

Steve Arnold Mon Mar 25 2013 17:29:00 | 1 Comments | 0 Recommend

Ontario's migrant workers fly under health radar

Fitzroy's choice was simple — tell his boss a tractor had run over his foot and he needed a doctor, or grit his teeth and keep on working.

In the end, he chose to keep working, knowing if he didn't, there was a good chance he'd be sent back to Jamaica before the harvest was over, and that would mean a hungry winter for his family.

Choices like that are made every day by the estimated 30,000 foreign workers Ontario imports annually to tend Niagara's vineyards, to pick Leamington's tomatoes and harvest Norfolk's field crops.

"These workers are very much an invisible population," American expert **Bruce Gould** (<http://www.chip.uconn.edu/chipweb/bio.php?id=53>) told a Hamilton conference Monday. "They are essentially indentured servants and they're afraid to make trouble."

Gould is founder and director of a mobile free clinic in Connecticut that aims to help the state's migrant farm workers get basic medical care during the months they add millions of dollars to local economies by harvesting tobacco leaves that are exported to the Dominican Republic to be turned into cigars.

His clinic is one of a growing number of initiatives throughout North America's farm communities where doctors and others try to sell farmers on the idea it's in their best interest to keep their temporary workers healthy.

"We can either look at the growers as the enemy or we can try to convince them that healthy workers are more productive," Gould told his audience of doctors, nurses, labour activists and others. "We're dealing with everyone from Archie Bunker on one end to articulate people who really care about their workers on the other."

Studies in Connecticut show just over half of the state's migrant farm population is from Mexico, 61 per cent are in the sexually active 21-44 age group, 14 per cent are under 20 years old and 67 per cent of them are men. On average, they have only six years of formal education.

Workers like Fitzroy — a real case cited by one of Monday's presenters — represent a growing issue for Ontario's health-care system, and one that's not fully understood.

Jackie Barrett-Green, chair of the health subcommittee of the **Niagara Migrant Workers Interest Group**, (<http://nmwig.blogspot.ca/>) told the gathering there are about 7,000 official migrant workers in Niagara Region and Norfolk County, but the actual number may be twice as high because not all of the workers come through official channels.

"They're on nobody's radar and there's no money to provide services to them even though they contribute millions to the economy," she said. "They're just not part of the scenario, but they are part of our community."

Most of those in Ontario come from Mexico and the Caribbean, and reaching them with messages about health care is not always easy.

One American program that has been successful in reaching that vulnerable population is the Promotores de Salud (Promoters of Health) effort operating in five states that make heavy use of migrant farm labour.

Colleen Reinert, the program's national capacity building director, said reaching workers requires overcoming barriers of language and culture, lack of transportation, poverty and isolation.

Her program kicks down those barriers by training people from within migrant groups to carry the message to the people they work beside, helping them find the treatment they need when they're sick or hurt and training them, as far as possible, to avoid problems.

"They become a bridge over which the community can access health care," she said. "We're not asking them to diagnose problems and be a doctor, we're asking them just to provide information and education."

The conference was organized by the **Occupational Health Clinics for Ontario Workers** (<http://www.ohcow.on.ca/>) .

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of course we should be offering aid to anybody who gets injured on the job in Canada but what about the migrant who comes here seeking our healthcare and what happens to the migrant worker who is injured and can't work who pays? Does the farmer have any obligation or insurance for this?

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