We depend on migrant workers for good food. They depend on us for good health care.

migrantworkerhealth.ca
In light of migrant workers’ particular vulnerabilities, what considerations should providers take when applying for WSIB?

Recognize that these workers have WSIB entitlement and consider work-relatedness (filing a WSIB claim) as you would for any other worker. Understand that the implications of filing a WSIB claim may be a challenge for this population given their vulnerability and lack of understanding of the process. If unsure, or the problem seems complex, consider referring the worker to an occupational health specialist e.g. OHCOW (1 877 817 0336).

In addition, consider:

As workers may be repatriated suddenly, provide them with all medical records and contact information, and try to ensure that their health issues are investigated and/or treated before they are repatriated. Physicians may be asked to sign a form that the worker is medically fit to travel. Discuss the implications with the worker before such a form is signed.

Employers do not have the right to tell you not to involve the WSIB.

Inform workers that free legal advocates (such as IAVGO) are available to help with the claims process.

If advising that a worker can return to work with modified tasks, be specific regarding their limitations.

Provide workers with booklets on the WSIB claims process available in Spanish and English via download at www.migrantworkerhealth.ca.


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**Workplace safety insurance board (WSIB) access for migrant workers: FAQs**

**Are migrant workers eligible for WSIB?**
All Ontario migrant workers are covered by the WSIB and employers are required to register them. Workers who get injured while working without a work permit are still entitled to claim and receive WSIB benefits.

**What is considered a workplace injury for a migrant worker?**
The WSIB provides coverage to migrant farmworkers both inside and outside of work hours. Migrant workers are covered (and therefore can have a “workplace injury”) while travelling between the airport and the place of employment and when using a means of transportation authorized by the employer, and following a direct and uninterrupted route to or from the employer’s premises. Most workers are also covered during periods of leisure, meals, and while sleeping in employer-provided quarters. In general, if you are uncertain about whether an injury is work-related, file a Form 8 to be safe.

**What are some of the barriers to WSIB access?**
Barriers to obtaining WSIB often result from the same factors that impede migrant workers’ access to healthcare, such as fear of loss of employment. Also, workers, employers and healthcare providers, though obliged to report workplace injuries to WSIB, may fail to do so due to lack of knowledge of the system, lack of recognition of work-relatedness of the injury, or lack of willingness to report. Employers may try to avoid WSIB claims in order to avoid increased WSIB premiums. Further, workers can be fired and repatriated before their cases are investigated. Back in their countries of origin, they may face logistical, financial and communication barriers to continuing their health treatment and claims investigations.
What is the Migrant Worker Health Project?

There are roughly 38,000 temporary foreign agricultural workers, or migrant farm workers, who work in Canada each year, the majority in Ontario. Migrant workers are employed on temporary contracts and have no pathway to permanent residency. They work in a relatively high risk industry in which health and safety problems are common, and may go unreported. A growing body of research indicates these workers face many barriers to accessing healthcare and insurance, such as language and cultural barriers, social and physical isolation, and fear of loss of employment or forced return to their country of origin.

Drawing on a decade of research, clinical and legal encounters with migrant workers, the aim of the Migrant Worker Health Project is to provide evidence-based educational initiatives that describe these barriers to healthcare and service providers, and facilitate collaborative identification of strategies to increase these workers’ access to healthcare services and workers’ compensation, or WSIB. The project is funded by the Workplace Safety and Insurance Board (WSIB) Research Advisory Council.

More detailed information, including resources for healthcare providers and their migrant worker patients, is available on our web site.

www.migrantworkerhealth.ca

Hours/Timing – Migrant workers often work long hours, sometimes six or seven days a week. It is important to determine in advance the limited hours which migrant workers have available, and offer services to them within these timeframes. This may involve service provision on evenings and/or weekends. Typically Friday evenings and Sunday afternoons are ideal times for migrant workers.

Affordability/Cost – Generally the migrant workers’ primary motivation to work in Canada is to earn money needed to support their families; therefore services which necessitate a cost may be prohibitive. Wherever possible, services should be offered free of charge.

Location/Transportation – Most migrant workers are employed in rural areas and have limited transportation options. It is essential to find a location that is accessible to them (i.e. within biking distance) and/or to provide free or low-cost transportation options.

Links/Collaboration – Forming collaborative partnerships with migrant support groups is a useful way to bridge the gaps that otherwise exist between service providers and migrant workers. Such groups can often assist with services such as translation, outreach, promotions and transportation.

Adaptability/Flexibility - Migrant workers have very little control over their work schedules, and sometimes their schedules change without notice. Furthermore, many workers do not have regular access to a telephone. They can also be transferred or repatriated to their home country at any time, sometimes with only a day’s notice. It is therefore essential to have back-up plans for follow-up communication and to be adaptable to workers’ varying needs, schedules and circumstances. It is important, for example, to ask workers if they have a cell phone or a friend/advocate with a phone, as well as their contact information in their countries of origin.
What are the Barriers to Healthcare Access and Considerations for Overcoming Them?

