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Immigrant Workers at Risk: The Urgent Need for Improved Workplace Safety and Health Policies and Programs

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Immigrant Workers at Risk: The Urgent Need for Improved Workplace Safety and Health Policies and Programs

Abstract

[Excerpt] Foreign-born workers are likely to toil in high-risk occupations, work in the unregulated, “informal” economy and often fear reporting workplace injuries. Many are not aware of their legal rights to safety and health on the job and to workers’ compensation if they are injured.

The AFL-CIO report, *Immigrant Workers at Risk: The Urgent Need for Improved Workplace Safety and Health Policies and Programs*, examines how these factors contribute to the alarming rates of injury and death on the job among immigrants and discusses the detrimental economic effects of such workplace injuries and death across society.

Keywords

immigration, workplace safety, workplace injuries, Occupational Safety and Health Administration, OSHA

Comments

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IMMIGRANT WORKERS AT RISK:

**The Urgent Need for
Improved Workplace Safety and Health
Policies and Programs**

AFL-CIO

AUGUST 2005

Executive Summary

TODAY, IMMIGRANT WORKERS in this country face an epidemic of workplace injury and death. In fact, immigrant workers are at far greater risk of being killed or injured on the job than native-born workers. Overall, workplace fatalities among foreign-born workers increased by 46 percent between 1992 and 2002. Fatalities among Hispanic workers increased by 58 percent over the same period.

Foreign-born workers are likely to toil in high-risk occupations, work in the unregulated, “informal” economy and often fear reporting workplace injuries. Many are not aware of their legal rights to safety and health on the job and to workers’ compensation if they are injured.

The AFL-CIO report, *Immigrant Workers at Risk: The Urgent Need for Improved Workplace Safety and Health Policies and Programs*, examines how these factors contribute to the alarming rates of injury and death on the job among immigrants and discusses the detrimental economic effects of such workplace injuries and death across society.

Among the report’s key findings:

- Although the share of foreign-born employment increased by 22 percent between 1996 and 2000, the share of fatal occupational injuries for this population increased by 43 percent.

- Fatal work injuries in six states accounted for 64 percent of all fatalities for foreign-born workers between 1996 and 2001: California, Florida, Illinois, New Jersey, New York and Texas.
- Nearly one in four fatally injured foreign-born workers was employed in the construction industry.
- Less than one-third of the costs of occupational illnesses and injuries are paid for by employer-funded workers’ compensation—with taxpayers picking up nearly 20 percent of the tab through Medicaid and Medicare. Injured workers and their families pay the largest share.

While much needs to be done to improve the working lives of immigrants, *Immigrant Workers at Risk* includes examples of successful outreach by unions and community groups to educate immigrant workers on worksite hazards and provide them with information about their legal rights on the job. The report also includes examples of current efforts by the Occupational Safety and Health Administration (OSHA) to educate foreign-born workers, and notes the areas in which OSHA must improve to protect more successfully immigrant worker safety and health.

The report concludes with 13 recommended actions that significantly would improve safety and health protections for immigrant workers.

IMMIGRANT WORKERS AT RISK:

The Urgent Need for Improved Workplace Safety and Health Policies and Programs

JOSÉ SAUCEDA worked on a power saw, cutting pork loins at Smithfield Packing—the world’s largest hog processing plant—in Tar Heel, N.C. The supervisors were hard on the workers, especially the immigrants who didn’t speak English. His supervisor pushed the workers to work faster and faster to get out the product. To meet his supervisor’s demands, José rushed through his work, at one point catching his hand in a saw as he reached for a loin. José required surgery to insert pins in his finger. Now, his finger no longer is straight and he has difficulty using his hand.

He returned to the plant but it was difficult. He couldn’t keep up with the line speed. After a while, the company fired him, saying his immigration papers were not valid. Since then, José tried to work for the contractor who cleans the Smithfield plant at night but he had difficulty holding onto the hose. He now tries to get jobs working for himself.

“This work that we do here in the U.S. is really hard and the companies take advantage of us as immigrants who don’t speak English and who don’t know our rights. They intimidate us to keep us in line and fire us when they want to.”

—JOSÉ SAUCEDA¹

Introduction

UNIONS LONG HAVE ADVOCATED for a national immigration policy that includes a path to citizenship for undocumented workers who work hard, pay their taxes and contribute to their communities and that guarantees that all workers, whether U.S.- or foreign-born, have enforceable rights and safe and decent work.

Today, immigrants in this country face an epidemic of workplace death. Although the percentages for specific nationalities may vary from year to year,

overall workplace fatalities among foreign-born workers increased by 46 percent from 1992 to 2002. Fatalities among Hispanic workers increased by one-third over the same period. Immigrant workers are more likely than native-born workers to be killed or injured on the job. But the risk factors contributing to workplace danger and death among immigrants can be addressed and concrete actions should be taken to improve safety and health for immigrant workers. These actions can and should be built into any new legislative initiatives on immigration reform.

Demographics

ESTIMATES SHOW the number of foreign-born people living in the United States topped 33 million and accounted for nearly 12 percent of the population in 2003. Half of these people have arrived since 1990—and the foreign-born population is growing at a rate of about 1 million per year. Estimates of the undocumented immigrant population range from 10 million to 12 million.²

More than half of the foreign-born population comes from Latin America, primarily from Mexico. While the number of immigrants from Asia also has grown rapidly since 1960, the number of immigrants from Europe has declined considerably.³

Immigrants currently make up nearly 15 percent of the entire U.S. workforce⁴ and account for nearly 50 percent of the net increase in the labor force during the second half of the 1990s.⁵ The Bureau of Labor Statistics reported that in 2003, approximately 48 percent of the foreign-born workforce was Hispanic or Latino and 22 percent was Asian, compared with about 7 percent and 1 percent, respectively, of the native-born workforce.

In 2003, foreign-born workers were concentrated in service occupations (23 percent) and in production,

transportation and material-moving occupations (18 percent).⁶ Compared with native-born workers, the foreign-born population is more likely to be employed in the construction, manufacturing, leisure and hospitality industries.⁷

Both foreign-born men and women were less likely to be employed in professional and related occupations and in sales and office occupations than their native-born counterparts.⁸ In 2003, foreign-born, full-time wage and salary workers earned \$154 less in median weekly pay than their native-born counterparts. For men, the difference was \$229 per week, while for women the difference was \$108 per week.⁹

Countries of Origin

Data from the March 2003 Current Population Survey (CPS) show that 53 percent of the documented foreign-born residents were born in Latin America, 25 percent in Asia and 14 percent in Europe.¹⁰

According to the 2000 Census, the top 10 countries of origin for the foreign-born population account for nearly 60 percent of all foreign-born immigrants: Mexico (29.5 percent); China (4.9 percent); the Philippines (4.4 percent); India (3.3 percent); Vietnam (3.2 percent); Cuba (2.8 percent); Korea

(2.8 percent); Canada (2.6 percent); El Salvador (2.6 percent) and Germany (2.3 percent).¹¹

Where Immigrants Live

More than two-thirds of the foreign-born population live in one of six states: California, Florida, Illinois, New Jersey, New York and Texas. The majority of new legally admitted immigrants still settles in those six states. However, between 1990 and 2000, migration patterns began to shift away from those states. Arizona, Colorado, Georgia, Nevada and North Carolina now are seeing an influx of new immigrants.¹² The foreign-born population in Georgia, North Carolina and Nevada tripled between 1990 and 2000. During that same period, the foreign-born population doubled in 16 other states.

