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Immigration, Health & Work: The Facts Behind the Myths

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Immigration, Health & Work

The Facts Behind the Myths







Health Initiative of the Americas Iniciativa de Salud de las Américas

The University of California

School of Public Health
UNIVERSITY OF CALIFORNIA, BERKELEY

UCLA CENTER FOR HEALTH POLICY RESEARCH

The California Endowment

SALUD
SECRETARÍA DE SALUD

Migration, Health & Work :

Facts Behind the Myths

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Foreword

The United States has been a nation of immigrants. Throughout the course of the nineteenth century, European immigration was widespread. With each new wave of migration, these groups brought new productive capacity and labor power that fueled the economic growth of the country. They also brought rich social traditions from their countries of origin, adding to the unique cultural mix in the United States. During the past century, the United States has continued to draw immigrants, though the origin of much of this migration has shifted from the European continent to Latin America and Asia. No less important than other groups before them, Latino immigrants are a key part of the base that helps satisfy the U.S. demand for labor. As such, the health of these workers and their families is essential in guaranteeing their continuing social and economic contribution to the nation.

Healthcare and immigration are both leading political issues. They have come to the forefront of political debate for different reasons, but they are increasingly interconnected. It is unfortunate that public discourse tends to connect immigrants with overburdened U.S. public health insurance programs, implying that they consume large quantities of limited healthcare resources. This myth is not substantiated by data. Past policy that denies social services to immigrants has not deterred migration. In fact, factors relating to employment and immigration status mean that immigrants often take the most detrimental and dangerous jobs even as they face restricted access to healthcare and social services.

This report is the third in a series that focuses on Latino immigrant health in the United States. This volume focuses on Mexican immigrants in particular as the largest Latino immigrant group in the U.S., and in recognition that people from many Latin American countries often have similar experiences as immigrant workers. Here we give special attention to the situation low-wage immigrant workers face when they come to the United States, in particular the way in which their occupations and immigration status may imply a cost for their health. Latino immigrants are generally not looking for a free-ride of U.S. social services. They tend to come from working class backgrounds and are better educated than the general population in their countries of origin. Though they are typically in good health when they emigrate to the U.S., studies show that the health of immigrants deteriorates with the length of their stay. This report shows that in the case of Mexican immigrants, workplace conditions and the type of work performed contribute to disparities in health outcomes that Latinos in the U.S. must endure.

The first section of this report presents data on the trends and overall characteristics of Mexican immigrants. It documents that Mexican immigrants arrive in the U.S. largely during their prime working ages and in good health, but live with low incomes. Working for low wages means they must reside in neighborhoods with scarce public investment and that often suffer high levels of violence.

The second section documents the importance of Mexican immigrant workers in certain segments of the U.S. economy, as shown by the occupations where they are heavily concentrated. A high percentage of Mexican immigrants work as low-wage service providers for the American middle-class, as dishwashers, cooks, and gardeners, and occupy jobs that are unfilled through local demand as meatpackers and seasonal agricultural workers. These low wage industries involve greater physical risk of work related injury and rarely offer health insurance. Previous versions of this volume show that Latino workers and their families are less likely than non-Latino Whites to be covered by insurance, have a usual

source of healthcare, get maternal care, receive immunizations and use hospital services. They are also less likely to rely on emergency rooms and use public health programs, countering the myth that they make disproportionate use of public resources. Latino communities have fewer healthcare providers, and when families do find care, they may go to a community clinic rather than a private physician.

The third section documents the occupational hazards that Latino immigrants face. They have a higher risk of death and disability at work than other groups, in large part because of the dangerous occupations that they are more likely to work at. It is counter to concepts of fairness and justice that a population that works for very low wages and is often not provided with health insurance is the same population that is most likely to suffer from work related health problems.

Finally, this report draws general conclusions and discusses policy considerations. The health and well-being of Latino immigrant workers has important implications for their communities in the U.S. and for public health generally. The political response to immigration for the past decade has largely been to restrict immigrants' access to public services. The National Conference of State Legislatures reports that in the first half of 2007 alone, state legislatures have introduced 1,404 pieces of legislation related to immigration; more than double the number in 2006. Nine states enacted laws on health issues and 26 employment laws were passed in 19 states, mostly intending to curb immigrants' access to jobs. Several states enacted bills that would exclude certain agricultural workers from unemployment benefits, and five states enacted bills that would exclude undocumented residents from receiving public services.

The failure of broad-based immigration reform at the federal level aggravates barriers that reduce access to health services for Latino immigrants in the U.S. While community health clinics in some states help support immigrant health needs, these immigrant workers themselves still bear much of the social cost of low-wage, high risk labor and vulnerability that stems from their immigration status. There are many opportunities to shape policy to promote immigrant health, with the recognition that thriving immigrant communities are an important part of American society both in an economic and social sense. Given the increasing economic interaction of the U.S. and Latin America and the likelihood of continued migratory pressures, we should not wait to pursue immigrant health policy solutions even as we await comprehensive immigration reform.

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CHAPTER 1
CHARACTERISTICS OF MEXICAN IMMIGRANTS IN THE UNITED STATES

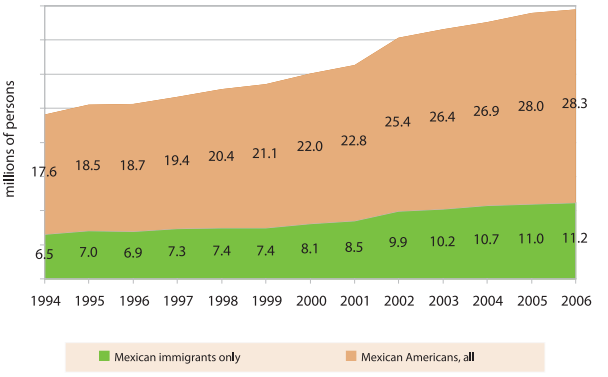
Mexicans make up the largest proportion of the foreign-born workforce in the United States

The United States is a country of immigrants, though the geographic sources of immigration have varied over time. There have been several periods of high levels of immigration, each privileging different mixes of nationalities in the country. In the 1800s the foreign-born living in the U.S. came primarily from Western and Northern Europe. In 1890 over three-fourths of the 9.2 million U.S. residents born abroad were of Western and Northern European origin. Together, Germany, Ireland, and England accounted for 60% of the immigrant population.

In the early 1900s, immigration from Southern and Eastern European countries grew rapidly. By 1930, 40% of the 14.2 million immigrants residing in the United States hailed from those regions. Among all foreign-born U.S. residents in 1930, the most common countries of birth were Italy, Poland, Russia/the Soviet Union, Germany, and Canada: over one million U.S. immigrants had been born in each of those countries.[1]

Another wave of immigration began in the 1960s, with Asia and Latin America supplying most of the immigrants. In 1980 there were 14.1 million immigrants living in the United States. Mexico had become the most common foreign country of birth: 2.2 million Mexican immigrants were living in the U.S. at the time. There has been a steady increase—over 50% from 1996 to 2006—in the number of Mexican immigrants residing in the U.S. *(Figure 1)*. Mexican immigrants, together with persons born in the U.S. of Mexican ancestry, comprise the Mexican American population, which has grown from 18.7 million in 1996 to 28.3 million in 2006. Almost 60% of this increase among Mexican Americans came from U.S.-born individuals, and just over 40% from immigration. Mexican immigrants account for almost one-quarter of all Latinos in the U.S.

Figure 1: Population growth of Mexican Americans and Mexican immigrants only in the U.S. since 1994

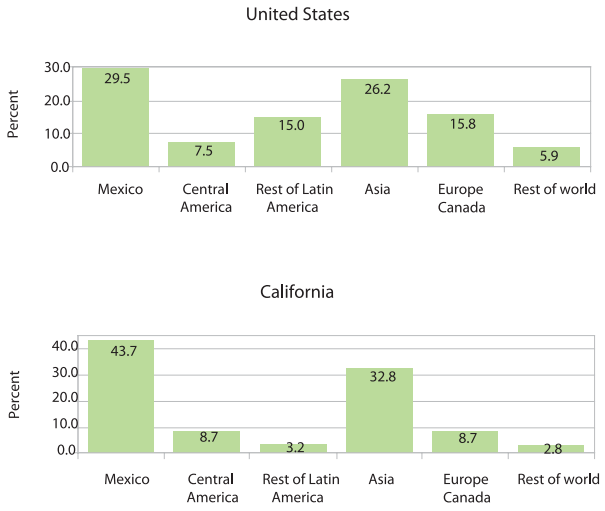


Source: U.S. Census Bureau. Current Population Survey 1994-2006.

In 2006 those of Mexican origin living in the United States—some 11.2 million—constituted almost 30% of the 38 million immigrants in this country *(Figure 2)*. The next largest group of foreign-born residents came from Asia, accounting for over one-quarter of all residents born abroad. U.S. residents who were born in Central America and elsewhere in Latin America combined represent just over 20%.

[1] Campbell J. Gibson and Emily Lennon. 1999. "Historical Census Statistics on the Foreign-born Population of the United States: 1850-1990." *Population Division Working Paper No. 29.* Washington, D.C.: U.S. Bureau of the Census.

