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Immigrant Worker Conference Report

Carlos Eduardo Siqueira, *University of Massachusetts Boston*

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Immigrant Worker Safety and Health

Report from a 2004 Conference on Research Needs with Updated Information

University of Massachusetts Lowell

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Disclaimer

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Foreword

In April 2010, in Houston, Texas, the Occupational Safety and Health Administration along with the National Institute for Occupational Safety and Health (NIOSH) and the National Institute of Environmental Health Sciences brought together nearly 1,000 participants for the first National Action Summit for Latino Worker Health and Safety. The summit's goal was to reduce injuries and illnesses among Latino workers by enhancing knowledge of their workplace rights and improving their ability to exercise those rights. The summit's workshops and exhibits highlighted employers and companies with effective education programs to reach Latino workers and successful community-based and public-private partnerships to educate and empower workers about workplace hazards. The excitement expressed by the summit participants underscored the desire for greater dissemination of information about safety and health programs targeting Latino and other immigrant workers.

In 2004, recognizing the complexity of the safety and health issues facing immigrant workers, NIOSH and the University of Massachusetts Lowell convened a conference. The conference hoped to strengthen partnerships between occupational safety and health researchers and community-based organizations to develop educational and other programs for immigrant communities. Conference participants heard overviews of a wide range of occupational safety and health challenges facing low-wage immigrant workers. They discussed research approaches and interventions developed to address those challenges. Two days of this rich exchange led to a series of case studies, recommended actions and research necessary to improve safety and health for immigrant workers. Given the interest expressed at the National Action Summit for Latino Worker Health and Safety, we hope that this updated summary of that 2004 conference will contribute important information and share promising practices to improve immigrant worker safety and health.

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* Shelley Davis, now deceased, is remembered for her dedication to helping farmworkers and other immigrant workers. For more information on her life see Baron S, Liebman AK, Ruiz V, Steege AL. Shelley Davis: Public health advocate at the service of the farmworker. Am J Public Health. 2009 Nov; 99 Suppl 3:S505–7.

Abbreviations

AWPA Agricultural Worker Protection Act
BLS Bureau of Labor Statistics
CBPR Community-Based Participatory Research
CHIRLA Coalition for Humane Immigrant Rights of Los Angeles
CRLA California Rural Legal Assistance
COBWEB Collaboration for Better Work Environment for Brazilians
COHP Community Occupational Health Project
COSH Coalition/Committee on Occupational Safety and Health
DOL Department of Labor
EEOC Equal Employment Opportunity Commission
ESL English as a Second Language
FLSA Fair Labor Standards Act
FTE Full-time equivalent
HERE Hotel Employees and Restaurant Employees
ICE Immigration and Customs Enforcement
INS Immigration and Naturalization Service (now called Immigration and Customs Enforcement)
IRCA Immigrant Reform and Control Act
KIWA Koreatown Immigrant Workers Alliance
LOHP University of California Berkeley Labor Occupational Health Program
LOSH UCLA's Labor Occupational Safety and Health Program
LWDA Labor and Welfare Development Agency
MAHS Manual Arts High School (Los Angeles)
MCTF Maintenance Corporation Trust Fund
MSD Musculoskeletal Disorder
NAICS North American Industry Classification System
NIOSH National Institute for Occupational Safety and Health
NLRA National Labor Relations Act
NLRB National Labor Relations Board
OCLC Organización en California de Lideres Campesinas (California Organization of Farmworker Women Leaders)
OMB Office of Management and Budget
OSH Occupational safety and health
OSHA Occupational Safety and Health Administration
OTEC Occupational Training and Education Consortium
PPE Personal protective equipment
UFCW United Food and Commercial Workers union
WE LeaP! Working Women's Leadership Project

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Executive Summary

On September 28 and 29, 2004, the University of Massachusetts Lowell and the National Institute for Occupational Safety and Health (NIOSH) sponsored a conference to discuss research needs to improve occupational safety and health for foreign-born (commonly called immigrant) workers, with a focus on those who earn the lowest wages.

We convened this meeting because of the increased rates of occupational injuries and fatalities among the more than 17 million immigrant workers who then comprised at least 12% of the US workforce (Loh and Richardson 2004).

Immigrants die on the job at a higher rate than native-born workers. A total of 4,751 foreign-born workers, primarily Hispanic immigrants, died on the job from 1996 through 2001. Although the fatal injury rate for all US workers decreased to a record low of 4.3 deaths per 100,000 workers in 2001, the fatality rate for foreign-born workers was 5.7, and for Mexican-born workers, the fatality rate was 7.9 per 100,000 (Loh and Richardson 2004). Analysis of data from 2003 to 2005 found that immigrants were disproportionately employed in industries and occupations with high injury and fatality rates (Orrenius and Zavodny 2009).

The purpose of the 2004 meeting was to examine the numerous factors that affect immigrants' occupational safety and health, such as lack of choice about where to work due to limited English or technical skills or because of discrimination in hiring; the nature of their work assignments in temporary jobs or informal situations where safety often gets less attention; difficulty understanding safety instructions or written warnings on materials; and fear of job loss if they raise safety concerns, particularly for undocumented workers.

Recognizing the complexity of the issues involved, we invited a broad array of people to participate in the 2004 meeting. However, we were particularly interested in gathering input and ideas from members of community-based organizations that work with immigrants. Community-based organizations often have the trust of immigrant workers because they understand their culture and can successfully implement outreach programs. This is particularly important for workers with temporary employment or who are employed in workplaces that do not provide adequate occupational safety and health training or other prevention programs. Recognizing the importance of community-based organizations, in 2003 NIOSH began a new funding initiative with the National Institute for Environmental Health Sciences called Environmental Justice: Partnerships for Communication. Through this initiative NIOSH funded projects aimed at improving outreach to immigrant workers about workplace safety and health. Each funded project required a partnership between researchers and community-based organizations and health clinics. During the 2004 conference we asked all of the participants to recommend actions and research needed to improve outreach efforts to prevent future injuries and illnesses in this population.

Preparation of the Conference Report

At the conference, many presenters offered initial findings and accounts of preliminary activities from their research projects and case studies. Following the conference, the Organizing Committee (see Acknowledgements, p. iii), met over the course of a year to review the conference activities and collect the recommendations generated by participants. Presenters supplied written summaries of their presentations which the Organizing Committee then compiled along with synopses of discussions from the conference. To give current readers more up-to-date information, the document provides references to presenters' subsequent (post-conference) publications and web content related to the projects and activities presented at the conference. We have also provided some post conference references that provide documentation related to statistics presented in the conference.

Organization of the Conference

In addition to general plenary presentations, we organized the conference discussions into two tracks addressing the following questions:

1. How can we better collect information about immigrant workers' exposures and injuries and illnesses to identify where we should focus prevention efforts?
2. Which prevention and intervention programs have successfully improved working conditions and decreased exposures for immigrant workers and how can these be replicated?

Recognizing the complex legal, cultural, and social issues affecting immigrant workers' job opportunities and work experience, we also organized a series of cross-cutting workshops. These discussions raised issues such as the role of race, ethnicity, age, and gender; the legal and cultural obstacles immigrants face; and the importance of community-based organizations such as workers' centers in providing assistance to confront these barriers.

Prior to the meeting, the conference organizing committee prioritized the broad principles to be covered in each track along with practical examples of those principles to be included as case studies.

This conference report focuses primarily on sharing the presentations, case studies discussions and recommendations from the two tracks and the cross cutting workshops theme.

Common Themes

As conference participants shared their experiences from different industries and different parts of the country, certain points were heard repeatedly:

1. **Documentation status is the issue that underlies almost everything in an immigrant worker's life**. By one estimate (Passel 2009), undocumented immigrants made up 5.4% of the workforce in 2008. Documentation affects the kind of job he or she holds and the wage it pays and thus how the family lives. It determines whether he can drive legally, whether she is contributing to Social Security for retirement or disability. An undocumented worker is more likely to suffer in silence at unsafe working

conditions or even to accept those conditions as a fact of life.

2. **Research should be carried out with the full participation of community members**, in a way that enables them to say what is important to investigate, involves them in the research itself, and communicates results to those affected. Participants heard many examples of such community-based participatory research (CBPR).

   Safety and health researchers and activists will gather better information and plan better action projects if they pay close attention to the cultural contexts that different groups of immigrants experience both before and after they come to this country. This will help them understand immigrant workers' attitudes, behaviors, knowledge, and perceptions of health and safety hazards. Research should take into account previous work experience, training, literacy, and education.

3. **Occupational safety and health cannot be separated from the broader issues of workers' rights and vulnerabilities**. Organizations such as workers' centers and other community-based organizations, cooperatives (businesses owned and operated by workers), and unions can help to enhance workplace rights collectively for those who may feel or be powerless individually. Including safety and health as part of workers' broad concerns about their employment security is important, as workers with fewer job options may feel the pressure to choose between safety and a paycheck.

Challenges and Approaches for Data and Information Collection

In small groups, participants discussed principles that would make the research most accurate and useful. They identified the need for more research on several key topics, including traditional risk factors in low-wage jobs where immigrants are commonly employed; causes for higher rates of injuries and illnesses among foreign-born compared to native-born workers in the same jobs; and reasons for potential underreporting of immigrant workers' injuries. Participants offered examples of efforts to collect more useful and accurate information about immigrant workers. These examples are included in this report as case studies.

A central theme of the data collection track was the importance of community-based participatory research (CBPR), a method that incorporates the experiences, feelings, and interests of the community members being studied. CBPR offers a number of strengths in working with this population. It can recognize the cultural, political, and literacy issues involved beyond traditional occupational risk factors. By increasing the health and safety knowledge of community members, prevention efforts have greater likelihood of being sustained. Finally, CBPR's stress on engaging the community makes it more effective in reaching immigrants who often perform mobile, part-time, and contingent work.

Panelists discussed factors that lead to underreporting immigrant workers' injuries and presented methods for collecting data from this often-mobile population. An Icon Life History Questionnaire for use with farmworkers, a study of street-corner day laborers, and data collection through

community health clinics were described, and their case studies are presented.

Challenges and Approaches for Prevention and Intervention Programs

Participants developed recommendations for intervention in three areas: (1) community-based programs, (2) workplace- and labor union-based efforts, and (3) public policy.

Speakers offered examples of work that is already being done in communities, including using health and safety curricula in English as a Second Language (ESL) classes; doing outreach through soccer leagues; using storytelling, drawing, and theater in training classes; working with environmental groups; developing materials in Spanish or Chinese; training day laborers on construction skills; using a van for free medical screenings; organizing "one-stop" service centers where workers can address multiple job concerns at once; working through the schools and with youth to reach their parents; and using radio stations and programming that target non-English-speaking populations.

At the workplace, interventions include those aimed specifically at health and safety and those aimed at increasing immigrant workers' rights and confidence more generally. Some labor unions provide photo ID cards; negotiate company-paid education funds, including ESL classes; give health and safety training in the workers' language; collaborate with community organizations on pre-apprenticeship training; and join forces with community organizations to work with OSHA and to press for health and safety improvements.

In the policy arena, federal, state, and local government agencies have partnered across agencies to coordinate responses to immigrant workers' complaints; carried out "special emphasis" enforcement programs in industries with large immigrant populations; issued state-level standards; passed laws guaranteeing workers' compensation coverage for undocumented workers; passed laws requiring recruiters to explain work contract provisions to non-English-speaking workers; and published educational materials and provided services in immigrants' languages.

Case studies in this track illustrate the ways in which immigrant workers themselves—hotel room cleaners and garment workers—were involved in planning and carrying out the projects.

Cross-cutting Issues

In addition to the two tracks, we also brought together participants to discuss issues that broadly affect immigrant workers' safety and health, regardless of the specific industry in which they work. These cross-cutting areas are summarized below.

Legal Issues: Protection of labor rights in the workplace can have major impact on the effectiveness of occupational health prevention programs. Immigrants' lack of access to information about their rights, their lack of access to means of enforcing those rights, their linguistic, cultural, or geographic isolation, and their fear of jeopardizing their immigration status or of being reported to Immigration and Customs Enforcement (ICE) may cause their rights to go unenforced.

Language, Literacy, and Culture: Language limitations are barriers to receiving health and safety training and information; many immigrants could benefit from low-literacy

materials and teaching methods that do not rely on written materials. Even when they speak a common language, such as Spanish, immigrants come from countries with different traditions and cultures. Broad classifications such as "Hispanic" or "Asian" are not always useful, nor do they agree with immigrants' self-conceptions.

Ethnographic and Other Qualitative Research Methods: These methods, which include interviews, focus groups, and case studies, provide a way of understanding work lives from the perspective of the insider.

Knowing the community by using ethnographic methods can help researchers to obtain more representative samples and to design questionnaires and interviews more appropriately, taking into account the particular worker's culture.

Adolescent Immigrant Workers: NIOSH estimates that approximately 146,000 youth workers ages 15–17 sustain work-related injuries or illnesses each year (www.cdc.gov/niosh/topics/youth/#overview October 18, 2010). Young workers make up about 8% of the U.S. farm labor force—approximately 156,000 youth—and very few are living with their parents (U.S. Department of Labor 2005). These teenagers face a broad spectrum of health risks that compound any safety or health problems they encounter on the job.

Issues of Race and Ethnicity: Immigrants from Mexico, Central America, and the Caribbean had the lowest median household income in 2007 (Pew Hispanic Center 2010). The role of racial discrimination and racism as risk factors in occupational health is an emerging area of research.

Women Immigrant Workers: Women workers may face a variety of challenges unique to their gender. Women make up 40% of foreign-born workers in the United States, but they are 44% of low-wage foreign-born workers—those earning less than 200% of their state's minimum wage (Capps et al. 2003). The "patriarchal culture" of some immigrant groups can be transferred to the workplace, and women workers are sometimes subject to sexual harassment in the form of verbal or physical abuse.

Immigrant Workers' Centers: This new type of organization, focused on work but based in the community, was strongly represented at the conference. Workers' centers teach classes in English and in basic workplace rights, provide legal representation to recover unpaid wages, refer workers to other resources in the community, work for changes in immigration laws, and speak on behalf of their constituencies to government agencies and legislators. Several have partnered with occupational health professionals for training and research. They have used participatory methods and focused on developing new leaders.

Summary of Recommendations

Throughout the conference, in a variety of sessions and workshops, participants discussed and prioritized recommendations for future research to improve workplace safety and health for immigrant workers. The background and rationale for these recommendations are described in this report, and a detailed list of recommendations is available in Appendix B.

Research Methods

Participants strongly supported the use of community-based participatory research (CBPR) approaches which emphasize such principles as engaging community members in choosing research topics, developing projects, collecting data, and interpreting results. CBPR recognizes the importance of social, political, cultural, and economic systems to understanding the causes of disproportionate risks for immigrants.

Risk Factors for Occupational Injury and Illness

Participants stressed the importance of determining the factors contributing to work-related injury and illness. They encouraged greater efforts to

- Identify and characterize specific chemical, biological, and physical hazards, especially for immigrant-dominated occupations that have been understudied, such as restaurant workers and cleaning services workers.
- Identify and characterize how language, literacy, and cultural barriers result in disproportionate risk by considering such aspects as risk perceptions, nature of safety and health training received in home countries, and the impact of race and gender on cultural factors.
- Identify and characterize how the structure of immigrant-dominated workplaces, such as dependence on contingent and contract labor, might contribute to disproportionate risk.

Data Collection

Participants addressed the need to obtain better data to understand the disproportionate safety and health risks facing immigrant workers. Among the approaches offered were to

- Assess how cultural and economic barriers lead to underreporting of occupational injuries and illnesses.
- Assess the extent to which immigrant workers may be excluded from existing surveillance systems because of high job mobility and geographic migration.
- Conduct targeted surveys to address identified gaps in knowledge about immigrant workers. Draw on partners and methods such as community health clinics, workers' centers, and community-based surveys.

Intervention Research

Conference participants developed recommendations for prevention and intervention programs, focusing on issues of evaluation and dissemination. Among suggestions were to

- Create a clearinghouse to collect, organize, and make available information on research findings, research materials (including surveys), and model or best practices for intervention and training programs.
- Implement, evaluate, and disseminate to employers of immigrant workers demonstration programs using culturally appropriate health and safety information and training.
- Compile, develop, and disseminate a toolkit of methods and materials, particularly those using interactive education techniques, for customizing health and safety training for immigrant workers from different cultures.
- Evaluate and disseminate information about using peer education programs.

Policy Research

Policy aspects are paramount for immigrant workers' safety and health. Participants offered a variety of suggestions regarding evaluating the effectiveness of a variety of policies, including to

- Evaluate the effectiveness of OSHA's and other OSH agencies' efforts to provide information to immigrant communities.
- Evaluate the effectiveness of OSHA's and other OSH agencies' enforcement efforts for immigrant workers.
- Evaluate access to and use of workers' compensation by immigrant workers including assessing the impact of exclusion of undocumented workers by some states.
- Study the impact of immigrant workers' legal status on their occupational health and safety. Include studies of immigrant workers whose status has changed during their working lives.
- Research the impact of OSHA's "special emphasis" enforcement programs and compliance assistance targeted at industries with high concentrations of immigrant workers.

Research Funding

Government research funding initiatives have included wording to encourage the use of community-based participatory methods as one approach to improving immigrant worker safety and health. For example in 2003 the *Environmental Justice: Partnerships For Communication (RFA NUMBER: ES-03-007*) announcement, included as one of the evaluation criteria that there be "evidence of access to, interaction with, and input from a minority, low-income, or underserved community, whose members' health is adversely impacted by an environmental or occupational hazard". Participants supported this approach and made additional suggestions that might be considered for future funding initiatives such as

- Requiring researchers to communicate their findings to the affected communities and include funding to enhance communication and dissemination activities. For example, add a "tail" onto research grants: a post-grant supplement to allow researchers to communicate their results.
- Encouraging cross-disciplinary research teams that include social scientists (such as anthropologists or sociologists) as well as traditional occupational health disciplines.
- Creating scientific review panels that include reviewers with expertise in community-based research methods.
- Developing model guidelines for research on human subjects considering issues related to language and literacy and ethical considerations for including undocumented immigrants.

For a complete list of recommendations from the conference see Appendix B.

RESUMEN EJECUTIVO

El 28 y 29 de septiembre de 2004, la Universidad de Massachusetts Lowell, con el apoyo financiero del Instituto Nacional para la Seguridad y Salud Ocupacional (NIOSH, por sus siglas en inglés), patrocinó una conferencia para discutir las necesidades de investigación para mejorar la seguridad y salud ocupacional de los trabajadores extranjeros (llamados comúnmente inmigrantes). La conferencia se enfocó predominantemente en las poblaciones que ganan los salarios más bajos.

Decidimos convocar esta reunión debido al aumento de las tasas de mortalidad y lesiones ocupacionales entre los más de 17 millones de trabajadores inmigrantes que entonces representaban por lo menos un 12% del total de la fuerza laboral estadounidense (Loh y Richardson 2004).

Los inmigrantes mueren en el trabajo a una tasa mayor que los trabajadores nacidos aquí. Entre los años 1996 y 2001, un total de 4,751 trabajadores nacidos en el extranjero, principalmente inmigrantes de origen hispano, murieron en el trabajo. Si bien en el 2001 la tasa de lesiones mortales de los trabajadores estadounidenses disminuyó hasta alcanzar la cifra sin precedentes de 4.3 muertes por cada 100,000 trabajadores, la tasa de mortalidad de los trabajadores nacidos en el extranjero fue de 5.7; asimismo, la tasa de mortalidad de los trabajadores nacidos en México fue de 7.92 por cada 100,000 trabajadores (Loh y Richarson 2004).

Análisis de datos de 2003 a 2005 encontró que los inmigrantes fueron desproporcionadamente empleados en industrias y ocupaciones con altas tasas de lesiones y mortalidad (Orrenius y Zavodnii 2009).

El propósito de la reunión del 2004 era analizar los numerosos factores que afectan la salud y seguridad ocupacional de los inmigrantes, tales como la falta de oportunidades de trabajo debido al conocimiento limitado del idioma inglés, escasas destrezas técnicas, o la discriminación en la contratacion de empleados; el papel secundario que ocupa la seguridad debido a la propia naturaleza temporal o informal de los trabajos; las dificultades para comprender instrucciones y avisos de seguridad escritos y, por último, el temor a perder el trabajo por despertar inquietudes sobre la seguridad, en especial si se trata de trabajadores indocumentados.

