

## **Final Technical Fieldwork Report for Research Supported by IDRC 2006-2007**

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**Project Name: “Trouble in Our Fields: Health and Human Rights among Canada’s Foreign Migrant Agricultural Workers”**

### **I. Overview and Background**

Approximately 20,000 mainly male farm workers come to Canada for a maximum of eight months every year through the Seasonal Agricultural Workers Program (SAWP). Proponents of the SAWP point out that while workers may be excluded from many benefits (such as regular employment insurance (EI) and access to citizenship, despite paying taxes and into EI), they still have an advantage over their undocumented counterparts because they can be offered workplace protections. In legal terms, workers in the SAWP are guaranteed all rights under applicable international human rights laws. They are also granted several rights under Canadian law, including the right to a minimum (or prevailing) wage, Medicare, workers’ compensation (through the Workplace Safety and Insurance Board - WSIB), pension benefits, and some provisions of the Employment Standards Act. For the first time in 2006, workers in Ontario are now covered under the Occupational Health and Safety Act (OHSA). Given the provision of these protections and benefits, programs such as the SAWP are viewed as a more humane alternative to undocumented labour migration to fill the flexible labour needs of Canada, while providing much needed jobs to migrants from the global south.

Unfortunately, workers often still lack on the job protections, or are unable to exercise their rights or access their entitlements. A variety of factors, including a lack of social inclusion and adequate support or information provided about their rights; language, literacy and infrastructural barriers; and their inherently vulnerable position in

the program, often preclude workers' ability to access the rights and services which are theirs in law, but not always in practice. Participants, who are temporary entrants unable to circulate freely in the labour market or to change employers without permission, constitute a form of "unfree" migrant labour. Coming from home contexts where local job markets have been decimated, many workers become dependent on the relatively well-paying Canadian positions to support their families; in many cases, they consider their jobs to be more important than their health or access to rights and benefits.

One of the main areas of concern facing this vulnerable group of workers are the many health and safety risks associated with their farm work, and also of migration more generally. The absence of any major study of migrant farm worker health issues in Canada directed the focus of my research, as I aimed to investigate the nature and extent of health and human rights issues among participants in the program. My research set out to explore the following questions:

- 1) What are the factors that compel SAWP participants to pursue work in Canada, and to what extent do structural inequalities faced by workers in their own countries influence their willingness to migrate?*
- 2) What are the health-related problems (i.e., exposure to illness) and barriers (i.e., to accessing health care and compensation) faced by migrant workers in Canada and after they leave?*
- 3) How are human rights and health protections upheld or denied within and between borders? Why and how do migrant workers access or face barriers to these protections?*

In so doing, I hoped to explore the interrelations between migration, health and human rights, and to identify practical ways that human rights and health protections can be improved for migrant workers both in Canada and once they have returned home.

## **II. Research Activities and Findings**

My research followed the lives of migrant workers in various stages in three countries—Canada, Mexico and Jamaica. While I included a large Jamaican component, it became clear during the course of my research that a focus on one of the countries would provide a more in-depth understanding of the context of these workers' lives. I therefore spent more time in Mexico, going there in the winter-spring of 2006, and returning in the fall-winter of 2006, and then went to Jamaica for one visit in the winter-spring of 2007. Doing this allowed me to better understand the full cycle of the Mexican migrants' lives, while also putting Mexico into context using the Jamaican comparison. I was also able to interview Mexican and Jamaican government and medical professionals in order to understand the program from their perspectives. IDRC funded the last portion of my first research trip to Mexico, as well as the second Mexican trip and the Jamaican one.

