labour shortages in low-waged service sector employment following the oil export boom in Alberta's bitumen extraction sector. This new class of foreign workers are characterized by limited rights and increased vulnerability fueled by the temporality of their immigration status due to the tethering of employment to status.<sup>15</sup> Scholars have long held that these aspects of the program entrench

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<sup>12</sup> Statistics Canada (2017).

<sup>13</sup> Saskatchewan Labour Market Commission. *Right People, Right Place, Right Time: Saskatchewan's Labour Market Strategy*, 2009.

<sup>14</sup> Foster J. Making temporary permanent: the silent transformation of the temporary foreign worker program. *Just Labour A Can J Work Soc* 2012; 19: 22-46.

<sup>15</sup> Chowdhury F. (2016); Fudge J. *The Precarious Migrant Status and Precarious Employment: The Paradox of International Rights for Migrant Workers*. 11-15, Vancouver, 2011; Fudge J, MacPhail F.

precarious employment, emboldening employers to violate health and safety rules and various employment and accommodation standards.<sup>16</sup>

## 1.2 Migrant Workers in Saskatchewan

Immigration to Saskatchewan has increased annually since 2002, and is the greatest contributor to population increases in the province. An estimated 68,780 Saskatchewan residents were born outside of Canada. By 2016, the percentage of the provincial population classified as immigrants reached 10.5% compared with just 6.8% in 2011.<sup>17</sup> There is a growing and unique population working in Saskatchewan through the federal Temporary Foreign Worker Program (TFWP), which includes the Seasonal Agricultural Worker and Live-In Caregiver Programs. Based on the most recent figures, there are an estimated 11,000 temporary foreign workers residing in Saskatchewan, and between 2005 and the peak of the program in 2012, the number of temporary foreign workers in Saskatchewan climbed 647% compared to a 146% increase nationally.<sup>12</sup> Research conducted by a member of this research team discussed both the business model that has facilitated the growth of migrant workers in low-skilled sectors, as well as exploring working conditions of migrant workers, noting that hundreds of cases of foreign worker exploitation were investigated by the Ministry of the Economy's Program Integrity and Legislation Unit since 2008.<sup>18</sup>

Until 2008, most TFWs worked for employers situated in Ontario. That year, Alberta surpassed Canada's largest economy as the leading host for foreign workers by Labour Market Opinion (LMO), with approximately 74,000 foreign workers compared to Ontario's 62,000 that same year. Around 2005, the Western provinces of Saskatchewan, Alberta, and Manitoba experienced a "boom" in the number of

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The Temporary Foreign Worker Program in Canada: Low Skilled Workers as an Extreme Form of Flexible Labour. *Comp Labor Law Policy J* 2009; 31: 5-45.

<sup>16</sup> Fudge J, MacPhail F. (2009).

<sup>17</sup> SaskTrends. *The Demographic and Economic Characteristics of Recent Immigrants to Saskatchewan*. Number 2. SaskTrends Monitor. 2016.

<sup>18</sup> Stevens A. *Temporary Foreign Workers in Saskatchewan's 'Booming' Economy*. Saskatchewan, 2014.



foreign workers entering their respective labour markets. By 2012, 37% of foreign workers were employed in Canada's four prairie provinces. In Alberta alone, the number of foreign workers increased from around 10,000 to nearly 75,000 between 2005 and 2008, before declining briefly during the recession. In 2011, meanwhile, Saskatchewan had overtaken Manitoba as home to the fifth largest temporary foreign workforce after Quebec. The years between 2005 and 2012 constitute the highest growth years for TFWs in Saskatchewan, climbing 647% compared to a national growth rate of 146% over the same period. This ranked Saskatchewan as the fastest growing destinations for TFWs. When workers employed under the International Mobility Program are included, 2016 census data indicates there are approximately 7,000 non-permanent workers employed in Saskatchewan compared to just 1,800 TFWs in 2005. Still, the current figure is a significant drop from a peak of nearly 11,000 in 2012-2013, at the crest of Saskatchewan's economic boom, signaling the sensitivity of this population to economic cycles and employer access vis-à-vis temporary foreign worker programs. The numbers climb further if we include international students permitted to work off-campus. In 2015, foreign workers admitted under the TFWP and IMP represented 1.7% of the total workforce, compared to just 0.3% a decade earlier. Only about 2.8% of all foreign workers in Canada reside in Saskatchewan, but double the 2003 figures.<sup>19</sup> When permanent residents are included, Saskatchewan is home to over 20,000 migrant workers, with immigration constituting the biggest driver of population growth in the province.<sup>20</sup>

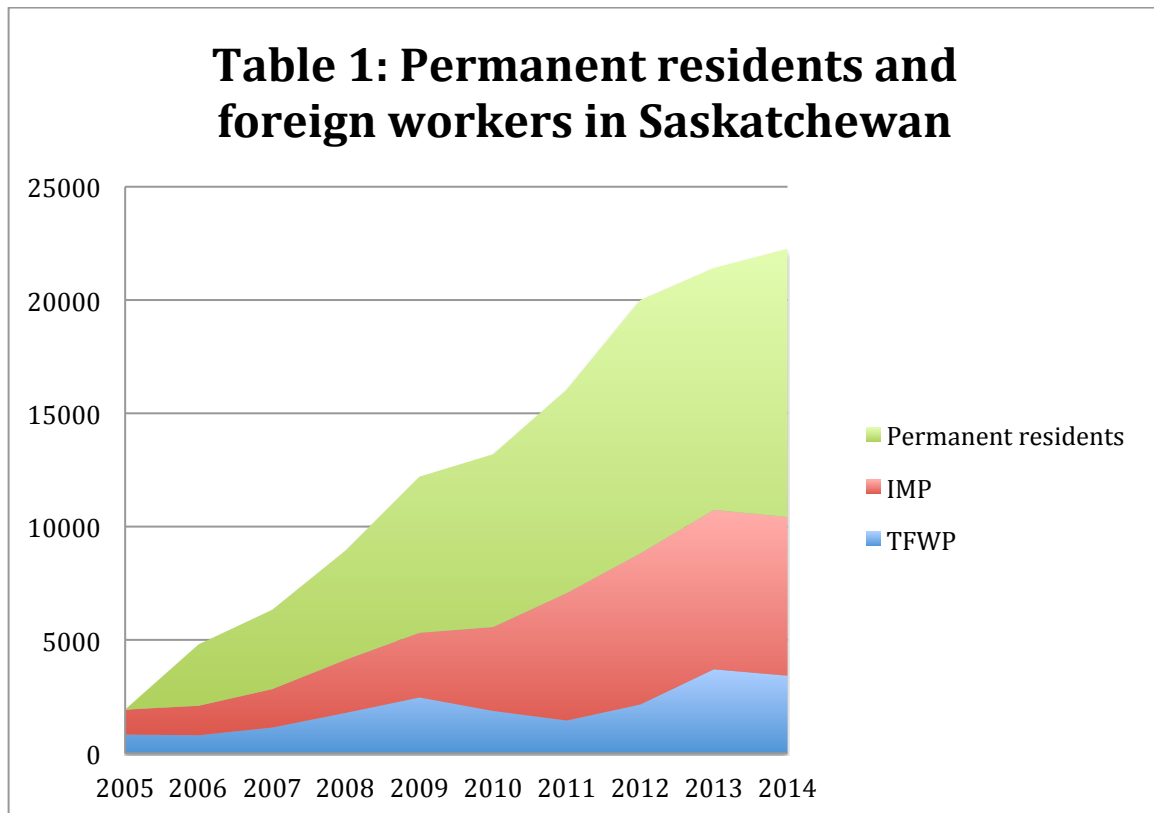
By geographic distribution, a majority of TFWs are spread across small cities, towns, and rural areas. Permanent residents, meanwhile, are situated mostly in the major urban centres of Saskatoon and Regina, suggesting that when unbound by the closed work permit restrictions shouldered by *temporary* foreign workers, migrants

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<sup>19</sup> Government of Canada. *Temporary Foreign Worker Program 2009-2016*. <<http://open.canada.ca/data/en/dataset/c65d2014-ef25-4781-b9b2-e13a7293b72d>> accessed 20 September 2017.

