

Labor Exploitation and Health Inequities Among Market Migrants: A Political Economy Perspective

Iffath Unissa Syed

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Abstract Previous discourses have recognized institutionalized forms of racism and pointed to structural violence embedded in Canadian policies, institutions, and labor markets. However, there is limited connection of these experiences to health. This paper theorizes a novel connection of health inequities experienced by racialized and immigrant peoples in Canada as a result of globalization and market liberalism. Beginning with a brief historical overview of the slave trade and indentured workers' experiences, it is suggested that today there is a new variant of slave labor and indentured work. Employing a political economy perspective, this paper suggests the exploitation of "Market Migrants" in Canada. Racialized and migrant workers in Canada experience high levels of precarious work, denizenship, social exclusion, social inequality, and eventually health inequities, which is a result of discrimination experienced by these groups. It reveals that the government has failed to address these issues because of control and lobby through powerful economic and political structures that benefit from the situation as it stands. However, given that there are economic losses to migrant skill underutilization and the growing frustrations manifest in uprisings against these systems of dominance, the current situation is unsustainable and transformation is expected.

Keywords Colonial theory · Immigration · Class · Health · Workplace violence · Social history · Slavery · Political economy · Neoliberalism · Marxism · Migrant workers · Worker health · Social determinants of health · Working conditions

Introduction and Background

Statistics indicate that there are 214 million people who are currently displaced living either temporarily or permanently outside their countries of origin (World Health Organization, 2003; International Organization for Migration 2008). A majority of

I. U. Syed (✉)

School of Health Policy and Management, Faculty of Health, York University, Mailbox D6, HNES Building 4th Floor, 4700 Keele Street, Toronto, ON M3J 1P3, Canada
e-mail: iusyed@yorku.ca

these migrants seek employment opportunities abroad, referred to as economic or labor migration (Bohning 1981; Massey 1988).

Economic migrants fill labor shortages for aging populations while contributing \$440 billion to the global economy in remittances between host and home countries (World Bank 2011). Canada is one of the top ten destinations for migrants, and it is also one of the top source-countries of these remittances (World Bank 2011). It is estimated that \$1.9 to \$2 billion are contributed to the Canadian economy annually from immigrants arriving under the Immigrant Investor Program alone (Ware, Fortin, and Paradis 2010). Furthermore, \$3.4 million dollars in government revenues are collected from temporary and seasonal workers from Mexico and the Caribbean from employment insurance premiums and taxes (Brem 2006).

Although global economic migration generates government revenues, growth, and development (Schwarz 1966; Fielding and Evans 2001), it raises some concerns. For example, those who migrate based on the need to find work experience racialization of production (Galabuzi 2006), social exclusion, downward social mobility, and under-employment in manual or mixed-manual occupations (Smith, Chen, and Mustard 2009; Syed 2014). Although Canada is praised for its generous immigration policy, migrants and racialized persons in Canada tend to experience deskilling and a lack of recognition of their education, which results in their participation in brain-wasting jobs, meaning that highly skilled PhDs and lawyers are found to drive taxi cabs in large metropolitan cities, similar to the cases in American cities (Dean and Wilson 2009; Standing 2011; Zaman 2012; Syed 2014). Migrant work has often been referred to as 3D work: Dangerous, Dirty, Damned, or Difficult (Standing 2011; Rodriguez 2010). This work is often labor-intensive and unrelated to previous skills and experiences. Migrant workers also work in occupations which are considered precarious (Vosko 2005) and deemed to belong to a new class called the precariat (Standing 2011). While scholars have pointed to systemic and structural racism and discrimination embedded in Canadian institutions, policies, and labor markets that leads to these circumstances (Bannerji 2000; Razack 2002; Galabuzi 2006; Thobani 2007; Dossa, 2009; Zaman 2012), none have explicitly connected these experiences to inequities in health.

In this paper, it is argued that migrant and racialized workers in Canada, whom I refer to as Market Migrants, face social inequalities and health inequities as a result of the dual movements of globalization and market liberalism which depreciates their labor. The global movement of racialized working people is actually a result of intentional labor market-based recruitment and exploitation, or Market Migration. Health inequities and social injustices faced by these workers result from intentional efforts to actively recruit low-wage labor from groups who have previously been a part of historical experiences such as the African Slave trade and Indentured Indians. Today, this is manifest as economic migration and racialization of production. On the one hand, the government recruits the brightest and best to Canada, but on the other, it does little to accommodate these vulnerable migrants and match skills to Canadian work. The neglect on the part of the Canadian government, nevertheless, benefits market liberals because it lowers costs by keeping wages low (Raphael 2011). In other words, it provides a labor surplus which is the basis for exploitation and capitalist accumulation (Marx and Engels 2010). Thus, the contemporary global movement of racialized working people can be referred to as Market Migration. In the end, however, it is a liability for the government because of the inability to take advantage of their skills.