Figure 2: Country / Region of origin of immigrants, all ages, 2006



Source: U.S. Census Bureau. 2006, Current Population Survey.

Figure 3: States with more than 100,000 Mexican immigrants, 2006

1.	California	4.4 million
2.	Texas	2.2 million
3.	Arizona	713,000
4.	Illinois	526,000
5.	Florida	317,000
6.	Georgia	316,000
7.	North Carolina	273,000
8.	Colorado	268,000
9.	New York	209,000
10.	Nevada	198,000
11.	New Jersey	130,000
12.	Oregon	122,000
13.	New Mexico	118,000
14.	Washington	116,000

Source: U.S. Census Bureau. 2006, Current Population Survey.

Mexican immigration is even more significant in California. Of the 10 million Californians who were born abroad two-fifths are of Mexican origin and one-third are from Asia *(Figure 2)*. Compared with the entire country, there are proportionally fewer immigrants in California from Central and South America, Europe and Canada.

A majority of Mexican immigrants live in California and Texas but are increasingly well represented in many other states

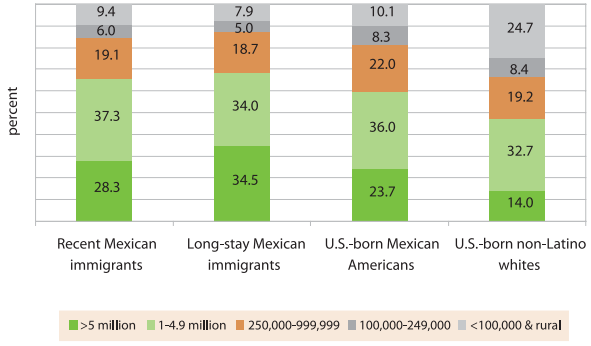
California, which boasts the largest number of Mexican-born U.S. residents, and Texas, the only other state with over one million Mexican immigrants, are together home to almost 60% of all Mexican immigrants in the country *(Figure 3)*. At the same time, Mexicans are increasingly settling in large numbers in states not traditionally associated with immigration from Mexico, such as Florida and Georgia. Those states now rank fifth and sixth, respectively, in the size of their Mexican immigrant populations. Fourteen states are each home to over 100,000 Mexican immigrants. Many more states that have not had such noticeable levels of immigration from Mexico are also experiencing burgeoning populations, such as South Carolina, where more than 50,000 Mexican immigrants now reside.

Mexican immigrants tend to concentrate in large urban localities

Mexican immigrants and U.S.-born Mexican Americans are much more likely to live in large urban localities than U.S.-born non-Latino whites *(Figure 4)*. Both *recent Mexican immigrants* (those in the U.S. less than 10 years) and *long-stay Mexican immigrants* (those in the U.S. 10 years or more) are twice as likely as U.S.-born non-Latino whites to live in the largest urban localities (with populations of 5 million and over). The proportion of those who live in smaller urban localities is similar for recent and long-term Mexican im-

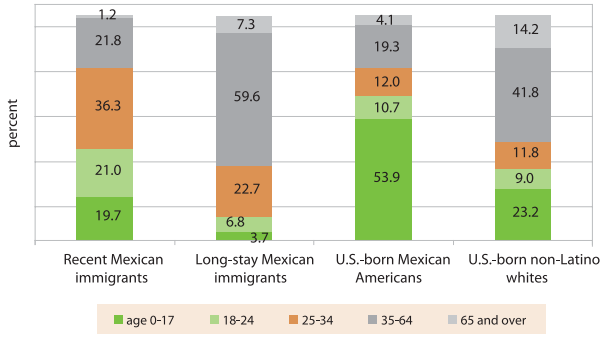
migrants, as well as for U.S.-born Mexican Americans and non-Latino whites. U.S.-born non-Latino whites are much more likely to live in small urban (i.e., population under 100,000) and rural areas.

Figure 4: Size of urban areas where Mexican immigrants live, U.S. 2006



Source: U.S. Census Bureau. 2006, Current Population Survey.

Figure 5: Age distribution of Mexican immigrants and others, U.S. 2006



Source: U.S. Census Bureau. 2006, Current Population Survey.

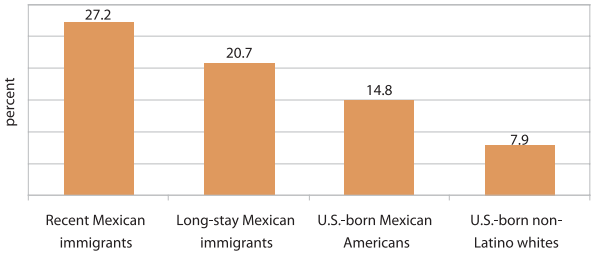
Most Mexican immigrants are young adults

Recent Mexican immigrants are almost twice as likely as U.S.-born Mexican Americans or non-Latino whites to be young adults (ages 18-34) *(Figure 5)*. Over half of all recent Mexican immigrants belong to this age group, which is prime for entry-level jobs. Long-stay immigrants, who are on average 10 years older, have the highest concentration (89%) in the working ages of 18-64. Of the four comparison groups considered here, U.S.-born Mexican Americans have the largest proportion of children, reflecting their higher birth rate than that of the general population. The U.S.-born non-Latino white population has the highest proportion of elderly.

A high proportion of Mexican immigrant adults live in poverty

Over one-quarter of recent Mexican immigrant adults live in families with annual incomes below the federal poverty level *(Figure 6)*. In 2006 the poverty threshold for a single adult was $10,488 and for a couple with two children it was $20,444. The poverty rate is lower for long-stay Mexican immigrant adults. For U.S.-born Mexican Americans it is almost half that of recent Mexican immigrants, though it is still almost double the rate of U.S.-born non-Latino whites.

Figure 6: Income below federal poverty level, U.S. adults, ages 18-64



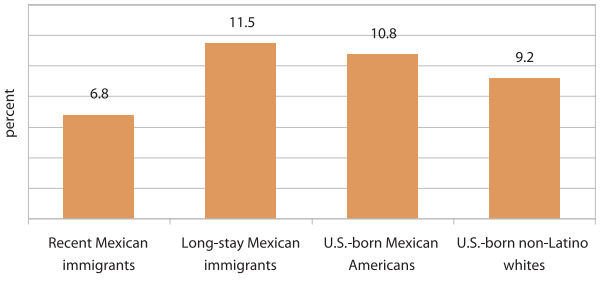
Source: U.S. Census Bureau. 2006, Current Population Survey.

Mexican immigrants are in good overall health

There is a large body of research showing that while immigrants are healthier upon arriving compared to

the U.S.-born, the "immigrant health advantage" declines over time.[2] The proportion of recent Mexican immigrant adults who characterize their health as fair to poor is lower than that of long-term Mexican immigrants, U.S.-born Mexican Americans and U.S.-born non-Latino whites *(Figure 7)*. Age differences account to some degree for the disparities in self-assessed quality of health. Nonetheless, even after age differences are factored in, Mexican immigrants report fewer chronic conditions overall, spend fewer days in bed because of illness, and have lower mortality rates than U.S.-born non-Latino whites. The good health of Latinos and immigrants, despite their low incomes and other health challenges, has aptly been described as a "paradox." [3]

Figure 7: Health status self-reported as fair to poor, U.S. adults, ages 18-64



Source: U.S. Census Bureau. 2006, Current Population Survey.

Summary

For the past few decades, immigration from Mexico has been the largest source of "new Americans", thereby marking a fundamental shift in U.S. immigration. Traditionally, Mexican immigrants to the U.S. have settled in the border states that were historically part of Mexico, where they have primarily filled labor needs in agriculture, mining, and later in factories. Today, Mexican immigrants are increasingly found in large urban localities in many states throughout the country, where they meet the demand for low-wage labor. In marked contrast to their European predecessors who have largely assimilated into the population and to some extent have been extended opportunities to improve their situation, many Mexican and Latino immigrants, who tend to arrive as healthy young adults of working age, face low incomes, poor living conditions and deteriorating health in this country.

This shift in immigration and its expanding territorial scope within the U.S. is important because the poor living conditions and deteriorating health of Mexican immigrants generate ill effects for the larger communities where they live and work. The Mexican population is one of the five largest immigrant groups in almost every U.S. state, drawn from over 96% of all municipalities in Mexico.[4] If current trends continue, Mexican immigration to the United States will continue to be a pressing bilateral issue. For this reason, the health of Mexican immigrants in the U.S. will have a substantial impact on the communities of origin and destination in both countries for the foreseeable future.

Mexican immigrants are the largest source of "new Americans", migrating in order to work and reunite with their families, and settling in many states throughout the nation.

