



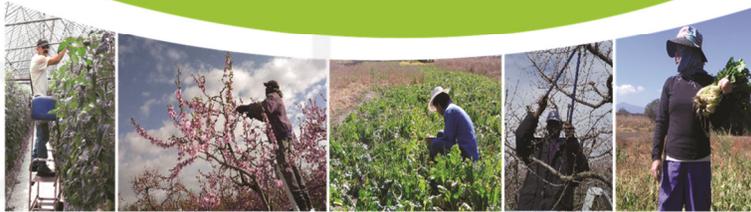
IMRC
International Migration
Research Centre

Policy Points

Issue 6, April 2014



IMRC Policy Points provide current and relevant policy analysis and recommendations drawn from scholarly research carried out by our Associates and Affiliates worldwide. Follow our series at: imrc.ca



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

CONNECT. CONSIDER. CHANGE.

migrantworkerhealth.ca

Funded by WSIB Research Advisory Council

J. McLaughlin,¹ J. Hennebry,² DC. Cole³ and Gabriel Williams⁴

The Migrant Farmworker Health Journey:⁵ Identifying Issues and Considering Change across Borders

• This Project was funded by a research grant provided by the Workplace Safety and Insurance Board (WSIB) (Ontario), as part of a funding agreement with the WSIB under the 'Bridging the Gap' Program – grant number 10108. Findings reflected herein do not necessarily reflect the views of the Board. The views expressed in *Policy Points* are those of individual authors, and do not necessarily reflect the position of the IMRC. To cite this document, please use the following: J. McLaughlin, J. Hennebry, D. Cole and G. Williams. 2014. "The Migrant Farmworker Health Journey: Stages and Strategies; Identifying Issues and Considering Change Across Borders." *Policy Points* VI. IMRC. Photos provided by: Aaron Diaz, Janet McLaughlin, and Jane Andres.

¹ Janet McLaughlin, Ph.D., Assistant Professor, Health Studies, Wilfrid Laurier University. Contact: jmclaughlin@wlu.ca

² Jenna L. Hennebry, Ph.D., Associate Professor, Dept. of Communication Studies/Balsillie School of International Affairs; Director, International Migration Research Centre (IMRC), Wilfrid Laurier University. Contact: jhennebry@wlu.ca

³ Donald C Cole, M.D. Associate Professor, Division of Epidemiology and Institute for Global Health Equity & Innovation, *Dalla Lana School of Public Health*. Contact: donald.cole@utoronto.ca

⁴ Gabriel Williams, M.A., Research Assistant, International Migration Research Centre

⁵ The authors gratefully acknowledge the kind assistance and input of Michelle Tew, Airissa Gemming, Chris Ramsaroop and Jessica Ponting.

IMRC Policy Points

Issue VI, April 2014

Introduction: There are currently about 300 000 temporary foreign workers employed in Canada every year, roughly 20 000 of whom work as migrant farm workers (MFWs) in the province of Ontario. MFWs travel primarily from Mexico, Central America and the Caribbean and typically work on a seasonal basis, with just over 15 000 workers annually coming to Ontario under Canada's long-standing Seasonal Agricultural Worker Program (SAWP), and many under the Stream for Lower Skilled Occupations (SLSO). All workers are eligible (with some variability) for provincial health insurance in Ontario (OHIP) and workers' compensation (WSIB), and are covered by provincial health and safety legislation through the Ministry of Labour, and yet MFWs are not always able or willing to access these health and compensation services. Further, these services often do not extend beyond Canada's borders. MFWs face difficulties and barriers to access at every 'stage' of their journey, from pre-departure to their return home, not just their stay while in Canada.

Profile of migrant farm workers (MFWs)

- **Family:** Most are young, single, middle aged men, but about 3-4% of participants are women, mainly single mothers; almost all have dependants in their countries of origin relying on them for income.
- **Place:** MFWs come primarily from rural areas in the Global South, with Mexico and Jamaica being the lead participant countries. They are citizens of their home countries but live and work in Canada for up to eight months per year; they exist as transnational/cross-border workers, employed but not belonging in one place, and having roots but unemployed or underemployed in another.
- **Status:** With temporary work permits that are tied to their employment, they have precarious immigration and employment status.⁶ They are heavily dependent on their employer for current and future work, and lack the power to affect change in relationships or circumstances.
- **Barriers and Challenges:** MFWs face barriers to accessing health care and workers' compensation, communication, community integration, transport, healthy housing, sanitation, training, and protections. They often lack knowledge of the legal and health systems.