<sup>20</sup> Graham, J. Drawn by jobs, immigration boom hits Saskatchewan. *The Globe and Mail*, 2012. February 8. <https://www.theglobeandmail.com/news/national/drawn-by-jobs-immigration-boom-hits-saskatchewan/article544575/>

gravitate towards the province’s cities. This exacerbates the labour market shortages experienced in the towns and rural areas, further perpetuating the need for migrant labour programs as a predictable source of workers. As the provincial economy picked up momentum throughout the 2000s and real wage growth remained steady, the draw of foreign labour to lower skilled and waged occupations accelerated. The prevalence of physicians and health care practitioners yielded to food services, accommodations, and construction. By 2012, fast food became the single most important employer of foreign workers in urban and rural Saskatchewan (Tables 1 and 2).<sup>21</sup> Indeed, the occupational makeup of migrant labour has shaped social determinants of health as accompanying wage rates and industries of employment set the stage for access to housing and workplace safety.



<sup>21</sup> *Temporary Foreign Workers in Saskatchewan’s ‘Booming’ Economy, 2014.*

**Table 2**  
**Foreign workers and immigrants in the Saskatchewan labour market**

Industry	Non-permanent workers	Non-permanent workers as % of workforce	Immigrants	Immigrants as % of workforce
All industries	7,065	1.30%	65,945	12.12%
Food services and accommodations	2,060	5.89%	10,220	29.20%
Retail	960	1.60%	8,600	14.32%
Education	440	1.00%	3,895	8.86%
Construction	440	1.01%	3,430	7.89%
Health care	410	0.58%	10,735	15.24%
Farms	345	0.71%	1,955	4.07%
Taxi & limousine	15	1.38%	590	54.38%
Manufacturing	295	1.18%	5,260	14.32%

Source: Statistics Canada, Census 2016 (Saskatchewan)

An understanding of migrant labour, and the newcomer population generally, also needs to be couched in the broader context of income distribution and poverty in the province. Low-income rates among immigrants remain high relative to Canadian born residents, even though these rates have been on the decline since the 1980s. This decrease is most noticeable in western regions, particularly Saskatchewan and Manitoba, where the share of population consisting of immigrants has doubled. Between 2000 and 2010 the low-income rates among recent immigrants fell by 50%

in Saskatchewan - the greatest rate of decline in the country.<sup>22</sup> This trend unfolded over a period of real wage growth and a decline in the low-income rate for the population as a whole.<sup>23</sup> Research suggests that the admission of migrants through the employer-guided Provincial Nominee Programs (PNP) contributed to this trend, as more newcomers entered with a job in place. In other words, entry through PNPs has changed the characteristics of entering immigrants. However, the low income rate of non-permanent residents – which includes international students, refugee claimants, and TFWs – is high compared to permanent residents and non-immigrants, at around 37% compared to 11% and 8% respectively.<sup>24</sup> What impact this has had on health outcomes is unknown and virtually unexplored in the provincial context. Research participants recognize the need to address this gap in understanding.

## 2.0 The health of migrants and migrant workers

Researchers have long maintained evidence of a “healthy immigrant effect”; a phenomenon where immigrants are healthier (on average) than the native-born on arrival, but lose this health advantage over time.<sup>25</sup> Research on the health of migrant workers in Canada, reveals similar patterns, with the precursor that occupational and living conditions elevate their risk of poor health, thus defining the socially determinant nature of health.<sup>26</sup> Barriers to health care, then, are known to shape

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<sup>22</sup> Picot, G and Hou, F. *Immigration, low income and income inequality in Canada: What's new in the 2000s*. Analytical Studies Branch. December, 2014.

<sup>23</sup> Government of Saskatchewan. *Poverty reduction in Saskatchewan: Background and context*. Research paper prepared for the Advisory Group on Poverty Reduction. No date.

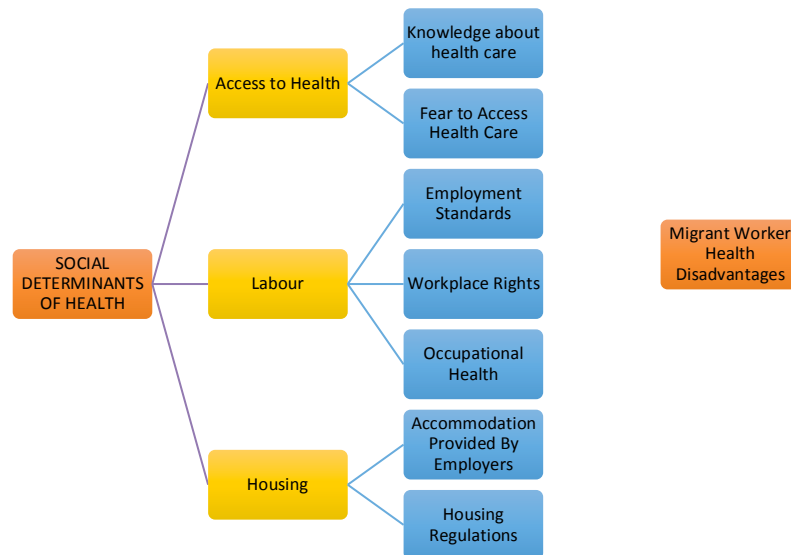
<http://publications.gov.sk.ca/documents/17/84792-Saskatchewan%27s%20Approach%20to%20Poverty%20Reduction%20Research%20Paper.pdf>

<sup>24</sup> Government of Saskatchewan, no date.

<sup>25</sup> McDonald JT, Kennedy S. Insights into the ‘healthy immigrant effect’: Health status and health service use of immigrants to Canada. *Soc Sci Med* 2004; 59: 1613–1627; Kennedy S, Kidd MP, McDonald JT, et al. The Healthy Immigrant Effect: Patterns and Evidence from Four Countries. *J Int Migr Integr* 2015; 16: 317–332; Gee EM, Kobayashi KM, Prus SG. Examining the healthy immigrant effect in mid-to later life: Findings from the Canadian Community Health Survey. *Can J Aging* 2004; 23: S55–S63.

<sup>26</sup> Preibisch K, Hennebry J. Temporary migration, chronic effects: the health of international migrant workers in Canada. *Can Med Assoc J* 2011; 183: 1033–1038.

health outcomes amongst migrant workers. Figure 1 highlights the three principal social determinants of health for migrant labour highlighted both in the literature and demonstrated in our study: access to health services, labour, and housing. It is through these vectors that health disadvantages are constructed.



**Figure 1: Summary of connections between social determinants and migrant worker health**

### 2.1.1 Barriers to health care access

Studies of migrant labour suggest that this workforce typically possesses limited access to health services. For migrants arriving to a destination country for the first time, the health system itself may become inaccessible to them due to both systemic and individual barriers. The preponderance of health research documents individual barriers that affect access such as lack of familiarity with administrative practices or knowledge of existing services.<sup>27</sup> Also, research is abundant on lower

<sup>27</sup> Oxman-Martinez J, Hanley J, Lach L, et al. Intersection of Canadian Policy Parameters Affecting Women with Precarious Immigration Status: A Baseline for Understanding Barriers to Health. *J Immigr Health* 2005; 7: 247–58.

rates of literacy or simply not being conversant in the official language(s) as limiting factors affecting migrant workers' access to health services.<sup>28</sup> However, systemic barriers and the legal exercise of power over migrants by employers also diminishes access. In an exemplary case, whilst migrant workers with the SAWP in Ontario are entitled to the Ontario Health Insurance Plan (OHIP),<sup>29</sup> there are reports of employers "routinely" withholding migrant workers' health cards,<sup>30</sup> or being in charge of taking employees to obtain health cards - all serving to limit migrant workers' access to healthcare.