Indeed, researchers estimated that immigrant skill underutilization cost the Canadian economy \$11.37 billion in 2006 (Reitz, Curtis, and Elrick 2012). It is also argued that, despite alarming statistics of inequalities (Galabuzi 2006), the government's negligence, consistent lack of response to address these issues, and policy inaction are somewhat indicative that its decisions are being influenced by political and economic structures that do such harms in their pursuit of profiteering.

Although migrant workers and the precariat class are scapegoats and victims of blame (Standing 2011), often constituted as lazy, illiterates, illegals, criminals, gangsters, or terrorists (Bannerji 2000; Thobani 2007), a foundational reality is that structural problems such as continuous government policy inaction, global capitalism, and, more recently, neoliberalism have created precarious work and working conditions, inadequate wages (Hofrichter 2003; Standing 2011), and income inequalities (Galabuzi 2006). These structural problems result in inadequate living conditions, substandard workplace health and safety (Hofrichter 2003), job stress, and employment strain, which then lead to accidents, worker absences, sickness, ill health, and further spirals downward by moving workers down the social scale (Whitehead 1990; Lewchuk, Clarke, and de Wolff 2011; Syed 2014). This paper asserts that such structural discrimination results in adverse health outcomes.

With a focus on labor migration to Canada, this paper describes some of the work-related health effects of free-market capitalism and neoliberalism using a *political economy* lens, in addition to *anti-racism/critical race theory*. The *political economy* lens holds that unequal distribution of influence, power, and health results from an imbalance of (a) those who control material resources and production (economic finance, commerce structures), (b) those who control human resources and people (political structures, employers, governments, judiciary, executive, civil service, police, military), and (c) those who control ideas and knowledge (religious, education, science, and technology structures, and mass media) (Grabb 2007; Bryant, Raphael, and Rioux 2010). *Critical race* and *anti-racism frameworks* are concerned with identifying societal, political, and legal structures that influence and distribute power unequally. They positively ally with oppressed groups based on histories such as slavery, colonialism, imperialism, and cultural hegemony (Delgado and Stefancic 2012). Although slavery is now obsolete, race and class exploitation and discrimination continue in other forms which results in social inequalities and health inequities among vulnerable workers. These vulnerable workers include immigrants, newcomers, refugees, and temporary or seasonal migrants. Many of these migrant groups include visible minorities and racialized persons. Although some of these individuals are not quite migrants, for instance, they might be Canadian born, they are Othered as immigrant or foreigner (Bannerji 2000; Thobani 2007; Sharma 2006; Das Gupta 2008; Zaman 2012) because of their visible minority and racialized status (Galabuzi 2006).

The main research questions are as follows: How does historical race and class-based exploitation function today in the face of global free market capitalism and neoliberalism? What is the impact of neoliberal policies on workers and their health? How do these policies manifest themselves for migrants and racialized persons?

In the first section, a brief history of labor migration is discussed to illustrate race and class exploitation, and to connect these practices to the present-day situation. These experiences are theorized using Cohen's (2008) conceptualization of diasporas and Harvey's (2010) notion of capitalist imperialism. In the contemporary period, workers

experience labor exploitation through constructs such as precarious work, denizenship, and social exclusion, and outcomes such as social inequality and health inequity. I identify the marginalized groups at risk of these inequities as visible minority workers, racialized groups, and immigrants, calling them *Market Migrants*. I then proceed to describe their work arrangements and conditions, and the resultant health consequences. Following this overview, I identify the bourgeoisie classes as those responsible for establishing market liberalism and adverse working conditions.

The author recognizes several limitations of this paper. Firstly, the research presented is broad-ranging and relies on empirical evidence provided through qualitative and quantitative studies, secondary sources, and gray literature. However, the evidence is inherently linked, as it is connected by the social determinants of health (SDOH). SDOH means that a variety of wide-ranging factors influence health (Public Health Agency of Canada (PHAC) 2003; Bryant, Raphael, and Rioux 2010; Mikkonen and Raphael 2010). This paper is grounded in four of the determinants: culture/race, employment/occupation, income, and social environments (organizations, institutions, social and political systems, and social stability). I will demonstrate how these particular determinants are experienced by market migrants.