Reconociendo la complejidad de estos temas, invitamos a una amplia variedad de personas a participar en la reunión del 2004. Sin embargo, estábamos interesados particularmente en la recopilación de ideas y aportaciones de los miembros de las organizaciones comunitarias que trabajan con los inmigrantes. Las organizaciones comunitarias a menudo tienen la confianza de los trabajadores inmigrantes porque entienden su cultura y pueden implementar con éxito programas de extensión. Esto es particularmente importante para los trabajadores con empleo temporal o que trabajan en lugares de trabajo que no proporcionan suficiente adiestramiento en seguridad y salud ocupacional u otros programas de prevención. Reconociendo la

importancia de las organizaciones comunitarias, en 2003 NIOSH comenzó una nueva iniciativa de financiación con el Instituto Nacional de Ciencias de Salud Ambiental llamado Justicia Ambiental: Asociaciones para la Comunicación. A través de esta iniciativa proyectos financiados por NIOSH tuvieron el propósito de mejorar la divulgación a los trabajadores inmigrantes sobre salud y seguridad en el trabajo. Cada proyecto financiado requirió una colaboración entre investigadores y organizaciones comunitarias y centros de salud. Durante la conferencia del 2004 pedimos a todos los participantes que recomendaran acciones e investigaciones necesarias para mejorar las actividades de difusión para evitar futuras lesiones y enfermedades en esta población.

Preparación del Informe de la Conferencia

En la conferencia, muchos presentadores ofrecieron conclusiones iniciales y cuentas de las actividades preliminares de sus proyectos de investigación y estudios de casos. Después de la conferencia, el Comité Organizador (ver agradecimientos, p. iii), se reunió durante el transcurso de un año para examinar las actividades de la conferencia y recoger las recomendaciones generadas por los participantes. Presentadores proporcionaron resúmenes escritos de sus presentaciones que el Comité Organizador compiló junto con las sinopsis de los debates de la Conferencia. Para dar información más actualizada a los lectores actuales, el documento proporciona referencias de publicaciones de presentadores posteriores (a la conferencia) y contenido web relacionados con los proyectos y actividades presentadas en la Conferencia. También hemos proporcionado algunas referencias posteriores a la conferencia que proporcionan documentación relacionada con estadísticas presentadas en la conferencia.

Organización de la Conferencia

Además de las presentaciones en las sesiones plenarias, organizamos las discusiones de la conferencia en dos grandes áreas temáticas donde se trataron las preguntas siguientes:

1. ¿Cuál es el mejor método de recopilación de información sobre la exposición de los trabajadores inmigrantes, así como las lesiones y enfermedades que sufren, para poder identificar dónde se deben concentrar los esfuerzos de prevención?

2. ¿Cuáles son los programas exitosos de intervención y prevención que han logrado mejorar las condiciones laborales y disminuir las exposiciones de los trabajadores inmigrantes? ¿Cómo podemos reproducirlos?

También organizamos una serie de talleres intersectoriales porque reconocemos que las oportunidades laborales se ven afectadas por una complejidad de asuntos de índole legal, cultural y social. Estos intercambios pusieron de manifiesto temas como el papel que juegan la raza, etnia, edad y el sexo; los obstáculos culturales y legales que enfrentan los inmigrantes y la importante función de las organizaciones comunitarias (como los centros para el trabajador) en ayudar a vencer estas barreras.

Antes de la reunión, el comité organizador estableció un orden de prioridades para la

amplia gama de temas a cubrirse durante la conferencia en cada grupo temático. A su vez, adjuntó ejemplos prácticos para ilustrar dichos temas con el objetivo de incluirlos como estudios de casos.

Este informe de la conferencia se enfoca principalmente en compartir las presentaciones, debates de estudios de casos y recomendaciones de las dos pistas y el tema intersectorial de los talleres.

Temas en Común

Los participantes de la conferencia compartieron sus experiencias recogidas de diversas industrias y partes del país. Algunos temas fueron escuchados en forma frecuente:

1. **La situación de la documentación es el tema que afecta casi todos los aspectos de la vida del trabajador inmigrante**. De acuerdo a un estudio (Passel 2009), los inmigrantes indocumentados representaban el 5.4% de la fuerza laboral en el 2008. La documentación afecta el tipo de trabajo de la persona que desempeña y el salario que recibe y, por lo tanto, el estilo de vida de la familia. Determina si la persona puede conducir vehículos legalmente, y si puede contribuir al seguro social para jubilación o discapacidad. Un trabajador indocumentado tiende más a sufrir en silencio ante condiciones de trabajo peligrosas o, incluso, a aceptar ese tipo de situaciones como parte normal de su vida.

2. **Los estudios de investigación deben llevarse a cabo con la participación total de los miembros de la comunidad**, de forma tal que puedan decir cuáles son los temas importantes que se deben investigar, los incluyan en la propia investigación y sus resultados sean comunicados a las personas perjudicadas. Los participantes escucharon varios ejemplos similares de investigación participativa de base comunitaria (CBPR, por sus siglas en inglés).

   Tanto los investigadores como los activistas de seguridad y salud podrían recopilar información más útil y planificarán mejores proyectos de acción si prestaran mayor atención a los contextos culturales experimentados por los diferentes grupos de inmigrantes, antes y después de mudarse a este país. Este proceso les permitirá entender las actitudes, los comportamientos, el conocimiento y las percepciones que tienen los trabajadores inmigrantes acerca de los peligros de salud y seguridad. La investigación debe tener en cuenta la experiencia de trabajo previa y el nivel de capacitación, alfabetización y educación.

3. **La salud y seguridad ocupacional no pueden separarse de los temas más generales de derechos y vulnerabilidades de los trabajadores**. Organizaciones como los centros para el trabajador y otras organizaciones comunitarias, cooperativas (negocios propiedad de y operados por los trabajadores) y sindicatos pueden ayudar colectivamente a mejorar los derechos del lugar de trabajo a quienes se sientan indefensos o no tengan el poder para hacerlo individualmente. Es importante que la seguridad y la salud formen parte del tema general de estabilidad laboral que tanto inquieta a los trabajadores, porque los trabajadores que tienen menos opciones de trabajo pueden sentirse

presionados a elegir entre su propia seguridad y un cheque de sueldo.

Retos y Métodos para la Recopilación de Datos e Información

Reunidos en pequeños grupos, los participantes discutieron los principios que conducirán a investigaciones más útiles y precisas. Ellos identificaron la necesidad de realizar más investigaciones sobre varios temas claves, incluidos los factores tradicionales de riesgo en los trabajos de bajos salarios desempeñados comúnmente por inmigrantes; las causas de tasas de enfermedades y lesiones más elevadas en trabajadores extranjeros comparadas con trabajadores nacidos aquí que desempeñan el mismo trabajo, y las razones de la posible escasa notificación de lesiones sufridas por trabajadores inmigrantes. Los participantes brindaron ejemplos de los esfuerzos realizados para recopilar información más útil y precisa sobre los trabajadores inmigrantes. Esos ejemplos están incluidos en este informe como estudios de casos.

Uno de los temas centrales de la conferencia en el área temática sobre recopilación de datos fue la importancia de la investigación participativa de base comunitaria (CBPR), un método que incorpora las experiencias, sentimientos e intereses de los propios miembros de la comunidad bajo estudio. La CBPR ofrece numerosas ventajas cuando se trabaja con este tipo de población. Con este método se pueden reconocer los factores culturales, políticos y de alfabetización que tienen influencia más allá de los tradicionales factores de riesgo ocupacional. Al incrementar el conocimiento sobre salud y seguridad de los miembros de la comunidad, existen mayores probabilidades de que se mantengan los esfuerzos de prevención. Por último, la CBPR es más eficaz para llegar a los inmigrantes que con frecuencia desempeñan trabajos casuales, de medio tiempo y que no son en un lugar fijo, porque enfatiza en la participación de la comunidad.

Los panelistas discutieron los factores que conllevan a que las lesiones sufridas por trabajadores inmigrantes sean notificadas en menor medida y presentaron métodos para recopilar datos de esta población móvil. También se describieron y presentaron los respectivos estudios de casos: un método para conocer la historia laboral de los trabajadores agrícolas llamado *Icon Life History Questionnaire*, un estudio sobre jornaleros de la calle y un método de recopilación de datos a través de clínicas médicas comunitarias.

Retos y Métodos para los Programas de Intervención y Prevención

Los participantes formularon sus recomendaciones para la intervención en tres áreas: (1) programas comunitarios; (2) esfuerzos basados en el lugar de trabajo y en sindicatos y (3) políticas públicas.

Los presentadores dieron ejemplos de iniciativas que ya se realizan en algunas comunidades, tales como planes de enseñanza sobre seguridad y salud para las clases de inglés como segundo idioma (ESL, por sus siglas en inglés); programas de alcance a través de las ligas de fútbol; clases de capacitación con cuentos, ilustraciones y teatro; actividades con grupos ecologistas; creación de materiales en español o en chino; capacitación de jornaleros en tareas de

construcción; evaluaciones médicas gratuitas móviles (en una camioneta como consultorio); creación de centros de servicio integrales para que los trabajadores puedan tratar diversos problemas laborales en un mismo lugar; trabajos con escuelas y jóvenes para llegar a los padres; y la difusión de mensajes a través de estaciones de radio mediante programación enfocada en la audiencia que no habla inglés.

En el lugar de trabajo, las intervenciones incluyen aquellas que tienen como meta específica la salud y seguridad, y también las que tienen como objetivo más genérico el incremento de los derechos y la confianza de los trabajadores. Algunos sindicatos obreros proporcionan tarjetas de identificación con fotografía; negocian fondos de educación pagada por las empresas, incluidas las clases de ESL; imparten capacitación sobre seguridad y salud en el idioma de los trabajadores; colaboran con las organizaciones comunitarias para brindar capacitación previa al inicio de la instrucción como aprendiz, y cooperan con organizaciones comunitarias para trabajar con la OSHA y presionar por mejoras en las áreas de la salud y seguridad.

En lo que se refiere a políticas, se asociaron agencias gubernamentales locales, estatales y federales para dar respuestas concertadas a las quejas de los trabajadores inmigrantes; llevaron a cabo programas coercitivos de "énfasis especial" en industrias que emplean grandes poblaciones de inmigrantes; promulgaron estándares a nivel estatal; aprobaron leyes que garantizan la cobertura por accidentes laborales para trabajadores indocumentados; aprobaron leyes que obligan a los reclutadores a explicar las disposiciones del contrato laboral a los trabajadores que no hablan inglés y, finalmente, se publicaron materiales didácticos y se proveyeron servicios en el idioma de los inmigrantes.

Los estudios de casos de esta área temática ilustran las maneras en que los propios trabajadores inmigrantes (como empleados de limpieza en hoteles y trabajadores de la industria de la vestimenta) participaron en la planificación y puesta en marcha de los proyectos.

Problemáticas Intersectoriales

Además de las dos grandes áreas temáticas, también reunimos a los participantes para discutir los asuntos que afectan ampliamente la seguridad y la salud de los trabajadores inmigrantes, independientemente de la industria en la que laboran. A continuación se presenta un resumen de estas temáticas intersectoriales.

Asuntos legales. La protección de los derechos laborales en el lugar de trabajo afecta en gran medida la eficacia de los programas de prevención de salud ocupacional. La falta de acceso de los inmigrantes a la información acerca de sus derechos; la falta de medios para hacer cumplir esos derechos; el aislamiento geográfico, cultural o lingüístico en el que viven; y el temor constante de arriesgar su situación inmigratoria o de ser denunciados al Servicio de Inmigración y Control de Aduanas de los Estados Unidos (ICE, por sus siglas en inglés) pueden ser las causas por las cuales sus derechos no se hagan cumplir.

Idioma, alfabetización y cultura. Las limitaciones idiomáticas son barreras que impiden recibir información y capacitación sobre seguridad y salud; a muchos inmigrantes les sería útil contar con materiales y métodos de enseñanza diseñados para personas de bajo nivel de alfabetización los cuales no se basen en la lectura o escritura. Incluso cuando hablan el mismo idioma, como el español, los inmigrantes provienen de países con diferentes tradiciones y culturas. Categorías amplias como "hispano" o "asiático" no siempre son útiles, ni tampoco coinciden con el concepto que tienen los inmigrantes de ellos mismos.

Métodos de investigación etnográficos y cualitativos. Estos métodos, que incluyen entrevistas, grupos focales y estudios de casos, brindan una manera de comprender la vida laboral desde la perspectiva del propio trabajador. El uso de métodos etnográficos para conocer a la comunidad ayuda a los investigadores a obtener muestras más representativas y a diseñar cuestionarios y entrevistas más adecuadas que tomen en cuenta la cultura en particular del trabajador.

Necesidades y temáticas específicas de los trabajadores inmigrantes adolescentes. NIOSH calcula que anualmente alrededor de 146,000 trabajadores jóvenes entre los 15 y 17 años de edad sufren lesiones o enfermedades relacionadas con sus actividades laborales (www.cdc.gov/spanish/niosh/topics/jovenes.html October_18,_2010). Los trabajadores jóvenes representan cerca del 8% de la fuerza laboral agrícola de los EE. UU. (aproximadamente 156,000 jóvenes), y muy pocos viven con sus padres (Departamento del Trabajo de EE. UU., 2005). Estos adolescentes enfrentan un amplio espectro de riesgos de salud que agrava cualquier problema de seguridad o salud que encuentren en el trabajo.

Temas raciales y étnicos. Los inmigrantes de México, Centroamérica y el Caribe tuvieron el ingreso económico promedio más bajo en el 2007 (Pew Hispanic Center 2010). El papel de la discriminación racial y el racismo como factores de riesgo en la salud ocupacional es un área emergente de investigación.

Temas específicos de las trabajadoras inmigrantes. Es posible que las mujeres trabajadoras enfrenten una variedad de retos propios de su sexo. Las mujeres representan el 40% de los trabajadores extranjeros en los Estados Unidos, pero también representan el 44% de los trabajadores extranjeros que ganan salarios bajos (personas que reciben ingresos inferiores al 200% del salario mínimo estatal) (Capps et al. 2003). La "cultura patriarcal" que reina en algunos grupos de inmigrantes se transfiere al lugar de trabajo y las trabajadoras a veces son acosadas sexualmente y se ven sometidas a abusos físicos o verbales.

Centros para el trabajador inmigrante. Este nuevo tipo de organización, enfocado en temas laborales pero de base comunitaria, estuvo fuertemente representado en la conferencia. Los centros para el trabajador enseñan clases de inglés y sobre los derechos básicos en el lugar de trabajo, brindan representación legal para la recuperación de salarios no pagados, remiten a los trabajadores a otros recursos en la comunidad, abogan por cambios en las leyes inmigratorias y representan a sus miembros frente a agencias gubernamentales y legisladores. Varios centros han creado

alianzas con profesionales expertos en salud ocupacional para llevar a cabo capacitación e investigación. También han utilizado métodos participativos y se han centrado en desarrollar nuevos líderes.

Resumen de las Recomendaciones

Durante toda la conferencia, y en distintas sesiones y talleres, los participantes discutieron y organizaron las recomendaciones prioritarias para investigaciones futuras sobre métodos de mejoramiento de la seguridad y salud en el trabajo de los trabajadores inmigrantes. Los antecedentes y las razones de dichas recomendaciones se describen en este informe; las recomendaciones se enumeran en detalle en el Apéndice B.

Métodos de Investigación

Los participantes apoyaron energéticamente el uso del método de investigación participativa de base comunitaria (CBPR), la cual enfatiza principios como el involucramiento de miembros de la comunidad para elegir los temas a investigar, desarrollar proyectos, recopilar datos e interpretar los resultados. La CBPR reconoce la importancia de los sistemas culturales, políticos y sociales para comprender las causas de los riesgos desproporcionados que enfrentan los inmigrantes.

Factores de Riesgo de Lesiones y Enfermedades Ocupacionales

Los participantes destacaron la importancia de identificar los factores contribuyentes a la ocurrencia de lesiones y enfermedades de índole laboral. Ellos recomendaron poner mayores esfuerzos para:

- Identificar y caracterizar peligros físicos, biológicos y químicos específicos, especialmente para las ocupaciones dominadas por inmigrantes que no han sido suficientemente estudiadas, como los trabajadores de restaurantes y servicios de limpieza.
- Identificar y caracterizar cómo las barreras culturales, de alfabetización e idiomáticas resultan en riesgos desproporcionados al considerar aspectos tales como percepción de riesgo, naturaleza del peligro y capacitación en salud recibida en los países de origen. También analizar el impacto que tiene la raza y el sexo sobre los factores culturales.
- Identificar y caracterizar cómo la estructura de los lugares de trabajo dominados por inmigrantes, tales como la dependencia a empleos por contrato o a destajo, puede contribuir a la presencia de riesgos desproporcionados.

Recopilación de Datos

Los participantes abordaron el tema de la necesidad de obtener mejores datos para poder entender la desproporción en los riesgos de salud y seguridad que enfrentan los trabajadores inmigrantes. Entre los métodos sugeridos se encuentran los siguientes:

- Evaluar cómo las barreras económicas y culturales limitan las notificaciones de lesiones y enfermedades ocupacionales.
- Evaluar en qué medida los trabajadores inmigrantes son excluidos de los sistemas de vigilancia existentes debido a su mayor movilidad laboral y migración geográfica.

- Realizar encuestas enfocadas en abordar los temas en los que aún no se tiene la información necesaria con respecto a los trabajadores inmigrantes. Recurrir a socios y métodos como clínicas de salud comunitarias, centros para el trabajador y encuestas de base comunitaria.

Investigación sobre Intervenciones

Los participantes de la conferencia diseñaron recomendaciones para programas de intervención y prevención, enfocados en los temas de evaluación y diseminación. Entre las sugerencias se encontraban las siguientes:

- Crear un centro de información para recoger, organizar y poner a disposición información sobre resultados de investigaciones, materiales de investigación (incluyendo encuestas), y modelos o métodos estándar de programas de capacitación e intervención.
- Implementar, evaluar y diseminar entre empleadores de trabajadores inmigrantes programas modelo que usen información y capacitación culturalmente adecuada.
- Recopilar, elaborar y diseminar un paquete de información sobre métodos y materiales de capacitación sobre seguridad y salud, en especial aquellos que usen métodos de enseñanza interactivos, para adaptar a trabajadores inmigrantes provenientes de otras culturas.
- Evaluar y diseminar información sobre el uso de programas de educación entre pares.

Investigación en el Area de Políticas

Los aspectos relacionados con las políticas son primordiales para la seguridad y salud de los trabajadores inmigrantes. Los participantes ofrecieron varias sugerencias sobre cómo evaluar la eficacia de distintas políticas, incluidas las siguientes:

- Evaluar la eficacia de los esfuerzos de la OSHA y de otras agencias que se ocupan de la seguridad y salud ocupacional en la divulgación de información a las comunidades de inmigrantes.
- Evaluar la eficacia de los esfuerzos de la OSHA y de otras agencias que se ocupan de la seguridad y salud ocupacional para hacer cumplir los reglamentos para los trabajadores inmigrantes.
- Evaluar el acceso y uso del sistema de indemnización por accidentes para los trabajadores inmigrantes, incluyendo la evaluación del impacto que tiene la exclusión de dichos trabajadores indocumentados según lo realizan algunos estados.
- Estudiar el impacto que tiene la situación legal de los trabajadores inmigrantes en su salud y seguridad ocupacional. Incluirá estudios de trabajadores inmigrantes cuyo estatus migratorio cambió durante su vida laboral.
- Investigar el impacto de los programas de regulación y asistencia para el cumplimiento con "énfasis especial" de la OSHA que tienen como objetivo las industrias con alta concentración de trabajadores inmigrantes.

Financiamiento de las Investigaciones

Las iniciativas de financiación de investigación del gobierno han incluido lenguaje para fomentar el uso de métodos de investigación participativa de base comunitaria (CBPR) como una manera de mejorar la seguridad y salud del trabajador inmigrante. Por ejemplo, en 2003 el anuncio de Justicia Ambiental: Asociaciones para la Comunicación (RFA NUMERO: ES-03-007), incluyó como criterio

de evaluación que hubiese “evidencia a acceso a interacción con, y aportación de, una comunidad de bajos ingresos, mal atendida y minoritaria, cuya salud de sus miembros esté adversamente afectada por peligros ocupacionales o del ambiente”. Participantes apoyaron este enfoque e hicieron sugerencias adicionales que pueden ser consideradas para futuras iniciativas de financiación tales como:

- Requerir que los investigadores difundan sus resultados a las comunidades afectadas e incluir financiamiento para mejorar las actividades de comunicación y diseminación. Por ejemplo, agregar una “apéndice” en becas de investigación: un suplemento post-beca que permita a los investigadores comunicar sus resultados.
- Fomentar la formación de grupos de investigación multidisciplinarios que incluyan científicos sociales (como antropólogos o sociólogos), así como de las disciplinas tradicionales de la salud ocupacional.
- Crear paneles científicos de revisión que incluyan revisores con experiencia en métodos de investigación comunitarios.
- Desarrollar guías modelo para investigación con sujetos humanos, teniendo en cuenta cuestiones relacionadas con el lenguaje y alfabetización y consideraciones éticas para la inclusión de los inmigrantes indocumentados.