I had already met most of my research participants in Canada, where I had conducted informal research, participant observation and volunteer activities over the course of two seasons. This gave me the advantage of not needing to spend much time doing recruitment or building trust with my research participants while abroad. In fact, my contacts in Canada largely determined the sites I visited and the workers I interviewed in Mexico and Jamaica, allowing me to be efficient with my time, while still taking the time to learn the broader social, cultural and political-economic contexts of workers' lives at home. During visits to workers' home countries I focused my time on the following research-related activities:

## **1) Oral Histories and Exploratory, Open-Ended Interviews and Participant Observation Activities in Mexico and Jamaica**

### **a) Activities and Locations**

I conducted informal or short questionnaires/interviews with about 100 workers (mainly in Canada), and my in-depth follow-up research in Mexico and Jamaica focused on a sub-sample of about 40 case studies, including both men and women (despite the program being comprised mainly of men), to allow for a gender analysis. These interviews were open-ended and exploratory; where time and circumstances permitted I also applied an oral history approach, enabling me to learn of the circumstances that contributed to migrants' willingness to work abroad and to their health situation. In some cases I lived with the workers I was interviewing, spending many days with them to gain a thorough understanding of their lives and their family contexts.

In order to understand how families and communities are also impacted by migration and health issues associated with migration, I interviewed workers' family members, paying particular attention to families of migrants who have either died or suffered serious health problems related to their work in Canada. These interviews focused on the type(s) of compensation or support they have or have not received, and how their lives have changed. I often stayed in migrants' communities, and in some cases I continued on after they had returned to Canada, enabling me to see how their families and communities change in their absence.

In Mexico I focused most of my time in two communities where there appeared to be a high concentration of workers with serious health problems which affected or prevented their return to Canada—Guadalupe Zaragoza, in the state of Puebla, and

Cuijingo, in the State of Mexico. Both of these communities are in the region of central Mexico where the majority of migrants to Canada have traditionally lived. I spent several weeks living in Guadalupe Zaragoza, and also followed up with various visits to this community throughout my stay. I stayed in the community of Cuijingo for shorter periods on several occasions. In between these visits I returned to Mexico City or Puebla to summarize notes, back-up my data, and conduct interviews with officials located there. Throughout my trip, I also visited workers identified as key case studies in other villages within these states, as well as the states of Hidalgo, Morelos, Tlaxcala and Oaxaca. Normally these visits would last 1-5 days, depending on the situation.

In Jamaica I focused on the regions of Clarendon, St. Thomas and St. Andrew. These choices were again driven by case studies which emerged in my research. I also conducted some activities in the regions of St. Elizabeth, Portland and Manchester. Near the beginning of my trip, I organized a small worker meeting/focus group in Mandeville, Manchester, and invited my contacts in the area. The workers came (they all knew each other and had a good relationship from their work together in Niagara) and we had an animated discussion about their conditions in Canada, things they would like to see changed in the program, and their lives in Jamaica. I replicated the experience with small gatherings of workers in other locations I visited. I also used these opportunities to share with workers some information about their rights and went over health and safety manuals with them.

Shortly after I arrived in Jamaica, a few people from Canada involved in the Niagara Region Caribbean Workers' Outreach Program (CWOP) (a mainly church-based initiative that aims to integrate workers into the local community through church

services, domino tournaments, and other social events) were in Jamaica to visit workers, so I spent some time traveling with them to various communities to visit workers and their families. It was a great opportunity for me to see workers in their home communities and also to see how they interacted with a community group from Niagara, my Canadian field site.

### **b) Preliminary Findings and Analysis**

(Note: I am currently at the preliminary analysis stage of my research and have not yet generated finalized conclusions. These findings, therefore, are very tentative.)

In the vast majority of case studies that I followed in both Mexico and Jamaica, a lack of economic opportunities in their home countries push workers towards migration in Canada. In Mexico, the majority of workers are farm-labourers who earn only about \$10 a day. In Jamaica, workers were more likely to practice other trades at home, such as masonry or taxi driving, which may earn them slightly more money than their Mexican counterparts, but the cost of living is also higher and they are still unable to find adequate income to support their economic needs. Thus the main motivation for migrants in both countries is economic necessity, although in a small minority of cases workers had other motivations such as escaping abusive or constraining family or community environments, furthering skills which they could apply at home, or earning money to invest in a business at home.

