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Borders and Boundaries in the Lives of Migrant Agricultural Workers.

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Abstract

In 2018, roughly 72% of the 69,775 temporary migrant agricultural labourers arriving in Canada participated in the Seasonal Agricultural Workers Program (SAWP). Despite having legal status in Canada, these individuals are often systematically excluded from community life and face barriers when accessing health and social services. SAWP workers' exclusion from many public spaces and their incomplete access to the benefits of Canadian citizenship or residency provide us a unique opportunity to examine social and political mechanisms that construct (in)eligibility for health and protection in society. As individuals seeking to care for the sick and most marginalized, it is important for nurses to understand how migrant agricultural workers are positioned and imagined in society. We argue that the structural exclusion faced by this population can be uncovered by examining: (1) border politics that inscribe inferior status onto migrant agricultural workers; (2) nation-state borders that promote racialized surveillance, and; (3) everyday normalization of exclusionary public service practices. We discuss how awareness of these contextual factors can be mobilized by nurses to work towards a more equitable health services approach for this population.

Keywords: borders, exclusion, marginalization, migrant agricultural workers, Seasonal Agricultural Worker Program (SAWP)

Borders and Boundaries in the Lives of Migrant Agricultural Workers

Temporary migrant agricultural workers are a major labour force in Canada, doing the vast majority of farm work in the country (Canadian Agricultural Human Resources Council, 2016). This group primarily works under the Seasonal Agricultural Workers Program (SAWP). In 2018, 50,550 of the 69,775 temporary migrant agricultural labourers arriving in Canada participated in the SAWP (Government of Canada, n.d.). The federal government first piloted this program in 1966 in Ontario to address what were perceived as temporary labour shortages in the agricultural sector. Administered through bi-lateral agreements between Canada, Mexico, and 11 Caribbean nations, the SAWP has expanded to all provinces in Canada (Employment and Social Development Canada [ESDC], 2019). Each year, workers migrate to and from Canada, some remaining in the SAWP for decades.

For these thousands of workers, the degree to which they feel integrated or isolated from the wider community greatly impacts their quality of life. Yet they are often excluded from public spaces and their access to public services, including health services, is limited by a variety of complex factors. These include direct and indirect coercion from bosses and government officials, geographic and linguistic isolation, exclusionary policies, lack of access to transportation, lack of social networks, and experiences of racism (Caxaj & Diaz, 2018; Caxaj & Cohen, 2020; Hennebry, 2012; Hjalmarson et al., 2015; Robillard et al., 2018). SAWP workers' exclusion from many community spaces and their incomplete access to the benefits of Canadian citizenship or residency require nurses and other healthcare professionals to consider the unique social and political mechanisms that threaten the health and wellbeing of this group. For nurses, understanding the structural and socio-cultural forces that create inequities in the lives of migrant agricultural workers becomes a foundation for both equitable practices and policy advocacy (Caxaj & Plamondon, 2020).

In this commentary, we explore inequities as social and political mechanisms that make visible the boundaries of who is

written inside and outside of 'community.' Specifically, we discuss three key processes of marginalization faced by migrant agricultural workers: (1) borders that inscribe inferior status onto migrant agricultural workers; (2) borders that justify racialized surveillance of this population and; (3) exclusion reinforced through everyday health and social care practices. By reflecting on our own scholarship and experiences supporting the health of migrant agricultural workers, we consider how these workers are positioned in our communities, and furthermore, how the conditions faced by this group construct them as outsiders. Lastly, we suggest some strategies for nurses who want to challenge forces of marginalization through political action and provide equity-oriented care to migrant agricultural workers.

