

# Asylum seekers and other precarious immigrants on the frontlines of the pandemic: Work experiences, resilience, resistance and social contributions

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Article abstract

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ARTICLE THÉMATIQUE

## ***Asylum seekers and other precarious immigrants on the frontlines of the pandemic: work experiences, resilience, resistance and social contributions\****

Manuel Salamanca Cardona,<sup>1,2</sup> Janet Cleveland<sup>1</sup> and Jill Hanley<sup>1,2</sup>

### **Abstract / Résumé**

This article describes the labour conditions of asylum seekers and other precarious migrant workers before and during the pandemic. Although this group's labour conditions were already precarious prior to the pandemic, we show how those conditions worsened during the COVID crisis because of their racialized condition and precarious migratory status. We also discuss the systemic impacts these negative conditions had on their personal lives, families and communities in spite of measures implemented by the provincial and federal governments. The article describes the resilience and resistance shown through the actions of grassroots community organizations, with immigrant and migrant members denouncing the hardships in their working environments and their community life. A mixed-methods research approach was used to collect and analyze both quantitative and qualitative data. The discussion and conclusions recognize the crucial social contributions of precarious immigrants, highlighting both their individual and political and collective resistance to their racialized condition and the negative effects they suffered during the pandemic.

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## Introduction

Although asylum seekers and other people with precarious immigration status (humanitarian applicants, undocumented migrants, etc.) generally immediately express their intention to integrate into Québec society through work, they face specific barriers within the labour market. Their integration often takes place by way of precarious employment, which places the disadvantaged in nonstandard jobs (non-unionized, part-time, no benefits, seasonal, short-term contracts, on call, through temp agencies, paid cash under the table, etc.) (Direction générale de la santé publique [DRSP], 2016; Fudge, 2011; Look, Block and Galabuzi, 2021; Teelucksingh and Galabuzi, 2009). These already difficult working conditions were rapidly worsened by the impacts of the pandemic. In Montréal, precarious immigrants were disproportionately employed in “essential” sectors where they were required to work in person, making them more vulnerable to infection (DRSP, 2020c; Hamel-Roy, Fauvel, Laurence-Ruel and Noiseux, 2021). Isolation and a lack of access to government and community support also generated many hardships.

This article addresses some of these people’s working conditions both before and during the pandemic as well the adverse effects those conditions had on their personal lives. The article focuses primarily on so-called “essential” workers (nurses’ aides and orderlies, some warehouse workers, food-sector workers, cleaners, etc.). We also discuss their individual and social resilience and resistance, recognizing their role and value in keeping Québec society functioning, including the efforts of some im/migrant community organizations to make public hardships. We ask the following questions: 1) How were the working and living conditions of asylum seekers (and certain other precarious immigrants) exacerbated by the pandemic? 2) How can their individual, social and political resilience be understood in terms of social contribution? and 3) In the light of this group’s social value and contributions, which of the emergency measures implemented by the government should be maintained and developed?

## Conceptualizing the situation of asylum seekers and precarious immigrants in Québec

Canada has often received international recognition for its generous immigration and asylum system that is considered to be worthy of emulation (Kissoon, 2010). In fact, however, the Canadian system has created conditions that institutionalize precarious immigration status, causing people to struggle with a temporary right to be in Canada and, often, their dependence on a third party such as an employer, family member or educational institution (Goldring, Berinstein and Bernhard, 2009; Goldring and Landolt, 2013). Restrictions resulting from immigration policies are determinants of social vulnerability (Salamanca Cardona, 2019).

Canada has a long-standing history of measures aimed at limiting the entry of potential asylum seekers (Hudson, Atak and Nakache, 2018; Martin, Lapalme and Ro, 2013). Since 2004, for example, the Safe Third Country Agreement (STCA) has prohibited migrants from seeking asylum in Canada if they have transited through the United States. As early as 2006, the Canadian Council for Refugees, Amnesty International and the Canadian Council of Churches filed a legal challenge to the Supreme Court on the unconstitutionality of this agreement. In July 2020, the Federal Court found that the STCA violated the fundamental human rights of refugee claimants and was therefore unconstitutional. On April 15, 2021, however, the Federal Court of Appeal dismissed the Federal Court’s July 2020 decision (Amnesty International, 2021).

Migrants who succeed in entering Canada by crossing the border between official ports of entry may, however, seek asylum and obtain the same legal status as any other asylum seeker. “Irregular” entry has no bearing on the assessment of an asylum claim.

Between 2016 and 2019, the number of migrants attempting to enter Canada skyrocketed (Immigration, Refugees and Citizenship Canada [IRCC], 2021). Although there were various geopolitical reasons for this, the primary cause was the Trump administration’s increasingly harsh anti-immigration policies. With the US suddenly a less attractive destination, many precarious migrants crossed the border to seek asylum in Canada (Cleveland et al., 2021). Most of those incoming migrants are racialized in the Canadian context, however, which exposes them to racism in the labour market of Québec and other provinces (Block and Galabuzi, 2011). This intersection of precarious work and racializing

has been widely documented over the last 20 years (Bakan, 2016; Choudry, Hanley, Jordan, Shragge and Stiegman, 2009; Look, Block and Galabuzi, 2021; Ng et al., 2016; Teelucksingh and Galabuzi, 2009; Salamanca Cardona, 2018).