Families in Mexico and Jamaica are deeply impacted by migration. Migrants are commonly viewed as “ambassadors” and “heroes” who are able to secure a position “up north” and use it to buy things for their families that could never be possible in their local economy. While they all benefit economically from remittances, which are mainly used

towards constructing houses, maintaining families' basic expenses and educating children, the emotional and psychological consequences of the migration are deep on both spouses and children of migrants, who may be separated for as much as eight months a year. Many married couples split up as a result of the migration, and other spouses and children experience long periods of depression in the absence of their loved ones. The cases of children of single migrant women workers are particularly difficult, as in some cases they are left without adequate care while their sole parent works abroad. Other than the eventual benefits of children's education, remittance money is generally not used towards productive investments in home countries. Workers become dependent on migration to fulfill their basic economic needs, rather than migration becoming an ultimate escape from poverty or fuel towards productive development in home countries.

It should be noted that both Mexico and Jamaica have long histories of sending migrants abroad, and a true "culture of migration" has developed in many communities. In the case of Mexico, most of the other migrants are US-bound, whereas in Jamaica they may go to neighbouring Caribbean islands, the US, or the UK. In both countries the Canadian program is seen as an appealing alternative to these other choices because it allows migrants to work legally abroad with some legal protections. On the downside, migrants have comparatively little independence in Canada—they cannot bring their family members; they must live on their employers' properties (who largely control workers' movements); they do not determine the length of time they will be away; and they cannot normally change employers.

Workers experience a wide variety of health problems in Canada. My research revealed that some of the most common concerns include symptoms related to pesticide

exposure, climatic changes and muscular-skeletal problems. Generally, workers get fewer hours of sleep and have a poorer diet in Canada, which may result in several other problems and a susceptibility to various illnesses. They also experience high levels of symptoms related to depression and anxiety, and in some cases develop a dependency on alcohol or drugs to offset the stress, loneliness and isolation that they experience while in Canada.

While most of these health problems are alleviated upon their return to their home countries, some workers return with serious or life-threatening injuries and illnesses, especially muscular-skeletal disorders (most commonly back injuries). Others experience more serious issues such as kidney failure, paralysis and various forms cancer. In most cases when workers become sick or injured in Canada, they are sent home instead of receiving prolonged care in Canada. Once at home, there is very little infrastructure in place to assist workers to access the benefits to which they may be entitled, including investigating whether these illnesses and conditions can be traced back to workplace conditions, which would make them eligible for workers' compensation. In many cases families are left without any support whatsoever.

I identified a number of major barriers to workers accessing adequate compensation and care for work-related injuries. In Canada, if they are even aware of their rights, many workers are reluctant to file for claims in the first place. A significant deterrent is that at the whim of employers or government officials, workers can be repatriated at any time or barred from future participation in the program. Even if the overall rates of reparation are low, this threat serves as an effective mechanism for control. The fear of being seen as a "trouble-maker" is a significant barrier to workers

asking for or accessing their rights, in some cases even if it is as simple as requesting a doctor's appointment or a compensation claim.

For those who have filed claims, a large number of workers, many of whom are illiterate or don't speak English, have not received adequate support to communicate with or make appeals to WSIB. Some have waited over four years and have still not resolved their claims, caught in a confusing and bureaucratic maze of doctors' reports, inefficient government representatives in Canada, and WSIB decisions and reports which have not always taken into account the difficulties workers experience just to get to a doctor and paying for appointments and reports. In one case, for example, a worker's claim for continuing WSIB coverage was denied because WSIB said he waited too long between doctors' appointments and that his back injury (initially diagnosed as work-related in Canada) could have been caused by an unrelated event in between appointments. The appointment the worker attended, however, was the first the Ministry of Labour arranged for him after returning injured to Jamaica. In another case a worker was repatriated before he could have the MRI test he was scheduled to receive in Canada, and then could not afford it when he returned to Jamaica.

