

Dangerous and Essential: Migration, Work, and Health

Introduction

In the U.S. and internationally, immigrant workers are disproportionately employed in high-risk industries such as construction, farm work, services and manufacturing, where they are at greater risk for occupational injuries and accidents. Immigrants and their families also tend to have higher rates of food, shelter and health insecurity, compounding the risk to health and wellbeing. Globally, migrants contribute to the economic growth of the countries where they work, often performing essential, though dangerous, work that is frequently avoided by nationals.

Background

Global migration is at an all time high, and most immigration is driven by work and economic opportunity.¹ However, the public health impact of migration is almost always left out of the political debate, especially in terms of the hidden costs for immigrants and their families that relate to working and employment conditions and health.¹

In the U.S. migrants are a fundamental backbone of the low wage labor force. In the U.S. in 2006 over 95% of the foreign born were employed in the workforce, but their distribution among various occupations differs significantly with that of the native born². Immigrants are disproportionately concentrated in construction, service, manufacturing, forestry, garment industry, meatpacking, dairy, food processing and agriculture, and these sectors have higher rates of occupational injuries, both fatal and non-fatal.^{3 4} Even within these high-risk industries, immigrants have higher rates of fatal and non-fatal injuries.⁴

Causes of increased occupational injuries and fatalities among immigrants

The occupational safety and health of migrant workers is affected by many factors such as poverty, type of work, living conditions, education, language and immigration status. These may influence job-related behaviors and risks, access to healthcare and work-related recourse when they get sick or injured. Fear of losing a job can reduce sick leave (if available) and lead to more serious health complications in the future.

Immigrant workers in low wage industries in general have little bargaining power with their employers. They are less likely to complain about substandard working conditions or otherwise exercise their workers' rights.

In the case of agriculture workers, many routine workplace protections do not apply. For example, some⁵ states are not required to provide seasonal agricultural workers with workers compensation insurance.

For immigrant workers, the economic pressure to continue working when ill or to work more than one job may also be the cause of psychosocial problems, fatigue and occupational injuries.⁶ Economic resources also affect the ability of workers and their families to secure access to health care resources and decent housing and educational opportunities.

Low wage and unskilled jobs are least likely to provide employer sponsored health insurance benefits, resulting in lower rates of coverage of immigrant workers. Current immigration laws also make it more difficult for low-income migrant workers to take advantage of public health programs for which they would otherwise qualify. For example, a minimum of five years of regular residence in the country is needed to qualify for public assistance in most states, and this leaves numerous immigrant workers and their families completely without social protection even though they are among those most in need.⁷

Policy Recommendations to Improve Occupational Health of Immigrant Workers

As stated eloquently by Secretary of Labor Hilda Solis, "Latinos represent an integral and essential part of the key industries that keep our country running every day. However, many of these workers are employed in dangerous and hazardous professions and afraid to speak up for their rights. Many work in the shadows, often in deplorable conditions, and are regularly exploited by unscrupulous employers."⁸

Policy makers, academic researchers, public health professionals and health care providers must work together to devise policies and programs that reduce the health disparity between immigrant workers and the native born. An essential component of this effort includes conducting the research and analysis needed to understand the magnitude and causes of disparities and then identifying and gaining support for policies to address them.

There are steps that can be taken now to improve the health of these workers:

- Review current regulations exempting farm laborers and domestic employees from the workplace protections afforded to all other workers in the United States under the National Labor Relations Act and the Fair Labor Standards Act. Under annual Congressional budgetary actions, farm employers with 10 or fewer employees are exempt from Federal OSHA oversight although such employers hire an estimated 45% of all farmworkers.

- Congress should act this term to approve the Protecting America's Workers Act (PAWA). PAWA will increase penalties for serious workplace safety violations and, for the first time, raise criminal penalties for employer negligence to the level of felonies. In addition, protections for workers who are hired by subcontractors, as is the case for many forestry workers, must be rigorously enforced.
- Fund targeted and comparable public health research to accurately describe the global migration forces in play and their impact on human health. Funding is necessary to develop a conceptual framework and new data methodologies specifically adapted to measure the pathways through which working conditions affect the health (including behavioral and mental health) of this global and mobile workforce.
- Work to make coverage of migrant workers by workers' compensation more equitable. The variation of eligibility standards from state to state contributes to many inequities among immigrant workers. Workers must be made aware of their rights and compensation policies should be strictly enforced.
- Develop and pilot test new cost-effective models for improving access to health care for all migrant workers, regardless of documentation status. The 2010 healthcare reform package includes very limited protection for migrant workers. Under the new law, legal immigrants are subject to an individual mandate to carry health insurance and will be eligible to purchase in state exchanges. Undocumented workers are completely unprotected and are prohibited from participating in state exchanges even when they purchase insurance with their own funds.⁹
¹⁰ The health of a country is also the health of all its workers.
- Support ample immigration reform that includes specific provisions for contracting and protecting migrant workers. Reform should allow guest workers to change employers, giving them more bargaining power, and should also include provisions to help resolve many of the exclusions that serve as barriers to coverage for currently undocumented workers.

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