Top 10 States by Percent Change in the Foreign-born Population, 1990–2000¹⁵

State	Percent Change
North Carolina	274
Georgia	233
Nevada	202
Arkansas	196
Utah	171
Tennessee	169
Nebraska	165
Colorado	160
Arizona	136
Kentucky	135

States with the Largest Foreign-born Populations, 2000¹³

State	Total Population (Millions)	Foreign-born Population (Millions)	As a % of State Population
California	33.9	8.9	26.2
New York	19.0	3.9	20.4
Texas	20.9	2.9	13.9
Florida	16.0	2.7	16.7
Illinois	12.4	1.5	12.3
New Jersey	8.4	1.5	17.5
Massachusetts	6.3	0.8	12.2
Arizona	5.1	0.7	12.8
Washington	5.9	0.6	10.4
Georgia	8.2	0.6	7.1
United States	281.4	31.1	11.1

Top 10 States by Percent Change in the Hispanic Population Since 1990¹⁶

State	Percent Change
North Carolina	394
Arkansas	337
Georgia	300
Tennessee	278
Nevada	217
South Carolina	211
Alabama	208
Kentucky	173
Minnesota	166
Nebraska	155

States with the Largest Foreign-born Share of Population, 2000¹⁴

State	Percent of Total Population that is Foreign-born
California	26.2
New York	20.4
New Jersey	17.5
Hawaii	17.5
Florida	16.7
Nevada	15.8
Texas	13.9
District of Columbia	12.9
Arizona	12.8
Illinois	12.3

Top 10 States by Percent Change in the Asian Population Since 1990¹⁷

State	Percent Change
Nevada	179
Georgia	148
North Carolina	140
Nebraska	125
Vermont	123
Arizona	116
Minnesota	110
Michigan	104
Tennessee	103
Kentucky	102

Job Fatalities and Injuries: Immigrant Workers at High Risk

Roberto Fernandes was working as a roofer when a metal ladder he was unloading struck a power line that sent 7,620 volts through his body, killing him.

As Josias Peres fixed a minivan in the auto shop where he worked, the car lunged forward and pinned him against a wall, smashing his head and chest before killing him.

While Wiltemy Dutra smoothed a slope in the yard of a home, the tractor he was driving hit a soft patch of dirt on an incline and rolled over, crushing him to death.¹⁸

THE INCREASED REPRESENTATION of foreign-born men and women in the U.S. workforce has been accompanied by an upsurge in work-related fatalities and injuries among this population. But this rise in fatalities and injuries has been disproportionate. Although the share of foreign-born employment increased by 22 percent between 1996 and 2000, the share of fatal occupational injuries for this population increased by 43 percent.¹⁹

Since 1992, when these data first were collected as part of the Bureau of Labor Statistics (BLS) Census of Fatal Occupational Injuries (CFOI)ⁱ, the number of fatalities among foreign-bornⁱⁱ workers increased by 46 percent, from 635 fatalities in 1992 to 930 fatalities in 2002. At the same time, the overall number of workplace fatalities dropped from 6,217 in 1992 to 5,524 in 2002. Not surprisingly, the states with the largest foreign-born populations have the greatest number of foreign-born worker fatalities. California, Texas, New York and Florida (in that order) lead the states in foreign-born worker fatalities.

Sixty-two percent of the foreign-born workers fatally injured at work in 2002 were Latino,ⁱⁱⁱ 17 percent were Caucasian, 12 percent were Asian, Native Hawaiian or Pacific Islander and 5 percent were of Black or African American race or ethnic origin. Forty-two percent were from Mexico. One-third of the foreign-born fatalities resulted from transporta-

tion incidents, one-quarter from assaults and violent acts and 15 percent each occurred because of falls or contact with objects and equipment.

To date, more analysis has been done on Hispanic worker fatalities and foreign-born Hispanic worker fatalities than on fatalities of foreign-born workers overall. Between 1992 and 2002, the number of all Hispanic worker fatalities increased by 58 percent—and between 1995 and 2000, some 60 percent of Hispanic workers' deaths involved those born in another country.²⁰ According to studies performed by CFOI and published in a 2003 National Research Council report, *Safety Is Seguridad*, Hispanic men have the greatest overall relative risk of fatal occupational injury of any gender, race or ethnic group. Relative risk measures the extent to which the workplace fatality rate of a specific worker group differs from the workplace fatality rate of all workers.

While Hispanic men have a relative risk that is 22 percent higher than the relative risk for all men, Hispanic women have a relative risk comparable to the relative risks faced by all women.²¹ Relative risk is particularly high for Hispanic men in mining and construction industries. In 2000, Hispanic construction workers made up less than 16 percent of the construction workforce, but suffered 23.5 percent of the fatalities. In 2000, Hispanic construction workers were nearly twice as likely to be killed

by occupational injuries than their non-Hispanic counterparts.²²

Relative Risk of Fatality

Relative risk is calculated as the fatality rate for one group of workers divided by the fatality rate for all workers. Between 1996 and 2001, the foreign-born workforce as a whole had a relative fatality risk of 1.11, compared with the relative risk of .99 for native-born workers. The impact of a few occupations—specifically sales occupations as well as handler, equipment cleaner, helper and laborer—contribute to the difference between overall relative workplace fatality risk for native- and foreign-born workers.²³

Assuming that numbers from the year 2000 are representative of the foreign-born workforce, the most significant factor for foreign-born workers’ relative fatality risk appears to be their region of origin.²⁴ However, as demonstrated in the next section, industry and occupation also are important determinants of risk.

BLS data also show increases in the number of injury and illness cases with days away from work suffered by Hispanic workers. The number of Hispanic worker injury and illness cases with days away from work increased from 9.4 percent of all injury and illness cases in 1995 to 12.6 percent in 2002. However, it should be noted that reporting race and ethnicity is voluntary rather than mandatory on the BLS Survey of Occupational Injuries and Illnesses, the major national occupational injury and illness surveillance system. Data on injuries or illnesses to foreign-born workers is not available.

High-Risk Industries

Between 1996 and 2001, private construction, retail trade and transportation and public utilities (counted as one industry) were the three industries in which fatally injured foreign-born workers most frequently were employed. Nearly one in four fatally injured foreign-born workers was employed in the construction industry. Another one in three was employed either in retail trade or transportation and public utilities. Industries with the highest fatality rates for foreign-born workers include mining (30.4 per 100,000), construction (17.3 per 100,000), transportation and public utilities (15.2 per 100,000) and agriculture, forestry and fishing (15.2 per 100,000).

Fatality Rate and Relative Risk by Region of Origin for Foreign-born Workers Ages 16 and Older, 2000²⁵

Region of Origin	Fatality Rate	Relative Risk
All workers	4.36	1.00
Total foreign-born	5.14	1.18
Latin America	6.10	1.40
Caribbean	3.97	0.91
Central America	7.14	1.64
Mexico	7.92	1.82
Other Central America	4.37	1.00
South America	3.85	0.88
Asia	4.39	1.01
Europe	3.92	0.90
Africa	6.21	1.42
Northern America	5.22	1.20

In 2003, the fatality rate for all workers stood at 4.0 per 100,000 workers. For all Hispanic workers, that fatality rate was 4.5, but for foreign-born Hispanic workers the rate was 5.4, while the fatality rate for native-born Hispanic workers was 3.4.

Fatally Injured Mexican-born Workers, by Industry

Construction	34.2 %
Agriculture, Forestry, Fishing	23.4 %
Manufacturing	11.0 %

Fatally Injured Latin American-born Workers, by Industry

Construction	31.4 %
Agriculture, forestry and fishing	17.8 %
Transportation and public utilities	11.9 %

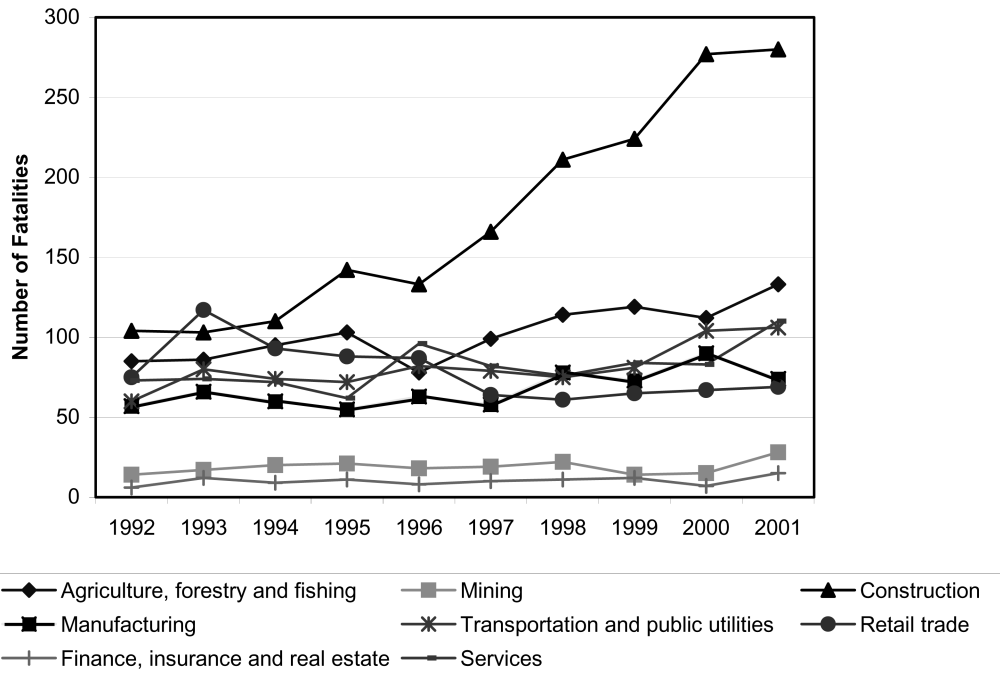
Fatally Injured Asian-born Workers, by Industry