The following outlines some of the most consequential issues or challenges migrant workers face throughout their transnational journey in terms of health, with a focus on those participating in the Seasonal Agricultural Workers Program (SAWP). Numerous suggestions for addressing these problems were identified in our research⁷ and they are included here in recommendation tables for discussion and consideration. Where possible, the tables indicate which actors or organizations, within Canada and in sending countries, may be best suited or mandated to play a role in the co-ordination and creation of strategies to address each set of challenges.⁸ The suggestions are

6 McLaughlin, J. & Hennebry, J. (2013). Pathways to Precarity: Structural Vulnerabilities and Lived Consequences for Migrant Farmworkers in Canada. In Goldring, L. & Landolt, P. (Eds.). *Producing and Negotiating Non-Citizenship: Precarious Legal Status in Canada*. Pp. 175-194.

7 Primary methods involved detailed questionnaire-based interviews with 100 workers who reported illnesses or injuries, as well as in-depth follow-up qualitative interviews with 30 worker case studies and over 50 stakeholder interviews.

8 The information included was originally adapted from the 2012 WSIB RAC Research Report Responding to Temporary Migration in Ontario's Agricultural Workplaces, by Jenna Hennebry and Janet McLaughlin. To access the full report, please contact: jmclaughlin@wlu.ca or jhennebry@wlu.ca.

IMRC Policy Points

Issue VI, April 2014

addressed primarily at provincial and federal agencies as well as community-based organizations. In many cases, recommendations straddle the jurisdiction of more than one group.

Glossary of Acronyms

CG: Community Groups (e.g. including transnational and local organizations).

EM: Employers and FARMS

ESA: Employment Standards Act

ESDC/CIC: Employment and Social Development Canada (Formerly Human Resources and Skills Development Canada) and/or Citizenship and Immigration Canada

FC/SG: Foreign Consulates and Sending Governments (e.g. including national, regional, local levels)

HC: Health care centres

LMO: Labour Market Opinion

MOL: Ministry of Labour

MFW: Migrant Farm Worker

OHSA: Ontario Health and Safety Act

PPE: Personal Protective Equipment

PH: Public Health/Health Canada and/or Ontario Ministry of Health and Long-term Care

WSIB: Workplace Safety and Insurance Board

IMRC Policy Points

Issue VI, April 2014

Stage 1: Pre-departure

There are a number of concerns and issues faced by SAWP workers which begin when an employer is given a labour market opinion (LMO), which gives them authorization to hire a temporary foreign worker. At this point migrant farmworkers must pay for visa and work permit fees, and must front costs for entry, preparation (such as costs for travel to medical screening and the airport), and attending medical examinations. SAWP workers then normally undergo pre-departure medical exams (which means that they typically arrive in Canada healthy). In some, but not all cases, SAWP workers will receive a pre-departure orientation session. Orientation sessions contain little information on health and safety, health insurance and access to healthcare. In the context of the global labour market and competition for labour, migrant farmworkers experience increasing competition for jobs, while continuing to face risks of falling into poverty, and heightened dependency on migration for income. Migrant farmworkers lack control and autonomy while in Canada regarding the region of employment, employment conditions, type of farm, timing and length of contract, etc. All of these factors combine to position migrant workers on a precarious footing at the outset of their contracts. Below are some recommendations which can lead to migrant workers leaving their countries of origin better prepared for what lies ahead.

RECOMMENDATIONS	WSIB	MOL	CG	FC/SG	EM	PH	ESDC/CIC	HC
Provide mandatory pre-departure training of workers in OHS, the WSIB system, detailed health-related rights; the health care system in Ontario; and contact numbers for NGOs, community organizations, and others in oral and written form. Standardize basic information (e.g. health, rights, rules, resources, etc.) across countries of origin, adapted for different groups' cultural and linguistic backgrounds.	X	X	X	X		X	X	
Provide employers with increased pre-arrival education about OHS/WSIB issues and their obligations towards workers.	X	X			X			
Reduce fees for workers (e.g. visa fees, recruitment fees, etc.); support families of workers (e.g. provision of social workers to deal with transitions).				X			X	

IMRC Policy Points

Issue VI, April 2014

Stage 2: Arrival in Canada

Numerous issues affect MFWs because of the employer specific work permit system Citizenship and Immigration Canada uses. Arrival to Canada is usually accompanied by disorientation, and there is little information available to MFWs when they arrive. Day to day living conditions, including housing, food and access to water are variable and often poor, despite pre-arrival housing inspections, as these include only very basic standards. Additionally, poor access to communication limits contact with families while language differences, discrimination and poor access to transportation cause social isolation during work terms. Finally, MFWs have limited access to social services and other protections because of the limited work permit system. A list of recommendations below is directed towards issues surrounding MFW arrival in Canada.