Nation-state Borders Inscribe Inferior Status

Borders are not only fixed, invisible lines that divide the world into nation-states, but also ideological constructs that create and reinforce differences. Borders exist both at national territorial boundaries but also within the geographic and political centers of nations (Balibar & Swenson, 2004). Where borders create an 'us' and 'them' conceptualization, they then become a justification to keep 'them' out and 'us' in, however these groupings are defined. As restrictions on human movements, borders have historically had limited impact on preventing people from migrating to places where more opportunities exist. Indeed, more people migrate today than ever before. In 1990, the International Organization for Migration (IOM) (2018) estimated that there were just over 152 million international migrants. By 2017, that number had jumped by more than 100 million to an estimated 257 million (IOM, 2018). It is notable that this shift has occurred in the context of increasing global restrictions on movement across borders. Rather than keeping people out, borders work to control people's relationship to the state and limit their ability to claim rights and entitlements once they are within the boundaries of the nation-state (Anderson et al., 2009)

In the case of migrant agricultural workers and other temporary foreign workers,

their relationship with the state is an incomplete one—the act of crossing the border into an industrialized nation (albeit legally) solidifies their positions as only partially included in society. While many migrant farmworkers spend more time in Canada than their ‘home’ countries, they are barred from becoming citizens with full access to legal, political, and social rights. They are “permanently temporary” (Hennebry, 2012). In short, though borders are porous for the ‘legal’ migrant farmworker, these borders also present as rigid obstacles to these individuals’ freedom by creating a large pool of workers that are disposable, precarious, and ‘flexible’ (see Walia, 2013; Faraday, 2012; McLaughlin & Hennebry, 2013). In this way, borders are better understood as a structural means of creating inequitable status rather than a mechanism that effectively restricts flows of migration.

Workers’ limited access to health and social services keep them on the periphery in many ways (Sargeant & Tucker, 2010). Constraints on the assertion of their labour, housing and human rights (Moyce & Schenker, 2018) further narrow their everyday world by forcing workers to focus on their physical, economic, or emotional survival. For instance, lack of enforcement of labour and housing standards makes it difficult for workers to refuse unsafe work, report injuries sustained on the job, or demand appropriate safety equipment or training (Hennebry, 2012; Hennebry & Preibisch, 2012). Workers’ day-to-day attempts to stay safe and physically recover from exploitative conditions will also limit their ability to feel connected to the wider community.

In addition to legally subordinating a large group of people within the nation-state, borders are also *responsible for creating ideas about who belongs and who does not*. Since its inception, the category of ‘migrant worker’ marked some migrants as deserving of citizenship and full and permanent inclusion within the state, and others as undesirable for permanent inclusion, justifying differential rights for each group (Sharma, 2008). This inequity, while not explicitly labeled in these terms, nonetheless contributes to the creation of racialized and class hierarchies of workers. Migrants who fall into the categories of

permanent residents or citizens have high levels of formal education, are proficient or fluent in English, practice a profession deemed by the government as ‘high-skilled’, and/or have a significant amount of capital to start a business venture or invest in the Canadian economy. Disproportionately, migrants who meet these requirements come from countries in the Global North or the wealthiest families in the Global South (Bhuyan et al., 2017; Costigan et al., 2016). On the other hand, migrants deemed suitable for temporary status only are those with lower levels of education or whose qualifications are not recognized in Canada. Many speak little to no English and come from countries in the Global South whose economies have been devastated by neoliberal economic policies (Lewis et al., 2015).

Nation-state Borders Promote Racialized Surveillance and Limit Access to Public Services

When people move away from their place of birth, especially poor people moving across national boundaries into wealthier regions, they are often framed as dangerous invaders. These xenophobic perspectives ignore the complex histories of human migration that span thousands of years (Goldberg, 2002). Where migrants are conceptualized as a risk or a danger to others, the state and the public are portrayed as victims, particularly in the case of undocumented migrants. These perceptions manifest in structural violence when they are used to justify increasingly restrictive immigration policies as well as the widespread criminalization and incarceration of migrants (Walia, 2013).

Borders as a construct of inequity can be seen in how criminalization extends to ‘legal’ migrants as well, including temporary migrant farmworkers. The conflation of temporary migrant and ‘illegal’ migrant, which are both state-produced categories, has long been part of popular discourse. In addition to being racially profiled and discriminated against, migrant agricultural workers may be suspected or assumed to be ‘illegal,’ and subjected to cultural narratives that