Geographical barriers to health care access also exist, such that migrant workers, especially those living on farms in rural or remote areas, may experience social exclusion and be unable to access various services, including health.<sup>17</sup> Through the unavailability of adequate and safe transportation<sup>31</sup> or in some cases poor rural transportation networks, migrant workers may sometimes not be able to make it to rural clinics for health appointments.<sup>32</sup> In cases where migrants have to rely solely on employers to be transported for health services they may end up not accessing health services at all.<sup>23</sup> These challenges have been found more severe for amongst undocumented migrant workers who are known to avoid health and other services altogether, for the fear of deportation.<sup>33</sup>

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<sup>28</sup> Hennebry J, Preibisch K, McLaughlin J, et al. *Health across Borders -Health Status, Risks and Care among Transnational Migrant Farm Workers in Ontario* CERIS Ontario Metropolis Centre. Toronto [http://ceris.ca/wp-content/uploads/virtual-library/Hennebry\\_et\\_al\\_2008.pdf](http://ceris.ca/wp-content/uploads/virtual-library/Hennebry_et_al_2008.pdf) (2009).

<sup>29</sup> Hennebry J. Not just a few bad apples: Vulnerability, health and temporary migration in Canada. *Can Issues* 2010; 73-77.

<sup>30</sup> McLaughlin J. Classifying the 'ideal migrant worker': Mexican and Jamaican transnational farmworkers in Canada. *Focaal- J Glob Hist Anthropol* 2010; 2010: 79-94.

<sup>31</sup> McLaughlin J. *Trouble in our Fields: Health and Human Rights among Mexican and Caribbean Migrant Farm Workers in Canada*. University of Toronto [https://tspace.library.utoronto.ca/bitstream/1807/24317/1/McLaughlin\\_Janet\\_E\\_200911\\_Phd\\_thesis.pdf](https://tspace.library.utoronto.ca/bitstream/1807/24317/1/McLaughlin_Janet_E_200911_Phd_thesis.pdf) (2009).

<sup>32</sup> Pysklywec M, McLaughlin J, Tew M, et al. Doctors within borders: meeting the health care needs of migrant farm workers in Canada. *C Pract* 2011; 183: 1039-43; Salami B, Meharali S, Salami A. The health of temporary foreign workers in Canada: A scoping review. *Can J Public Heal* 2015; 106: e546-54.

<sup>33</sup> Otero G, Preibisch K. *Farmworker Health and Safety: Challenges for British Columbia*. Vancouver <https://www.sfu.ca/~otero/docs/Otero-and-Preibisch-Final-Nov-2010.pdf> (2010).

Health care access is also gendered, with women facing additional barriers to health services. Female migrant workers have been found to face significant barriers to accessing sexual and reproductive health services in particular; research has suggested cases of women resorting to so called “natural remedies” and unsafe abortions.<sup>34</sup> Pap smears, mammograms and various routine health services are also sometimes out of the reach of female migrant workers. The constant fear of becoming pregnant – in a system where they are unprotected against employers who may send them home - also prevents women from seeking prenatal care. Finally, female migrant workers may feel uncomfortable talking about certain health challenges speaking through a translator when language barriers are an issue.<sup>35</sup>

Saskatchewan policy research has long identified the limitations of the current health care model in terms of accessibility to newcomers. A literature review for the Multicultural Mental Health Resource Centre recognized the need for the province to craft a “culture-conscious” health care policy framework, with a specific focus on the needs of immigrants and refugees, in addition to Saskatchewan’s significant Indigenous and Metis populations. This, the research insists, must follow the provincial government’s enthusiastic pursuit of migrant labour through the various foreign worker and nominee programs. Specific to mental health, the current health care delivery model lacks cultural competency from the range of services to training and expertise.<sup>36</sup> Earlier policy reform strategies, studies suggest, have largely ignored the specificity of immigrant and refugee populations who settle in the province. Newcomers in need of mental health and addiction services are more likely to access these services if they are responded to in ways that respect their

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<sup>34</sup> Oxman-Martinez J, Hanley J, Lach L, et al. Intersection of Canadian Policy Parameters Affecting Women with Precarious Immigration Status: A Baseline for Understanding Barriers to Health. *J Immigr Health* 2005; 7: 247–58.

<sup>35</sup> Magalhaes L, Carrasco C, Gastaldo D. Undocumented Migrants in Canada: A Scope Literature Review on Health, Access to Services, and Working Conditions. *J Immigr Minor Heal* 2010; 12: 132–151; McLaughlin J. Gender, Health and Mobility: Health Concerns of Women Migrant Farm Workers in Canada. *FOCALPoint Canada’s Spotlight Am* 2008; 7: 10–11.

<sup>36</sup> Rahimi, S. *Towards culture-conscious mental health services in Saskatchewan: A review of existing legislation, policies and strategy documents*. Multicultural Mental Health Resource Centre. 2012. <http://www.multiculturalmentalhealth.ca>

language needs, cultural preferences, and ways of life. As a respondent participating in the 2014 Mental Health and Addictions Action Plan study wrote, “immigrants face integration problems such as low pay[ing] jobs, discrimination, language barriers, loneliness, homesick[ness], unusual weather conditions... and other new culture[al] stress[es]. These immigrants from racial minority groups experience more mental health challenges”.<sup>37</sup> With nearly two-thirds of Saskatchewan’s new residents coming from abroad since 2006, the need for immigrant-focused health care practices is particularly salient.

### 2.1.2 Housing, Living Conditions and Health

Employers who access migrant labour through the SAWP are required to provide living and travel accommodation for TFWs. These are the most precarious of Canada’s foreign workforce, secluded to rural areas and structurally prevented from accessing permanent residency. Most of the empirical evidence and theoretical analysis of migrant labour in the country stems from this population. But housing affordability remains a perennial concern throughout Saskatchewan, despite cooling economic conditions. Only a few years ago vacancy rates were at historic lows in the province’s cities and small towns that reside at the geographic epicenter of oil and gas extraction. International and domestic migration put added stress on Saskatchewan’s affordable and social housing stock, which put recent immigrants as in need of assistance, according to the Ministry of Social Services’ housing strategy.<sup>38</sup> Community organizations that focus on housing policy have made similar observations.<sup>39</sup> In 2015, about a quarter of an average income earner’s pay cheque was consumed by rent, up from 20% ten years earlier. Over this period the cost of

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<sup>37</sup> Winder, F. *Working together for change: A 10 year mental health and addictions action plan for Saskatchewan*. The Mental Health and Addictions Action Plan. 2014.

<sup>38</sup> Government of Saskatchewan. *A strong foundation – The housing strategy for Saskatchewan*. Ministry of Social Service. 2013. <http://publications.gov.sk.ca/documents/17/76213-2011-19-Housing-Strategy-for-Saskatchewan.pdf>

<sup>39</sup> Saskatoon Housing Initiatives Partnership. *Immigrants and newcomers*. No date. <https://www.shipweb.ca/immigrants-and-newcomers/>



living exceeded wage growth, a problem that is now exacerbated as real wage stagnation takes hold of the economy. Improvements in housing availability have had a minimal impact on affordability.<sup>40</sup> Migrants recruited to work in low-wage industries, like food services and accommodations, are particularly sensitive to this reality.

