

Forum

Pacific Seasonal Workers' Health and Health Care Access in Australia: An Ethnographic Study in Regional Queensland

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This research stems from my personal friendships and contacts with Pacific Islanders who have arrived in Australia through the Pacific Australia Labour Mobility scheme (PALM) as seasonal workers. The Pacific Island Countries participating in the PALM are Vanuatu, Solomon Islands, Fiji, Papua New Guinea (PNG), Samoa, Tuvalu, Nauru, Kiribati, and Timor-Leste. These island countries have smaller economies and continue to rely on development aid to supplement basic services like health and education, and Australia is the main financial donor to these countries, followed by China as the second largest donor.

Geographically, the Pacific Islands are Australia's nearest neighbour. Australia also has a complex history of sourcing labour from the Pacific Islands, as in the case of Blackbirding (Stead and Altman 2019; Horne 2007). The PALM scheme aims to fill the needs of labour shortages in rural and regional areas of Australia while at the same time contributing to economic development through remittances and upskilling of the labourers. The PALM scheme is packaged as a form of bilateral development aid from Australia to these participating smaller island countries. The seasonal workers are granted Temporary Work (International Relations) visa subclass 403 to live and work in Australia. The 403 visa holders are formally employed in the farms, abattoirs, horticulture, hospitality, fisheries, and aged care sectors by eligible Australian employers to fill the labour shortages in their businesses. In 2014, Rochelle Bailey in her PhD thesis wrote that seasonal workers from Vanuatu who were working in New Zealand showed an improvement of their individual living standards in terms of building a new permanent house or operating a small business; however, there was a lack of evidence for overall economic growth for the country (Bailey 2014). Critics of the labour mobility schemes argue that the labour sourcing arrangement benefits the labour receiving countries to further their capitalist ventures whilst the labour sending countries remain stagnant with no tangible economic development progress in sight (Clibborn and Wright 2022; MacWilliam 2022).

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Whilst the PALM program has some financial benefit at a household level, this development aid does not necessarily improve the overall economic development of the participating nations; however, it benefits Australian businesses and strengthens Australia's diplomatic relationships and its presence within the Pacific Islands nations. Whilst the political relations are maintained and Australian businesses gain access to a readily available labour force from underdeveloped Pacific Islands countries, it is crucial to understand the lives of these labourers (seasonal workers) and their lived experiences, especially their holistic health experiences of living in rural and regional areas of Australia, in order to provide policy guidelines and raise discussions around long-term health impacts of the PALM. The Pacific Islanders are supporting the overall health and economy of Australia; however, little is known about their health and access to health care while they are working in various regional and remote areas in Australia.

Personal Experiences with Pacific Island Seasonal Workers

The research I am currently embarking on can be seen as an act of solidarity and scholarly activism, expressed through my personal and scholarly work. I see this as part of the Pacific relational accountability that requires of me to act in solidarity with my fellow Pacific Islanders (Thomas, Eggins, and Papoutsaki 2016) to address issues affecting people. What follows here is a personal narrative of how I embarked on this ethnographic research followed by literature that provides the background context to my research and existing evidence that identifies gaps in the health and health care access and the role of culture in the care practises of the Pacific Islanders. Furthermore, questions will be asked to provide a better understanding and policy directions of the PALM scheme as a current development aid programme that is being promoted by the Australian federal government in the Pacific and East Timor.

As a Pacific Islander from Papua New Guinea, I share similar cultural practises with many of the seasonal workers, like traditional cooking, respecting older people and looking after them, sharing food and money, caring for extended family members, and speaking the same or similar languages. I often meet seasonal workers at shopping centres in Brisbane City, Caboolture, Morayfield, and Gatton in Queensland, Australia. Other times, the seasonal workers are introduced to me by other Pacific Islanders in my social networks. Identifying a lineage to the Pacific and speaking a similar language led to quickly developing friendships with some of these workers from Vanuatu, PNG, Fiji, and Samoa. The friendships I developed with them can be described as a form of *Wan Sol Wara* family (sharing one Blue Pacific Ocean in Melanesian Pidgin). Prior to the COVID-19 pandemic, I visited them several times in their homes, and they would visit me during their day off from work; however, the pandemic halted these visits as travel restrictions were imposed by the state and federal governments.