When workers return home injured their families also suffer in various ways. Most of the children of injured workers in Jamaica, where education is not free, had to drop out due to an inability to pay the fees. In some cases, workers' wives and other family members had to take on extra work to compensate. Some workers say they don't have enough money to even feed their families, and certainly cannot afford the transportation, communication and exam costs involved in booking further doctor's

appointments. The effects on family dynamics and the sense of self-worth among workers in such cases can be tremendous.

In both countries, widows of workers who died in Canada also had not received adequate support to help them access their husbands' pensions, and some were left without any (or very little) financial assistance for their families. This was a particular problem in Jamaica, while in Mexico a basic (but woefully insufficient) assistance package is usually provided to widows, through the Mexican workers' private travel/health insurance. To make ends meet, some widows now make the trek to Canada, leaving their children with no parental care.

Another serious issue that emerged is migrant workers returning with sexually transmitted infections or pregnancies, issues which may then create complicated repercussions and health concerns for families at home. In Canada, these sexual relationships are not uncommon, as migrants are driven by loneliness and prolonged separations from their families. In some cases, migrants live a seemingly entire second life in Canada—with a different partner, circle of friends, etc.—than they do at home. Sexual education and access to condoms and birth control is lacking for most migrants, and the majority report not using any form of protection when engaging in sexual activities. Several of the women in my study became pregnant over the course of my research, and lacked the facilities necessary to support them through all of the emotional and physical concerns related to pregnancy. I heard reports of some women having miscarriages while at work, while others opted for illegal (and unsafe) abortions. Other women carried their babies through to term, only to leave their young children alone the next season as they returned to Canada to work.

While many health problems have emerged for workers coming from Canada, it is also important to note that some workers were able to fund health treatments for their families or themselves with the money they earned from Canada. In one case, a young mother financed her son's \$20,000 cancer treatment with her earnings. In fact, that was her main motivation for going to Canada.

Workers were also asked for their opinions on the treatment they received from employers, doctors and government officials. Many of the workers in my study were wholly unsatisfied with the response of employers to their health concerns. For the most part, workers did not receive adequate health and safety training or equipment in the workplace. In many cases Mexican workers had no way to even communicate with their English-speaking employers. In the worst cases, overt racism and abusive conditions governed many aspects of workers' lives. On the positive side, some employers have been exceptional in supporting their workers who have had serious health problems. In one case an employer even hired a lawyer to help one of his sick workers stay in Canada when the worker's consulate representative tried to send him home.

Jamaican workers seemed overall very disappointed with the support provided by their government liaison officials in Canada – who are charged with ensuring their wellbeing – even more so than the Mexican workers, who generally complained that they simply never see their government representatives. The Jamaicans' main criticism is that they see the officials regularly, but that they seem to mainly represent the interests of employers. If the employer calls with a complaint about a worker, they say, the solution is to send that worker home the next day without consulting for the workers' version of affairs. After such an incident, the worker is normally permanently expelled from the

program. The Mexican consulate, while far less present in the day-to-day lives of workers, seems to make more of an effort to resolve complaints. If a dispute cannot be resolved, in some cases the worker may be transferred to another farm or could be repatriated under a classification of “incompatible match,” allowing the chance to work at a new farm the next year.

Workers from both countries lack detailed information about the rights and benefits relevant to them, but again there are some differences. The Jamaican workers seem to generally be better informed about some of their rights in Canada (like WSIB, which their liaison officers explain and often help them with), but at the time of my research their government representatives had not acknowledged that they are entitled to receive EI parental benefits--a benefit the Mexican consulate has been assisting their workers with for several years. In some cases, workers reported that they were satisfied with the Jamaican and Mexican consular services after coming to their aid, for example, visiting them in the hospital or helping them with benefit forms.

Workers had many complaints about the Canadian medical care system and their access to medical care. In particular the following concerns emerged as the most pressing:

- Lack of accessible transportation to clinics
- Lack of translation services at clinics and major communication difficulties, especially for Mexican workers
- Long waiting times and inaccessible hours and locations
- Many workers are not provided with health cards, or the employer holds them and workers cannot afford medical services without them

-Doctors frequently lack specialized knowledge about occupational health issues and dismiss these concerns without adequate attention. Many may not even know that workers are eligible for WSIB or may not file claims when they should be doing so.