Montréal was hit hard by the pandemic in March 2020, and recent literature has confirmed the effects of the pandemic on racialized populations during this period in North America. American studies found that these groups were more likely to become infected with the virus and suffer severe health effects and death in greater numbers (Kim and Bostwik, 2020); structural racism was at the core of their explanations (Tuyisenge and Goldenberg, 2021). Studies in Canada and Québec also found that racialized communities and visible minorities were more likely to contract COVID-19 and were dying in greater numbers (DRSP, 2020a and 2020b; Lourenco, 2020). The Montréal qualitative study carried out by Cleveland et al. (2020) concluded that some communities were made more vulnerable by intersecting multiple socio-economic factors, including precarious financial situations, jobs with high exposure risk to COVID-19, precarious migration status or lack of status, lack of medical insurance, inability to speak either French or English, low literacy and racialization. The spread of COVID-19 appeared strongly linked to outbreaks in workplaces: in October 2020, 30% of new coronavirus cases were linked to workplaces (Marotta, 2020). On October 22, 2020, Dr. Horacio Arruda, the Québec director of public health at the time, reported that “46% of all outbreaks involve a workplace” (Gordon, 2020). Monitoring by the Montréal Regional Public Health Direction (*Direction régionale de santé publique* [DRSP]) confirmed the trend of a high concentration of cases in poor neighbourhoods with large immigrant populations, such as Montréal Nord (Rocha, Shingler and Montpetit, 2020). Poverty, precarious work, migration status, racialization and geographic location were setting a systemic shape for the spread of the pandemic and its social and health impacts. Another report from the DRSP released in August 2020 showed a correlation between the proportion of visible minorities in neighbourhoods and the rate of COVID-19 per 100,000 inhabitants (DRSP, 2020c). These studies confirm a structure of intersectionality between immigration status, quality of employment, Canadian citizenship, racialization and socio-economic condition (Public Health Agency of Canada, 2020).

Starting on March 13, 2020, the Québec government adopted sanitary measures to prevent virus spread, including lockdowns, social distancing regulations and measures to be implemented in workplaces, daycares and schools. At the same time, the federal government focused on providing financial relief for anyone who was legally employed (CERB<sup>1</sup>) to compensate for the first lockdowns. As the months went by, other measures came into force: The Québec Health and Social Services Ministry (*Ministère de santé et des services sociaux* [MSSS]) offered universal access to COVID-19 testing and treatment regardless of migrant status at the end of March, and between April and June the Montréal DRSP provided documents on health guidelines and workers’ health and safety with translations in various languages, paying special attention to vulnerable workplaces. The DRSP also provided translations in order to reach out to non-Canadian precarious workers, and the City of Montréal provided support for certain community groups to help them communicate with precarious migrants. Through such provincial institutions as the SHERPA Institute of the CIUSSS West-Central Montréal, some emergency funding was directed to community organizations who were in a position to reach vulnerable racialized populations.

Although these palliative measures were necessary on the whole, they did not alleviate the inequalities and structural problems like poverty related to employment precarity or precarious migratory status that had existed before the pandemic (Noiseux, 2020; Noiseux and Hamel-Roy, 2020). Criticism and actions by community organizations had already been building a critical narrative exposing the structural gaps between government institutions (both federal and provincial) and the long-ignored realities of discrimination and systemic racism prior to the pandemic.

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<sup>1</sup> The first financial aid package to be implemented was the Canadian Emergency Response Benefit (CERB), which ran from March 15 until September 26, 2020. This benefit, provided by Employment Insurance Canada and the Canada Revenue Agency, replaced traditional employment insurance, making it accessible to more people. The prerequisites for receiving CERB were a valid work permit and Social Insurance Number and an income of \$5,000 during the previous 12 months. In October 2020, this benefit switched back to Employment Insurance Canada, with supposedly easier and more flexible conditions. At the same time, the Canada Recovery Benefit Plan was implemented for independent workers and people infected with COVID-19 who had to be quarantined. The Canada Recovery Caregiving Benefit was also offered to people who had to stay home to look after children when schools or daycares were temporarily closed because of COVID-19 outbreaks.

Further documenting of the pandemic has shown how it exacerbated and accelerated the inequalities—based mainly on gender, age, immigration status and race—that were already present in the Québec labour market (Alberio and Tremblay, 2021; Hamel-Roy et al., 2021). Many affected groups suffered loss of employment, work hours and income, as well as serious problems related to work-life balance, particularly in precarious jobs and non-unionized sectors that hire larger numbers of immigrants. Immigrants working in these environments were also more exposed to the virus and were forced to deal with a lack of equipment and protection (Hamel-Roy et al., 2021). The effects of precarious employment and increased risk of contagion varied depending on the sector. In the health sector, particularly in the case of orderlies [*préposés aux bénéficiaires*] and nurses' aides working in long-term residential care centres [*Centres d'hébergement de soins de longue durée* or CHSLDs] where there was a high proportion of immigrants and migrants, one of the main problems was the precarious conditions caused by temp agency employment (Plourde, 2022). In the agricultural sector, where the vast majority of workers are temporary migrants, the main issue was the increasingly stringent working conditions imposed by employers seeking to make up for lost time during the lockdown. Other common problems included employers' failure to provide safe, secure accommodation, unreported outbreaks and deaths, and a lack of protective equipment (Hamel-Roy et al., 2021). During the first year of the pandemic at least, precarity was reactualized and redeployed in several sectors based on the racialized and gendered lines of labour social division that already existed in Québec (Hamel-Roy et al., 2021).