National research on the housing and living conditions of migrant workers shows that employers often fail to provide adequate housing, particularly in agriculture. As many as 37% of Mexican migrant workers employed in British Columbia -- the majority of whom work on farms -- reported living in conditions that pose significant health threats.<sup>41</sup> Research by McLaughlin<sup>42</sup> on the living and housing conditions of Jamaican and Mexican migrants in Niagara, Ontario, revealed substandard housing that are characterized by excess heat during the summer, lack of ventilation, overcrowding, lack of privacy, and poor bathroom facilities. A respondent in McLaughlin's research described living under conditions "worse than the employer gives to their dogs!"<sup>43</sup>

Overcrowding is another common concern. In some instances, as many as 11 migrant workers might be expected to live in the same house,<sup>44</sup> with workers suffering various indignities such as having to delay going to bathrooms and withholding stools or urine for extended periods of time,<sup>45</sup> defecation and urination in fields,<sup>46</sup> and having facilities named in a racialized fashion (e.g. bathrooms labeled "Jamaicans" and "Mexicans").<sup>47</sup> Research by Henebry<sup>48</sup> in Canada shows that poor

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<sup>40</sup> *SaskTrends Monitor*. 2016. January. Volume XXXIII (1).

<sup>41</sup> Arcury TA, Quandt SA. Delivery of Health Services to Migrant and Seasonal Farmworkers. *Annu Rev Public Health* 2007; 28: 345-363.

<sup>42</sup> McLaughlin J. (2009)

<sup>43</sup> McLaughlin J. (2009)

<sup>44</sup> Preibisch K, Otero G. Does citizenship status matter in Canadian agriculture? Workplace health and safety for migrant and immigrant laborers. *Rural Sociol* 2014; 79: 174-199.

<sup>45</sup> Preibisch K, Otero G. (2014).

<sup>46</sup> Otero G, Preibisch K. *Farmworker Health and Safety: Challenges for British Columbia*. Vancouver <https://www.sfu.ca/~otero/docs/Otero-and-Preibisch-Final-Nov-2010.pdf> (2010).

<sup>47</sup> Preibisch KL, Encalada Grez E. The Other Side of el Otro Lado: Mexican Migrant Women and Labor Flexibility in Canadian Agriculture. *Signs J Women Cult Soc* 2010; 35: 289-316.

living conditions of migrant workers are not merely isolated incidents or “anecdotal evidence” but a pervasive phenomenon.<sup>49</sup>

Studies from the United States reveal similar conditions. A tenth of employers have been found to flout housing regulations, housing migrant farm workers in rodent- and cockroach-infested accommodation with little to no provision for their safety, lack of fire extinguishers, and extremely unsanitary conditions.<sup>50</sup> These poor living conditions are associated with numerous poor health outcomes and health risks.<sup>51</sup> The unsanitary conditions in which migrant workers might live place them at high risk of both physical and mental health issues. Food and water borne diseases will thrive in these areas, particularly in conditions of overcrowding, allowing sickness to easily spread.<sup>52</sup> Chronic skin conditions have also been linked with unsanitary living conditions.<sup>53</sup> Research demonstrates a positive correlation between housing quality and psychological wellbeing,<sup>54</sup> as mental health issues are known to arise among migrant workers living in poor quality housing due to a lack of quiet resting places, sleeplessness, concerns about safety and hygiene, and the overall unsuitability of accommodations.<sup>55</sup> Despite such realities, migrant workers are known to quiet their discontent due to the paternalistic nature of their relationship

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<sup>48</sup> Hennebry J. Not just a few bad apples: Vulnerability, health and temporary migration in Canada. *Can Issues* 2010; 73–77.

<sup>49</sup> Hennebry J. Not just a few bad apples: Vulnerability, health and temporary migration in Canada. *Can Issues* 2010; 73–77.

<sup>50</sup> Quandt SA, Summers P, Bischoff WE, et al. Cooking and Eating Facilities in Migrant Farmworker Housing in North Carolina. *Res Pract* 2013; 103: e78-84.

<sup>51</sup> Preibisch K, Otero G. Does citizenship status matter in Canadian agriculture? Workplace health and safety for migrant and immigrant laborers. *Rural Sociol* 2014; 79: 174–199; Preibisch KL, Encalada Grez E. The Other Side of el Otro Lado: Mexican Migrant Women and Labor Flexibility in Canadian Agriculture. *Signs J Women Cult Soc* 2010; 35: 289–316.

<sup>52</sup> Preibisch K, Otero G. Does citizenship status matter in Canadian agriculture? Workplace health and safety for migrant and immigrant laborers. *Rural Sociol* 2014; 79: 174–199;

<sup>53</sup> Quandt SA, Summers P, Bischoff WE, et al. Cooking and Eating Facilities in Migrant Farmworker Housing in North Carolina. *Res Pract* 2013; 103: e78-84.

<sup>54</sup> Evans GW, Wells NM, Moch A. Housing and Mental Health: A Review of the Evidence and a Methodological and Conceptual Critique. *J Soc Issues*. Epub ahead of print 2003. DOI: 10.1111/1540-4560.00074.

<sup>55</sup> Gustafson CJ, Feldman SR, Quandt SA, et al. The association of skin conditions with housing conditions among north carolina latino migrant farm workers. *Int J Dermatol* 2014; 53: 1091–1097.

with employers, which increases their structural vulnerability especially as poor housing conditions often have to be reported to employers.<sup>56</sup>

### 2.1.3 Occupational health and working conditions

Occupational safety is a significant factor determining the conditions of health for migrant workers in Canada. Nowhere is this more important than in Saskatchewan, which has a relatively high injury rate and the highest work fatality rate in Canada.<sup>57</sup> This reality is amplified by the labour market disadvantages faced by migrants, notably their precarious status and growing presence in the secondary, low wage sector.<sup>58</sup> Evidence from other countries, like Germany, suggests that migrant workers assume jobs that are deemed too dangerous by indigenous labour, are less likely to request safety equipment, and continue to work in unsafe conditions despite the risk. Post-injury experiences are also telling of the challenges confronting migrant workers. Here, migrant workers experience difficulty filing claims due to a poor knowledge of rights, language barriers, and fear of losing employment or status.<sup>59</sup> Also, migrant workers may face an elevated risk of exposure to dangerous chemicals, with seasonal farm workers in the United States for example, reported to have an elevated incidence of pesticide poisoning.<sup>60</sup>

At the workplace, factors such as poor sanitation,<sup>61</sup> weak occupational health and safety regulations,<sup>62</sup> chronic stress, inordinate number of working hours<sup>63</sup> and

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<sup>56</sup> McLaughlin J. *Trouble in our Fields: Health and Human Rights among Mexican and Caribbean Migrant Farm Workers in Canada*. University of Toronto  
[https://tspace.library.utoronto.ca/bitstream/1807/24317/1/McLaughlin\\_Janet\\_E\\_200911\\_PhD\\_thesis.pdf](https://tspace.library.utoronto.ca/bitstream/1807/24317/1/McLaughlin_Janet_E_200911_PhD_thesis.pdf) (2009).

<sup>57</sup> Tucker S. *Work-related Fatality and Injury Rates: A Comparison of Canadian Provinces and Territories 2017 Report*. April 25, 2017.

<sup>58</sup> Bartley M, Ferrie J, Montgomery SM. Health and Labour Market Disadvantage: Unemployment, non-employment and job insecurity. In: *Social Determinants of Health*. Oxford: Oxford University Press, 2011, pp. 79–96.

<sup>59</sup> Kosny A, Lifshen M, MacEachen E, et al. Delicate dances: immigrant workers' experiences of injury reporting and claim filing. *Ethn Heal* 2012; 17: 267–290.

