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# Mobility in a Pandemic: COVID-19 and the Mobile Labour Force

Working Paper

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# Abstract

Over the past year and a half, the COVID-19 pandemic has drastically disrupted everything from the global economy to everyday life. Constraining and managing mobility of all kinds, including for and within work, has been a core feature of pandemic response. For the past nine years, the On the Move Partnership has been studying Canada's mobile labour force: the approximately 16% of the Canadian labour force that engages in extended/complex mobility to and within work. These workers are employed in transportation, shipping, health care, home care, agriculture and food processing, construction, cleaning, and other sectors. Within Canada and globally, many of them have been deemed essential, even in the context of almost complete lockdown. In essence, most have had to go to work throughout the pandemic in order to make it possible for others to stay home.

This working paper synthesizes insights from relevant COVID-19-related published research, investigative journalism, and some grey literature with those from On the Move research to reflect on pandemic-related impacts across diverse groups of internationally and internally mobile workers at home, on the road, and at work with a focus on the Canadian context. We argue that, in Canada as elsewhere, pandemic planning and management have reflected poor understanding of the distribution and dynamics of extended/complex work-related mobility, resulting in post hoc and often fragmentary responses to concerns among and about these workers. A related outcome has been enhanced and more sustained vulnerability to COVID-19 outbreaks, illness, and sometimes death than necessary among many of these workers. This vulnerability has sometimes been coupled with COVID-19-related scrutiny, stigmatization, and constraints on their work-related mobility and ability to connect with family and friends. Illness, scrutiny, and constraints have had significant social, economic, and health impacts on these workers and their families. Future pandemic planning, management, and compensation programs need to anticipate work-related mobility requirements associated with these kinds of work and identify and implement ways to actively mitigate negative impacts.

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*“Mobility is both the lifeblood of modernity and the virus that threatens to undo it.”*

– [Tim Cresswell](#)

## Introduction

For more than a year now, COVID-19 has drastically disrupted everything from the global economy to everyday life. Key features of the pandemic are its impacts on work and on all kinds of mobility, including mobility for work. As noted by University of Toronto assistant professor Kate Mulligan, “The story of COVID is the story of work” (Mojtehedzadeh and Bailey 2021). According to the *ILO Monitor: COVID-19 and the World of Work* report from June 30, 2020, during the first pandemic wave, globally 93% of workers lived in countries with some kind of workplace closure measures. These resulted in massive losses in working hours in the first half of 2020 (the estimated equivalent of 155 million full-time jobs) due to shorter hours, being employed but not working, increased unemployment, and withdrawal from the labour force. These impacts were unevenly distributed across regions, between developing and developed countries, and across sectors and groups with the informal sector particularly hard hit, along with youth employment and women’s paid and unpaid work.

Attention has been paid to the hazards and issues experienced by so-called essential workers who, by continuing to work during the pandemic, have made infection control features such as periodic and often prolonged lockdowns feasible. Some “essential workers” have been able to work from home but many have not. For the latter, the risk of infection and the effects of COVID-19 infection prevention and control measures have severely disrupted their lives including with their families at home, on the road, at work, and in the wider community.

The risks and challenges of employment-related geographical mobility (E-RGM) are particularly significant among those who engage in complex/extended mobility for work.

For the past nine years, the On the Move Partnership (OTM) has been studying the patterns of extended/complex mobility for work in Canada, with some affiliated work happening in Norway, Iceland, the US, and southern Africa. Our focus has been the spectrum from complex/extended daily mobility (more than one hour each way) to and within work (as with transportation workers), through interjurisdictional mobility within Canada (as between provinces), as well as mobility into Canada from other countries (as with temporary foreign workers). We refer to those who engage in these complex/extended mobilities as the *mobile labour force* and estimate that they comprise 16–17% of workers in Canada (Neis and Lippel 2019).

Since the onset of the pandemic, there have been major disruptions in transportation options and services. Infection control requirements, including limits on travel, self-isolation, and quarantine measures, have led to internal and international border closures and to regional and interprovincial mobility surveillance and constraints. In the midst of these efforts to slow the spread of the virus by limiting mobility, workers deemed “essential” have had to continue putting themselves and others at risk, sometimes on the way to work, at high-risk work sites, sometimes while living at work as with rotational and international migrant agricultural workers, and sometimes during mobility within work as with truckers, seafarers, and home care and temp agency workers. They have had to go to work in order to make it possible for others to stay home. These workers have often not had access to adequate personal protective equipment (PPE) and many lack benefits such as paid sick leave and health insurance (Mojtehedzadeh 2021a). Many do not have access to personal vehicles where they can control exposures on the journey to and from work.

This working paper on COVID-19 and Canada’s mobile labour force updates earlier versions released in April 2020 and August 2020.<sup>1</sup> As with earlier versions, it links relevant insights from media coverage, including investigative journalism and findings from reports and published research on COVID-19, mobility, and the world of work, to OTM research findings. While the timeframe and ultimate consequences of this pandemic are still somewhat unclear, what is clear is that these vary across places and groups including within the mobile labour force. The working paper examines differently mobile “essential workers” and their experiences with COVID-19 infection and prevention initiatives. It highlights the challenges they have experienced and argues for the importance of attending to E-RGM, and particularly to this diverse and substantial segment of the labour force, in COVID-19 planning, management, and compensation. Our main focus is on Canada but we include coverage from some other countries to help place the Canadian situation in context. The working paper is linked to a series of blogs produced by OTM team members that provide reflections on key issues and groups. For those interested in extending this research, we have assembled a [Zotero](#) folder of relevant articles. The blogs and Zotero folder can be accessed on the OTM website: [www.onthemovepartnership.ca](http://www.onthemovepartnership.ca).

## The Canadian context

On March 18, 2020, Canada closed its borders to most international travellers in an effort to help limit the spread of COVID-19. Permanent residents, immediate family members of citizens, designated essential workers, and US citizens were still permitted to enter the country at this time.

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<sup>1</sup> The April 2020 version of this working paper can be found at the following link: <https://www.onthemovepartnership.ca/wp-content/uploads/2020/04/COVID-and-Mobile-Labour-Force-Working-Paper.pdf>.

The August 2020 version can be found here: <https://www.onthemovepartnership.ca/wp-content/uploads/2020/08/COVID-and-Mobile-Labour-Force-Working-Paper-August-2020.pdf>.

With few exceptions, those crossing the border were, however, required to self-isolate for 14 days (Aiello 2020a). One of the most resounding public health messages for those inside of Canada was to *stay home*. Schools were shut down and non-essential businesses were ordered to close. People were urged to work from home if possible and to limit any shopping to essential items only. Throughout the pandemic, many workers deemed “essential” — such as those who worked in health care and home care, grocery stores, agriculture and food processing, manufacturing, distribution, construction, and transportation — have had to continue working and have been unable to work from home. To varying degrees they have had to put themselves at risk of COVID-19 infection on the road, at work, and in some cases (as with shipping, rotational, and temporary foreign workers) while living at work. During three waves of COVID-19 to date, and as testing and then vaccines have become available, the timing and levels of the lockdowns have varied across and often within Canadian provinces and territories and across sectors. The range and types of jobs deemed essential have also varied across provinces and territories, as have priority access to testing and vaccinations forcing essential workers to navigate a complex and shifting patchwork of mobility constraints and other requirements (Public Safety Canada 2021). Challenges have been particularly great for workers engaged in complex/extended mobility.

The remainder of this working paper explores the experiences of members of the mobile labour force with a focus on the Canadian context. We start below with a discussion of COVID-19 and related measures and their effects on internationally mobile workers in multiple sectors ranging from temporary foreign workers (TFWs) who come to Canada to work in agriculture and some other sectors, often for prolonged periods of time, to health care workers who commute daily between Canada and the US. We then draw attention to the particular challenges confronting workers employed in mobile workplaces such as trucking, seafaring, fisheries, the airline industry, taxis, and ambulances, many of whom also commute *before* they start their work. The next section focuses on the internally (within Canada) mobile labour force, ranging from those who cross internal borders (such as between provinces or territories when they go to or engage in work) to those who engage in complex/extended commuting for work within those borders, as within large cities. Finally, we touch on what COVID-19 and related measures appear to have meant for source and host communities for mobile workers, including Indigenous communities, and for communities that act as a hub for the transport of people and goods such as ports and airports.

We have argued since the beginning of OTM in 2012 that greater understanding of patterns and drivers of extended/complex mobility for work, as well as the ways different forms of mobility affect workers and their families, employers, and source, hub, and host communities, is essential to Canadian and indeed global prosperity. It is also essential to ensuring effective and just pandemic planning and management that does not disproportionately, and unnecessarily, threaten the lives and livelihoods of these workers, their family members, and members of their communities. Furthermore, until much of the global population is vaccinated, failure to prioritize and effectively attend to the particular risks and challenges confronting the mobile labour force risks further extending the related



health, economic, and social impacts of the pandemic. As Desai Shan (2020a; 2020b) notes in her blogs on [COVID-19 and seafarers](#), political leaders and chief medical officers initially responded to the public health threat of COVID-19 by telling us to go home and stay home. Many, particularly white-collar workers, were able to work and seclude themselves at home. Those with sufficient resources could have necessary goods and services delivered to them and when they had to go out, could travel in their own vehicles to locations of their own choosing. In 2016, a fairly small percentage of workers in Canada worked from home (Statistics Canada 2017); this changed dramatically in response to early pandemic control measures. But working and staying secluded at home are not an option for those who are providing essential services for the rest of the population — essentially enabling their immobility.

When the first two versions of this working paper were written, there were no COVID-19 vaccines approved for use, but as we write in 2021, there are several different vaccines available worldwide. In Canada, vaccination efforts began the week of December 13, 2020, and as of August 13, 2021, 71.43% of the Canadian population had received at least one dose (most vaccines approved for use in Canada require two doses) (Public Health Agency of Canada 2021a). As provinces and territories across Canada have rolled out vaccinations, important questions have been raised, such as

1. What populations and/or groups should receive priority for COVID-19 vaccination?
2. Should priority be determined by age or by risk of exposure?
3. Will migrant and undocumented workers receive equal access to the vaccine?
4. And are “essential workers” still considered essential when it comes to vaccination?

Frontline workers dealing with the public including transit and taxi drivers, those working in congregate settings such as hospitals, long-term care homes, warehouses, and food processing plants, those living at work in congregate settings such as in work camps, on farms, and on cruise ships, and those living in densely populated and often multi-generational households with essential workers have been at significant risk of infection and death during the COVID-19 pandemic. While infection control measures have limited the mobility and interactions of many outside of their homes, for those having to go to work such as seafarers and truckers, measures have often kept them isolated and confined to workplaces, limiting their access to leave and to their families. Thousands of workers' compensation claims have been filed in Canada by employees who report contracting COVID-19 on the job, with, in Ontario, most filed by nurses, orderlies, and other health care workers (including those in long-term care homes), as well as municipal workers, farm workers, and firefighters (Blackwell 2020a). Workers in meat processing have also been disproportionately at risk, but the problem of under-reporting to compensation boards in that sector is well known (Berger Richardson 2020). In some provinces, workers placed in abattoirs are technically employees of temporary employment agencies, making them not only invisible in sector specific statistics, but also untraceable by public health authorities (Levesque and Thériault 2020).



At the beginning of the pandemic, people were quick to call essential workers “heroes” — for being on the “frontlines” — but as Shree Paradkar (2021b) points out, “when it came to adjusting policies to reduce their risk of getting COVID, when it came to vaccines? We showed them they are essential but undesirable” (see also Paradkar 2021a). We explore these questions in greater detail throughout this working paper.

Based on our review of media coverage and key reports and publications to date, we conclude that, too often, attention to the necessity and dynamics of E-RGM, essentially to the complexities and challenges experienced by Canada’s mobile labour force, has not been well integrated into pandemic planning, management, and mitigation efforts, including efforts to maintain “essential services” within Canada and elsewhere. These gaps have enhanced frictions and blockages in the provision of essential services, too often threatened the health and, in some cases, lives of mobile workers, clients, family members, and friends. Where the gaps have contributed to outbreaks, they have slowed progress on both containing the pandemic and re-opening regional economies. Furthermore, too often government and employer responses have exacerbated existing vulnerabilities in key segments of the mobile labour force. In Canada, as in the EU, there are increasing layers of vulnerability across differently mobile groups of workers with those coming from outside the country or territory being the most vulnerable. As noted in the EU policy brief, “Essential but Unprotected” (Rasnača 2020), shortcomings of pandemic measures risk limiting their reach into highly mobile groups whose work is essential to wider society and to efforts to contain the pandemic, thus contributing to their increased marginalization.

## Internationally Mobile Workers

We have heard a great deal in the media about managing international travel so as to reduce the risk of COVID-19. This has led to such measures as national border closures, travel restrictions, and cancellation of flights. Globally, those most vulnerable to the effects of these measures are the millions of international labour migrants who Yayboke (2020) describes as “the engine of a globalized economy.” Key parts of the global economy rely on them, including the agricultural, care, tourism, transportation, and, in some contexts, construction sectors in many countries. With the onset of COVID-19-related measures some international labour migrants who happened to be in host countries in the run-up to the declaration of the pandemic found themselves at risk of deportation. Malta, for example, took measures to deport all foreign workers and announced that anyone who refused to leave would be breaking the law and would be unable to return to Malta for work for three to five years (Bonnici 2020; Foster 2016). India sent planes to help transport home international migrant workers from Tehran and Milan (Leo 2020). Even in the absence of active deportation efforts, COVID-19-related economic collapse, combined with precarious immigration status, put international labour migrants at risk of layoffs. This jeopardized their legal right to remain in the host

country, to access future employment, and forced some into undocumented status. At the same time, border closures in some source countries made it very difficult or impossible for these international migrants to return home in the short term, leaving them caught between staying and leaving.

In Canada, federal policy initially focused on preventing entry into Canada of non-Canadian residents and on managing the return and risk posed by resident vacationers and others who were abroad at the time of the border closure. On March 16, 2020, Canada announced it would be closing its borders to all non-Canadian citizens and permanent residents except US citizens, diplomats, and “essential workers,” with the last initially limited to those in the transportation sector, such as truckers (CBC News 2020a; see also Macklin 2020). This policy was updated on March 24 with the closure of the Canada–US border and included a broader definition of essential workers (U.S. Customs and Border Protection, 2020). Anyone with symptoms of COVID-19 was barred from entry and all except designated groups of essential workers were to self-isolate for 14 days after their arrival. As a result, cross-border travel between Canada and the US and international flights plummeted between March and April 2020, relative to the year before (Panetta 2020). Canada–US travel restrictions have been extended on a month-by-month basis over the past year and a half (Public Health Agency of Canada 2020b). On July 19, 2021, the Government of Canada announced that the Canada–US border would begin to reopen on August 9, when fully-vaccinated American citizens and permanent residents would be allowed to enter Canada for non-essential travel (Public Health Agency of Canada 2021b). This is the first step in Canada’s re-opening plan, with all other fully-vaccinated foreign travellers expected to be permitted entry as of September 7. In the meantime, as testing and vaccinations became available, new requirements were introduced including requirements for a negative test before travel, a test on arrival, and for many, but not all, quarantine in a hotel approved by the federal government, and other requirements, with some exemptions for essential workers.

It was unclear in the federal government’s original announcement what would happen to international migrant workers with work permits, refugees, and students with study permits seeking to enter Canada (Kirkup and Carbert 2020). Some businesses and nonprofits protested that the exclusion of TFWs would create difficulties for such sectors as agriculture and seafood processing, considered to be essential to seasonal activities in some regional economies and to food security (Paradker 2020a; D. Ryan 2020; Yarr 2020b). Consequently, TFWs in these and some other sectors were deemed essential and international students with study permits were exempted from travel restrictions by air or land, subject (for those travelling by air) to passing airline health checks prior to boarding, further health assessments at their port of entry, and the completion of 14 days of self-isolation (Immigration, Refugees and Citizenship Canada 2020a). On May 11, 2020, the federal government announced it would be fast-tracking approvals for TFWs already in Canada to 10 days or less and that they would be able to switch employers with a Labour Market Impact Assessment and start a job before their new work permit was issued (K. Harris 2020b). The federal government also put together a dedicated immigration team to work on accelerating the arrival of TFWs and announced workers with visas (or nearing expired visas) would be able to stay in Canada based on

“implied status” (S. W. Allen 2020). It launched an Agri-Food Pilot providing public relations support to TFWs employed in agribusiness (Immigration, Refugees and Citizenship Canada 2020b). In March 2021, the *Toronto Star* reported that over the course of the pandemic, 322,000 people received work permits under TFW work programs, with migrant workers receiving the second largest amount of permits (Cheung 2021). Requirements for TFWs entering Canada as of June 2021 can be found here: [“Quarantine, testing and other COVID-19 measures for temporary foreign workers and employers”](#) (Employment and Social Development Canada 2021).

One province, New Brunswick, initially issued a ban on TFWs entering the province. New Brunswick recruited 1,690 TFWs in 2019, including 995 in seafood processing, 215 in trucking, and 185 in agriculture (Poitras 2020). At the time of the ban there were many unemployed New Brunswickers; some seafood processors tried to recruit middle and high school students to work at their plants (C. Smith 2020). The ban was opposed by the Agricultural Alliance of New Brunswick, seafood processing companies, and the Atlantic Provinces Trucking Association (Poitras 2020). On May 22, 2020, after an all-party cabinet committee on COVID-19 found the risk was low, the New Brunswick government reversed the ban on TFWs (Brown 2020). The ban was eventually lifted on May 29 with industry emphasizing the damage it had already caused to production (CBC News 2020i).

## Agricultural migrant workers

International agricultural migrant workers have been a key focus of media coverage and industry and government concern in Canada since the start of the pandemic. The media reported early concerns about whether TFWs such as agricultural workers would be isolated from others or housed in typical communal living arrangements associated with agriculture, with little possibility of maintaining the physical distance required to prevent the spread of contagion (CBC News 2020a; LaFleche 2020). On March 27, 2020, Employment and Social Development Canada (2020) issued a document, “Guidance for Employers of Temporary Foreign Workers Regarding COVID-19,” that many sector associations of employers who bring in TFWs posted to their websites (for example, see Canadian Trucking Alliance 2020). The document indicated that a worker’s period of employment was intended to start upon their arrival in Canada, would include the self-isolation period, and would thus be covered by Canada’s employment laws including the requirement to pay the workers during this period. There was also a requirement that workers not be authorized to work during this period and the employer was responsible for monitoring the health of self-isolating workers and of those who became sick after this period. In addition, employers were required to provide tools to practice good hygiene along with related information on COVID-19 to workers, ideally in the appropriate language. Employers who provided accommodations were told they “must house self-isolating workers in accommodations separate from those not subject to self-isolation,” and that they could be housed together “but the housing must enable them to be two metres apart from each other at all times” (Employment and

Social Development Canada 2020). If this was not possible, employers were told they may have to use alternate housing, such as hotels.

Some employers quickly expressed concern about the delays in production and additional costs the federal requirements would create (Thompson 2020). The federal government responded to these concerns by establishing a \$50 million fund to offset quarantine costs for agricultural and seafood processing employers of TFWs (K. Harris 2020a). Access to the federal subsidy was supposed to be accompanied by a series of targeted inspections to help ensure compliance with the guidelines. In 2021, agricultural and other TFWs, like most others entering Canada, were required to have a negative COVID-19 test result from within 72 hours of travel, to have a second negative test result on arrival, and to quarantine for 14 days and have a third negative test result prior to going to work (Employment and Social Development Canada 2021). The federal government has extended its subsidy program for employers of TFWs until August 31, 2021, and provided additional funding.