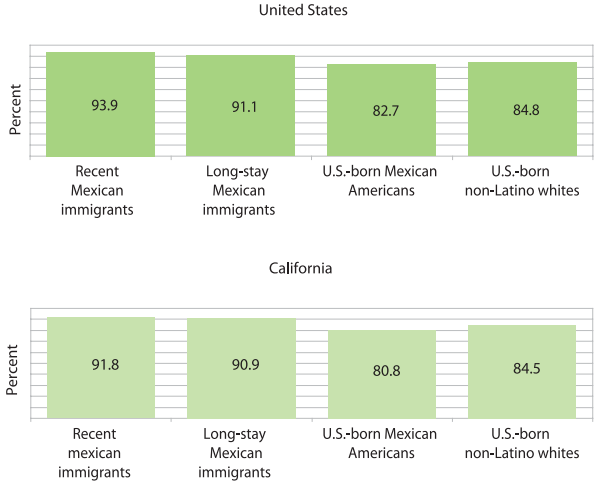
[2] Antecol, H. and Bedard, K. 2006. "Unhealthy Assimilation: Why Do Immigrants Converge to American Health Status Levels?" *Demography* 43(2): 337-60.
[3] Dey, A.N. and Lucas, J.W. 2006. "Physical and Mental Health Characteristics of U.S. and Foreign-Born Adults: United States, 1998–2003." *Advance Data from Vital and Health Statistics No 369.* Hyattsville, M.D.: National Center for Health Statistics; Turra, C.M. and Goldman, N. 2007. "Socioeconomic Differences in Mortality among U.S. Adults: Insights into the Hispanic Paradox." *J Gerontol B Psychol Sci Soc Sci.* 62(3): S184-92.
[4] E. Zuñiga, et al., *Mexico-United States Migration: Health Issues, UCLA Center for Health Policy Research,* September 2005.

CHAPTER 2
MEXICAN IMMIGRANTS IN THE U.S. LABOR FORCE

Recent Mexican immigrant men have a 94% U.S. labor force participation rate

Mexicans immigrate to the United States primarily to find work and reunite with their families. This is borne out by recent Mexican immigrant men (less than 10 years in the U.S.) having the highest rate of labor force participation among the comparison groups studied here *(Figure 8)*. About 94% of recent Mexican immigrant men ages 18-64 are in the U.S. labor force, a rate almost ten percent higher than that of U.S. born non-Latino whites of the same ages. Long-stay Mexican immigrant men (more than 10 years in the U.S.) have the next highest rate (which is close to that of recent Mexican immigrants). This means that virtually all immigrant men from Mexico are employed or looking for work, rather than being retired, work-disabled, or otherwise not a part of the labor force. The pattern is similar in California *(Figure 8)*.

Figure 8: Labor force participation of men ages 18-64, 2006



Source: U.S. Census Bureau, 2006 Current Population Survey.

There are more men than women among immigrant Mexicans ages 18-64 in both the U.S. and California. By contrast, among U.S.-born Mexican Americans and non-Latino whites in the same age range, women outnumber men. This is predictable in the context of labor-driven migration where men are more likely than women to come alone from Mexico in search of work.[5]

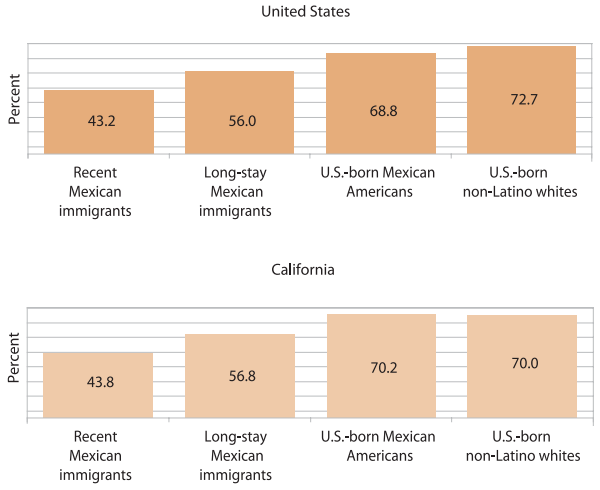
Mexican immigrant women's labor force rates are lower

In contrast to immigrant men's high involvement in the paid labor force, Mexican immigrant women ages 18-64 are less likely than U.S.-born women to be in the labor force *(Figure 9)*. Recent Mexican immigrant women have the lowest labor force rate, with long-term Mexican immigrant women somewhat higher. The rate is higher still for U.S.-born Mexican American women, and the highest for U.S.-born non-Latino white women. The pattern is very similar in California, except that the labor force rates of U.S.-born Mexican American and non-Latino white women are nearly identical there.

About three quarters of both recent and long-stay Mexican immigrant women who are not in the labor force are married and raising families. This is consistent with other research that has found that, while Mexican immigrant women also come to the U.S. to seek work, their goal is more likely than their male counterparts' to reunite with family. Mexican immigrant women who are married and raising children have the lowest labor force participation rates.

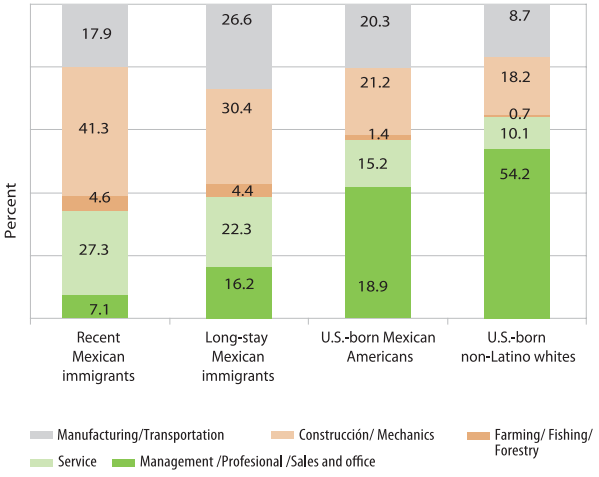
[5] Curran, S.R. and Rivero-Fuentes, E. 2003. "Engendering Migrant Networks: The Case of Mexican Migration." *Demography 40* (2): 289-307.

Figure 9: Labor force participation of women, ages 18-64



Source: U.S. Census Bureau, 2006 Current Population Survey.

Figure 10: Occupations of employed men, ages 18-64, U.S. 2006

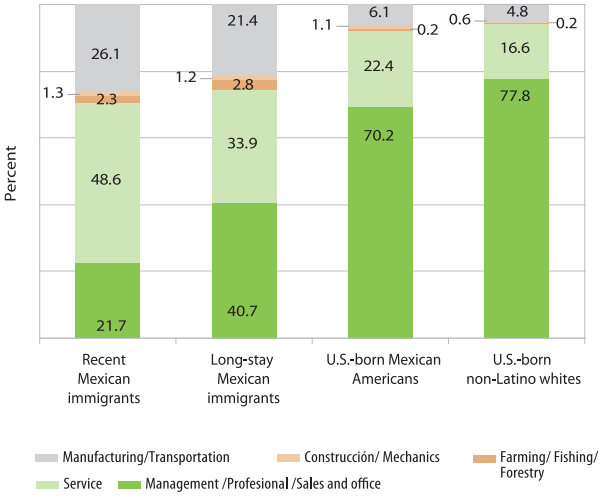


Source: U.S. Census Bureau, 2006 Current Population Survey.

Mexican immigrant men are concentrated in construction and service occupations nationally

Among recent Mexican immigrant men ages 18-64, two-thirds work in construction or service jobs *(Figure 10)*.[6] The construction sector relies heavily on Mexican immigrant labor, where 43% of all recent immigrant men from Mexico are employed. Mexican immigrant men who remain in the U.S. for over 10 years (i.e., long-stay immigrants) exhibit a somewhat more varied occupational distribution, with a smaller share than recent immigrants in construction and service jobs and larger shares in almost every other type of occupation. Mexican immigrant and U.S.-born Mexican American men are both underrepresented in management and professional occupations (which include health care providers), where non-Latino whites are concentrated.

Figure 11: Occupations of employed women, ages 18-64, U.S. 2006



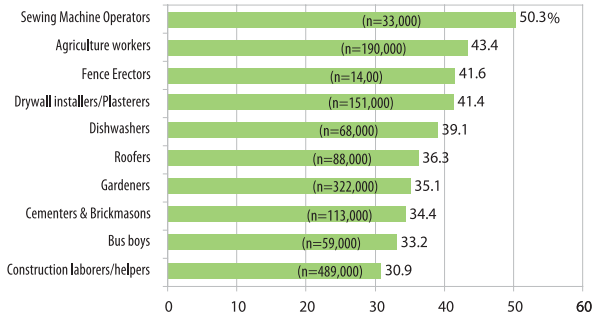
Source: U.S. Census Bureau, 2006 Current Population Survey.

[6] Note that some of the occupational categories and titles used by the U.S. Census (e.g., "production," "repair and maintenance") have been changed here to make them more understandable (e.g., manufacturing and mechanics, respectively).

Mexican immigrant women are most commonly found in service occupations

The concentration of Mexican immigrant women ages 18-64 in certain occupations is even higher than that of men. Almost half of those in the labor force work in service occupations *(Figure 11)*. For recent Mexican immigrant women, the next most common occupation is manufacturing (such as sewing machine operators), while for long-stay Mexican immigrant women it is sales and office work. Mexican immigrant women are much less likely to work in management and professional occupations than U.S.-born non-Latino white women.