At the start of the COVID-19 pandemic, I was employed by the Australian Red Cross and worked in Brisbane to provide psychological first aid. As a trained psychological first aider, my role was to provide support to people who were in quarantine and isolated in their homes or hotels. These quarantines were strict, and it was tough for many, especially those who had lost a family member or a friend to COVID-19. As part of my job, I had access to updated information about

travel restrictions and support services, and this helped me to update my Wan Sol Wara family members, who were also isolated in their respective work locations in regional Queensland. I constantly communicated with them through phone calls, either individually or in groups, to provide information and to answer their questions, which were not only limited to the pandemic but also about their work rights, changes in their visas, and updates on COVID-19 back in their countries.

One evening, I received a phone call from a Wan Sol Wara family member, who informed me that the youngest member of this group had had a car accident and later died in Cairns Hospital. This family member, while crying on the phone, said he did not know what to do or where to go for help and raised concerns about the dead body in the hospital and asked if it would be sent back to their island country. I was speechless as I started to process the shocking news of the death of one of my Wan Sol Wara family members. I had no information on how to deal with the deaths of Pacific Islanders employed in the seasonal work program, and I was unable to provide the crucial information that was needed by my Wan Sol Wara family member at that moment. Suddenly, my mouth was dry, I could not form a word to say, and all I could think of was what would happen to the young person's body and how the family would receive this sad news back home. My mind was racing as to how I could quickly gather information relating to seasonal worker deaths and then call back with some information to provide to my Wan Sol Wara family members. I was devastated by the loss, and at the same time, I felt strongly that I had let my family down by not providing the crucial information they needed at that moment.

If it were not for the travel restrictions, I would have visited the seasonal workers near me in Caboolture or vice versa to collectively mourn the loss of the youngest member of our Wan Sol Wara family and have a farewell ceremony in our Pacific way, but none of this happened. Mourning the death of a family member or friend in a group for a period before the burial is a fundamental cultural practise in the Pacific, and this practise of farewell strengthens relationships with family members, friends, and community members and provides emotional support for those grieving. This culturally significant custom, which is vital to the emotional and spiritual health of my Wan Sol Wara family and me, was never practised.

Receiving the sad news and not being able to properly mourn prompted me to ask questions about what policies were in place for death and illness amongst seasonal workers. I stayed in my house, staring at the chair in which the deceased young person would usually sit, and I cried in silence, recalling the happy moments where I would play Pacific music from singers like Justine Wellington, Vanessa Quia, Naio, and Rookies. We would sing and eat food, mainly fish, taro, cassava, bananas, vegetables, and sweet potatoes creamed with tinned, full-cream coconut milk. These were some of the best moments I shared with the deceased and others, which acted as form of cultural sustenance away from our islands and the Pacific Ocean.

The lack of communication between the hospital and the employer; the lack of consideration about cultural mourning practises by employers; the separation and isolation; the lack of awareness and information relating to the death of seasonal workers by the state and federal government, including respective, implementing government departments; the international border closure; and

unclear coping strategies from their employers made me realise at that moment how isolated and vulnerable the seasonal workers were and continue to be. The Pacific Islands seasonal workers risked their lives to travel to Australia to fill labour shortage gaps amidst a pandemic, yet little is known about their health situations, their access to health care, or their cultural beliefs and practises of health care and well-being and health-seeking behaviours.

I started then envisaging researching the circumstances of the seasonal workers in Australia. When researching seasonal work in Australia, the names of two researchers were prominent—Victoria Stead and Rochelle-Lee Bailey. Stead's research focused more on welfare issues like labour discourses, working conditions, including wages and accommodation, race, and politics, while Bailey's work focused on monetary value to development and social impacts inflicted by longer periods of absence of family members. (Stead, 2021; Stead and Davies 2021; Stead and Altman 2019). Stead's ethnographic research further highlights the discourses about the seasonal work program as a form of modern slavery with strong links to colonial history (Stead 2021). Stead and Bailey did not explicitly research the health aspect of the seasonal work programmes nor the seasonal workers' health, health implications, or health care access, yet it is a crucial part of any labour force to be fit and healthy to ensure that production is continuous. The health implications for the Pacific seasonal workers remain unexplored and little understood.