Secondly, the negative experiences of migrant and racialized workers might be used to limit or restrict border flow, based on misinterpretations that they are failed citizens and are unable to empower themselves; however, this paper does not advocate such a view. Migrant workers are considered to possess agency, which is the ability to influence the world in which they live. Migrant workers have exercised agency through migration networks (Boyd 1989; Massey et al. 1993) to sponsor friends, relatives, and community members (Banarjee 1983; Shah and Menon 1999; Percot and Rajan 2007), providing information, housing, and financial assistance (Curran and Rivero-Fuentes 2003). They have also prepared for work overseas by taking courses and examinations for accreditation (Rodriguez 2010), and have sought out improved living standards through demonstrations such as Euro-May Day, Battle of Seattle, and Occupy Movements (McNally 2010; Robinson 2006; Smith 2012; Standing 2011).

A final concern is that there might be a misnomer that this paper exaggerates or over-states problems faced by particular groups because of the existence of model migrants or model minorities. Yet this is not generalizable. Some Asian-Americans or Asian-Canadians, for example, are viewed as model migrants, but many disparities might exist in these populations (Pon 2000). Canadians of South Asian (SA) origin generally have lower incomes than the national average. In 2000, the average income from all sources for Canadians of SA origin aged 15 and over was just under \$26,000, compared to almost \$30,000 for all Canadian adults (Gilmore and LePetit 2007). This group was also more likely than the overall population to have incomes that fall below Statistics Canada's low-income cut-offs, and over one in three reported discrimination or unfair treatment based on their ethnicity, race, religion, language, or accent in the past 5 years or since they arrived in Canada (Gilmore and LePetit 2007). A majority of this discrimination reportedly took place at work or when applying for a job (Gilmore and LePetit 2007). Therefore, taking note of such cases, this paper rejects a model minority hypothesis and instead focuses on visible minority experiences of migration and work, using both political economy and SDOH health lenses.

Connecting Historical Labor Migration to Class and Race Exploitation

History shows us that labor migration and the racialization of production is not new. For example, the forced migration of African peoples through slavery, which Robin Cohen (2008) refers to as a slave trade or victim diaspora, was a response to economic demand (Williams 1964; Genovese 1967). The slave trade was a mechanism established by the upper classes to obtain and exploit permanent, cost-free (or cheap) labor. Cost-free labor under slavery refers to the unpaid work for which individuals were not remunerated. The slave trade was created by economic and political power structures based solely on the need for such labor. Under slavery, it meant that individuals were bonded for life and unwillingly worked in agricultural fields and other worksites without earning wages, and without civil, political, economic, and human rights. The owners and classes of people who controlled this cost-free labor accumulated wealth and capital through such abuses and violence. Slowly this evolved and transformed into alternative labor arrangements today.

After the end of slavery, African peoples recruited through the slave trade diaspora were replaced by the South Asian (SA) *labor diaspora* so that the race and class-based exploitation of workers continued to function. Labor diasporas were movements of people across international borders to work in one country while keeping ties with their home country (Cohen 2008). Many of these people were Indians/South Asians (now includes Pakistanis and Bangladeshis) who had been historically a part of the indentured work during the nineteenth and twentieth centuries. They were directly controlled by the British, Dutch, or French hegemonic powers and their established colonies. The indentured Indian diaspora, consisting of 1.4 million workers, was deceived into signing up for low-wage contracted work in East Africa, Uganda, Kenya, South Africa, Fiji, and Mauritius to work in tropical plantations from 1830 to 1920 into a new system of slavery (Cohen 2008). Many indentured workers were recruited to South America (e.g., Guyana) and to the Caribbean Islands to work in and sustain the cane and cotton industries (Braziel and Mannur 2003). In Canada, they also helped build and sustain infrastructure (Bannerji 2000; Thobani 2007).

While the members of the labor diaspora were free individual beings who worked under a contract period of 5 to 7 years, they were working in the very same environments that previously the African victim diaspora (i.e., the former slaves) were working in (Cohen 2008). Despite their freedom to life, these workers could be conceptualized as new and modern day slaves because they had very limited rights and freedoms (Cohen 1987; Alund 2003). Although there were terms of contracts that outlined the value of the SA workers' cheap labor, these contracts were not enforceable, and there was no legal protection of SA indentured workers to address worker grievances for compensation, injury, or illness. Furthermore, members of the SA labor diaspora had endured unacceptable, unhealthy, and oppressive work conditions, just as the slave trade diaspora. For example, they were required to live on the plantation in which they worked, forbidden to leave without a pass, restricted to work only for their original employers, worked unlimited hours, and were subjected to financial or physical punishment (i.e., structural violence) (Cohen 2008). In other words, they experienced social inequalities and work-related health inequities as a result of colonial domination.