Faced with this situation, many immigrants and migrants with precarious jobs demonstrated a form of social resilience. Social resilience refers to “the transformative capacities of individuals, groups, and social institutions in dealing with challenges and simultaneously recognizes how power relations and institutional structures shape these capacities” (Preston, Shields and Akbar, 2021, p. 4). These authors add that social resilience “suggests a movement away from a purely individual focus to the idea of the collective and a shift from independence to interdependence” (p. 4). This shift toward a collective interpretation undoubtedly stems from an understanding of resistance in this context as the organized and coherent interpretation by many immigrant groups of their structural situation, leading to their organization (Choudry et al., 2009).

### Research methods and data sources

Most of the data for this article comes from the project “Settling in: Understanding the challenges of the journey and integration of asylum seekers in Québec” founded by the *Fonds de recherche du Québec - Culture et Société* [FRQSC]. This project was carried out by the SHERPA University Institute of Montréal between 2019 and 2021, using both quantitative and qualitative methods. Although the original research goals did not include COVID-19, the emergence of the coronavirus in the middle of the process made it an unavoidable research subject. It is important to mention here that the project's research process unflinchingly respected the requirements of the Research Ethics Board of the SHERPA University Institute, including obtaining participants' informed consent, protection of personal data, and anonymity.

The quantitative data was collected by means of a survey of a sample of 324 asylum seekers who arrived in Québec between 2017 and 2019. The survey was conducted from July to October 2019 (i.e., prior to the pandemic). It addressed such variables as family situation, education and employment (type of work, salary, occupation and job sectors, health and safety conditions) that are considered to be important in describing working conditions. The sub-sample used for this report consisted of asylum seekers who were currently employed (155). Since the original sample (324) was not random, this sub-sample cannot be described as statistically representative. The composition of the sub-sample (like the sample), however, accurately reflects the diversity of gender, age, family situation, country of citizenship, mode of arrival, year of arrival, stay in accommodation and migration status among the group of asylum seekers who arrived in Québec in 2017-2018. Representativeness (in the broadest sense) was also assessed by comparing the key demographic characteristics of the total sample (324) with those of the reference population based on general data from Statistics Canada for 2017 and 2018. Apart from the near absence of asylum seekers from India in our sample, its composition in terms of country of origin, age group and year of arrival very closely mirrors that of the reference population. Generally speaking, the sub-sample of 155 employed asylum seekers closely resembles the population of asylum seekers who arrived in Québec in 2017-2018.

The qualitative data was drawn from: (a) interviews with a sub-sample of 31 of the 324 original survey respondents between February and November 2020, and (b) focus groups with service providers. Twenty-four of these interviews were conducted from April to December 2020 (during the pandemic) with asylum seekers whose responses to the survey indicated they were working. The interviews included questions about their working conditions during the pandemic as well as how it was affecting their personal lives (isolation, financial concerns, immigration uncertainty, fear of infection, mental health). Some of the focus groups with service providers were conducted prior to the pandemic (four groups in June 2019 and January-February 2020), while others were conducted during the pandemic (five in November 2020). All the above information sources have been taken from the project "Settling in: Understanding the challenges of the journey and integration of asylum seekers in Québec."

The third source of data comes from the written records of meetings that the three authors of this article had with the Immigrant Workers Centre (IWC) (a community grassroots organization that provides support for immigrant and migrant workers), the SHERPA University Institute's precarious workers' working group, and the CoVivre Program (<https://sherpa-recherche.com/en/sherpa/partner-projects/covivre-program/>) between June 2020 and April 2021, for a total of 18 meetings. Records are based on personal notes taken by one of the authors at every meeting, email exchanges, and summaries of meetings provided by the staff of the CoVivre Program.

During this period, the three groups joined forces to improve the institutional and community response to the needs of racialized migrant and immigrant communities in Greater Montréal. The information coming from the meetings of these groups was treated as complementary to the survey data, interviews and focus groups. It expanded the analysis of the pandemic's impacts on migrants other than asylum seekers (from temporary migration programs, international students, undocumented), providing contextual descriptions and local analysis supplied by members, organizers, field practitioners and researchers from the IWC and the SHERPA Institute. This information was gathered, synthesized and triangulated/discussed among the other authors from October to December 2021. Finally, a press review was carried out to confirm the chronological sequence of events and data that emerged from this source.