On March 31, 2020, *CBC* reported that an outbreak of COVID-19 among TFWs at a nursery in Kelowna, BC was under investigation by the Interior Health Authority (CBC News 2020c). At that time, 14 TFWs had tested positive and 63 other TFWs, as well as 12 local workers, were in isolation. These workers arrived in Canada before quarantine requirements were in place. On April 13, the *Toronto Star* reported Jamaican agricultural workers coming to Canada were being required to sign COVID-19 waivers releasing their government from liability for “costs, damages, and loss” for COVID-19-related exposures (Mojtehedzadeh 2020b). A recently arrived worker understood he was supposed to quarantine for 14 days and to be paid for this time, but he indicated his employer wanted him to go to work right away; another worker was told he would need to repay the quarantine wages later in the season. There were also early indications of housing-related constraints on the capacity to self-isolate. The extent to which employer requirements would actually be met, the adequacy of the requirements and their effectiveness in preventing the spread of COVID-19 were all flagged as issues in need of careful monitoring in our April 2020 version of this working paper.

There have been multiple outbreaks of COVID-19 among agricultural workers in Canada throughout the remainder of the pandemic to date, including particularly among TFWs in southern Ontario and in Québec (CBC News 2020j; Westhead and Ho 2020). Related to these, on May 11, 2020, Mojtehedzadeh (2020a) reported that crowded housing conditions put TFWs at greater risk of contracting and spreading COVID-19 and that these conditions were discussed in a study conducted by the federal government, which recommended national housing standards for TFWs. A *Globe and Mail* investigation asked workers why outbreaks were happening and found that lack of PPE, little information, and pressure to work despite symptoms were contributing factors (Baum and Grant, 2020a). At that time, they estimated more than 600 migrant farm workers had contracted COVID-19 in Ontario, and two young, male migrant workers from Mexico — Bonifacio Eugenio Romero, 31, and Rogelio Muñoz Santos, 24 — had died (Baum and Grant, 2020a). In Québec, a complaint filed with the Commission des normes, de l'équité et de la santé et sécurité du travail (CNESST) on behalf of

several TFWs alleged that some workers were forced to pay exorbitant amounts for their housing and expenses during mandatory quarantine even though their employers had received federal subsidies to finance the quarantine period (Meza 2020). On June 8, 2020, the Migrant Workers Alliance for Change released a report about how migrant workers are subject to abuse in Canada, including racism, overwork, unsanitary housing and working conditions, and wage theft (Haddad 2020; Migrant Workers Alliance for Change 2020b).

Baum and Grant (2020a) reported on June 16, 2020, that federal audits on farms by Employment and Social Development Canada (ESDC) were being held virtually; Ontario's Ministry of Labour had conducted in-person inspections (122 out of 177 farms) — though a webinar given by the Ministry of Labour on April 21 assured employers that they would be notified of an impending inspection, potentially hampering the effectiveness of the inspection process (PressProgress 2020). At that time, no farms had been issued a stop-work order.

In Prince Edward Island (PEI), the Department of Health and Wellness conducted inspections on TFW housing throughout 2020, and about 50% of the 64 inspections revealed code violations (TFW Maritimes 2021). Agricultural workers are often reliant on their employers for housing and those in PEI have described these accommodations as “overcrowded,” “expensive,” and “inadequate” (TFW Maritimes 2021). And despite the PEI government's COVID-19-related health and safety protocols, there were few changes actually made by employers to ensure the health and safety of migrant workers in their (Canadian) homes. For example, cleaning supplies and PPE were not provided to workers to use in their homes, despite the fact that housing was the employer's responsibility.

In response to early outbreaks and workers not being paid while in isolation, Mexico was reported to have temporarily stopped sending workers to Canada. It was later clarified that Mexico planned to stop sending workers to farms that had outbreaks, particularly in southern Ontario, and was still sending workers to other regions, including PEI (MacLeod 2020). On June 21, 2020, a media report indicated Mexico had agreed to resume sending workers to the region after a new group was formed, with representatives from both countries, to improve access to health care and increase scrutiny of farms (Baum and Grant, 2020b). A day later, it was reported that a third Mexican migrant worker, Juan Lopez Chaparro, 55, had died from COVID-19 (Baum and Grant, 2020b).

By May 2020, over 1,000 COVID-19-related complaints had been filed by Migrant Workers Alliance for Change on behalf of workers (Mojtehdzadeh and Mendleson 2021), and by July 2020, 515 compensation claims had been submitted to Ontario's Workplace Safety and Insurance Board for the agriculture sector of which 98% to date had been accepted (Mojtehdzadeh 2020e). In a January 27, 2021 piece for the *Toronto Star*, Sara Mojtehdzadeh (2021b) estimated the cumulative infected migrant agricultural worker count at over 1,700 in Ontario with three deaths. Among factors contributing to the risk of infection spread is the practice of relying on recruiters to provide a segment of the labour force and the related practice of moving workers from farm to farm (Ferguson 2020).



Migrant workers also work with local workers, who can bring infections onto farms and take them into the wider community.

The outbreaks on farms in 2020, particularly in Leamington and Kingsville, caused the provincial government to introduce differentiated alert levels throughout the public health regions, with Windsor-Essex staying at a higher alert level at times when neighbouring regions eased restrictions (Schmidt 2020). On June 24, days before the outbreaks, Ontario released a plan to reduce COVID-19 transmission on farms. The plan included increased testing and indicated that asymptomatic workers would be allowed to keep working (Office of the Premier 2020) when deemed “critical to operations” (Mojtehdzadeh 2020e). Increased testing led to a large increase in documented cases, with 200 cases reported over one weekend (Ferguson 2020); on June 29 it was reported that nearly 40% of farm workers in Windsor-Essex had tested positive for COVID-19, a majority of which were asymptomatic (Moon and Winsa 2020). A letter to the Premier, signed by hundreds of health care professionals, noted that it was a public health risk for asymptomatic, COVID-19 positive workers to continue working. They also suggested the rule allowing them to work was put in place because of concerns by employers about increased testing and that this compromise put employers’ demand for workers over the health and safety of workers (Cobourn et al. 2020). If we are to judge from a complaint filed by a TFW who was initially fired for speaking out after his bunkmate died of COVID-19 (Mojtehdzadeh 2021c), it would appear that regulatory employment protections have had limited effectiveness over the course of the pandemic.

In October 2020, the *CBC* reported an outbreak in the Windsor-Essex area of Ontario, with 17 cases among agricultural farm workers (CBC News 2020l). In November, Ontario introduced 35 actions to prevent the spread of COVID-19 on farms, including the use of PPE, physical distancing, screening and health checks, and providing TFWs with complete information on the Canadian and Ontario protocols for COVID-19 (CBC News 2021g; Ministry of Agriculture, Food, and Rural Affairs 2020).

With approximately 20,000 migrant farm workers arriving in Ontario and over 15,000 in Québec for the 2021 agricultural season, many wondered whether governments had learned from the past year and whether they would make the changes required to truly protect this vulnerable workforce (CBC News 2021g; Champagne 2021; Mojtehdzadeh and Mendleson 2021). In January 2021, the federal government announced that all travellers (over the age of four) would have to present a negative COVID-19 test taken within 72 hours of their flight to Canada (Aziz 2021). However, according to advocates, many migrant workers have to travel from their rural homes to urban centres in order to receive a COVID-19 test. This puts added financial strain on workers, who have to pay for their own tests, as well as additional risk of exposure to the virus as they travel through larger communities (Aziz 2021). Furthermore, despite nearly a year of living and working with COVID-19, there was still confusion over the migrant worker quarantine process. According to Hilda MacDonald, mayor of Leamington in Ontario, many were still confused about who was responsible for monitoring the arrival and subsequent mandatory quarantine period of migrant workers once they arrive in Canada

(CBC News 2021h). The miscommunication over responsibility is not only a matter of bureaucracy, it is a matter of health and safety for migrant workers and the communities in which they live and work.

According to an article by the *CBC*, inspections of quarantine accommodations for farm workers in Ontario were still being conducted virtually in January 2021, raising ongoing questions about their efficacy (CBC News 2021g; 2021h). At the time, 12 farms in Leamington and Kingsville were declared to have outbreaks, and the Windsor-Essex County Health Unit reported 57 active cases among farm workers, with another 104 in isolation (CBC News 2021g). In May, it was reported that five migrant farm workers had died since mid-March 2021 (Tavia Grant and Bailey 2021). Three of these workers died while in quarantine in Ontario, one died in quarantine in Alberta, and one died in hospital in Ontario (Hessey and Carcasole 2021). The causes of death were not revealed. The announcement of these deaths came just a week after a coroner's report provided 35 recommendations on how to improve the living and working conditions for migrant farm workers in Ontario (Perkel 2021). The fact that four of these workers died while fulfilling their mandatory quarantine period suggests that there are still issues with the province's quarantine accommodations and processes. In a May 15 article for *Global News*, Hessey and Carcasole (2021) reported on the "cruel" and "inhumane" conditions that many migrant farm workers have experienced while in quarantine. These include being constrained to their rooms and not having access to fresh air or to Wi-Fi to allow them to communicate with their families. This can lead to both physical and mental stress for the workers. Even though we are over a year into the pandemic — and with the hindsight of three deaths in 2020 — many of Ontario's (and other province's) migrant farm workers continue to suffer from weaknesses in COVID-19-related health and safety precautions and protections. In response to these most recent deaths, Justicia for Migrant Workers' Chris Ramsaroop said, "The most vulnerable have the least protections. That should be an outrage to all of us" (Draaisma, Deonarain, and Ashry 2021; see also Jeffords 2021b).

Concerns about outbreaks and deaths among international migrant workers in Canada prompted the establishment of the Migrant Worker Health Expert Working Group (MWH-EWG) in April 2020. The MWH-EWG is comprised of researchers, representatives of migrant worker rights organizations, and health care professionals (Migrant Worker Health Expert Working Group 2020a). Their objective is to address the needs of migrant agricultural workers in Canada during the pandemic, and they have developed a series of recommendations on overcoming the health challenges confronting these workers, as well as other initiatives including spear-heading the crafting of an open letter to various provincial government departments (Migrant Worker Health Expert Working Group 2020b). The group is driving research to help establish national standards and regulations that protect the health and safety of migrant workers. In the words of Janet McLaughlin, one of the group leads, "I've been working in this field for 16 years. I knew these workers would be more vulnerable to the virus due to structural factors and occupational hazards with their close living and working proximity" (Keung 2020b).



Questions about the extent to which self-distancing protocols and the infrastructure and other changes needed to support them required during quarantine would carry over to the post-quarantine period were raised in early media coverage on TFWs and COVID-19 (Mojtehdzadeh 2020b; Paradker 2020b). In the April 2020 version of this working paper, we noted that fears about loss of income, deportation, language, and other barriers (well-documented in the sector) could mean, as reported by OTM co-investigator Jill Hanley, some TFWs might not be given health information in their own language and might not report violations of government requirements or provide information about their symptoms to employers or to health authorities, while continuing to work, thereby putting themselves and others at risk (Cedillo, Lippel, and Nakache 2019; Paradker 2020a; Shingler 2020; Cleveland et al. 2020). The possibility of under-reporting of symptoms was noted by local health officials (Ferguson 2020). These issues are prominent in the challenges identified by the MWH-EWG.

In October 2020, associate professor and migrant worker advocate Susana Caxaj described outbreaks among agricultural workers as “expected” and “not surprising” (CBC News 2020l). Despite being several months into the pandemic, she argued, there had not been adequate changes made in the industry to protect agricultural migrant workers from COVID-19 (CBC News 2020l; 2021g). Although such measures as increased sanitization and hygiene and screening and testing of employees were implemented early on in the pandemic (CBC News 2020l), the structural issues faced by migrant workers — such as the lack of permanent immigration status, access to local health services, and inadequate housing conditions (Mojtehdzadeh 2020f; Mojtehdzadeh and Mendleson 2021) — still need to be addressed for their long-term health and safety. The spread of more contagious and deadly variants in parts of Canada in recent months adds to the urgency of the need to address these issues (McKenzie-Sutter 2021a).

Prior to COVID-19, agricultural migrant workers were already sometimes experiencing hostility from people in surrounding communities where they access key services such as grocery and other stores, health care, and religious services (Preibisch and Binford 2007). Our April 2020 version of this paper indicated questions needed to be asked about how COVID-19 fears would affect these already tenuous relationships. The *Toronto Star* reported early on that some international agricultural workers were having trouble accessing grocery stores and, when they were able to shop, found that there were no supplies left (Paradker 2020b). Non-profits stepped in to do food drops to these farms. In general, visible minorities (including citizens, landed immigrants, and migrant workers) have experienced increasing racism and xenophobia (Kovac and Kline 2020; Larsson 2020; Taschner 2020), and there has been at least one report of “naming and shaming” of TFWs in communities (Levitz 2020). While people in communities where TFWs shop fear infection from them, those workers also fear being infected if they have to go to town to shop, with workers on one farm asking their employer to pick up groceries for them during their time in Canada (Shingler 2020). In the words of Ramsaroop, “Canada is reinforcing the myth that migrant workers are carriers of the virus and that the virus is being spread from the global South to the North. This is absolutely false” (Keung 2021a; see also Nolen 2021a). According to Chen (2020, 407), the process of “othering” migrants, including TFWs, “runs

counter to the principles of equality and reciprocity that are central to our legal order, and it also risks compromising our collective pursuit of public health.” The MWH-EWG notes that migrant workers have been subject to inappropriate restrictions and surveillance in Ontario where they have been “racially profiled by grocery store cashiers and questioned about their quarantine period.” They note “similar protectionist and discriminatory views of migrant workers in light of COVID-19 have been documented in BC and Alberta” (Baum and Grant 2020c).

On July 24, 2020, as infections continued to spread disproportionately among agricultural TFWs in Windsor-Essex (43 of 53 new cases that day), Ontario Premier Doug Ford said government was considering imposing mandatory testing on workers. In his words, “If for any reason, they’re sick, they’re going to get paid. If they were here last year, they’re going to get CERB. We’re going to make sure we take care of them. We’re going to feed them. We’re going to put them in hotels — at our cost” (Maru 2020). Ford added that farm workers not being tested may hold Windsor-Essex back from advancing to Stage 3 of the province’s reopening plan.

The same article indicated that on July 23, the Chief Medical Officer of Ontario reported only 19 of 176 Windsor-Essex farms had participated in a program of voluntary testing. Hennebry from the MWH-EWP responded by indicating that while more testing is needed, “imposing mandatory testing on one group could single them out and send a bad message” including by breeding xenophobia, implying it is these workers who are the risk, versus who are *at risk* (Maru 2020). A more appropriate approach, she argues, would be testing as many as possible including all those entering the country, not just migrant workers. Migrant workers might avoid testing out of fear of deportation and because of issues around eligibility for the Canada Emergency Response Benefit (CERB) if they have to stop working (J. Barker 2020). The recommendations for overcoming health challenges offered by the MWH-EWG cover gaps and challenges from home communities and countries through to those in their workplaces, accommodations, and host communities in Canada. Universal testing requirements for all of those entering the country were eventually introduced.

There has also been concern over the lack of attention paid to migrant workers in vaccination rollout plans. Although governments claimed that access to vaccines would be universal, many advocates feared that migrant workers, as well as undocumented workers, would fall through the cracks due to their immigration status (CBC News 2021s; Jeffords 2021a; Jones 2021; McKenzie-Sutter 2021c; Radio-Canada 2021). Migrant agricultural workers were considered a priority group in Phase 2 of Ontario’s vaccination plan due to their inability to work from home, as well as the risk associated with congregate living and working settings (Government of Ontario 2021). On April 9, 2021, it was reported that Ontario’s Ministry of Agriculture, Food and Rural Affairs would be offering a pilot vaccination plan that would allow migrant farm workers arriving at Toronto Pearson International Airport to receive the Moderna vaccine (McKenzie-Sutter 2021c). Workers were to be offered the vaccine in a designated area at the airport after receiving a mandatory COVID-19 test, with the second dose to be administered through local public health units after correspondence between the Ontario

government and the farms where migrant workers are employed. Although this pilot program was a preventative measure against future farm outbreaks, some migrant worker advocates raised concerns regarding informed consent, arguing that vaccination plans need to include appropriate consultation, access to information, language and translation services, and reassurance that migrant workers will not face any employment or immigration repercussions as a result of the vaccination procedure (CBC News 2021v; McKenzie-Sutter 2021c; The Canadian Press 2021b). Stephanie Mayell, a member of the MWH-EWG, said, “All those opportunities for informed consent and information dissemination are lost when you queue people in the airport” (Migrant Worker Health Expert Working Group 2021; see also The Canadian Press 2021b). As of April 7, approximately 340 farm workers in Ontario’s Haldimand and Norfolk region had received their first dose of the COVID-19 vaccine (Taekema 2021a), and as of April 19, approximately 440 farm workers in the Windsor-Essex region had received their first dose (CBC News 2021v). In the Niagara region, over 3,000 farm workers had received their first shot by May 3 (Taekema 2021b).

In other Canadian provinces, concerns have been raised regarding language barriers, consent, and access to health care for migrant farm workers. In addition to the two negative COVID-19 tests that all travellers were to present when entering the country (one dated 72 hours before their flight and one upon arrival at the airport), migrant workers were also given a COVID-19 screening kit to use 10 days after their arrival (at the time of writing, only TFWs who are not fully vaccinated are required to complete further testing on day eight of their quarantine) (Champagne 2021). After 10 days, a nurse connects with quarantining workers through video call to help guide them through the self-administered swab test. However, it was reported that some TFWs in Québec had difficulty administering these tests because instructions were not provided in Spanish (Champagne 2021). Furthermore, with the lack of high speed internet in these rural areas, as well as limited access to smart devices, some workers had difficulty actually completing these video calls. For example, one worker had to wait two and a half hours to connect with a nurse over the phone (Champagne 2021).

In Alberta, migrant farm workers are eligible to receive COVID-19 vaccinations, however, many were reported to be unaware of this due to language barriers and lack of communication from their employers (Dryden 2021). On May 3, 2021, the Association of Mexicans in Calgary sent a letter to the provincial government with three key suggestions for a migrant worker vaccination plan including requirements that

1. accessible transportation be made available to vaccination sites;
  2. farmworkers be prioritized in the vaccination rollout; and
  3. information about the vaccination rollout be disseminated in the language of these workers.
- (Dryden 2021)

On May 16, the Alberta government claimed they were aware of accessibility issues surrounding the vaccine and were working on improvements in their rollout plan, including the translation of vaccine education materials into 13 different languages.

## Meat-processing workers

Further up the agriculture value chain, an unknown number of TFWs, undocumented workers, recent immigrants, and resettled refugees work in some of the few, very large meat-processing plants that among them process almost all of Canada's beef and poultry products (Bragg 2020). Jobs at meat-processing plants are labour intensive and often low paying, which makes hiring local workers difficult, and leads many employers to rely on the labour of vulnerable communities, such as migrant workers (Stewart, Kottasová, and Khaliq 2020). And like those living and working on large farms, workers in these plants have been particularly vulnerable to large COVID-19 outbreaks (Berger Richardson 2020). Physical distancing is not always feasible in meat-processing facilities; even with preventative measures such as PPE, the risk of infection is very high among workers (Stewart et al., 2020). While these workers may live off-site in apartments and other housing, low incomes are associated with higher density housing and such measures as carpooling, which can contribute to the spread of infection among these workers and to those working in other sectors.