Acknowledging the aforementioned experiences of dislocation, the situation of African peoples and indentured SA workers can be connected to Harvey's (2010)

concept of capitalist imperialism and accumulation by dispossession. Conservative capitalists and the “coercive laws of competition” seek command over space, time, and technology (Harvey 2010, p. 158). They either “invent a new technology and product line, or expand geographically and find a market elsewhere, in another space, by colonial or neocolonial domination if necessary,” (Harvey 2010, p. 158). Today, there is variant form of capitalist imperialism and neo-colonial domination, and it includes subtle or veiled forms of structural violence and individualized violent experiences.

In the contemporary period, these experiences include seemingly non-violent economic crisis, but in reality, these crises result in bankruptcies under which homeowners are dispossessed of their properties as a result of fiscal over-speculation in the market and investment bankers’ pursuit of large bonuses that might result from risky transactions (Albo, Gindin, and Panitch 2010). Indeed, an overwhelming majority of such homeowners who were disposed of their properties during the foreclosure crisis include racial minorities such as Black and Hispanic Americans (Been, Ellen, and Madar 2008; Rugh and Massey 2010). Workers who lose their jobs during fiscal crises experience structural violence because job losses might be the result of market capitalists who wind up their businesses and claim bankruptcy, but who offer no severance pay or compensation to workers who had already advanced their labor power.

The Formation of Market Migrants and the Context of Marginalization

After the periods of indentured servitude described in the previous section, members of the new labor diaspora, who I call *Market Migrants*, continue to be displaced based on the need to find work. They tend to be racialized individuals and people whose history includes experiences of slavery and colonialism, such as the African and SA diasporas. Although they are not formally enslaved or indentured workers, these new, *market migrants* have trickled into the United States and Canada more abundantly following the post-World War II era. As immigration policy was changed in the latter half of the twentieth century to better allow visible minority groups to enter North America, these market migrants are still underpaid and overworked.

Market migrants consist of visible minority workers, immigrants and newcomers, temporary or seasonal workers, and undocumented migrants, who are still un-free workers (Sharma 2006). Market migrants are vulnerable to work-related injuries and illnesses as described by recent studies (Smith, Chen, and Mustard 2009; Smith and Mustard 2009; Thurston and Vernhoef 2003) as well as chronic illnesses such as cardiovascular disease (Jeemon et al. 2009) and musculoskeletal disease (Premji et al. 2010). They also experience mental health issues stemming from their working conditions (Crooks, Hynie, Killian, Giesbrecht, and Castleden 2011; Abraham, Sundar, and Whitmore 2008; Facey 2010; Liladrie 2010). They participate in precarious work and experience various levels of marginalization including social inequalities, social exclusion, and health inequities. For example, unemployment and underemployment (due to contract, temporary, and agency work) can have adverse health and other outcomes on workers such as depression, addiction, alcohol abuse, violence, and suicide (Dooley 1996).

The precarious work which is carried out by Market Migrants is characterized by low wages and includes contract, part time, temporary, agency-work, or seasonal work of immigrants (Vosko 2005; Standing 2011; Lewchuk, Clarke, and de Wolff 2011; Law Commission of Ontario (LCO) 2012). Precarious work refers to work which has uncertain premises or development, work which lacks security and stability, or work which is dangerous or threatens one's health or well-being (Vosko 2005; Standing 2011; Lewchuk, Clarke, and de Wolff 2011; LCO 2012). Additionally, precarious work usually excludes bonuses, health, dental, maternity or paternity benefits, and severance pay, and lacks formal membership or association with unions. In Canada, in the late nineteenth and early twentieth centuries, contingent and precarious work was the norm among immigrants (Vosko 2005). Today in large Canadian urban centers, such as the Greater Toronto Area (GTA) and Hamilton, it is estimated that nearly half of workers are employed in precarious and insecure positions (Lewchuk et al. 2013).