## Results

### *Precarious work prior to the pandemic: a snapshot of the experiences of asylum seekers*

Of the 155 asylum seekers who were working at the time of the survey, most were employed in the peripheral labour market, which absorbs most workers with precarious migrant status (Noiseux, 2012). Their occupations fell largely within the following National Occupation Classification (NOC) categories: material handlers; nurses' aides, health care aides and orderlies; live-in caregivers/home support workers; kitchen staff, cooking and kitchen helpers, waitresses and related support staff; maintenance and cleaning staff (light work); specialized cleaners, security guards and cab drivers. Our survey found there was a strong tendency for these workers to end up in positions unrelated to their higher professional skill levels and previous education. While 66.4% of these workers (155 in total) had work experience requiring college or university education prior to arriving in Québec (72.8% had a post-secondary degree), only 16.5% were working at the same level at the time of the survey. Only 34.6% said they somewhat or strongly agreed with the statement "My job is related to my area of expertise" and only 37.4% said they somewhat or strongly agreed with the statement "My job is appropriate for my level of education."

Linked to the lack of recognition in the Canadian job market, some of the workers expressed frustration about the great difficulties in obtaining training. Asylum seekers are excluded from almost all government-funded employability training programs and are not eligible for adult education programs. Post-secondary education is virtually inaccessible because asylum seekers are required to pay international tuition fees. Some community groups are funded to provide job search support for asylum seekers, but only 19.1% of respondents reported having used this type of service.

Employed respondents declared that they worked an average of 36.6 hours per week (full time) and a median of 40 hours per week. There is a wide range of situations, however, in which weekly hours worked varied from 4 to 80. Respondents' average hourly wage was \$14.82, with 56% earning less than \$15/hour (considered by the *Institut de*

*recherche et d'informations socio-économiques* [IRIS] as far back as 2015 to be the minimum wage needed to support a single person) (IRIS, 2015), and 32% earning less than \$13/hour. Another 21% were earning minimum wage (\$12.50 at the time of the survey), while 5.2% were being paid less than minimum wage.

A total of 15.8% of respondents were working through temporary placement agencies, while 5% were self-employed or had small businesses. Nearly a third (29%) said they were working in a temporary position. Just over half (57.8%) said they somewhat or strongly agreed with the statement "I am satisfied with my job," a response that was possibly related to poor working conditions, low pay and a lack of recognition of education and skills. Over a quarter of those surveyed (26.3%) said they had suffered a work-related injury or developed a work-related illness. These conditions could reflect the situations of other precarious immigration status workers, such as undocumented or humanitarian applicant workers. It is also possible, however, that the latter groups experience even worse situations, widely denounced by migrant justice organizations. For example, the group of undocumented women of the IWC condemned the government's lack of support for their urgent precarious situation in the face of the pandemic, publishing a letter in the Montréal newspaper *Le Devoir* on May 10, 2020 (IWC, 2020).

### *Perceptions of degenerating working conditions during the pandemic*

The information that came out of meetings with members of IWC, the SHERPA University Institute's precarious workers working group, and the CoVivre Program provided a great deal of information on how working conditions were worsening and how risks for asylum seekers and other precarious migrants were greatly increasing. These groups were overrepresented in the health sector working as nurses' aides and orderlies, but also as cleaners, security guards and cooks. There were reports during meetings from organizers and service providers that non-professional workers in the health system had not immediately received an adequate level of protection, and that many had become infected with COVID-19. They also described the conditions of essential workers in warehousing, delivery and food processing who had not been provided with protection on the job and on public transportation for at least the first six months of the pandemic. Since most of these workers were living in poor neighborhoods, outbreaks in those neighbourhoods were linked to transmission from these workers who use public transportation to return to overcrowded housing.

The exchanges between experts of the SHERPA, the DRSP and the IWC members also pointed out that workers in restaurants, hotels or office tower cleaning were losing their jobs or seeing a significant drop in their hours. Although the group of asylum seekers were eligible for federal COVID income replacement measures and unemployment benefits, service providers of the IWC reported that it was not always easy to obtain these funds: language barriers, red tape, lack of accomplishment of requirements and misinformation often meant that applicants had to request the support of community groups. Although undocumented workers were often among the first to lose their jobs, they were ineligible for income support.

Cleveland, Hanley, James and Wolofsky (2020) reported that there had been many instances of discrimination and racist framing in Montréal at the beginning of the pandemic based on ethnic origin, nationality, and/or the social condition of workers. Several attacks on people and property perceived to be Chinese were reported. The IWC members corroborated this, as they learned that several employers were using a racist rationale to explain contagion in workplaces and communities (i.e., blaming Asian workers for spreading the virus or pointing to Filipino workers' poor hygiene conditions at home as the cause of neighbourhood outbreaks). Although this framing was not specific to employers, they tended to use it to evade their responsibilities regarding workers protection.

Members and organizers of the IWC also mentioned that early in the pandemic the *Commission des normes de l'équité, la santé et sécurité au travail* (CNESST) did not have enough inspectors to monitor compliance with pandemic-related workplace sanitary measures. They echoed workers' statements that CNESST employees relied on reports from employers in the form of telephone conversations rather than workplace inspections. At a press conference organized by the IWC on April 4, 2020, precarious status immigrants working at Dollarama (mainly asylum seekers) reported that their complaints regarding their employer's non-compliance with the official recommended health



measures were being systematically rejected by the CNESST. This was subsequently echoed by the press, highlighting the high volume of complaints and complaint rejections within the CNESST (Crête, 2020).