Retail trade	47.6 %
Transportation and public utilities	15.2 %
Services	13.4 %

Fatally Injured Native-born Workers, by Industry

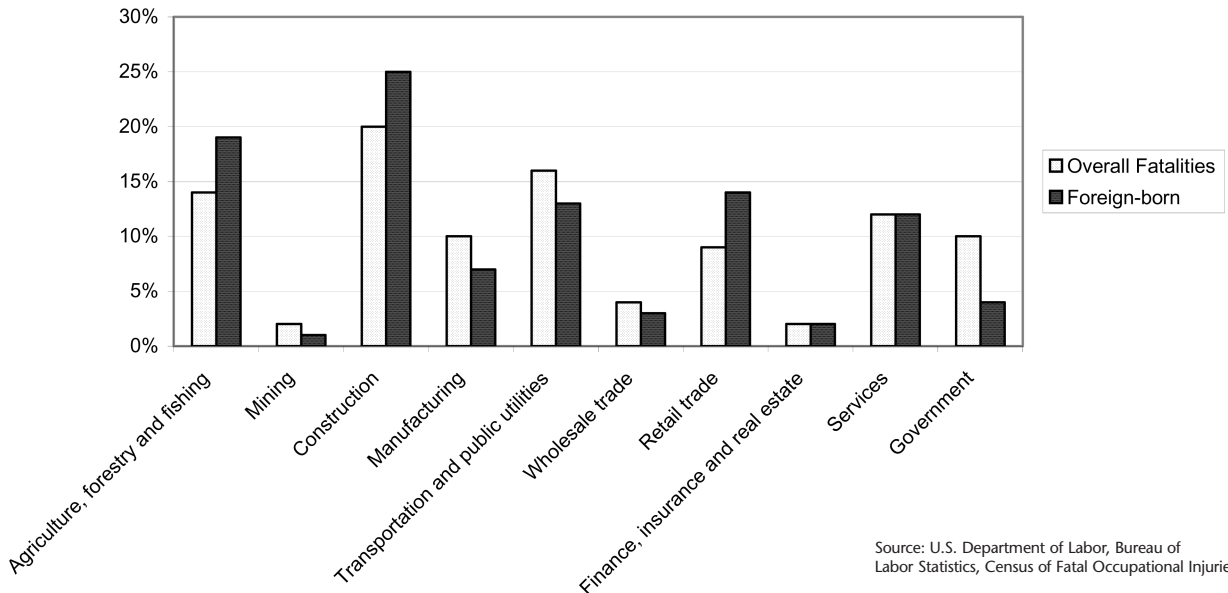
Construction	18.2 %
Transportation and public utilities	16.0 %
Agriculture, forestry and fishing	13.1 %

Foreign-born Worker Fatalities by Industry, 1992–2002



Source: U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries

Percentage of Overall and Foreign-born Fatalities by Industry, 2002



Source: U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries

High-Risk Occupations

Between 1996 and 2001, nearly half of all fatally injured foreign-born workers were employed in one of the following four occupational classifications: transportation and material moving occupations (22.1 per 100,000); handlers, equipment cleaners, helpers and laborers (17.1 per 100,000); protective services (11.4 per 100,000); and construction trades (11.3 per 100,000).²⁶

Fatalities in farming, forestry and fishing occupations accounted for nearly a quarter of all fatal injuries sustained by Mexican-born workers. Two other occupational groups, handlers, equipment cleaners, helpers and laborers and construction trades, accounted for another 41 percent of fatally injured Mexican-born workers. Among workers from all Latin American countries, those who were fatally injured were employed most frequently as handlers, equipment cleaners, helpers and laborers, followed by farming, forestry and fishing and transportation and material movers.²⁷ However, when Mexico is excluded, the occupations that fatally injured workers from Latin American countries most frequently are employed in are handlers, equipment cleaners, helpers and laborers, followed by transportation and material movers and workers in construction trades.

Among Asian-born workers, those fatally injured were most frequently employed in sales occupations, transportation and materials moving occupations and executive, administrative and managerial occupations.

Fatally Injured Mexican-born Workers, by Occupation

Handlers, equipment cleaners, helpers and laborers	27.4 %
Farming, forestry and fishing	23.8 %
Construction trades	13.7 %

Fatally Injured Latin American-born Workers, by Occupation

Handlers, equipment cleaners, helpers and laborers	24.9 %
Farming, forestry and fishing	18.0 %
Transportation and material moving	14.1 %

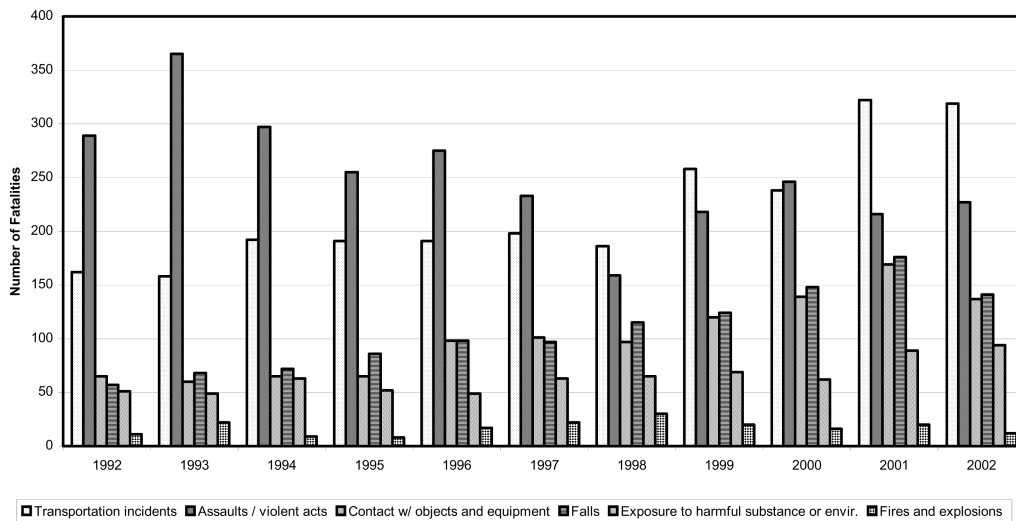
Fatally Injured Asian-born Workers, by Occupation

Sales	36.8 %
Transportation and material moving	15.1 %
Executive, administrative and management	10.7 %

Event or Exposure

Between 1996 and 2001, workplace homicide was the leading cause of fatal injury for foreign-born workers, accounting for one-quarter of all fatal injuries. The second and third most frequent types of fatal events involving foreign-born workers

Foreign-born Worker Fatalities by Event, 1992–2002



Source: U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries

included falls to a lower level (15 percent) and highway incidents (14 percent). Native-born workers were more likely to be killed in highway incidents (23 percent) than homicides (12 percent) or falls to a lower level (11 percent).²⁸

Demographics

Gender

Between 1996 and 2001, the three most frequent fatal events for male foreign-born workers were homicides (23 percent), falls to lower level (16 percent) and highway incidents (14 percent). For foreign-born women, the three most frequent fatal events were homicide (nearly half), highway incidents (16 percent) and struck by vehicle or mobile equipment (7 percent). This variation reflects the differences in occupations between foreign-born men and women. Foreign-born women tend to be concentrated in technical, administrative and sales occupations and service occupations and in retail trade and service industries—industries known to have a higher risk of workplace homicide.²⁹