On April 21, 2020, *CBC News* (2020f) reported that an outbreak at the Cargill plant in High River, AB had been linked to one death and 484 cases of COVID-19 in this community and surrounding areas, making the area a hotspot in Alberta with more cases at the time than Edmonton, which has ten times the population. The outbreak eventually infected at least 950 Cargill workers — approximately 50% of the workforce (Dryden and Rieger 2021a) — with more than 1,500 cases linked to the plant. Three deaths were linked to the outbreak (Rieger 2020). The United Food and Commercial Workers union (UFCW) representative for the plantworkers indicated the plant was designed around efficiency and social proximity rather than social distancing, but it was allowed to continue operating after the first outbreak started (Keller and Dobby 2020). Furthermore, the TFWs, recent immigrants, refugees, and many others who work at the High River Cargill plant generally live in shared housing and practice carpooling in order to reduce living costs; for many, English is a second language. In December 2020, another outbreak began at the Cargill plant, with 11 cases linked to the facility by February 6 (Dryden and Rieger 2021a; The Canadian Press 2021a).

There were massive outbreaks among workers in some other meat-processing plants in Alberta, as well as elsewhere in Canada and in the US. In the JBS plant in Brooks, AB, as of May 14, 2020, 627 workers had been infected and one had died. Nearly a year later, in April 2021, the Brooks plant announced that they would continue to operate despite an outbreak that caused 67 workers to test positive (CBC News 2020g). On March 4, 2021, there were over 500 cases linked to an outbreak at

the Olymel pork-processing plant in Red Deer and three workers had died (Dryden and Rieger 2021b; Kost 2021a; 2021b; The Canadian Press 2021a). In Québec, on May 10, 2020, 64 employees at a Cargill plant tested positive, and in October, an Olymel plant in the Beauce region had 80 positive cases with one death (Gordon 2020). In Ontario, nearly half of 2,700 workers at the Tyson Foods plant in Waterloo tested positive, and in December 2020, it was reported that there were 87 cases at a Cargill plant in Guelph, leading to a temporary shutdown (Neis et al. 2021; Almeida and Nicholson 2020; Bueckert 2020).

Outbreaks have also occurred at several poultry-processing plants in British Columbia and in Brampton, ON (Baum, Grant, and Tait 2020; Russell and De Souza 2020). The country's largest chicken-processing facility, Brampton's Maple Ridge Farms, had 130 of 2,600 employees test positive with two deaths (Tavia Grant 2021). In April 2021, the Cargill chicken-processing plant in London, ON was shut down for two weeks after 82 workers tested positive, eventually reaching 112 cases (CBC News 2021t; Jabakhanji 2021). In the US, 723 workers became ill at the Smithfield Foods plant in South Dakota (Toropin and Waldrop 2020), and Tyson Foods plants in the US were closed in 2020 because of COVID-19 outbreaks (Mosby and Rotz 2020).

These outbreaks have sometimes also affected meat plant inspectors. Twenty-one federal meat plant inspectors tested positive in Alberta (18 of 55 assigned to Cargill's High River facility, and 40 nationally as of May 13, 2020) (Herring 2020; Baum, Grant, and Tait 2020; Pearson 2020).

There is a high percentage of migrant and recent immigrant workers employed in Canadian meat-processing plants. These already vulnerable workforces have sometimes been unfairly blamed for the spread of COVID-19. For example, High River Filipino immigrant employees and others reported being discriminated against in the community after an outbreak, including being turned away from grocery stores and banks because of their connection with the Cargill meat plant (Dryden and Rieger 2021c; Frangou 2020; Turnbull 2020). Laid off High River employees reported not being paid for time in isolation and ended up seeking income support and food hampers (Baum, Grant, and Tait 2020). An Alberta occupational health and safety (OHS) investigation at the Cargill plant found previous safety inspections failed to include worker representation as required under the OHS Act (Dryden 2020b). Meanwhile, experts argue that meat plant outbreaks are not the result of individual complacency, but of unsafe working conditions that lend themselves to viral spread, such as cold work environments with little ventilation, and workers in close proximity to each other without adequate PPE (Dryden and Rieger 2021c). In the words of one Cargill employee, "We cannot blame anybody. Everyone's a victim. Nobody wants to become sick and ill" (Dryden 2020a).

With vaccine rollout plans currently being implemented across Canada in 2021, there have been questions about when meat-processing workers will receive vaccinations. As Thomas Hesse, president of UFCW Local 401, described the situation, "These are essential workers. They're at higher risk. This is clearly an occupational disease" (Graveland 2021a). In April 2021, recognizing the high risk



of exposure for meat-processing workers, Alberta Health Services announced that it would open vaccination clinics at meat plants across the province, beginning with the High River Cargill plant (Kost 2021c). In accordance with Phase 2C of Alberta's vaccination plan (Alberta Health Services 2021), these pilot clinics were expected to start as early as April 20 and aimed to vaccinate about 2,000 workers over the course of three days. However, due to a vaccine shipment delay, on-site vaccinations were postponed until April 29 (CBC News 2021x), with clinics taking place at both the Cargill plant in High River and the JBS plant in Brooks (CBC News 2021z). Hesse described the general consensus among workers as "a cautious optimism, a cautious relief" and expressed hope that meat plant employers would continue to enforce health and safety protocols even after employees are vaccinated (Graveland 2021b). It was announced on April 26 that Alberta planned to vaccinate 15,000 workers at the province's 136 meat plants through both on-site and community vaccination clinics (CBC News 2021x; 2021z). On April 23, *CBC* reported that the Olymel pork-processing plant in Vallée-Jonction, QC was having a mobile vaccination clinic on-site and was offering \$25 to workers who chose to get vaccinated, with an additional \$25 bonus if they got the second dose (Olson 2021).

## International health and home-based carers

Health care and home-based caregiving are other critically important areas for essential work that rely to varying degrees on different types of international labour migrants in Canada and globally. [Shiva Nourpanah and Kerri Neil's OTM blog](#) (2020) draws on Dr. Nourpanah's doctoral research on the relationship between precarious immigration status, mobility, and work experiences of international migrants who entered Canada as students and ended up working in Nova Scotia's health care sector. The blog speaks to some of the impacts pandemic-related measures appeared to be having on these workers in the spring of 2020. International students commonly work while going to school but they are not eligible for the CERB (Migrant Workers Alliance for Change 2020a).

Sara Dorow and Emma Jackson's research on the experiences of largely Filipina live-in caregivers during the Fort McMurray fire and (during an earlier period) of shifting TFW policies in Canada points to key vulnerabilities of these workers during periods of sudden economic downturn and changing policy contexts such as we are seeing with COVID-19 measures in Canada (Dorow 2016; Dorow et al. 2018f; Hill et al. 2019; E. Jackson 2019). In the case of the Fort McMurray fire, some live-in caregivers were evacuated to hotels and other sites away from the city where they kept caring for children; some did not have a room of their own.

On March 19, 2020, the *Toronto Star* reported the case of a Filipina nanny who had travelled with her employer to Mexico on vacation and was prevented from returning to Canada with them when the federal government closed its borders to all foreign nationals in response to COVID-19. TFWs were later allowed entry, but these kinds of vulnerabilities to rapidly shifting constraints on mobility

remain a key feature of the COVID-19 pandemic for these and other mobile workers (Keung 2020a). The *Toronto Star* article quoted this worker, De Ramos, as saying,

I understand the need for quick and decisive action; however, please consider the people who have already left their families to begin a better life in your country and are on the path to becoming Canadians [...] My life and all my possessions are in Canada, and I know this is the case for many temporary residents like me. In these unique circumstances, please don't turn away people who pay taxes and work hard to build the multicultural Canadian community we all are proud of. (Keung 2020a)

Other documented impacts on international migrant caregivers in Canada have included job loss because of COVID-19, difficulties accessing the CERB, which provided weekly payments for workers unemployed due to COVID-19, and loss of control over their own mobility. In the latter case, some who had been able to arrange living accommodations outside of their employers' homes, and thus found ways to limit employer control over their lives and hours of work, were forced to move back because of social distancing and isolation policies (Inclan 2020) and employer concerns they might infect the employer's family (Kestler-D'Amours 2020). The rise in COVID-19 cases across the country has also contributed to the employment precarity of foreign caregivers. On February 21, 2021, the *Toronto Star* reported on a live-in caregiver from the Philippines who was fired while self-isolating in a hotel room after testing positive for COVID-19. As the *Toronto Star* reminds us, when live-in caregivers are fired after contracting COVID-19, they are not only losing a job, they are also losing a home (Keung 2021b). As foreign caregiver advocate Evelyn Calugay describes it, "The pandemic has given even more power to employers, who use it to their advantage" (Keung 2021b; see also Nolen 2021b).

## Canadians working internationally

Some Canadians who travel for work outside Canada, particularly across the Canada–US border, found their working lives disrupted and became more visible with the pandemic-related measures. One such group is the health care workers who live in Windsor, ON, or Detroit, MI, and commute daily to jobs on the other side of the border. Canadian health care workers can represent up to 40% of the workforce in these US hospitals (White 2021). Early on, the border was closed to non-essential travel but open to the daily crossings of between 1,500 and 2,000 health care workers, some of whom actually worked part-time in Detroit and part-time in Windsor (although working in more than one facility was eventually discouraged by local public health authorities). On March 31, 2020, *CBC* reported that Detroit had 1,800 confirmed cases of COVID-19 while Windsor had only 65, a third of whom were health care workers working in Detroit (Fraser 2020). Despite precautions, health care workers and some others in the area were rightly concerned about potentially bringing the virus



across the border and into their homes, so there were suggestions that these workers stay in hotels or in other people's homes in Detroit or Windsor when they were working (Monga 2020). On April 9, 2020, the local MP indicated he had recommended to the federal government that they pay for accommodations for health care workers, including both cross-border workers and workers employed on the Windsor side, to allow them to self-isolate from their families and provide contract and job protections as well as mental health supports (Masse 2020).

Other workers, such as those employed at large industrial work sites (White 2021), also cross the international border between Canada and the US on a daily basis. In Sault Ste. Marie, ON, for example, an apprentice machinist steelworker who lives in the US and works in Ontario is a dual citizen, and is considered by the federal government to be exempt from the requirement to quarantine when entering Canada. However, his employer insisted he quarantine for 14 days and then live in Ontario. His children live in the US and he has a joint custody agreement that requires him to care for them part of the time. The steelworker grieved the company's policy on the basis that at the same time, the company was allowing thousands of American truckers and contractors to cross the border and visit the steel plant without quarantine. He won his grievance with the ruling based on the "difficult choice" the policy created for this worker of choosing between having access to his children and making a living. The company said its policy was based on consultations with local public health authorities and on its obligations under the OHS Act. The local union leader argued other workers were not concerned about working alongside this individual, particularly in light of the approximately 1,000 transport truck drivers a month they saw coming to the plant from the US. He also noted that a worker who lives in Ontario but whose partner works in the US was required by the company to quarantine for 14 days but then was allowed to go back to his regular shifts even though she kept commuting (Blackwell 2020b). Although essential workers crossing the Canada-US land border have been, and continue to be, exempt from isolation and testing (White 2021), we can see from these examples how the rules surrounding who is essential and what is required when crossing the border can be complicated and easily muddled (Maru 2021).

Some of Canada's workers travel internationally on rotations lasting months or seasons, including some workers employed in oil and gas. These international rotational workers must self-isolate for the full 14-day period as required under the federal *Quarantine Act* when returning to Canada (P. Jackson 2021). There has been some confusion surrounding the status of international rotational workers due to their bi-weekly or monthly work cycles (P. Jackson 2021). Justin Spurrell, an offshore worker from Valleyfield, NL, wrote in a letter to the *Telegram*, "The burden imposed on people like myself is enormous. Imagine being allowed to see your family and friends for two out of 10 weeks [...] In a year I will have spent less than 90 days with them. The impact on one's mental health is tremendous" (P. Jackson 2021).

# Transportation and Fishery Workers

Transportation and fishery workers often engage in complex/extended mobility to work, and many are employed in mobile workplaces. The transportation and shipping of goods and people and the fisheries sector have been protected against shutdowns and constraints on cross-border mobility by the Canadian government, and many others, as essential services. Employment in shipping and trucking and in delivery services support supply chain workers in areas such as food and health care supply distribution ensuring access for institutions and the general public and seafood is important for food security. Thus, internationally and internally mobile shipping, cruise ship, trucking, and other land and air-based transportation workers and fish harvesters and processing workers have continued to work throughout the pandemic. Some of these workers are particularly vulnerable to outbreaks when they encounter COVID-19 infections and their employment in mobile workplaces means they can transport infections to new places. This, as well as constraints on their activities tied to minimizing infection risk to others, has created serious challenges for many of these workers with the layers of vulnerability decreasing from international migrant workers through local workers, and from the precariously employed to unionized workers in various parts of these sectors.

## Seafarers

Seafaring work often brings people from different parts of the world to live together in tight quarters on board ships, frequently for prolonged periods, making it a high-risk workplace for contracting and spreading COVID-19 should an infection occur (Tobin 2020). The close proximity of seafaring work poses a risk to sailors, even when they have all self-isolated for 14 days and tested negative prior to departure, as evidenced in the case of an Argentinian ship where 57 sailors contracted COVID-19 despite following precautionary measures (Times/AFP 2020). When seafarers contract the virus while on board, they are particularly vulnerable to serious illness — or even death — due to limited medical facilities on board ships (Brend 2020).

Seafaring work is one of the most dangerous occupations globally and international seafarers already experience weak occupational health and safety standards on board (Shan and Lippel 2019). Commuting to ports can require a combination of flights and ground transportation; security-related constraints on access to shore leave and mobility-related fatigue were already significant challenges for Canadian and other seafarers before COVID-19 (Shan and Lippel 2019; Shan and Neis 2020; E. Smith 2020a). Desai Shan's blog posts (2020a; 2020b), "[People who carry food and fuel for the world are trapped at sea: a crewing crisis in the context of COVID-19](#)," from April 2020, and her July 2020 update, "[Stranded at Sea in the COVID-19 Pandemic](#)," discuss how COVID-19 measures exacerbated the challenges and health and safety threats confronting seafarers by leading to the denial

of shore leave for those on board, constraints on crew changes, and unemployment for those who can't join their ships (see also Shan 2021). These measures have increased the difficulty and costs of travel between vessels and home residences during the pandemic, leaving, as of September 2020, an estimated 400,000 seafarers trapped on board ships, many of whom were working past their original contracts (Lowrie 2020).

Individual seafarers, although isolated, have sought help through emails and other means. For example, *Le Monde* featured the following email from “Lupang” sent on behalf of a Filipino crew on a 130-metre-long freighter: “The world is in chaos, the virus is hitting everywhere and no one knows what will happen. Let us find our families. They may have been infected. We want to hold them in our arms before it's too late. Please pass on our request” (Baudet 2020). Some have described the situation as a “humanitarian crisis” (Baluja 2020; Macola 2020); seafarers themselves have described it as a “sea prison” (Northam 2021).

In December 2020, the *Taipei Trader* vessel was detained in Halifax, NS after an outcry from crew members, mostly from Myanmar, who had not been permitted to leave the container ship for 13 months (Davie 2020b). According to one of the inspectors responsible for the investigation, “such workers are isolated, marginalized and often their complaints go unheard” (Davie 2020b; see also E. Smith 2020b). The ship was eventually permitted to leave Halifax under certain conditions, but questions still remain around the working conditions and mental health supports available for seafarers across the globe who are overworked, stranded, and otherwise face long journeys aboard ships — sometimes with no end in sight.

Despite pressure from international organizations including unions like the International Transport Workers' Federation (ITF) (Baudet 2020), in 2020 there was little in the way of effective and coordinated efforts to address the problem of stranding on board (Macola 2020). On the plight of seafarers, US merchant marine Captain Hedi Marzougui said, “I think that we're not a priority because we're a hidden workforce” (Northam 2021). Canada is one of only a few countries that recognized international seafarers in 2020 as essential workers and granted seafarers exemptions from travel restrictions (see also Baluja 2020; Davie 2020b; Zarocostas 2020). As noted by Shan (2020b),

From the point of view of seafarers' rights to health and safety, the global maritime supply chain is a “ticking time bomb” that must be addressed. If more governments award seafarers “key worker” status, this will be only the first step towards slowing down the timer. Expensive flights, limited flight choices and costly quarantine accommodations would also need to be removed to support seafarers' repatriation and replacement on board in the context of this pandemic.

There have been no reports of problems with crew changes on vessels within Canada although rotations have been extended for some, and there has been less access to shore leave during rotations as part of COVID-19 control measures. Oil and gas and multiple other types of interprovincial and international workers, including crew on all types of vessels, were exempted from the standard 14-day requirement for self-isolation when returning after working by NL's Chief Medical Officer of Health on May 29, 2020, and were exempted federally from the Canada–US border closure (Fitzgerald 2020). There have been some reported situations where seafarers who reside in Canada have expressed concern about the lack of quarantine requirements for international workers joining their ships. For instance, on July 22, 2020, *CBC* coverage discussed a sailor's concerns about American technicians from Texas being allowed to join the *Maersk Nexus* offshore supply vessel in St. John's, NL without self-isolating upon entering the province despite the pandemic surge in Texas in the same month. The workers from Texas were to be tested and allowed to join the ship a day later when it departed for a shipyard in Québec. Norwegian workers were to join the ship in Québec. The crew were concerned about their own health and that of family members, including how not having to self-isolate in NL on their return could put their families and others at risk (R. Cooke 2020b).

In September 2020, six crew members on a bulk carrier docked in Vancouver tested positive, marking the second ship in the Vancouver area to report an outbreak within a month (Brend 2020). All six crew members were taken to quarantine at a federal site. In March 2021, six crew members on a foreign vessel docked at Saint John, NB tested positive for COVID-19 (Cave 2021). In April, another foreign vessel en route to Montreal stopped at Port Hawkesbury, NS after a crew member began exhibiting COVID-19 symptoms (McNamara 2021). The individual eventually tested positive, along with seven other crew members. By April 14, 18 of the 25 crew members on board the *Atlantic Huron* cargo ship docked in Thunder Bay, ON tested positive for COVID-19 and were transported to a hotel in the community to self-isolate (CBC News 2021u; Kaufman 2021). Three crew members were eventually hospitalized (CBC News 2021aa). As of May 7, the *Federal Montreal* cargo ship moored in Conception Bay, NL was confirmed to have 14 positive cases among 19 crew members, with one crew member in hospital (CBC News 2021ab). On July 15, it was reported that there were 31 cases among 39 crew members on board a Portuguese fishing vessel anchored in Conception Bay, with one of the crew members in hospital (CBC News 2021ad). Also at this time, a second vessel anchored in Conception Bay had 14 crew members test positive, marking 45 total cases of COVID-19 on board these two ships. On July 19, it was reported that four crew members on board another anchored ship, this time off the coast of Bay Bulls, NL had tested positive (Health and Community Services 2021). Three crew members from these ships were eventually hospitalized. Since the beginning of the pandemic, there have been over 50 cases of COVID-19 reported on Canadian vessels, resulting in the deaths of two marine workers (Brend 2021).

Vaccination priority has also been a key topic of concern for seafarers. In March 2021, representatives from the Seafarers' International Union of Canada (SIU) described seafarers as being in "dire need" for COVID-19 vaccinations (Burke 2021). Similarly, on March 26, five UN organizations put out a

joint call for seafarers to be considered a priority group for COVID-19 vaccination. They suggested that, due to the essential role of seafarers in global trade and mobility, and the fact that they must continue to cross borders during the pandemic, all countries should prioritize these workers for COVID-19 vaccination (ILO 2021). With the confined spaces that seafarers both live and work in, physical distancing is often difficult to achieve while at sea. As well, the limited medical resources available on board ships mean when outbreaks occur, workers could be at higher risk for COVID-19-related complications (Burke 2021). In Shan's words, "Considering they are important, and also vulnerable ... seafarers getting priority for the vaccine is a fair request" (Burke 2021).