Research confirms that certain forms of precarious work persist among historically disadvantaged groups and that it is racialized: immigrants and workers of color are relegated to the worst forms of precarious labor such as part time-permanent or temporary (Vosko and Zukewich 2005; Arat-Koc 1997). The occupation-specific examples and current manifestation of this are live-in domestic workers and personal caregivers who are recruited from abroad (Arat-Koc 1997; Zaman 2012) as well as seasonal agricultural workers (Tucker 2005). Furthermore, "because of enduring racism and nativism, women of color, and immigrant women are particularly disadvantaged by shifts to a polarized service sector and downgrading of manufacturing" (Vosko 2005, p. 46; Glenn 1992; Gabriel 1999; James, Grant, and Cranford 2000; Das Gupta 2002).

Wages under precarious circumstances rarely meet conditions for providing livable standards and rarely increase to reflect the inflationary rate or consumer price index. For example, taxicab operators in Toronto and the GTA, a majority who are racialized immigrants, earn below minimum wage standards ranging from \$2.83 to \$8.81 per hour (Abraham, Sundar, and Whitmore 2008). Taking an average earnings of \$5.39 per hour, this is equivalent to \$10,780 per year (Table 1). They have also been found to be exposed to tobacco smoke, experience mental health issues, and other occupational hazards (Facey 2010; Abraham, Sundar, and Whitmore 2008). Zaman (2012) further indicates hazards such as noisy work environment, long working hours, sexual discrimination, and abuse among various migrant and racialized workers.

Market migrants and other workers in precarious situations live in constant fear of being laid off, experience job loss, and tend to be underemployed, overworked, and underpaid, and this perpetuates cycles of poverty, material deprivation, and helplessness. Research confirms that workers employed through particular types of precarious work (such as temporary employment agencies) frequently report more health problems compared to workers in permanent employment relationships (Lewchuk, Clarke, and de Wolff 2011). Standing (2011) refers to an entire new class of workers who have emerged globally, calling them the precariat class. In Canada, these precarious workers and market migrants are usually of African, South Asian, Caribbean, East Asian, and Latin American heritage, regardless of whether or not they were born in Canada or abroad (Galabuzi 2006).

Although research shows that any worker experiencing poor working conditions experiences psychosocial and physiological problems, and health inequities (Smith and Jacobson 1988; Whitehead 1990; Coburn 2000; Nieuwenhuisjen 2004; Brunner and Marmot 2006; Lewchuk, Clarke, and de Wolff 2011), systemic and structural racism further makes market migrants exceptionally vulnerable to precarious work. Market migrants are, therefore, susceptible to adverse health exposures and outcomes such as mental (stress, frustration, exhaustion, strain, uncertainties in work schedules and earnings, life uncertainty, lack of control over one's life, depression, anxiety), psycho-social (isolation, exclusion, lack of support), and physiological (acute and chronic pain, illness, disease, morbidity, and mortality) ill health which are inherently linked to precarious work conditions. As a result of systemic and structural discrimination, market migrants experience social inequalities, social exclusion, and health inequities in contrast to those who work and live in better conditions.

Social inequality refers to key differences among people such as class, religion, gender, and power that affects their rights, opportunities, rewards, and privileges (Grabb 2007). Examples of social inequality would be differential treatment and opportunities in the labor market for newcomers and racialized groups (Galabuzi 2006). The earnings differentials that exist among various ethnic groups for similar occupations in Canada would also be considered a social inequality (Pendakur and Pendakur 1998; Statistics Canada 2011; Block and Galabuzi 2011). The term social inequality is similar to the concept of social exclusion.

Social exclusion refers to the end result of people being prevented from normal exchange, provisions, or rights in modern society (Percy-Smith 2001). Social exclusion is one of the SDOH (Mikkonen and Raphael 2010) and also takes on the form of denying citizenship rights, political rights, and social rights, but allowing for participation in economic activity, trade, or business. This type of social exclusion is a form of denizenship rather than citizenship (Standing 2011). Temporary and seasonal workers are socially excluded when they are expected to participate in economic production in host countries, but expected to socially reproduce externally in their home countries (i.e., raise households, support and expand family) (Robinson 2006). Examples of overtly and socially excluded migrants include the Roma, hijab-bearing Muslim women of France, and undocumented migrants who have overstayed their visas in the UK, some of whom have been forcibly repatriated because they were considered to be a health care and economic burden to citizens (Standing 2011; Syed 2013).