Age

About 40 percent of fatally injured foreign-born workers were under 35 years of age, compared with 30 percent for native-born workers. This reflects the differences in the age distributions of the two populations.³⁰

State-by-State and Regional Breakdowns

Fatal work injuries in six states accounted for 64 percent of all fatalities to foreign-born workers between 1996 and 2001. Those states—California, Florida, Illinois, New Jersey, New York and Texas—also are the six states with the largest foreign-born populations.³¹ Foreign-born workers suffered nearly three out of every 10 workplace fatalities in California and New York. Fatal injuries to foreign-born workers accounted for one-quarter of all work-related fatalities in Florida. In Texas, one in five foreign-born workers sustained a fatal occupational injury.³²

More than a third of all fatal work injuries to foreign-born workers in the agriculture, forestry and fishing industry occurred in California. Seventy percent of foreign-born workers who were fatally injured in

California came from Latin America, of which 85 percent were from Mexico. Workers originally from Asia were the second-largest regional group, with 22 percent of the foreign-born worker fatalities in California.³³

Fatal Occupational Injuries to All Workers and Foreign-born Workers³⁴

by State and Primary Country of Origin, 1996–2001

State	All Workers	Foreign-born (% of Total)	Primary Country of Origin (% of Total of Foreign-born)
California	3,588	1,037 (29)	Mexico (59)
Texas	3,072	643 (21)	Mexico (68)
Florida	2,125	514 (24)	Cuba (24), Mexico (21)
New York	1,518	464 (31)	Dominican Republic (12)
Illinois	1,363	212 (16)	Mexico (41)
New Jersey	652	178 (27)	Mexico (9)

Underreporting

While the reported numbers of injuries and fatalities show a heightened risk for immigrant workers, the reported numbers likely significantly undercount the injury and death rates of immigrant workers. A 2002 article on the variety of impediments to reporting workplace injuries notes that workers repeatedly risk adverse consequences for attempting to complete the steps necessary to document cases, while the systems to ensure completion of documentation are weak or absent.³⁵

Underreporting especially occurs among workers with insecure immigration status, limited permission to work or lack of marketable job skills. Researchers found that low-wage and immigrant workers are most likely to be fired or threatened for complaining. In addition, contingent workers, including temporary employees and most construction workers, may risk future job assignments by reporting health

problems. Workers kept in the “temp pool” of temporary or on-call employees maintained by large companies may lose their potential for permanent employment with a company if they report an injury.³⁶

Fear of the consequences of reporting injuries—such as being fired in retaliation or being reported to the Bureau of Citizenship and Immigration Services—is just one reason immigrant workers may not report injuries. Immigrant workers also are unaware that as a noncitizen they are eligible to receive benefits and don’t know the procedures for reporting injuries. Further, they often experience language barriers. Employer safety incentive programs that penalize workers if injury rates are high serve as a disincentive to workers who may otherwise report injuries.

Many studies have found workers do not report work-related injuries for fear of being disciplined or of being labeled as complainers.³⁷

A report from the UCLA Labor Occupational Safety and Health Program found that among a group of 75 immigrant workers in low-wage, low-skilled jobs, only 63 percent of those who said they experienced an injury or illness had reported it. However, many of those knew other workers who did not report their injuries. Eighty-one percent said they had felt symptoms of an injury or illness, such as an aching back, but did not identify this as an injury or illness.³⁸

Workers affiliated with worker centers for day laborers and garment workers were more likely to report an injury or illness because they knew they had a legal right to report and also knew they were backed by advocates and legal support if the employer tried to retaliate against them for reporting an injury. Among the workers interviewed for the report, hotel workers, day laborers and garment workers were most likely to report injuries.³⁹

Turnover

Large numbers of immigrant workers are employed in the “informal” economy. While there is no universally accurate or accepted description, the informal economy and those who work in it often are not recognized, regulated or protected by law. The informal economy is characterized by high turnover, poor training and a lack of employer accountability. Day laborers, sweatshop garment workers and domestic workers have fewer protections and resources. In many industries, immigrant workers are treated like commodities. If they are hurt on the job, employers know there is another worker willing to take the injured worker’s place. A recent report by the Government Accountability Office (GAO) on safety in the meatpacking and poultry industries reports that “declining rates of unionization coincided with increases in the use of immigrant workers, higher worker turnover, and reductions in wages. Immigrants make up large and growing shares of the workforces at many plants. Labor turnover in meat and poultry plants is quite high, and in some worksites can exceed 100 percent in a year...”⁴⁰

Such high turnover likely compounds already hazardous working conditions. Workers in the informal sector often are hired as temporary workers and so are new on their jobs, unfamiliar with the job tasks and the associated hazards. According to the BLS, nearly 40 percent of workplace injuries occur in the first year on a job, and 12 percent occur on the first day. A recent study of day laborers in the Washington, D.C., area found that 79 percent of day laborers consider some of the jobs they do to be hazardous. Yet 81 percent reported that they had received no training on job safety. More than half reported they had not received safety equipment to prevent workplace injuries.⁴¹

Risk Factors

“I have been sewing for nine years, since I came to America from Hong Kong in 1991. We work 10 hours a day, six to seven days a week in my factory. We commonly suffer from overwork injuries such as backaches because we are constantly hunched forward, our foot pressing the pedal and hands passing clothes through the needle on the sewing machine. I get no break time, adding to the strain on my body. We do not have health insurance in our sewing factory. Since we do not get health care, we just endure the pain and hope that it will eventually go away. Sometimes the aching pain shoots through the joints in my hands and feet, making simple motions like picking up a glass of water difficult. The aches seem to get worse when I slowly go to bed at night. But I do not know where to turn to for help.”

—Yin Wu Lee, garment worker
April 12, 2000⁴²

A HOST OF SOCIAL, POLITICAL AND ECONOMIC FACTORS places foreign-born workers at increased risk for injuries and illness in the workplace.

Foreign-born workers are disproportionately represented in such dangerous industries as construction, agriculture and manufacturing. A recent analysis of construction workers found that between 1992 and 2000, Hispanic construction workers (74 percent of whom are foreign-born) consistently faced a higher relative risk of fatality. In 2000, Hispanic construction workers were nearly twice as likely to be killed by occupational injuries compared with their non-Hispanic counterparts.⁴³ Between 1996 and 2000, the Hispanic construction workers had a 60 percent greater fatality rate than non-Hispanic construction workers.⁴⁴ Hispanic and non-Hispanic construction workers have different occupational distributions, with Hispanic workers tending to be in the less-skilled and more dangerous occupations such as construction laborers, helpers and roofers. The risk of fatal injuries varies within construction occupations. Clearly more factors are

in play than simply the industries in which foreign-born workers toil, including but not limited to specific occupations within an industry, age and educational attainment.

■ **Immigrant workers are disproportionately represented among temporary workers, part-time workers and workers in the informal economy.** Immigrant workers represent an especially large share of the total U.S. labor force in two major occupation groups: private household services (42 percent) and farming, forestry and fishing (37 percent). The share of low-wage immigrant workers in these occupations is even higher (44 percent in each). Workers in these two occupations are paid the least and are the most likely to be foreign-born. Yet only 6 percent of all immigrant workers and 10 percent of low-wage immigrant workers have jobs in these occupations.⁴⁵ Other occupations with significant shares of low-wage immigrant workers include service occupations (except protective services); precision production, crafts and repair; machine operators and assemblers; and administrative support.