paint them as deviants (Anderson, 2010; Forcier & Doufour, 2016; Cohen & Caxaj, 2020). A clear example of this surveillance occurred in 2016 when four migrant agricultural workers left a farm in British Columbia where they had worked. Despite the workers' legal right to refuse work, their departure from the farm was treated as a criminal activity. Some local media published their names and passport numbers, and in their media release, the police advised the community to stay vigilant for signs of their whereabouts (Handschuh, 2015; Sthankiya, 2015). This example also suggests that implicit discourses of Whiteness and nationhood converge with private interests to extend the surveillance and policing of migrant workers, whose bodies are made focal points of racialization in public spaces. Other delineations of 'difference' may include depictions of workers as passive objects, outsiders, or 'charity cases' (Aguiar et al., 2005; Caxaj & Plamondon, 2020; Cohen & Caxaj, 2020; Inouye, 2012), which can serve to justify workers' limited access to public services.

Like undocumented workers, migrant agricultural workers in Canada also live with a fear of deportation. Despite enjoying legal, albeit temporary, status in Canada, SAWP workers have no easy pathway to permanent residency or citizenship and are liable to have their employment terminated at any time for no reason and with no appeals process (Basok et al., 2014; Faraday 2012). As SAWP participants' work permits are incredibly restricted, the loss of employment often means immediate mandatory return to one's country of origin. Consular officials and employers take advantage of migrants' precarity by reminding them of their disposability and explicitly threatening to send them home (Cohen & Caxaj, 2018). These threats are not hollow, as many migrants each year find out. Orkin et al. (2014) were able to gain access to detailed records from the Ontario growers association, Foreign Agricultural Resource Management Services (FARMS). These records illuminated details of medical repatriation (involuntary return to 'home'

countries due to an illness or injury) in Ontario between 2001 and 2011, showing that more than 780 migrant farmworkers were medically repatriated during this period. The potential of deportation is sufficient to ensure even these migrant workers, who are legally employed in Canada, feel disposable and remain compliant (Basok et al., 2014). Legislated processes of deportation of those legally admitted to Canada for temporary labour demonstrates that inequity is an active rather than a passive social process.

Since workers' job status is insecure, they may assess the risk of officially reporting a concern to be more dangerous than enduring workplace abuse or mistreatment (Hennebry, 2012; McLaughlin, 2007). In fact, even though hundreds of complaints are documented by non-government agencies (Caxaj & Cohen, 2020), migrant agricultural workers rarely make official complaints because of the systemic onus put on workers to navigate the system and absorb the risks of reporting (Faraday, 2012). Key barriers include a lack of oversight mechanisms and an over-reliance on worker-initiated complaints, workers' geographic isolation, transportation barriers, language barriers and limited access to interpreters, limited knowledge of, or ability to navigate services, and poor networks of support (Caxaj & Cohen, 2020; Robillard et al., 2018). The cumulative impact of these regulatory and contextual barriers is a ritualized and systemic lack of access to medical care and legal protections for this group. These conditions consequently fortify the notion that migrant agricultural workers belong only to the periphery, despite being formally entitled to certain rights 'on paper'.

Exclusion Reinforced through Everyday Practices

Migrant agricultural workers' experiences of segregation and isolation are complex and multi-faceted. Several studies indicate that migrant agricultural workers are largely restricted to the farm due to geographic, linguistic, and workplace restrictions (Caxaj et al., 2020; Horgan & Liinamaa, 2017). And workers' mobility outside of the farm, whether to access health care services or to buy groceries, is typically mediated by, and dependent upon, their

employers (Hennebry et al., 2016).

Furthermore, migrant agricultural workers may endure long hours without breaks, stretches of time without days off, as well as expectations that they must always be 'on call.' This workplace climate, in combination with a permit tied to a particular employer, has the effect of restricting workers to their employer's property while placing their health at risk (Sikka, 2013; Strauss & McGrath, 2017). Curfews and other 'house rules,' commonly posted in migrant agricultural workers' lodgings, pose further barriers for workers to access both formal and informal health supports (Cohen & Caxaj, 2018; Perry, 2018). Posted rules may include instructions banning workers from having visitors, requiring them to be locked into their residence after a certain time of night, and prohibiting them from consuming alcohol. Our current research parallels prior findings from Ontario, demonstrating that these types of house rules tend to be stricter on farms that hire migrant women (Cohen & Caxaj, 2018; Encalada Grez, 2011). These rules limit workers' mobility and connection to the wider community, and perhaps most concerning, impinge on this group's ability to access health services to which they would otherwise have a right (Caxaj, et. al, 2020).