Figure 12: Mexican immigrants comprise about 7% of the male U.S. labor force, but have a high concentration in the fallowing occupations



Source: U.S. Census Bureau, 2006 Current Population Survey.

Low-wage industries rely heavily on Mexican immigrant men

Many specific jobs in the labor force—especially those that pay the lowest wages—exhibit a disproportionately large concentration of Mexican immigrant workers. For example, while only 7% of all men ages 18-64 in the U.S. labor force are from Mexico, Mexican immigrants account for over 40% of all men employed as agriculture workers here *(Figure 12)*. The 322,000 Mexican immigrant men working as gardeners account for over one third of all men working as gardeners nationally.[7] Nearly half a million Mexican immigrant men have found employment as construction laborers, making it the occupation in which they have the greatest numbers. Unfortunately, it is also an occupation that is inadequately regulated and offers insufficient worker protections. Many of these occupations depend on Mexican immigrant men in order to keep their operating costs low.

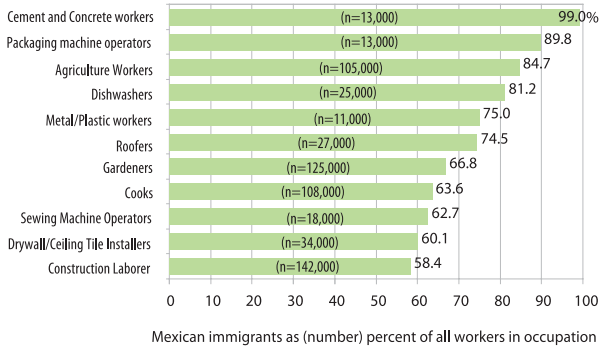
California relies more heavily on Mexican immigrant men than the nation as a whole

In California, almost 20% of all employed men ages 18-64 are Mexican immigrants. Here, immigrant men from Mexico account for over half of all men employed in a several occupations, including agriculture workers, gardeners, certain construction jobs (such as cement workers, roofers and laborers), some manufacturing jobs (such as packaging machine operators and metal/plastic workers), and various service occupations (such as dishwashers and cooks) *(Figure 13)*. Most of these occupations are also those in which Mexican immigrant men tend to be concentrated nationally, but in California the proportion of each occupation with a preponderance of Mexican immigrant men is much higher. For example, Mexican immigrants account for 40% of male agriculture workers nationally, but over 80% in California. Moreover, many of the occupations that are largely filled by Mexican immigrants in California are also projected to experience growth in the coming years. The California Employment Development Department projects that, over a ten-year period, the number of workers needed will grow by

[7] Note that some of the occupational titles used by the U.S. Census (e.g., "grounds maintenance," "dining room attendants") have been changed here to make them more understandable (e.g., gardeners and bus boys, respectively).

about 88,000 cooks, 70,000 gardeners, and 34,000 bus boys.[8] In other words, California's low-wage service economy depends overwhelmingly on Mexican workers, and economic growth in California will increasingly require low-wage labor in the future.

Figure 13: Mexican immigrants comprise about 20% of the male California labor force, but have a high concentration in the following occupations



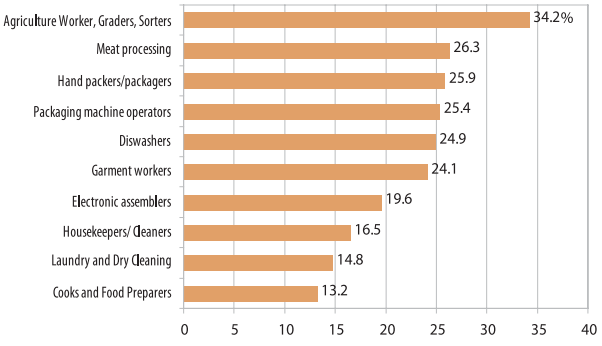
Source: U.S. Census Bureau, 2006 Current Population Survey.

Many occupations rely heavily on Mexican immigrant women

Mexican immigrant women account for over one-quarter of all women working nationally as agricultural workers, meat packers, packaging machine workers, and dishwashers. Other "gender driven" occupations are also filled by Mexican immigrant women. For example, more Mexican immigrant women work nationally as housekeepers (310,000) than in any other occupation.[9] Child-care is also a common service occupation, employing 64,000 Mexican immigrant women *(Figure 14)*. Thus, while only three percent of all women ages 18-64 in the labor force in the U.S. are Mexican immigrants, they are concentrated disproportionately in service and agricultural occupations.

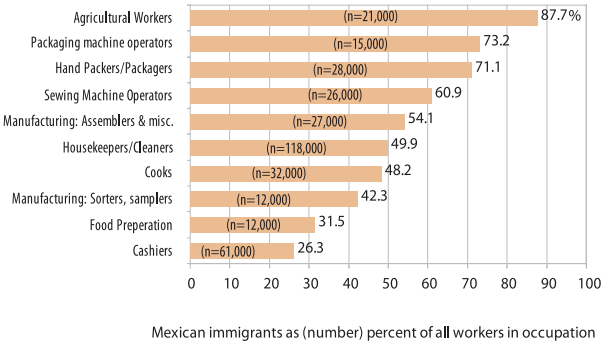
The distribution in California is similar, with Mexican immigrant women ages 18-64 concentrated in several occupations. At 12% of the female California labor force, Mexican immigrant women account for over half of all general agricultural workers, packers, sewing machine operators, assemblers and housekeepers *(Figure 15)*. Housekeeping is the most common occupation held by Mexican immigrant women in California, as it is nationally

Figure 14: Mexican immigrants are about 3% of the female U.S. labor force, but have a high concentration in the following occupations



Source: U.S. Census Bureau, 2006 Current Population Survey.

Figure 15: Mexican immigrants comprise about 12% of the female California labor force, but have a high concentration in the following occupations



Source: U.S. Census Bureau, 2006 Current Population Survey.

[8] California Employment Development Department. "Occupations with the most job openings, 2004-2014." Available at http://www.labormarketinfo.edd.ca.gov/cgi/databrowsing/?PageID=145.

[9] Note that some of the occupational titles and categories used by the U.S. Census (e.g., "maids and housekeeping cleaners", "butchers and other meat processing workers," "pressers, textile, garment, and related materials and sewing machine operators") have been changed here to make them more understandable (e.g., housekeepers, meat processing, and garment workers, respectively)Available at http://repositories.cdlib.org/ile/scl2001/Section5.

Jobs filled by Mexican immigrant workers frequently pay the lowest wages

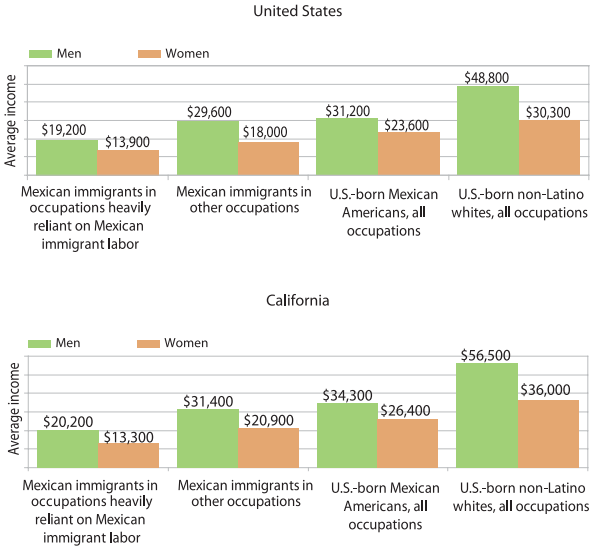
Mexican immigrants are likely to arrive in the United States in good health overall, but maintaining the "health capital" that they bring requires sufficient income and access to health care. Unfortunately, the occupations where most Mexican immigrants are likely to be hired in the U.S. do not often provide adequate wages or health insurance.

There are many occupations, as noted above, in which Mexican immigrants cluster in disproportionate numbers. Occupations that rely heavily on the labor of Mexican immigrants are those where the proportion of Mexican immigrants in the occupation is more than twice as common as their overall presence in the labor force.[10] These jobs typically pay lower wages, as shown by the lower average annual earnings of Mexican immigrant men and women working in these jobs as compared to "other" occupations that are not heavily dependent on the labor of Mexican immigrants. We assessed occupations separately for men and women.

More than half (60%) of male Mexican immigrants fill these jobs both nationally and in California. The average wage and salary earnings for Mexican immigrant workers ages 18-64 in these jobs are $19,200 per year nationally and $20,200 in California *(Figure 16)*. By contrast, Mexican immigrant male workers in occupations that are not heavily dependent on Mexican immigrants earn substantially more ($29,600 nationally and $31,400 in California). U.S.-born Mexican American men earn, on average, somewhat more than immigrants in occupations that are not heavily reliant on Mexican immigrant labor. U.S.-born non-Latino white men have the highest average earnings, over $48,800 per year nationally, and over $56,500 in California. This wage differential means that Mexican immigrants and their families are more likely to live in poverty.