-Doctors lack training and understanding of workers' cultures and backgrounds; communication problems and a lack of sensitivity to these issues are common. In some cases workers felt as though they were dismissed or treated poorly by medical staff due to discrimination against them.

While workers had many concerns about their treatment, some also reported good or excellent care. Indeed, many sick or injured workers (some of whom were pressured by employers or government representatives to return home for care) attested they would prefer to receive medical care in Canada than to return to their home countries, where the quality and affordability of care is more difficult to insure, especially since most of them lack medical insurance. The problem is that any good actions, whether they are from employers, officials, or doctors, are not standardized. Workers' treatment is largely open to the good will of the individuals they may come across, and many seem to slip through the cracks and do not get the assistance they need. The system in Canada is not adequately structured to provide support for all workers.

## **2) Interviews and Focus Groups with Canadian, Jamaican and Mexican Stakeholders Involved with the Program**

### **a) Activities and Locations**

In order to gauge the support systems that are in place, the intentions of officials, and a broader understanding of the program from the people involved, I conducted semi-

structured interviews with a number of other actors involved in the SAWP, including government and program officials in Kingston, Jamaica and Mexico City and Puebla, Mexico. I spent many days at the Ministries of Labour in Mexico and Kingston, as well as at the Ministry of Health and External Relations in Mexico City. I also interviewed officials at the Ministries of Health and Labour in the Mexican city of Puebla, located in state of my research focus. While in Manchester, Jamaica, I interviewed pastors, a Jamaican woman who used to work at the Workplace Safety and Insurance Board of Ontario (WSIB), a human rights advocate and a retired Ministry of Labour official.

In both countries I interviewed doctors and other health care workers who examine workers before they leave, and who treat them when they return. My main objective was to learn about any common problems they have witnessed, and also to understand how workers' compensation is assigned, denied or ignored in such circumstances, from the perspectives of the officials charged with assisting workers.

#### **b) Preliminary Findings and Analysis**

My preliminary conclusion from these interviews is that some officials in home countries know very little about the benefits available to workers in Canada, and thus do not pass on the necessary assistance to workers. There is an obvious lack of communication between the various bodies that govern/administer the program, and the end result is that the workers don't receive the information they should, as everyone says everyone else is providing it. In some cases, government officials were aware of certain problems, but expressed that there was not much they could do to solve them, because so much of the power for the program is in the hands of Canadians. In other cases they suggested the onus lay on workers to find the proper authorities for the assistance needed.

In Jamaica there are a few doctors assigned by the Ministry of Labour to deal with all WSIB cases, but there are many communication concerns between the doctors, the Jamaican liaison service, and WSIB. Doctors complained that they did not receive adequate support to conduct all of the treatments and tests required by workers, and workers missed appointments because they could not afford the transportation from remote locations across the island. In these cases where workers were left without adequate support to travel to and pay for doctors appointments, they simply didn't receive the exams and treatment necessary, even in cases serious of long-term injuries. In Mexico, there is very little understanding of worker's compensation or specialization in occupational health issues among the ministry doctors who regularly treat and examine workers.

Government and program agents in both Mexico and Jamaica are very defensive of the program, some labelling it as a model of success, and continually emphasize its importance for the families who participate. I got a general sense that they felt there is not much they could do to improve conditions in Canada—that their main role is to ensure a fit, healthy and ample labour supply for Canadian employers. To do this workers in both countries go through a thorough screening and two-day medical exam each year before being admitted to the program, although it appears as though Jamaica is slightly more stringent with the regularity and comprehensiveness of its exam and places an even greater emphasis on sending only the healthiest workers to Canada than Mexico. Indeed, some Jamaican doctors and bureaucrats expressed a great pride in sending only the healthiest workers to Canada so as not to burden the Canadian health care system or annoy employers. The Jamaican authorities seem to be much more openly concerned

with maintaining Jamaica's position in the program (which has been declining in recent years relative to Mexico's) through a rigorous screening of workers.