Union representatives have also emphasized the shortage of workers available to step in should any current crew members fall ill noting this could result in the disruption of supply chains. After the April 2021 outbreak on the *Atlantic Huron* vessel in Thunder Bay, marine worker union representatives called upon the government to prioritize seafarers in vaccination plans. Jim Given, president of the SIU, told *CBC News*, "We've been ignored for the vaccine. We've been fighting hard to try and get it for our crew members. We have five United Nations organizations that say seafarers have to be prioritized" (CBC News 2021aa). Although countries such as China and Singapore had prioritized seafarers for vaccination (as of March 2021), most provinces and territories in Canada had yet to identify seafarers as a priority for the vaccine (Burke 2021). As of April 30, Newfoundland and Labrador (NL) was the first province to include seafarers in their vaccination rollout plan, designating them as "rotational workers" (CBC News 2021aa; Seafarers' International Union of Canada 2021). On July 2, 2021, Peter Lahay, a coordinator with the ITF, described the challenges associated with arranging crew exchanges and access to vaccinations in an industry with stringent requirements for rapid turnaround. Rapid turnaround is a poor fit with the complex negotiations and arrangements required to arrange crew changes of often international crews and with efforts to arrange access to vaccinations. According to the ITF, as of July 2, 2021, there were still 200,000 seafarers stranded on vessels globally with the sector well behind on accessing vaccinations (Peter Armstrong 2021).

Seafarers also work in the cruise ship industry, which bridges transportation and tourism and include lots of other types of workers as well. Cruise ship COVID-19 outbreaks were the focus of a lot of media coverage during the first several months of the pandemic (BBC News 2020; Pinto and Mohan 2020; Sweet 2020; Tan 2020; Tobin 2020). These vessels have a high ratio of crew to passengers, and crew do everything from running the vessel to providing a diverse array of services to those on board, ranging from food, cleaning, and laundry service through entertainment. They live and work in high-density situations and have little control over their work environment. Furthermore, because most cruise ships operate internationally and may carry flags from states other than those where they operate, cruise ship workers run the risk of being quarantined on the ship if someone on board develops symptoms, as well as facing delays in treatment and disembarkation as cruise ships look for a port willing to allow them to dock.



To illustrate, when the first passenger tested positive for COVID-19 on the *Diamond Princess*, the cruise ship went into lockdown, quarantining passengers in their rooms until the ship found a port that would allow them to dock (Falconer 2020). When that was achieved, crew members and passengers were quarantined on the vessel while those who were ill were moved to hospital (L. Moriarty et al. 2020). Living in communal rooms with shared bathrooms, crew members had to continue working in close quarters, delivering food to guests prior to and during the quarantine despite widespread illness (Bethea 2020).

On April 5, 2020, the *BBC* (2020) reported that the *Ruby Princess* cruise ship in Australia was under criminal investigation after docking in Sydney and releasing its passengers without notifying the port about illness on board. After the passengers had disembarked, the ship was reported to be anchored off Sydney with 200 crew members, mainly international workers, showing symptoms of the virus and left to be cared for by medical staff on board. A third report indicated an estimated 93,000 crew members, most of international origin, were stuck on cruise ships off the US coast (Schuler 2020). Such vessels have been described as “floating petri dishes” and are not considered an appropriate location for quarantining passengers and crew (Tan 2020). Transport Canada has prohibited the sailing of cruise ships in Canadian waters and pleasure craft in Canadian Arctic waters until at least February 22, 2022 (Transport Canada 2021).

It is also important to consider the challenges COVID-19 poses for ferry workers and ferry passengers. For example, in January 2021, two employees with Marine Atlantic tested positive in NL. This led to the MV *Blue Puttees* being placed temporarily out of service so that the vessel could be sanitized while ferry workers underwent COVID-19 testing (CBC News 2021f). Before NL entered Alert Level 5 — which involves the strictest public health measures of the province’s COVID-19 Alert Level System (Government of Newfoundland and Labrador n.d.) — ferry workers were considered essential and did not have to follow self-isolation protocols after leaving work. However, following the outbreak of the B117 variant that sent the province into lockdown earlier in February 2021, public health changed the status of crew members (CBC News 2021m). This essentially put ferry workers in the same category as rotational workers in terms of COVID-19-related measures, which required them to self-isolate for 14 days after finishing work. In NL, ferry workers usually work 15 days on and 15 days off, and do not leave the vessel while on rotation due to COVID-19 protocols. As such, crew members spoke out, citing the physical and mental strain brought about by the mandatory two week isolation period away from family members. On February 26, 2021, NL Public Health announced that it would loosen these restrictions following protest from Marine Atlantic workers (CBC News 2021m).

COVID-19 also poses a risk to the lives and livelihoods of those who rely on ferries to get to and from work. On April 4, 2020, Transport Canada issued a list of new measures for ferries and commercial passenger vessels that fall within essential work exemptions and are capable of carrying more than 12 passengers. Passenger vessels and ferries deemed essential and thus allowed to operate had to meet

a range of requirements including reducing the maximum number of passengers by 50% (Transport Canada 2020c). Those not abiding by this requirement had to get approval from Transport Canada.

OTM's Roseman and Royal's work on the Bell Island ferry in Newfoundland shows that Bell Island residents "need the boat to survive" (Kennedy 2015), including to get to and from work. Prior to the pandemic, passengers were required to leave their vehicles and go upstairs during the short ferry crossing, but concerns about risk of infection led to the decision to allow these passengers to stay in their vehicles (Transportation and Works 2020), effectively physically distancing them from each other and from crew during the ferry ride. Kathy Fitzpatrick (forthcoming) of OTM has done research with Newfoundland-based rotational home care workers who commute to work in Nova Scotia. This ferry ride takes several hours and they are then often transported by van to their work sites where they stay for a couple of weeks before returning home. Achieving social distance by staying in vehicles is not feasible for longer ferry rides, like the six-hour journey from Port aux Basques, NL, to Sydney, NS, as vehicle decks are not heated and passengers cannot turn on their vehicles for risk of carbon monoxide poisoning (Marine Atlantic 2020).

Marine Atlantic has taken steps to reduce the risk of infection on the ferry by ending or limiting food service and reducing the number of passengers it carries. Mobile workers who use the ferry and have adequate incomes can self-isolate in cabins on the ferry but low-wage home care workers may typically spend the night in chairs in passenger lounges.

Ferry rides, like airline travel, are often prolonged by weather conditions, increasing periods of potential exposure to the virus. On March 24, 2020, it was reported the ferry from the Island of Newfoundland to Labrador, the *Kamutik W*, was stuck in the ice with 120 passengers, several of whom had recently travelled internationally (Careen 2020a). This highlights the risks of ferry services that bring together people from different locations and then have to remain together in cramped quarters for long periods of time.

## Fisheries

The fisheries and aquaculture sector employed almost 60 million people globally in 2018 (Food and Agriculture Organization 2018). It encompasses work on board mobile and often crowded work platforms that journey between international, national, and regional ports and, in some contexts, such as Alaska, fishermen and seafood-processing workers are internally and often internationally mobile seasonal workers who arrive in large numbers in often remote locations during the season. This makes essential fishery workers potential conduits for the spread of infection, including to communities with limited health care facilities. They are also particularly vulnerable to outbreaks should infection happen.



There have been regular reports in the international media of the impact of the pandemic on the sector, including on prices, incomes, hunger and food security, safety, and vulnerability to infection (SAMUDRA News Alerts n.d.). The Food and Agriculture Organization of the United Nations produced an FAQ on the impact of COVID-19 on fisheries and aquaculture (FAO 2020) in which it found that

- a) Fish and fish product trade suffered early because of restrictions and closures of global markets, with fresh fish and shellfish supply chains impacted by food service sectors closing (restaurants, hotels, canteens). The salmon aquaculture industry was affected by increased air freight costs and flight cancellations. Fish harvesting in some countries was stopped, reduced, or delayed.
- b) Migrant fishers and workers were having trouble returning home because of lockdowns. Frontline workers did not have PPE. Working conditions and safety were at risk if crews had to be reduced to accommodate physical distancing and some crew on large industrial vessels were unable to return home because of flight restrictions and quarantine measures. (see also S. L. Smith et al. 2020; Zimmer 2021)

As noted in a blog by OTM's Gale Burford, "[COVID-19 and Coastal Fishing Communities](#)," the start-up of seasonal fisheries in Cordova, AK and in some other Alaska communities in 2020 created both anticipation and some anxiety among local people. Fisheries are crucial to the local economy of these communities, but seasonal preparations and operations bring with them an influx of processing workers, vessels, and harvesters from elsewhere including other parts of Alaska, other US states, and other parts of the world into a remote community with very limited health services.

On May 16, 2020, it was reported that a seasonal migrant worker at Trident Seafoods in Dillingham, AK had tested positive for COVID-19 and the company arranged to have the employee transported out of the community. The town has a population of 6,500 that increases to 22,000 in the fishing season (I. Ross 2020). On January 21, 2021, Trident Seafoods closed its Akutan, AK pollock-processing plant to curb the spread of another COVID-19 outbreak (Sapin 2021). By February 3, 307 of the 706 employees on-site at the start of the outbreak had tested positive (Fiorillo 2021). According to *IntraFish*, between March 2020 and January 2021, 686 seafood workers in Alaska had tested positive, which at the time was approximately 45% of the total cases reported for seafood workers across the globe (Sapin 2021).

On June 1, 2020, there was a COVID-19 outbreak on a Seattle-based American Seafoods factory trawler, with most of the 126 crew members testing positive (Bernton 2020). The company protocol was for a five-day quarantine and testing prior to going to work. This vessel and two others owned by the same company that also had infections were scheduled to go north to fish for pollock off the

Aleutian Islands in Alaska. Alaska imposed stricter quarantines for fishermen than had been used by American Seafoods. A vessel coming into Unalaska with a large number of cases was described by a health professional on the Aleutian Islands as their “worst case scenario.” On July 20, one of the same American Seafoods vessels that had an outbreak in Seattle had a second outbreak with 85 crew infected in Dutch Harbor. Crew with positive tests and on board medical personnel were moved to an isolation location near Anchorage (Rasbach 2020). Reports of these outbreaks had no information on the origins of the crews.

In Atlantic Canada, fish harvesters from New Brunswick (some of them Indigenous) migrate to Chéticamp, NS in April for the snow crab fishery. When they did this in 2020 they were told that, under new provincial rules, they and others entering Nova Scotia must self-isolate for 14 days (The Telegram 2020). In NL, the start-up of the seasonal, small-scale snow crab fishery was delayed until May 1, 2020, as government, industry, and labour debated whether a safe fishery was even feasible, and as the Newfoundland and Labrador Fish Harvesting Safety Association sought to develop protocols and provide information for operators in an effort to ensure harvesting could operate more safely (Barry 2020; NL-FHSA 2019). Mario Rice, a fish harvester in NL said,

The safety is the biggest part of it. How can we go fishing with this pandemic? The message from here in my area . . . we got four small communities and three fish plants, and when them three plants starts up it's over a thousand people comes here from all over the province, and 50 or 60 foreign workers . . . and we don't need that. (Dean-Simmons 2020)

The Gulf Nova Scotia Fishermen's Coalition reported fish harvesters' and their families' deep concern about the opening of lobster season (Gunn 2020). For example, a family of fish harvesterers from Cape Breton were critical of the government for “giving mixed messages about physical distancing and staying home while expecting fish harvesters and processors to carry on with business as usual” (Gunn 2020). PEI lobster harvesters raised similar concerns about physically distancing while at work (Zavarise 2020). The opening of the 2021 small-scale fishing season in Nova Scotia coincided with an outbreak and lockdown in that province. Processing companies had taken steps to achieve physical distancing, require masks, and in some cases provide additional ventilation during the previous season. They had asked for vaccination priority for their workers but Nova Scotia opted for a vaccination by age strategy (Dean-Simmons 2021).

At the time of writing, we are not aware of any reports of outbreaks on Canada's large, offshore trawlers. These, like other offshore national and international or distant water fisheries, have been in operation throughout the COVID-19 period. Crew on these trawlers can be at sea for long periods, and infection control issues are similar to those on other types of vessels with space constraints. Internationally, migrant labour in industrial fisheries experienced similar challenges to those of internationally migrant seafarers in terms of employment disruptions, extended periods at sea, loss of access to shore leave, limited access to health care and other services, and challenges returning home

due to closed borders (Havice, Marschke, and Vandergeest 2020; Marschke et al. 2021).

Mobile fisheries management and science activities were also constrained by COVID-19 health and safety concerns (Link et al. 2021).

## Truckers

Canada has over 300,000 truckers. While trucking employment was somewhat reduced in the first COVID-19 wave it quickly recovered and remained on par with pre-COVID-19 employment rates for the second and third waves with the seasonally adjusted employment rate 11,000 jobs above the 10-year average (Trucking HR Canada 2021). Trucking is another transportation-related essential service that involves international and internal mobility. Natasha Hanson and Kerri Neil's (2020) blog, "[The Impact of the COVID-19 Pandemic on Canadian Truck Drivers](#)," drew on media coverage to talk about how the shutdown of businesses, particularly restaurants and rest stops, had restricted truckers' access to food and bathroom facilities while on the road and what some volunteers, restaurants, and companies were doing to address this challenge (see also CBC News 2021j; 2021j; Dunn 2020; Haire 2020; Irvine 2020; Mills 2020). Ontario created a list of rest areas for truck drivers including places to park, places with toilets, and places with fast food restaurants (Ontario 511 n.d.). Some truckers, like Paul Chapman of Belleville, ON, took to furnishing their trucks with microwaves and toasters so as to ensure access to a hot meal when restaurants were closed (McKeen 2020b).

Although truckers are generally able to remain isolated while in their vehicles and have been encouraged to do so during the pandemic, and despite the development of contactless pickup and drop-off, there is still a risk of contracting the virus as they move from place to place (Norton 2020). Data on COVID-19 cases and on outbreaks in trucking are limited but the number of positive cases appears to be low relative to the number of active truckers and their high rates of employment and extensive mobility. This is a point made by the Canadian Trucking Alliance (CTA) in an April 2021 article indicating low rates among truckers based on data generated from its member surveys (Canadian Trucking Alliance 2021). While the CTA had only confirmed a "handful" of positive cases among truckers in the country earlier in 2021 (Campbell 2021), Manitoba saw at least 12 cases connected to truckers across the months of May and June 2020 (Malone 2020), and in April 2020 it was reported that approximately 300 workers from a trucking company were on pandemic sick leave due to COVID-19 (Alcock 2020). The CTA called for an end to stigmatization of truckers, to denial of services, and to calls for mandatory testing for cross-border truckers (Canadian Trucking Alliance 2021).

In March 2020, a *CBC* article described how some of the TFWs working as drivers for Seafood Express Transport were living in their trucks to help contain the potential spread of the virus upon

their return to PEI (Yarr 2020a; see also Lazaruk 2021). On May 11, 2020, PEI lifted restrictions on truck drivers requiring them to self-isolate if they had travelled within Canada or the US and required instead weekly testing (CBC News 2020h). By November 2020, PEI truckers — like other rotational workers — were exempt from self-isolation as long as they returned three negative COVID-19 tests (Desjardins 2020). In April 2021, PEI began offering truckers and rotational workers returning to the province a rapid COVID-19 test that would provide results within two hours and, if negative, would allow them to end their self-isolation early (CBC News 2021w).

Some truckers have chosen to pick up extra shifts instead of spending their time off at home to prevent the chance of passing COVID-19 on to their families (Mills 2020).

There have been debates concerning whether or not essential workers should be tested at the national border. In February 2021, the federal government introduced new travel protocols requiring testing at the country's border for all travelers, with exemptions for essential workers such as truckers (S. Harris 2021). Around this time, New Brunswick was planning to use rapid COVID-19 tests for truckers and other commuters upon re-entry to the province (Campbell 2021).

Medical professionals and trucking organizations have campaigned for truckers to receive priority for COVID-19 vaccinations due to their pivotal role in the supply chain in Canada and beyond (Campbell 2021; CBC News 2021a; Emery 2021; Gallagher 2020; S. Harris 2021; Lemke 2021; J. G. Smith 2020). In PEI, international truck drivers were deemed a priority group for vaccination in February 2021. In New Brunswick, truckers were eligible for vaccination in Stage 1 of the province's rollout plan, while Nova Scotia and NL listed truckers in Phase 2 of their respective vaccination plans.

Despite the prioritization of truckers in several provinces, as of April 2021 many truck drivers who regularly cross the Canada–US border had not yet been vaccinated. In a piece for the *Toronto Star*, Dr. Amanpreet Brar (2021a) wrote that many of these international truckers had been left behind in the vaccination process. She also pointed out that South Asian immigrants make up about 54% of truck drivers in Toronto and 56% in Vancouver, and the average age of these workers is 48. Their age makes truckers a particularly vulnerable group that require prioritization in vaccination plans. Furthermore, as the US advanced in its vaccination efforts, some states began lifting mask mandates, putting unvaccinated Canadian truckers who cross the border regularly at higher risk of exposure when they had to leave their trucks (Brar 2021a). As one trucker described the situation, “We’re considered an essential service, but we’re not essential enough to get a vaccine” (Vilella 2021).

On April 20, 2021, the governments of Manitoba and North Dakota announced that they were collaborating to provide truckers who regularly cross the Canada–US border with free COVID-19 vaccinations. They planned to vaccinate 2,000–4,000 Manitoba-based drivers in North Dakota during their regular trips across the border (Bernhardt 2021; The Canadian Press 2021c). Finally, despite their essential status, truckers are not immune to disruptions and delays in their work in the

context of COVID-19. A good example is the traffic disruption and delays created by the reinstatement of quarantine requirements in Nova Scotia for people from New Brunswick in June 2021, and a related protest and blockade of the highway (Mercer 2021).

## Airline workers

On April 7, 2020, the International Air Transport Association (IATA) issued a press release indicating that 65.5 million people around the world depend on the aviation industry for their livelihoods, and that COVID-19-related initiatives had placed 25 million jobs at risk (International Air Transport Association 2020). More recently, IATA estimated that 88 million jobs supported by the aviation industry are still at risk (International Air Transport Association 2021). In Canada, as international and national-level travel were curtailed, decimation of the airline industry and massive layoffs resulted (Tasker 2020). By March 30, 2020, Air Canada had temporarily laid off 16,500 employees, although it announced on April 8 that it was rehiring them with help from the federal wage subsidy (Evans 2020; Reynolds 2020a). In May 2020, Air Canada laid off 20,000 employees — more than 50% of its staff (Dunham 2020; Unifor 2021).

Some airline workers put themselves at risk by helping international travellers return to their home countries during the early months of the pandemic. Between March 13 and 27, 2020, 158 international flights into Canada had at least one infected passenger. Close proximity of flight attendants put workers at high risk of COVID-19 (Macdonald 2020), and more than 1,000 flight attendants went into 14-day quarantines (Atkins 2020).

On March 18, the World Health Organization (2020) issued interim guidance in a report titled “Operational Considerations for Managing COVID-19 Cases or Outbreak in Aviation,” which encompassed all aviation workers both in the air and on the ground in airports. Canada’s airlines are required to provide gloves, masks, wipes, and sanitizer to employees, so Air Canada provided gowns and protective glasses that must be worn during food preparation but were optional for other tasks (CBC News 2020d). Flight attendants are exempt from the 14-day self-isolation rules and have expressed concerns about contracting the virus while working. In the US, unions representing airline workers requested accurate data on the number of positive tests and improved prevention interventions, such as plane cleaning between flights rather than at the end of each day (Wiley, Whitely, and Joy 2020).

In late March 2020, Air Canada and WestJet began implementing safety measures including conducting pre-boarding temperature checks, enhancing aircraft cleaning, and scaling back in-flight food and beverage services (Reynolds 2020b). Masks were made mandatory for all airline passengers and staff on April 17, 2020 (Transport Canada 2020b; Plana 2020).