<sup>60</sup> Hansen E, Donohoe M, Mary S. Health Issues of Migrant and Seasonal Farmworkers. *J Health Care Poor Underserved* 2003; 14: 153–164.

<sup>61</sup> Preibisch K, Otero G. Does citizenship status matter in Canadian agriculture? Workplace health and safety for migrant and immigrant laborers. *Rural Sociol* 2014; 79: 174–199.

<sup>62</sup> Otero G, Preibisch K. *Farmworker Health and Safety: Challenges for British Columbia*. Vancouver <https://www.sfu.ca/~otero/docs/Otero-and-Preibisch-Final-Nov-2010.pdf> (2010).

various environmental hazards have been shown to increase migrant workers' vulnerability to poor health. These poor working conditions affect migrant workers' health mainly through physical and psychosocial pathways. Material factors have been shown to contribute substantially to the poorer health outcomes of people in low-skilled or manual occupations.<sup>64</sup> Such factors include the hazardous conditions and low earnings whilst the psychosocial factors include chronic stress associated with precarious work, an effort-reward imbalance, and the high demand and low control nature of manual work.<sup>65</sup> Some of these material factors may result in musculoskeletal strain and varying degrees of occupational injury among migrant workers.<sup>66</sup> Saskatchewan-based research on seasonal agricultural workers suggests that these and other conditions are shaped by a multitude of factors, particularly amongst the Latino population that constitutes the majority of workers admitted under the SAWP.<sup>67</sup> Machismo, an acceptance of injury as normal, poor training, language barriers, and an attitude amongst farm owners that third party education and OHS education is an affront to their learned experiences all constitute the determinants of workplace health.<sup>68</sup> This aligns with decades of findings from other Canadian jurisdictions and the United States. Here, cultural factors converge with the loosely regulated employment standards that tend to define work and employment in the province's already dangerous OHS environment.

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<sup>63</sup> Fairey D, Hanson C, Macinnes G, et al. *Cultivating Farmworker Rights: Ending the Exploitation of Immigrant and Migrant Farmworkers in BC*. Vancouver, 2008.

<sup>64</sup> Bartley M. *Health inequality: An introduction to concepts, theories and methods*. 2nd ed. Cambridge: Polity, 2016.

<sup>65</sup> Muntaner C, Solar O, Vanroelen C, et al. Unemployment, Informal Work, Precarious Employment, Child Labor, Slavery, and Health Inequalities: Pathways and Mechanisms. *Int J Heal Serv* 2010; 40: 281–295.

<sup>66</sup> Brower MA, Earle-Richardson GB, May JJ, et al. Occupational Injury and Treatment Patterns of Migrant and Seasonal Farmworkers. *J Agromedicine* 2009; 14: 172–78.

<sup>67</sup> Viveros Guzman, A. *Latino migrant farmworkers in Saskatchewan: Occupational health and safety education and the sustainability of agriculture*. A dissertation submitted to the College of Graduate Studies and Research, University of Saskatchewan. 2016.

<sup>68</sup> Arcury, T.A., and Quandt, S.A. Occupational and environmental health risks in farm labor. *Human Organization*, 57(3), 331-334. 1998; Arcury, T.A., Estrada, J.M., and Quandt, S.A. Overcoming language and literacy barriers in safety and health training of agricultural workers. *Journal of Agromedicine*, 15(3), 236-248, 2010.

Given the rise in TFWs and other migrant worker classifications in Saskatchewan and the conditions and processes described above in relation to migrant worker health in other parts of Canada, our research aims to investigate these trends in a province where the rate of migrant worker growth has outpaced the national average. Indeed, migrant labour has come to define the economic and labour market geography of this resource-based economy.

### 3.0 Methods

This exploratory qualitative study investigates how occupational and housing conditions and regulations influence the health of migrant workers in Saskatchewan. It also explores how migrant workers access health services and the ways in which occupational, housing, and healthcare services related factors contribute to TFW health disadvantages. The specific questions driving the research are:

- (1) How do *occupational conditions and regulations* influence the health of migrant workers?
- (2) How do *housing conditions and regulations* influence the health of migrants?
- (3) How do migrants access *health services*?

Semi-structured interviews with gatekeepers and TFWs shape the respondent population and are used to investigate the perspectives on the social determinants of health. Workers were drawn from the industries of agriculture, service, and construction sectors. Key informants shaped the study's community advisory panel, and made up of representatives from settlement agencies, service providers, community advocates (faith groups), government, and safety organizations. This group provided guidance and access to migrant workers and employers. As well, fifteen key informants selected for their experiences with migrant workers and/or expertise with relevant policy were interviewed in 2016. Some of the KIs also assisted in the recruitment of study participants for the second phase of the project.

### 3.1 Data collection and analysis

In order to get a clearer picture of migrant worker life and health-affecting circumstances in Saskatchewan, the first phase of our study reached out to a variety of community partners who work directly with migrant workers. Our Community Advisory Panel (CAP) draws on a wealth of experience and knowledge amongst professionals and community leaders who interact with migrant workers and migrant worker issues. The purpose of the CAP is to help identify stakeholders we could interview and recruit participants for our study. In total 15 key informants were identified and interviewed in 2016. Collectively our interviewees represent a broad spectrum consisting of faith groups, settlement agencies, employers, government regulators, and workplace safety organizations. In total 30 interviews were conducted as part of the study.

Our preliminary findings shed light on the various ways provincial legislation and regulations affect the well-being of migrant workers.<sup>69</sup> Through the interviews we identified gaps in the established systems (provincial and federal) that are designed to protect the health of these foreign workers. Drawing on and reflecting on our research, questions surface about the design and effectiveness of the provincial mechanisms, particularly related to enforcement provisions, that are supposed to protect migrant workers in Saskatchewan in the areas of employment standards, housing, occupational safety, and accessing health care services.

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<sup>69</sup> Rankandfile.ca. *Temporary foreign workers in Saskatchewan's economy*. 2014. <http://rankandfile.ca/2014/07/11/temporary-foreign-workers-in-saskatchewans-economy/>; Migrant Work Saskatchewan. *Transforming Migrant Work Conditions*. 2017. <https://saskforward.ca/transforming-migrant-work-conditions-migrant-worker-justice-saskatchewan/>.

## **4.0 Results**

Analysis of the responses given by the key informants suggested many ways in which occupational, housing and healthcare access related factors affect the health of migrant workers. The descriptive thematic analysis of the KI data was useful in establishing a guide for TFW interviews employed in the second phase of the research. Results from this Saskatchewan study align with much of the literature on neighboring jurisdictions, but adds to an understanding of social determinants of health within the food services and accommodation industry in particular. The research also yields a more nuanced reality facing agricultural labour – a minority in the province’s migrant worker population – in which workers widely characterize housing as ideal, working conditions as safe and fair, and health care accessible and facilitated by farm owners. Such findings run counter to narratives of SAWP-focused employment as uniformly defined by poor housing conditions, unsafe employment standards, and inadequate health care. What the finds suggest is that work in fast food and hospitality is dominated by “bad jobs”, exploitation, and instances of discrimination.

### **4.1 Access to Health Services**

Most key informant responses to questions on health service access by immigrants clustered around two themes: insufficient knowledge by immigrants on accessing health services and fear of accessing services. The study also uncovered variance across occupations and industries in terms of the overarching experiences with health services, housing, and occupational safety. Some of these findings run counter to the dominant narratives in existing literature.