■ **Immigrant workers are paid less and are exposed to more environmental and occupational risks.** Immigrants' hourly wages are lower on average than those for native-born residents, and nearly half earn less than 200 percent of the minimum wage (compared with one-third of native-born residents).⁴⁶ A survey of low-wage workers in Chicago found that employment in sweatshops correlated with lack of citizenship and permanent residency status.⁴⁷

■ **Language and cultural factors may be barriers to training.** Nearly half of all foreign-born workers are "limited English proficient" (LEP).⁴⁸ Nearly three-quarters of LEP workers speak Spanish. Much smaller shares combine to make up the remaining 25 percent, led by Chinese (4 percent), Vietnamese (4 percent) and Korean (2 percent). Time in the United States and work experience reduce the number of LEP workers, but 29 percent of workers who have been in the country for 20 years or more still can be classified as LEP.⁴⁹ A report on Spanish-speaking construction workers who took part in a residential construction training program found that language is a substantial barrier to safety and health for Hispanic construction workers in the United States. One Spanish-speaking worker said, "When safety procedures are explained, I don't understand." Others said people appear less willing to explain things to those with limited English. They said it is hard to ask questions and communicate with foremen.⁵⁰

A 35-year-old U.S.-born glazier from Texas explained some of the safety and health problems that occur when construction workers do not know English: "Foremen get frustrated trying to explain to workers what to do or how to do it safely, because they haven't been trained or maybe they didn't understand English so they didn't learn how to do it. So, the foreman gets frustrated and just tells them to skip that part because they don't understand. They just do it without safety equipment or procedures."⁵¹

■ **Immigrant workers are less likely to report hazards on the job.** "New immigrants are in a much more precarious financial situation

than more established residents. They typically start at the bottom rung on the employment ladder, often have seasonal or contingent work, are paid in cash 'under the table,' and owe substantial debts to *coyotes* or smugglers who helped them enter the country. This great economic need has a number of consequences for job safety and health. Not only are new immigrants less likely to complain about job hazards, but they also tend to return to work quickly despite potentially serious job-related injuries and illnesses. New immigrants frequently believe if they are injured and do not return to work the following day, they will lose their jobs. Many are unwilling to take the chance and return to work despite injuries. As a result, injuries and illnesses often become more severe."⁵²

■ **Concerns about immigration status prevent access and discourage foreign-born workers from exercising rights.**

New immigrants are less likely to know about their rights to safety and health protections and less likely to know there are government agencies that are supposed to protect them. A 2000 survey of 50 Latino construction workers in North Carolina found only 35 percent knew about the Occupational Safety and Health Administration (OSHA). When asked what agency they should contact, only one out of 50 mentioned the Department of Labor. None mentioned the state's Occupational Safety and Health Division or OSHA.⁵³ Similarly, in a study of 75 immigrant workers in California from the day labor, domestic, garment, home care and hotel and restaurant industries, only seven had ever heard of Cal/OSHA.⁵⁴

And in July 2005, efforts to get immigrant workers to trust OSHA took a blow when the Immigration and Customs Enforcement (ICE) agency arrested immigrant workers in North Carolina after luring them to a "mandatory" OSHA meeting. The immigrant construction workers, who had received a flier for the meeting at their jobsites, now face deportation.⁵⁵ While neither federal nor North Carolina OSHA were involved and denounced the sting operation, ICE's actions not only undermine OSHA's

mission, but seriously erode the trust between agencies charged with protecting workers and immigrant communities.

■ **Lack of anti-retaliatory protections for undocumented workers.** Under current U.S. law and OSHA regulations, there is no penalty for employers who hire undocumented workers and fire them if they complain about safety conditions. Section 11(c) of the OSH Act is supposed to provide workers with protection from being discriminated or retaliated against if they exercise their rights under the OSH Act. It is intended to protect workers' rights to raise concerns about safety and health on the job. While the OSH Act does not provide the strongest whistle-blower protections available, its intent is clear. If an employer is found to have violated section 11(c), the usual remedy is to reinstate the worker in his or her job and provide him or her with back pay. Yet during the administrative proceedings, if an administrative law judge allows the question of the worker's immigration status to be asked

and answered, an undocumented worker has no legal claim to the lost job and has no remedy in the case. In some instances, OSHA has refused to take on an 11(c) case because the worker had been fired ostensibly because of immigrant status and there would be no remedy even if the case was won.⁵⁶

After the 2002 U.S. Supreme Court decision in *Hoffman Plastic Compounds Inc. v. NLRB* (535 U.S. 137) denied back pay to an undocumented immigrant, the California Department of Industrial Relations issued a clarification of its enforcement practices. It begins with the premise that all California workers are entitled to workplace protection regardless of immigration status.⁵⁷ It states the department will not question workers about their immigrant status and says it will vigorously enforce the state's employment laws to protect *all* California workers and that all California workers have the right to work in an environment free from retaliation for exercising their rights. There is clearly a need for this policy to be replicated at the federal level.

Economic Impact

THE ECONOMIC IMPACT of injuries and illnesses affects business as well as the injured workers themselves and even reaches into the larger community.

Impact on Employers

The cost of occupational injuries and death in the United States is staggering. While there is no specific data on the cost of immigrant worker injuries and fatalities, because they account for a large number of all workplace injuries and fatalities, it is clear they are costly. In November 2004, Liberty Mutual Insurance, the nation's largest workers' compensation insurance company, released the Liberty Mutual Workplace Safety Index detailing the leading causes and costs of compensable work injuries and illnesses based on 2002 data. The report revealed workplace injuries cost U.S. employers nearly \$1 billion per week in direct costs alone (medical and lost wage payments). Based on calculations used in its previous Safety Index, the Liberty Mutual data indicate businesses pay between \$198.4 billion and \$297.6 billion annually in direct and indirect (overtime, training and lost productivity) costs on workers' compensation losses. These figures are derived using disabling incidents (those resulting in an employee missing six or more days away from work). These cases represent only the most serious injuries. Relying only on these cases significantly underestimates the overall cost of injuries and illnesses. Even so, these costs exceed previous estimates by the National Safety Council and researchers, which had estimated the total cost of workplace injuries, illnesses and fatalities at \$146.6 billion in 2002 and \$155.6 billion in 1992⁵⁸, respectively.

The National Institute of Occupational Safety and Health (NIOSH) developed a model that estimates the cost of fatal workplace injuries between 1992 and 2001 at \$48.7 billion. The model takes into account medical costs, the present value of future earnings from the year of death until the worker would have reached age 67 and the value of home production lost.

Impact on Workers and the Public

Of all major racial and ethnic groups, Latinos have the lowest rates of health insurance coverage. Nearly 55 percent of foreign-born Latinos without U.S. citizenship do not have health care coverage, compared with a quarter of foreign-born Latinos who are naturalized citizens and one-fifth of native-born Latinos.⁵⁹

If they are hurt on the job, foreign-born workers are less likely to get appropriate health care because they lack health insurance and awareness of available health services, including workers' compensation. This may put them at increased risk for prolonged disability. Prolonged disability is likely to lead to financial difficulties, assuming the disability prevents them from working. At this point, the human toll associated with injuries to the worker may become devastating. Injured workers, often in the prime of their lives, lose their livelihoods, their social networks and their sense of self worth. Depression and anxiety may plague not only the worker, but his or her entire family. Disability of an individual can send an entire family into crisis—financially, socially and emotionally.

Using a nominal analysis, which presumes that the origin of funds is with the firm, agency or person that actually writes the check or signs the credit form or pays in cash, researchers have found the cost of occupational injuries and illnesses is spread among many payers. Workers' compensation covers only roughly 27 percent of all costs (direct and indirect). Injured workers and their families pay for 44 percent. Private health insurance pays for about 10 percent. Taxpayers, through federally paid Medicaid and Medicare and state and local Medicaid payments, pay for roughly 18 percent of the nominal direct and indirect costs of workplace injuries and illness.⁶⁰ With less than one-third of the costs of occupational injuries and illnesses paid by workers' compensation, workplace safety should be of concern to everyone, as its cost is passed on to society at large.

Workers' Compensation

WORKERS' COMPENSATION is the first and oldest social insurance program in the United States. Now almost entirely controlled by the property/casualty insurance industry, it is America's first tort reform system, protecting businesses from lawsuits that otherwise would be filed against employers by injured workers. Workers' compensation is a state-based program. The programs vary from state to state, but generally cover an injured worker's medical costs and provide some portion of wage replacement for periods that a worker is unable to perform his or her job. They also provide for compensation for disabilities and fatalities on the job.