Para una lista completa de las recomendaciones de la Conferencia, consulte Apéndice B.

I. Impetus for This Conference

A Conference on Immigrant Worker Safety and Health

The immigrant workforce has grown rapidly in the last decade, and the number of on-the-job fatalities within this population has grown as well. On September 28 and 29, 2004, the University of Massachusetts Lowell and the National Institute for Occupational Safety and Health (NIOSH) brought together 145 participants from across the country in an unusual conference. Their goals were to discuss the state of occupational safety and health for immigrant workers and, most important, to pinpoint actions and research needed to prevent future injuries and illnesses. Although many of the issues raised at the conference might affect all immigrant workers, the discussions focused on those immigrants working in lower-wage and nonprofessional/technical occupations such as construction workers, agricultural workers, factory workers, domestic workers, and other service providers.

The conference brought together stakeholders from a wide variety of backgrounds. It included representatives of community organizations called "workers' centers," occupational safety specialists, university-based researchers, attorneys, students, NIOSH and OSHA research and program staff, government public health workers, community clinic staff, and members of immigrant advocacy organizations labor unions and local coalitions on occupational safety and health.

Participants included immigrants from Mexico, Brazil, China, El Salvador, Guatemala, and Sierra Leone, among other countries.

Participants heard overviews of the wide range of occupational safety and health problems faced by low-wage immigrant workers. They discussed examples of research projects and action projects undertaken by unions and community organizations to tackle these problems. Throughout, the emphasis was on projects where immigrant workers themselves were involved in planning and carrying out the projects.

Participants were asked to discuss and prioritize which issues most need further action and further research by NIOSH and by NIOSH-funded organizations. In small groups, they discussed principles that would make the research most accurate and most useful.

Preparation of the Conference Report

In the year following the conference, the Organizing Committee (see Acknowledgements, p. iii), met to review the conference activities and compile a synopsis of participants' presentations, discussions, and recommendations. Presenters worked with a contract writer/editor to develop written summaries of their presentations and accompanying case studies. In this document we have reproduced the materials provided to us by the presenters.

This report focuses on content and recommendations from the breakout sessions

– the Data Collection and Intervention Tracks as well as the seven Cross-cutting Discussions. At the conference, many presenters offered initial findings and accounts of preliminary activities from their research projects. To give current readers the most up-to-date information, we have supplemented the material in some instances with references to presenters' subsequent (post-conference) publications and web content. In addition, as the document was being prepared, we incorporated the most recent statistics on issues such as work-related injury, illness and fatality.

Organization of the Conference

The pages that follow summarize participants' presentations and discussions in three conference tracks: Data Collection, Intervention, and Cross-cutting Issues. Prior to the conference, an organizing committee (see Acknowledgements, p. iii) met and prioritized the ideas and concerns to be covered by each track. Within each track, participants examined broad principles and presented case studies as practical examples of those principles in action.

The Data Collection track focused on the types of information needed to improve worker safety and health and suggested guiding principles for conducting research with immigrant workers. A central theme was the use of community-based participatory research (CBPR), an approach that incorporates experiences, feelings, and interests of the community members being studied.

Among topics discussed in the Interventions track, the importance of community-based approaches is highlighted and its application described in case studies. Prior to the meeting, the organizing committee collected and summarized examples of interventions that have been implemented in various parts of the United States. The examples were presented and discussed during the conference.

In addition to the two major discussion tracks, the conference also addressed several cross-cutting issues in developing worker safety and health programs, including legal issues for immigrant workers; language, literacy and culture; ethnographic and other qualitative research methods; adolescent and women immigrant workers; issues of race and ethnicity; and immigrant workers' centers. As with the two tracks, these discussions are further explored in case studies.

Overview

Scott Richardson of the Bureau of Labor Statistics presented data on immigrant workers. (Sources of additional information are included at the end of this section.)

In the 1990s, immigrants by the millions came to the United States seeking work. At the time of the conference 17 million immigrant workers comprised at least 12% of the US workforce (Loh and Richardson 2004). Approximately 6.6 million of these workers were here without legal authorization to work. Approximately one-half of foreign-born workers in 2004 were Hispanic (Mosisa 2006; Passel 2009).

Immigrants die on the job at a higher rate than native-born workers (Loh and Richardson 2004), and they are concentrated in industries that are at high risk for nonfatal injuries and illnesses as well.

Conference participants discussed several factors that could contribute to immigrants being at greater risks for workplace injuries and illnesses, including:

- Fewer choices about where to work due to little formal and workplace education, limited English language skills, and especially undocumented status.
- Greater likelihood of working in temporary jobs or in informal situations where there are no safety programs and where attention to health problems or safety equipment may not be adequate.
- Lower likelihood for limited English speakers of receiving or understanding safety and health instructions on the job, or of being able to read warnings on the materials they work with.
- Lower likelihood of demanding that employers provide a safe work environment if workers fear retaliation and if they have few options should they lose their jobs. This is especially true of undocumented immigrants.

The University of California Los Angeles Labor Occupational Safety and Health program conducted an ethnographic study of 75 immigrant workers in Southern California, working in six industries typical of those that employ immigrants: day labor, domestic work, garment, home care, hotel, and restaurant. The report, "Voices from the Margins: Immigrant Workers' Perceptions of Health and Safety in the Workplace," provides a profile of immigrant workers' perceptions of health and safety hazards, their role in addressing the hazards, and their knowledge of what to do if injured. Ninety percent of those interviewed worried that they would get injured on the job. The majority had experienced work-related injuries or illnesses, but only two-thirds had reported them to their employers. Many who did not report said that they feared employer retaliation.

Not all immigrants face these problems, of course. Some are professionals such as programmers, doctors, or nurses and are working legally; their safety and health problems may not be that different from native-born workers in those jobs. However, this conference primarily addressed the concerns of low-wage immigrant workers, whose problems—including racial discrimination—are shared by many other low-wage workers. Many of the difficulties raised by conference participants that are described in this report can be seen as problems of all low-wage workers rather than as problems of immigrant workers alone. The poultry industry, for example, employs not only immigrants from Latin America and Asia but also many African Americans. As researchers and community organizations take up immigrants' safety and health problems, they may well involve other organizations and groups that are facing similar or identical problems on the job.

Although low-wage workers and immigrants may have similar problems and experiences, it is important not to approach them as if they are all alike. Even when immigrants speak the same language, they may come from different traditions and cultures. Their attitudes, skills, and experiences may vary widely.

Fatal Work Injuries

For most workers, fatal injuries on the job have been declining, but not for foreign-born workers. The percentage of fatal work injuries involving foreign-born workers rose from 12% in 1996 to 18% in 2006 (U.S. Bureau of Labor Statistics 2009a). In 2001, the fatal injury rate for foreign-born workers had reached a high of 5.7, compared to 4.3 for all workers. In 2003, the fatal injury rate for all US workers decreased to a record low of 4 deaths per 100,000 workers, while the rate for foreign-born workers was 4.5 (Loh and Richardson 2004). Over the 5-year period between 1997 and 2001, foreign-born workers were 18% more likely to die on the job than native-born workers—and those born in Latin America and Africa were 40% more likely. These fatal work injuries were concentrated in six states with large immigrant populations: California, Texas, Florida, New York, Illinois, and New Jersey (Loh and Richardson 2004).

Nearly six out of ten of the fatally injured foreign-born workers in 1996 to 2001 were from Latin America, and two-thirds of those were born in Mexico. More than a third of these Mexican-born workers worked in the construction industry. The percentage of Mexican-born workers dying on the job was much higher than their percentage of the workforce. In 2000, for example, Mexican-born workers were 27% of all foreign-born workers, but experienced a 42% share of foreign-born workers' fatal injuries. During this same period about 20% of the fatalities to foreign-born workers occurred to Asian-born workers and nearly 11% to workers born in Europe (Loh and Richardson 2004).

Types of Fatal Events

Nearly a quarter of foreign-born workers' injury deaths from 1996 through 2001 were homicides, while falls and highway incidents each accounted for another 15%. For native-born workers, the proportions were different, with highway incidents the leading cause of death (23%), followed by homicides (12%) and falls (11%). For workers from Asia and Africa, nearly six out of ten deaths were homicides (Loh and Richardson 2004). One reason for the high homicide rate may be that immigrants tend to be more concentrated in urban areas where the risk of violent crime is higher. More research is needed on the relationship between community and workplace violence and on interventions to address workplace factors that may increase risk, such as conducting cash transactions, working in isolation, or working at night.

For workers from Europe and Latin America, the most frequent type of traumatic workplace death was falls to a lower level (18% of deaths). Many of these workers were employed in construction, and close to two-thirds of the falls were from roofs, scaffolds, or ladders (Loh and Richardson 2004).

Dangerous Industries

Orrenius and Zavodny (2009) combined data on the distribution of foreign- and native-born workers across industries and occupations with industry- and occupation-level data on work-related injuries and

fatalities in the U.S. during 2003-2005. They found that during this period, immigrants were disproportionately employed in industries and occupations with high injury and fatality rates. The average industry fatality rate among immigrant workers was approximately 1.8 deaths per 100,000 workers higher than among native-born workers; the average occupation fatality rate was almost 1.6 deaths per 100,000 workers higher.

From 1996 through 2001, the industries with the highest fatality rates for foreign-born workers were mining (30.4 per 100,000), construction (17.3), transportation and public utilities (15.2), and agriculture (15.2). The high rate in mining was largely attributable to deaths among Hispanic oil and gas extraction workers in Texas. Nearly one in four fatally injured foreign-born workers worked in construction. Another 18% were in retail and 15% in transportation (Loh and Richardson 2004).

Two occupational groupings in which foreign-born workers were more likely to die than native-born workers were (1) sales (e.g., workers in convenience stores) and (2) the group that comprises handlers (e.g., truck loaders), equipment cleaners (e.g., in meatpacking plants), helpers (e.g., in construction), and laborers (Loh and Richardson 2004).

Among Hispanic workers, the foreign-born accounted for nearly two-thirds of occupational injury deaths, although they are only 55% of the Hispanic worker population. In the private construction industry, the foreign-born accounted for 71% of Hispanic workers' deaths in 2000–2002 (Richardson 2005).

Although this information on fatalities does not tell us what causes these differences, it does allow us to identify high-risk groups. Many factors may explain why foreign-born workers are fatally injured at higher rates: their disproportionate concentration in high-risk jobs or assignment to higher-risk tasks or work locations; differences in work practices, technologies, or tools used; inexperience and lack of information about health, safety, and legal rights on the job; communication barriers in the workplace; or limited job options that may make workers hesitant to speak up. Further research is needed to discover which of these factors are operating and to guide development of prevention strategies.

Common Themes

As conference participants shared their experiences from different industries and different parts of the country, certain points were heard repeatedly:

1. **Documentation status is the issue that underlies almost everything in an immigrant worker's life**. By one estimate (Passel 2009), undocumented immigrants made up 5.4% of the workforce in 2008. Documentation affects the kind of job he or she holds and the wage it pays, and thus how the family lives. It determines whether he can drive legally, whether she is contributing to Social Security for retirement or disability. An undocumented worker is more likely to suffer in silence at unsafe working conditions, or even to accept those conditions as a fact of life.
2. **Research should be carried out with the full participation of community**

members, in a way that enables them to say what is important to investigate, involves them in the research itself, and communicates results to those affected. Participants heard many examples of such community-based participatory research (CBPR).

Safety and health researchers and activists will gather better information and plan better action projects if they pay close attention to the cultural contexts that different groups of immigrants experience both before and after they come to this country. This will help them understand immigrant workers' attitudes, behaviors, knowledge, and perceptions of health and safety hazards. Research should take into account previous work experience, training, literacy, and education.

3. **Occupational safety and health cannot be separated from the broader issues of workers' rights and vulnerabilities**. Organizations such as workers' centers and other community-based organizations, cooperatives, and unions can help to enhance workplace rights collectively for those who may feel or be powerless individually. Including safety and health as part of workers' broad concerns about their employment security is important, as workers with fewer job options may feel the pressure to choose between safety and a paycheck.

For more information

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II. Challenges and Approaches for Data Collection

In this track, participants discussed principles that would make the research most accurate and useful. They identified the need for more research on several key topics, including traditional risk factors in jobs where immigrants are commonly employed; causes for higher rates of injuries and illnesses among foreign-born compared to native-born workers in the same jobs; and reasons for underreporting of immigrant workers' injuries. Participants offered examples of efforts to collect more useful and accurate information about immigrant workers. These examples are included in this report as case studies.

Community-Based Participatory Research (CBPR)

Several important themes and specific recommendations emerged through this discussion. A central theme was the importance of community-based participatory research.

What is Community-Based Participatory Research (CBPR)?

CBPR attempts to take into account the experiences, feelings, and interests of the community members being studied. Researchers using this model also look beyond individual risk factors and health behaviors to examine broader social reasons for different health outcomes. Applying this framework, they have developed guidelines for community-based research, including:

- Recognizing the importance of social, political, cultural, and economic systems to health behavior and outcomes.
- Engaging community members in choosing research topics, developing projects, collecting data, and interpreting results.
- Emphasizing both qualitative and quantitative research methods.
- Placing high priority on translation of the findings of basic, intervention, and applied research into changes in practice and policy.

Why is CBPR Useful when Studying Immigrant Workers?

This approach is important for a number of reasons.

First, if successful prevention programs are to be developed, it is essential to address cultural, political, and literacy issues in addition to traditional occupational risk factors.

Second, sustainable prevention programs will require the development of health and safety knowledge and expertise within immigrant communities. CBPR provides a way to develop this expertise.

Third, occupational health researchers have traditionally conducted research in the workplace. But given the part-time, mobile, and contingent nature of much of the immigrant workforce, it may be difficult to find and follow immigrant workers at the

workplace, or workers may feel too intimidated to answers questions there. Engagement with the community creates additional venues for reaching immigrant workers. The participation of reputable community members will help decrease workers' anxiety about whether to participate.

Principles of CBPR with Immigrant Workers

Participants at the conference identified a number of principles for community-based research involving immigrant workers. Researchers need to work with community partners from beginning to end and to have bilingual staff involved as early as possible in the development of the research. They should involve community members in developing the research questions and methods and in providing feedback on the findings and recommendations. To make such involvement feasible, it is necessary to budget salary support or stipends for community members.

The research itself should help build ongoing community capacity to address occupational health and safety concerns. Studies that train community members to collect and interpret data leave them with valuable expertise to continue ongoing work once researchers have left.

A recent review (Baron et al. 2009) examined methods and outcomes of a 13-year federal interagency program, *Environmental Justice: Partnerships For Communication,* which funded 54 environmental and occupational justice projects that employed CBPR approaches including several of the projects represented at the conference.

SIDEBAR:

A View from the Field

Presented by Maria Negrete, University of Washington

At the conference, former farmworker Maria Negrete, then a researcher at the University of Washington, shared her experiences on the receiving end of health and safety studies. Negrete warned researchers that their work can have unintended negative consequences.

- Communities can feel "over-studied." Too many researchers may study the same population. Clinics and hospitals may resent taking staff time to provide records to researchers.
- Resentment is magnified when study results are not presented back to the community. Participants in a study may feel exploited and forgotten. It may take a long time for the data to be analyzed and the results may be uncertain or "bad news." Researchers may leave the project before data can be reported back to the community, or they may not be comfortable with or not trained to provide feedback to non-scientists. Usually, no funds or time are written into grants for community feedback.
- Study results can generate negative publicity. Growers who have cooperated with researchers have felt damaged by press treatment of some studies, and farmworker clinics have felt they were portrayed in a bad light.
- Many workers and employers hesitate to participate in studies because they fear their confidentiality will be violated. Workers may fear that Child Protective Services will take their children, that they will be reported to ICE for deportation, or that a negative impact on their employer could lead to job loss. Employers may fear that their insurance rates will rise or that the publicity will hurt their business.

Despite the problems, she emphasized that research that is done well can increase visibility about dangerous working conditions, providing examples of how research has helped to improve working conditions and educated workers about safe working conditions. When the community does get feedback on research results, it is a valuable learning experience.

The Role of Qualitative or Ethnographic Research Methods

Participants emphasized the importance of conducting qualitative as well as quantitative research. Quantitative data are numerical, such as censuses or rates of injuries. Qualitative data are text, such as transcripts of interviews and conversations or descriptions of observations. Qualitative data are particularly useful because they can provide a way of understanding workers' lives and work lives from the perspective of the insider. Quotes from worker interviews can be persuasive and informative in illustrating problems—they help tell a story in a way that the general public can understand.

To develop approaches that combine the advantages of both quantitative and qualitative research, participants called for more collaboration among researchers from different fields such as epidemiology, anthropology, clinical medicine, medical sociology, and community health. For a more detailed discussion of qualitative research, see *Ethnographic and Other Qualitative Research Methods*, page 61.

Alternative Approaches to Exposure Assessment when Research in the Workplace isn't Feasible

Sometimes researchers may face barriers in gaining entry to workplaces in order to observe the working conditions of immigrants or to measure workplace exposures. When researchers conduct occupational health research in a community rather than in a workplace setting, one of the challenges is how to assess workplace exposures. This is particularly challenging when researchers are not able to arrange site visits to the workplace or when workers have multiple jobs. Participants discussed methods for simulating exposures so that an approximation of the true exposures can be made.

One method is to construct an actual simulation of the workplace (see *Hotel Room Cleaners Find Their Voice*, page 40). Another method is to show workers videotapes of similar workplaces and ask about similarities or differences. Still another approach is to ask workers to draw pictures or to map out the risks in their workplace. Participants stated that research is needed to develop and validate these and other simulated exposure assessment methods.

SIDEBAR:

Icon Life History Questionnaire

An example of a useful data collection approach with immigrant workers is the Icon Life History Questionnaire, a tool for gathering occupational histories from workers with low literacy or who have a complicated work history that makes it difficult to recall their different jobs and exposures.

The questionnaire uses pictographic stickers (icons) that the worker places on a blank calendar. The questionnaire session starts with the worker placing pictographic memory "anchors" on appropriate dates on the work-life calendar. These stickers represent important life events, such as marriage, arrival in the United States, and birth of children.

Around these memory anchors workers build their job history using the work-related stickers. They place stickers representing specific tasks to indicate the year and month of the job. Flag stickers indicate location of the job and duration is shown with colored pencil lines. Other stickers indicate which crops were worked (for farmworkers) and what personal protective equipment was used. While designed specifically for farmworkers, the model could be applied to a wide variety of jobs and tasks.

Researchers compared traditional work histories, taken via an interview, with work histories in which the interviewer used the icon calendar. They studied 89 farmworkers and non-farmworkers, interviewing the same workers once and then again 8 to 10 months later. The icon histories were much more detailed and full in terms of both number of jobs and amount of time accounted for. This history-taking method is interactive and entertaining and permits the worker to verify visually what he or she has told the interviewer.

For more information

Monge P, Wesseling C, Engel LS, Keifer M, Zuurbier M, Rojas M, Partanen T [2004]. An icon-based interview for the assessment of occupational pesticide exposure in a case-control study of childhood leukemia. Int J Occup Environ Health Jan-Mar;10(1):72–8.

Improving Quantitative Research Using Community-based Approaches

Participants commented that it is often difficult to collect information from immigrant workers at the workplace because employers may not be interested and workers may be fearful. Therefore, they discussed ways to improve community-based data collection of work-related problems. First, selecting an appropriate sample from the community requires consultation with experts in community-based survey sampling design. To the extent feasible, bias should be minimized by choosing a random sample or some other sample that is likely to be representative of the community. Selecting a representative sample can be time-consuming and expensive. The case studies on the following pages show some examples of how researchers selected community-based samples.

Second, participants suggested that a core set of standard questions be developed. Collecting similar data across a variety of workplaces, communities, and racial/ethnic groups could show similarities and differences across the country, across immigrant groups, and across industries.

Finally, participants emphasized the importance of collecting longitudinal data. The impact of many occupational exposures may not be apparent for months or years following the initial exposure, or the effects may accumulate over time. For example, workers who do repetitive hand-intensive tasks may develop carpal tunnel syndrome, but it may take years to develop, just as workers whose exposures to certain chemicals can lead to cancers 10–20 years later. Since many immigrant workers have temporary jobs, move to find new jobs, or return to their native countries, it is especially challenging to document these longer-term health problems.

Case Study: Researching Day Laborers

Presented by Abel Valenzuela, Jr., University of California, Los Angeles

During the summer of 2004, a team of 20 interviewers led by researchers from the University of California Los Angeles undertook the first-ever survey of national day laborers. The team traveled to 22 states and 184 cities and completed 2,660 surveys.

Day laborers are highly mobile, highly visible, yet largely unknown. Several factors make them difficult to study:

- Day labor is not an easily defined occupational category. It does not exist in the Standard Occupational Classifications (SOC) of the Department of Labor.