#### **4.1.1 Knowledge of navigating health system and accessing health services**

Questions to settlement workers and community members related to accessing health services by immigrants elicited responses that suggested that most migrant workers are either unaware of how to access health services in Saskatchewan or confused by how the health system works. Because different countries organize

their health systems differently, migrant workers may lack a clear understanding of how the Canadian health system works and this can serve as a barrier to health care service access. This is exacerbated by the lack required training, education, or familiarization processes for migrants offered either by settlement agencies, governments, or employers. One settlement worker described how a migrant worker was confused when the worker mentioned “family physician” to them:

*“...when I start talking about family physicians, for example, they don’t know what this is. In their mind, they say ‘Oh I thought I should just go to the hospital’ in any occasion. So, they don’t know about it.” (JM, Settlement Worker)*

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This lack of understanding comes at a financial and health cost to migrant workers. For example, not knowing how and when to access health cards, which can significantly lower the cost of health care services, has led in some cases to migrant workers paying for health services out of pocket. Another settlement worker described situations where newly arrived migrant workers had to pay for health services for the health of their child:

*“I had people - who was you know needed for health - they paid. They paid from pocket. I did have a family and the child, they did arrive and on the third day the child was just crazy sore and he has to pay \$900 or something for the treatment.” (Settlement Worker)*

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Agricultural workers who participated in the study had mixed experiences. Although these participants understood that they receive health coverage through the Seasonal Agricultural Work Program (SAWP), few had a comprehension of what services are provided for with the Saskatchewan health card they are provided, or the scope of rights they possess. When one worker was asked what they would do if they got sick or needed medical attention, he responded:



*It's not very clear to me yet what I should do. I think I was told I have the right to see a doctor, but it seems that the medication isn't covered, I'd have to pay for it myself. That's what I understood but it's not completely clear for me yet. (Agriculture technician)*

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Others confessed that the quality of care being offered was a deterrent to accessing care in the future. Wait times and the perceived inadequacy of care were cited as the reasons.

*The waiting time is so long and the nurses and physicians I don't think they pay all of their attentions to us. Including the doctors in the walk-in clinic, terrible, k. He will only answer one question once and no patient. I mean impatient. And bad attitude. He really just recommend some pain killer either way. And in the hospital, oh let me see, I've been here in Saskatchewan hospital several times but I don't know. When I was in Vancouver I went to hospital for my gull bladder stone, it was a terrible experience. I went there in the afternoon of a Friday, the pain was killing me. I mean it's gull bladder stone, next to labor pain. A woman deliver her child, the pain, the level, there is a level, the level of gull bladder stone just next to the labor. But what did they do, they gave me a bed, that's good. Gave me a bed and a blanket and I stayed there for two hours until I say the doctor. The only thing they gave for me that day is pain killer, IV pain killer. And they say "you can go home, I make an appointment for you on Monday." That whole weekend I was a dying person in bed, until Monday, the coming Monday, went there, wait the whole morning, finally the doctor came and said, "Okay, you need surgery." (Accountant)*

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*Actually, you know in Canada there is a problem, a basic problem, because the cost of health comes from government, not patient pay for that. So doctor, nurse, hospital whatever they gave his money from the government, they charge government, not patient. So they don't care about the patient. Never, ever. They don't care cause you didn't pay the money so they didn't care you. Because in every business, if they didn't charge you for the money, they didn't care you. Not just health, in each business. In each business, if you are a restaurant, if you are grocery, anywhere, if they can charge you they care. It's usual. (Retail and sales employee)*

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One family physician who practices in the capital city of Regina outlined the broader challenges facing immigrants when it comes to accessing care, as well as the overarching issues for the medical profession in Saskatchewan.

*These patients [newcomers] are time-consuming because you have to take a very lengthy history of where they come from, what their past medical history has been, what their situation is now. They have medical problems that you might not be familiar with as a physician. They have probably issues around trauma and mental health issues that you're not. And so they're the kind of patients that frankly fee-for-service medicine doesn't want cause they're time-consuming and they know you need to see them repeatedly to get a decent history. So I would say the access problems that all people face in accessing good primary care are tripled and quadrupled when you're an immigrant or if you're a refugee even worse. (Family physician)*

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#### 4.1.2 Fear as a limiting factor to health service access

Key informants also expressed concern that migrant workers were afraid that reporting ill health to their employer and accessing health services could lead to job losses, reductions in wages and earnings and, in some cases, deportation. These fears are not unfounded. A key informant described a situation where an employer sent a migrant worker back home after the worker had just had a health procedure:

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*“I know one guy who had his appendix removed, after he was released from the hospital shortly he was sent back home. So, because his recuperation would take longer. So, the employer don’t want to risk it because the reality is it’s money that they are investing and they need to get some return so they don’t want to have workers that aren’t healthy or they don’t work.” (Pastor, Community Organization)*

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Another anecdote summoned by one key informant was that of a woman who had just had a baby:

*“This young lady – when she came, two weeks after she came she complained of a stomach ache to her employer and the employer sent her home around noon... I was told that this lady has had a child and the child was in the closet when she came and they found that the child was almost died. She was a little girl probably five pounds and a half. And then she was pale and a little bit blue. And then they say, “what do we do?” And I say okay I will call the ambulance and they will be there right away. And so I called 911 and they came and they took both the mother and the child and they took to RUH... But what happened is when the employer knew, cause I called the employer later on, he got mad but then he said well you can stay where you are because you know that’s not a problem but as soon as the child is released from the hospital you have to go home.” (Saskatoon Advocate)*

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In some instances, participants reported that migrant workers “choose” not to access health services because of the possibility of losing wages. For some migrant workers, when faced with the options of choosing between health and income, they are forced to choose their income -- a telling example of their precariousness.

*“... they are afraid to go to see a doctor because whatever is going to be a diagnosis they think that is going to prevent them from keep working. Even if the doctor says okay you should not work for three days for example – oh they don’t like that because they don’t want to miss any time.” (Saskatoon Advocate)*

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*“When I was in [the fast food industry], rarely ... took [time off] ‘cause I wasn’t able to afford it.... Not to work. Cause I didn’t have any benefits. So if I didn’t work, I didn’t get paid.” (Wholesale retail worker)*

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## 4.2 Housing conditions and regulations

KIs confirmed that housing conditions and the cost of accommodations are perennial issues for workers in Saskatchewan. Migrant workers are particularly sensitive to these realities. For over a decade, a booming resource economy meant low vacancy rates in the province’s small to large cities. Rent and housing prices sky rocketed. The small city of Estevan, nestled on the northern borders of the Bakken oil field and a major hub of coal mining and oil and gas extraction, became one of the most expensive communities in which to live. In many cases the accommodations offered by employers, in accordance with their obligations under the TFWP, were substandard and rarely subject to rigorous housing inspections.<sup>70</sup> Even large employers struggled to manage their housing responsibilities, creating challenges for human resources departments and managers dependent on migrant workers. Despite the sensational, yet real, instances of inadequate housing in which many workers lived, this experience was not uniform. Instead, it’s important to couch living conditions in the broader housing affordability crisis that beset the province throughout the 2000s.

### 4.2.1 Housing costs

KIs noted that without access to a license or vehicle, many migrant workers required accommodations that were close to public transportation options, which are largely inadequate even in the province’s major cities. Furthermore, migrants and immigrants who are dissatisfied with their accommodations were forced to live in hostels or housing in poor condition.

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<sup>70</sup> SaskTrends (2016a) *Economic Trends for Three Oil-producing Provinces*. Number 1. SaskTrends Monitor.