Other labour conditions described by workers during workshops and cases attended by the IWC included high density of workers making it impossible to practise social distancing, employers' reluctance to adjust working methods, a lack of gloves and masks, a lack of cleaning and disinfection, threats of being fired if they complained, the need for more bathroom stalls and separate sinks, poor ventilation, lockers without social distancing, crowded lunch rooms and food freezers, etc. The non-binding nature of CNESST workplace interventions and INSPQ (*Institut de santé publique de Montréal*) recommendations was a great concern among organizers and service providers because it made it difficult for precarious migrants to challenge employers in non-unionized milieus.

As the lockdowns increased layoffs, many workers resorted to temp agencies to find employment, especially in the health sector and caregiving (CHSLDs and homecare for the elderly) (Plourde, 2022; Teisceira-Lessard and Touzin, 2020). Organizers and service providers remarked on temp agencies' inability and/or lack of willingness to apply CNESST-recommended measures. It also seemed unrealistic to expect small and medium-sized temp agencies to take on the responsibility of implementing sophisticated health protection measures during the pandemic, as they had already failed in being accountable for workers' health and safety under normal conditions (Choudry and Henaway 2012; Salamanca Cardona 2018). Sanitary conditions during transportation were also a major concern: agencies' lack of responsibility for workers' transportation security had been previously documented (Hanley et al., 2018). Organizers echoed workers' reports that social distancing was not being respected on agency buses and that the common practice of shuttling workers between various workplaces increased their chances of contracting and spreading the virus. Another of their concerns was the high human cost being suffered by undocumented workers. Though COVID-19 testing was free for everyone—regardless of migratory status—from the very outset of the pandemic, it took months for the provincial government to implement mechanisms to facilitate access to testing. According to organizers and workers linked to the IWC and collaborating with the CoVivre project of the SHERPA Institute, falling sick entailed the risk of not only being reported to government authorities and paying high medical fees for treatments not directly related to the virus, but also of not being able to work. The main barrier was the fear of being reported, and the worst outcome of either the lockdown or falling ill was not having any financial income because of exclusion from federal benefits. Many undocumented workers therefore needed to work even when they suspected they had COVID-19 symptoms. The imposition of a province-wide curfew on January 6, 2021, created even more difficulties (Meza, 2021). An unredacted email exchange released by the Québec Health Ministry in February 2022 shows that Montréal Public Health had advised against the reinstatement of the curfew in December 2021, observing that there was a lack of robust data from the first curfew in 2020 to support the position that this measure had had a positive effect on diminishing the spread and impact of COVID-19. It also remarked on the collateral impacts that were disproportionately affecting the most vulnerable populations, such as essential workers with atypical schedules and precarious situations, and racialized, immigrant and ethno-cultural minority populations (CBC News, 2022; *Ministère de santé et des services sociaux* [MSSS], 2022).

Undocumented workers are often called "invisible," in part because many must work night shifts doing cleaning and other jobs rejected by most Canadians. The curfew forced many to leave their homes earlier to work shifts starting at 10 pm or later, while others chose to sleep at their workplace before returning home for fear of being detained. The written permit delivered by their employers was no guarantee that they would not be stopped by the police and reported to the Canada Border Services Agency.

These types of concerns resulted in the mobilization of immigrant communities and organizations mainly formed by asylum seekers and other precarious migrant status, such as the IWC, SAB (Solidarity Across Borders) and *Le Québec c'est nous aussi*, to denounce the negative systemic impacts they were suffering. Some members of the media also reported on workers' conditions (see, for example, Langlois and Létourneau, 2021; Meza, 2021; Nicolas, 2020; Rigano, 2021). In August 2020, once asylum seekers had gained visibility, the federal government announced a regularization program for asylum seekers who had worked as orderlies or nurses' aides during the early stages of the pandemic. The prerequisites of the program, which was launched in December 2020 with the participation of the Québec provincial government, were 1) to have applied for asylum before March 13 and to have obtained a work



permit; 2) to have worked in the health care sector and/or in health care institutions; 3) to have worked, based on the above criteria, at least 120 hours between March 13 and August 14, 2020; 4) to have six months' experience prior to August 31, 2021, based on the above criteria; and 5) to meet the eligibility criteria for permanent residence, including security and health requirements (*Ministère de l'Immigration, de la Francisation et de l'Intégration* [MIFI], 2022).

By August 2021, only 4,035 individuals from Québec had applied for this program, as compared to 6,570 in Ontario (Gervais, 2021). The relatively small number of applicants in Québec may be linked to additional paperwork required by the Québec government. In May 2021 the federal government opened a pathway to permanent residency (Government of Canada, 2021) targeting 90,000 "essential workers" and international graduates who were already in Canada, but the Québec government did not participate in this program.

### *Life situations worsened during the pandemic*

The interviews conducted with asylum seekers during the pandemic allowed us to obtain a picture of their increasingly vulnerable situations, confirming the perceptions and observations described in the previous section. Many of these negative effects had a powerful impact on their personal lives.

### *Increased uncertainty surrounding the migratory process*

One of the main sources of anxiety among the interviewees was the potential outcome of their refugee claims. For a process that can already take years for some applicants, the outbreak of the pandemic resulted in longer waiting times, whether to obtain updates on their status or the next steps in the application process. In most cases, the pandemic forced the cancellation of scheduled hearings that were meant to render a decision on their claims. For those who had already received a negative response and had appealed the decision, this situation represented extremely high levels of stress, insecurity, uncertainty and vulnerability over a longer period of time.