Immigration status often affects an injured worker's right to workers' compensation. The Federal Immigration Reform and Control Act of 1986 (IRCA) makes it unlawful to knowingly hire undocumented immigrants or to continue to employ them once the employer learns of the employee's undocumented status. The majority of state workers' compensation laws include "aliens" in the definition of covered employees, enabling them to collect workers' compensation benefits should they be injured on the job. Because the Act makes it unlawful for an employer to continue to employ an undocumented alien once the employer learns of the employee's undocumented status, it's not a given that such employees are entitled to workers' compensation. There is an inherent contradiction. Various state statutes and court decisions have addressed this question. The usual outcome has been to permit compensation to be awarded to undocumented immigrants, although there are some exceptions.⁶¹

Some employers recently have argued that the *Hoffman Plastics* decision denying back pay to an undocumented immigrant also means such immigrants should not be entitled to workers' compensation. While such challenges have been struck down in seven states, the fact the laws are being challenged has a chilling effect on the willingness of immigrant workers to report injuries and file workers' compensation claims.

Some states are moving to change state workers' compensation statutes to prohibit undocumented immigrants from collecting workers' compensation. Bills have been introduced in South Carolina, Virginia and Wyoming to severely limit or prohibit workers' compensation benefits for undocumented immigrants injured on the job. Although they were not passed in 2005, similar legislation likely will be introduced again—possibly in other states as well.

IRCA was intended to prevent employers from hiring unauthorized aliens and to prevent unauthorized aliens from using fraudulent work papers to gain employment. It was not meant to prevent payment of otherwise valid workers' compensation benefits. In fact, disqualifying undocumented workers from workers' compensation benefits creates an economic incentive for businesses to hire them, knowing employers would not be responsible for workers' injuries.

At the same time, many immigrant workers are not aware of their rights under workers' compensation. In a Department of Public Health Survey of 1,400 injured workers in Massachusetts, more than half of the foreign-born workers questioned had never heard of workers' compensation, compared with 15 percent among U.S.-born workers.⁶²

While 97 percent of workers seen in a free clinic set up for garment workers in Oakland, Calif., were eligible for free health care under workers' compensation, none sought the benefit. Fear of job loss and of being blacklisted in the industry was so strong that none was willing to apply for benefits to which they were entitled.⁶³ This fear was grounded in the experience of others who had filed for benefits. Seven percent of the workers seen in the Asian Immigrant Women Workers Clinic had filed for workers' compensation benefits at some point. All said they had tremendous difficulty with the system. Four had been fired or forced out of their jobs as a result. Lack of information, lack of assistance to use the system, language barriers and poor access to medical services were among other reported problems.⁶⁴

Action Needed

IT IS CLEAR THAT MUCH WORK needs to be done to improve conditions for immigrant workers. The current level of activity and resources focused on immigrant workers is not enough. Federal OSHA could and should do much more in terms of outreach, allocating resources and using the regulatory process to improve protections for immigrant workers. Unions and grassroots organizations need more money from the government to continue their outreach to immigrant communities. The section below provides examples of the types of actions being taken by a variety of stakeholders to improve the working lives of immigrants.

Federal Government Actions

In October 2001, OSHA formed a special task force to examine the issue of rising Hispanic worker fatalities and propose how the agency should address the problem. The task force looked at three areas: sharing best practices, expanding outreach and determining areas in which more information is necessary.⁶⁵ In January 2002, former Assistant Secretary of Labor for OSHA John Henshaw promised that fiscal year 2002 would bring “more enforcement focus on industries where non-English speaking workers are at greatest risk, such as construction.”⁶⁶

The agency has been forming alliances with Hispanic organizations across the nation. Some regional offices have initiated and joined broad-based coalitions to reach out to Hispanic workers and to be seen as doing good work with community-based organizations. The success stories section of the OSHA website showcases such efforts. However, much more of this work needs to happen. OSHA should fund grassroots organizations with community-based connections to perform outreach and education among foreign-born workers.

OSHA also created a Hispanic/ESL coordinator position in each region. These coordinators assist a variety of groups, including small businesses, trade associations, union locals and community and faith-

based groups with outreach to and education and training for Spanish-speaking workers. The coordinators are available for seminars, workshops and speaking events. They promote cooperative programs, such as the Alliance Program, as well as Spanish and other non-English training materials, compliance assistance resources and tools available on the OSHA website.

The agency boasts of increasing the number of Spanish-language materials about job safety and health on its website, which now offers 14 such publications. Although translating health and safety materials is a good start, it is unclear how many Spanish-speaking workers can access this information. A summary of an OSHA Region II outreach program with Spanish-speaking workers reveals what many health and safety advocates already know—the majority of Spanish-speaking workers targeted by these programs have never heard of OSHA. Clearly posting information in Spanish on the OSHA website is just a start.

OSHA's Susan Harwood Training Grant Program provides money to nonprofit organizations to provide training and education or to produce training materials for workers and employers. Preference is shown to those organizations that target vulnerable workers, small business employers and employees and workers employed in jobs with high-risk activities or hazards. Vulnerable workers as defined by OSHA are “entry-level workers, immigrants, migrants, non-English speaking workers, illiterate workers and recently employed inner city youth.”

This is just the kind of outreach that needs to take place. However, as in previous years, the Bush administration proposed to eliminate funding for the program in the federal fiscal year 2006 budget. In previous years, Congress has restored funding for this important program and so far is on track to restore funding for the FY 2006 budget year as well. But the administration's efforts to reduce funding and eliminate the program provide little credibility

for an agency that claims it understands the seriousness of the risks to immigrant workers.

Additionally, OSHA has yet to take action on the Employer Payment for Personal Protective Equipment standard, which has been through the rule making process and is ready for final action. The regulation, first proposed by OSHA in 1999 to clarify a policy formally adopted by the agency in 1994, urgently is needed to protect workers—particularly low-wage, immigrant workers—from serious safety hazards. Action on the rule has been delayed unreasonably and worker protection has suffered as a result. Several unions, along with the Congressional Hispanic Caucus, petitioned OSHA in April 2003 to issue the final standard. To date, OSHA has not issued the rule. In April 2005, OSHA Acting Assistant Secretary Jonathan Snare said in congressional testimony he could not give “a specific time, whether it’s several months or several years down the road.”⁶⁷

OSHA staff also does not include an adequate number of multilingual inspectors or compliance assistance specialists. According to the OSHA Office of Public Affairs,⁶⁸ the agency currently employs 121 Spanish-speaking compliance safety and health officers (CSHOs).

Spanish-Speaking Federal OSHA CSHOs by Region			
Region I	6	Region VI	24
Region II	23	Region VII	2
Region III	1	Region VIII	5
Region IV	41	Region IX	7
Region V	10	Region X	2

In September 2003, the Office of the Inspector General (OIG) at the Department of Labor issued a report evaluating OSHA’s handling of immigrant worker fatalities. The report issued six recommendations. OSHA’s responses satisfied the inspector general, who considers the issues resolved pending receipt and review in the future. This is unfortunate, as at least some of the recommendations have not been implemented in a meaningful way. For example, in

Region I the OIG’s first recommendation—ensuring OSHA’s compliance staff has sufficient second-language capability to communicate with non-English-speaking workers—has not been achieved. There clearly are not enough Spanish-speaking compliance officers. Inspections have taken place with the compliance officers unable to communicate directly with Hispanic workers; officers resort to using company supervisors as interpreters.⁶⁹

Additionally, the second recommendation from the OIG report calls on OSHA to “issue an Interpretation Letter clarifying that OSHA’s training provisions require employers to provide training in a manner that employees understand taking into account different languages and literacy levels.” OSHA agreed in principle with the recommendation but did not issue an interpretation letter. OSHA officials argue that “in applying the training provisions in OSHA’s standard in a compliance context, the agency has long interpreted the employer’s requirement to provide training to mean, ‘provide in a manner that employees understand.’” However, that interpretation stands in stark contrast to information provided on OSHA’s website under the seven-step Hispanic Outreach Quick Start section. “Step 4: Where to Find OSHA Training Requirements and How They Apply to Spanish-Speaking Employees,” states,

“Many standards promulgated by OSHA explicitly require an employer to train employees in the safety and health aspects of their jobs. OSHA considers training to be an essential part of every employer’s safety and health program for protecting workers from injuries and illnesses. *An effective program of safety and health training, communicating information in a manner that employees are capable of understanding, can provide numerous benefits, including fewer injuries and illnesses, better worker morale, and lower insurance premiums.*” (emphasis added)

This message in OSHA’s Hispanic Outreach section does not communicate the need for employers to train workers in a manner that employees understand. Rather, the message conveyed is: “You may want to think about doing this because it may save you money.”