My ethnographic study explores health impacts and how the migration context influences workers' health, including the implications of cultural beliefs, prior health-related experiences in their home countries, perceptions of health care and employer-employee relationships, and health care access and rights in Australia. My ongoing regular personal contact with my Wan Sol Wara family and other seasonal workers continues to be invaluable to my research. Based on my personal work experiences of working on farms, in aged care nursing homes, and in an abattoir, I decided to focus on these industries instead of the country in my research. Separating farm work, aged care, and abattoir work is central to understanding the different kinds of work experiences, health impacts, and how culture influences the seasonal workers' perceptions of work and health care access in Australia.

Background Context

To frame this forum contribution, I focus on three areas of literature: labour mobility and development in the Pacific Island Countries, temporary migration and health impacts on seasonal workers, and the role of culture and its influence on health, with specific focus on how Pacific Islanders' cultural beliefs and perceptions of health care and practises influence their health-seeking behaviours.

Labour Mobility and Development in the Pacific Island Countries: Who Benefits?

The Pacific Islands of Oceania are divided into three regions: Melanesia, Polynesia, and Micronesia. These places have fallen behind global indicators of development, which include health, literacy, education, and economic growth. The lack of progress in the Pacific has been blamed on several factors, including political instability and lack of good governance (Ball,

Beacroft, and Lindley 2011, Maclellan and Mares 2006). However, political instability and good governance are forces of global economic markets and colonialism that have highly influenced national policies based on neoliberalism and austerity measures that are not necessarily suitable for smaller Pacific Islands' economic development (Connell and Corbett 2016; Corbett and Veenendaal 2016). Additionally, the free market mantra of neoliberalism to meet the global indicators for development through a stronger economy does not suit the smaller markets of the Pacific Island nations (Slatter 2019). These Island nations have smaller economies and continue to rely on development aid to provide basic services like health and education. Australia continues to be the main financial donor to these countries and has stronger political influence. Australia intends to strengthen its relationship with its Pacific neighbours through the PALM scheme; however, this arrangement could also be creating a "permanent labour reserve" with no sight of tangible economic growth for the island nations (MacWilliam 2022). MacWilliam argues that the labour mobility schemes are programmed to sustain the capitalist advances of the developed economies of Australia and New Zealand while the Pacific Islands remain a cheap labour source (MacWilliam 2022).

Furthermore, seasonal work is temporary and contract based, in what is described as the "gig economy," where employees' overall well-being and economic growth are affected (Lewchuk 2017). Research by Bedford and Bailey on the seasonal workers in Australia and New Zealand showed that the workers were underpaid and mistreated, and this impacts the workers' wellbeing, which further affects their contribution to the overall growth of their country (Bedford and Bailey 2022). During the COVID-19 pandemic, Australia turned to Pacific Island nations that had not recorded a case of COVID-19, like Vanuatu, to come to the rescue of its labour-shortage crisis. The Vanuatu government and its people responded, and labourers were flown to Australia as seasonal workers despite the closure of the international boarder. This showed that Pacific Island nations were willing to send their citizens to work in Australia as seasonal workers, and since 2019, the number is continuing to increase. Anthropologist Victoria Stead has been researching the politics of the seasonal worker scheme in Australia for almost a decade and has highlighted that the Australian federal government continues to overlook longstanding issues of "inequalities and geographics of racialised capitalism" and the colonial impacts of land and labour, whereby the seasonal workers remain as labourers for white colonisers and corporate companies (Stead and Petrou 2022). These impacts of colonialisation continue to remain as outstanding issues that are yet to be addressed by Australia, not only regarding its relationship with Pacific Islanders but also within Australia with Indigenous Australians (Stead 2021). Whilst these issues of inequalities, racialised capitalism, and colonial impacts continue to remain in the shadows of history (Stead and Davies 2021), effects on tangible development in the Pacific Island countries through financial aid or through PALM by Australia remain questionable (MacWilliam 2022). The island nations continue to struggle to navigate the forces of neoliberalism and the free market. MacWilliam described how PALM has the makings of a "permanent labour reserve" in the Pacific Island countries (MacWilliam 2022). The bilateral development aid package in the Pacific Australian Labour Mobility scheme lacks the capacity to impact development in the Pacific Island countries

that are sending seasonal workers, and this specifically raises the question of who benefits? In my research, I ask this question with the specific focus on health indicators. Does the PALM program contribute to tangible health outcomes in the Pacific Island nations and for the seasonal workers? The health impacts on PALM seasonal workers remain an area of development yet to be researched and remains unexplored.