- Day laborers work for many different employers in a variety of jobs ranging in length from several hours to several weeks. A worker's status constantly fluctuates from looking for work to working in the formal or informal market. The number of workers at a hiring site can change, depending on the season, the current demand for day labor work, and the time of day.
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- New hiring sites emerge, old ones disappear, and some are difficult to find. Calculating a total population of day laborers requires a close approximation of the number of hiring sites.

- Day labor may be a temporary occupation. Some day laborers do this work as a holdover after a layoff or firing. Others have part- or full-time jobs in the formal labor market and do day labor as a supplement. Some use day labor as a steppingstone to regular employment. At any given time, who is and who is not a day laborer is fluid.

To address these issues, the researchers identified as many day labor sites as possible, developed a random sampling frame, and used a screening mechanism that would allow them to identify day laborers. The result was a national survey of 2,660 day laborers randomly selected at 264 hiring sites in 139 municipalities in 20 states and the District of Columbia.

For more information and the full results of this survey

Valenzuela A, Theodore N., Meléndez E, Gonzalez AL [2006]. On the Corner: Day Labor in the United States. http://www.sscnet.ucla.edu/issr/csup/uploaded_files/Natl_DayLabor-On_the_Corner1.pdf

(October 18, 2010)

Federal and State Data Collection Systems

The Census of Fatal Occupational Injuries conducted by the Bureau of Labor Statistics (www.bls.gov/iif/oshcfoi1.htm, October 26, 2010) provides annual, nationwide, and state-specific information on workplace fatalities. Currently, it is the only federal system that can routinely provide national occupational health data by country of birth. The BLS data system for *nonfatal* injuries and illnesses includes no information about whether workers are immigrants or native-born and only voluntary reporting of race and ethnicity (http://www.bls.gov/iif/oshsum.htm, Oct 26, 2010). This information on race and ethnicity is missing in more than 30% of cases. Participants recommended that race and ethnicity information and, to the extent feasible, country of birth should be included in this and other occupational health data collection systems.

Participants also stressed the need for better information about where immigrant workers are employed. Many change jobs frequently and some, especially newcomers, may not have stable addresses. This means that standard large government surveys such as the Census and the Current Population Survey that primarily collect information at respondents' homes may not capture the entire immigrant worker population. Special targeted government surveys to address information gaps are needed. For example, following the Immigration Reform and Control Act of 1986 (www.oig.lsc.gov/legis/irca86.htm, October 26, 2010), the Department of Labor established the National Agricultural Workers Survey (www.doleta.gov/agworker/naws.cfm October 26, 2010) to better estimate the size of that workforce, as many farmworkers who migrated between crops and jobs had several employers over the course of a year.

SIDEBAR:

Data Collection among Farmworkers

Presented by Matthew Keifer, University of Washington

Gaining reliable facts and statistics about immigrant farmworkers' health is challenging. Often the factors that make it hard to collect good information are directly related to the causes of the health problems themselves. For example, farmworkers move around and work on many different farms with different crops—and different pesticides. These multiple exposures may increase their risks, and they certainly make it harder to sort out the causes of particular health problems. Similarly, farmworkers often have little contact with the health care system. This is risky for their health and it also means that records about their problems are lacking.

Challenges to collecting data about farmworkers' health include the following:

- Researchers need to know both the "numerator" and the "denominator" of the populations they're studying. That is, they need to know the size of the total population—say 1,000 workers on a particular farm (the denominator). Then if they discover that 100 workers have back injuries (the numerator), they can say that the injury rate for that problem is 10% and compare that to injury rates on other farms or in other populations. But total farmworker numbers are not known. Estimates range from 2.5 million to 5 million. Most work is seasonal, making workforce numbers hard to estimate.
- Numerator information is limited as well. The BLS collects data only on farms with 11 or more workers. Only a few states look at pesticide poisoning, and many clinicians may underdiagnose it because they are not familiar with the symptoms (Reigert and Roberts 1999).
- Interviews conducted in 2001-2002 found only 12 states provided workers' compensation for farmworkers to the same extent as non-farmworkers. Farmworkers without documents were reluctant to file claims. More than 70% of farmworkers had no health insurance and only 8% had employer-provided health insurance (U.S. Department of Labor 2005).
- Workers' mobility makes follow-up studies next to impossible. In one study, researchers were able to find only six out of 100 Wisconsin farmworkers 10 years after they had visited a clinic. Even of those with a "home base," only 54% were found when sought in their self-described home state (Nordstrom et al. 2001).
- Farmworkers are exposed to a wide range of hazards because of their multiple jobs.
- Workers' willingness to participate in studies is inversely related to their job security.
- Differences in indigenous languages create a challenge, and many farmworkers speak only their indigenous language well (Triqui, Mixtec, Náhuatl). Some of these languages have no well-recognized written alphabet.
- Low levels of education make it hard to use written questionnaires.

Barriers to Documenting Immigrant Workers' Health and Safety

Finally, participants discussed questions such as to what degree do immigrant workers fail to participate in the workers' compensation system and why? What are the consequences for workers, employers, and society at large? What are barriers to clinicians' participation in the system? Undocumented immigrants may be least likely to have their work-related health problems recorded because they fear reprisals by the employer and may avoid health facilities for fear of being reported to the government.

Recent research (U.S. House of Representatives 2008) has found significant underreporting of nonfatal occupational injuries and illnesses in the US labor force as a whole. It seems likely that immigrant workers' injuries and illnesses are undercounted to an even greater degree than those of the native-born workforce because of the additional barriers immigrants face in reporting their job-related problems.

Conference participants suggested that researchers should examine a variety of obstacles that may impede documentation of injuries and illnesses of vulnerable workers. These obstacles result from a variety of legal, social, and economic phenomena, not merely from personal characteristics of individual workers. For example, increasing poverty and unemployment in major feeder countries and declining real wages and job security in low-wage jobs in the United States may increase pressures on immigrant workers to avoid the risk of losing their jobs for reporting injuries. Similarly, immigration laws hinder some immigrants' opportunities to work legally and might be expected to discourage any actions that increase their visibility.

Participants felt that undocumented workers, in particular, are very cautious about losing their jobs and may tend to shun contact with any government agencies, including OSHA and workers' compensation agencies. In addition, immigrants tend to work in industries and in employment arrangements (such as day labor or domestic work) that receive relatively little attention from OSHA, and thus there is little likelihood that their injuries will be counted. Participants raised particular concerns that the industries reporting the greatest drops in frequency of workers' compensation claims during the 1990s were those staffed by increasing proportions of immigrants: restaurants, clothing manufacturers, grocery stores, and hotels.

Participants also stressed that researchers need to disentangle actual improvements in safety from lack of reporting. Using community-based surveys such as those reported in recent studies of immigrant workers, they can compare officially reported illness and injury numbers to primary data gathered from workers, clinicians, or others closer to the event than an OSHA log or a workers' compensation claim. In-depth case studies might examine trends in particular areas, industries, or workplaces. These studies should use qualitative methods such as interviews with affected workers and with gatekeepers of health records, including plant supervisors, clinicians, or insurance adjusters.

Case Study: Data Collection in Partnership with Community Health Centers

Presented by Kerry Souza,
Massachusetts Department of Public Health

Researchers from the Massachusetts Department of Public Health's Occupational Health Surveillance Program found that they could collect important information on immigrants' safety and health problems, concerns, and knowledge by conducting 10-minute interviewer-administered surveys in the waiting rooms of community health centers (CHCs). In 2002 and 2003, researchers interviewed 1,428 workers at five CHCs in Cambridge, Dorchester, Chelsea, and Lowell, areas with large immigrant populations. The centers provide primary and dental care and mental health and social services.

The survey, conducted in six languages, included questions about occupation and industry, working hours, health hazards on the job, workers' concerns, health and safety training, awareness of OSHA and workers' compensation, and experience of work-related health conditions in the previous 12 months.

The numerous advantages of such a project included

- The barrier to entry can be much lower than that of the workers' compensation system, in which many immigrant workers do not participate.
- It can create links to medical personnel working in immigrant communities.
- It can build capacity and develop occupational health expertise in community settings.
- It can enable periodic analysis of non-reportable conditions "flagged" as work-related.

The project required researchers to train health center staff to analyze data on work-related conditions and to provide technical assistance on filing for workers' compensation.

For more information

Massachusetts Department of Public Health [2007]. Occupational Health and Community Health Center (CHC) Patients. A report on a survey conducted at five Massachusetts CHCs.

http://www.mass.gov/Eeohhs2/docs/dph/occupational_health/ohsp_survey%20report_summary.pdf (October 18, 2010)

III. Challenges and Approaches for Prevention and Intervention

The goal of the Interventions track was to develop recommendations for government agencies, community-based organizations, unions, and employers on interventions to preserve immigrant workers' safety and health. The track was divided into three sub-groups: (1) community-based interventions, (2) workplace and union-based interventions, and (3) policy interventions.

Speakers gave many examples of work that is already being done in **communities,** including using health and safety curricula in English as a Second Language (ESL) classes; doing outreach through soccer leagues; using storytelling, drawing, or theater in training classes; working with environmental groups; developing materials in Spanish or Chinese; training day laborers on construction skills; using a van for free medical screenings; organizing "one-stop" service centers where workers can address multiple job concerns at once; and working through the schools and with youth to reach their parents.

Workplace interventions include those targeted specifically at health and safety as well as those targeted at increasing immigrant workers' awareness of their rights and building confidence more generally. Some unions provide photo ID cards; negotiate company-paid education funds, including ESL classes; give health and safety training in the workers' language; collaborate with community organizations on pre-apprenticeship training; and join forces with community organizations to work with OSHA and to press for health and safety improvements.

Participants noted that many of the projects by unions and community organizations could be called "natural experiments": groups of workers or advocates have come up with their own ideas and tried them out. Not all have been systematically tested or evaluated, but this list of examples may stimulate readers to think of similar projects they could undertake.

In the **policy** arena, federal, state, and local government agencies have partnered across agencies to coordinate responses to immigrant workers' complaints; carried out "special emphasis" enforcement programs in industries with large immigrant populations; issued state-level standards; passed laws guaranteeing workers' compensation coverage for undocumented workers; passed laws requiring recruiters to explain work contract provisions to non-English-speaking workers; and published educational materials and provided services in immigrants' languages.

These interventions are explained in greater depth below.

Community-based Interventions

The grassroots organizations working to improve immigrant workers' safety and health range from community-based advocacy organizations called workers' centers and faith-based organizations to clinics and social or legal service providers. University safety and health programs and government agencies are also doing useful work.

The "golden rule," they have found, is "take the message where immigrant workers are, rather than wait for them to come to you." Organizations have taken health and safety information to cultural fairs, soccer games, swap meets, schools, shelters, hometown networks, and churches.

Participants described projects focusing on outreach and education, including the following:

- The Coalition for Humane Immigrant Rights of Los Angeles (CHIRLA) has organized weekend soccer leagues and staffers attend the games to provide information and referrals to organizations that can help workers on a range of issues.
- California Rural Legal Assistance has conducted workshops on health and safety and labor rights for youth who congregate in camps on the United States/Mexico border while waiting to come to work in the United States.
- Several Committees on Occupational Safety and Health (COSH) organizations, including those in New York, New Hampshire, Rhode Island, and Massachusetts, have developed health and safety curricula for use in introductory ESL classes. These curricula address basic occupational health and safety concepts and workers' rights under OSHA.
- The Santa Clara Committee for Occupational Safety and Health (SCCOSH) sponsored WE LeaP! (Working Women's Leadership Project), a program to train electronics workers, caregivers, and hotel cleaners in Silicon Valley. The program integrated occupational health into a discussion of broader issues that affect women, such as gender and family. Training modules used storytelling, drawing/painting, rituals, dancing, and songs to communicate health and safety information. Nine ethnic groups participated in the trainings, including African American, Cambodian, Indonesian, Filipino, Korean, Samoan, South Asian, Latino, and Vietnamese women.
- The University of California Berkeley Labor Occupational Health Program (LOHP) has collaborated with environmental and worker groups, drawing links between environmental and occupational health issues. Four trainings were held with the Southwest Network for Environmental and Economic Justice. Although LOHP had originally planned to run two tracks, one for English and Chinese speakers and the other for Spanish speakers, participants insisted on learning together. The trainings were therefore simultaneously translated into English, Spanish, Korean, and Chinese. Health and safety training kits in four languages were produced.

- UCLA's Labor Occupational Safety and Health Program (LOSH) developed La Fuente Obrera/Workers' Sourcebook, a bibliography of Spanish-language training materials about occupational health and safety.
- The Asian Law Caucus, based in San Francisco, provides services in Cantonese, Mandarin, and Vietnamese and addresses the language problem by emphasizing visuals in its work. A comic book, "How Anna Won Her Wages," explains wage and hour laws in Chinese and English. A "Know Your Rights" curriculum uses a large storyboard with a picture of an Asian electronics worker to depict workplace hazards. Workers are asked to think of ways to reduce the hazards, and the trainer sticks on pictures of controls (ergonomic chairs, goggles). This method has been effective in mixed-language audiences (Chinese and Spanish).
- The Center for Farm Health and Safety in the Department of Sociology at Eastern Washington University developed four one-act plays in Spanish on health and safety issues for farmworkers in Washington's Yakima Valley.

Participants described projects integrating health and safety into immigrants' other priorities, including the following:

- North Carolina COSH teamed up with the local Centro Hispano to create a Job Information Center in which recent immigrants could learn about available jobs. As a condition of receiving information, all participants had to attend training on health and safety and workers' rights.
- La Raza Centro Legal and the San Francisco County Health Department developed a vocational education program for day laborers to train them on specific construction skills. Health and safety are integrated into the curriculum.
- The Queens Worker Health Protection Project is a partnership with NYCOSH, the Latin American Integration Center, Queens College, and Elmhurst Hospital. It provides free medical screening through a mobile van in the community and referrals to a partner hospital for follow-up care. The project also trained peer educators in the community. This project worked with day laborers who were involved with clean-up after September 11, 2001.
- The Asian Law Caucus organizes "one-stop" service centers where workers can address multiple concerns at once: occupational health, employment claims, workers' compensation, wage and hour, and other legal issues. The Caucus has partnered with the Community Occupational Health Project (COHP) at the University of California San Francisco (UCSF) on joint events where workers can get legal assistance, health screenings and referrals, and workshops on occupational health.

Participants also noted approaches working through the schools and with youth to reach their parents, including the following:

- LOHP wrote "Teens Working in Agriculture," a health and safety curriculum for intermediate high school ESL classes. Workshops for parents were part of the project. Many youth reported sharing information from the curriculum with parents and other relatives, while teachers commented on how engaged the students became during these lessons that were relevant to their lives. In follow-up interviews several months later, more

than half the youth said they had taken measures to protect their health and safety in the fields.

Participants cited intervention efforts focused on **using the media,** including the following:

- Frente Indigena Oaxaqueño Binacional, an organization that links indigenous Mexicans from the state of Oaxaca with community members already living in California, participates in a one-hour program every week on a local radio station in the Central Valley, covering a variety of topics including health and safety.
- Radio Bilingue sponsored a series of call-in shows on occupational health, including one with a focus on youth, and also developed public service announcements, with California Rural Legal Assistance, for youth in the fields.
- CHIRLA has placed brochures and posters on public buses, working with an advertising company to develop the campaign. The poster included a packet of wallet-size information cards about workers' rights.
- The San Mateo Labor Council's Health at Work project conducts health and safety trainings in Spanish, English, and Chinese. The Council surveys its union affiliates about available and needed health and safety resources and assesses the demographics of the union members and their language needs. The Council obtained airtime on a popular Spanish radio station by arranging for health and safety advocates to be guests on shows hosted by local doctors. The project expanded to hosting for 10 minutes and taking caller questions, giving immediate referrals.

Workplace and Union-based Interventions

Interventions at the workplace cited by participants include those targeted specifically at health and safety and those targeted at increasing immigrant workers' awareness of their rights and building confidence more generally. Union contracts offer immigrant workers information on particular health and safety rights and procedures and also allow undocumented workers to speak up about conditions with less fear of discrimination.

A number of unions provide benefits for immigrant workers in order to increase their involvement in their local unions. These benefits include providing photo ID cards; negotiating company-paid training and education funds, including ESL (English as a Second Language) classes; and negotiating programs with banks so that immigrant workers can send money to relatives more easily. Training from the union at the time they are hired, communication from the union in their own language, and a good experience with their steward or union representative are also efforts that increase immigrants' participation in their union. These types of actions by local unions make it more possible for immigrants to get involved in health and safety programs, such as joining health and safety committees.

Efforts that address enforcing and educating about health and safety rights include the following:

- Many unions provide health and safety training, including training on workers' rights. Materials are bilingual and sessions are often held in the workers' language. For example, the United Food and

Commercial Workers union (UFCW) has produced videos on health and safety rights, subtitled in English, along with a guide for local unions on how to use the videos with their members.

- The Maintenance Corporation Trust Fund (MCTF) in Los Angeles, a joint project between the Service Employees International Union and some janitorial contractors, developed a monitoring program in which MCTF conducted audits, surveys, and worksite visits to identify problems related to wages and hours, health and safety, and other work-related issues.
- The San Francisco building trades are collaborating with a Chinatown community organization, Charity Cultural Service Center, to provide pre-apprenticeship training to workers recruited in the community. These workers are generally already doing construction work, often as day laborers, working for small contractors. The unions provide skills training, including recognizing hazards and learning to speak up and take action to improve conditions. Training is carried out in Mandarin and English, with translation into Cantonese. Upon completing the course, participants are eligible to become union members.
- Southeast Michigan COSH supported a union organizing campaign at an auto parts company in Detroit by publishing a tabloid-style newspaper in Spanish and English and distributing it by the thousands in the neighborhood where the plants were located and where many of the workers lived. Workers appreciated seeing support from an organization based in their community and voted the union in. SEMCOSH followed up by finding volunteers to conduct health and safety trainings in Spanish so that safety rights were an issue in the first contract campaign.
- MassCOSH worked with a committee of Latino immigrants from a nonunion meat processing plant in Massachusetts. MassCOSH helped the workers form a coalition with faith-based groups, community organizations, Jobs with Justice, and a local union in the Boston area to raise health and safety concerns. This coalition was successful in achieving some changes, such as getting periodic hearing screening tests and redesign of some jobs that were causing musculoskeletal problems.
- MassCOSH helped the workers file a complaint with OSHA in which they asked that OSHA send a Spanish-speaking investigator to meet with the workers off-site and during the “closing conference” after the investigation. OSHA did so and issued more than a dozen citations and more than $16,000 in penalties. The company instituted several changes such as repairing leaky pipes and faulty wiring, securing meat racks, and lowering weight limits for meat on the racks.

Case Study: Hotel Room Cleaners Find Union and University Collaboration

Presented by Pam Tau Lee,
Labor Occupational Health Program (LOHP),
University of California Berkeley

In Las Vegas in 2001 and 2002, hotel room cleaners and their union worked with researchers from the University of California to document safety and health conditions on the job. Cleaners were predominantly women of color, many non-English-speaking, with more than four-fifths born outside the United States.

Leaders of Hotel Employees and Restaurant Employees (HERE) Local 226 suspected that the workload for room cleaners had increased over time, but because cleaners were not well organized within the union, leaders lacked understanding of the cleaners' work. They believed that cleaners were probably getting hurt on the job but not filing for workers' compensation.

Two years before the union's contract was due to expire, they began working with the Labor Occupational Health Program (LOHP) at the University of California, Berkeley to assess health and safety risks for the room cleaners.

LOHP's method was to use group meetings to involve room cleaners, the subjects of the research, as full participants in designing and conducting it. This involvement was intended to give workers confidence in their abilities to step forward as leaders and to help ensure that the results would be useful. At the same time, union officials were committed to respecting the researchers' need for methodological rigor and scientific integrity. A union representative stated, "We are comfortable with the process and will abide by the findings," thus setting a tone of mutual trust.

Researchers from LOHP facilitated a series of seven meetings with cleaners from five hotels over a period of six months. Each meeting lasted for 3 hours after work. Meetings were simultaneously translated into Spanish, the language of 85% of participants. The aim was to identify priority health and safety issues for incorporation into a questionnaire that would go to 1,300 cleaners at five hotels of different sizes and types (from basic to luxury).

Working in small groups or pairs, cleaners used index cards to make a list of all their daily tasks and then noted with red "sticky dots" which tasks caused the most problems, e.g., were time-consuming or strenuous or required tools that workers did not have. On a drawing of a hotel guest room, workers circled areas where work had increased and wrote or drew explanations.

After a mini-training on chronic stress, cleaners reviewed a list of potential stressors in their jobs. Using sticky dots, they identified which caused them the most problems. Then, in small groups, they developed role-plays to show how they experienced those stressors. For example, a pair of cleaners might act out a tense conversation between a worker and a supervisor over work pace.