Health inequity refers to modifiable, correctable inequalities (differences, variations, and disparities in health achievements of individuals and groups) across social and economic classes, race, and gender, which are unjust because they reflect an unfair distribution of the underlying social determinants of health (Kawachi, Subramanian, and Almeida-Filho 2002). Health inequities are also influenced by adverse psycho-social factors that might lower self-esteem, induce a sense of lack of control, induce high stress, and cause harmful emotional reactions to life events (Coburn 2000) as well as underemployment (Dean and Wilson 2009). Indeed, Zaman's (2012: 53) work highlights this "working as a factory worker, dishwasher, and housekeeping attendant [is degrading], where in fact I am an experienced registered nurse in my country of origin and in [the]

Middle East". An example of a health inequity would be the high risk of cardiovascular disease among South Asian immigrants, especially since this risk is not only dependent on physical activity but also other determinants of health such as gender, employment, income, and occupation that has made this group particularly vulnerable (Jeemon, Neogi, Bhatnagar, Cruickshank, and Prabhakaran 2009; Tremblay, Bryan, Perez, Ardern, and Katzmarzyk 2006; Martins and Reid 2007; Dyck and Dossa 2007).

Although immigrants, newcomers, and visible minorities in Canada are highly qualified and skilled workers, contributing immensely to various economic sectors and occupations (Gilmore and LePetit 2007), many market migrants have been exploited, underemployed, and recruited into less desirable, hazardous work in railroads, factories, construction industries, and garment work, and many have experienced work-related injuries, illness, and mortality (Liu and Norcliffe 1996; Brown 2006; Premji, Messing, and Lippel 2008). This is because persistent structures of systemic discrimination "disproportionately relegate racialized groups into non-standard forms of work" (Galabuzi 2006, p. 11).

Structures Responsible for the Exploitation of Market Migrants

Who is responsible for the exploitation of Market Migrants? Although researchers have suggested that governments can impact the health of workers (including Market Migrants) through social policies (Percy-Smith 2001) and that they are responsible for social exclusion and precarious work (Vosko 2005; Standing 2011), it is more than this. Political, economic, and knowledge structures can impact the health of Market Migrants. This is primarily through the success and the extent of welfare state protections, such as minimum wage floors, worker compensation systems, union support, employment rate, affordability of housing, education, and other areas (Navarro and Shi 2001). Political, economic, and knowledge structures mitigate the health of these vulnerable groups and often include right-wing political parties, neoliberal think tanks, and pro-corporation lobbyists. They are privileged with power and authority, and set government agendas (Kingdon 2003; Navarro and Shi 2001). They are sometimes referred to as "villains" because their policy stances exacerbate social inequalities and health inequities (Raphael 2011). For example, the working class and vulnerable citizens who live in neoliberal states such as Canada, the United States, the United Kingdom, and Australia are particularly vulnerable to poor health, as social inequalities and health inequities are the worst in these countries (Raphael 2000; Coburn 2010). In contrast, social democratic political systems are considered to be some of the most egalitarian and also most healthy societies (Navarro and Shi 2001; Raphael 2012).

In addition to these structures, globalization and neoliberalism have exacerbated health problems among racialized workers. Today, the situation for workers (and market migrants) seems to have changed little, as newcomers, various migrant communities, and visible minorities are more likely to work in dangerous occupational industries, with limited union participation, and more physically demanding jobs such as food preparation, meat packing, cleaning, construction,

care-giving, and manufacturing than their non-racialized, non-immigrant counterparts (Barber 2000; Clark and Hofsess 1998; Thurston and Vernhoef 2003; Gilmore and LePetit 2007; Premji, Messing, and Lippel 2008; Smith, Chen, and Mustard 2009; Premji et al. 2010; Liladrie 2010).

The creation of modern-day market migrants is not by accident. Essentially, the hegemonic and imperialist powers of the First World have exercised their ability to deny the so-called Third World migrants and racialized workers access to naturalization by “withholding many basic human rights, and increasing oppression based on race and gender” (Stasiulis and Bakan 2005, p. 14). Through discriminatory migration policies (Bannerji 2000; Sharma 2006; Thobani 2007), market migrants lacking vast wealth, material, or knowledge resources are welcomed only cautiously, such as temporary or seasonal agricultural workers and asylum seekers. When these workers are recruited for work, they are usually paid less than domestic workers, which results in inequitable income distribution and can adversely affect health outcomes through the SDOH (Mikkonen and Raphael 2010).