According to the Canada Border Services Agency (CBSA), there was a 96.63% drop in Canadian and permanent residents returning from international travel in the first week of March 2021 compared to the first week of March 2020 (Franklin 2021). Only Canadian citizens, permanent residents, TFWs, and certain classifications of temporary residents were allowed to enter Canada (Flanagan 2020). International commercial flights were restricted by border closures and were only allowed to land in four designated airports. In February 2021, the federal government implemented mandatory testing and hotel quarantines for returning, non-essential travellers, in addition to the standard two-week quarantine period (Tunney 2021). On March 28, 2021, *CBC News* reported that the CBSA found 30 travellers trying to enter the country with allegedly fake COVID-19 test results, which could put workers and other passengers at risk of exposure (Carter and McQuillan 2021).

On July 3, 2020, it was reported that Air Canada had indefinitely suspended 30 domestic regional flights, with smaller cities like Halifax and Regina being particularly hard hit (Dunham 2020; Zadikian 2020). In response to new federal and provincial COVID-19-related restrictions implemented in January 2021, Air Canada made further cuts to regional routes leading to 1,700 job losses (CBC News 2021d). More services to Atlantic Canada, including Gander, Goose Bay, and the direct Toronto to St. John's route were also suspended. These cuts not only directly impact airline workers, but they also greatly impact workers who rely on air travel to make a living and support their families, such as fly-in/fly-out (FIFO) rotational workers (CBC News 2020o; 2021d; McCann 2021; H. Ryan 2021; CBC News 2021e).

In March 2021, several UN organizations called for the prioritization of air transport workers (in addition to seafarers) to receive COVID-19 vaccinations. They argued that, like seafarers, aircrew must cross borders during the pandemic as part of their work, and are essential to the transportation of people and goods (ILO 2021). Therefore, designating these workers as a priority group for vaccinations is essential for their continued safety and mobility across borders.

## Internally Mobile Workers

Travel and other restrictions taken to address COVID-19 have also affected many internally mobile workers in Canada who engage in complex/extended mobility for work to other regions, provinces, and territories from their place of residence and within large metropolitan areas. Those crossing provincial and territorial borders within Canada have sometimes faced significant challenges and delays even if they are “frontier” workers whose mobility takes them into a workplace in an adjacent, often close work site that is in a different province or territory. Internally mobile workers could be exposed to COVID-19 during their journeys to and from work (particularly during the early days of the pandemic when travelling through crowded, tightly packed airports and stations and in subways,



buses, ferries, planes, and trains, and prior to the implementation of compulsory testing for some and universal masking requirements), as well as at work. As with international migrant workers, those who overnight away from home while working could be infected in their accommodations and host communities. Conversely, in some cases, they could be infected in their communities of residence and take that infection into transit venues and into their workplaces and into host communities near their work site. In addition to the risk of infection, these workers have been socially and economically vulnerable to state interventions that use mobility management as a core aspect of infection control and to the effects of employer policy over which they may have little control.

## **Interjurisdictional rotational workers and frontier workers**

Mobility between provinces and territories including for work is a basic human right protected under Section 6 of the Canadian Charter of Rights and Freedoms. Thus, some have questioned the constitutionality of initiatives banning Canadians other than those deemed “essential workers” and those with formal approval from crossing provincial and territorial borders and going beyond the jurisdiction of their primary residence (Gollom 2020; Platt 2020). While some are raising arguments based on mobility rights in the Canadian Charter of Rights and Freedoms, determining whether provinces, as opposed to the federal Parliament, have the constitutional power to close interprovincial borders is also a primary issue in the constitutional debates (Robitaille 2020). There have also been questions about the constitutionality of airline staff screening Canadians and preventing those with symptoms from returning to Canada (Le Bouthillier and Nakache 2020b; 2020a).

Interjurisdictional workers comprised an estimated 2.2% of the Canadian labour force based on the 2016 Census. Aggregate earnings from interjurisdictional employment vary over time, but as shown in Figure 1, during the period 2002–2016, they peaked at more than \$21 billion in 2014 (Neil 2020). This part of the labour force is male dominated, although the proportion of men to women varies across provinces, territories, and sectors. Interjurisdictional workers vary from so-called frontier workers who live close to provincial and territorial borders and travel daily to a second jurisdiction, to fly-in/fly-out (FIFO) or drive-in/drive-out (DIDO) rotational workers who generally travel long distances to other jurisdictions to work for weeks or months at a time (as with seasonal workers) before returning home. These segments of the mobile labour force are largely ignored by the Canadian federal and provincial governments during normal times, but have become much more visible to governments and the wider public during the pandemic and, as a result, have been subject to variable and shifting regulatory interventions in their residential and work jurisdictions and while in transit.

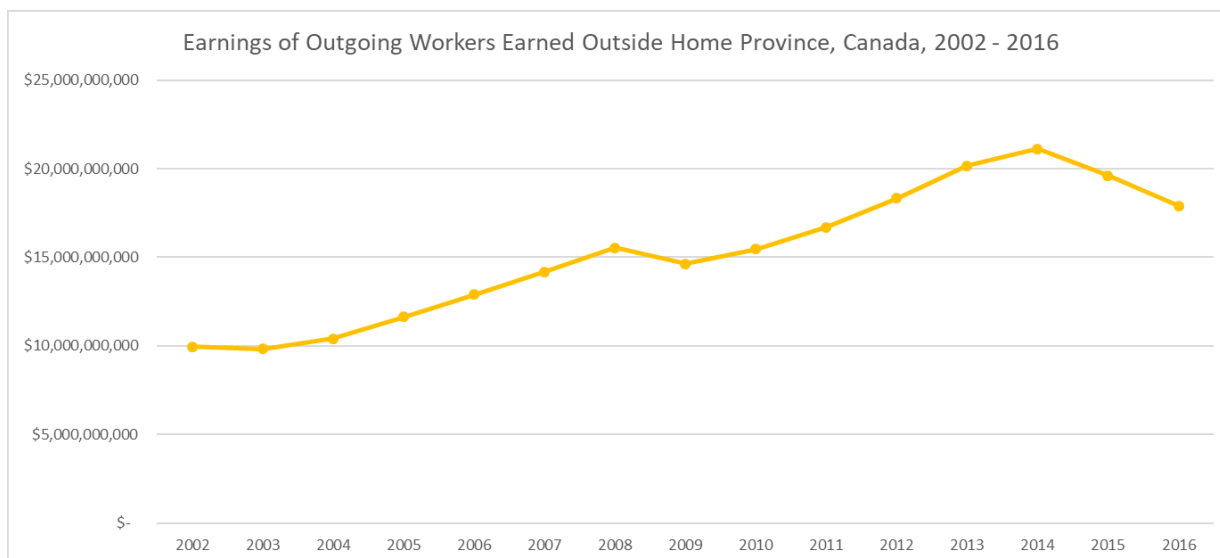


Figure 1: Aggregate Earnings of Outgoing Workers Earned Outside Home Province, Canada, 2002 – 2016. Source: Statistics Canada, Canadian Employer–Employee Dynamics Database (Neil 2020)

As of April 7, 2020, eight provinces had set up border checkpoints and travel restrictions (Gollom 2020). The Yukon asked entering mine workers (a very important economic sector in the territory) to self-isolate for 14 days before going to work (Department of Health and Wellness 2020). On July 1, the Yukon eased restrictions on miners and workers travelling from British Columbia, the Northwest Territories, and Nunavut, making them exempt from self-isolation (CBC News 2020k; Department of Health and Wellness 2020). In 2020, the Northwest Territories banned travel into the territory by air, land, and port for nonresidents, and asked returning residents to self-isolate (Government of Northwest Territories 2020), although exemptions were provided for many types of workers including those in the transport, infrastructure-related work, mining, and oil and gas sectors. With limited exceptions, such as for truckers and others deemed “essential,” both international and interjurisdictional mobility into NL by nonresidents was banned except for those who had formally and successfully applied for access based on set criteria; returning resident workers were required to self-isolate. These restrictions were in place for much of the pandemic except during the period of the Atlantic provinces’ “bubble” between July and November 2020 that allowed free movement between New Brunswick, Nova Scotia, PEI, and NL without self-isolation requirements, but not into the region from other parts of Canada (Department of Health and Community Services n.d.), and until NL changed its rules to allow those who were fully vaccinated to enter the province without self-isolation in July 2021 (see below).

In Nova Scotia, parts of Labrador, Québec, Ontario, New Brunswick, and other provinces, some residents are frontier workers who live close to boundaries and commute regularly, often daily, for work between provinces, raising concerns about travel control-related disruptions in their work lives, despite exemptions for some (Figure 2). In Québec — the lead province for interjurisdictional employment between 2002 and 2016 — between 82% and 87% of incoming workers came from adjacent provinces, primarily Ontario. In New Brunswick, an average of 68.1% of interjurisdictional

workers were from Québec and Nova Scotia. Many of these workers live close to relevant provincial boundaries and would normally have fairly short, routine commutes (Neil 2020). This changed with COVID-19 measures. For example, Québec banned nonessential travel between Ontario and western Québec for a period of time, including from the Ottawa area into Gatineau where there are thousands of interjurisdictional workers (Glowacki 2020). Essential workers and truckers were eventually given dedicated lanes to help speed up border crossings at checkpoints between Nova Scotia and New Brunswick but this system temporarily broke down after the implementation of the Atlantic bubble on July 3, 2020, allowing travel within the region without having to self-isolate. Increased traffic led to substantial delays in daily commutes for essential workers, including truckers (Taryn Grant 2020a).

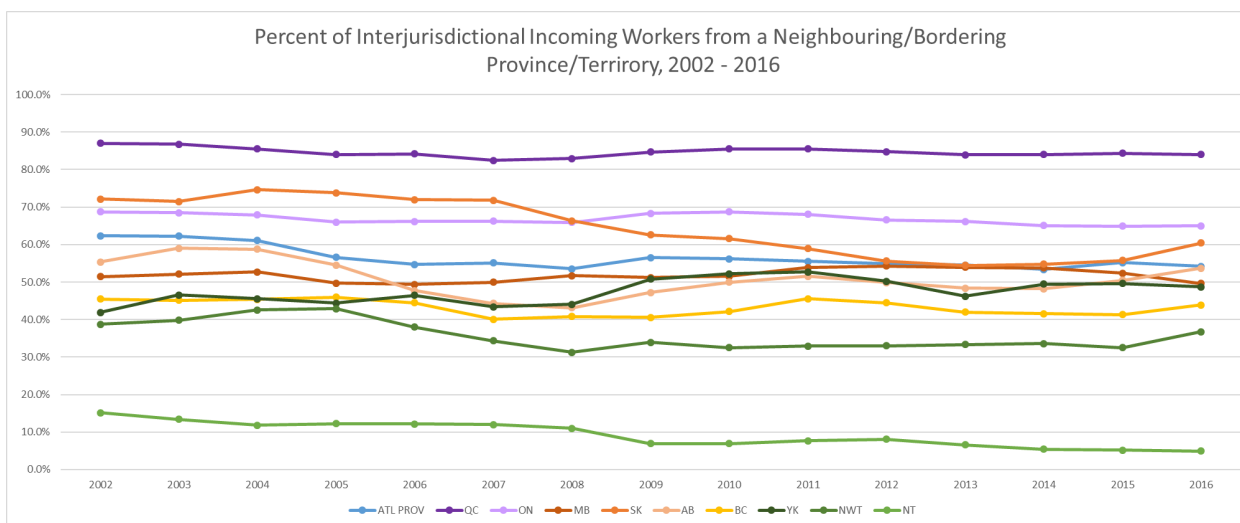


Figure 2: Percent of Interjurisdictional Incoming Workers from a Neighbouring / Bordering Province/Territory, 2002 - 2016. Source: Statistics Canada, Canadian Employer--Employee Dynamics Database (Neil 2020)

Many interjurisdictional workers and some intrajurisdictional workers travel less frequently, working on rotation, and for much longer distances than the frontier workers discussed above. Like other mobile workers, these FIFO/DIDO workers are vulnerable to infection at home including in their home communities, on the road, and on the work site, but are also vulnerable to infection in their accommodations and host communities. The risk of infection in accommodations appears to be particularly high when living in work camps. Many of these workers are employed in construction, oil and gas extraction, and mining (Neil and Neis 2020) — all sectors deemed essential in most areas during the pandemic.

It can be hard to achieve physical distancing on planes, on construction and oil and gas extraction work sites, in camps, and where transportation between the camp and the site is via bus or van. As reported by Sara Dorow (2020) in her blog, "[COVID-19 and \(Im\)mobile Workers in Alberta's 'Essential' Oil Industry](#)," some host regions have large numbers of FIFO/DIDO workers living in camps. The Wood Buffalo area near Fort McMurray, AB for example, had an estimated 30,000 workers living in camps in 2018. On March 20, 2020, a worker at camp was sent to hospital

with suspected COVID-19 (Canadian Press 2020). A possible infection allowed work camp and transportation companies near Fort McMurray to test their pandemic preparedness (Krugel 2020). In mid-May, there was an outbreak with more than 100 confirmed cases at Kearl Oil Sands work camp north of Fort McMurray, including some cases among workers residing outside Alberta (Graney 2020). After infected workers travelled home, this outbreak was associated with infections in the village of La Loche in northern Saskatchewan, a long-term care home in British Columbia, and with cases in Nova Scotia, NL, and Alberta (McIntosh 2020). From the beginning of the pandemic to February 2021, it was estimated that over 1,000 positive cases had been reported at 21 oilsands sites across Alberta. Approximately 95% of the related outbreaks took place in the Wood Buffalo region and these were linked to 120 cases confirmed in other provinces, although Alberta Health could not state whether or not these were directly related to FIFO workers (Malbeuf 2021a).

In December 2020, outbreaks were declared at two work camps in northern British Columbia: Coastal GasLink's 7 Mile Lodge and Little Rock Lake Lodge (CBC News 2020p). Because many workers at these camps came from NL, the province issued an advisory requiring rotational workers returning from these sites to self-isolate away from family members for 14 days and to arrange for COVID-19 testing (CBC News 2020q).

There have also been a number of outbreaks at mining sites across the country. In February 2021, the Gahcho Kué Mine in the Northwest Territories temporarily paused operations following an outbreak of at least 19 cases (CBC News 2021l; 2021i). Throughout February, at least four cases were confirmed at the Musselwhite Mine in northwestern Ontario, leading to the suspension of flights in and out of the work site (TB News Watch Staff 2021). In northwestern BC, there were at least 51 cases connected to an outbreak at the Brucejack Mine. The outbreak was first declared on February 11, and on March 9, it was announced that one individual had died (CBC News 2021o). On March 13, five workers at the Silvertip Mine on the BC–Yukon border tested positive. At least four of these cases were confirmed upon the workers' return home (CBC News 2021q), highlighting the risk of COVID-19 spreading within work camps and then to the home communities of these workers. As described by the wife of a rotational worker for *CBC*, "Travel is how coronavirus gets here and how my husband travels" (Parsons 2020).

In late April 2021, during Alberta's third wave of COVID-19 there were a number of work-related outbreaks. The Regional Municipality of Wood Buffalo (RMWB), which includes the hard-hit Fort McMurray community, declared a public emergency on April 25 due to a rapid rise in cases (Tait 2021). This region is particularly susceptible to COVID-19 outbreaks due to the community's transient workforce (Snowdon and Konguavi 2021), such as the many rotational workers who are employed in the oilsands. As of April 27, there were over 700 active cases linked to outbreaks at oil camps in the northern region of the province (CBC News 2021y). As of May 14, outbreaks were reported in at least 20 work sites and camps in the province: Cenovus Sunrise Lodge in Fort McKay; CNOOC Long Lake near Anzac; Imperial Oil's Kearl Lake site in Fort McKay; MEG Energy in Conklin; Oilsands Industrial

Lodge in Fort McKay; RCCC West Kakwa Lodge and Royal Camp Services in Grande Prairie; Tamarack Valley Energy Drilling Rig Nipisi in Slave Lake; as well as several outbreaks in RMWB, including Civeo's Athabasca and Lynx Lodge; Canadian Natural Resources Limited's (CNRL) Albion, Horizon, and Jackfish work sites; Suncor's Base Plant, Firebag, Fort Hills, and MacKay River sites; Syncrude's Aurora and Mildred Lake sites; and Wapasu Creek Lodge (Government of Alberta 2021). Although the Government of Alberta does not release specific numbers for each outbreak due to the fact that they change so quickly (Government of Alberta 2021), *CBC News* reported on April 27 that the Suncor Base Plant was dealing with 145 active cases (Snowdon 2021), while *Global News* reported on May 18 that the CNRL Horizon site near Fort McMurray had 1,496 active cases (Yourex-West 2021). The death of one worker, a security guard at the Suncor Base Plant, marked the second COVID-19-related death of an oilsands worker in Canada (Snowdon 2021). The first reported death, a worker at Imperial Oil's Kearl Lake site, occurred in September 2020. In May 2021, CNRL confirmed that two contractors working with the company died after contracting COVID-19 (Mertz 2021).

Companies have responded to the risks and constraints associated with the threat of COVID-19 outbreaks by reducing both the number of people travelling and the frequency of their travel (Oil Sands Community Alliance 2020). This reduced travel can mean longer rotations, and more time spent at camp and away from families. It can also mean longer travel times, as some workers are driving from regions as far away as NL because of the difficulty of flying safely (Dorow 2020; see Figure 3). As noted in Dorow's blog,

The conditions of the FIFO regime are made for viral transmission, but travel is only half the picture — the other half is stuckedness. FIFO entails a constant back-and-forth between long-distance travel and the constrained isolation of remote camp living (Dorow and Mandizadza 2018). Depending on time of year and the price of a barrel of oil, those camps can be quite packed. But even when camps are not full, camp dwellers get on shuttle buses together each day, and collectively shuffle in and out of common spaces like dining halls and gyms and sometimes bathrooms. As a number of respondents to our recent mental health survey noted, "somebody sneezes in camp and we all get sick." (Dorow 2020)

Due to the high risk of exposure both at work and in transit, and the number of camp outbreaks that have taken place over the course of the pandemic, rotational workers face self-isolation restrictions upon their return home, which have fluctuated in severity depending on the COVID-19 case numbers at the time. FIFO interjurisdictional workers are monitored for symptoms before getting on planes and when starting work and during work, opening up the possibility they could be stuck in their work province or territory unable to work and required to self-isolate for up to two weeks after the appearance of symptoms and before going back to work. They include not only the oil and gas and construction (predominantly male) workers but also those who care for and feed them during their time in the camps. For those coming from provinces requiring self-quarantining of residents on their return (see below), this can mean a minimum of four weeks of self-quarantine for each rotation. For



instance, in a *CBC* story, an interviewed Newfoundlander had driven thousands of kilometres to Alberta for work and then back again. He had to self-quarantine both at the job site and at a relative's cabin on his return to Newfoundland (Antle 2020; Dorow 2020). Also in NL, a Port Blandford worker returning from the Suncor work site in Fort McMurray, AB opted to stay in a prospector's tent pitched outside his residence during the self-isolation period (Wheeler 2020).