RECOMMENDATIONS	WSIB	MOL	CG	FC/ SG	EM	PH	ESDC/ CIC	HC
Make housing inspections a mandatory requirement for an LMO and expand their scope with the input of workers and their advocates. Issue unannounced inspections after workers have arrived to ensure property maintenance and address any arising concerns.						X	X	
Remove the 3 month wait for OHIP for migrant workers outside of the SAWP.						X	X	
Provide all migrant workers with health cards upon arrival; create a system to ensure workers receive this information without delay; penalize employers who do not comply or who withhold health cards.					X	X	X	

IMRC Policy Points

Issue VI, April 2014

Stage 3: Work in Canada

Serious concerns and issues continue when MFWs arrive at their place of work. Working conditions are often demanding and frequently dangerous. There are few rest periods each day, despite the long hours of work. Exacerbating these difficult conditions are other problems, such as insufficient access to water and sanitation while in the field. Protective measures, such as health and safety training, personal protective equipment (PPE) and workplace health and safety (WSIB) information are inconsistent across workplaces. Transportation services represent another area of risk for MFWs; poorly equipped bicycles and vehicles without seatbelts are common. Overarching all of these problems are issues related to communication and worker rights. There are often language barriers between MFWs, supervisors and employers that lead to conflict. Refusing work for any reasons is difficult; the single permit employer system, non-unionized work, fear of being dismissed and no appeal mechanism all reduce the rights and abilities of MFWs to object to unsafe conditions. Finally, MFWs are denied or excluded from certain provisions of the OHSA and ESA and are denied the right to collectively bargain in Ontario. In light of all these issues, a list of recommendations has been provided below that addresses concerns on behalf of MFWs.

RECOMMENDATIONS	WSIB	MOL	CG	FC/ SG	EM	PH	ESDC/ CIC	HC
Introduce a multilingual 'tele-health' hotline with extended hours to field complaints, questions and concerns from migrants related to their health, including a report line related to pesticide/chemical use.						X		
Once at their workplace, provide comprehensive health and safety training to workers at an appropriate literacy level on issues specific to their work, hazards and risks. Offer proper protective equipment for all tasks and training on its intended use and purpose in workers' languages.	X	X			X			
Provide agricultural workers the same rights as workers in other industries (e.g. full inclusion in Occupational Health and Safety and Employment Standards Acts, including maximum hours of work, and collective bargaining rights).		X						
Establish a migrant worker advocate/ombudsman with multilingual telephone access to information about workplace rights, community supports, OHS, WSIB, insurance and related concerns.	X	X	X				X	
Provide health care practitioners and workers with a package including medical translation sheets, multi-lingual patient hand-ours, and a list of useful contacts and support services. Include a succinct card or document identifying what services and coverage they are eligible for (e.g OHIP, private/supplementary insurance), and in cases where a foreign government manages supplementary insurance, include a list of services that workers can be reimbursed for.				X		X		
Establish connections between MOL and community groups to assist and educate workers								

IMRC Policy Points

Issue VI, April 2014

regarding their rights, identification of violations and recourse options.		X	X					
Provide migrant workers with increased job security and protected immigration status; replace employer-specific work permits with open or industry-specific work permits; provide multi-entry visas, spousal work/visitor visas (particularly when health issues are encountered).							X	
Provide workers with safe transportation options and education on the safe use of bicycles. Ensure that anyone driving workers has the proper license and training.		X	X		X	X		
RECOMMENDATIONS (continued)	WSIB	MOL	CG	FC/CG	EM	PH	ESDC/CIC	HC
Revise WSIB, labour and OHS legislation to supersede SAWP and TFWP agreements.	X	X					X	
Create system to track which employers hire migrant workers and how many are there for use in inspections.		X						
Create industry-specific regulations for agricultural workers under the OHS.		X						
Implement/expand specialized services such migrant health buses and specialized clinics.						X		X
Provide direct deposits of workers' pay into bank accounts chosen by workers; remove any mandatory savings or fee withholding processes.				X	X			
Implement proactive enforcement on occupational health and safety legislation and employment standards, including increased unannounced inspections of worksites with consequences for LMOs.		X					X	
Allow workers more frequent breaks and days off when needed without fear of losing employment.		X			X			