The pattern for Mexican immigrant women is similar, although the wages they earn are even lower. About 55% of female Mexican immigrants, both nationally and in California, work in occupations that are heavily dependent on Mexican immigrant labor. The average wage and salary earnings for Mexican immigrant women in these occupations is $13,900 per year nationally and $13,300 in California *(Figure 16)*. By contrast, Mexican immigrant female workers in other occupations earn $18,000 nationally per year and $20,900 in California. U.S.-born Mexican American women earn, on average, more than Mexican immigrants. U.S.-born non-Latino white women have the highest average earnings in the female labor force.

Figure 16: Average wage & salary earnings in the labor force, ages 18-64, 2006



Source: U.S. Census Bureau, 2006 Current Population Survey.

[10] This follows the methodology used in Valenzuela, A. and Ong, P. 2001. "Immigrant Labor in California." Chapter 3 in The State of California Labor, 2001. Los Angeles: University of California Institute for Labor and Employment. Available at http:// repositories.cdlib.org/ile/scl2001/Section5.

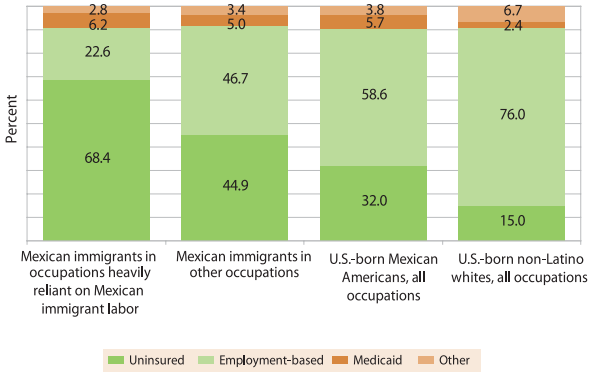
On average, Mexican immigrant men who work full time earn 45% less than native-born men, while Mexican immigrant women earn about 40% less than native-born women. About half of this earnings gap is due to differences in educational attainment and work experience between the two populations.[11] The remainder of this earnings gap is largely attributable to the different occupational profiles of Mexican immigrants and the native-born population.

Such low incomes make it difficult to afford the basic necessities to keep families healthy, including adequate housing, nutritious food, and needed medical care. A minimal standard of living for a family of four in California, for example, requires about $50,000 per year.[12] This is beyond the reach of an average Mexican immigrant family with both parents working in occupations that rely heavily on Mexican immigrants. U.S.-born non-Latino white males are the only group where a single wage earner reaches this amount for a family of four.

Jobs filled by Mexican immigrants are the least likely to offer health insurance, leaving most of their workers uninsured

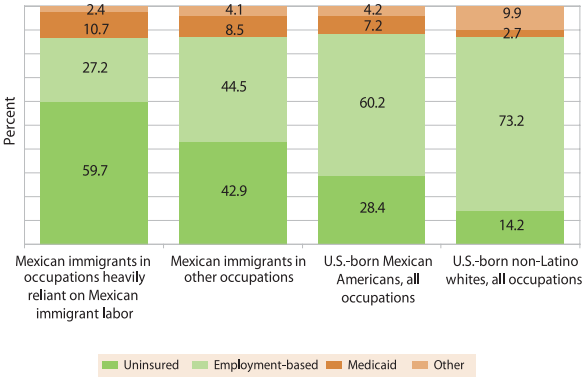
While most working Americans get their health insurance through their jobs, Mexican immigrant men employed in industries that rely heavily on Mexican immigrants are less likely to get work-based health insurance than those in other occupations *(Figures 17 & 18)*. Only 22.6% of Mexican immigrants in these industries have work-based health insurance nationally (27.2% in California). For Mexican immigrant men who work in occupations that do not disproportionately employ Mexican immigrants, work-based insurance is higher—46.7% nationally (44.5% in California). Even these latter rates are lower, however, than the employment-based coverage of male workers born in the U.S., including Mexican Americans (58.6%) and non-Latino whites (76.0%).

Figure 17: Health insurance status for working men ages 18-64, U.S., 2006



Source: U.S. Census Bureau, 2006 Current Population Survey.

Figure 18: Health insurance status for working men, ages 18-64 in California, 2006



Source: U.S. Census Bureau, 2006 Current Population Survey.

Common sources of health insurance for low-income families are Medicaid and other public insurance, such as SCHIP (state children's health insurance programs). While SCHIP primarily covers children in families with incomes just above the poverty line,

[11] Orszag, P.R. 2007. "The Role of Immigrants in the U.S. Labor Market." Testimony, U.S. House of Representatives, May 3. Washington, D.C.: Congressional Budget Office. Available at: http://judiciary.house.gov/media/pdfs/Orszag070503.pdf.

[12] Pearce, D. and Brooks, J. 2003. *The Self Sufficiency Standard for California 2003*. Oakland, CA: National Economic Development and Law Center. Available at http://www.sixstrategies.org/files/2003 CA Full Report with Map.pdf.

Medicaid covers both children and their parents in families with very low incomes. The coverage rates for Medicaid and other public insurance are similar across immigrant and native-born Mexican groups—at 5.0% to 6.2%, respectively—despite the fact that Mexican immigrants have very low incomes and the highest poverty rates, and as such are the most in need of these services *(Figures 17 & 18)*.

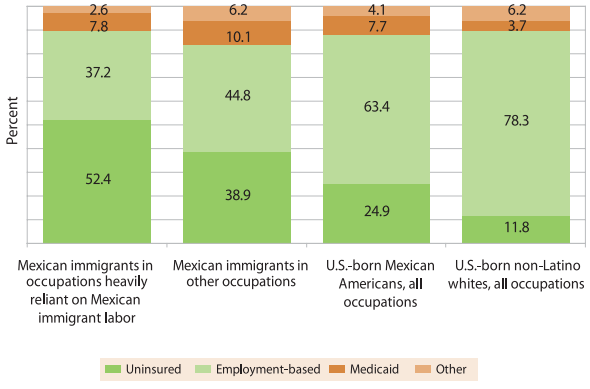
Other sources of health insurance, including privately purchased insurance (from out of pocket funds) and Medicare (the federal health insurance for the elderly and permanently disabled), represent the most common types of coverage obtained by U.S.-born non-Latino white men. Because of their low incomes, few male Mexican immigrant workers can afford to purchase private health insurance, and because of their relatively young age and the good health they come with, they are not often eligible for Medicare.

Type of employment and uninsurance rates among Mexican immigrants

The low level of employer-provided insurance and the low rate of public insurance result in Mexican immigrant workers having exceptionally high rates of uninsurance *(Figures 17 & 18)*. Indeed, over two-thirds of Mexican immigrants working in those occupations that are heavily dependent on Mexican immigrant labor have no medical coverage. In those occupations that do not rely heavily on Mexican immigrants, uninsurance is less prevalent, but Mexican immigrants in these jobs are still uninsured at a level three times that of U.S.-born non-Latino whites. In addition, the uninsurance rate for U.S.-born Mexican American men rate is double that of U.S.-born non-Latino white men.

Female Mexican immigrant workers fare only slightly better than their male counterparts *(Figure 19)*. Nationally, in those occupations that rely heavily on Mexican immigrant labor, a little over one third of Mexican immigrant women have work-based insurance, with the rate almost identical in California *(Figure 20)*. About half of Mexican immigrant women in the labor force have no health insurance nationally, and just under half in California. U.S.-born Mexican American women are insured at a slightly higher rate, and U.S.-born non-Latino white women have the highest rates of insurance. Differences in the rate of work-based insurance are largely what drive the disparities in uninsurance rates between these groups.

Figure 19: Health insurance status for working women, ages 18-64, U.S., 2006

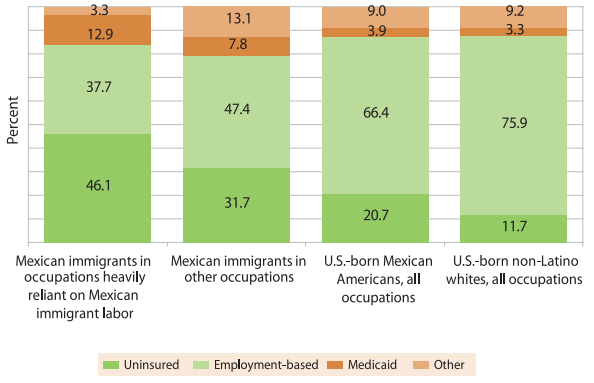


Source: U.S. Census Bureau, 2006 Current Population Survey.

These high rates of uninsurance, compounded by the low wages they earn, place Mexican immigrant workers at high risk of not being able to obtain needed medical care for themselves or their family members when they are sick. Delayed care for chronic conditions such as diabetes, which is common among the Latino population, can lead to severe complications. Low incomes and the lack of health insurance also discourage adults from seeking the screenings and regular preventive services they need to identify potentially life-threatening conditions early, when they can still be successfully treated.[13]

[13] Wallace, SP, Gutierrez, VF and Castañeda, X. 2008. "Access to Preventive Services for Adults of Mexican Origin." *Journal of Immigrant and Minority Health* (forthcoming).

Figure 20: Health insurance status for working women, ages 18-64 in California, 2006



Source: U.S. Census Bureau, 2006 Current Population Survey.