While globalization generates high-level professional and managerial jobs, it also proliferates low-skilled, low-income service jobs which need to be filled (Waldinger 1996; Alund 2003). These undesirable work opportunities are taken up by discouraged and vulnerable individuals such as immigrants, newcomers, and visible minorities. These market migrants are suppressed and exploited through racial discrimination and historical domination into limited choices and situations by the “villains” (Galabuzi 2006; Raphael 2007). Galabuzi (2006) posits that the labor of racialized group members is often devalued and is evident by the gap between the rich and the poor, which is a racialized and increasing gap (Galabuzi 2006). This is perpetuated by policies which underpay minorities for particular types of work. For example, Philippine nurses, caregivers, and construction workers are exploited with low wages in Canada, the United States, and the Middle East, but they accept these conditions because of the need to send earnings and remittances to their dependent families (Barber 2000; Rodriguez 2010; Zaman 2012). Although a few of these conditions for workers have been changing, such as for migrant caregivers who have been granted permanent residence and citizenship opportunities based on stringent guidelines (Barber 2000), they continue to endure precarious work conditions and lack of social mobility (Zaman 2012).

Why Do Inequalities and Social Exclusion Continue to Persist?

The first problem that perpetuates inequalities among marginalized groups and market migrants can be explained by the utilization of labor available from the population: “...[global] capitalism could not have survived and flourished in the way it has, had it not been for the perpetual expansion of the populations available as both producers and consumers.” (Harvey 2010, p. 144). Population growth led to changes in the way that labor is restructured: “Wage labour rests exclusively on the competition between laborers,” (Marx and Engels 2010, p. 21). When there is a large population of workers available (i.e., a labor surplus), especially from areas where race and class-based exploitation have been historically present, there is

intense competition for work. The villains who control political and economic interests take advantage of this and exploit workers with low waged labor, which eventually results in (and cycles as) poverty.

Another problem which perpetuates inequalities is how waged work is rationalized. The villains think of workers as replaceable and replenishable (due to labor surplus); however, Waldinger (1996: 2) argues that “It is not the poor who depend on the rich for their beneficence or for jobs and income to trickle down. Rather, the rich need the poor.” While there is a rationale that “workers are replaceable, easily redundant, and atomized,” workers are not, in fact, commodities because they are alive, survive, and reproduce (Esping-Anderson 1990, p. 37). Further, such rationale is flawed because it does not consider the health and social welfare of workers, which are crucial aspects of human capital and critical ingredients for economic growth (Bloom, Canning, and Savilla 2003). Healthy workers are physically and mentally energetic and robust, are highly productive, earn high wages, and are less likely to be absent from work because of illness (Bloom, Canning, and Savilla 2003). Illness, work-related disability, stress, and various other factors tend to reduce employee production, reduce the number of hours worked, and reduce earnings that are paid from hourly wages, especially in industries where the work force is engaged in manual labor (Strauss and Thomas 1998).

Finally, although the wage conditions have improved somewhat over the centuries, the little savings that workers might accumulate is preyed upon by multinational corporations who profit off the backs of workers. Today, there is a small opportunity to slowly accumulate savings and small wealth among working classes, but even so, these opportunities are weakened because workers might become the targets of conspicuous consumption. Conspicuous consumption, individualism, and neoliberalism have weakened the working classes, who are not only overloaded with information in today’s society (Standing 2011) but are also pre-occupied with trends, appearance, and other superficial activities (McNally 2010). For instance, it is now fashionable to be individual: simple, quotidian items, such as coffee makers, traditionally utilized large pots from which coffee was shared and consumed collectively, but even this has now been individualized into single servings under the Tassimo and Keurig brands.

The Political Economy and Neoliberalization of Labor

While contemporary migration trends seem to be an artifact of globalization, they are in fact trends that have resulted from the intentional efforts of conservative corporations, elites, and those holding positions of privilege and power. These groups, which Marx and Engels (2010) referred to as the Bourgeoisie class, exploit the worker with waged or precarious work and will not allow the proletariat class to rise, the latter of which visible minorities and market migrants tend to belong to. They have historically carried out free market capitalism in the past 300 years and, more recently, a new flavor of market liberalism in the past 50 years.

Today, conservative business associations, right-wing think tanks, citizen front institutions, and pro-corporation lobbyists perpetuate neoliberal policies. Sometimes they are bluntly referred to as villains (Raphael 2011), the power elite, or Greedy Bastards (Scambler 2002). Their logic of capital accumulation, which perpetuates health inequalities, is known as the Greedy Bastards Hypothesis (GBH) (Scambler 2002).

When the GB [Greedy Bastards]/CEOs of leading companies accept huge increases in their pay packages and pension pots and attract recognition in the 'honours list' for (a) downsizing their workforces, (b) replacing permanent by part-time or contract workers, (c) reducing work autonomy in favour of managerial control, (d) outsourcing, and (e) ending final salary pension schemes for new and existing workers, they deleteriously affect the health and longevity of (ex-) employees. (Scambler 2007, p. 305).