IMRC Policy Points

Issue VI, April 2014

Stage 4: Injured or Ill in Canada

In the event of a workplace injury or illness while in Canada, MFWs have few options available to them. The WSIB and health services have exhibited poor coordination across jurisdictions and organizations. Additionally, accessing health care is difficult for the following reasons: language differences; lack of health care providers; long wait times; inadequate transportation; difficulty getting time off work; and fear of termination of employment. When examining the WSIB, distinct barriers regarding their services become evident. First, MFWs fear reporting injuries at the risk of losing their job. Second, accessibility due to language and literacy factors reduces knowledge about WSIB processes and reporting in general. Employers can often fail to report injuries for several reasons. Sometimes they are unaware that an injury has occurred at all, due to time or a worker hiding the injury. In other cases, they neglect to report over concern that it will affect their experience rating and ability to hire other workers. Health providers may not report injuries for several reasons. First, due to the ambiguity of where and when the injury occurred. Second, because the recipient of the injury may be concerned about it being reported, and third, simply because the health provider was unaware of the considerations or entitlements of MFWs. Although MFWs have access to free services provided by trained individuals to provide advice about claims, the reality is often something else entirely. Liaison officers from sending countries - individuals without legal training - often file claims for MFWs, and there are reports that some have threatened workers not to seek the actual legal council which is freely available. A list of recommendations targeting these issues is provided below.

RECOMMENDATIONS	WSIB	MOL	CG	FC/SG	EM	PH	ESDC/CIC	HC
Create and distribute WSIB's reporting form (form 6) in languages of workers.	X							
Assign a subset of case managers who deal with all migrant worker claims, ideally with multi-lingual (especially Spanish) capacity. Provide training to these case managers on the specific needs and issues of migrant workers. Ensure that interpreters are readily available for assistance navigating care and compensation systems.	X							
Include expanded benefits, such as physiotherapy, in workers' insurance packages.				X				
Encourage health care practitioners to provide outreach and after-hours clinics targeting migrant workers; extend hours of existing clinics; increase numbers of providers during peak periods.						X		X
Provide training to health care providers regarding assessing work-relatedness and WSIB reporting.	X					X		X
Provide improved access to communication methods, including telephones in all accommodations, for migrant workers.					X	X	X	
Shorten timeframes for WSIB approvals of investigations and treatments; extend worker								

IMRC Policy Points

Issue VI, April 2014

rehabilitation.	X							
Improve communication between multiple stakeholders in dealing with migrant worker health care and compensation. Establish an ongoing committee with various stakeholders to examine issues of WSIB for migrant workers; include at least one injured migrant worker in consultation process.	X	X	X	X	X	X	X	
Create method of tracking migrant workers within the WSIB system and monitor their use of the system in relation to other workers.	X							
Provide workers with names and addresses of organizations that provide free services in case of injury, e.g. IAVGO, OWA (Office of the Worker Advisor) and local legal clinics	X		X	X				
Ensure that workers are not penalized/intimidated by their government's consulate officials for using trained legal workers; brief consular officials on significance and efficacy of trained legal workers.	X		X	X			X	
Improve inter-agency cooperation and communication among WSIB, OHS, and other federal and provincial agencies and community groups.	X	X	X	X		X	X	
Pay health care providers up front if required and consistently provide transportation for workers to and from clinics.	X							
Provide immediate assistance of a Return to Work specialist when return to work conditions are disputed.	X							
Provide more flexible reporting times which account for workers' barriers to accessing WSIB (language, lack of knowledge, lack of telephone/internet).	X							

IMRC Policy Points

Issue VI, April 2014

Stage 5: Return/Repatriation

Numerous concerns and issues surface when an employer notifies the worker and consular official of their intention to repatriate a MFW. An employer yields considerable leverage over MFWs because they have the ability to prematurely fire a worker, which often triggers repatriation. Employers and consulate personnel often exert pressure on injured workers to return to their home country. The existence of a 'naming system' – where employers can list workers they want to return – gives employers the discretion to deny workers future employment with no justifiable rationale. The threat of repatriation also affects those injured while working; they are often repatriated before an investigation into their claim can be completed. Proper housing and support for an injured worker is often not forthcoming and WSIB correspondence is normally sent to sending country government representatives causing a gap or delay in information availability. The above issues are significant and serious but there are some implementable practices that could ameliorate some of the concerns.