Summary

Mexican immigrants come to the U.S. to work as well as for family reunification. Mexican immigrants contribute dramatically to the nation through their labor force participation, and Mexican immigrant men have exceptionally high labor force participation rates

- **Mexican immigrant men and women tend to fill jobs in the agricultural, construction and service sectors.** They tend to be segregated in occupations where they often fill a substantial proportion of the labor needs for that job. Those occupations in which one finds twice as many Mexican immigrants as expected relative to their number in the overall labor force are heavily dependent on Mexican immigrant labor.
- **Occupations that rely heavily on the labor of Mexican immigrants pay lower wages and tend not to offer health insurance.** Mexican immigrant workers in these jobs have lower earnings and less health insurance coverage than Mexican immigrants in other occupations. This same pattern exists for Mexican immigrant men as well as women, both nationally and in the state with the largest number of Mexican immigrants—California.
- **Mexican immigrant workers and their families face substantial barriers to obtaining health care when needed.** While Mexican immigrants generally arrive in the U.S. in good health, staying healthy requires access to professional medical care for preventive services and chronic disease management, which their current circumstances render elusive.

It is contrary to notions of social justice that the poorest groups are those who pay most out-of-pocket health expenses or suffer the consequences of deteriorating health. As this chapter shows, low wages in specific industries play a large part in the deterioration of Mexican immigrant health and associated poverty. If we want Mexican immigrants to continue contributing to the nation through their labor, it is important to provide the health insurance and services they need to maintain the health capital they bring with them on their migration north.

Occupations that rely heavily on Mexican immigrant labor pay low wages & seldom offer health insurance, posing health risks for workers and their families.

CHAPTER 3
OCCUPATIONAL HEALTH RISKS TO MEXICAN IMMIGRANTS IN THE U.S. LABOR FORCE

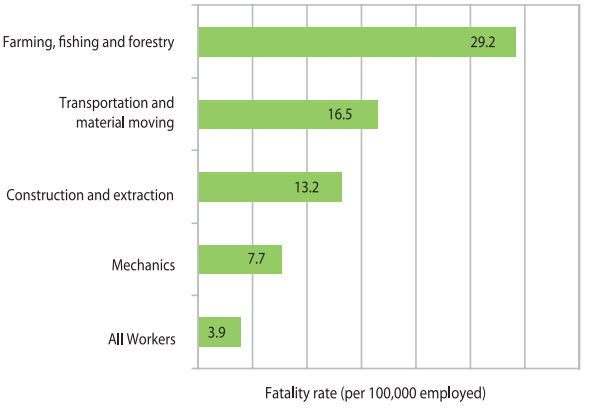
Mexican immigrants are at particularly high risk for being killed or fatally injured at work

The risk of accidental death or suffering a fatal injury on the job is highest in occupations employing large numbers of Mexican immigrants. Substantial occupational risks inhere in agricultural work, which large numbers of Mexican immigrants are exposed to in many areas of the country by dint of their concentration in those occupations. Immigrant workers of Mexican origin tend to be more commonly found in other hazardous sectors of the U.S. economy, particularly the construction and service industries as well as mechanics and transportation. All employ disproportionately large numbers of Mexican immigrants and have work-related fatality rates that are substantially above average (see Chapter 2, Figures 10 and 11).[14]

Mexican immigrants working in farming, fishing, and forestry are the most likely to suffer a fatal work-related injury or illness *(Figure 21)*. While these occupations have the highest fatality rate, transportation and material moving have the highest number of occupational fatalities (1,463 deaths in 2006), followed by construction/extraction (1,258), service (705), mechanics (415), farming, fishing and forestry (289) and manufacturing (282).

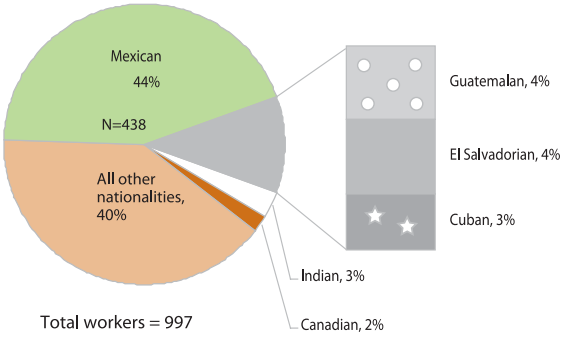
As noted in Chapter 1, Mexican immigrants represent nearly 30% of all the foreign-born in the U.S. But due to their concentration in the most dangerous occupations in the country, they account for over 40% of all immigrant workers who die from work-based

Figure 21: Work-related fatality rate, by major occupation group, U.S. 2006



Source: U.S. Bureau of Labor Statistics, U.S. Department of Labor, 2007.

Figure 22: Fatal occupational injuries to foreign-born workers in the U.S. labor force, by nationality of origin, 2006



Source: U.S. Bureau of Labor Statistics, U.S. Department of Labor, 2007.

[14] Note that some of the occupational titles used by the U.S. Census (e.g., "production," "installation, repair and maintenance") have been changed here to make them more understandable (e.g., manufacturing and mechanics, respectively).

injuries *(Figure 22)*. Immigrants from other countries of origin fare markedly better in the work force here; only one-tenth as many immigrant workers from Guatemala and El Salvador, for example, annually suffer fatal occupational injuries in the U.S.

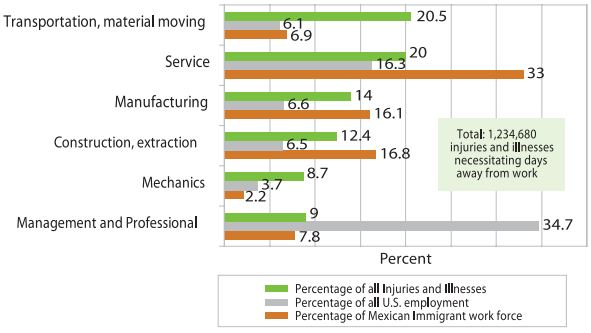
The risk of non-fatal work-related injuries and illnesses is also higher in occupations that rely heavily on Mexican immigrant labor

The percentage of non-fatal work-related injuries and illnesses is also highest in occupations in which Mexican immigrants are disproportionately represented *(Figure 23)*. Transportation and material moving have the highest percentage of injuries and illnesses, caused in part by vehicle accidents. This is over three times the proportion of the labor force in this sector. Other occupations where occupational injuries and illnesses are overrepresented by a factor of two to three are mechanics, manufacturing, and construction. The service sector is slightly overrepresented in reported occupational injuries and illnesses, and this is where the largest proportion of Mexican immigrant workers are concentrated.

The occupations in Figure 23, representing only 39% of the overall U.S. labor force, employ three-quarters of the Mexican immigrant work force and account for three-quarters of non-fatal occupational injuries and illnesses. By contrast, management and professional occupations, in which only 7.8% of the Mexican immigrant workers are employed, constitute about 35% of the overall labor force but account for only 9% of work-related injuries and illnesses.

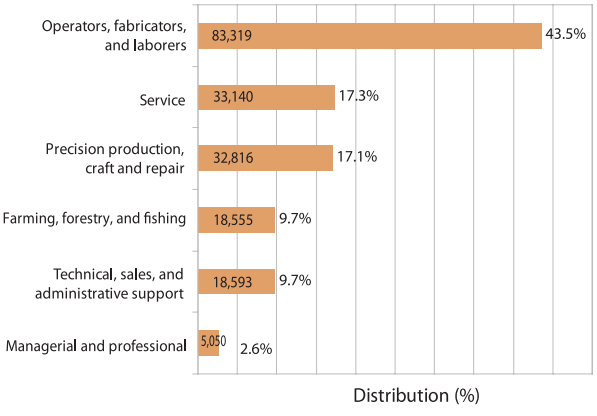
Among Latino workers (native and immigrant combined), days of lost work due to a non-fatal occupational injury or illness are highest among operators, fabricators, and laborers (43.5%) with 83,319 cases; followed by those in service occupations (17.3%) with 32,816 cases *(Figure 24)*. In managerial and professional occupations, in which Mexican immigrants are sparsely employed, Latinos have the fewest cases of lost work days due to work-related injury or illness.

Figure 23: Non-fatal Occupational Injuries and illnesses, by major occupation group, 2005



Source: U.S. Bureau of Labor Statistics, U.S. Department of Labor, 2005 & U.S. Census Bureau, 2006 Current Population Survey.

Figure 24: Distribution and number of non-fatal occupational injuries and illnesses among Latinos necessitating days away from work, by occupation, U.S. 2001

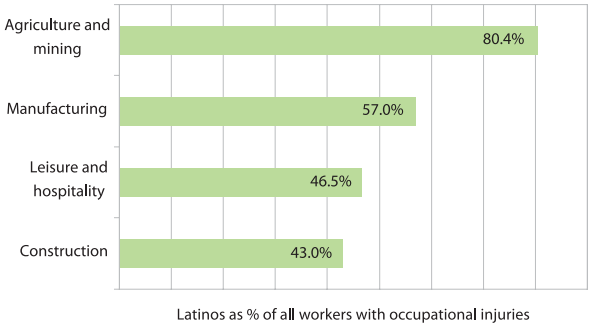


Source: CDC, National Institute Safety and Health –Worker Health Chartbook 2004.