Cleaners were asked to bring a list of all the chemical products they used on the job, with the manufacturers' phone numbers. After a training on chemical effects, the group documented which chemicals were used in each hotel and the health hazards.

The union's training center included four rooms that simulated hotel guest rooms. Members placed "post-its" around these rooms to show the places where they got hurt or felt pain. Their explanations were recorded and videoed. The cleaners then reviewed the videos and made a thorough list of ergonomic risk factors involved in cleaning rooms. Although the sessions were designed to identify problems on the job, the facilitator also encouraged workers to share positive comments that would make the group feel strong and more united.

As they documented the risk factors, members often experienced "ah-ha!" moments, as when they discovered that each hotel had used incentives to get them to clean more than their assigned number of rooms in a shift. In this way, in at least one hotel, 15 rooms had replaced 14 as the standard required. When the cleaners understood that these situations were recognized by scientists and the government as stressors—and were not just "part of life"—they began to feel that they could demand solutions.

The information about stress gathered from the group discussions was used to generate questions for the survey. Workers' concerns were grouped into categories: lack of control; heavy workload; poor communication, warnings, and threats; whether cleaners received instructions and other communications in a language they could understand; and responses to injuries. For example, the survey asked whether the hotels administered drug tests or disciplined workers when they reported injuries and missed work.

The research team administered the survey after work. It was translated into Spanish and Serbo-Croatian, and bilingual research assistants or room cleaners from nonparticipating hotels helped workers who spoke other languages (such as Tagalog and Russian) to participate. The participation rate at the five hotels was 74%.

At the bargaining table, cleaners spoke directly to employers about their health and safety concerns. They also helped disseminate the survey findings on the radio and television and in print media. In the contract settlement, all the major hotels agreed to reduce cleaners' workload. They would freeze the current number of room assignments, guarantee that room quotas would not be increased during the life of the contract, and decrease assignments on days with high numbers of guest check-outs, travel between floors, or use of rollaway beds.

In the wake of the project more room cleaners also became involved in the union and took leadership positions. Cleaners' comments indicate the progress they made in developing leaders and in winning small victories:

- "We have reduced the number [of cleaners] who are not taking their breaks from 70% to maybe 10%."
- "We complained about our uniform. We do not like to wear skirts . . . and we finally got what we wanted. Now we can also wear pants."
- "When guests come to Las Vegas, they leave the rooms extremely dirty. Now we have a bio-hazard team that

is trained on how to clean up human filth, so we don't have to do it."

This project demonstrated the principles of CBPR:

- It started from the experiences of the workers.
- It involved workers in developing and conducting the research.
- The findings of the study were used to develop policy changes to decrease exposures.
- Workers gained leadership skills.

For more information

Lee PT and Krause N [2002]. The impact of a worker health study on worker conditions. *Journal of Public Health Policy* 23 (3).

Policy Interventions

Participants noted that two kinds of policy actions affect immigrant workers' safety and health: (1) those that improve conditions for all workers in workplaces or industries where many immigrants are employed and (2) those that decrease immigrants' vulnerability to exploitation and thus lower their risk of suffering workplace injuries. These latter interventions can be designed to protect immigrants' rights in the workplace or more generally.

Following are examples of actions taken by federal, state, and local government agencies and of actions taken by advocates to affect government policies.

Policy interventions that were implemented through partnerships with immigrant community groups include the following:

- Houston's "Justice and Equality in the Workplace Project" involves OSHA, the U.S. Department of Labor's Wage and Hour Division, the EEOC, city government, the local labor council, and immigrant advocates. The goal is a coordinated system of response to immigrant workers' complaints and protection from reprisals. The Department of Labor says it has recovered more than $1.3 million in back wages from more than 1,900 referrals through this program.
- CAL-OSHA made a formal agreement with California Rural Legal Assistance authorizing CRLA staff to act as witnesses in support of OSHA citations. This partnership increased CAL-OSHA's enforcement capacity in agriculture without increasing its number of inspectors.

Policy interventions that used the "bully pulpit" to support immigrants' rights include these:

- After the *Hoffman Plastics* decision, which limited undocumented workers' rights to back pay after retaliatory firing for union activities (see *What Happened in Hoffman,* page 52), the governments of California and Washington issued policy statements affirming undocumented workers' labor rights. California said that all worker rights, remedies, and protections available under state law applied to all workers, regardless of immigration status. The bill declared that the state would continue to enforce state laws without asking about immigration status and impose penalties on employers who violate immigrant workers' rights.
- Nebraska Governor Mike Johanns commissioned a study of working conditions in meatpacking and in 2000 issued a Meatpacking Industry Workers' Bill of Rights, http://dol.nebraska.gov/center.cfm?PRICAT=2&SUBCAT=5K&ACTION=bor (October 18, 2010). Johanns visited packinghouses and insisted that the Bill of Rights be posted in every plant; injuries are decreasing as a result.
- Illinois then-Governor Rod Blagojevich appointed a special Panel on Latino Workplace Injuries and Fatalities, made up of elected officials and representatives from labor, business, government, and community-based organizations. The panel was charged with identifying ways to decrease the risks faced by immigrant workers and day laborers. Preliminary recommendations included funding

community organizations and holding licensed day labor contractors accountable, through penalties, for on-the-job training.

Policy interventions that involve stepping up state and federal enforcement include the following:

- Federal OSHA carries out "special emphasis" enforcement programs in industries with large immigrant populations. OSHA's Region IV (South) has focused on landscaping. In North Texas, OSHA's construction industry enforcement focus, combined with increased training, reportedly resulted in a substantial drop in Hispanic worker construction deaths. CAL-OSHA has carried out special emphasis programs on agriculture, construction, and blood-borne pathogens, all of which have helped immigrant workers significantly. See, for example, http://are.berkeley.edu/heat/ASHIProject.pdf (October 26, 2010.)

- The Attorney General of Massachusetts issued an Advisory on the civil rights of immigrant workers titled "Prohibitions on National Origin, Race and Color Discrimination" www.massenglishplus.org/content/Language_Rights/Workplace_Rights/English_Only_Rules_in_MA.pdf (October 18, 2010) This Advisory followed discrimination lawsuits filed in the Boston area by immigrant workers and workers' centers against employers that violated civil rights of immigrant workers with English-only policies. In addition, collaboration between the Attorney General's office and workers centers and immigrant rights organizations has improved enforcement of labor laws in the state.

Policy interventions that issue new OSH standards affecting immigrant workers include the following:

- In 2004 Washington State established a program for farmworkers who mix, load, and apply pesticides. Under this program designed to prevent injuries from exposure to certain insecticides, baseline and periodic blood tests are conducted to identify overexposure. Employers must investigate work practices if problems are found, remove affected employees on the advice of the health care provider, and conduct training on the monitoring. In the first year of the program, investigations of work practices were required in 20% of the cases and in 5% workers had to be removed from duty.
- Cal-OSHA has sought for many years to address farmworkers' back injuries. When the agency banned the short-handled hoe, other states followed suit. In the 1990s some employers began to require workers to hand-weed rather than use a long-handled hoe. In September 2004 Cal-OSHA banned hand-weeding for many crops.

Policy interventions that focus on decreasing immigrants' vulnerabilities include the following:

- Although not targeting worker safety specifically, certain actions by state and local governments have decreased immigrants' vulnerability to exploitation and OSH hazards.
- Some states have passed laws guaranteeing workers' compensation coverage for undocumented workers.

- A Nebraska law requires recruiters to provide interpreters to explain work contract provisions to non-English-speaking workers. This assures that newly arrived immigrants understand their labor rights including those related to occupational safety and health.

Policy interventions related to publishing educational materials in other languages include the following:

- The Occupational Health Branch of the California Department of Health Services produced a brochure in Chinese and Spanish on ergonomic hazards for sewing machine operators. http://www.cdph.ca.gov/programs/hesis/Documents/sewingsp.pdf (October 18, 2010)
- Oregon OSHA developed a detailed bilingual training program for the construction industry and made it available on the Oregon OSHA website. http://orosha.org/publications/publications_spanish.html (October 18, 2010)
- The Washington Department of Labor and Industries produces information in Spanish on agricultural safety, chemical safety, blood-borne pathogens, personal protective equipment, and teen workers. For example, see http://www.lni.wa.gov/FormPub/results.asp?Keyword=spanish (October 18, 2010).
- NIOSH and federal OSHA have Spanish-language sections in their websites. For example, see http://www.osha.gov/as/opa/spanish/ (October 18, 2010) and www.cdc.gov/spanish/niosh/ (October 18, 2010).

Policy interventions to improve access by non-English speakers include the following:

- California passed the Dymaly-Alatorre Bilingual Services Act in 1973, requiring all state agencies to provide information and services in the languages spoken by their clients, employ bilingual personnel in public contact positions, and translate documents.
- In 2002 a bill was passed directing Cal-OSHA to "make all efforts to ensure that limited-English-proficient persons can communicate effectively with the division," including providing bilingual services during an inspection, having written materials in appropriate non-English languages, investigating a death within 24 hours, and imposing criminal and civil penalties where there is reasonable suspicion that a crime occurred.
- Various coalitions have also addressed the linguistic needs of immigrants.
  - The Language Access Coalition worked with California state agencies, including the Labor and Welfare Development Agency (LWDA), to identify translation needs for certain key documents into Spanish and Chinese, and Coalition members were involved in reviewing the draft translations.
  - Community groups, unions, and others have worked together through the Working Immigrant Safety and Health Coalition, the Language Access Coalition, and the Coalition for Immigrant Worker Advocates to push LWDA to create a liaison to monitor and ensure workers' access to services and to create an office that addresses immigrant affairs. These efforts were successful in 2002 when LWDA created an Office for Low Wage

Workers and an advisory group to the agency that addressed low-wage and immigrant worker concerns.

- Washington State runs a bilingual farmworker employment rights 24-hour information line, and its website includes a question-and-answer section on farmworker employment issues in Spanish.

Case Study: Garment Workers Intervention

Presented by Jacqueline Chan,
Occupational Health Branch,
California Department of Public Health

Are an aching back and a stiff neck just part of the job for a garment worker? In Alameda County, California, hundreds of immigrant women are using healthier sewing workstations that incorporate ergonomic chairs and footrests. The changes came about thanks to a project initiated by a community-based organization called Asian Immigrant Women Advocates (AIWA) and carried out by AIWA along with the California Department of Health Services and the University of California San Francisco and Berkeley.

AIWA members were dealing with poor working conditions in Bay Area garment shops, which specialize in bridal and evening gowns and other fine work. Ninety percent of the workers there are immigrant women from Hong Kong or China. Realizing that members had a myriad of similar health complaints, AIWA obtained a grant from The California Endowment in 1998 to explore the reasons. A group of 75 peer health promoters was trained to document the impact of work on their health. Promoters educated more than 200 garment workers about the health risks of their work.

As a result of this effort, the Asian Immigrant Women Workers Clinic was launched in 2000 as a collaboration between AIWA and the UCSF Schools of Medicine and Nursing. With funding from The California Wellness Foundation, the clinic treated garment workers for work-related health problems and taught classes in ergonomics. Occupational health professionals and AIWA members worked together to teach the women exercises to reduce pain. In 2001, AIWA and UCSF released a report. Its findings included:

- Health and safety violations are common in the mostly small factories that employ these garment workers.
- Ninety-nine percent of clinic patients had one or more work-related conditions, including back, neck, or shoulder sprains or strains. Ninety-four percent experienced pain severe enough to interfere with their daily activities.
- About 94% of patients reported one or more problems with their workstations, including inadequate seating (90%), and awkward bending and twisting (67%).

Build a Better Chair

After interviews with workers and factory owners, the team concluded that what workers needed most was a better chair. Many sewed while sitting on stools, crates, or old kitchen chairs. They also concluded that any innovations would have to be inexpensive, if they were to convince shop owners to adopt them.

After six months of intense, weekly research sessions, the partners jointly designed a low-cost ergonomic workstation consisting of an adjustable chair, a custom-designed table extension, a footrest, a tilted worktable, non-slip surface material, and tool holders, at a cost of about $250.

Together, the team held focus groups in Oakland's Chinatown and built prototypes for workers to test. After trying many designs, the team decided on a chair adapted from one a local cabinetmaker had designed for cello players. It looked like an office chair but had no wheels; wheels would create an unstable base as workers leaned forward to sew. It had a smaller seat and base than most office chairs, because of the small work areas in garment shops. A special two-part seat did not press on the bottom of the thigh, for better operation of the foot pedal. And the chair was adjustable: workers could raise or lower it and tilt it to their preferred angle.

In Use

The chairs and other innovations were tested at three factories. But finding more shops that would buy the new chairs was not so easy, even though the price was good for an ergonomic chair. Both owners and workers tended to be suspicious of outsiders and did not like their production schedules interrupted. A chair lending library was created, and by 2005, eight factories were involved, providing chairs to more than 170 workers.

Keys to success were relatively low-cost solutions and participation of workers in design. Workers' leadership of the project ensured that the solutions met their needs. AIWA believes that research projects can improve workers' lives only when immigrant women, working with researchers, identify issues important to them, are involved in every research stage as equal partners, and own the outcome, so that they can launch campaigns that yield lasting changes.

For more information

Chan, J., Janowitz, I., Lashuay, N., Stern, A., Fong, K. & Harrison, R. [2002]. Preventing musculoskeletal disorders in garment workers: preliminary results regarding ergonomics risk factors and proposed interventions among sewing machine operators in the San Francisco Bay Area. *Applied Occupational and Environmental Hygiene*, *17*(4), 247-253.

Wang PC, Ritz BR, Janowitz I, Harrison RJ, Yu F, Chan J, Rempel DM [2008]. A randomized controlled trial of chair interventions on back and hip pain among sewing machine operators: the Los Angeles garment study. *J Occup Environ Med*. 2008 Mar; 50(3):255 262.

http://www.aiwa.org/gw_brochure.pdf

(October 18, 2010)

Challenges to making ergonomic improvements in garment shops	Strategies to overcome challenges
▪ Mistrust of government officials ▪ Fear of change ▪ Lack of money or unwillingness to spend money ▪ Concerns about stability of the garment industry, given the trend to off-shoring ▪ Lack of familiarity with the concept of ergonomics ▪ Acceptance by workers that pain is a part of work life	▪ Ensure a trusted community organization serves as a liaison for immigrant employers and workers to interact with government. ▪ Introduce change slowly. ▪ Follow through on promises, large and small. ▪ Be sensitive to fears and cultural barriers and accommodate production schedules. ▪ Most important, build the leadership of garment workers to shape the proposals and advocate for change.

IV. Cross-cutting Discussions

Following the two conference tracks on Data Collection and Interventions, participants met in workshops to examine issues that affect immigrant workers regardless of the industry in which they work. These cross-cutting discussion sessions addressed the following topics:

- Legal issues for immigrant workers
- Language, literacy, and culture
- Ethnographic and other qualitative research methods
- adolescent immigrant workers
- Issues of race and ethnicity
- women immigrant workers
- Immigrant workers' centers

Cross-cutting Discussions 1: Legal Issues for Immigrant Workers

Immigrants, whether documented or undocumented, are guaranteed the right to a safe workplace under OSHA. However, situations arising from their legal status may result in undocumented workers being reluctant to voice concerns about workplace safety.

To set the context for the discussion, Amy Sugimori of the National Employment Law Project described the legal rights that documented and undocumented immigrants do have, the rights that they don't have, and the rights that are difficult for many immigrant workers to enforce. Shelley Davis, co-executive director of Farmworker Justice, explained the particular situation of farmworkers, who are excluded from many labor laws. Their presentations stressed that a safe and healthy workplace is one of the many labor rights that the law guarantees to workers in the United States. The major points of their presentations are summarized below.

Barriers to Undocumented Workers Raising Concerns about Safety

Workers without legal documentation in this country face significant barriers to enforcing their rights in the workplace, including

- Employer retaliation in the form of firing or reporting them to Immigration and Customs Enforcement (ICE)
- Being forced to make admissions in agency proceedings, such as before the NLRB or a state workers' compensation board, or in court proceedings, regarding their immigration status that could lead to deportation, and to detention pending deportation
- Concerns that government agencies from which they seek help will ask about their status and share that information with ICE.

Most labor and employment laws cover all workers, regardless of their immigration status (citizen, documented immigrant, undocumented immigrant, guest worker). Nearly all workers have the right to invoke laws protecting the right to organize and

bargain collectively, to be paid a minimum wage and overtime, to be free of employment discrimination, to receive workers' compensation if sick or injured on the job, and to enjoy a safe and healthy workplace. Agricultural workers are excluded from some of these labor laws. For example, the Fair Labor Standards Act (FLSA) exempts agricultural workers from overtime premium pay, and not all states include agricultural workers in their Workers Compensation laws.

Despite having these legal rights, immigrants' lack of access to information about their rights, their linguistic, cultural, or geographic isolation, and their fear of jeopardizing their immigration status or of being reported to ICE may interfere with the enforcement of these rights. Moreover, the U.S. Supreme Court's decision in *Hoffman Plastic Compounds v. NLRB* has led to some limitations on remedies available to undocumented workers for violations of their rights. For domestic workers and day laborers, the often informal nature of the employment relationship or if they are working as "independent contractors" makes enforcement of rights even more difficult and may also limit their access to workers' compensation.

Implications of Hoffman for Undocumented Workers

In March 2002 the Supreme Court decision *Hoffman Plastic Compounds v. NLRB* [535 U.S.137; 122 S. Ct. 1275 (2002)] changed the landscape considerably for workers without legal documents authorizing them to work in the United States. (See *What Happened in Hoffman,* page 52.) Although *Hoffman* applied to only one area of employment law, some employers and their lawyers have interpreted it as eliminating all labor rights for undocumented workers.

Participants cited three examples of how the post-*Hoffman* climate affects the ability of undocumented workers to exercise their rights:

- Guillermo Medellin was working on Boston's "Big Dig" project using a jackhammer. He fell six feet into a hole with the jackhammer, crushing his hand. *Hoffman* does not affect any of the state workers' compensation laws, and the Massachusetts Department of Industrial Accidents said that Medellin's immigration status did not bar him from workers' compensation. But, as has happened in other states, the employer's insurance company appealed to the court (*Medellin v. Cashman, et al*., 04-J-0017, Mass.Ct. App. 2003). A number of organizations as well as the Massachusetts Attorney General filed *amicus* briefs supporting Medellin's right to benefits. Ultimately, the parties settled, and the Court of Appeals dismissed the case on May 9, 2005.
- Rosa Crespo worked in a New Jersey warehouse. She left work on maternity leave, but her employer refused to reinstate her after the leave. In New Jersey, it is a violation of the Law Against Discrimination to fire someone because she is pregnant, but in *Crespo v. Evergo Corp*., the court in 2004 concluded that since Crespo was undocumented, she did not suffer any harm from being fired.
- Esmeralda Morejon worked at a hinge factory in California. She developed ovarian cancer that required surgery. She requested medical leave from her employer and was ultimately fired. Even though California passed a law clarifying that workers continue to be protected under state laws regardless of immigration status, in 2003 Morejon's

employer prevailed in court. Since workers' compensation is a state-run program, each state can have its own interpretation of coverage for undocumented workers. Only one state, Wyoming, specifically excludes undocumented workers from workers' compensation. A number of courts in other states, such as California, Georgia, and Maryland have held that undocumented workers continue to be covered by state workers' compensation following *Hoffman*. In other states courts have set limits. For example, Michigan's statute has been interpreted to include undocumented workers, but a particular provision in *Sanchez*/*Vazquez v. Eagle Alloy* has been read to preclude undocumented workers from recovering benefits for lost wages. The Pennsylvania Supreme Court held in *The Reinforced Earth Company v. Workers' Compensation Appeal Board* that, although undocumented workers are covered by the state's workers' compensation statute, an employer may seek suspension of its requirement to provide wage-loss benefits without showing that available employment exists that the injured worker is capable of performing.

SIDEBAR:

What Happened in Hoffman

The *Hoffman Plastics* case involved a California factory worker named José Castro who was fired for his union organizing activities, in clear violation of the National Labor Relations Act (NLRA). The National Labor Relations Board (NLRB) ordered the employer to cease and desist, to post a notice that it had violated the law, and to reinstate Castro and give him back pay. Under the NLRA, back pay is owed to a victim of an illegal anti-union firing in order to compensate him for wages he would have earned had he not been wrongfully fired. See www.nlrb.gov/about_us/overview/national_labor_relations_act.aspx (October 18, 2010).

In a hearing, Castro admitted that he had used false documents to establish work authorization and that he was an undocumented worker.