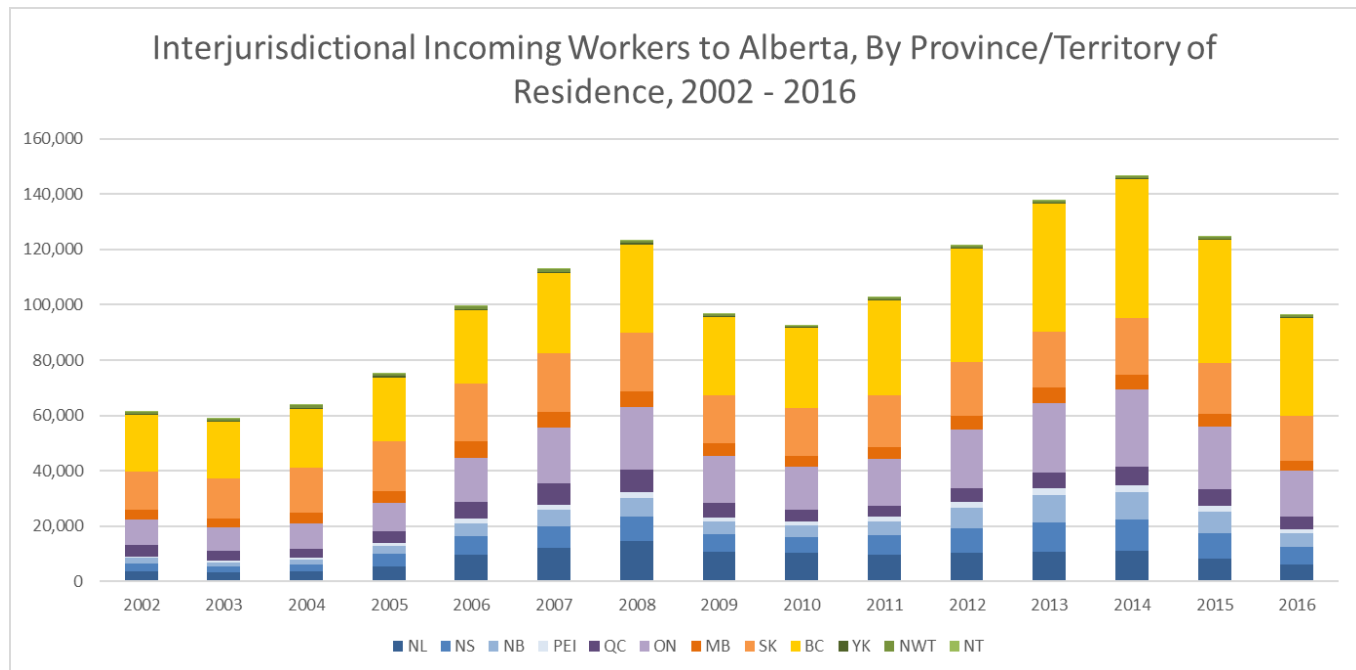


Figure 3: *Interjurisdictional Incoming Workers to Alberta, By Province/Territory of Residence, 2002 – 2016*. Source: Statistics Canada, *Canadian Employer—Employee Dynamics Database* (Neil 2020).

The risk of infection from rotational workers has prompted some jurisdictions with high reliance on these workers, many of whom are married with families living in their home jurisdictions, to implement and manipulate infection control requirements for them over the course of the pandemic. NL and other Atlantic provinces have a high reliance on FIFO/DIDO interjurisdictional rotational workers and each province has implemented variable and changing regulations around the regular re-entry of these workers over the course of the pandemic. Initially, rotational workers were required to self-isolate for 14 days like all others entering New Brunswick, Nova Scotia, and NL (Communications Nova Scotia n.d.; Department of Health and Community Services 2020; Government of New Brunswick n.d.). Partly in response to concerns about the impact of these requirements on workers and their families, self-isolation requirements were eased when testing became more widely available and COVID-19 numbers were low in these provinces. This changed again, however, in fall 2020.

On November 23, the Atlantic bubble agreement was suspended after PEI and NL pulled out due to rising COVID-19 cases (Taryn Grant 2020b). Some of the positive cases in the Atlantic region were amongst rotational workers returning home from work sites in such places as Alberta, which were seeing dramatic increases in positive cases. At this time, rotational workers returning to NL

were required to wait until day seven of their self-isolation to receive a COVID-19 test, instead of day five as had been the case earlier, to prevent the return of a false negative (CBC News 2020n). Workers returning from a site or camp with a known outbreak were required to isolate for the full 14-day period (CBC News 2020n). At this point, NL's Premier Andrew Furey addressed employers of rotational workers asking them to consider altering the typical schedule to one-month-on/one-month-off, to help reduce the strain of isolation requirements on these workers and to help reduce their frequency of travel (CBC News 2020n).

The introduction of new, more contagious variants of the virus into the Atlantic provinces led to a return to stricter measures in 2021. On January 12, 2021, Nova Scotia announced that testing would be mandatory for rotational workers returning to the province from outside the Atlantic region (CBC News 2021b; Edwards 2021). In New Brunswick, new restrictions were put in place for rotational workers in January 2021, requiring workers to self-isolate for 14 days away from their family members (Roszell 2021). Returning workers were also no longer able to end their two-week isolation early upon receiving a negative test (Cox 2021a; Silberman 2021a; 2021b). As of March 1, PEI made changes to testing protocols, requiring rotational workers, truck drivers, and other workers who travel outside the province to get tested every five days, rather than every seven days, in addition to implementing a modified isolation that allowed workers to be with their families (April 2021; Thibodeau 2021). In February, NL — which saw the effects of the new, highly contagious B117 variant after an outbreak at a high school — announced that rotational workers would have to return to self-isolating for 14 days and remain separate from family members (if possible) during the full period (CBC News 2021k). Furthermore, returning workers were no longer allowed to leave their property and could no longer avail of testing on day seven of their isolation. In March 2021, many of these restrictions were loosened again as total provincial cases decreased.

On March 12, NL announced that workers returning from other Canadian provinces or territories could book a COVID-19 test upon arrival and were permitted to isolate with family members as long as their test results came back negative (CBC News 2021p). Workers were required to get tested two more times, for a total of three tests, over the course of their two-week isolation period. However, rotational workers returning to the province from a work site experiencing an outbreak were required to self-isolate away from household members (if possible) and arrange for either one or two tests, depending on their self-isolation circumstances (Government of Newfoundland and Labrador 2021). On March 18 it was announced that the Atlantic bubble was expected to be reinstated by April 19 (A. Cooke 2021), however, after an outbreak of new cases in the Atlantic region in the months of April and May, the bubble reopening was postponed.

Rotational workers were considered a priority group for COVID-19 vaccination in several provinces. In February 2021, PEI announced that plans were being made for rotational workers and truck drivers who were registered with the Chief Public Health Office to receive an appointment for vaccination (S. Ross 2021a; see also Government of Prince Edward Island 2021a). International rotational

workers, including airline pilots, military members, and truck drivers, were prioritized with the order determined by age, from older to younger workers (S. Ross 2021b). New Brunswick also identified rotational workers as a priority group, including them in Stage 1 of the provincial vaccination schedule (Government of New Brunswick n.d.). Nova Scotia and NL both included rotational workers in Phase 2 of their respective vaccination rollout plans (Government of Newfoundland and Labrador n.d.; Government of Nova Scotia n.d.). However, workers living in Nova Scotia or New Brunswick who crossed the border daily for work were not included in this category (Government of Nova Scotia n.d.). On May 10 it was announced that in the Eastern and Central Health regions of NL, children (between the ages of 12 and 17) of rotational workers (as well as truckers and flight crews) were eligible to receive the Pfizer-BioNTech vaccine (CBC News 2021ac).

With the rise in COVID-19 cases in Alberta in April and May 2021, some pointed out that despite the high risk of exposure in oilsands sites and work camps, much of the workforce was not yet eligible for the vaccine because they did not meet the age requirements (Bellefontaine 2021; Malbeuf 2021b). In early May, Alberta's vaccination rollout was extended to include a wider range of ages. From May 2–4, CNRL collaborated with Alberta Health Services to offer an on-site vaccination clinic for the oilsands company's employees (Mertz 2021). Through this initiative, over 1,600 workers were vaccinated. As of May 6, there were plans to organize more of these vaccination clinics as the numbers of worksite-related COVID-19 cases continued to rise in Alberta, with 1,154 active cases reported at Wood Buffalo oilsands sites (Malbeuf 2021b).

As of July 2021, requirements for rotational workers in NL were dependent on whether workers were vaccinated or unvaccinated (Government of Newfoundland and Labrador n.d.). At the time of writing, self-isolation is no longer required for workers returning to the province if they are fully vaccinated. If they are partially vaccinated, they are not required to self-isolate if they received a negative COVID-19 test within 72 hours of travel; those who are partially vaccinated but did not receive a negative COVID-19 prior to travel are required to get tested upon arrival in NL and to self-isolate until they receive a negative test (Government of Newfoundland and Labrador n.d.). Meanwhile, the requirements for unvaccinated rotational workers returning to the province are much the same as they were in March 2021, which involves a modified self-isolation as long as workers are tested three times during the 14-day period.

The other Atlantic provinces introduced similar protocols for vaccinated and unvaccinated rotational workers. In Nova Scotia, fully vaccinated workers are not required to self-isolate, but partially vaccinated and unvaccinated workers are required to get tested three times over the course of two weeks. (Government of Nova Scotia n.d.). In New Brunswick, rotational workers are no longer required to self-isolate (Cox 2021b), and in PEI, fully vaccinated rotational workers are not required to self-isolate as of July 18 (Government of Prince Edward Island 2021b).

As isolation requirements tightened in response to the second and third waves of COVID-19 in Canada, rotational workers found themselves with more stress as they were separated from their families not only for their rotational period, but for their self-isolation period as well (Mullin and Moore 2021; Samson and Young 2021). For long distance FIFO/DIDO workers, certain types of rotations such as two-weeks-on/two-weeks-off are not feasible in the pandemic context and some companies have extended rotations to accommodate this challenge. The Brucejack Mine in northern British Columbia, for instance, moved to a three-weeks-on/three-weeks-off rotation to minimize crew changeovers — a key source of risk (Penner 2020). However, longer rotations and travel times, coupled with self-isolation requirements, have enhanced already long and challenging separations for workers and their families. Other FIFO/DIDO workers with a shorter turnaround, such as three-weeks-on/one-week-off or one-week-on/one-week-off (Silberman 2021a), were unable to spend time with family members at all without the modified isolation and testing requirements that once allowed them to reunite safely (Cox 2021b; Thibodeau 2021). These workers may miss out on important milestones in their children's lives and some felt like they were in a state of “perpetual isolation” (Silberman 2021a).

In NL, family members raised concerns about the effects of strict self-isolation on the mental health of returning workers, which led to a loosening of rules that allowed them to move outside the sheds, homes, or cabins where they were isolating, and to walk around the community and into the country (CBC News 2021r). As of March 12, 2021, workers returning to NL were not permitted to enter public places, such as stores, during their self-isolation period until they received two negative test results (CBC News 2021p). However, even with two negative test results, workers were not permitted to enter long-term care homes during their isolation period.

Essentially, grappling with the effects of COVID-19 on work, travel, and family time has, as argued by Dorow, shone a light on and enhanced already problematic, systemic risks associated with camp life and long distance labour mobility, including to the health of workers and their families that preceded the pandemic. Similarly, OTM co-investigator Deatra Walsh, whose husband is a rotational worker, has highlighted how separation and isolation are critical mental health-related issues for both workers and their families and need to be considered in the implementation of provincial COVID-19-related restrictions (CBC News 2021r). Walsh (2020) has chronicled her experiences as the wife of a mobile worker, and as a migrant worker herself, in the blog “[Walking the Empty City: Feminist Reflections on Life Suspended under COVID -19.](#)”

Interjurisdictional border controls and travel restrictions raise the question of whether or not, and under what conditions, interjurisdictional and long-distance intrajurisdictional migrant workers in Canada and elsewhere will be paid by employers for time spent in self-isolation and related costs (as is at least theoretically required for TFWs entering Canada [Meza 2020]) when they are near the work site, or for time and costs associated with self-isolation on the way home if they develop symptoms and are not permitted to board planes.

## Mobile urban workers

Another group of workers in Canada that engages in complex/extended daily mobility includes workers who live in large urban centres, often commute by public transit, or work in the public and private transit sectors. These workers are employed in retail, health, transportation, and other sectors, and many are precariously employed. Some work for temporary employment agencies and are placed in different work sites over time resulting in changing and variable commutes. They may work multiple jobs. Some work in multiple (as in cleaning, homecare, or long-term care) work sites, and commute to and between them in the course of their work day.

These workers are often low-waged, recent immigrants, and members of racialized groups, and their work-related daily commutes, travel between work sites, and often the conditions at their work sites put them at risk of infection and of propagating the virus (Block and Dhunna 2020; Dhunna and Block 2020; Levesque and Thériault 2020). As discussed in Stephanie Premji's (2020) blog, "[A Virus that Doesn't Discriminate?](#)": "as the pandemic has unfolded, it has become abundantly clear that what one does for a living and where one lives have in fact a lot to do with their risk of contracting the virus" with low-income, racialized individuals disproportionately at risk. There she draws on research in Ontario, which found that people who have contracted COVID-19 are more likely to live in neighbourhoods with precarious housing, low income, and greater concentrations of immigrants and visible minorities (see also T. J. Moriarty et al. 2021).

Neighbourhoods with higher concentrations of racialized groups have been more likely to have higher COVID-19 rates, but have had less access to testing in Canada (Chung et al. 2020; Wallace and Moon 2020), as elsewhere. An August 2, 2020 article published in the *Toronto Star*, and based on an analysis of Toronto Public Health data released in July, shows the lockdown in mid-March 2020, "protected Toronto's richest, whitest neighbourhoods, but not the poorest and most racialized ones" in that the curve flattened in the former while continuing to rise in the latter (Kate Allen et al. 2020).

The authors note,

Four in 10 Canadians have a job that can be done from home, according to Statistics Canada. The likelihood of holding such a job is shared unequally: members of low-earning households are far less likely to be able to work from home than higher-earning households [...] (And visible minorities are more likely to be low-income earners, other research shows.) (Kate Allen et al. 2020)

The data show low-income neighbourhoods, especially Black and Latin American communities in the GTA, were at greatest risk. The working poor, they argue, were more likely to lose jobs or to have to leave home to do "essential" work after the lockdown.



This pattern of disproportionate spread of COVID-19 among lower income, visible minorities in Ontario — and the disproportionate availability of testing — carried over into the province’s vaccination rollout plan. On March 21, 2021, *CBC News* created a map showing the distribution of pharmacies offering vaccinations in Toronto. What they found was that most of the pharmacies were located in lower-risk, affluent neighborhoods, rather than the most vulnerable neighborhoods (Jonas 2021a). Distribution of the vaccine was thus based on population rather than need. For example, the northwest area of Toronto, which has been greatly impacted by COVID-19, is where many essential workers live, sometimes in crowded, multi-generational households. Despite the greater risk they face, these workers — many of whom are low-income, racialized individuals — do not have equal (let alone equitable [Jonas 2021b]) access to the vaccine (Brar, Jimenez, and Stephen 2021; Paradkar 2021a; Wong 2021). As Shreer Paradkar (2021b) describes it, “neighborhoods where people who can stay home and shop online [...] are now getting vaccines before those who take crowded public transit to go to work in confined spaces to make those orders possible.” Furthermore, as of April 1, 2021, 70% of people over the age of 80 in low-risk Ontario neighborhoods had been vaccinated, compared to only 50% of the same age group in high-risk neighborhoods (Wallace 2021). As the *Toronto Star*’s Kenyon Wallace (2021) reported, it appears that those with the highest risk of exposure, and thus the greatest need for protection, are the least likely to be vaccinated in Ontario.

Premji’s OTM research, done with partner Access Alliance, looked at the relationship between precarious employment and geographical mobility among immigrant workers in Toronto. She found that although they don’t travel long distances, they frequently engage in temporally long, complex commutes via public transit to get from homes in high density, lower cost housing areas to precarious employment situations (Premji 2018; Premji et al. 2014). In terms of the risks to mobile/commuting workers associated with exposures on public transit, operators have taken steps to achieve social distancing, but these initiatives often took time to be implemented. In the UK, for example, Londoners were still travelling on packed subway trains the day after the government shut down non-essential businesses (The Guardian 2020). Globally, use of public transit dropped more than 80% in some major cities as more people worked at home and those who still had to travel and could afford to do so shifted to private vehicles. Public transit service was also cut back (Griswold 2020). Such changes had the potential to reduce the risk of infection, particularly where they involve reduced loads and requests that essential workers travel outside of heavy traffic times, but reduced service could also result in ongoing crowding on certain routes and extend already prolonged commutes and the time spent away from families. Furthermore, many workers, and particularly the precariously employed, don’t generally set their own shifts so their capacity to travel outside of peak times would be limited by the shifts they are assigned.

The precariously employed also often work at multiple and sometimes changing work sites over which they exercise limited control. Their work, living, and mobility conditions can make it difficult or impossible to practice physical distancing, avoid virus-contaminated surfaces, and limit the spread of

infection. Most such workers are employed in occupations such as cleaning, factory work, retail, taxi driving, and personal support. They can't work from home and don't have an office to go to at work where they can manage their exposures. Instead, they deal with the public or with clients who move in and out of their spaces (taxis) or are required to move in and out of spaces that are open to changes in potentially infected personnel (as with cleaners, warehouse workers), clients (long-term care), and the public (retail) in order to do their jobs (Gollom and Mauro 2020).

The *Toronto Star* reported on some cleaners' fear and lack of control and PPE support during their jobs (Mojtehdzadeh 2020a; Premji 2020). A cleaner in St. John's, NL shared how his residential clients all cancelled on him because of the pandemic, forcing him to rely on commercial work instead (Robinson 2020). Some home care workers and those they care for expressed concerns about home care agencies sending workers into multiple sites with enhanced risks of infection both for the home care workers and for their clients (Contenta 2020), this in the absence of access to adequate PPE and related training (Choi 2020).

According to a study by the Institute for Work and Health, approximately half of the essential workers surveyed claimed that COVID-19 safety protocols were not implemented properly at their workplace (Mojtehdzadeh 2021a). In line with this, workplace outbreaks have been a major factor in COVID-19 transmission throughout the past year and a half (IWH 2021; Marotta 2020; Carlsten et al. 2021; P. Smith and Mustard 2021). For example, in January 2021 — nine months after Ontario first went into lockdown — there were 235 active outbreaks reported in work sites across the province (Mojtehdzadeh 2021a). Despite pleas from Ontario Premier Doug Ford to “stay home” and curb the spread of the virus (Davidson 2021), for many, staying home was not an option (Yang 2021). In Toronto approximately 65% of residents were deemed “essential workers” and were unable to work from home (Mallick 2021). However, many workers in sectors such as manufacturing and warehousing wondered how “essential” their work really was in the midst of a pandemic as they packed and distributed luxury goods and other non-essential items (Mojtehdzadeh 2021a).

Warehouse workers are often precariously employed and are at risk of outbreaks at their work sites. As of April 6, 2021, Toronto Public Health's data showed that 68% of all workplace outbreaks have occurred in warehouses, offices, construction sites, and food-processing plants (Saba 2021). Warehouses in the Peel region of the GTA have seen particularly high numbers of COVID-19 cases. The *Toronto Star* estimated that more than 80% of warehouse workers in the GTA live in Peel, and warehouse and distribution centres account for over 1,100 — or 40% — of workplace outbreaks reported in the region (Mojtehdzadeh 2021d). Although Ontario went into lockdown on December 26, 2020, COVID-19 cases in Peel continued to rise. This was largely due to the fact that the area is home to many essential workers who continued to risk exposure to the virus at warehousing, manufacturing, and distribution work sites, making it possible for the more “privileged” to stay home (Brar, Daniel, and Sra 2020; see also Saba 2021; Mancini 2021).