Vulnerability and Confidentiality – For much of their time in Canada, migrant workers are dependent on their employers or government officials to help them navigate the healthcare system. However, these same individuals may try to persuade workers or healthcare providers not to file WSIB claims or EI sickness benefits, and can repatriate a worker for any sufficient reason (including illness and injuries). Workers may also be concerned about revealing health issues to their employers for fear that it could compromise current or future work opportunities. It is especially important that services are made available which consider these vulnerabilities and that allow migrant workers a safe, confidential space for service provision. Accordingly, healthcare providers should not allow employers to be present as translators or intermediaries unless a worker explicitly requests that they fill this role.

Awareness/Advertising – There are distinctive challenges to informing workers about services. Many migrants are outside the reach of such typical methods of communication and promotions as local media or independent mailings. To be effective, promotional efforts should target the areas which workers frequent or partner with organizations with well established channels of accessible communication for the workers. If providers hold special clinics for migrant workers, these should be advertised through existing migrant worker support groups or specialized outreach efforts.

Language and Literacy – Many migrant workers do not speak English and those who do often have limited literacy. It is essential that all services provided to migrant workers be offered in the language that workers understand using basic messaging that does not necessitate advanced literacy. Providers should utilize interpretation services or language guides to facilitate communication (a list of services, community support groups, dictionaries and guides is available on our web site).

Project Partners

The International Migration Research Centre (IMRC) is a research centre based at Waterloo’s Wilfrid Laurier University whose mandate is to serve as a focal point for debate, research, policy analysis, and proposal development related to international migration and mobility at the global, national and regional scale.

The Occupational Health Clinics for Ontario Workers (OHCOW)-Hamilton is a multidisciplinary occupational health clinic funded by the Province of Ontario. OHCOW-Hamilton has been providing healthcare for migrant workers in various regions of rural Ontario since 2006.

The Industrial Accident Victims Group of Ontario (IAVGO) is a Toronto-based legal aid clinic serving injured workers. IAVGO has been providing legal assistance and educational initiatives to migrant workers seeking WSIB for several years.
Background on migrant farm workers in Ontario: FAQs

Where do migrant workers generally go for healthcare?
Migrant workers often lack access to family doctors. They are most likely to go to walk-in clinics and emergency departments when they have health problems. Many also visit pharmacies.

Do migrant workers have any supplemental coverage?
Most have some form of supplemental prescription medication coverage, although this varies by program and country. See www.migrantworkerhealth.ca for an overview of coverage by country, or contact the consulate of the country in question (please see key contacts, last page).

What are the options for language support?
Professional translation services are available for a fee to most providers. In many communities volunteers may be willing to accompany workers to provide translation services. See back cover and www.migrantworkerhealth.ca for list of resources. A Spanish-English medical dictionary, and many bilingual resources for patients and providers, can be downloaded for free from our website.

Where do migrant workers come from, and under what programs do they work?
Most migrant workers are from Mexico and the Caribbean, and come to Canada under the Seasonal Agricultural Workers Program (SAWP), in place since 1966. Other workers come from countries such as Guatemala, the Philippines and Thailand directly under Canada’s Temporary Foreign Workers Program, through its Pilot Project for Occupations Requiring Lower Levels of Formal Training, also known as the Low-Skill Pilot Project (LSPP), in place since 2002.

Can migrant workers switch employers once they arrive in Canada?
Migrant workers are contracted to specific employers for specific work, and can only change employers and jobs with the agreement of their employer and, in the case of SAWP workers, their home country government. In practice, changing employers is often difficult.

What are the rights that migrant workers have while working in Canada?
Migrant workers are covered under most of the same protections as Canadian farm workers. They are protected by the Charter of Rights and Freedoms, Workplace Safety and Insurance Act, Ontario Human Rights Code, and the Occupational Health and Safety Act. They can file health and safety and employment standards complaints with the Ministry of Labour. They can also sue non-compliant employers for breach of contract. However, in practice, many workers are unaware of their rights or fear exercising them due to loss of employment or work permit. They, as with all agricultural workers, are excluded from certain provisions of the Employment Standards Act and cannot legally unionize in Ontario.
Migrant workers pay income taxes and EI and CPP deductions, and are entitled to minimum or prevailing wages. They are not eligible for regular EI benefits (for losing work), but they can claim special benefits (such as sickness, maternity and parental leave) if they have logged sufficient hours. Migrant workers are able to get EI sickness benefits if they are in Canada with a valid work permit. They can also get CPP and CPP-D if they have made enough contributions.

Who assists workers when they are in Canada?
Workers’ home government representatives in Canada (i.e. consular officials or liaison officers) are mandated to mediate any issues that may arise between workers and employers in the SAWP. Other organizations have also assisted and/or advocated for workers, such as unions, community groups, legal clinics, health and resource centres. If a worker needs additional support, it is best to ask him or her who they trust in this role. See back cover and web site for key contact list.

On what grounds can an employer fire a migrant worker?
According to the SAWP contract, employers can fire workers without notice for “non-compliance, refusal to work, or any other sufficient reason.” Workers have no right of appeal. In most cases losing employment leads to their immediate repatriation.