Finally, on April 26, 2002, after a July 2001 series of articles in *Newsday* profiling immigrant fatalities in the workplace, OSHA issued a memorandum to its regional administrators instructing compliance safety and health officers to complete a special form when a fatality or catastrophe involves an immigrant worker and/or Hispanic worker and/or a language barrier. The form examines such issues as how well the victim spoke English and the primary language of the site supervisor. OSHA thinks capturing this data will allow it to examine trends and risk factors to better target the agency's resources. The data also will allow OSHA to calculate the number of fatality investigations involving an immigrant worker.⁷⁰

State Government Actions

In Illinois, the governor set up a panel to investigate work-related deaths among Hispanic immigrant workers. The panel's recommendations presumably led to better protection for such workers.

Illinois Gov. Rod Blagojevich (D) signed legislation Aug. 9, 2005, amending the Illinois Day and Temporary Labor Services Act. The legislation provides the state Department of Labor with tougher enforcement tools to stem abusive practices and unsafe working conditions for day laborers. The new law gives the state Labor Department new authority to inspect day labor businesses and impose penalties when violations are found. There also are many prohibitions on practices that cheat day laborers out of their wages, such as deductions for meals, equipment and fees for transportation of workers to job sites. The law creates registration requirements for day labor businesses and penalties for those companies that fail to do so.⁷¹ The law should improve significantly the lives and working conditions for day laborers in Illinois.

Nongovernmental, Community-Based Interventions

Although no national strategy has emerged for dealing with the challenges discussed in previous sections of this report, many at local levels have developed effective and innovative responses to some of these challenges. The models are varied and vast. Below is a brief look at some of them.

■ Unions and workers' rights organizations.

More immigrants need to belong to unions. Unions provide immigrant workers with protections through union contracts that they cannot otherwise get. Unions also provide immigrant workers with better training and education opportunities.

- The Center to Protect Workers' Rights (CPWR) is an affiliate of the Building and Construction Trades Department, AFL-CIO. The Center is a leader in applied research, training and service to the construction industry. CPWR's 2005 Trainer Enhancement program is a comprehensive program for rank-and-file trainers in the construction industry that provides a broad overview and context of Mexican immigration to the United States and provides workshops to hone trainers' skills in working with immigrant populations. The program includes a workshop that explores trainers' experiences with immigrant workers from different cultural backgrounds and/or non-English speaking workers. The trainers learn more about experiences of immigrant workers in the United States and identify particular issues for follow-up within their own union training programs. Other workshops focus on addressing cultural differences in training and learning different approaches to designing and delivering effective programs for non-English speaking workers. In addition, this program provides the trainers with background on the roots of Mexican immigration, trade unionism in northern Mexico and health and safety in the Mexican construction industry.⁷²

Additionally, CPWR, in cooperation with OSHA, sponsored the development and presentation of a 10-hour safety and health training in Spanish for residential construction. Spanish-speaking trainers were available with course materials and handouts in Spanish to reach out to some of the hundreds of thousands of construction workers in the United States who have trouble understanding, reading and speaking English.

- UNITE HERE is organizing to improve working conditions for hotel housekeepers. Housekeepers in the hotel industry are predominantly women and immigrant workers who endure abusive

working conditions and high injury rates. UNITE HERE is working on a campaign to develop a national housekeeper movement to directly challenge multinational hotel companies and their abuse of these workers. This project focuses on developing leaders among housekeepers and creative, direct-action organizing to empower the workers to win better protections.

- Other unions have developed train-the-trainer programs for bilingual workers who then can teach safety and health to their co-workers for whom English is a second language. At the National Labor College in Silver Spring, Md., an OSHA grant has allowed for several modules and materials to be translated into Spanish.
- The Railway Workers Hazardous Materials Training Program at the National Labor College developed an outreach program to provide training to Native American and Hispanic rail workers and has conducted joint rail worker/community hazardous materials training in Arizona and New Jersey.
- Some employers and union locals in the meat-processing industry have begun to take effective steps to integrate more effectively new immigrant workers and to reduce the very high turnover rates that have plagued the industry. These efforts have met with great success. In a number of workplaces, the union and employers have established joint labor-management programs with the specific aim of better serving new immigrant workers. One union contract, for example, contains a clause that provides for a “multicultural fund.” The union uses these funds to provide services and educational programs for immigrant workers, including ESL classes, union stewards’ trainings, educational outreach and special services for the newcomers.

Unions and employers also have cooperated in efforts to focus more attention on new employees to reduce turnover. Some employers, such as Excel, have realized that the meat-processing industry’s extremely high turnover rates have serious negative impacts on safety and productivity. Thus, they have implemented

programs in such plants as their Dodge City, Kansas, facility, to reach out more effectively to new workers. Management at the plant makes an intensive effort to mentor and monitor new workers, seeking to evaluate and address newcomers’ problems from the very beginning. Supervisors spend a significant amount of time with new workers, checking in with them periodically during the first weeks of employment, seeking to ensure they receive adequate training and support to stay on the job. At the same time, the union has established offices directly within the plant at a number of sites, which enables them to serve more effectively the needs of the workers. Some companies have recognized that this improved service by the union is beneficial to them in that it keeps workers satisfied, reduces turnover and maintains a more stable and safe workforce.⁷³

■ **Other models for educating workers.**

Many immigrant worker advocates find the most effective outreach involves going directly to immigrant workers, rather than waiting for them to come to the advocates. Here are some examples:⁷⁴

- The Coalition for Humane Immigrant Rights of Los Angeles (CHIRLA) has organized weekend soccer leagues and staff attends the games to provide information and referrals. The New York Committee for Occupational Safety and Health (NYCOSH) conducts outreach through a variety of community events, including street fairs and churches. The California Rural Legal Assistance Foundation has conducted workshops on health and safety and labor rights for youth in camps on the U.S.-Mexico border waiting to come to work in the United States.
- Some immigrant worker advocates have reached out to train and develop immigrants as peer educators. For example, in North Carolina, migrant health advisers trained women to serve as health advisers, drawing on community knowledge and strengthening existing networks. They also trained community safety advisers for male farm workers. In New York, the Queens Worker Health

Protection Project trains occupational health promoters to conduct outreach and education. The Project is a joint undertaking of the Latin American Integration Center, the Center for the Biology of Natural Systems at Queens College, Elmhurst Hospital Center and NYCOSH, with the collaboration of Our Lady of Sorrows Church in Corona. Elsewhere, the University of Massachusetts Lowell is working on a project to train peer trainers in the Brazilian community to educate low-literacy Brazilian workers in Lowell and East Boston.

- Immigrant worker advocates also engage in English as a second language (ESL) education. NYCOSH is developing an ESL curriculum for introductory ESL classes. A Teens Working in Agriculture curriculum developed by the Labor Occupational Health Program at the University of California, Berkeley for intermediate high school ESL classes addresses the health and safety issues faced by agricultural workers.
- Popular theater offers another approach by immigrant worker advocates to educate immigrant populations about health and safety. The Center for Farm Health and Safety at Eastern Washington University developed four one-act plays in Spanish on health and safety issues of import to agriculture workers.
- Some groups are thinking about ways in which to combine health and safety information with other priorities for immigrants. The North Carolina Occupational Safety and Health Project teamed up with the local Centro Hispano to create a Job Information Center, at which recent immigrants could gain access to information about jobs. To receive job information, workers were required to attend training on health and safety and workers' rights. In San Francisco, La Raza Centro Legal and the San Francisco County Health Department are developing a vocational education program for day laborers. The curriculum will combine specific construction skills and health and safety information.
- Taking the combination approach one step further, some groups are developing a one-stop shopping service model to assist immigrants with a variety of needs. In New York, the Queens Worker Health Protection Project provides free medical screening through a mobile van in the community, providing referrals to a partner hospital for follow-up care. This project also will train peer educators in the community. Also in New York, after the Sept. 11, 2001, attacks on the World Trade Center, a mobile van was dispatched to deal with occupational issues the workers faced. In California, the Los Angeles Garment Workers Center provides case management services for workers to offer individual support on a variety of issues. It also links workers to the center's education and organizing efforts. The Community Occupational Health Project at the University of California, San Francisco established an occupational health clinic in East Oakland and collaborates with the Asian Law Caucus to sponsor forums at which workers can receive medical screenings, legal advice on workers' compensation and other work-related issues along with health and safety training.
- Other groups work through schools and with youth who are seen as a community resource because they play a key role as conduits of information for their families. Some organizations participate in local radio programs that cover a variety of topics, including health and safety. Others have developed public service announcements, sponsored call-in shows on occupational health or placed brochures and posters with information on workers' rights on public buses. The Asian Immigrant Women Advocates group conducts outreach and training to garment manufacturers. The group has worked with three manufacturers to implement a toll-free confidential hot line for workers to report problems without fear of being fired.
- The Chicago Area Workers' Rights Initiative, which works with OSHA, allowed workers to file official complaints through the organization to create a safe environment for workers to come forward.