RECOMMENDATIONS	WSIB	MOL	CG	FC/SG	EM	PH	ESDC/CIC	HC
Provide workers with the right to appeal their termination before an independent tribunal prior to repatriation.		X					X	
Expand OSHA to recognize misuse of the premature repatriation clause as reprisal for workers raising concerns over workplace safety; levy penalties against employers when such reprisals occur.		X					X	
Investigate issues surrounding premature repatriations before departure.	X	X					X	
Provide workers medical screening prior to returning to countries of origin, including the facilitation of medical testing (CT/MRIs etc. where needed) and follow up care with a general practitioner and ensure that workers are kept in Ontario long enough to receive the care they need. Allow workers the choice of receiving care in Ontario or in their countries of origin. If the worker chooses to stay in Ontario, provide support for a family member to visit the worker, and/or for the worker to return to visit his family (<i>in line with WSIB policy 17-01-09</i>).	X					X		
Provide logistical and financial support to injured workers such as secure transportation, services, income, and residence, until problems have been investigated and resolved.	X		X	X	X		X	
Extend OHIP coverage for the time that injured workers remain in Ontario for treatment and investigation of workplace injuries (for continued coverage of non-work related health issues), even if they are processed as "AWOL".						X	X	

IMRC Policy Points

Issue VI, April 2014

Stage 6: Back at Home

A worker's arrival in their country of origin triggers a number of new issues, especially if they are injured. Maintaining communication between the WSIB and workers becomes a challenge due to changes in address and phone numbers, language differences and literacy constraints. If the worker needs continual medical care, upfront costs (transportation and appointments) can quickly become a problem. Additionally, in many countries, health care providers may be unaware or poorly informed about the WSIB system. If a claim is in process, there is a chance that the worker will receive a negative decision, however, they are often not informed of their ability to appeal such a decision, and are often not provided the "intent to appeal" form to do so. In a similar vein, governments will often neglect to inform workers of their right to file such appeals on their behalf.

RECOMMENDATIONS	WSIB	MOL	CG	FC/ SG	EM	PH	ESDC/ CIC	HC
Keep records of workers' contact information in countries of origin and maintain contact with workers to follow up and further assess ongoing claims, especially if there is an expected recovery time following the worker's repatriation. Send decision letters directly to the worker, not only the liaison office.	X			X				
Send intent to appeal form and addressed envelope with negative decision letters.	X							
Allow verbal objections by migrant workers rather than only written objections on the intent to appeal form.	X							
Provide easier access to long distance calls for case managers and nurse consultants in the agriculture sector.	X							
Continue providing information and updates to migrant workers in the offseason.	X		X	X				
Create plan for facilitating follow-up care in workers' countries of origin before repatriating a worker. For example, the WSIB could set up a contact with taxi companies in workers' countries of origin to provide fully funded transportation to workers' medical appointments.	X			X				

IMRC Policy Points

Issue VI, April 2014

Final Stage: Three Scenarios

There are three broad scenarios for the final stage of this migrant worker health journey. First, if an injured worker fully recovers and returns to the SAWP there are no recommendations; it is an ideal situation. Second, if a worker recovers but is not invited back to the SAWP, alterations to the program are necessary. Third, and most serious, if the worker does not recover from an injury and does not again participate in the SAWP, several issues emerge. An injured worker may not be able to earn an income, whether part of the SAWP or not. Often WSIB benefits do not reflect pre-injury earnings or they are based on assumptions that apply to the Ontario labour market. An injured worker is unlikely to be able to work in Canada, yet locally there are few employment opportunities or occupational retraining options. Some families become bankrupt or break up, and injured workers may face chronic pain, depression and extreme poverty. Families of deceased workers are sometimes left without support.