What amenities must employers provide?
Employers must provide workers with housing inspected by the appropriate municipal authority, and meals/kitchens for cooking. Housing quality varies considerably, and inspections are typically done prior to workers’ arrival. Almost all migrant workers live on employers’ farms, and rely on employers for transportation.

Are migrant farm workers eligible for OHIP?
All migrant workers with valid work permits are eligible for OHIP. Workers in the SAWP have coverage from the day they arrive in Ontario, while workers under the LSPP have a three-month waiting period to receive OHIP, during which time employers must provide a form of health insurance. Sometimes workers stay in Canada without authorization after their visas expire; such workers will likely not have health insurance.

What if a worker is eligible for, but has not yet received, an OHIP card?
Employers in the SAWP are responsible for arranging for workers’ OHIP coverage. In practice, a significant number of migrant workers do not receive their OHIP cards, or are delayed in receiving them. After registering, it takes 3-5 weeks for workers to receive their OHIP cards, but they should have been given a Transaction Record which can be used to confirm coverage until the card arrives. If the worker does not have one, you can ask him to sign a Health Number Release form to confirm registration. See OHIP contact numbers on back of pamphlet or www.migrantworkerhealth.ca for more information.

What are the options if a worker does not have insurance?
Healthcare providers cannot refuse patients emergency health services, but they can ask them to pay for the service. If the patient cannot afford it, providers may consider referring them to a CHC or other centre which does not require OHIP payment. If a worker needs healthcare for a work-related injury, providers should bill WSIB directly for the cost of healthcare services. Workers should not be charged for services that the WSIB will pay for directly.

Do migrant workers contribute to Employment Insurance (EI) and Canadian Pension Plan (CPP), and what types of wages and benefits do they have?
Migrant workers pay income taxes and EI and CPP deductions, and are entitled to minimum or prevailing wages. They are not eligible for regular EI benefits (for losing work), but they can claim special benefits (such as sickness, maternity and parental leave) if they have logged sufficient hours. Migrant workers are able to get EI sickness benefits if they are in Canada with a valid work permit. They can also get CPP and CPP-D if they have made enough contributions.

Healthcare and insurance for migrant workers: FAQs
**Health risks and issues among migrant workers: FAQs**

**What is the general profile of migrant farm workers?**
Most migrant workers are young or middle aged men from developing countries (a small proportion are women, most of whom are single mothers). Most have low levels of education and literacy, generally do not speak or read English unless it is their first language, and come from rural areas with few economic opportunities. Generally, they are in good health prior to coming to Canada and have dependents who rely on their income.

**What is the working context for migrant workers?**
Migrant workers normally work from 6-7 days a week, 8-12 hours a day, though these hours can increase substantially during the high season. They often lack sufficient breaks, health and safety training, and personal protective equipment.

**What are the main health risks among migrant workers?**
Main health risks include:
- occupational exposures/hazards e.g. poor ventilation systems in greenhouses, heavy lifting, repetitive and awkward postures, agrochemicals, unsafe farm equipment, soil, insects, plants, weather extremes, and confined spaces
- unsafe transportation (e.g. farm vehicles, bicycles)
- some have poor living and housing conditions
- stressful separations from families, cultural dislocation and a lack of social support in Canada

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**What are common health concerns among migrant workers?**
From 2006 to 2010 the Norfolk General Hospital (Simcoe, Ontario) received 888 migrant worker visits, 177 per year on average. The type of ER cases by diagnosis/system is summarized below:

<table>
<thead>
<tr>
<th>Diagnosis/ System</th>
<th>Number of Visits</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury/trauma</td>
<td>218</td>
<td>28.3</td>
</tr>
<tr>
<td>GI</td>
<td>106</td>
<td>13.8</td>
</tr>
<tr>
<td>MSK</td>
<td>81</td>
<td>10.5</td>
</tr>
<tr>
<td>Resp</td>
<td>66</td>
<td>8.6</td>
</tr>
<tr>
<td>Skin</td>
<td>66</td>
<td>8.6</td>
</tr>
<tr>
<td>Urinary</td>
<td>61</td>
<td>7.9</td>
</tr>
<tr>
<td>Eye</td>
<td>39</td>
<td>5.1</td>
</tr>
<tr>
<td>Neurological</td>
<td>26</td>
<td>3.4</td>
</tr>
<tr>
<td>Cardiac</td>
<td>16</td>
<td>2.1</td>
</tr>
<tr>
<td>Psychological</td>
<td>7</td>
<td>0.9</td>
</tr>
<tr>
<td>Cancer</td>
<td>2</td>
<td>0.3</td>
</tr>
<tr>
<td>Other</td>
<td>77</td>
<td>10.0</td>
</tr>
</tbody>
</table>

In addition, research and clinical observations have also noted sexual and reproductive health (sexually transmitted infections, unwanted pregnancies), and mental and emotional health (depression, anxiety, addictions) as common concerns faced by workers.