Temporary Migration and Health Impacts on Seasonal Workers

People are mobile, and migration is ongoing globally; therefore the relationship between migration and health impacts is experienced at various scales by individuals and by governments. Global pandemics also affect nations and impact people's movements. The recent COVID-19 pandemic showed that the health impacts on temporary migrants can be fatal, resulting in deaths while working and living in the host countries (Grez 2022; Reid, Rondah-Perez, and Schenker 2021; Cole et al. 2019). Research elsewhere indicates that health has influenced the politics of immigration and peoples' movement, yet there is no global approach to monitor and address the relationship between health and migration. Current migration policies tend to be focusing on health checks before travelling into another country; however, medical checks are not required when departing from the visiting country (MacPherson and Gushulak 2001; Gushulak and MacPherson 2000).

Research has also shown that there are health challenges in host countries of migrant labourers. In the United States, some workers have died of heat-related illnesses due to harsh working conditions. According to Horton's research, Mexican farm workers in the United States of America (USA) have experienced prolonged exposure to the sun, resulting in heat exhaustion, dehydration, and other health conditions (Horton 2016; Horton and Stewart, 2012). While the call for change in policies to improve the work conditions for Mexican farm workers in the USA continues (Horton 2016), other issues have emerged within public health management to accommodate increased inward labour migration (Gushulak and MacPherson 2006).

In Australia, Pacific seasonal workers have experienced financial difficulties and longer separation periods from their families, resulting in stress and anxiety, and the workers have also increased their alcohol consumption (Bedford, et.al 2022). Studies led by Stead into the Pacific Seasonal workers in Australia (Stead and Altman, 2019; Stead, 2021; Stead and Davis, 2021; Stead and Petrou, 2022) have focused on the historical contexts of race, labour, and belonging, leaving out the health implications of seasonal work in Australia. Although it is necessary to understand the history of labour mobility and colonisation, it is also crucial to shed some light on the health impacts of the soaring migrant labour rates from the Pacific Island nations. Literature elsewhere shows that seasonal workers are exposed to more health risks, and it is important to understand the health implications on Pacific Island seasonal workers in Australia as little is known about them the risks and how the workers' culture influences their health-seeking behaviours. Culture influences people's perceptions and beliefs around health care and treatment-seeking behaviours and my research aims to gain more insight into the health implication of the PALM scheme and to understand the cultural impact of health and health care access.

Culture and Health Care

The Pacific Islands have diverse cultural practises and belief systems that influence the peoples' perceptions of illness, health-seeking behaviours, and death. Cultural practises exist as means of survival within specific existences of place and time and crosscuts between politics; economics; legal, ethical, and moral practises; values; and health (Napier 2015). Culture could also be understood as:

. . . an existing, discernable structure but one that is continually remade, rethought, and reinforced through social interactions. Moreover, anthropologists have come to see a vital aspect of culture is its role in making life meaningful, purposeful, and understandable for people although the meaning, purposes, and understandings people derive from their cultures differ across societies or even across sectors of the same society. (Singer et al. 2020,09)

Culture evolves with time and people redefine their definition of culture to add meaning to their survival. Adapting to a new culture in Australia is one of the many challenges that the Pacific Island seasonal workers face as they grapple to link their cultural beliefs and practises of health, health care, and death while working in a new cultural setting in Australia.