What Must Be Done

As outlined in this paper, community groups and others are educating and assisting immigrant workers with their safety and health on the job. Such work needs to continue and expand to ensure as many immigrant workers as possible have access to this vital information. Immigrant workers must have the same safety and health protections as native-born workers. The existing barriers need to be removed so immigrant workers are aware of their rights and are free to exercise them without fear of retaliation. For that to happen, the following actions must occur:

- Codify OSHA policy so that the agency does not refer cases involving undocumented workers to the Bureau of Citizenship and Immigration Services.
- Ensure through interagency agreement or legislation that the Immigration and Customs Enforcement Agency will not represent itself as OSHA.
- Strengthen whistle-blower and anti-retaliation provisions to protect all workers, regardless of their immigration status, who exercise job safety rights and raise job safety concerns.
- Enhance outreach, training and education programs for immigrant and Hispanic workers to inform them of job safety rights, job hazards and available protections.
- Require OSHA to provide materials, publications and information in the primary languages of major immigrant worker populations.
- Ensure OSHA requires employers to provide safety and health training in a language understood by their employees.
- Expand language capabilities of OSHA inspectors and other personnel to facilitate communication with and outreach to immigrant workers.
- Require a targeted enforcement program for industries, employers and operations when immigrant workers are at high risk of injury or illness.
- Require OSHA to develop local emphasis programs when immigrant workers are at high risk for injury or illness.
- Strengthen OSHA criminal and civil penalties.
- Require OSHA to issue a final standard mandating that employers must pay for personal protective equipment required by OSHA standards.
- Ensure all workers have access to workers' compensation when injured on the job, regardless of immigration status, and that workers are not penalized for filing workers' compensation claims.
- Mandate that NIOSH expand research programs to address the safety and health problems of immigrant and Hispanic workers.

Resources

Asian Immigrant Women Advocates (AIWA)

310 8th St.
No. 301
Oakland, CA 94607
510-268-0192
510-268-0194 Fax
E-mail: info@aiwa.org
Website: <http://www.aiwa.org/index.html>

CASA of Maryland Inc.

310 Tulip Ave.
Takoma Park, MD 20912
301-270-7471
301-270-8659 Fax
E-mail: info@casamd.org
Website: <http://www.casademaryland.org/>

Jobs with Justice

National Office
1325 Massachusetts Ave., N.W.
Suite 200
Washington, DC 20005
202-393-1044
202-393-7408 Fax
E-mail: info@jwj.org
Website: <http://www.jwj.org/>
Contact information for local offices is on the website.

Massachusetts Coalition for Occupational Safety and Health (MassCOSH)

42 Charles St.
Boston, MA 02122
617-825-7233
617-929-0434 Fax
E-mail: info@masscosh.org
Website: www.masscosh.org

New York Committee for Occupational Safety and Health (NYCOSH)

275 7th Ave.
New York, NY 10001
212-627-3900
212-627-9812 Fax
E-mail: nycosh@nycosh.org
Website: <http://www.nycosh.org>

North Carolina Occupational Safety and Health Project (NCOSH)

Street address: 1424 Broad St.
Durham, NC 27705
Mailing address: P.O. Box 2514
Durham, NC 27715
919-286-9249 or 800-646-2674
919-286-4857 Fax
E-mail: ncosh@igc.org
Website: <http://ncosh.igc.org>

Other Committees on Occupational Safety and Health may be useful resources.

A list of these organizations may be found at http://www.coshnetwork.org/cosh_groups_list.htm.

Endnotes

The Bureau of Labor Statistics (BLS) conducts two data programs that collect information on workplace safety and health. The Census of Fatal Occupational Injuries (CFOI) is a federal-state cooperative program administered by BLS, which collects detailed information on all work-related fatalities from injury occurring during a given year. CFOI collects information on both the race and country of origin of the deceased worker. The annual Survey of Occupational Injuries and Illnesses (SOII) is a mandatory survey that collects data on nonfatal workplace injuries and illnesses from a stratified random sample of private industry establishments. While race/ethnicity data is collected by the SOII, it is not a required field. No data on country of origin is sought through the survey.

¹CFOI defines “foreign-born” as people not born in the United States. People born in Puerto Rico, Guam, the U.S. Virgin Islands and other U.S. territories were not included in the foreign-born workplace fatality count. The foreign-born population includes legal immigrants, legal nonimmigrants (for example, refugees and people on student or work visas) and undocumented people living in the United States.

²Hispanic and Latino will be used interchangeably throughout this paper.

¹Testimony from Congressional Immigrant Worker Safety and Health Briefing, Oct. 2, 2003.

²Jeffrey S. Passel, *Estimates of the Size and Characteristics of the Undocumented Population*, Washington, D.C., Pew Hispanic Center, March 21, 2005.

³Congressional Budget Office, “A Description of the Immigrant Population,” November 2004.

⁴Sum, Khatiwanda, Harrington, et al., *New Immigrants in the Labor Force and the Number of Employed New Immigrants in the U.S. from 2000 to 2003: Continued Growth Amidst Declining Employment Among the Native Born Population*, Center for Labor Market Studies, Northeastern University, December 2003.

⁵Sum, Fogg, Harrington, et al., *Immigrant Workers and the Great American Job Machine: The Contributions of New Foreign Immigration to National and Regional Labor Force Growth in the 1990s*, National Business Roundtable, August 2002, at pp. 16–17.

⁶Bureau of Labor Statistics, Labor Force Characteristics of Foreign-Born Workers in 2003, Dec. 1, 2004.

⁷Congressional Budget Office, “A Description of the Immigrant Population,” November 2004.

⁸Bureau of Labor Statistics, Labor Force Characteristics of Foreign-Born Workers in 2003, Dec. 1, 2004.

⁹Ibid.

¹⁰Congressional Budget Office, “A Description of the Immigrant Population,” November 2004.

¹¹Ibid.

¹²Ibid.

¹³Ibid.

¹⁴Ibid.

¹⁵Ibid.

¹⁶*Safety Is Seguridad*, Washington, D.C., National Research Council of the National Academies, 2003.

¹⁷U.S. Census Bureau.

¹⁸Mineo, Liz, *The Metro West Daily News*, “Immigrants More Likely to Die on the Job,” March 6, 2005.

¹⁹Loh, Katherine and Richardson, Scott, “Foreign-born Workers: Trends in Fatal Occupational Injuries, 1996–2001,” *Monthly Labor Review*, June 2004.

²⁰*Safety Is Seguridad*.

²¹Ibid.

²²Xiuwen Dong, M.S., and James W. Platner, Ph.D., “Occupational Fatalities of Hispanic Construction Workers From 1992 to 2000,” *American Journal of Industrial Medicine*, Vol. 45, No. 1 (2004), pp. 45–54.

²³Loh and Richardson, “Foreign-born Workers: Trends in Fatal Occupational Injuries, 1996–2001,” *Monthly Labor Review*, June 2004.

²⁴Ibid.

²⁵U.S. Census Bureau, 2000, Bureau of Labor Statistics Current Population Survey and Census of Fatal Occupational Injuries, 2000, *Monthly Labor Review*, June 2004.

²⁶*Monthly Labor Review*, June 2004.

²⁷Ibid.

²⁸Ibid.

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