Uncertainty regarding migration produced generalized anxiety in families. Some interviewees explained how it had affected their mental health:

You break down emotionally [...] more than anything [...] not knowing what is going to happen, not knowing how long they are going to give you this job... because everything is unstable. [...] there are days that sometimes are too overwhelming, to be honest. (Sewer of hospital masks and tarpaulins, asylum seeker, woman)

<Te caes emocionalmente [...] mas que nada [...] por no saber que va a pasar, no saber cuanto tiempo vas a tener ese trabajo... porque todo esta tan inestable. [...] como que hay dias que a veces son muy pesados, para ser honesta.>

Anxiety was mixed with hope as people waited for news about the announced special federal program for the regularization of asylum seekers who had been working on the frontlines in the health sector during the worst of the pandemic, but this hope was charged with uncertainty. Many interviewees were still waiting to learn the requirements for program eligibility.

### *Job uncertainty and multiple workplaces affecting workers' personal lives*

Although some asylum seekers noted an improvement in salaries and bonuses during the pandemic, a decline in their overall labour conditions affected their private lives. Many agency workers who were being sent to multiple workplaces and working difficult schedules talked about how hard it was to reconcile their family and work lives, especially those who had children and worked night shifts.

It was tough. When I was on call, a colleague sent me to another place, so I worked in two places. Because I was on call, I couldn't live on working two days a week or one day, it was uncertain [...] Yes, I had no choice. It's not easy. (Nurse, man, asylum seeker awaiting response)

<C'était dur. Quand j'étais sur appel, un collègue m'a envoyé dans une autre place, donc j'ai travaillé à deux endroits. Parce que j'étais sur appel, je ne pouvais pas vivre de travailler deux jours par semaine ou bien une journée, c'était incertain...[...] Oui, je n'avais pas le choix. Ce n'est pas facile>

After the first six months, during the first signs of economic recovery after the pandemic lockdown (by October 2020), the need for labour in the province became evident. The health sector, which was having great difficulty meeting the demands of patient care, was relying on mainly an immigrant labour force willing to work in substandard conditions.

### *Resilience at home*

The life trajectory of immigrants with precarious status differed greatly from that of most Québec families and individuals during the pandemic (Look, Block and Galabuzi, 2021; Public Health Agency of Canada, 2020). While the latter were frequently able to work from home, asylum seekers and other immigrants had no choice but to accept precarious work situations. Demanding schedules made it difficult for many of them to share time with their children, and many found it impossible to balance family time and the emotional needs of their children with the demands of their work. Although this is a long-standing problem that asylum seekers and other precarious status workers have been dealing with for many years (Morantz, Rousseau, Banerji, Martin and Heymann, 2012), the added burden of the pandemic meant that children were not going to school or daycare and did not have the same opportunities to socialize.

The children are affected, of course. There are some who don't understand why they can't go to school every day. They like to go out with others, get together with their friends. (Women, sewer of masks and tarpaulins, asylum seeker waiting response)

<Les enfants sont affectés, bien sûr. Il y en a qui ne comprennent pas pourquoi ils ne peuvent pas aller à l'école tous les jours. Ils aiment aller avec les autres, se rencontrer avec les amis.>

Many asylum seekers build and maintain neighbourhood ties as they settle in areas where their communities are concentrated: women help each other with childcare, for example. Health regulations during the COVID-19 pandemic hampered this kind of territorial mutual support. Confinement restrictions prevented many mothers from looking after one another's children, which only added to parents' social isolation. Some had been counting on visits from family members—parents or grandparents—to share the burden of childcare, but border closings meant that option was no longer possible. Working parents had to reorganize their lives to reconcile their work and family responsibilities, often at the expense of time spent caring for their children.

A major source of stress was the financial problems caused by the loss of employment. One interviewee explained that her family was able to pay the rent only because a member of her church sent them money, and that they relied on gifts of food from the members of the congregation to survive.

There was my brother who called me: "Are you okay? How is it going with the pandemic?" I don't know, there's a spirit... a spirit of God that is in him, I don't know what, he could advise me. How could he ask me that question? He told me...: "It's not right, you didn't tell me, so tell me. I want to help you."... Okay. End of problem. [...] Yes, Brian was the one who helped me. For food, there was a brother, as I said to the family. The church family were the ones who helped me. (Nurses' aid, woman, asylum seeker waiting for response)

<Il y avait mon frère qui m'a appelée : « Ça va? C'est comment avec la pandémie? ». Je ne sais pas, c'est un esprit... un esprit de Dieu qui est en lui, je ne sais pas quoi, il pourrait me conseiller. Comment pouvait-il pouvoir me poser cette question-là? Il m'a dit [...] : « Ça ne va pas, tu ne m'as pas dit, raconte. Je veux t'aider. » [...] Ok. Fin du problème. [...] Oui, Brian, c'est lui qui m'avait aidé. Pour les aliments, il y avait un frère, comme je disais là à la famille. La famille de l'Église, c'est eux qui m'ont aidé.>

One interviewee who used to work in a restaurant described his experience of living alone without family and friends and an inadequate social network. The lockdown period had been very challenging for him—not just financially but in terms of his mental health. The combination of fear and isolation made his life very difficult.