Several studies have linked culture to health care practises with migration; when people migrate, they take with them their cultural practises and beliefs of sickness and healing (Gonzalez, Sittner, and Walls 2022; Kagawa-Singer and Kassim-Lakha 2003; Angel and Thoits 1987). As such, understanding culture in health care continues to be an important component for health policies. Studies conducted in Canada and the United States amongst Mexican seasonal workers showed that cultural practises influenced their decisions in health care and access to health services. The Mexican seasonal workers who worked on farms in the United States preferred to seek medical help from an immigrant or amongst themselves when they needed medical help. The practise of seeking medical assistance from others who are from the same country or region, or who are associates of an immigrant, is a common experience amongst seasonal workers in Canada and the United States (Cole et al. 2019; Hennebry, MaLaughlin, and Preibisch 2016). On the other hand, the cultural influence on seasonal workers' health and health-seeking behaviour in Australia remains unknown and less understood.

My research focuses on seasonal workers who work in abattoirs, farms, and aged-care nursing homes. These sectors employ workers from various Pacific Island countries who have distinctive but similar cultural beliefs and practises regarding health, health care, and treatment. For example, the use of traditional medicine is common amongst the Pacific Island people (Macfarlane 2005). Western concepts of medical practises and health risk behaviours do not always fit in with their cultural practices. For example, Lepani's research in the Trobriand Islands of PNG showed that sex without a condom was not perceived as risky behaviour for contracting sexually transmitted diseases; on the contrary, it is a cultural practise for celebrating sexual freedom by the Trobriand islanders (Lepani 2012). Furthermore, health research conducted in Vanuatu demonstrated the need to conceptualise diseases in the context of the local systems of belief, tradition, and religion as integral to the country's health intervention programs (Elliott and Taylor

2021). Moreover, a community-based health study in Fiji revealed that the main factor contributing to the country's ineffective health promotions was the exclusion of cultural values, beliefs, and traditional ways of health care. The study identified the incorporation of cultural practises in health promotions as a key factor for reducing obesity and non-communicable diseases (Singh et al. 2021). This research shows that the Fijians valued their culture more and preferred it to be included in the health promotion programs.

Cultural practises and beliefs in the Pacific Islands influence behaviours towards health care, prevention, treatment, and peoples' perceptions of why illness exists in their communities. It is crucial to understand how culture influences health decisions of the Pacific Island seasonal workers, yet this aspect of the Pacific Islanders living and working in Australia remains unexplored. Therefore, my research builds on ethnographies in anthropologists Victoria Stead and Rochelle Bailey's examination of seasonal work in Australia.

Stead's research focused on the welfare of the Pacific seasonal workers' rough work conditions, including overcrowding, and on discourses on labour such as modern slavery and colonial impacts (Stead 2021; Stead and Altman 2019; Stead and Davies 2021). Stead's work highlights systematic ignorance of the long-term impacts of colonisation, race, and capitalisation, to which the PALM scheme is susceptible.

A review of seasonal work by Gibson and Bailey on development impacts of the PALM scheme on the Pacific Island nations showed an increase in the breakdown of family relations due to long absences from family. Furthermore, smaller Pacific Island nations like Samoa, Fiji, and Vanuatu are experiencing labour shortages as more of their labour force chooses to work in Australia (Gibson and Bailey 2021). Research into the seasonal work scheme in Australia has focused on other areas: welfare, race, politics, and economics, which are important, but more research is needed to focus on health implications. The health of seasonal workers is crucial to sustaining a healthy workforce; therefore, it is vital to research specifically the health implications of PALM, a labour scheme that only imposes strict medical checks before seasonal workers migrate temporarily to Australia for work.

My ethnographic study explores how the migration context influences worker's health, including the implications of cultural beliefs, prior health-related experiences in their home countries, perceptions of health care in Australia, perceptions of employer-employee relations, and health care access and rights. Through PALM, Australia is bringing in Pacific Islands seasonal workers to support the health and food security of its population through food production and healthcare; therefore, it is crucial to understand the health circumstances and practises of the Pacific Islanders and whether their health is being supported by current policies and services. The PALM workers' health care and access is crucial in ensuring a healthy workforce; however, if PALM workers' cultural perceptions of health and health care are not understood by their employers and overlooked by the overall PALM scheme, the chances of risking the health of Pacific Islands seasonal workers are potentially high. My research aims to contribute to the reduction of health risks by spending time with Pacific seasonal workers in order to gain some understanding of how

culture could be influencing their health decisions and health outcomes to be able to influence current policies and service delivery.

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