Between March 2020 and March 2021, over 600 workers in a single Amazon warehouse in Brampton, ON tested positive for COVID-19 (Mojtehdzadeh 2021f). Despite this high number of cases, Amazon had registered less than five cases at Ontario's worker's compensation board, citing lack of clarity surrounding whether infections were due to the workplace or to community transmission. As some experts suggest, COVID-19 has exasperated many of the labour issues already experienced by warehouse workers, such as exhausting productivity targets and workplace injuries (which Amazon has been known to challenge and undermine) (Mojtehdzadeh 2021f). A high percentage of these warehouse workers are temporary workers — many of whom are new to Canada and may be experiencing language barriers — and they are often not aware of their rights to worker's compensation (Mojtehdzadeh 2021d; 2021f; Yang 2020). Most of these workers do not have access to paid sick leave (Mojtehdzadeh 2021g). Advocates also point out that temp workers are sometimes afraid to speak out about health and safety risks out of fear of losing their jobs (Yang 2020). Responding to the increase in Ontario's cases in March 2021 among temporary workers, Dr. Amanpreet Brar et al. (2021) wrote, "it is not surprising that COVID-19 cases are once again highest amongst low-income essential workers least likely to have paid sick days." Furthermore, temp workers often take up jobs that only last for short periods of time, meaning that many of these workers move between several different work sites. This pattern of movement between temporary jobs increases workers' risk of exposure to COVID-19, further highlighting their vulnerability and precarity (Mojtehdzadeh 2021g), and adds to the fuzziness around where exposures happen.

## Personal support workers

Personal support workers, including particularly those working in long-term care (LTC) and assisted living homes, have been among the groups both most at risk of COVID-19 in Canada, and with a significant share of the burden of COVID-19-related care. According to a June 2020 report on LTC from the Royal Society, 81% of Canada's COVID-19 deaths had, at that point, happened in nursing homes, a percentage far higher than in comparable countries. As of April 5, 2021, 3,775 residents and 110 staff in Ontario's LTC homes had died after contracting COVID-19 (McKenzie-Sutter 2021b). In Canada, upwards of 90% of hands-on care is done by unregulated workers including care aides and personal support workers, 90% of whom are women (Estabrooks et al. 2020). Canada lacks accurate numbers on unregulated workers, including where they are working and in what numbers. However, one estimate indicates 25–30% of frontline care aides worked in more than one job including in hospitals and other settings and were thus mobile within their work (Pat Armstrong, Armstrong, and Bourgeault 2020; Estabrooks et al. 2020). Unregulated workers have limited training, often work part-time or are casual staff hired on demand through agencies, and lack access to appropriate pay and benefits, including sick leave; they manage high workloads and often lack voice. In the GTA, approximately 55,000 home care workers, or nearly a third of the workforce, are categorized as self-employed. Many of these LTC workers are thus trying to provide essential care and support

to vulnerable populations while navigating precarious employment themselves (Mojtehedzadeh 2021e). Close proximity puts workers at high risk of COVID-19 (Macdonald 2020). Many care homes are old and poorly designed for the care needs of residents and for managing a pandemic; they are understaffed, and there is little integration across different parts of the care sectors — with movement of people, both clients (turnover of clients is rapid and transfers between homes and hospital are frequent) and workers (from one part of the home to another and from one setting to another), contributing to COVID-19 risk.

Privatization has been shown to exacerbate many of the problems outlined above (Pat Armstrong, Armstrong, and Bourgeault 2020). According to an investigative report by the *Toronto Star*, for-profit LTC homes had more COVID-19 deaths per capita than non-profit and municipal LTC homes (Tubb, Wallace, and Kennedy 2021). On March 3, 2021, *CBC* reported that for-profit homes under inspection in Ontario received 70% of COVID-19 violation citations even though they represented only 56% of the province's total LTC homes (Mancini et al. 2021). Another report found that Ontario's for-profit LTC homes had 78% more COVID-19 deaths than non-profit homes (Star Staff 2021).

Personal support workers have complained about lack of training and access to PPE on their jobs (Estabrooks et al. 2020). The common practice of these workers having to work in multiple jobs and thus to move in and out of different work sites in order to make a living has been identified as a risk factor for outbreaks in LTC homes (Mojtehedzadeh and Bailey 2021; Lippel 2020). The Canadian government released federal guidelines on infection prevention and control in LTC homes, including the recommendation that staff work in only one location (Public Health Agency of Canada 2020a). On April 13, 2020, the federal Minister of Seniors, Deb Schulte, said, "Residents of long-term care homes are vulnerable to infections due to their communal living spaces, shared healthcare providers, exposure to external visitors, and transfers from other healthcare facilities" (Aiello 2020b). These are only guidelines because health falls under provincial jurisdiction, but in British Columbia, and in a growing number of other provinces, LTC workers were required to work in only one facility and governments provided short-term wage subsidies to help offset the income-related impacts of this requirement (Evra 2020; Welsh 2020). Unfortunately, as was revealed on April 19, 2020, the Ontario health directives limiting mobility between homes exempted temporary agency workers, who "earn their living floating from home to home." The rationale for this exemption was the need to ensure a steady supply of labour in the event of an emergency (Mojtehedzadeh 2020c; 2021e; Star Editorial Board 2021).

Although workers in LTC and assisted living homes are considered a priority group for vaccination in most provinces, there have been instances of migrant and undocumented workers being turned away because they didn't have provincial health cards. For example, on February 24, *CBC* reported on an undocumented worker at a LTC home in Toronto who was denied the vaccine because she did not hold an Ontario Health Insurance Plan card (Jones 2021). In her words, "I am on the front line every day, just like everyone else who lives and works in the home. But while they are better

protected from the virus's spread, I am not" (Jones 2021). Many temp agency workers in particular are recent immigrants (Hanley et al. 2018), with the *Toronto Star* estimating that 69% of nursing home workers in Canada are immigrants (Mojtehdzadeh and Bailey 2021). The *Toronto Star* has also highlighted the fact that many of these LTC workers are racialized women, estimating that 94% of personal support workers and nurses in Toronto are racialized, and 80% of LTC workers in the Greater Montreal Area — another area dealing with a series of LTC outbreaks — are racialized women (Brar, Daniel, and Vohra-Miller 2021; see also Spurr 2020). As discussed earlier, many migrant and undocumented workers feared receiving the vaccine could potentially put them at risk of unemployment or deportation if their employers or immigration officials were to learn about their immigration status. The City of Toronto asserted that undocumented workers could receive COVID-19 vaccinations without fear of repercussion (Boisvert 2021), however, the experience of the LTC worker in Toronto who was turned away due to her undocumented status suggests that these vulnerable workers face precarity not only in the workplace, but also with access to health care.

In Canada, military service has also included mobility-related COVID-19 challenges and changes (Mullaley 2020). Ontario and Québec called in the military to help take care of seniors in LTC homes. The situation was so shocking, with multiple examples of elder abuse, that the Canadian Armed Forces put together two reports on their findings (Brigadier-General C.J.J. Mialkowski 2020; Brigadier-General F.G. Carpentier 2020). On May 21, 2020, the *Toronto Star* reported that 28 soldiers (essentially mobile workers) working in LTC homes had tested positive for COVID-19 (Star Staff 2020). The military have also been called in to help in some isolated Indigenous communities confronted by outbreaks and extremely limited health care resources (Bergen 2021; Coubrough 2021; Froese 2021).

## Public and private transportation workers

Public transit workers, taxi drivers, and delivery workers are key members of the urban mobile labour force who have gone to work during the pandemic, putting themselves at risk to support the mobility of others, including essential workers, and helping others when they self-isolated at home. In New York City, an April 7, 2020 report indicated 41 transit workers associated with the Metropolitan Transportation Authority (MTA) had died and more than 6,000 had tested positive or self-isolated due to COVID-19. Delays and trip cancellations had substantially prolonged commute times, including for essential workers, and the MTA was criticized for delays implementing its plan for dealing with the pandemic. By June 2020, 132 MTA workers had died, although the rate of deaths had decreased (Guse 2020). In London, UK, by early May, 28 bus drivers were reported to have died (Specia 2020).



Within Canada, Toronto Transit Commission (TTC) workers sought more protection for frontline workers after a passenger tested positive for COVID-19 on March 2, 2020 (McKeen and Warren 2020); six TTC employees had tested positive for COVID-19 and nearly 700 were in self-isolation by March 31 (Dhanraj 2020). On April 15, 33 TTC bus drivers walked off the job, exercising their right to refuse dangerous work over COVID-19-related concerns and requiring more PPE, including masks. The TTC already had in place a number of mechanisms to promote social distancing and disinfecting of buses. Operators wanted PPE to be mandatory. One was quoted as having said to his union representative: “Look I can’t go home at night. I haven’t hugged my child in two months because I am afraid that I may be infecting my family” (CBC News 2020e). Between November 2020 and February 2021, there were 10 outbreaks reported in the TTC, resulting in over 40 employees testing positive (Spurr 2021).

Some transit companies took temporary steps to reduce exposures including by making transit free and only allowing the public to enter and exit using the rear doors on buses and streetcars, with only those who needed the accessibility supports able to use the front door (Leedham 2020; Rodrigues 2020). In Canada, the Amalgamated Transit Union petitioned the federal government to provide maximum support for public transit to allow this essential service to continue while also achieving the changes needed to ensure social distancing (D’Agnillo 2020).

Public and private transit options and shuttles, critical for some commuting mobile workers, were significantly reduced in many parts of Canada with inter-city bus services largely disappearing in some rural areas and layoffs of transit workers and reduced service in some urban areas such as Saskatoon, Edmonton, Windsor, Toronto, and Vancouver (BC Transit Corporation 2020; Boyd 2020; City of Edmonton 2020; City of Windsor n.d.; Dickson 2020; Murray 2020; Pindera 2020; Saskatoon Transit 2020; Weisgarber and Scott 2020). VIA Rail suspended the route between Toronto and Vancouver until December 2020 when it returned on a revised schedule, and the route between Halifax and Montreal was suspended indefinitely (CBC News 2021n; Quon 2020; VIA Rail 2021).

As people travelled less and had concerns about sharing vehicles, fewer people took taxis, thus eroding the employment opportunities and incomes of taxi drivers. On March 23, 2020, the taxi business was reported to be down 70–90% in St. John’s, NL (R. Cooke 2020a). Similar effects on taxi work and driver incomes were reported from Regina, SK, along with fears about infection (Ponticelli 2020). On March 27, over 50 taxi drivers in Penticton, BC walked off the job because of fears related to COVID-19 (Day 2020). The next day, two taxi companies in Vancouver announced they were suspending business indefinitely due to the combined effects of lower revenue and risk associated with the pandemic (Scott 2020). In Québec, on March 23, some taxi companies were reported to be offering \$25 bonuses for drivers willing to take COVID-19 patients in their cars (Caillou 2020), in order to compensate for the cost of cleaning a taxi after a trip and for health risks associated with these trips.

Close proximity of taxi and limousine drivers and chauffeurs with passengers puts these workers at high risk of COVID-19 (Macdonald 2020). An estimated 10 taxi and limo drivers working out of Pearson International Airport died because of COVID-19 between March and May 5, 2020 (McGran 2020). And by June 3, 2020, at least two taxi drivers in Montreal had died due to COVID-19. Edgard El-Kalaani, secrétaire-trésorier du Regroupement des propriétaires de taxi de Montréal was quoted as saying, “L’aéroport était la porte d’entrée des gens qui arrivaient au pays en étant porteurs du virus. On n’était pas préparés à ça” [The airport was the gateway for people who came to the country carrying the virus. We weren’t prepared for that] (Braun 2020; our translation).

The Canadian federal government moved to limit the landing of international flights to only four airports, but flights from the US, Mexico, and the Caribbean were initially allowed to land elsewhere until new travel restrictions introduced in February 2021 limited all international flights to airports in Vancouver, Calgary, Toronto, and Montreal (Gallant 2021; Villani 2021). Thus, during the first waves of the pandemic, many international travellers needed to travel on to other airports to make it home, resulting in domestic flights carrying international travellers (Transport Canada 2020a). For these travellers, the requirement to self-isolate for 14 days originally started when they arrived home. Taxi and bus were among the options passengers used to get themselves home and taxi drivers were therefore concerned about picking up passengers from international flights (R. Cooke 2020a; Day 2020), particularly in light of the limited options they had for social distancing and for cleaning their cars. On March 25, 2020, Minister of Health Patty Hajdu announced that airplane passengers arriving in Canada with COVID-19 symptoms could not take taxis, ride-sharing cars, or public transit home, but would instead be accommodated by transit provided by the federal government (Bailey 2020). In Ontario, taxi drivers fell under Phase 2 of the provincial vaccination rollout plan; some argued that due to their high risk of exposure, these workers should have been prioritized in an earlier group (Bahniwal 2021).

Digital platform courier workers, including those delivering food for Uber Eats, SkipTheDishes, and Foodora, saw an increase in demand during the pandemic due to COVID-19-related prevention measures and the expansion of take-away over eat-in food services (MacEachen, Majowicz, and Meyer 2021; Stephen and McLaren 2021). While local couriers, often called “gig workers,” do not have to allow the public access to their vehicles (unlike taxi drivers), they have faced challenges around access to PPE and access to basic services and supports exacerbated by their precarious employment status. According to a report by MacEachen, Majowicz, and Meyer (2021), these couriers “are highly exposed, frontline, low-wage, non-unionised workers who lack occupational health guidance and support in the context of COVID-19.” For example, these workers are often considered “self-employed,” which prevents them from accessing employment benefits and protections such as sick leave and Employment Insurance (Stephen and McLaren 2021). As well, restaurants require them to do curbside pickup and to drop off food and other deliveries on the doorsteps of customers, leaving couriers with nowhere obvious to go for bathroom and other breaks (Watters 2020). One SkipTheDishes driver described long shifts delivering food and waiting for curbside pickups in the

snow and rain with nowhere to use the washroom. In his words, “People are in lockdown, but we have been locked out completely” (Brar, Arora, and Sra 2020). Some couriers doing this kind of delivery appear to have been left to their own devices when it came to sourcing masks and other PPE (Davie 2020a), and as precariously employed workers considered to be “self-employed” by these companies, they are unlikely to be targeted for early access to vaccinations (for more on the misclassification of couriers as “self-employed,” and the associated risks of this designation, see MacEachen, Majowicz, and Meyer 2021; Mojtehedzadeh 2021h; Stephen and McLaren 2021). As Stephen and McLaren (2021) wrote in a piece for the *Toronto Star*, “Precious work is a health hazard at all times, especially during a pandemic,” but greater health and safety and employment protections for workers such as digital platform couriers would help make this precarious work a “preventable health hazard.”

Paramedics transport and care for those who are ill as they travel to hospitals and other destinations. Their COVID-19-related risks include not only potential exposure in transit but also in the homes of people who make ambulance calls and at points of delivery into hospitals or homes. On March 26, 2020, the head of the Paramedic Association of Newfoundland and Labrador said eight medics were in quarantine because “people who called for an ambulance had misinformed operators about their COVID-19 symptoms” (Tutton 2020). In November 2020, an outbreak was declared at Ottawa Paramedic Service after two paramedics tested positive (CBC News 2020m). In December 2020, six paramedics tested positive in Saskatoon, and in January 2021, an outbreak was declared at Essex-Windsor EMS with 10 paramedics testing positive (Biber 2020; CBC News 2021c). Despite the role paramedics have played on the frontlines of the pandemic, some provinces, including Alberta and Saskatchewan, did not include these essential workers in the first round of vaccination rollouts that prioritized other health care workers (Somos 2021). Other mobile workers potentially at risk include delivery and frontline postal workers responsible for door-to-door delivery, some of whom are precariously employed.

Amidst a devastating third wave of COVID-19 in April 2021, Ontario Premier Doug Ford announced that the government was working on a plan for paid sick leave to help support vulnerable workers (Brar 2021b). However, on April 28, it was revealed that this plan would only provide up to three paid sick days for COVID-19-related absences from work (Labour, Training and Skills Development 2021). Advocates and union representatives have argued that the government’s response is inadequate and “unacceptable,” arguing that a minimum of 10 days, and ideally 14 days, is needed to properly accommodate workers who fall ill or are exposed to the virus and need to quarantine for a two-week period (Rubin 2021).

# Source, Hub, and Host Indigenous and Other Communities and the Mobile Labour Force

Source communities are communities, or sub-communities, that are home to populations of mobile workers. Source communities for daily commuters can be poorly serviced, often racialized, sub-communities in larger centres, as well as suburban or more rural communities adjacent to cities. For the internally mobile interjurisdictional and inter-regional labour forces, they can be rural, including Indigenous communities, and urban communities from which migrant workers travel to work in other provinces or regions, often on a seasonal basis. The source communities are often in provinces or regions with relatively high rates of unemployment or lower wages for particular occupations. The mobility can be rural-to-rural, rural-to-urban, urban-to-rural, or urban-to-urban, as within large metropolitan areas. Internationally, migrant labour generally flows from poorer, less industrialized countries including from rural areas, to the industrialized North or to wealthy centres like Dubai in the United Arab Emirates. Low-income migrant workers governed by the kafala system in the Gulf States are particularly at risk, with 30 million migrant workers in the region, most without access to the supports provided to the local workforce (Kalush 2020).

During the 2009 H1N1 crisis, Indigenous people in Canada were disproportionately at risk of hospital admission, of ending up in intensive care, and of dying from infections (Palmater 2020). In both Canada and Australia, Indigenous communities are among the host and source communities considered to be most at risk in the event of COVID-19 infection. In both countries, Indigenous communities are often characterized by high rates of poverty, poor quality and crowded housing, limited access to running water and health services (including particularly hospital care), and to appropriate places to quarantine the sick (Levesque and Thériault 2020). The result has been high rates of chronic illness (including among young people) and high rates of social interaction (Rodway 2020). Significant efforts have been made to increase the employment of First Nations people in resource development in Canada's North and in Australia, but this generally requires mobility between those communities and remote work sites or in some cases, cities, with returning workers at risk of bringing COVID-19 infections with them, as happened in La Loche, SK, triggering a large outbreak (B. Allen 2020; Quenneville 2020). In December 2020, at least five COVID-19 cases in the Wet'suwet'en community of Witset were connected to workers returning from LNG Canada and Coastal GasLink work camps in northern BC (Hosgood 2020). Indigenous territories are also host to much mining, oil and gas, fishing, and forestry activities including infrastructure development, and to migrant health care and educational workers who live elsewhere and travel to the communities and surrounding areas to work.

In Australia, some state governments restricted travel to Indigenous communities. Western Australia “essentially quarantined” a third of its territory where there are remote Indigenous communities (Rodway 2020). More health consultations with these communities and with work sites were done via telemedicine (E. Barker, Maguire, and Margolis 2020). In British Columbia, by April 8, 2020, and in response to some First Nations people being diagnosed with COVID-19, 82 out of 204 First Nations communities were on lockdown, cutting themselves off from outside visitors, with some barricading roads into their community. Terry Teegee, Regional Chief of the British Columbia Assembly of First Nations, linked this response to the history of devastation among Indigenous people from infections including the 1918 influenza pandemic (Little 2020). States of emergency and lockdowns were also established on First Nations reserves in other provinces including Saskatchewan, Manitoba, and northern Ontario (Pasiuk 2020; Rosen 2020). In January 2021, a group of Wet’suwet’en Ts’ako ze’ (female chiefs) wrote a letter, which was supported by the Union of British Columbia Indian Chiefs and over 400 health care workers, urging the BC government to suspend operations at work camps during the pandemic due to the ongoing risk of COVID-19 transmission to Indigenous communities (Hosgood 2021; Leonard 2021; see also Pawson 2021). Among the issues for First Nations are concerns about lack of consultation around government measures such as decisions to impose or loosen restrictions (loosened restrictions were used to justify re-opening a fish resort on Haida Gwaii despite a Haida Nation state of emergency and active opposition from Haida [Oud 2020]), poor coordination between federal and provincial COVID-19 initiatives, and limited access to good data on case numbers and distribution (Barrera 2020; Sterritt 2020).