The social and political conditions that maintain migrant agricultural workers on the margins are also self-perpetuating in that they prevent workers' interests and needs from being considered. For instance, we have seen public deliberations related to local food security initiatives, rural housing governance, and the location of community health clinics in contexts where migrant agricultural workers' voices are notably absent. In addition, our engagement with health and social care providers has indicated that principles of confidentiality are continuously violated by a systematic lack of third-party translators and a default inclusion of employers' preferences in workers' care plans and recreational activities (Caxaj et al., 2020). So, the exclusion and marginalization of migrant agricultural workers is both normalized and reinforced by everyday practices in social and healthcare settings. In healthcare settings, this exclusion can be enacted even when migrant agricultural workers are physically present by prioritizing

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the preferences and involvement of those in positions of power over those of migrant agricultural workers who are precariously positioned.

Migrant agricultural workers' differential access to health and social services reveal hidden eligibility criteria that reinforce their partial and precarious status in society. In large part, this is most evident through the power given to employers to mediate migrant agricultural workers' access to basic services and amenities. For example, workers' access to the grocery store, medical attention, and workplace training are all formally recognized as responsibilities of the employer (Reid-Musson, 2017), which reinforces the position of power as the employer serves as a gatekeeper (McLaughlin, 2007; Reid-Musson, 2017). Further complicating this dynamic, conflicts of interest arise when an employer is expected to act as a service liaison, particularly in terms of weighing risks to productivity and profit against the wellbeing and entitlements of their employees. For instance, migrant agricultural workers have reported that employers encouraged them to work through an injury or illness, not to report a workplace incident, to use over-the-counter treatments instead of seeking medical attention, or to postpone seeking medical help until a less busy time of the season (Caxaj & Cohen, 2019). Although migrant agricultural workers are technically eligible for provincial health coverage, national pension plans, unemployment insurance, and other government programs, very few of them are able to secure access to these benefits (Hennebry et al., 2016; Robillard et al., 2018). In Ontario, migrant agricultural workers rely on their bosses to help them register in the provincial health care program, which in practice has meant that very few workers are actually enrolled (Robillard et al., 2018). These realities illustrate that both the employer and the state are active gatekeepers in maintaining an elusive yet effectively restrictive boundary that excludes migrant agricultural workers from accessing health and social services.

Implications for Nursing

While we developed this manuscript pre-Coronavirus disease (COVID-19), the

marginalizing forces that we have highlighted above have ultimately limited the possibility of a cohesive and dignified public health response for migrant workers. Consider Ontario Premier Doug Ford's public statement that urged migrant workers to get tested (Jeffords & Jones, 2020) and suggested workers 'hid' from testing (Jeffords, 2020), oblivious to workers' limited access to transportation and unmediated access to services. And despite calls by experts (Caxaj et al., 2020; Haley et al., 2020; Weiler et al., 2020), all levels of government and various health units have failed to systematically employ effective outreach and communication methods that would ensure adequate monitoring and follow-up for workers who are exposed to COVID-19. Often, public health units have screened migrant agricultural workers for symptoms or assessed housing conditions in the presence of their boss or supervisor. Ultimately, the circumstances resulting in the death of three migrant agricultural workers infected by COVID-19, Juan Lopez Chaparro, Rogelio Munoz Santos, and Bonifacio Eugenio Romero, suggest that these deaths were preventable had more investment of time and resources been put into protecting this vulnerable workforce (Migrant Worker Health Expert Working Group, 2020). Nurses have a vital role in questioning the way that health services have been traditionally delivered to this population without addressing the unique needs and challenges faced by this group. For instance, nurses can advocate for programming that helps build rapport and relationships with this population such as face-to-face translation that enables follow-up care and two-way communication, critical during both individual and public health emergencies. Nurses can also develop proactive public policies and practices that anticipate and counter discriminatory and xenophobic reactions towards migrant worker populations that have been seen across the country because of COVID-19 (Hennebry et al., 2020).