At the beginning, yes, it affected me a little bit because I worked in the kitchen area. And then lockdown went from a week to a month. It was a bit hopeless because, well, for the same reason... I was alone and the only thing I did was talk with my family or distract myself playing video games [...] and the truth is that I felt desperate. I would go out, as you say, to buy groceries, but I had nothing else left for the same reason. (Unemployed [former kitchen helper], man, asylum seeker whose claim was rejected)

<Al principio, sí, me afectó un poco porque trabajaba en el área de la cocina. Y el encierro de una semana se convirtió en un mes. Era un poco desesperante porque, bueno, por lo mismo... estaba solo y lo único que hacía era hablar con mi familia, o distraerme, jugando videojuegos [...] y la verdad es que me sentía desesperada. Salía, como tú dices, a hacer la compra, pero no me quedaba nada más por lo mismo>

The lockdown, isolation and social distancing rules also made life difficult for large families, who had few means of easing the natural tensions caused by daily life during a lockdown. Many people also suffered from pre-existing mental health conditions that were the result of previous trauma—conditions the pandemic did nothing to alleviate and, in some cases, exacerbated. The fear of transmitting the virus to older family members was another factor that discouraged families from socializing or even working, in some cases. In short, the pandemic created a terrible emotional burden for many families.

### *Resilience, engagement and recognition of the importance of their social role*

One of the attitudes that stood out among the respondents was their engagement and emotional involvement in their work activities, especially in healthcare and other sectors which were deemed essential. Their symbolic public recognition as “guardian angels” or “essentials” conflicted with their own perception of how they were treated in spite of their material importance on the frontlines fighting COVID-19. Being aware of the importance of their role did not protect them from the serious risk of contracting the virus. The fear was very present in some interviewees and not as much in others. Their attitude towards their material role, however, was expressed through their work:

It required a lot of time and it also required a lot of heart and passion. Some were afraid and left. Some came but were afraid of taking the time for fear of catching COVID. That's it! I was never afraid, never. We put on our masks, we put on everything, everything, everything. In any case, we have to die of something! (Orderly, man, asylum seeker waiting for response)

<Ça demandait beaucoup de temps et ça demandait aussi d'avoir le cœur, avoir de la passion. Il y en a qui ont eu peur et qui sont partis. Il y en a même qui sont venus et qui n'étaient pas capables de prendre le temps, de peur d'attraper le COVID. C'est ça! Moi, je n'ai jamais eu peur, jamais. On mettait nos masques, on mettait tout, tout, tout. De toutes les façons, on doit mourir de quelque chose!>

Another worker who worked at a long-term care facility (CHSLD) during the first wave mentioned his fear of getting COVID and leaving his children unprotected if he died. His description of his work illustrates the high-risk environment for workers in the red zone. However, despite the fear he expressed in his words, he spoke of the importance of their work:

I touch them! I am in contact with them! ... Even though they are contaminated, I have to do their dialysis. I have to give them their medication, I have to give them their breakfast. So I was touching death. ... Honestly! It's frightening! [...] When you see everything that's going on in... People are dying, people are dying there. It's a matter of life and death! It's like you're saying, “Oh, okay, I'm working ...”. It's like you're a soldier and you're running with your weapon [...] Yes, and like a soldier you can't say you can't do it. It's like, “Soldiers, we're sending you to war!” You're not allowed to say that you don't want to go to war (Orderly, Man, asylum seeker waiting for response)

<Je les touche! Je suis en contact avec eux! ... Malgré qu'ils sont contaminés, je dois faire la dialyse. Je dois leur donner leurs médicaments, je dois leur donner leur petit déjeuner. Donc moi, je touchais la mort là. ... Franchement! Ça fait peur! [...] Quand vous voyez tout ce qui se passe dans... Les gens meurent, les gens meurent là. C'est une question de vie ou de mort! C'est comme si vous disiez : « Ah! ok, je travaille, bien... ». C'est comme si vous êtes un soldat et que vous courez avec votre arme là [...] Oui, comme un soldat vous ne pouvez dire que vous ne pouvez pas, c'est comme vous les soldats, on vous envoie à la guerre! Vous ne pouvez pas dire que vous ne voulez pas aller à la guerre.>

In some cases, this kind of engaged attitude towards the care of others involved taking personal responsibility for security measures in the workplace:

We keep an eye on people. At the reception tables, where we sit, we've extended the tables. It's one person per table. And then we have rules: wash your hands. There really are sanitary rules... We force people to respect them. (Orderly, man, asylum seeker waiting for response)

<On surveille les gens. Les tables de réception, là où on est assis, on a allongé les tables. C'est une personne par table. Et puis on a mis des principes : laver les mains. Il y a vraiment des règles sanitaires... On force les gens à respecter ça.>

### *The social value of the resilience of asylum seekers*

At the peak of the emergency lockdown, many asylum seekers were redirected from closed workplaces to the health sector, as many still had to work in addition to receiving financial support from the federal government. Not only do many precarious migrants provide financial support for family members in their native country (which was more important than ever during the global COVID-19 crisis), they are also aware that a solid employment history can strengthen any eventual applications for permanent residence. Others felt they could use their skills as caregivers and health providers to support the community. In this context of growing awareness, many interviewees talked about the necessity of their material compensation:

