Improving Health and Safety Conditions for California's Immigrant Workers

Report and Recommendations of the
California Working Immigrant Safety and Health (WISH)
Coalition

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EXECUTIVE SUMMARY

Immigrant workers are more likely than other workers to have a fatal injury and are also more likely to get sick or injured on the job. In an effort to address this alarming trend, the Working Immigrant Safety and Health (WISH) Coalition was formed to develop strategies and recommendations to improve health and safety conditions for California's immigrant workers. This report describes what is known about the health and safety status of immigrant workers and the factors that impact their risk of job-related injury and illness, and presents the WISH recommendations.

Background

Even though workplace injuries and fatalities overall are declining in the U.S., fatalities among immigrant workers, especially Latino workers, are on the rise. National data shows that in recent years job fatality rates for Latinos have been 20% higher than for Whites or African Americans. In addition, several studies have concluded that immigrant workers suffer a greater risk of injury and illness, because they are employed in more hazardous jobs. In California, for example, a large majority of the workers in the agricultural industry, considered one of the most hazardous, are Latino immigrants. But the experience of immigrant workers cannot be understood solely by the types of jobs they occupy. Other factors -- including immigration status, lack of training, language barriers and the lack of health insurance -- compound their risk.

In 2001, over 50 community-based organizations, immigrant advocates, unions, health care providers, university-based researchers and educators, and local and state agencies came together to form WISH. Over a nine-month period, three meetings were held in Northern California and one in Southern California, with the purpose of identifying and developing strategies that could improve health and safety conditions for immigrant workers. WISH formed a Policy Committee that was involved in reviewing the input received at the four WISH meetings and drafting the recommendations in this report. In addition, WISH formed an Education and Outreach Committee to identify "best practices" in reaching immigrant workers around occupational health issues and promote the exchange of information and materials between WISH member organizations.

In October 2002, WISH sponsored a statewide conference in order to share the information the coalition had gathered and get input on the recommendations. The conference was attended by almost 100 people who included WISH members and a broader audience representing community organizations, immigrant advocates, unions, resource organizations, researchers and local and state agencies. The report in its current form includes modifications based on the input received at the conference.

Recommendations

WISH developed recommendations for action at many levels, including in state agencies, workplaces, local communities and through immigrant workers themselves. The recommendations call for efforts to: increase access to education and information for workers, worker advocates, and employers; reduce hazards in high risk immigrant workplaces through improved control measures; explore economic incentives that will facilitate employer

participation in new programs; increase access to medical care for injured immigrant workers; and improve enforcement and provision of services by the agencies responsible for working conditions. Some of the specific recommendations include:

- Strengthen state agencies responsible for working conditions. These agencies should: improve bilingual capacity and develop culturally and linguistically appropriate educational tools; involve workers and immigrant communities in planning outreach and education efforts; require employers to provide information in non-English languages; and target high-risk immigrant workplaces for inspection and follow-up.

- Support workplace efforts, by: disseminating information to employers about good solutions to major health and safety problems; providing incentives for employers to make changes in the workplace; and training and assisting employers, particularly small employers and those who are immigrants themselves.

- Promote efforts in local communities. Community-based organizations and unions can play a key role in providing training about hazards and solutions, as well as assisting workers in filing complaints and identifying resources. Community clinics and county health departments are important to provide better access to treatment for work-related injuries.

- Involve immigrant workers in exercising their safety and workplace rights. Immigrant workers must have a voice in these changes and, in particular, policy strategies to remove the threat of deportation when immigrants take action at work need to be explored.

- Improve data collection systems, and determine the extent of underreporting of injuries and illnesses by immigrant workers and their employers.

- Develop legislation and educate policy makers.

- Create a system to coordinate statewide efforts, including a resource network to assist with outreach, educational and policy efforts and a clearinghouse of multilingual resource materials.