Clusters of First Nations people in areas like Vancouver’s Downtown Eastside have no control over the flow of people, and thus the virus, into and out of these areas. Canadian Inuit communities confront similar risks to those in First Nations communities with six confirmed cases of COVID-19 by April 9, 2020. In addition, Inuit communities were already dealing with significant tuberculosis problems, at rates 300 times that of other parts of Canada (Stefanovich 2020). In Labrador, Vale suspended charter flights to its mining operation near an Inuit and Innu community as it developed a COVID-19 plan (CBC News 2020b). The company then reduced its on-site labour force as it shifted into a “care and maintenance” mode for the next few months and stopped bringing charter flights in through nearby Indigenous communities. Vale put in place prevention measures and plans to reopen the site in early August 2020 (Careen 2020c). Rural and remote non-Indigenous source communities with populations of migrant workers (such as communities like Burgeo on Newfoundland’s southwest coast) are also at risk from returning workers and workers who continue to rotate in and out of work in oil and gas, seafaring, and other sectors.

Hub communities are communities with critical anchor institutions. These can be ports, airports, train stations, national and international ferry terminals, garages, and other transit-related facilities essential to mobility (Butters 2018). Workers in these places have had to process and monitor members of the mobile labour force as well as vacationers and other types of travellers and commuters, providing meals, transporting goods and people, and engaging in enhanced cleaning



and infection prevention protocols in the context of the pandemic. Hence, while they were at risk of both health and economic impacts as travel was curtailed; they still needed to interact with travellers and transfer goods critical to ongoing consumption and trade. Those infected at work could take the infection home or out into the wider community. Hub communities also often became home to communities of mobile workers who moved closer to these hubs to reduce the strain of extended/complex commuting for work. We have heard about some of the challenges confronting airport (versus airline) workers but generally have heard less about those who work in these places or their vulnerabilities and those of hub communities in the context of COVID-19.

Commercial shipping ports in large centres are associated with the risk of disease transmission from vessels to shore personnel, and vice versa. There can be similar risks in fishing ports. Port workers in Vancouver continued to handle huge volumes of cargo essential to the Canadian supply chain (including medical supplies), and to export sectors, using social distancing and other protocols during the pandemic (McKeen 2020a). On March 27, 2020, port workers in Montreal exercised their right to refuse dangerous work after a worker was diagnosed with COVID-19 and it was felt not enough steps had been taken to protect them from the spread of infection (Orfali 2020). The Great Lakes and St. Lawrence Seaway opened on April 1, 2020. On April 22, the Windsor Port Authority issued a message indicating it was open and ready for business with the CEO indicating work organization at the port made it relatively easy to social distance and that the shipping companies were self-policing to avoid outbreaks on board, reducing the risk to port workers (Battagello 2020). Company and port concerns about disease transmission and related surveillance and restrictions of crew movements have played a key role in not only reducing the perceived threat of infection from international crews in the port, but also in preventing and delaying crew changes for seafarers, stranding many at sea, as discussed above and in Shan's (2020b; 2020a) blogs for this series.

Some hub communities are also host communities as with Fort McMurray, AB, and Fort St. John in northern British Columbia. Fort McMurray has a major airport and provides a range of services, including health care services, to the oilsands operations and to mobile populations in the area. As research on Fort McMurray by OTM's Sara Dorow and others shows, interprovincially migrant workers are employed and interact with intra-provincially migrant workers from other parts of Alberta, regionally-based First Nations people, daily commuters from Fort McMurray and surrounding communities, and TFWs often employed in the camps (Dorow et al. 2018a; 2018b; 2018c; 2018d; 2018e; 2018f).

The Alberta government deemed oil and gas an essential industry during the pandemic, and in Fort McMurray the oilsands continued to operate despite early concerns from the mayor (McDermott 2020). RMWB Mayor Don Scott explained that, "We have tons of flights coming in and out of this region and people from all over the place. I want our industry to be strong, but I need the people of our region to be protected and safe" (McDermott 2020). One plane headed to the oilsands was turned around as it was confirmed that one of the crew had been in contact with someone who had tested

positive for COVID-19 (Tait 2020). A large proportion of migrant workers in that labour force travel from rural parts of Atlantic Canada where remittances have helped keep these regions going. With rotational work, these workers run the risk of possibly infecting their communities which, in rural areas, have aging populations and limited health care capacity (Barrett 2017; Butters et al. 2019).

OTM researchers had done extensive research in Fort St. John prior to the pandemic (L Ryser et al. 2018). Fort St. John, like Fort McMurray, is located in a region surrounded by a variety of resource extraction projects and many work camps. It is adjacent to the large Site C dam development project that had more than 4,000 workers on-site in February 2020. During project start-up, Fort St. John required the Site C dam project to house workers on-site to minimize potential negative effects on the community. This and other features of the site may have made it easier than with some other projects to manage and control potential infection threats from the site within the community. The labour force at Site C was cut back after the start of the pandemic to about 900. Workers with symptoms were required to go into self-isolation in the camp, and the shuttle service between the camp and the community was cancelled. These changes reduced community vulnerability to infection from this source, but not necessarily from others, including local people travelling from or through the community to live and work in other regional operations of whose condition the town has limited knowledge (Alaska Highway News 2020; Laura Ryser et al. 2012).

Happy Valley-Goose Bay in Labrador is the host/hub community for the massive Muskrat Falls hydro project. As with Site C, this site was reduced to essential workers in response to COVID-19, and numerous protocols were put in place designed to reduce the threat of infection en route to the site, on-site, and in accommodations. These protocols included compulsory temperature testing prior to arriving, daily on-site, and prior to departure, along with social distancing on charter flights and buses to and from the site and during meals and in accommodations. There were also protocols for quarantining workers with elevated temperatures (Nalcor Energy 2020). Despite these protocols, Labrador politicians expressed concern about potential community impacts, as with Nalcor Energy's company protocols concerning travel from the island, since the rule that workers were to go directly from the airport to the site was breached in early April 2020 when some workers stopped off in homes in the community (Careen 2020b).

## Conclusion

The pandemic has exposed key vulnerabilities that come with embracing the hyper-mobility of goods, services, and people as the fundamental premise of the world as we know it (Cresswell 2020). As argued in this working paper, globally, the most common response by governments has been to try to curb that mobility, particularly of people, as much as possible. The mechanisms used to do that and their effects on both people and the spread of the virus have varied a lot from place to place.

For example, India announced a very strict lockdown on March 24, 2020, giving residents only four hours to prepare for a 21-day period where they would be unable to leave their homes (Gettleman and Schultz 2020). Canada's pandemic response has been more cautious and the emphasis has been more on voluntary physical distancing and self-isolation than on state-enforced lockdowns and quarantines.

However, here as elsewhere, a core element in our response was efforts to eliminate and, where this was not possible, to constrain and control mobility into and out of the country, across provinces and regions, and within communities in order to reduce the risk of infection and "flatten the curve." Many businesses were closed with widespread layoffs. Many types of work-related travel including daily commuting were severely curtailed as those who could adjusted to work from home, and virtual communication and online purchasing largely replaced travel for business meetings and for shopping until recent months. A variety of federal and some provincial programs were introduced to replace wages lost to layoffs and to quarantine. Canada has shown itself to have a fairly robust public health care system with, perhaps, the exception of provisions for long-term care but there have been periods and places where the system came close to being overwhelmed. But many goods still needed to be produced, transported, and delivered even during a pandemic; critical infrastructure needed to be operated, maintained, and even developed; people (the elderly, the young, the sick, and the injured) needed to be cared for, including those with COVID-19, and all of this required work-related mobility. While immigration and international labour migration into Canada both declined during the pandemic, the long-term impact of the pandemic on these kinds of work-related mobility is still to be determined. While capital spending and employment severely declined until recently, thus potentially decreasing the demand and opportunities for international labour migration, it is expected that there will still be demand for high- and low-skill labour for jobs that Canadians can't or won't do (Keung 2020c).

As argued in this paper, Canada's mobile labour force includes many of those workers deemed essential whose ongoing E-RGM is vital to immobilizing most of the remainder of the population in the midst of the pandemic. We have heard quite a lot about how better pandemic planning around the production and distribution of personal protective and other equipment essential for treatment could have reduced our vulnerabilities. What this review of relevant media coverage on the pandemic shows when seen through the lens of what we have learned about the mobile labour force through OTM, is that pandemic management would have worked better, with fewer disruptions and ongoing risks to the health of workers and the wider public, if it had been informed by better knowledge about the mobile labour force. This includes: who is on the move, why, where to, using what means of transportation, under what conditions, and with what consequences for the workers and their families, employers, and communities. This knowledge, including knowledge of mobility within work as with temp agency workers, would have better prepared us to plan for and manage the work-related mobility that had to continue, including its impact on the spread of the virus, and would have helped reduce the health, economic, and social risks to these workers, their families, and the communities where they live and those where they work. It would have made it easier and safer for them to

continue doing the work needed to provide the goods and services essential to effective pandemic response including making it feasible for those of us who can, to go home and stay home.

The multiple layers of vulnerability that have confronted Canada's international and some internal labour migrants during the pandemic include their reliance on employers and recruiters to provide transportation, or on private carriers, or often on poorly resourced and crowded public transit to get to work and move between work sites. This reliance has been a critical source of vulnerability to infection in the context of COVID-19 and, in the case of TFWs, a documented mechanism of control (Hanley et al. 2018). Being tied to a particular employer for international labour migrants and lacking formal contracts, access to paid sick leave and to full-time work for the precariously employed affect the ability and willingness of many workers to voice their concerns and access their labour rights; their effects may have been amplified by the threats the pandemic and associated measures pose to their livelihoods and their health (Cedillo, Lippel, and Nakache 2019; Hill et al. 2019; Howse 2019; Tucker 2017).

A key driver of infections and deaths in Canada has been outbreaks in health care settings like LTC and retirement homes, as well as in warehouses and food-processing sites. In Toronto, COVID-19 cases have been particularly high in areas like the northwest, which are predominantly low-income and racialized. Since data on infected LTC staff are recorded by home and not work address, the latter could be travelling between these residential neighbourhoods and work sites in the downtown. By early August 2020, Mount Olive had the highest infection rate and also the highest concentration of visible minorities; it is also one of the lowest-income areas of Toronto. Mount Olive has the highest proportion of truck drivers, cashiers, labourers — those likely to be deemed “essential” and to be precariously employed — and had the highest rate of infection from “close contact,” suggesting greater likelihood of spread to other household members (Kate Allen et al. 2020).

According to a study on workplace health and safety in Canada, inadequate COVID-19 precautions in the workplace led to greater mental health challenges for workers than losing a job during the pandemic (Mojtehedzadeh 2020g; P. M. Smith et al. 2020). Furthermore, workers who felt their workplace provided satisfactory infection control, such as physical distancing, PPE, and routine cleaning, were found to have better mental health than those who worked from home. The study suggests that, “when employers listen to what workers need to feel safe — and act on it — there are substantial benefits” (Mojtehedzadeh 2020g). These are important workplace health and safety lessons that we can learn from and act on not only during this pandemic, but beyond it as well.

If problems with accommodations, living conditions, and gaps in health and safety (well-documented in past research and activist publications) for international agricultural workers and internal long-distance labour migrants had been addressed prior to the pandemic, the relevant regulatory frameworks (as for work camps) and physical infrastructure for accommodations and work environments in Canada would have been closer to what is needed to protect them from the spread of infection. If international labour migrants had been given access to Canadian citizenship instead

of being treated as disposable workers, they would not be facing the same kinds of challenges, and Canadian food security, home care, and numerous other key services they provide would be less in jeopardy (Stasiulis 2020). Of course, if they and their families were able to live in Canada, they would need to be paid more to keep them working on farms and in homes because their expenses would be based on Canadian prices year-round. One indication of this is the wage subsidy of \$100 the Québec government committed to encourage mainly young people in Québec to take up jobs in agriculture to help offset the reduced numbers of TFWs available to farmers (Presse Canadienne 2020). As argued by Catherine Bryan, an OTM-affiliated researcher,

In the current crisis, migrant and immigrant workers, regardless of their status, continue to shoulder the burden of under-resourced systems. As the weight of this burden grows heavier, the manifold risks associated with COVID-19 are downloaded to workers. Tracking transnational circuits of kinship, mutual care, and familial obligation, these risks are then redistributed globally to communities of origin and non-migrant family. (Bryan 2020)

This working paper notes some of the challenges live-in caregivers, another group of international labour migrants, experienced when Canadian borders were initially closed. These workers might be less at risk of infection than those living and working in crowded conditions in sectors like agriculture, but more at risk of being immobilized in the homes of their employers and of the kinds of labour standards and other violations that happened during previous emergencies such as the fire in Fort McMurray. A detailed “Guide to Employers” related to COVID-19 published online by Gilmore et al. (2020) near the beginning of the pandemic clearly assumes that workers concerned about infection, or who may have been exposed or have symptoms, have a home to go to that is physically separate from the work site. This is not an option for live-in caregivers — as it is not for many FIFO/DIDO workers who live on their work sites during rotations.

Having health care workers employed in multiple facilities in order to earn a living and relying on temp agencies to make up for staff shortfalls might save money in the short term for those facilities, but clearly the hazards associated with moving from facility to facility were not factored into the risk assessment for the health and safety of the patients and the workers; this only became obvious during the pandemic (Mojtehedzadeh 2020c; Lippel 2020). Furthermore, the effects of longer-term constraints on their ability to work in multiple places in the absence of a reasonable wage top-up and secure hours need to be investigated. Some jurisdictions like British Columbia are prohibiting recourse to workers who work part-time in multiple facilities, but a true risk assessment that included the design of work organization could have anticipated and helped to prevent the unfolding tragedy in many LTC facilities (Quinlan 2007). Similarly, the spread of precarious employment across many sectors that are key to pandemic-related services such as cleaning, taxi-driving, and courier activities, where employer–employee relationships are often muddied, is making it difficult to hold employers accountable for the health and safety of large pools of workers. In these arrangements the workers have no entitlement to paid sick leave, no obvious, single workplace to go to, and no meaningful



control over their work schedules. Furthermore, their ability to know what their exposure risks are and to participate in designing ways to minimize those risks to themselves and others is highly constrained.

It has not been simple or even always feasible for all of the thousands of internationally and internally mobile FIFO/DIDO workers employed in mining and oil and gas in Canada who continued working during the pandemic to get home to their families. They often live thousands of miles away and, in places like Canada and Australia, across multiple provincial or state borders. Screening for COVID-19 symptoms before allowing access to a plane, work site, or camp can reduce risk for FIFO/DIDO workers, camp workers, and others while at work and in accommodations, but not all those who are infected have symptoms and they may have already travelled long distances to go to work before symptoms are detected. Who paid for travel and loss of wages in these circumstances? And did provision of PPE by employers include PPE such as masks, required for boarding flights in Canada, for use during travel? We have questions but no answers.

In Canada and in Australia, and in international seafaring, a common response to pandemic-related mobility challenges has been to extend rotations so workers come and go less frequently and to constrain the movements of mobile workers when away to keep them out of communities. In the case of seafarers, these combined strategies resulted in limits on access to shore leave and to limits on crew changes with serious consequences for the physical and mental health of these workers. In Australia, construction unions in the oil and gas sector were critical of new rosters implemented by one company requiring workers to self-isolate for two weeks on-site before working for four weeks, with two weeks at home (essentially a six/two roster). Calling the new roster a “divorce roster,” they argued that workers should be able to self-isolate at home instead of at work. Other oil and gas companies applied this requirement to self-isolate en route to work only to workers coming from the eastern states with higher rates of COVID-19 (Hastie 2020). Western Australia has a 2019 FIFO mental health code of practice developed in the wake of research showing high rates of suicide among FIFO workers (Commission for Occupational Safety and Health 2019) — there is a real risk that suicides and fatigue-related accidents could increase in the context of these extended rosters.

Source communities in Canada and elsewhere experience what Storey and Hall (2018) have called “dependence at a distance,” particularly when they have a high proportion of interjurisdictional workers. This term originally referenced their economic dependence, but in the context of the pandemic it took on new meaning as the COVID-19 fate of these often rural and remote communities with limited access to health services was determined by what happened in workplaces, camps, communities, and in transportation systems elsewhere, well beyond the reach of provincially-based, source community public health professionals. Host communities like Fort McMurray and Fort St. John have long expressed concern about their lack of knowledge and control over what is happening in the many operations and work camps that lie outside of their municipal boundaries but that rely on community health and other resources to operate (L Ryser et al. 2018). Lack of data and

acknowledgement of these “shadow populations” in funding allocations and services is a key issue for these communities including in the pandemic context. Indigenous communities are similarly vulnerable as both source and host communities.

Transportation hub communities host the infrastructure and the people who make the movement of goods and people possible, but are similarly at risk of poor work organization and other practices that might lead to infections in hub labour forces and communities.

One thing that has emerged from this review of COVID-19 media coverage is that the pandemic-related hazards of E-RGM are not systematically taken into consideration in planning, management, and compensation. This is consistent with our research in OTM more generally which has shown that, to a large extent, work organization that relies on a mobile workforce transfers the hazards of mobility to the workers (Lippel, Johnstone, and Baril-Gingras 2017; Neis et al. 2021; Lippel, Neis, and James forthcoming; Neis, Neil, and Lippel 2020). In the time of a pandemic, the consequences of that transfer of responsibility for the workers and their families and for public health become crystal clear. As is evident from the information compiled in this working paper, pandemic planning and management need to take into account not only individual and sectoral mobility patterns, but also community-level patterns. As noted earlier, COVID-19 cases and deaths have not been randomly distributed across GTA neighbourhoods. Similarly, exposure risks vary across urban and rural communities including source, hub, host, and combination communities like Fort McMurray and Fort St. John. Rural communities in Canada, many of them Indigenous, differ from urban ones in terms of the challenges they face including those related to transportation, access to health care services, options for working from home, virtual communication infrastructure, industry base, and population demographics and, thus, vulnerability to COVID-19-related illness and death. These challenges and recommendations for how to address them as we plan for the remainder of this pandemic and for the future are discussed in a recent series of papers on COVID-19 in rural Canada, including several co-authored by OTM co-investigators (Hall et al. 2020; Markey, Ryser, and Halseth 2020), and in a recent report from the OECD (Garcilazo et al. 2020). It is critically important that future governments bring a rural and an Indigenous lens to pandemic planning, as well as attending to race and class. COVID-19 has also had gendered impacts including on women’s employment in particular, and on the risk of domestic violence and options for reporting violence and escaping its impacts (Katie Allen 2020). As such, a gender lens is also critical.

For those deemed “essential” who are expected to go to work in the midst of the pandemic and thus to venture into travel and work-related contexts that put them and their families at risk, careful monitoring and rapid and appropriate interventions to reduce risk and to compensate those made ill are essential. Among those particularly at risk is the substantial proportion of Canada’s labour force who are precariously employed, deemed essential, often mobile between workplaces, and often lacking paid sick leave. As noted in an August 2020 story in the *Toronto Star* on an outbreak in a very large Toronto bakery (Mojtehedzadeh and Yang 2020), and in a March 2021 story on an outbreak at

an Amazon warehouse in Brampton (Mojtehdzadeh 2021f), information and statistics on workplace outbreaks of COVID-19 are not always routinely shared, including with workers' compensation boards, despite the threat they pose to workers and to the wider community. Data on cases detected in workplaces need to be collected, reported, analysed, and responded to appropriately on an ongoing basis precisely because the obligations and pressures around going to work are very different from those related to venturing into the wider community.

The pandemic is ongoing as we write. Extensive and focused coverage by journalists, academics, and published information from unions and other organizations have provided much of the data for this working paper. Despite all this coverage, the gradual emergence of knowledge about the virus and how it behaves, the rollout of pandemic-related policies at multiple scales from municipal through provincial and federal levels, and the frequent reversals and refinements in policy are confusing and hard to track. Assessments are further hampered by the lack of systematic attention to mobility patterns across diverse segments of the workforce to and between workplaces, and to work organisation more broadly. More systematic research on COVID-19 and the mobile labour force is needed. It will not only help us better respond to this pandemic, but will also help ensure that we plan more appropriately for the next one.

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