In Jamaica the authorities are also far more concerned with workers abandoning the program in Canada—"going AWOL" (absent without official leave)—or becoming involved in criminal or drug-related activities, all of which are more common occurrences among the Caribbean workers. Thus the selection of "good", "healthy", "strong" and "respectable" workers is highly emphasized. The selection of Jamaican workers is also far more based on political patronage, with workers from a variety of backgrounds entering the program through political connections with their local members of parliament. By contrast, in Mexico the selection emphasis is much more based on need, viewed in a sense as a "charity model," and prioritizes workers who are landless and jobless, married and with multiple dependents.

The attitude of government officials and doctors helps to explain why workers almost without exception enter Canada healthy, and do not return with the program if they are sick. The pressure from Canadian authorities and employers to ensure a healthy and reliable workforce governs the attitudes and practices of authorities overseas, even though there are slight variations with how they regulate and administer the program in practice. Competition between the countries for coveted spaces in the program is also a major factor in how government representatives treat their workers, and the result is that individual workers' rights and interests may be sacrificed for the overall competitive image of any given country.

The differences between the two countries indicate that although Canada has the largest say over the governing of the program, there is some level of individual discretion

left to the participating governments, and these decisions may have serious effects on workers' ability to get fair and adequate treatment when sick or injured. Jamaica emphasizes sexual health education at the Ministry of Labour before departure, and both countries provide a pamphlet to workers outlining some of the rights and benefits to which they are entitled (once they have arrived in Canada). Otherwise, there is almost no emphasis from either country on informing workers of their rights and benefits or other health and safety considerations, and this also has a major impact on workers' abilities stay informed and to access their benefits while in Canada or once they have returned home. Illiterate workers, who cannot read the limited material provided, face a further disadvantage.

### **3) Gathering background and archival material**

In Mexico City and Puebla, Mexico and Kingston, Jamaica I was able to visit local libraries, archival centres and newspapers, where I conducted extensive background searches on relevant material. I ended up bringing about 3,000 photocopied pages to Canada and many relevant articles and books. This material has provided much of the historical and academic analysis necessary for the interpretation and contextualization of my findings.

### **4) Other Contacts and Activities**

As well as my interactions with my affiliations (described in my final report), I was fortunate to have the opportunity to make contacts with several organizations, academics and other individuals during my stays in Jamaica and Mexico. While in Mexico I

attended two major academic summits on migration studies, and made an informal presentation to a Mexican University in Texcoco (invited by local scholar Luz María Hermoso Santamaría, who also conducts research with Canadian migrants). I spent a good deal of time with academics at the University of Puebla and the Autonomous University in Mexico City. At one conference I met Aaraon Diaz, a graduate student and local film-maker who worked closely with me for several weeks, and who has since made a short documentary film entitled “Migrants: those who come from within,” mirroring many of the issues and themes in my research. I also spent a day meeting with community groups such as a maquila solidarity organization in Puebla and visiting with members of Justice for Migrant Workers, an advocacy group for migrant workers in Canada. In Jamaica, I connected with scholars at the University of the West Indies and volunteers with groups such as the Caribbean Workers Outreach Program and Jamaicans for Justice. I spent many days with Margaret Bernal, a sociologist, cultural heritage specialist and a civilian volunteer, who is also interested in migrants. We discussed the potential for future collaborative projects combining our research interests.

### **III. General Conclusions, Implications and Applications of Research**

While conducting fieldwork across various sites may have sacrificed some of the deep knowledge gained by staying within any one location, it also added many important insights which could not have been gathered in one place alone. Exploring the similarities and differences between the Mexican and Jamaican contexts has allowed me to understand which aspects of the program are governed by Canada, and which are influenced by the home countries. It has also allowed me to better understand the

dynamics of competition between the countries for the coveted positions in the program, at a time when Canada is seeking to expand temporary migration programs and countries are once again vying for participation and favour. The importance of workers presenting a “good” image – healthy, crime free, sexually controlled, and obedient – is continually emphasized by authorities while rights and entitlements are almost entirely neglected as topic matter.