In California—where nearly one-third of the labor force in private industry is Latino, about half of which is comprised of Mexican immigrants—Latinos employed in agriculture and mining, manufac-

turing, and construction account for a particularly large proportion of workers injured on the job[15 & 16] *(Figure 25)*. They also constitute a large proportion of injured workers in the hospitality industry. In addition, workers in agriculture, mining, and construction are the most likely to sustain fatal injuries in California.

Figure 25: Distribution of occupational injuries among Latino workers necessitating days away from work, by industry, CA 2005

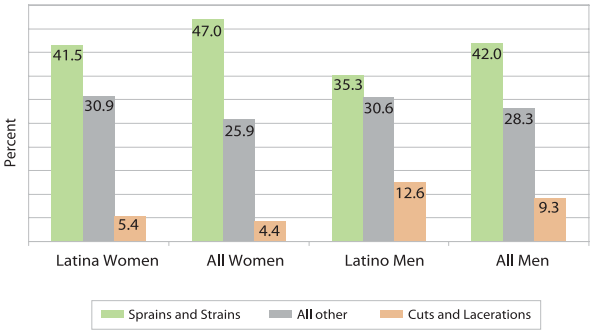


Source: Bureau of Labor Statistics, U.S. Department of Labor, Survey of Occupational Injuries and Illnesses, 2005.

Common types and causes of non-fatal occupational injuries and illnesses among Latinos

Sprains and strains are the most common type of injury experienced by both Latino men and women *(Figure 26)*. Latino men are more likely to sustain cuts and suffer "all other" types of injury than all male workers combined, while Latinas are more likely to sustain cuts and lacerations and suffer "all other" types of injury than all other female workers.

Figure 26: Percent of non-fatal occupational injuries and illnesses among Latinos resulting in days away from work, by type of injury, U.S. 1998-2000

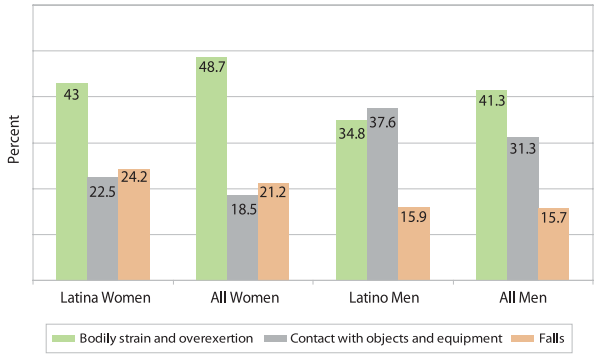


Source: Committee on Communicating Occupational Safety and Health. Information to Spanish-speaking Workers, 2003, see http://books,nap.edu/openbook.php?record_id=10641&page=70

The specific causes of a workplace injury or affliction differ between Latino and other workers *(Figure 27)*. The most common cause of illness or injury for Latino men is contact with hazardous objects and equipment (e.g., being struck or abraded by an object or being caught in machinery) and for Latino women, bodily strain and overexertion (e.g., from lifting, running, slipping, pushing, and repetitive motion). Latino women are also more likely to be injured by contact with objects and equipment or falls, and more likely to be harmed by exposure to hazardous substances. These types of injuries tend to be found in occupations involving considerable manual labor, like agriculture, construction, and manufacturing.

[15] Note that some of the occupational titles used by the U.S. Census (e.g., "natural resources") have been changed here to make them more understandable (e.g., agriculture and mining).
[16] See also Richardson, S. et al, 2003, "Hispanic Workers in the United States: An Analysis of Employment Distributions, Fatal Occupational Injuries, and Non-fatal Occupational Injuries and Illnesses", available at http://books.nap.edu/openbook.php?record_id=10641&page=70

Figure 27: Percent of non-fatal occupational injury and illness among Latinos necessitating days away from work, by causal event, U.S. 1998-2000



Source: Committee on Communicating Occupational Safety and Health Information to Spanish-speaking Workers, 2003.

Farm work accounts for 13% of all workplace fatalities, making it one of the most dangerous occupations in the U.S.

Among the occupations that pose a particularly high risk for occupational injury and illness in the U.S. —agriculture, sweatshop textile work, day labor and construction, all of which Mexican immigrants fill in disproportionately large numbers— farm work is one of the most dangerous. Farm work employs less than 3% of the work force nationally, but accounts for 13% of all workplace fatalities.[17]

Farm work is dangerous because it entails strenuous manual labor outdoors and the use of hazardous machinery. A survey of California farm laborers found that about one in four reported work-related musculoskeletal problems, such as back pain. About one in five reported respiratory problems other than colds, the majority of whom attributed their condition to ambient dust, dirt, or chemicals while working in the fields.[18] Farmworkers are regularly exposed to pesticides and other chemicals; their families are like wise at risk for both primary and secondhand pesticide exposure.

Day laborers' job injuries receive scarce medical attention

Day laborers —mostly Latino immigrant men and women who congregate in public places and provide their services as construction laborers, movers, gardeners and landscapers, painters, roofers, and house cleaners— experience a high incidence of workplace injury.[19] Nationally, almost 60% of day laborers were born in Mexico. They face higher risks of injury on the job due to certain defining features of the informal economy in which they operate —i.e., the work of day laborers is largely unregulated and unprotected by law, leaving unscrupulous employers who see workers as highly replaceable to act more or less with impunity.

One in five day laborers reports having suffered an injury while on the job, two-thirds having missed work following an injury, and over half (54%) failing to receive needed medical care for their injury. Of those who missed work due to an occupational injury, 39% missed a week or less, another 39% with a mean number of 33 work days missed due to injury *(Figure 28)*. Of all day laborers, 68% have worked while in pain during the past year with a mean number of 20 days working while in pain *(Figure 29)*.

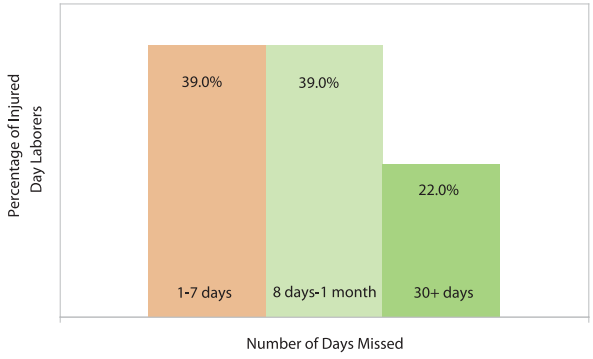
Several factors contribute to the high rate of work-related injury among this population, including ex-

[17] U.S. Department of Labor, 2004. *National Census of Fatal Occupational Injuries in 2003*. Washington, D.C.; McCauley, L.A., 2005. "Immigrant Workers in the United States: Recent Trends, Vulnerable Populations, and Challenges for Occupational Health." *AAOHN Journal* 53(7): 313-319.

[18] Aguirre International, 2005. The California Farm Labor Force: Overview and Trends from the National Agriculture Workers Survey. Burlingame, CA. Available at http://www.epa.gov/region09/ag/docs/final-naws-s092805.pdf

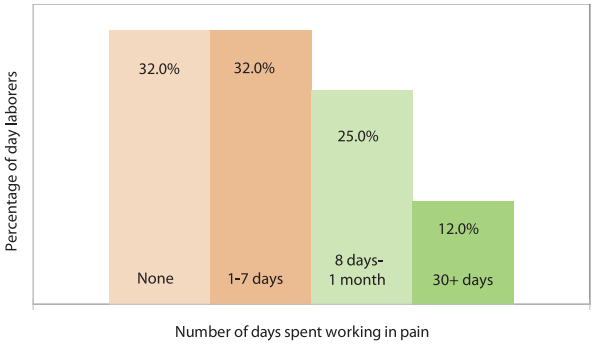
[19] Valenzuela, A., Theodore, N., Meléndez, E., Gonzalez, AL, 2006 *On The Corner: Day Labor in the United States.* Available at http://www.sscnet.ucla.edu/issr/csup/index.php.

Figure 28: Number of work days missed due to work-related injuries, all day laborers, 2004



Source: Valenzuela A., et al., Day Labor in the United States, 2006.

Figure 29: Number of days spent working in pain , all day laborers, 2004



Source: Valenzuela A., et al., Day Labor in the United States, 2006.

posure to hazardous conditions (e.g., toxic chemicals and emissions), the use of faulty equipment (e.g., poor scaffold construction), lack of protective gear and safety equipment, and lack of safety training. In addition, many day laborers are employed in the construction industry, which has high rates of work-related injury.

Among day laborers injured on the job in the past year, over half did not receive appropriate medical care for their injury because they could not afford it or the employer refused to cover the worker under the company's workers' compensation insurance. Only 6% of injured day laborers had their medical expenses covered by their employer's workers' compensation insurance.