I am also one of those people who, if you tell me to work from Monday to Sunday, I work from Monday to Sunday. If I work from sunrise to sunset, I work from sunrise to sunset. But we need to have stability. To know what is going to happen to us. To know what is going to happen to our families. What is going to happen? What is going to happen to us? (Sewer of masks and tarpaulins, women, asylum seeker waiting response)

<También soy de los que se unen a la gente que, si me dicen que trabaje de lunes a domingo, trabajo de lunes a domingo. Si trabajo de sol a sol, trabajo de sol a sol. Pero necesitamos tener estabilidad. Saber qué nos va a pasar. Saber qué va a pasar con nuestras familias. ¿Qué va a pasar? ¿Qué nos va a pasar?>

Even people who did not work in the healthcare system considered their work to be essential, as indicated by an asylum seeker who had an administrative position in a company as a human resources manager.

I think it is super "cool" [the federal regularization program], to be honest, for them, but I think it is a little unfair, let's say, in my case. I did not work in the health sector, but I worked all the time in an essential service. I think they should take that into consideration (Human resources manager, woman, asylum seeker waiting for a response)

<Me parece súper "guay" [el programa federal de regularización], la verdad, para ellos, pero creo que es un poco injusto, digamos, en mi caso. Yo no trabajé en el sector de la salud, pero trabajé todo el tiempo en un servicio esencial. Digamos que creo que deberían tenerlo en cuenta.>

## **Discussion and conclusions**

The complex situations (in workplaces, homes, transportation) of asylum seekers and other precarious migrants contrasted with the experiences of most white, middle-class people working in unionized and pink- and white-collar sectors. The latter had many more opportunities to limit the impacts of the virus on their lives. In contrast, it was almost impossible for asylum seekers and other precarious im/migrant workers to avoid the negative impacts and effects of COVID—their safety depended overwhelmingly on employers' willingness and actions.

These workers assumed a disproportionate share of the risk in sectors considered to be essential, especially in healthcare. Beyond a sort of symbolic recognition, their heroic role as "guardian angels" deserves concrete, material recognition in the form of clear provincial and national policies that would allow asylum seekers and other precarious migrants to regularize their status, or at least to facilitate the process. The impact of the pandemic was felt by these workers not only in the workplace, but also in other dimensions of their personal and community life; their resilience is part of their contribution to Québec society. During the interview process, we noticed an increase in interviewees'

collective awareness of how significant their contribution had been to buttressing the economy in Québec and keeping the health system afloat during the pandemic. Their individual resilience, of which they themselves recognized the social value, was transformed into social resilience and, subsequently, political resistance.

This process is related to the role of community organizations that had to generate public discussion on the social value of immigrants who labelled as “essential” or “guardian angels.” This organization and mobilization has called attention to their precarious labour conditions and their relationship with the more significant impacts of the pandemic on their health, their community and personal lives. It is essential that the health system collaborate closely with these organizations in the future in order to better understand these impacts and the needs of immigrants with precarious status.

In this article, we provided examples of the systemic impacts of the pandemic on the lives of precarious migrants—not just in the workplace, but also in their personal lives, affecting their financial situation, health, homes and family relationships. We also saw how migratory uncertainty is producing frames of anxiety that, in the medium and long term, will have tangible effects on the mental and physical health of asylum seekers. Attention must be paid to these projections in order to assess how specific health and social programs will be able to attenuate these effects.

Many asylum seekers and other precarious migrants understand their own social value based on their engagement with their work and their awareness of their social importance. This awareness requires a great deal of resilience—both in the workplace, dealing with precarious labour conditions and the risk of contracting the virus, and in their personal lives at home with their families. In addition to their disadvantaged situations, they have to cope with social distancing, solitude, isolation, fear of the virus and a lack of social networks—that are crucial for social integration—internal tensions and conflicts among family members, and a gradual decline in the conditions that are required to maintain good mental health.

Although some asylum seekers and precarious migrants working in the health and warehouse sectors saw improvements in terms of salary increases and bonuses, their general working conditions remain exceedingly precarious—maybe even more so than before the pandemic (having to work at several places, non-unionized work, no benefits, through agencies, night shifts, temporary, part-time, etc.). Although the pandemic created upheaval in the labour market, it did not result in any general improvement in the working conditions of migrants surviving in precarious jobs.

In this article we showed how individual resilience became social resilience, which led in turn to resistance and political dissent, as immigrant and migrant defense organization became part of a legitimate social movement. It is important that these voices are heeded by the governments of Québec and Canada.

Some of the measures that were introduced during the pandemic were actually beneficial for precarious migrants; we need to think about how to maintain and improve these measures. There is no doubt that CERB provided significant support, but many precarious migrant groups either could not access the benefit or had to deal with specific obstacles to obtain it. The federal government needs to commit to working with community and immigrant organizations in order to understand and put an end to this exclusion. Although provincial efforts to improve access to health guidelines, COVID testing and universal treatment were commendable, these measures need greater stability and structure to ensure they serve migrant communities all the time, not just during a pandemic.

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