*“We had people that would end up staying for two to three weeks at the hostel, because there just wasn’t nothing really available, that was affordable of course, we’re talking... [Y]ou can always get an apartment, a two bedroom for \$1,900 a month, but that’s not necessarily what the most people are looking for when they’re just starting out. So affordable housing is still a bit of a challenge and Regina and Saskatoon are higher than a lot of other jurisdictions in Canada, in regards to the cost of housing.” (RL Settlement Worker)*

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Accommodation provided by employers is notably of low standard and Seasonal Temporary Foreign Workers live in cramped, under-equipped facilities with some of them living in trailers or RVs. For example, some employers may expect as many as twelve people to live in a three-bedroom house. This, according to key informants, can result in domestic strife as people may steal from one another because they use one freezer or quarrel over who should clean the house and when? Lamenting over the situation, a Saskatoon Advocate rhetorically asked interviewers:

*“How can you have ten, twelve people in one home and you have only one set of washer and dryer...how can they store enough food in two fridges?” (Saskatoon Advocate)*

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But other perspectives surfaced in the course of the research. One agricultural worker, for instance, indicated that housing, transportation, water, and electricity were provided for by the employer. Spacious and comfortable living quarters were referenced during interviews. Workers also recognized that employment conditions were, in part, overseen by a deal brokered by the Canadian and Mexican governments, providing some assurance that their right to safe housing was secure. Outside of the agriculture sector, where accommodations might be provided by the employer on-site, migrant workers situated in towns and cities were unprepared for the cost. This experience outlines the affordability crisis of

Saskatchewan’s housing market, especially for workers employed in the food service and accommodations industry (see Table 3).

**Table 3**  
**Top employers of TFWs by LMIA in Saskatchewan (2012-2014)**

Employer	Number of TFWs hired	Average hourly wage	Median Hourly wage
Subway	52	\$11.15	\$11.01
Tim Horton’s	42	\$10.96	\$11.00
BFI Constructors Ltd.	40	\$36.55	\$37.73
A&W	32	\$11.83	\$11.18
McDonald's Restaurant	28	\$11.19	\$11.00
Pizza Hut	27	\$12.68	\$12.25
Saskatoon Regional Health Authority	24	\$54.93	\$39.30
Cameco Corporation	22	\$62.23	\$57.67
Regina Qu'Appelle Health Region	20	\$73.04	\$41.98
Prairie North Regional Health Authority	19	\$129.63	\$134.50
University of Saskatchewan	19	\$38.03	\$37.44

Source: Data obtained through access to information request

*“Like what I mentioned to you just a while ago, it’s an apartment owned by our employer so it’s a good one. In terms of electricity and everything, it’s all good. But the thing though, it’s expensive, compared to the Philippines because we have our own house in the Philippines but here, like I think we pay \$400 bucks a month for myself including everything though, so it’s good.” (Shift manager, food services)*

#### 4.2.2 Inadequate Housing Regulation

Employers of seasonal and other migrant workers are typically required to seek letters of inspection from local authorities on housing, like the Saskatoon Housing Initiative. Employers, however, determine when inspections take place, allowing them to make sure that inspections occur before workers arrive. In effect, inspectors do not actually see the overcrowding and unpleasant conditions our key informants

identified. In addition to this arrangement, the fear of loss of employment prevents migrant workers from reporting their poor living conditions. According to one of the Housing Authority Representatives:

*“If we received a complaint-we could follow up on a complaint, like if a migrant worker phoned us, but it just doesn’t happen frequently” (Housing authority representative)*

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### **4.3 Working conditions, health and safety, and employment rights**

Participants described how a lack of safety and operational training, job strain and injury, an understanding of collective agreement language in unionized workplaces, and employment standards combined to determine migrant workers’ health. Considering that a migrant worker’s status in Canada can be determined by their capacity to labour, occupational health and safety is arguably one of the most significance determinants of well-being for this class of employee. Saskatchewan’s status as one of the country’s least safe provinces in which to work adds to the significance of workplace wellness as a vector through which to assess the conditions of employment facing migrant labour.<sup>71</sup>

Injury claims data drawn from the Saskatchewan Workers Compensation Board provides some useful insights about the distribution of injuries across sectors. Injury claims accepted by the Saskatchewan WCB from “temporary workers” (e.g., temporary foreign workers, international students, refugees), that is workers who “are neither Canadian citizens nor permanent residents” (Government of Canada, 2018), were identified as having a social insurance number (SIN) beginning with “9”. Our descriptive analysis focused on the temporal and industry pattern of

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<sup>71</sup> Tucker, S. *Work-related fatality and injury rates: A comparison of Canadian provinces and territories. 2017 report*. April 25. [https://www.uregina.ca/business/faculty-staff/faculty/file\\_download/2017%20Report%20on%20Workplace%20Fatalities%20and%20Injuries.pdf](https://www.uregina.ca/business/faculty-staff/faculty/file_download/2017%20Report%20on%20Workplace%20Fatalities%20and%20Injuries.pdf)

injuries among these claimants. Out of a total of 292,001 time-loss and non-time loss injury claims between 2007 and 2015, 3,944 (1.3%) had a SIN beginning with a “9”. The annual number of injury claims increased from 138 in 2007 to 745 in 2014 before declining to 542 claims in 2015. Claimants were predominantly male (78%) and most injuries occurred in the commodities (23%), manufacturing (20%), service (15%), health care, (13%), and transportation (13%) sectors. The transportation and service sectors had the highest percentage of time-loss injuries (63% and 48% of related claims, respectively), while manufacturing and health care had the lowest percentage of time-loss claims (36% and 38%, respectively). When limited to time-loss claims between 1 and 365 days (inclusive), the average injury duration was highest in the transportation (29.9 days, SD = 53.4) and health care (24.3 days, SD=37.3) sectors, whereas the lowest duration was in the manufacturing (15.5 days, SD=32.2) and commodity (18.1 days, SD=37.3) sectors.

#### **4.3.1 Workplace Health and safety**

Participants reported instances where workers lacked proper safety equipment, laboured under unsafe conditions, or went without proper health and safety training in an interest of avoiding a confrontation with employers. In one reported instance, migrant workers employed in the agricultural industry might fumigate without wearing the proper gear. Expedited workplace training, especially in the food service industry, or language barriers contributed to the creation of unsafe workplaces. The reasons for the reluctance to report unsafe practices appears to be fear of retribution or migrant workers’ ignorance of their rights. One key informant relayed the following:

*“[I]n fact, right now just recently employed a woman who is a migrant, two years new to Canada and when she first came to work, she got hurt within a month on the job and she was reaching for a box from a high shelf and it came down and injured her. And she wasn’t aware of her rights and responsibilities in a case like that, she was just concerned that [if] her employer thought she couldn’t work she’d lose her job”. (Safety Association Rep)*

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Such fears, according to informants, leads to an underreporting of injuries and a potential underestimation of the health and safety challenges migrant workers might be facing. Migrants employed in the food service industry further identified harassment and poor treatment by supervisors and customers as a source of emotional distress, thus compromising their health.

*I feel scared because you don't know when the boss will yell to you about you know yeah. And this is not my only, not only me have this feeling. We all colleagues also have it... Just like my colleague described. She feel, she just, she worked there for several months and then she resigned and she told me what is her feeling. In the morning she don't want to go to that workplace after she get up and when the boss, when they are not there she feels comfortable. When the boss is there she feel nervous. She don't know what will happen. Oh I said, I have the same feeling, we just hope she not there. (Medical office assistant)*

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Another migrant recalled an incident she experienced with a co-worker related to an incident with a customer that left her feeling unsafe in the workplace.