The Supreme Court found that the Immigration Reform and Control Act, IRCA, https://www.oig.lsc.gov/legis/irca86.htm (October 18, 2010) of 1986 had "significantly changed" the "legal landscape." IRCA had made it unlawful for an employer to knowingly hire a worker who is not authorized to work in this country, and it provided for "employer sanctions" against those who did. Since IRCA prohibits the hiring of undocumented workers, the Court said, such workers cannot receive back pay for work they could not have lawfully performed. The Court reasoned that to enforce the NLRA would "trump" Congress's immigration policy.

The Court therefore held that unauthorized workers cannot receive back pay under the NLRA.

It is still unlawful for employers to discriminate against workers who engage in concerted action, including the attempt to organize a union and bargain collectively, or to demand safe working conditions regardless of the workers' immigration status. But because of *Hoffman*, employers may now fire undocumented workers who engage in concerted activity, or discriminate against them in other ways, without being required to reinstate them or to pay back pay if they are found to have violated the law.

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suspension of its requirement to provide wage-loss benefits without showing that available employment exists that the injured worker is capable of performing.

Other Barriers to Safety and Health for Undocumented Workers

Fear that agencies will share information about immigration status Many immigrants are deterred from accessing essential social services, including agency enforcement of employment laws, out of fear that the agencies will reveal their information to the U.S. Immigration and Customs Enforcement (ICE). For example, a few months following the conference, in 2005, ICE agents arrested and detained immigrant workers from the Seymour Johnson Air Force Base in Goldsboro, North Carolina, after representing themselves as staff members of the Occupational Safety and Health Administration (OSHA). See www.nytimes.com/2006/02/11/national/11safety.html?scp=1&sq=Immigration+raid+%22Johnson+air+force+base%22&st=nyt (October 18, 2010).

In response to this growing problem, states and localities have adopted a number of strategies to improve immigrants' access to social services and government agencies and to encourage immigrants to cooperate with and seek the assistance of law enforcement. In California, legislation was enacted after *Hoffman* ensuring that everyone would continue to have protections under state law, regardless of immigration status. In New York, the Attorney General issued a formal opinion that all workers would continue to be covered by state wage and hour law regardless of immigration status. San Francisco, Minneapolis, Seattle, New York City, Philadelphia, Durham, North Carolina, Portland, Maine and Takoma Park, Maryland, among others, have all adopted measures assuring confidentiality of immigration status information.

Access to legal representation As a practical matter, without the means to bring suit in court (or, in some cases, to pursue a union grievance), workers cannot adequately enforce their rights. But although Congress created the Legal Services Corporation in 1974 to provide equal access to the civil justice system for people who cannot afford lawyers, Legal Services Corporation programs are prohibited from providing legal assistance "for or on behalf of" most immigrant workers who are not lawful permanent residents or citizens.

Barriers to Safety and Health for All Immigrant Workers

Immigrants with legal authorization to work also face barriers to the full exercise of their rights. The following situations can apply to workers with or without authorization:

Working in the informal economy Many immigrants work in informal arrangements, often for cash; for example, as day laborers and domestic workers. This leaves them unprotected by employment laws or with serious obstacles to enforcing the rights they have. For example the survey of Day Laborers (see *Researching Day Laborers,* page 30) found that almost half of all day laborers surveyed experienced at least one instance of wage theft in the 2 months prior to being surveyed.

Working through a subcontractor When companies set up arrangements with

subcontractors to provide immigrant labor, they may avoid liability. Difficulties also arise when states try to determine eligibility for unemployment insurance and workers' compensation insurance when contingent work arrangements involve more than one company (U.S. General Accounting Office 2000). In some cases the subcontractor may be a very small employer with little or no assets and no workers' compensation insurance. A worker who sues the subcontractor for unpaid wages or files a workers' compensation claim may not be able to recover costs.

Limited English proficiency When immigrant workers do turn to government agencies for help, they often find no one who can speak their language. Title VI of the Civil Rights Act, which mandates equal access to public benefits, has never been fully enforced with respect to agencies that receive federal funds. Therefore immigrants who do not speak English well enough to navigate state and federal bureaucracies often have their claims unheard and their applications for benefits delayed or disregarded. In 2001, the Supreme Court in *Alexander v. Sandoval* ruled that individuals had no right to sue directly under Title VI for state agencies' "English only" discrimination.

Key Legal Decisions Referenced in Section

Hoffman Plastic Compounds v. NLRB, 535 U.S.;122 S.Ct. 1275 (2002).
Medellin v. Cashman, et al., 04-J-0017, Mass.Ct. App. (2003).
Crespo v. Evergo Corp., 2004 WL 229336, (N.J.Super.A.D.), cert.denied 849 A.2d 184 (2004).
Morejon v. Terry Hinge and Hardware, 2003 WL 22482036 (Cal.App, 2 Dist. 2003).
WYO. STAT. ANN. § 27-14-102 (a)(vii) (LEXIS).
Sanchez/Vazquez v. Eagle Alloy, 254 Mich. App. 651 (2003).
The Reinforced Earth Company v. Workers' Compensation Appeal Board, 810 A. 2d 99 (Pa. 2002).
California SB 1818 (Romero).
FORMAL OPINION NO. 2003-F3, 2003 N.Y. AG LEXIS 20.
Alexander v. Sandoval, 532 US 275 (2001).

SIDEBAR:

Guest Workers' Health and Safety

H-2A (seasonal agricultural) and H-2B (temporary or seasonal nonagricultural) "guest workers" are allowed to enter the United States under temporary work visas to work for specific employers. Generally speaking, "temporary" means less than a year. These workers' permission to remain lawfully in the United States is tied to the employer who recruited them. The largest number comes from Mexico, followed distantly by Jamaica (University of Illinois Center for Urban Development 2005).

H-2A seasonal agricultural workers, whose numbers are not restricted by law, are concentrated in the Southeast, particularly in North Carolina. Many work in tobacco, with others in apples, tomatoes, peaches, Christmas trees, and sheepherding. Almost all H-2A workers are men, as are the vast majority of all guest workers. For Fiscal Year 2007, 50,791 H-2A visas were issued., (http://www.dhs.gov/xnews/releases/pr_1202308216365.shtm October 26, 2010). H-2B temporary workers do nonagricultural work, often in food-processing and service industries. They have worked, for example, as crab pickers and landscapers, in packing sheds, and in seasonal hotel and restaurant work. H-2B workers are limited to 66,000 visas per year, far fewer than employers demand. The highest demand for H-2B workers comes from Texas, Colorado, and Mississippi (Wasem and Collver 2001).

Guest workers are covered by OSHA and by state workers' compensation laws, but they face serious barriers to enforcing their safety and health rights. Since their permission to remain lawfully in the United States is tied to the employer who recruited them, they are vulnerable to retaliation. If they are fired, they lose their visas and are subject to deportation. Guest workers are eligible for workers' compensation, but if they lose their visa status and remain in this country, they face challenges in obtaining remedies similar to those facing other undocumented workers.

Other Legal Rights

H-2A workers lack many of the legal rights held by regular agricultural workers, making it harder for them to enforce their health and safety rights. H-2A employers must promise to abide by all state and federal employment-related laws, which include OSHA and its standards, such as those for field sanitation and temporary labor camps. However, H-2A workers are deprived of transportation safety protections because they are specifically excluded from the Migrant and Seasonal Agricultural Worker Protection

Act (AWPA), which is the principal federal employment law for agricultural workers. H-2A workers are thus denied the full monetary remedies provided by AWPA, as well as the ability to sue in federal court for contract violations.

Unlike other farmworkers, H-2A workers are not entitled to disclosure of job terms at the time they are recruited. Indeed, the recruiter need not even tell the worker for whom he will be working in the United States. The labor contractors who recruit and hire H-2A workers need not be registered and monitored by the Department of Labor.

Guest workers are in some cases explicitly and in most cases effectively denied the right to organize and bargain collectively. As H-2A workers are, by definition, engaged in agricultural work, they are specifically excluded from the NLRA. Moreover, as a practical matter, both H-2A and H-2B workers are effectively denied the right to freedom of association to demand safer conditions or higher wages, because employers are legally permitted to reject such demands and to fire and deport guest workers who make them.

Guest workers are protected from workplace discrimination under Title VII of the Civil Rights Act of 1964. However, one federal appeals court in North Carolina (Reyes Gaona v. North Carolina Growers' Association) held that it was not unlawful for an employer to practice age discrimination in hiring prospective guest workers. The court's theory in this case was that until chosen and provided with a temporary work visa through the employer, prospective guest workers had no right to work in the United States and therefore no remedy for discrimination in hiring.

Both categories of guest workers are covered by the Fair Labor Standards Act, and both H-2 programs require that workers be paid at the Adverse Effect Wage Rate (AEWR)—essentially a prevailing wage—in order to ensure that U.S. workers are not displaced by guest workers brought in at below-market rates. Some guest workers are required to pay for tools and equipment and for services that the employer is legally required to provide, such as visa costs or travel expenses from their home countries.

According to the National Agricultural Workers Survey (U.S. Department of Labor 2005), 19% of farmworkers employed by crew leaders and 10% of those employed by growers paid for their own tools and equipment. If low-paid guest workers have to buy their own safety equipment, they may buy low-cost equipment or perhaps skip some gear altogether

Cross-cutting Discussions 2: Language, Literacy, and Culture

Immigrants in the United States experience the world as all people do—through the lens of their own culture. Defined by Merriam Webster as "the customary beliefs, social forms, and material traits of a racial, religious, or social group," culture naturally shapes immigrants' approaches to work. This section examines the interplay of cultural, language, and literacy issues on immigrant workers' safety and health and offers suggestions for occupational safety and health personnel involved in planning research and intervention efforts.

Speakers were Daniel Garcia, financial secretary-treasurer of United Union of Roofers, Waterproofers and Allied Workers Local 95; Nargess Shadbeh, director of the Indigenous Farmworker Project at the Oregon Law Center; and Eduardo Siqueira, research assistant professor in the Department of Work Environment at the University of Massachusetts Lowell. Presenters emphasized that in order for immigrant workers to prioritize safety, the workers first need to deal with basic needs of housing, decent wages, health insurance, and training. Most immigrants in low-wage, high-hazard jobs do not speak English well, and these language limitations are obvious barriers to receiving health and safety training and information. While many new training materials in other languages have been developed in recent years, many immigrants still do not have access to health and safety information in their own language. Indigenous workers from Mexico often do not speak English or Spanish, and their own languages may have no common written form (see *Indigenous Farmworkers*, page 60).

In addition, many immigrants have limited literacy in their own languages. Twenty percent of immigrants have less than a ninth grade education and 40% of immigrants from Mexico and Central America have only a ninth grade education (Bureau of Labor Statistics, 2009b). Low-literacy training materials and teaching methods that are not limited to written materials are needed. Many groups at the conference reported successful projects that used radio, theater, and other techniques that did not rely on the printed word. Participants encouraged community-based organizations, employers, and government agencies to adapt these training models for educating immigrant workers in their communities.

Although progress has been made on responding to language barriers, much remains to be done in addressing immigrant workers' cultural issues. Recent immigrants to the United States have come mostly from Mexico, South and Central America, and Asia. Even when they speak a common language, such as Spanish, immigrants come from different traditions and cultures. Their religions, national, racial, and ethnic identities, social networks, skills, and experiences vary widely. Therefore classifying immigrants as "Asians," "Hispanics or Latinos," or "Africans" does not reflect the heterogeneous racial, national, and ethnic identities included in each of those labels. Most first-generation immigrants do not think if themselves in those broad categories; they identify with their country of birth (Mexico,

Cuba, China, Vietnam, etc.)—just as immigrants from Romania and Poland think of themselves as Romanian and Polish, rather than "European." Foreign-born Mexicans may check "Hispanic" on a census form but call themselves "Chicano" when looking for a job in the Southwest and "Mexicano" when visiting Mexico. Cultural identity, including race, ethnicity, and nationality, is a concept that individuals change and develop throughout the course of their lives. Researchers need to describe people with the racial/ethnic labels that the immigrants themselves feel comfortable with.

Urban/rural differences also come into play, as some people migrate from rural areas as peasants and others come from large cities, each bringing their own perspectives that help shape their beliefs and practices regarding work and safety.

Further, many immigrants' family lives are in shambles as a result of the dislocation and social isolation caused by the immigration process. Often, men and boys migrate first and leave their families in their home countries. Since they are primarily interested in saving as much of their earnings as possible to send money home to their families, they tend to live in crowded housing and dedicate little time to leisure. Occupational safety and health advocates need to understand better how to reach workers who are living in these situations.

Upon arrival in the United States, immigrants may have to redefine themselves, as when a professional with a graduate degree may find him or herself working as a dishwasher or a laborer. Such an abrupt change in social position may demand new coping skills to survive in substandard living and working conditions. Even for those without professional training, it is quite common for new immigrants to work in jobs and occupations that are brand new to them. Painters or construction workers, for instance, may never have learned basic trades and health and safety skills in their home countries.

Research Needs

Researchers could investigate many cultural issues that affect risk perception, risk avoidance, and collective action for health and safety. Differences in cultural perceptions and beliefs may cause immigrant workers not to understand or react to health and safety information or training in the same way as native-born workers. For example, foreign-born workers may not exercise their right to refuse unsafe work because they may believe that workers should not challenge a supervisor's dictate. Similarly, cultural attitudes of both immigrant employers and employees toward compliance with laws may lead them to ignore health and safety regulations.

Participants in the conference noted that researchers need to understand the centrality of work and of the immigration experience in immigrants' lives. Many arrive in the United States with a short-term expectation to go back home (the so-called "sojourners") as soon as they save enough money to buy a new house in their home country or pay for their children to go to a better school or college. They may work multiple jobs and many hours per week. Earning income is a priority above all else. Their plan to make as much money as possible in the short term may prevent them from paying attention to safety and health. Workers may not prioritize safe working conditions highly when they see themselves as short-term migrants hoping to accumulate money as fast as possible and then return home.

Case Study: Indigenous Farmworkers

Presented by Nargess Shadbeh, Oregon Law Center

The population of migrant farmworkers coming to Oregon has changed in recent decades. Spanish-speaking migrants from the mainstream rural culture are gradually being supplanted by indigenous workers from Southern Mexico and Guatemala. They come to Oregon to support their families who remain in their villages back home, and they carry their unique cultures with them: different languages, customs, values, and beliefs.

At harvest time, the Oregon migrant farmworker population is estimated to be 40,000. Nearly a third of workers living in labor camps during the harvest season are indigenous language speakers. They rarely speak English and often speak little Spanish. Most of their languages—Mixteco, Triqui, Kanojobal, and Zapoteco—have no common written form.

The Indigenous Farmworker Project was begun by the Oregon Law Center Farmworker Program in 2002 to help indigenous Mexican and Guatemalan farmworkers exercise their civil rights despite these profound economic, cultural, and language barriers. The project offers practical legal information in the workers' languages so that they can resolve problems and ultimately improve the safety of their jobs. To date, project outreach workers have had personal contact with 10,000 indigenous workers. Thousands more have heard public service messages on the radio in their languages.

During 2004, the project began a collaborative effort to promote the occupational safety and health of indigenous farmworkers, working with Oregon's farmworker union (Pineros y Campesinos Unidos del Noroeste); the Portland State University School of Community Health; Farmworker Justice; and Salud Medical Center, a health clinic serving farmworkers. Funded by NIOSH and the National Institute of Environmental Health Sciences, the project used a CBPR approach to examine health, occupational safety, and general living conditions of farmworkers.

A follow-up study investigated the occupational health and safety needs of indigenous and Latino farmworkers, specifically pesticide exposures and training. Significant differences were identified between indigenous and Latino worker groups. Findings underlined the need to employ more people who speak an indigenous language as organizational leaders, health workers, and interpreters.

For more information

Oregon Law Center-Farmworker Program www.niehs.nih.gov/research/supported/programs/justice/grantees/oregon.cfm (October 18, 2010)

Farquhar S, Shadbeh N, Samples J, Ventura S, Goff N [2008]. Occupational conditions and well-being of indigenous farmworkers. Am J Public Health2008;98:1956–9.

Samples J, Bergstad EA, Ventura S, Sanchez V, Farquhar SA, Shadbeh N [2009]. Pesticide exposure and occupational safety training of indigenous farmworkers in Oregon. Am J Public Health, Nov 2009;99:S581–4.

Cross-cutting Discussions 3: Ethnographic and Other Qualitative Research Methods

Qualitative research methods are particularly suited for immigrant populations because they help researchers understand the real-life issues facing immigrants in their worksites and communities. The presenters (Sara Quandt, professor at the Wake Forest University School of Medicine and Susan Moir, director of the University of Massachusetts-Boston Labor Resource Center) offered examples of qualitative approaches that provide insight into the shared systems of beliefs, values, customs, and behaviors that immigrant workers use to cope with their jobs and their lives in the United States. Such methods include techniques for collecting and analyzing both quantitative and qualitative data.

Adapting Methods to Workers' Situations

Presenters explained that qualitative methods are deceptively simple—they resemble conversation. Those employing qualitative methods with immigrant workers should use these methods properly and adapt the methods to the realities of immigrant workers' situations. For example, immigrant populations are often mobile or hidden, making it difficult for researchers to know the overall population they are looking at and to obtain representative samples of it.

By exploring the link between culture and behavior, ethnographic methods can help researchers better understand the community. Sara Quandt described the role of ethnographic interviews on recruiting subjects for research studies involving Latino immigrant workers in North Carolina. She learned that workers from different parts of Mexico—with different languages and different life experiences—tended to cluster at different work sites. The population at each site fluctuated, although each site tended to always house workers from the same area of Mexico (Michoacan, Guanajuato, etc.). Given this information, the researchers knew that surveying five workers randomly chosen from each of 36 camps ("site-based sampling") would give a more accurate picture than choosing a larger number of workers from only a few camps.

In other circumstances, it is necessary to recruit samples of workers who do not necessarily represent the worker population but may provide a range of the ideas held by the population. Particularly in circumstances where workers are fearful of reprisals from management or immigration officials, it may be hard to recruit interviewees without using trusted sources. A chain sample, in which one research participant introduces the researcher to the next, may be the only way of recruiting participants. An institution such as the Catholic Church, in Latino communities, may be a trustworthy source for recruiting participants.

Qualitative methods can also be used to evaluate interventions. The fluidity of immigrant populations can make it difficult to assess concrete health outcomes over time, as many workers may have moved to other jobs. But researchers can at least assess *how* an intervention was implemented. For example, one study observed lay health advisors teaching families (qualitative data) and counted the number of families recruited and lessons delivered (quantitative data) to measure the success of the program.

Knowing the Culture

Interventions and research about their effectiveness must be grounded in the reality of workers' lives. Qualitative information is needed about workers' comfort levels in different languages, educational level, culture, and obligations, e.g., the need to send money home.

Researchers can use a combination of ethnographic methods and qualitative interviewing, including both individual and group interviews. Experience with the culture under study is crucial. One researcher found that the amount of information received from Brazilian immigrants was much greater in group interviews than individually. A Brazilian immigrant himself, he observed that "Brazilians talk more in groups." Another researcher studying Vietnamese immigrants found that, in interviews using an interpreter, important nuances were lost. A better method is to train a bilingual interviewer who can work in the workers' language and have the interviews translated into English later. The interviewer must then check the translation to make sure it captures the sense of what the worker said.

Another example of cultural differences concerns Mexican farmworkers' attitudes toward pesticides. In North Carolina, employers had complained that, although provided with washing stations, workers often did not wash pesticides off their skin. Researchers found through in-depth interviews that the workers thought of pesticides as "medicine" for plants and believed that plant medicine would not be harmful to human beings. They assumed that inhaling pesticides was dangerous but did not know that pesticides could be absorbed through the skin.

Some workers were also reluctant to wash due to health beliefs founded in the humoral medicine system. In this system, part of the cultural belief system in Mexico, disease is believed to be caused by an imbalance of metaphorical temperatures. Water, regardless of temperature, is considered cold, and bodies active from heavy work are considered hot. Thus, washing one's "hot" hands in "cold" water immediately after work could be risky, so workers did not wash.

A final example concerns different perceptions of lay health advisors. Although US health educators champion the model of peer health education, workers in some cultures may feel more confidence in an outside expert with credentials.

For more information

Arcury TA, Quandt SA. [1999]. Participant recruitment for qualitative research: a site-based approach to community research in complex societies. *Human Organization* 58:128–33.

Bernard HR. Research Methods in Anthropology: Qualitative and Quantitative Approaches[2002]. Walnut Creek, CA: AltaMira Press.

Marín A, Carrillo L, Arcury TA, Grzywacz JG, Coates ML, Quandt SA [2009]. Ethnographic evaluation of a lay health promoter program to reduce occupational injuries among Latino poultry processing workers. *Public Health Rep*. 124 Suppl 1:36–43.

SIDEBAR:

Focus Groups

What Happens in a Focus Group?