Nurses have an important role as advocates by questioning the racist logics that differentiate between 'deserving' and 'undeserving' immigrants, noting the ways that legal migration does not guarantee adequate access to health services. Even being aware that migrant agricultural workers are

entitled to the same workplace health and safety protections and benefits that they pay into can help foster a different ethic of care when working with migrant agricultural workers. Given the inherent interdisciplinarity of our role, nurses are uniquely equipped to consider the holistic and multi-faceted needs of this population and to work to develop public health responses and models of care that are better suited for migrant agricultural workers. In select regions in Ontario and other provinces, nurses are already involved in the provision of targeted care for this population as well as primary care programming for migrant agricultural worker programs. Yet overall, health services for this population are still largely inaccessible and rife with barriers, some of which stem from health care professionals' limited understanding of the needs of this group (McLaughlin & Tew, 2018). Across healthcare settings, nurses can help ensure that service delivery be unmediated, non-coercive, accessible and confidential (Caxaj & Plamondon, 2020).

Looking to the long-term, the current context highlights the ways that migrant agricultural workers have often not been integrated into our mandate of nursing care. While nurse scholars, particularly in the US context have highlighted the unique risks that this group faces for certain communicable diseases, the analysis of the root causes underlying these risks have often been limited (see for example, Albarran & Nyamathi, 2011; Moyce et al., 2019). The unintentional consequence of this type of scholarship has been to shift the blame for health disparities on to this population. While some researchers have identified relevant determinants of health for migrant agricultural workers, limited attention has been given to the structural/historical forces at play, such as border politics, that are determining more proximal risk-factors (e.g., see Ballestas, 2008, on health-seeking, and Kilanowski, 2013, on health education). Key to effectively delivering care for this population is to understand the ways in which this group may be precariously positioned because of social isolation, the nature of their employment, or their status in Canada. Concepts such as structural violence (Farmer et al., 2009), intersectionality (Crenshaw, 2017), and

marginalization championed and adopted by many critical nurse scholars (see for example, Varcoe et al., 2014; Hall, 1999) are key to bridging an examination of macro-level forces shaping migrant workers' day-to-day, with an application of equity-oriented care in both policy and practice (see for example, Holmes, 2013; Robillard et al., 2018; Salami et al., 2018). Given that migrant agricultural workers represent a displaced population, many of who are Indigenous (Asad & Hwang, 2019), applying a cultural safety lens (Papps & Ramsden, 1996) in caring for this population may also help nurses think through assumptions, privileged positions, and systemic exclusion that hinder their health trajectories (Browne et al., 2009). Our paper confirms the importance of these concepts in helping nurses provide more relevant and responsive care to migrant agricultural workers. It invites greater attention to border politics, temporary status and precarious labour among critical nursing scholars, in order to work towards a more comprehensive notion of inclusion in our advocacy and mandate for health and social justice. Ultimately, nurses have a mandate to protect and advocate for patients who have been under-served and marginalized. To advocate effectively, nurses must understand the ways that border politics and so-called routine practices create health inequities that uniquely affect migrant agricultural workers. With this awareness, nurses can work with migrant agricultural workers to challenge the complicity of the healthcare system with these marginalizing forces.

Conclusion

In this paper, we examined the ways migrant agricultural workers are 'written out' of our communities. This knowledge provides a foundation for nurses to understand the structured inequities experienced by this population. We outlined three key socio-political forces that marginalize migrant agricultural workers and undermine their ability to access services. First, we discussed how borders create racialized hierarchies of workers who are given only partial rights. Second, we discussed how nation-state borders, particularly the ideologies underpinning them, help to frame migrant

agricultural workers as potentially deviant, criminal, and requiring surveillance. Finally, we discussed how exclusion is normalized through everyday health and social practices that are often coercively mediated by the employers of migrant workers and the nation-state. Each of these forces ultimately exacerbates migrant agricultural workers' marginalization, limits their ability to participate in the wider community, and poses significant obstacles for them to access health and social services. Nurses can and must play a role in challenging these taken-for-granted practices that undermine migrant workers' access to services, rights to protections, and ability to meaningfully participate in society.

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