*Two of them, both of them are men. So the first one is a Caucasian, local people. He didn't offend me, he offended... let me think about this, he pissed my coworker, a first-year tax associate. I had another client, I was working on a case and when I finished it, I just check the first-year Tax Associate. The situation. I saw that she was close to crying, I could see tears in her eyes. I said "you have a rest and I take care of this one." He complained so much about the accents and the speaking English ability of my colleague. I had to comfort him and say "I'm sorry about that; she is new, new to Canada, she's not English speaker, sorry about that, I will take care of your case." Something like that. [Sighs] The guy is young, about 20 years old, he calmed down, when I got there he complained so much. He was pissed off too. He calmed down and we finished the case and he leave. The other one, another guy in the night he is from Nigeria, I think he is an international student. He wanted to file all of his tax returns since he got to Canada and I told him for the first year we will not give him the student price because he wasn't. He got angry, he yelled at me. He said "I'm going to complain you to your supervisor", I said 'Who, do you know her' and he swore. Because*

*he couldn't met my supervisor, not possible. However he just yell at me and yell at my other client, in the kiosk, so that's weird. So I talked to my other colleague, not the one that was going to cry, the other one. I said, "Call 9-1-1." As soon as I called 9-1-1 the guy he apologized many times. But I say, "you have to leave and I won't do anything for you." Yeah that's it. (Tax associate)*

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Accompanying these stories, however, are accounts of best practices and employers that address health and safety concerns in the workplace. The predominately male agricultural workforce was less likely to identify safety concerns and conveyed a sense of assurance in the employer's concern for the well-being of farm labourers. In other instances, managers were quick to intervene in instances where migrants felt threatened by customers due to language capability, race, or country of origin. But the precarious status of migrant workers also yielded conditions of exploitation and betrayed expectations many held in terms of their employment related duties and responsibilities. Employed by an immigrant family, one live-in caregiver reflected being tasked with a range of tasks that abused her trust and expectations.

*No, they are immigrants too, they asked for a refugee status and they practically used me for what I tell you, the "domestic" in the house and everything and on top of it I was the one that translated everything because they do not speak English. Then I was "used" her for everything, from running errands, immigration stuff, licensing ... she used me for all that... [They would say] "there is this work", "you have to do this and this and this and if you do not like it, there is the door" (Bar server)*

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Threats of being sent home by an employer, or the perception that such a threat is on the table, was summoned during an interview with a food services supervisor. Migrants often bear the stigma of being foreign and, thus, uneducated. Their silence when faced with discrimination is a telling product of status-based precarity.

*You're all the same. And in that matter it's like "you know what you do what I ask, I don't care if you were a president back home." And that's hard to put up to. Cause you know you're taking s\*\*\* about these people that barely graduate high school. And it's not like brag about it, it's how you deal with this kind of situation. Like "make sure you clean this, and make sure you do this and this" and I'm like "okay that's fine." But the worst part is that you can't speak up. And I'm one of those person that if something is I think is not right in terms of matters or legal I'll speak up. I'll never shut up like I'll come outside and talk to you, I don't care. But then you have to keep your ego and shut your mouth because if you speak up and the guy said "you know what. I don't like your tone, you're going back home". (Food services supervisor)*

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## 5.0 Conclusion

The research set out to explore the social determinants of health amongst Saskatchewan's migrant labour force. This was situated around three main determinants: health care access, employment conditions, and housing. The results from our research in Saskatchewan are consistent with studies of migrant workers in other parts of Canada such as British Columbia and Ontario, and other parts of the world, particularly the United States.

Our findings suggest that migrant workers lack of knowledge on how to navigate the health system can serve as an important barrier to health service access but also that systemic issues, such as gaps in the translation and facilitation of their understanding of the health system, uneven geographic and transportation access to facilities, gendered health issues and relations to employers also affect access. Much of what knowledge exists, we find, is dependent upon the employer and education provided on the jobsite. The combination of factors cause fear among this population, and subsequently anxiety in terms of realizing workplace rights and protections.<sup>24</sup> Fear of deportation and unemployment in particular prevents TFWs from accessing healthcare. Various forms of precarity arising from the methods of recruiting migrant labour fosters a paternalistic relationship with employers which

serves to create a climate of fear among TFWs. Precarity also means making impossible choices between earning an income and accessing health care. Migrant workers live in constant fear-of deportation, of losing their job, of losing wages and of appearing not fit for work; fears that are founded upon real cases of those things happening, and systemic flaws that allow them to continue.

Our findings on housing conditions align with other studies that found migrant workers to be living in overcrowded and rundown houses, but suggests that these realities are not uniform. Still, as in British Columbia, TFWs in Saskatchewan sometimes live in trailers and RVs. This places them at various health risks not unlike those faced by other classes of workers in mining towns and camps. The research suggests that due to legal loopholes that allow employers to bring housing inspectors for inspections at the employers' convenience, inspectors find accommodation standards to be of good quality when in reality this may not be the case. Housing advocates consulted in our research indicate that even if they suspect accommodations may be substandard, the enforcement mechanism is complaint driven and motivated by appeals raised by the workers themselves. Again, the paternalistic relationship between migrant workers and their employers works to the disadvantage of workers as they fail to call for inspections for fear of upsetting employers should housing units be found to be faulty. Housing guidelines should be made more comprehensive and inspectors should be given greater power on when inspections take place to promote the welfare of migrant workers. Substandard accommodations can also translate into safety hazards that cause injury and death. For instance, in Regina alone, less than a quarter of newcomers live in households equipped with basic fire safety standards, such as smoke alarms, carbon monoxide detectors, or fire extinguishers.<sup>72</sup>

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<sup>72</sup> Jurdi-Hage, R, Giblett, C, and Prawzick, A. *Incidence, circumstances and risk factors of residential careless cooking fires in the City of Regina*. 2017. University of Regina, Community Research Unit, Regina Fire and Protective Services. <http://open.regina.ca/dataset/33c4e71d-ea8d-4d43-aa21-989f04e3fd9e/resource/ab0cccf1-c293-45c0-8359-910e3183e333/download/gprojectsopen-data-publishedpublished-to-open-dataincidence-circumstances--risk-facts-careless-c.pdf>

Finally, we find that some occupational health and safety regulations are disregarded by migrant workers and employers alike. Part of this deficiency, migrant workers suggest, can be attributed to poor training regimes and linguistic barriers. In other instances bullying, harassment, and discrimination from supervisors and customers contribute to jeopardizing of workplace well-being and health. Regulatory and legal processes both at the global and national level all serve to produce “ideal migrant worker[s]”<sup>73</sup> who are expected to perform subordination in various ways. The temporary status of migrant workers facilitates workplace exploitation and abuse by employers and so solutions aimed at improving the health and wellbeing of migrant workers will need to be handled systemically at the workplace and policy level. This means expanding the proactive enforcement policies and Program Integrity Unit that oversee the *Foreign Worker and Recruitment Immigration Services Act* (FWRISA) and SINP. Scrutiny by public servants who enforce this legislation is thus required and must involve an assessment of the factors that constitute the social determinants of health framework for migrant workers.

The combination of migrant workers temporality - lack of citizenship or permanent status - and expendability - the fact that they can be easily replaced - within the economy, the incomprehensibility they encounter vis-a-vis the health system and their legal but unequal power relations with employers interact to create a toxic combination of disadvantages that place migrant workers physical and mental health at risk. Reports from our key informants suggest that migrant workers in Saskatchewan, as elsewhere, destroy their bodies and take unreasonable risks because of the precariousness of their social and economic position within the economy. They do not often have much prospects of citizenship even if they want to become citizens and live in constant fear that emboldens employers to mistreat them. Future research demands a quantitative examination of injury rates amongst

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<sup>73</sup> McLaughlin J. Classifying the ‘ideal migrant worker’: Mexican and Jamaican transnational farmworkers in Canada. *Focaal- J Glob Hist Anthropol* 2010; 2010: 79–94.

non-Canadian workers as well as a comprehensive assessment of safety education and training protocols. All of these call for inter-sectoral collaboration to better recognize the value of a social determinant framework in understanding the conditions of work in which migrant labour is employed.