The policies of these villains have been taken up by state leaders such as "the architect of neoliberalism," Margaret Thatcher, and Ronald Reagan (Bellamy-Foster and Magdoff 2009; Standing 2011, p. 179). Paul Volcker, Frederick Von Hayek, and Milton Friedman have advocated these policies to governments (McNally 2010).

Conservatism, right-wing corporatism, and neoliberal policies have exacerbated health inequalities. These policies include economic disinvestment, restructuring, extensive layoffs, mass firings, restricting competition, shifting tax burdens onto the less fortunate, and providing subsidies to wealthy corporations (Hofrichter 2003) as well as financial credit and speculation, and performance-based compensation which means investors take on high-risk and high-interest transactions that lead to large bonuses (Albo, Gindin, and Panitch 2010). Neoliberal reforms have further reduced income replacement rates, tightened eligibility rules, encouraged expansion of private insurance, implemented user co-payments, and capped social service programs (Swank 2005).

In Canada, there have been cutbacks in social program spending, deregulation, and lowering of employment standards (Galabuzi 2006). In Ontario, conservative government repealed the *Ontario Employment Equity Act* of 1994 and recently reformed the *Employment Standards Act*. These legislative changes exploit overburdened workers, who rather than working normal averages of 44 h per week now work a "new normal" average of 60 h per week (Galabuzi 2006), and are not necessarily entitled to overtime pay due to multiple employment (LCO 2012). This means that Canadian workers could work up to 12 h per day as a norm at a regular wage, which is beyond the maximum 10-h limit imposed in countries such as France, Germany, and Japan (International Labor Organization (ILO) 2004). It also contravenes ILO Conventions Numbers One and 20, which set a maximum of 48 weekly hours and 8 h per day under normal circumstances (Sengenberger 2011). Corporate influence and neoliberal government policies have also failed to increase minimum wage, reduced unemployment compensation, eliminated health and safety regulations, weakened the rights of labor to organize, eliminated mandatory posting of worker rights, reduced wage claim entitlement periods from 2 years to 6 months, and reduced opportunities to collect statutory holiday pay, all of which particularly exploit new workers and immigrants (Hofrichter 2003; Tucker 2003;

Zaman 2012). If this situation does not get rectified, it may get worse; therefore, change is no longer an option, but a necessity.

Summary and Conclusion

This paper described a brief history of racialized work exploitation and argues that it continues today as racialized underemployment through mechanisms of global capitalism, mainly under the guise of neoliberalism. The problem of conservative corporate influence and neoliberalization of governmental policies have resulted in social inequalities and health and safety inequities among vulnerable workers, a majority of whom are migrants, visible minorities, and racialized individuals. The working conditions of these depreciated workers have been traced to slavery and the indentured experiences of the labor diaspora. Labor exploitation now takes a new form and is taking place under a new wave of global movement of people seeking work opportunities, who I call market migrants. Market migrants have replaced the labor diaspora, which had previously replaced the slave trade diaspora.

Under globalization and neoliberalization of policies, working conditions are now characterized by systemic and structural discrimination, and governmental policies that have racialized the gap between the rich and the poor. The government has failed to address these issues because of control and lobby through powerful economic and political structures that benefit from the situation as it stands. However, given that there are economic losses to migrant skill underutilization, and growing frustrations that are manifest in uprisings against these systems of dominance, the current situation is unsustainable and transformation is expected. It would be interesting to observe how the frustrations of race and class-based inequalities unfold. While Occupy and May Day movements may have been recent and partial uprisings, if future uprisings continue as envisioned by scholars, more powerful movements could ultimately lead to transformation.

Appendix

Table 1 The average earnings of a taxicab operator in the Greater Toronto Area

Operator type	Hourly earnings cited in the literature	Estimated yearly earnings
Shift driver	\$2.83/hour	\$5660
Single lease driver	\$3.44/hour	\$6880
Ambassador driver owning plate	\$6.49/hour	\$12,980
Lease driver	\$8.81/hour	\$17,620
Average earnings	\$5.39/hour	\$10,780

The example illustrates the yearly earnings of taxicab operators; the average is estimated to be \$10,780 per annum. This value is based on hourly earnings for various operators (taken from Abraham, Sundar, and Whitmore 2008), assuming a 40-h work week and 50-week work year, discounted for 2 weeks of unpaid vacation, sick days, and/or lost time from work

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