A focus group is a qualitative data collection method. Six to ten participants are involved in a carefully planned discussion, in a relaxed atmosphere, to learn what they think or feel about a specific topic. The dialogue and discussion foster new levels of thought and meaning about personal experiences and help to elicit detail. Focus group interviewers must have good listening and facilitation skills. Their job is to create an environment in which participants feel comfortable sharing their comments. Focus groups usually last from one to two hours.

Strengths

- Focus groups provide a natural, relaxed social setting.
- They allow the interviewer to probe unanticipated issues that come up.
- Group dynamics help the discussion focus on the most important issues.
- The groups tend to be highly enjoyable for participants.

Limitations

- Group size decreases the number of questions that can be asked.
- A moderator with experience managing group discussion is needed.
- Data are more difficult to analyze because they must be interpreted in the context of group discussion.
- It may be difficult to find a private, quiet location and to organize participants all to be present at the same time and place.

Participant Selection

- Participants should share a common experience. For example, immigrant workers who participated in a certain training program could form the basis for a focus group.
- Participant diversity can enrich data. Using the same example, workers who work at different locations would be invited.
- Reduce bias in participant selection.

For more information:

Patton MQ [1990]. Qualitative evaluation and research methods. Newbury Park CA: Sage Publications.

Krueger RA [1988].Focus groups: A practical guide for applied research. Newbury Park CA: Sage Publications.

SIDEBAR:

Key Informant Interviews

A key informant interview is a data collection method that involves obtaining information from a community resident who is in a position to know the community as a whole or the particular portion the researcher is interested in. The key informant may be a professional who works with the group under study or a member of the group itself. He or she could be a public official, a minister, or a school principal.

Researchers may talk with the key informant informally or use written questionnaires, telephone interviews, personal interviews, group interviews, or community forums and public hearings. The interview may happen once or on a regular basis.

Strengths

- Creates an opportunity to establish rapport/trust and get an insider's view.
- Can provide in-depth information about causes of problems.
- Allows the researcher to clarify ideas and information on a continual basis.
- Can easily be combined with other techniques.
- Can provide information from many different people, including minority or "silent majority" viewpoints.
- Can involve community volunteers and thus build community awareness and support.
- May avoid the high cost of printing, mailing, and data analysis.
- Can be used with all age groups, including the elderly and children.

Limitations

- Other community members may become jealous and resent being left out.
- Researcher's relationship with the informant may influence the information received.
- Informants may deliver their own impressions and biases.
- Interviews may have to be combined with other methods, to ensure a more representative view.
- Information may be difficult to quantify or organize.
- Perspectives of community members who are less visible may be overlooked.
- It takes time to select good informants and build trust.

For more information

University of Illinois Extension Program Planning and Assessment
http://ppa.aces.uiuc.edu/KeyInform.htm

Cross-cutting Discussions 4: Adolescent Immigrant Workers

Speakers Aleyda Moran, LOSH, and Edward Kissam, Aguirre International, noted that work is part of everyday life for millions of US teenagers. More than a quarter of 16- and 17-year-olds—nearly 2.2 million teens—are employed at any given time, predominantly in restaurants, grocery and other retail stores, and services. NIOSH http://www.cdc.gov/niosh/topics/youth/#overview (October 26, 2010)(estimates that 146,000 youth sustain work-related injuries and illnesses each year.

Like all workers, teens are at risk of injuries and illnesses because of the hazards of their jobs. There are factors that raise special concerns about young workers. Teens are not simply smaller adults. Young workers are by definition inexperienced workers, and inexperienced workers of all ages are at increased risk. Developmental factors—physical as well as psychosocial—can also increase risk. Teens may lack the size or strength to do certain tasks. Alternatively, particularly with larger teenage boys, their size may mask their inexperience. The musculoskeletal and reproductive systems are still developing during adolescence; more research is needed to determine whether young workers are particularly susceptible to chemical or ergonomic hazards.

Adolescence is a period of profound psychological change in which teens are exploring new roles. It is common to hear adults attribute teens' on-the-job injuries to adolescent risk-taking. It is, however, often teens who are trying to act responsibly, doing what adults have asked of them, who are injured at work. Their positive traits of energy and enthusiasm, combined with a reluctance to ask questions or to make demands on employers, can result in their taking on tasks they are not capable of doing safely. Emancipated teens—those living on their own—face even greater social, psychological, and occupational health risks.

Because young workers typically work part-time temporary jobs, often in the informal sector, it can be difficult to reach them through workplaces. Churches, community-based organizations, and schools can introduce teens to workplace health and safety and their rights and responsibilities on the job. Health and safety concerns should be addressed not only in vocational education but also in school-to-career and job placement programs.

Additional Challenges Facing Immigrant Teens

Immigrant youths face the added concerns shared by immigrant workers of all ages. Language barriers, limited job options, discrimination, lack of access to or knowledge of health and safety and legal rights and resources—all may add to their health and safety risks. Different cultural expectations may play a role, as may the family's heavy reliance on teens' earnings. Anecdotal evidence indicates that many immigrant teens are employed in family businesses or find informal work through family and community contacts. Undocumented teens fear job loss or deportation if they speak up or ask questions about health and safety concerns. Young immigrants need educational materials and approaches that are not only culturally sensitive but age-sensitive. Projects in Massachusetts and California were presented to conference participants as

examples of how to involve teen peer educators. (See *Brazilian Teens in Massachusetts*, page 67 and *Peer Educators Teach Young People*, page 70.)

Some immigrant families rely on their children to help in their businesses. In agriculture, voluntary guidelines for age-appropriate tasks for children 16 years and younger have been developed by the National Children's Center for Rural and Agricultural Health and Safety (Fisher et al. 2009). In some states, child labor laws extend to family businesses other than agriculture. Hours are regulated, some tasks are prohibited, and children under 14 are not allowed to work. Outreach and education about these laws and the potential risks faced by young workers should take place through community networks.

For more information

Fisher RM, Miller M, Mulhern B, Lee BC [2009]. Safety Guidelines for Hired Adolescent Farm Workers. Marshfield, WI: Marshfield Clinic. http://www.marshfieldclinic.org/proxy/MCRF-Centers-NFMC-NCCRAHS-SaGHAF-Resource-2009.1.pdf (October 18, 2010)

NIOSH, Young worker safety and health topic page. www.cdc.gov/niosh/topics/youth/ (October 18, 2010)

National Research Council [1998]. Protecting Youth at Work: Health, Safety, Safety and Development of Children and Adolescents in the United States. Committee on the Health and Safety Implications of Child Labor; Board on Children, Youth, and Families; Commission on Behavioral and Social Sciences and Education; National Research Council; and the Institute of Medicine. Washington DC: National Academy Press.

Case Study: Brazilian Teens in Massachusetts

Presented by Francyslene Miranda, Collaboration for Better Work Environment Brazilians (COBWEB) in Massachusetts.

In Massachusetts, teen leaders are working to address violence in retail stores. After an 18-year-old Brazilian drugstore worker was killed while chasing a shoplifter, young people working with the Massachusetts Coalition on Occupational Safety and Health (MassCOSH) came together with teens from the Brazilian Immigrant Center in Project COBWEB (Collaboration for Better Work Environment for Brazilians in Massachusetts). They conducted a survey of teens working in drugstores to learn about their experiences with robberies and shoplifting at work, any violence-prevention training they had received, and their employers' policies for handling shoplifters.

Of the 70 workers interviewed, 27% reported that they had experienced robberies, but 74% had never received training about robbery or theft situations. Thirty-one percent worked with no supervision at times.

The survey report was presented to Boston city government, which was considering a new local ordinance that would prevent teens from working alone at night and require employers to give employees training on violence in the workplace.

The teens organized a memorial service on the first anniversary of the drugstore worker's death, drawing extensive media coverage and highlighting the need to address violence at work—not only for teens but for workers of all ages.

For more information

Massachusetts Coalition for Occupational Safety and Health http://www.masscosh.org (October 18, 2010)

Teens Lead @ Work, Teens Affected by Workplace Violence. Available at http://drupal.masscosh.org/files/TeenWorkplaceViolence.pdf (October 18, 2010)

Case Study: Transnational Migrant Youth Working in Agriculture

Presented by Edward Kissam, Aguirre International

Young immigrant workers who are separated from their families face special difficulties that compound any safety or health problems they encounter on the job. In 2000, funded by the United States Department of Labor, researchers from Aguirre International interviewed 216 children and youth in Florida, Georgia, North Carolina, New Jersey, California, and Oregon, as well as adult farmworkers, family members of the working youth, farm labor contractors, and other labor market intermediaries. They also interviewed workers in a major migrant-sending area of Mexico (Hidalgo), and in Southern Arizona, an area that a majority of transnational migrant youth traveled through at the time of the survey.

The researchers found that:

Young workers make up about 8% of the U.S. farm labor force, about 156,000 youth. The highest observed proportion of youth was 10%, in the Florida tomato harvest (Immokalee).

Few (less than 5%) live and work in the United States with their parents. The most vulnerable youth are the most recently arrived migrants, isolated from extended family or village networks.

Some youth move back and forth between farm work and urban jobs such as construction or restaurant work.

More than three-quarters of the young workers in the harvests studied are indigenous (Mayan, Zapotec, Mixtec, Otomi, Triqui); very few speak any English and some are limited in Spanish.

Thirty-seven percent are elementary school dropouts and another third have completed only elementary school.

These teenagers face a broad spectrum of health risks related to the unique social dynamics, economic arrangements, and living conditions associated with farm work. Their occupational health problems cannot be seen as stemming only from physical conditions in the fields.

Health risks include hazards encountered while migrating, in transportation to and from the fields, and while living in labor camps.

The researchers heard reports from the young workers about hazards of illegal crossings through the desert, including hunger and thirst, heat exhaustion, freezing, violence, or death; losing contact with relatives or friends after apprehension by the Border Patrol; cross-country travel in crowded vans without seatbelts; coercion and psychological abuse as a result of indentured servitude; crowded housing; long working hours; and social isolation.

As to hazards specifically on the job, youth working in harvest tasks probably face less risk of injury than local youth, who are more likely to work with equipment, but some crop tasks such as citrus harvest and tobacco-cutting pose much higher risks. In general, work in orchard

crops is more dangerous than work in row crops (falls from ladders). Youth who are injured or become ill have access to emergency medical services but not, generally, to follow-up care or rehabilitative services.

For more information

Aguirre International [2001]. No Longer Children: Case Studies of the Living and Working Conditions of the Youth Who Harvest America's Crops. http://www.lhc.ca.gov/studies/166/immigrant/T4KissamMay01.pdf (October 18, 2010)

NIOSH, Injuries to Youth on Farms and Safety Recommendations, U.S. 2006. Publication No. 2009-117. Available at http://www.cdc.gov/niosh/docs/2009-117/ (October 18, 2010)

Case Study: Peer Educators Teach Young People

Aleyda Moran, UCLA Labor Occupational Safety and Health Youth Project

The project teaches young people, many of whom are Latino immigrants or the children of immigrants, about their rights, hazards in their workplaces, and how to prevent work injuries.

This service learning project recruits high school students to receive 15 to 20 hours of interactive after-school training, using "Peer Education" and "Safe Jobs for Youth" curricula. Topics include labor law, hazards and solutions, sexual harassment, unions, legal working hours, work permits, and workers' compensation. Students then become "peer educators," who in turn present this information to their peers, middle school students, adults in the wider community, and teachers. Peer educators provide training to the next group of new peer educators, thus learning with and from each other. Peer educators have also given classroom presentations at their school and at other high schools, to middle school students, and to students who work with community-based organizations.

Over the course of three years, beginning in 1996, 48 peer educators in grades 9 through 12 at Manual Arts High School (in South Los Angeles) carried out awareness activities during May, which was declared "Safe Jobs for Youth Month." In the first year students organized a school assembly for 350 ninth and tenth grade students. They wrote and performed skits, gave a PowerPoint presentation, and invited guest speakers.

In a larger "town hall" setting for parents and community members, peer educators presented information in Spanish and English to more than 200 parents and community members, using skits and PowerPoint presentations as well as inviting community organizations to give information on issues such as health insurance. The purpose of the project was to increase safety awareness among mostly Latino immigrant adults, who are often unaware of their own rights.

A later component of the Peer Education program was the recruitment and training of UCLA students ("near peers,") who not only present with the high school peer educators but also serve as mentors and assist in evaluating the project's impact and its expansion to other schools and community-based organizations.

At Homestead High School in Miami, Florida, more young people received training and educated their peers using the UCLA-LOSH curriculum. An organization called Community Voices provided the Miami-Dade County Public Schools' Migrant Education Program the opportunity to participate in the peer education project.

For more information

UCLA-LOSH, Young Workers Project www.losh.ucla.edu/youngworkers/index.html (October 18, 2010)

UCLA-LOSH, Healthy Communities, Healthy Jobs www.losh.ucla.edu/yw/ resources/healthy-communities-healthy-jobs.html (October 18, 2010)

Cross-cutting Discussions 5: Issues of Race and Ethnicity

Speakers (Andres Torres, professor at the College of Public and Community Service, University of Massachusetts Boston and director of the Mauricio Gastón Institute for Latino Community Development and Public Policy; and Olivia Carter-Pokras, assistant professor at the University of Maryland School of Medicine and co-chair of the Montgomery County Latino Health Initiative) reported that many immigrants who hold low-wage jobs are people of color from Asia, Latin America, Africa, and the Caribbean. They are not only immigrants but non-white.

What roles do racial discrimination and racism play as risk factors in occupational health? This is a complex topic and as yet an embryonic area of research. For example, the disparity in injury rates between Hispanic and non-Hispanic workers could be attributed to racist attitudes driving Hispanic workers into the most dangerous jobs. Yet we know that other factors besides racism alone are important, such as legal status, fluency in English, and prior education and training limiting job possibilities.

To illustrate the problem, studies show that Hispanic construction workers have twice the mortality risk of non-Hispanic construction workers, even within the same trade, such as roofing. Theories that various people have put forward to explain this fact include:

- Language and/or literacy barriers mean that Hispanic workers receive less safety training or are less likely to understand their training.
- Hispanic workers are assigned the higher-risk jobs within their trades.
- Hispanic workers are more likely to be day laborers, working informally and non-union, with little or no training, regulation, or personal protective equipment.
- Hispanic workers are more likely to take risks or to have a fatalistic view of injuries.
- Hispanic workers are less likely to belong to unions and thus are less likely to protest unsafe conditions.
- Hispanic workers are younger, on average, than non-Hispanic workers, and thus more likely to take risks.
- Hispanic workers are more likely to be working in this country without papers, and thus are less likely to protest unsafe conditions or to quit dangerous jobs.

Of these possible reasons for higher fatality rates, which might involve racial discrimination? Could lack of training in the workers' own language be a result of racism? Could assignment by the foreman to riskier jobs? Is there discrimination by unions in recruitment?

Understanding the root cause of higher injury rates will help occupational safety and health personnel figure out which interventions will work. Using the example above, if the main reason that Hispanic construction workers are more likely to die on the job is that so many are day laborers, then the solution is to enforce good work practices on employers of day laborers. If the attitude of supervisors toward certain workers is the problem, then workers need to find it easier to use the law to remedy discrimination, and supervisors need training in obeying nondiscrimination laws and perhaps diversity training.

It is important for researchers to ask and document the race of the workers they're studying. They must also understand that race or ethnicity can be connected to a whole set of other conditions, including socioeconomic status. It is not enough to say "we know that Black workers' health outcomes are worse in x, y, and z areas." Research must take the next step to try to disentangle the effects of racial discrimination.

Using Racial Categories

Carter-Pokras explained how researchers use racial categories in their data collection and some of the problems they encounter. As they investigate the possibility of health or injury differences among races, conference participants noted that researchers should bear in mind that "race" and "ethnicity" are not fixed and fluid terms. In particular, patterns of human genetic variation are not well described by concepts of "race" or "ethnicity," because these concepts include sociocultural and political factors. According to the 2003 statement by the American Sociological Association (www2.asanet.org/media/asa_race_statement.pdf October 26, 2010), "Race is a social construct (in other words, a social invention that changes as political, economic and historical contexts change)." For this reason, researchers have discussed race as a "risk marker" rather than as a risk factor. This is to say that information on race may be useful to collect as part of a research study not for biological reasons but because it is a useful surrogate for the underlying social and political differences among some workers.

Different data collectors sometimes use different categories and ask different questions when they seek to determine respondents' races. People may answer differently depending upon how the question is asked. For example, the question "Do you feel like you belong to or relate to one of these groups more than the other?" may elicit a different response than "Thinking about your ancestral background, that is your blood relatives, do one of these categories, reflect more of your family tree?"

Concerns about collection of racial/ethnic data include

- Confusion regarding legality of collecting such information, especially related to clinical records. No federal law prohibits the collection of racial/ethnic data, but a few states have laws prohibiting health insurers or health plans from collecting this data at the time of enrollment or eligibility determination.

Guidelines

The Department of Health and Human Services requires collection of race/ethnicity for data systems that the department funds or maintains. In 1997, the Office of Management and Budget created official standards for collecting information on race and ethnicity. (See the sidebar, Are There Any Official Standards for Defining Race?)

Presenters suggested that when researchers report their findings they should follow these guidelines (Kaplan and Bennett 2003):

- Give the reasons for the use of race/ethnicity.
- Describe the way individuals were assigned to racial/ethnic categories and whether a list of fixed categories was used.

- Do not use race/ethnicity as a proxy for genetic variation.
- Distinguish between race/ethnicity as a risk factor and as a risk marker.
- Consider all conceptually relevant factors in interpretation of racial/ethnic differences.
- Make every effort to adjust for conceptually relevant measures of socioeconomic status or social class when comparing racial/ethnic groups.
- Use terminology that is not stigmatizing.

SIDEBAR:

Are There any Official Standards for Defining Race?

In October 1997 the Office of Management and Budget (OMB) announced revised standards for federal data on race and ethnicity. These new standards were used for the 2000 Census. The most profound change to the question on race for Census 2000 was that respondents were allowed to identify one or more races to indicate their racial identity. The OMB directive included the following cautionary note: "The categories in this classification are social-political constructs and should not be interpreted as being scientific or anthropological in nature. They are not to be used as determinants of eligibility for participation in any Federal program."

The minimum categories for race are now American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. Respondents can select one or more races when they self-identify. With the OMB's approval, the Census 2000 questionnaires also included a sixth racial category: "Some Other Race." There are also two minimum categories for ethnicity: "Hispanic or Latino" and "Not Hispanic or Latino." Hispanics and Latinos may be of any race.

In some studies investigators may need to add additional race and ethnicity categories, such as country of birth. For example, rather than using only the broad category "Asian," they may want to make a distinction among Vietnamese, Koreans, and Chinese because of important issues of language or culture.

For more information

U.S. Office of Management and Budget, Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Available at http://www.whitehouse.gov/omb/fedreg_1997standards/ (October 18, 2010)

Cross-cutting Discussions 6: Women Immigrant Workers

Just as women in the workforce face a variety of challenges unique to their gender, women immigrant workers encounter difficulties beyond those experienced by their male counterparts. In this session speakers Vy Nguyen and An Le, Korean Immigrant Workers Advocates (KIWA) and Organización en California de Lideres Campesinas (OCLC) reviewed immigrant women's economic struggles and their potential for abuse and harassment in the workplace.

Women make up 40% of foreign-born workers in the United States, but they are 44% of low-wage foreign-born workers—those earning less than 200% of their state's minimum wage. Fifty-nine percent of immigrant women are proficient in English, compared to 50% of immigrant men. More than three-fourths (76%) of female low-wage immigrant workers hold at least a high school diploma, compared with 66% of their male counterparts (Capps et al. 2003).

Yet immigrant women are more likely than immigrant men to live in poverty. Based on 2000 census data, those living below the poverty line are 18.3% of all female immigrants and 15.2% of all male immigrants. The median income for foreign-born women age 16 and over who are year-round, full-time workers is $22,106, compared to $27,143 for foreign-born men. Foreign-born women head about one in six foreign-born households, and of these households, 31% live below the poverty level (Grieco 2002).

Representatives from KIWA and OCLC discussed their groups' efforts to address women immigrants' particular problems. Vy Nguyen and An Le of KIWA explained that in Korean-owned restaurants, supermarkets, and garment shops in Los Angeles' Koreatown, often the "patriarchal culture" is transferred to the workplace. Women workers, they said, are sometimes subject to verbal abuse or even beaten. Injuries are also a concern. In KIWA's survey of restaurant workers, 40% said they had been injured at work, with cuts, falls, burns, and MSDs. KIWA, which organizes both Korean-born and Latino workers in Koreatown, has held trainings on responding to sexual harassment.