SCENARIO	RECOMMENDATIONS	WSIB	MOL	CG	FC/SG	EM	PH	ESDC/CIC	HC
Scenario 1 <i>Return to SAWP</i>	Ideal scenario; no recommendations.								
Scenario 2 <i>No return to SAWP</i>	Oblige employers to rehire previously injured workers. Penalize employers who refuse to provide migrant workers with suitable reemployment following an injury.	X	X					X	
Scenario 3 <i>No recovery and no return to SAWP</i>	Offer worker retraining opportunities in country of origin.	X							
	Restore injured worker's earning to the same level as before the workplace accident.	X							
	Provide improved financial and social supports to families of injured or deceased migrant workers.	X		X	X			X	
	Investigate and address employers' indiscriminate rejection of workers for future working seasons; modify the naming system.	X	X			X		X	

IMRC Policy Points

Issue VI, April 2014

Concluding Remarks: Summarizing years of research on migrant worker health and safety, the aim of this migrant's journey table has been to identify the gaps in health and associated protections for migrant farmworkers at each stage of their migration journey. In an environment in which workers have very little control vis-à-vis their employers, MFWs face multiple barriers in accessing the basic health services that are legislated to them as legally employed workers in Canada. Leaving behind their families and going to Canada for the sole purpose of working can have a jarring effect on the women and men who participate in the SAWP. MFWs do not always realize their own right to seek medical attention and are often concerned with the fallout (i.e. loss of income) should they be deemed injured and unable to work. This fear of repatriation coupled with a lack of available linguistic and culturally-specific resources among health care services results in many workers falling through the cracks, unable to receive adequate medical attention and compensation in the face of injury.

The concerns facing MFWs are often compounded upon their return to countries of origin, where many are unable to communicate effectively with the WSIB, to receive re-employment training and benefits, to recover fully and/or return to meaningful work. There is no guarantee of a return invitation to Canada the following year, and many are deemed unfit to return despite their dependency on and years of service in the program. In the cases of MFWs who are not invited back to the SAWP, employment retraining and financial compensation are necessary to restore pre-injury earnings.

One of the major underlying issues facing MFWs is the multiple jurisdictions involved in their health, ranging from employers to foreign and local governments, to health clinics and community groups. In this environment, it is easy to become confused about who ultimately holds responsibility for any given issue, and each stakeholder may assume someone else is filling the gap. We believe that the most promising approach to ensure that MFWs no longer slip through the cracks is to establish a multi-stakeholder, collaborative dialogue aimed at addressing MFW health and compensation issues, with clear goals and mandates for each stakeholder. Our hope is that this document, which attempts to provide a holistic and inclusive view of migrant health, can provide a basic blueprint for identifying possible solutions, as well as the various stakeholders who could collaborate on addressing them. Even more, we hope that this knowledge can serve as a foundation on which to build a productive dialogue which ultimately leads to a healthier, safer and more secure future for MFWs.

IMRC Policy Points

Issue VI, April 2014

For further information and reading please see:

1. Migrant Worker Health Project Web Site: www.migrantworkerhealth.ca
2. McLaughlin, Janet, Jenna Hennebry and Ted Haines (2014). Paper versus Practice: Occupational Health and Safety Protections and Realities for Temporary Foreign Agricultural Workers in Ontario. *Pistes: Interdisciplinary Journal of Work and Health*. Spring.
3. McLaughlin, Janet and Jenna Hennebry (2013). Pathways to Precarity: Structural Vulnerabilities and Lived Consequences for Migrant Farmworkers in Canada. Chapter in *Producing and Negotiating Non-Citizenship: Precarious Legal Status in Canada*, Luin Goldring and Patricia Landolt (eds). University of Toronto Press.
4. Hennebry, Jenna and Janet McLaughlin (2012). The Exception that Proves the Rule: Structural Vulnerability, Health Risks and Consequences for Temporary Migrant Farmworkers in Canada. Chapter in *Legislating Inequality: Canada's Temporary Migrant Worker Program*. Christine Straele and Patti Lenard (eds). McGill-Queen's University Press.
5. Pysklywec, Mike, Janet McLaughlin, Michelle Tew and Ted Haines (2011). Doctors Within Borders: Meeting the Health Care Needs of Migrant Farm Workers in Canada. *Canadian Medical Association Journal (CMAJ)* 183(9): 1039-1043.
6. Preibisch, K., and J. Hennebry (2011). Temporary Migration, Chronic Impacts: International Migrant Worker Health in Canada. *Canadian Medical Association Journal (CMAJ)*, June 14, 2011, 183:1033-1038.
7. McLaughlin, Janet and Jenna L. Hennebry (2010). Background on Health and Safety for Migrant Farmworkers. *IMRC Policy Points*, Issue I, December. International Migration Research Centre, Waterloo, Ontario.