Barriers hinder the reporting of injuries and workers' compensation claims

The barriers that hinder Latino immigrants from reporting work-related injuries and filing compensation claims, as seen in the following cases, are consonant with the findings of many studies that have shown that the current surveillance systems underestimate the incidence of occupational injuries, illnesses and fatalities by several hundred percent.[20]

In a recent study of hotel room cleaners (who were 76% Latina and 85% immigrant), 75% of these workers reported experiencing work-related pain during the previous 12 months. Of them, 31% reported it to management and 20% filed claims for workers' compensation. Of those who filed, 35% had their claim denied. It is be to noted that 35% had filed at least one workers' compensation claim for a work-related injury since beginning their employment at the current hotel and, of those, 54% had their claim denied. Barriers to reporting injuries included the perception of an overly burdensome claims process or overwhelming odds, fear of retribution, and lack of information: "It would be too much trouble" (43%), "I was afraid" (26%), and "I didn't know how"

[20] Azaroff, L.S., Levenstein, C., and Wegman, D.H., 2002. "Occupational Injury and Illness Surveillance: Conceptual Filters Explain Underreporting." *American Journal of Public Health* 92(9): 1421-1429.

(18%). This study estimated that in the case of the workers polled, 69% of medical costs were shifted from employer to employee.[21] This shifting of costs effectively reduces an employee's wage rate, exacerbating the poverty faced by low-wage earners.

In another study of immigrant Latino workers employed in construction, restaurant/hotel, janitorial, and landscaping jobs, the annual occupational injury rate among these non-agricultural workers was 12.2 per 100 full-time equivalent (FTE), compared to the average rate in the U.S. of 7.1 injuries per 100 FTE. Of those who had been injured, over half (58%) did not file a workers' compensation claim, although all reported the event to their employer; 27% reported difficulty in obtaining treatment; 91% lost time from work (median = 13 days); and 29% had to change jobs because of their injury. Of all workers, over half (56%) had been told by their employer that they were not covered by workers' compensation insurance.[22]

The risks to workers of reporting a work-related injury range from disciplinary action to denial of overtime or promotion opportunities to stigmatization, harassment, or even termination. Workers with insecure immigration status, limited permission to work, or who lack marketable job skills are particularly vulnerable to the risks in reporting. Indeed, low-wage and immigrant workers are more likely to be fired or threatened for complaining, and a disconcerting proportion of those who do file worker's injury compensation claims are denied and thus forced to pay their injury-related medical expenses out of pocket. Additional barriers to reporting include company incentive programs that reward minimization of injury claims, low wages which make lost time away from work unaffordable to many Latino immigrants, and a lack of information or orientation regarding their rights to medical coverage under workers' compensation.[23]

Summary

- **Economic, social and political factors intersect to place Mexican immigrants to the U.S. at the highest risk for death and injury in the workplace.** Occupational fatality rates in this country are highest in jobs that rely disproportionately on the labor of Latino (and especially Mexican) immigrants. Concentrated in the most hazardous occupations in the country, such as construction, agriculture and manufacturing, Mexican immigrants account for over 40% of all immigrant workers in the U.S. who die from work-based injuries.
- **The percentage of non-fatal occupational injuries and illnesses is also highest among Mexican immigrants.** Their ability to obtain timely and appropriate medical care for injuries suffered is hindered by the additional risk of being fired or threatened for holding their employer accountable, the hardship of lost wages due to time spent away from work recuperating, and a lack of information or orientation regarding their rights to workers' compensation coverage.
- Thus, while Mexican immigrants arrive in the U.S. in their prime with considerable health capital and have become a defining part of the labor force here in a number of occupational areas, they often encounter dangerous working conditions, live disproportionately in

[21] Sherzer T., Ruguiles R., and Krause N., 2005 "Work-Related Pain and Injury and Barriers to Workers' Compensation Among Las Vegas Hotel Room Cleaners." American Journal of Public Health, March, 95(3): 483-488.
[22] Pransky, G., Moshenberg, D., Benjamin, K., Protillo S., Thackery, JL., and Hill-Fotouhi, C., 2002 "Occupational Risks and Injuries in Non-Agricultural Immigrant Latino Workers." American Journal of Industrial Medicine 42: 117-123.
[23] Azaroff, L.S., Levenstein, C., and Wegman, D.H., 2002. "Occupational Injury and Illness Surveillance: Conceptual Filters Explain Underreporting." *American Journal of Public Health* 92(9): 1421-1429.

poverty, and can seldom count on health insurance, putting their continued well being at a particularly high risk. When the cost of medical treatment and missed work days due to a work-related injury or illness is subtracted from their already low earnings, Mexican immigrants, along with their families, can be left in a precarious situation, unable to make ends meet or recoup their health.

Concentrated in the most hazardous occupations in the country, Mexican immigrants account for over 40% of all immigrant workers in the U.S. who die from work-related injuries.

Policy Considerations

This report documents the structural causes—low incomes, low rates of work-based health insurance coverage, and high levels of occupational injury and mortality—of the work-related health risks that disproportionately impact Mexican immigrants in the U.S. labor force: the "facts behind the myths". While the ability of workers in many occupations to provide for themselves and their families has eroded under pressures of the global economy, these issues are felt particularly acutely in this country by Latinos. As always, this erosion hits hardest those in the lowest occupational strata, many of whom are Mexican immigrant workers, and the health impact is felt within a wide segment of the U.S. population.

Reducing the health risks faced by immigrant workers in the U.S. benefits everyone. It is of direct benefit to the workers themselves, who will face lower risks of on-the-job injury. It will benefit employers, who will have a more stable and healthier workforce. And it will benefit society, because workers who stay healthy on the job contribute even more to the nation's prosperity. The best way to effectively reduce these risks is to address their underlying structural causes.

- *Addressing the effect of low wages on immigrant workers' health*

As shown in this report, Latino workers in general, and Mexican immigrant workers in particular, earn salaries that are substantially below that of non-Latino whites, especially in the agriculture, construction and service occupations that rely heavily on Mexican immigrants for labor. One solution to the issues of inadequate income and a lack of health insurance is the living wage policies that have been adopted by some cities and states. Many large cities around the country now have ordinances that mandate a wage that raises workers and their families above the poverty level and in many cases provide incentives to employers to include health insurance as well. This type of minimum wage levels the playing field for all employers and provides needed benefits to low-wage workers.

- *Addressing disproportionately high accident and fatality rates at work*

The disproportionately high rates of work-related injury and death Mexican immigrants experience, (Mexicans account for 40% of all immigrant job related deaths) are one of the most alarming public health risks presented in this report, signaling the need for more robust health and safety provisions for hazardous occupations and better coverage of worker's compensation insurance. As a matter of public policy, these worker health and safety issues are addressed at the state level through laws mandating that employers provide worker's compensation insurance to their employees. These often ambiguous definitions can lead to gaps in coverage and the exclusion of some workers. More research is needed to determine how employers and employees make decisions regarding worker's compensation, and to determine the impact on vulnerable populations. Overall, more rigorous enforcement and broader inclusion would promote workplace safety and would improve the health and living conditions of Mexican immigrant workers, their families, and Latino communities in general.

- *Addressing high levels of uninsurance in Latino communities*

One means of targeting workers in occupations that rely heavily on Mexican immigrant labor is to expand health insurance programs, both public and private. This is typically a better way to address low-income groups than through tax incentives that are given to encourage individuals to purchase private insurance, because low-wage workers often already pay lower income taxes. In California, the State Children's Health Insurance Plan (known as Healthy Families),

together with county plans (e,g, Healthy Kids), have made impressive strides in providing health coverage for all low-income children. The state also covers all low-income pregnant women and children under Medicaid (known as Medi-Cal in California).

Public programs also offer the opportunity to improve immigrant workers' health through the expansion of community clinics that provide access to health services for both basic care and work-related injuries. These community resources are commonly used by people with low incomes and are often the usual source of care for Mexican immigrants. Programs that provide health education and outreach have helped bring individuals into these initiatives. In particular, lay health worker programs (promotoras) can be expanded to both increase a community's knowledge about healthy behaviors as well as connect low-income workers with the resources of local community clinics.

Conclusions

This report demonstrates that Latino immigrant health is seriously impacted through participation in the U.S. labor force. Thus, we cannot overlook the importance of federal-level immigration reform in improving Latino community health. Being an immigrant should not pose a risk to one's health. U.S. employers benefit from Latino immigrant labor, and consumers benefit from the cost savings that are passed on. It is a basic premise of workers' rights that employers should pay workers for the true cost of their labor, and this includes the health costs. Provisions that enable employers to opt against offering health insurance or deny compensation claims make it cheaper to hire undocumented workers and encourage workers not to make claims on employers for conditions that endanger health and safety.
In summary, while we should not wait for a broad reform of U.S. immigration rules to address Latino health issues broadly considered, neither should immigration be separated from the debate. Ultimately, disadvantages to health suffered by Latino workers due to their immigration status will continue to be felt at the community level unless we provide a mechanism that protects them at work. In the state of California, where dramatic economic growth in the occupations relying on Mexican immigrant labor is predicted, pro-health policy for immigrants is especially important. Thus, any guest-worker or agricultural-labor program proposed as part of broader immigration reform must provide for the health and social conditions that workers need in order to thrive. This represents an enormous opportunity for all of us to recognize the contribution of these workers and their communities in the United States both economically and socially.