Case Study: Organización en California de Lideres Campesinas (OCLC)

Presented by Milly Trevino-Sauceda, OCLC

Organización en California de Líderes Campesinas (California Organization of Farm Worker Women Leaders) was founded 13 years ago, by and for farmworker women. The group, with 500 members, operates in 10 regions and 60 towns throughout California. Holding meetings in members' homes, much like Tupperware parties, OCLC members educate women farmworkers about being respected at home and enforcing their rights in the workplace. OCLC members have reported that some employers pay immigrant farmworker women less than men, give them less desirable jobs, deny them opportunities for advancement, illegally terminate them when they became pregnant, and subject them to sexual harassment during hiring and employment.

Many members of Lideres Campesinas are learning to become leaders in their community, which they say has long been dominated by a traditional machismo culture. The group focuses on domestic violence, sexual harassment, HIV/AIDS, and occupational health and safety. Women also learn how to enforce their rights by seeking assistance from state agencies, the Equal Employment Opportunities Commission (EEOC), or local legal aid groups.

In recent years, the EEOC has assisted women farmworkers who have made claims of sexual harassment or sexual assault on the job. Since 1996, the Commission has settled nine sexual harassment cases on behalf of these women.

OCLC helped Olivia Tamayo take her case to the EEOC after her employer refused to help her. In December 2004, the EEOC represented Tamayo, who said that her supervisor at Harris Farms had raped her repeatedly and threatened to kill her and her husband if she reported these incidents to the authorities. After a six-week trial, a jury awarded Tamayo nearly $1 million.

Although women in immigrant communities are often counseled by their relatives to tolerate domestic abuse, OCLC takes a different approach. It educates farmworker women about their options, advocates for the hiring of Spanish-speaking and culturally sensitive personnel at local battered women's shelters, and helps victims obtain the services they need. OCLC stresses that abuse should not be tolerated in the home or in the workplace.

For more information

Blackwell M [2006]. Farmworker Women's Organizing and Gendered Grassroot Leadership. www.liderescampesinas.org/media/research-report-excerpt-by-maylei-blackwell.pdf (October 18, 2010)

Koreatown Immigrant Workers Alliance www.kiwa.org/ (October 18, 2010)

Cross-cutting Discussions 7: Immigrant Workers' Centers

Speakers on the role of workers' centers were José Oliva, director of the Chicago Interfaith Workers' Center; Omar Henriquez, immigrant coordinator for the Service Employees International Union; and Janice Fine, author of *Building a New American Community at the Edge of the Dream: Immigrant Worker Centers*.

They noted that, across the country immigrants in dozens of cities have formed a new type of organization, focused on work but based in the community rather than in a particular workplace. These "workers' centers" were strongly represented at the conference, with representatives from California, New Jersey, New York, Massachusetts, Illinois, Maryland, and Texas, who organized workers from Latin America, Brazil, Korea, Eastern Europe, and Vietnam.

They explained that workers' centers teach classes in English and in basic workplace rights, provide legal representation to recover unpaid wages, refer workers or their families to other resources in the community. They also advocate for compliance with labor lawsand speak on behalf of their constituencies to government agencies and legislators. Many are membership organizations with little or no dues, relying on grants from foundations and local government for financing. Most centers organize workers who speak a particular language, though some include workers from several parts of the world.

Several workers' centers have partnered with occupational health professionals for training and research. For example, researchers at the University of Massachusetts Lowell received a research grant from NIOSH and have collaborated with the Brazilian Immigrant Center to increase awareness of hazards in construction, landscaping, housecleaning, restaurant, and food service jobs. In San Francisco, the state Health Department and the University of California worked with Asian Immigrant Women Advocates to develop safer work stations for garment workers (see *Garment Workers Intervention*, page 47.)

Workers' centers function in the languages that their constituencies speak and promote solidarity among workers from different workplaces. Their strengths include their willingness to experiment with grassroots organizing and their focus on developing new leaders; their success at winning back wages from employers who have failed to pay; their ability to monitor and provide information on minimum wage, safety and health, workers' compensation, and wages-and-hours laws; their ability to call attention to some exploitative employer practices; and some successes in changing the climate for immigrant workers and winning public policy victories such as those described in the Interventions track of the conference report.

Case Study: A Workers' Center Takes on Construction Health and Safety

Presented by Rich Cunningham, New Labor

It is 5 a.m. when Alejandro de la Paz wakes up and prepares to make his way to a local "muster zone" in Red Bank, New Jersey. Like many young Latino immigrants, de la Paz has worked a variety of jobs since he arrived in the United States. Today, there will be 50 other immigrant workers standing on the street corner soliciting work in construction, as a dishwasher, or as a handyman for a homeowner.

De la Paz, however, is there with three other members of New Labor, a nonprofit membership organization of Latino immigrant workers. They are asking day laborers if they are willing to complete a short survey and are recruiting them to participate in focus groups the following weekend at the local library.

De la Paz and his compañeros are part of an effort to document and improve the occupational safety and health conditions of day laborers in New Jersey. This effort, the Latino Construction Worker Health and Safety Project, is a collaboration among the Rutgers University Occupational Training & Education Consortium (OTEC), New Labor, and the Laborers Union. The project grew out of an effort by New Labor and OTEC to address the growing number of injuries and fatalities of Latino immigrant workers.

"A lot of folks have heard the statistics of the disproportionate number of Latino immigrants that are injured on the job, or that one Mexican-born worker dies every day at work here in the United States," says Rich Cunningham, Director of New Labor. "But it all hit home for us organizationally when we had a small fire in our office building." That day, native-born firefighters knew how to tell New Labor members to "go" and "you have to leave," but they didn't know how to give directions. New Labor members began to walk straight toward the fire. "From that day forward," says Cunningham, "safety and health became a core part of our work."

New Labor is a membership organization. Members are primarily young, Latino immigrant workers who live in New Brunswick, New Jersey, working at low-wage jobs. Most regularly move from job to job seeking better conditions or wages. New Labor does grassroots organizing to leverage members' interests at work and in the community, with a focus on training new leaders who can carry on the work. Health and safety has been a big issue for the group, which has worked on the safety of transportation to and from work and partnered with employers to develop innovative training programs for temporary workers.

In early 2002, OTEC and New Labor formed the Latino Occupational Safety and Health Initiative. Since then, 60 New Labor members have been

educated as peer-to-peer trainers. They have given occupational safety and health training to almost 1,000 workers, either through their employers or in the community. At least 300 of those workers were employed by temporary agencies.

The Latino Construction Worker Health and Safety Project expanded this successful training model to day laborers—requiring ambitious outreach and persistence. Day laborers' schedules are volatile. Many workers work six or seven days a week and move from job to job. A training program must be responsive to the fluid nature of day labor.

Gustavo Vazques completed a three-day intensive training in administering surveys and conducting focus groups. "Health and safety is a human right," he says. "For us it is a matter of life and death." Vazques, de la Paz, and other members of New Labor are going city to city, corner to corner, asking day laborers to tell their stories and provide statistical information on a part of the economy about which little data exists.

In the next step of the project, a curriculum advisory committee of day laborers from around the state will be formed. The committee, along with New Labor peer-to-peer trainers and staff from the Laborers, OTEC, and New Labor, will develop a participatory training program that fits the needs of day laborers. Building on existing Spanish-language materials from the AFL-CIO's Building and Construction Trades Department, called SmartMark, the curriculum will meet the requirements for OSHA's 10-hour construction safety course. Graduates will receive OSHA's "10-hour card" to certify their safety knowledge.

Using the curriculum, day laborers will be trained to facilitate occupational safety and health classes. For two years, day laborers and New Labor peer-to-peer Trainers will organize trainings in the communities where day laborers live and work. A comprehensive evaluation will allow the organizations to document changes in awareness and any improvements in working conditions.

For more information

New Labor www.newlabor.org (October 18, 2010)

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APPENDIX A CONFERENCE AGENDA

Symposium on Improving Immigrant Worker Safety and Health
University of Massachusetts, Lowell, Department of Work Environment
Co-sponsored by the National Institute for Occupational Safety and Health

September 27–29, 2004

September 27 7–9 pm—Opening reception and welcome

John Wooding, Provost University of Massachusetts, Lowell
David Wegman, Dean, School of Health and Environment
Teresa Schnorr, National Institute for Occupational Safety and Health

Day1—Tuesday, September 28

8:30–9:30 Welcome and ice breaker

9:30–10:45 Opening plenary: Eduardo Siqueira, moderator

- Conference overview – Sherry Baron, NIOSH
- Statistics on occupational injuries and fatalities in immigrant workers
  Scott Richardson, Bureau of Labor Statistics
- Social, political and economic context of immigrant workers in the United States
  Anna Avendano, AFL-CIO
- Programs to address the needs of immigrant workers – Management perspectives
  John Canty, American Society for Safety Engineers

11:00–12:30 First track breakout session: This series of three breakout sessions are aimed at developing specific recommendations for improving data collection and intervention programs for immigrant workers. (Choose one track for all three sessions.)

Track 1 Data Collection—A panel will present an overview of barriers to collecting information about immigrant worker safety and health and examples of innovative approaches to data collection. A framework for developing a recommended research agenda will be presented and discussed.

- Barriers to reporting work-related injuries and illness among immigrants
  Lenore Azaroff, University of Massachusetts, Lowell
- Challenges of collecting data on mobile farmworker populations
  Matthew Keifer, University of Washington
- A national project to collect data on day laborers
  Abel Valenzuela, University of California, Los Angeles

- Collecting data on immigrant workers through community health clinics
  Kerry Souza, Massachusetts Department of Public Health

Track 2 Intervention

Developing a current inventory of interventions: A panel will present an overview of interventions targeting immigrant worker safety and health in the community, workplace, and policy arenas, followed by small group work to fill out the inventory of interventions that have been undertaken to date.

1:30– 2:15 Plenary: Community-based Participatory Research, Susan Moir, moderator

- Researchers' perspective – The Hotel Room Cleaners Study
  Pam Tau Lee, Labor Occupational Health Program, Berkeley, CA
- Labor union perspective – The Homecare Workers Studies
  Wendy Duchen, Service Employees International Union, Los Angeles
- A view from the field: Personal observations on community members' reaction to research
  Maria Negrete, University of Washington and former farmworker

2:30–3:45 Cross-cutting Session 1 (six concurrent sessions – choose one)

- Legal and policy barriers to safety and health – Shelley Davis, moderator
  Amy Sugimori, National Employment Law Program
  Shelley Davis, Farmworker Justice Fund
- Language, literacy and cultural barriers to safety – Dan La Botz, moderator
  Daniel Garcia, Roofers Union
  Nargess Shadbeh, Oregon Law Center, Indigenous Farmworker Project
  Eduardo Siqueira, University of Massachusetts, Lowell
- Using ethnographic, anthropological or other qualitative methods—Tom O'Connor, moderator
  Susan Moir, University of Massachusetts, Boston
  Sara Quandt, Wake Forest University
- Special issues and needs of immigrant adolescent workers – Linda Delp, moderator
  Aleyda Moran, Labor Occupational Safety and Health, Adolescent Project
  Edward Kissam, Aguirre International, Adolescent Farmworker Project
- The impact of race and ethnicity on health – Sherry Baron, moderator
  Olivia Carter-Pokras, University of Maryland
  Andres Torres, University of Massachusetts, Boston
- The landscape of immigrant worker organizations – Jackie Nowell, moderator
  Jose Oliva, Chicago Workers' Center
  Omar Henriquez, Service Employees International Union, New York
  Janice Fine, Economic Policy Institute

4:00–5:30 Data and Intervention Track Breakout Session 2

- Data Collection—In this session, participants will identify and prioritize surveillance and research questions that need to be answered in order to promote effective interventions.

- Intervention—What have we learned and where are the gaps? This session will focus on assessing the successes and shortcomings of interventions that have been tried and on identifying the areas where we need to learn more to promote successful interventions.

6:30 – 10:00 Reception/dinner/cultural event

Day 2—Wednesday, September 29

8:30–10:00 Plenary: Interventions to improve immigrant safety and health

- Examples from other areas of public health
  Treating tuberculosis in US/Mexican migrants
  Eileen Schneider, Centers for Disease Control
  Successful approaches from the environmental justice movement
  Jose Bravo, Just Transition Alliance
- Successful examples in occupational health
  The California Garment Workers Project
  Jacqueline Chan, California Occupational Health Program
  Developing education intervention with janitorial staff
  Lilia Garcia, Maintenance Cooperation Trust Fund

10:00–11:30 Cross-cutting Session 2 (Repeat of the same six sessions, except for women)

- Legal and policy barriers to safety and health
- Language, literacy, and cultural barriers to safety
- Using ethnographic, anthropological, or other qualitative methods
- Special issues and needs of adolescent immigrant workers
- The landscape of immigrant worker organizations
- Special issues and needs of women immigrant workers – Laura Stock, moderator
  Vy Nguyen, Korean Immigrant Workers Association
  Milly Trevino-Sauceda, Lideres Campesinas

1:00–3:00 Track Breakout Session 3: Continue the data collection and intervention discussions

- Data Collection track – participants will develop specific recommendations for improving data collection and conducting research to address the identified priorities.
- Intervention track – Analyzing and evaluating intervention experiences and developing recommendations for future interventions and research. Based on discussions in the previous two sessions, participants will develop a concise, prioritized set of recommendations for interventions and research in the future.

3:00–4:00 Recommendations and closing

APPENDIX B CONFERENCE RECOMMENDATIONS

Recommendations for Immigrant Worker Safety and Health

Throughout the conference, in a variety of sessions and workshops, participants discussed and prioritized recommendations for future research to improve workplace safety and health for immigrant workers.

Research Methods

Participants strongly supported the use of community-based participatory research (CBPR) approaches which emphasize the following principles:

- Engaging community members in choosing research topics, developing projects, collecting data, and interpreting results;
- Recognizing the importance of social, political, cultural, and economic systems to understanding the causes of disproportionate risks for immigrants;
- Placing high priority on translation of the findings of basic, intervention, and applied research into changes in practice and policy;
- Developing effective methods for communicating findings to the community and how best to incorporate community stakeholders and health education/risk communication professionals in these dissemination efforts;
- Collaborating with community partners to build ongoing community capacity to address occupational health and safety concerns;
- Using cross-disciplinary research teams that include social scientists (such as anthropologists or sociologists) as well as traditional occupational health disciplines; and
- Using both qualitative methods (focus groups, interviews, case studies, and observations) and quantitative methods (systematic surveys and surveillance systems). For example, case studies can point to a need to gather statistics about the bigger picture, which in turn point to the need for more in-depth information that can be gathered only through qualitative approaches.

Risk Factors for Occupational Injury and Illness

Participants stressed the importance of determining the factors contributing to work-related injury and illness. They encouraged greater efforts to:

- Identify and characterize specific chemical, biological, and physical hazards especially for immigrant-dominated occupations which have been understudied, such as restaurant workers and cleaning services workers.
- Identify and characterize how language, literacy, and cultural barriers result in disproportionate risk.

- How do workers from different cultures distinctively perceive health and safety risks and define injuries or illness and how do these differences affect research findings?
- What is the nature of formal or informal safety and health training received in immigrants' home countries and how does this training influence their knowledge, attitudes, and practices at work in the United States?
- What factors improve the likelihood that immigrant workers will be proactive in guarding their health and safety?
- How well do employers who are immigrants comply with health and safety regulations and what are the barriers to compliance (such as language barriers or lack of knowledge of laws)?
- What is the impact of social isolation and family separation on immigrant workers' health and safety behaviors and outcomes?
- How do gender and race impact these cultural factors?

- Identify and characterize how the structure of immigrant-dominated workplaces might contribute to disproportionate risk.
  - What is the role of workforce restructuring leading to increased use of subcontracting, use of temporary workers, and use of workers as independent contractors?
  - Does the size and stability of an employer affect the quality of safety and health programs?
  - What is the impact of hours of work (overtime, shift work, multiple jobs) on the health and safety of immigrant workers?
  - What are the most important economic incentives leading employers to invest in worker safety, such as decreasing worker turnover?
  - Does unionization improve immigrant workers' health and safety?
  - How do sexual harassment, racial discrimination, and issues of work-family balance affect workplace safety and workers' mental and physical health, especially for immigrant women?

Data Collection

Participants addressed the need to obtain better data to understand the disproportionate safety and health risks facing immigrant workers. Among the approaches offered were to:

- Assess how cultural and economic barriers lead to underreporting of occupational injuries and illnesses.
- Assess the extent to which immigrant workers may be excluded from existing surveillance systems because of high job mobility and geographic migration.
- Conduct targeted surveys to address identified gaps in knowledge about immigrant workers. Draw on partners and methods such as community health clinics, workers' centers, and community-based surveys.
- Evaluate the impact of systematic misclassification of employee status and job titles on estimates of immigrant workers' health and safety risks. For example, they may be hired as "independent contractors" or through temporary services agencies.

- Enhance the utility of the Bureau of Labor Statistics Annual Survey of Injuries and Illnesses to track immigrant worker risks by requiring reporting of race and ethnicity.
- Develop ways to track workers with high mobility, so as to look at long-term health effects. Include ways to follow workers who move cross-border.
- Develop sampling strategies for community-based research and include such guidance in toolkits for community researchers. These strategies could address the size and make-up of groups surveyed and ways of implementing surveys that would increase response rates.

Intervention Research

Conference participants developed recommendations for intervention, focusing on issues of evaluation and dissemination. Among suggestions were to:

- Create a clearinghouse. Collect, organize, and make available information on research findings, successful research materials (including surveys), and model or best practices for intervention and training programs.
- Implement, evaluate, and disseminate to employers of immigrant workers demonstration programs using culturally appropriate health and safety information and training.
- Compile, develop, and disseminate a toolkit of methods and materials, particularly those using interactive education techniques, for customizing health and safety training for immigrant workers from different cultures.
- Evaluate and disseminate information about using peer education programs. Such programs draw on the experience of worker trainer programs and on peer education programs in the social sciences and other health disciplines. Participants deemed these as among the most successful interventions.
- Evaluate and disseminate information about building community capacity by recruiting and training lay researchers from existing community networks.
- Evaluate and disseminate information about using media to communicate workplace safety messages, including conducting grassroots campaigns through the popular media, targeting ethnic media, and developing media materials at the national level that can be adapted for use at the local level.
- Evaluate and disseminate information about how to integrate health and safety training into English as a Second Language classes, computer classes, and other skills training.
- Implement and evaluate interventions to address health and safety in informal sector jobs such as landscaping, residential construction, and housecleaning, where workers are often paid “under the table” and there is no government monitoring of the employment relationship.
- Implement and evaluate approaches to providing health and safety training to teenage immigrant workers. Consider programs in workplaces, schools, and community-based organizations; do outreach through churches, parents, and teen/community centers. Because unaccompanied youth are particularly vulnerable, conduct research to identify risk factors for them; implement and evaluate targeted interventions.
- Implement and evaluate strategies for reaching small and medium-sized employers to identify and control risks. Such strategies can include developing materials about low-cost

technological solutions ("simple solutions") to hazards commonly faced by immigrant workers.

Policy Research

Policy aspects are paramount for immigrant workers' safety and health. Participants offered a variety of suggestions regarding evaluating the effectiveness of a variety of policies, including to:

- Evaluate the effectiveness of OSHA's and other OSH agencies' efforts to provide information to immigrant communities. Do the agencies have enough translators/interpreters or effective low literacy educational materials in languages other than English?
- Evaluate the effectiveness of OSHA's and other OSH agencies' enforcement efforts for immigrant workers. Do the agencies ask about or consider workers' legal status?
- Evaluate access to and use of workers' compensation by immigrant workers including assessing the impact of exclusion of undocumented workers by some states.
- Study the impact of immigrant workers' legal status on their occupational health and safety. Include studies of immigrant workers whose status has changed during their working lives.
- Research the impact of OSHA's "special emphasis" enforcement programs and compliance assistance targeted at industries with high concentrations of immigrant workers.

Research Funding

Government research funding initiatives have included wording to encourage the use of community-based participatory methods as one approach to improving immigrant worker safety and health. For example in 2003 the *Environmental Justice: Partnerships For Communication (RFA NUMBER: ES-03-007*) announcement, included as one of the evaluation criteria that there be "evidence of access to, interaction with, and input from a minority, low-income, or underserved community, whose members' health is adversely impacted by an environmental or occupational hazard". Participants supported this approach and made additional suggestions that might be considered for future funding initiatives such as:

- Requiring researchers to communicate their findings to the affected communities and include funding to enhance communication and dissemination activities. For example, add a "tail" onto research grants: a post-grant supplement to allow researchers to communicate their results.
- Encouraging cross-disciplinary research teams that include social scientists (such as anthropologists or sociologists) as well as traditional occupational health disciplines.
- Creating scientific review panels that include reviewers with expertise in community-based research methods.
- Developing model guidelines for research on human subjects considering issues related to language and literacy and ethical considerations for including undocumented immigrants.