Once they get to Canada workers are largely on their own, but the recent influx of social and political and labour groups, (including the United Food and Commercial Workers Union, which continues its fight to organize farm workers despite it being currently illegal in Ontario), has made a significant difference to easing workers’ social isolation as well as their understanding of and ability to access their rights—acts which have been met by resentment and hostility by their own government representatives, who often see such groups and any political activities as a threat to their authority and ultimately to their country’s position in the program. Yet with all of their intentions and dedication, these groups can still not usually protect workers from repatriations or future exclusion from the program (this is determined by employers’ requests and government agents). This lack of power and workers’ inherent and structured vulnerability in the program severely constrains the amount of meaningful change that is possible and promotes a culture of fear where workers feel they cannot safely demand their rights.

Despite being recently covered under Ontario’s Occupational Health and Safety Act, and their eligibility for benefits such as provincial health care and WSIB, workers remain largely unprotected from health and safety concerns on the job, unaware of their rights and unable to access the benefits which should be afforded to them. Things are

slowly improving as awareness of workers' issues has spread and various actors have responded, but still much remains to be done to protect and support migrant workers both in Canada and once they have returned home.

The richness and strength of my fieldwork is the in-depth qualitative data, the life history stories and contextualization of workers' health experiences in their lives across countries, and following through workers' experiences as they work and live their lives across national borders. My work was complemented by the interviews with medical and government officials, which allowed me to explore the nuances through which structures operate, and the ways bureaucracies may fail to meet the needs of their intended targets through, perhaps, not the fault of any particular individual, but a weak and divided system itself. Through these mixed methods I identified many of the health effects experienced by workers and their families within the political-economic context of the program in both Canada and workers' home countries. One area that could benefit from future work is the study any of these specific issues in a more rigorous way. Although my work identifies many concerns, a detailed and comprehensive quantitative study of many of the topics I explored would be necessary to determine their extent.

Notwithstanding this limitation, I hope that my research will contribute to a meaningful understanding of the health and human rights issues faced by migrant workers and that this can lead to applied change in the lives of migrant workers. Since I have been back in Canada I have been actively sharing some initial findings and recommendations with program, government and health officials in Canada, including consular officials, as well as members of the WSIB and various community groups. In some cases I have been pleasantly surprised by the willingness of such actors to make

change to address the problems. For example, WSIB is reexamining and changing several of its policies and practices in relation to migrant workers in response to concerns brought to their attention.

I have also met with workers at various events in the Niagara region (my research focus) and have helped to organize and conduct workshops on health and safety, sexual health, mental health, legal benefits, and other related issues uncovered by my research. I have liaised with the Industrial Accident Victims Group of Ontario to provide legal support for workers facing problems accessing or appealing WSIB decisions. With the Occupational Health Clinics for Ontario Workers (OHCOW) I have been actively involved in implementing monthly occupational health clinics for migrant workers in the Niagara region, and have also met on several occasions with the Niagara Region Public Health Department to discuss my findings and how changes can be made at the local level to improve medical care and other issues for workers (such as housing conditions) under the department's jurisdiction. The department has responded by implementing additional housing inspections, supporting the OHCOW clinics, and holding several meetings with various actors to address a number of other issues.

My hope is that through continued dialogue and sustained engagement from all groups involved that some of these issues may be addressed and a better structure can be put in place to ensure that workers receive adequate access to workplace protections and support or treatment when something does go wrong. Ultimately as long as people are struggling with poverty and a lack of viable economic alternatives in their home countries, migration will continue. Until these broader structural economic and social inequities are addressed, it is imperative that those who must migrate to support their

families are treated with dignity and respect to ensure that they return home in a better, not worse, position than when they left.

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