Follow-up

The next steps for WISH include selecting some of these recommendations and identifying concrete steps that can lead to their implementation. Some will take long-term planning and advocacy. Others could be adopted more quickly with proper support and follow-up. WISH is committed to moving forward and realizing some of these recommendations in California. As home to the largest immigrant workforce in the nation, we have the opportunity and responsibility to advance labor policies that will not only protect immigrant workers but also result in improved working conditions for all workers.

INTRODUCTION

California's large immigrant population supports the state's economy by working in key sectors including agriculture, manufacturing, construction and personal services. Yet these immigrants, who are often channeled into highly physical and dangerous jobs, bear a disproportionate burden of workplace injury and illness. Their risk is compounded by the fact that they receive little or no training, are less likely to challenge working conditions, don't speak English and are more isolated from traditional resources for health and safety information. The following are but a few examples of the tragic injuries and deaths that occur among California's immigrant workforce:

- A Latino immigrant is poisoned by cyanide gas in an Oakland electroplating shop. He dies trying to rescue a co-worker who had passed out while cleaning a tank. The workers didn't know the tank contained cyanide gas. (1993)

- An immigrant seamstress becomes partially disabled because of a repetitive stress injury. She had told her boss about the severe pain in her wrists and had even asked for a lighter sewing task when the pain became unbearable. But she was disregarded and instead fired for being a troublemaker. (2000)

- A day laborer slips on a roof and spills hot tar on his face, neck, arms and legs. He is dropped off at the public hospital and left to recover on his own. (1999)

- A Fresno farm worker dies of heat stroke while picking tomatoes in triple digit heat. (2002)

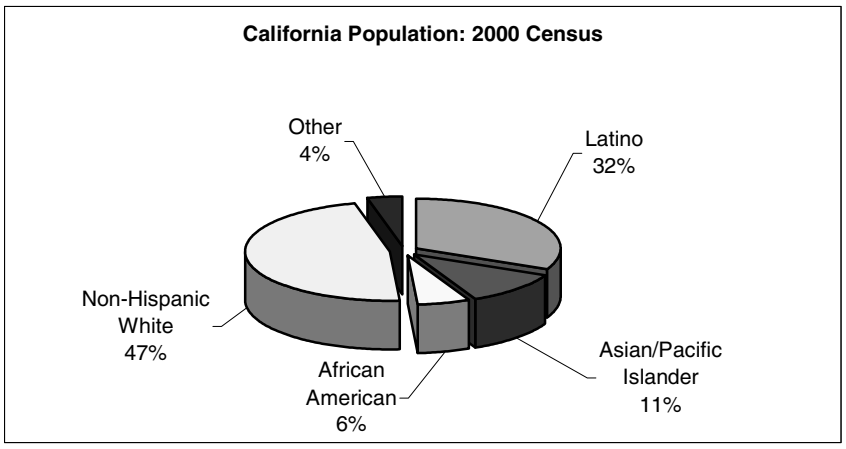
The Working Immigrant Safety and Health (WISH) Coalition was formed in 2001 to develop strategies and recommendations to protect immigrant workers from occupational injury and illness. This coalition, made up of community-based organizations, unions, immigrant rights advocates, health care providers and local and state agencies, developed the set of recommendations that are presented in this report.

WISH is not alone in its goals. The health and safety conditions of immigrant workers have drawn the attention of advocates and policy makers at the state and national level, resulting in congressional hearings and initiatives by the National Institute for Occupational Safety and Health (NIOSH) and the Occupational Safety and Health Administration (OSHA) to research the needs of Spanish-speaking workers. Through WISH, California is well poised to be a national model and advance labor policies that will not only protect immigrant workers but also result in improved working conditions for all workers in the state.

IMMIGRANT WORKER POPULATION IN CALIFORNIA

California grows more diverse

California is now officially a "minority majority state" in that the traditional minority groups jointly form the majority of the state's population. The 2000 census shows that, with a population of almost 34 million, California is 32% Latino, 11% Asian Pacific/Islander; 6% African American; 47% Non-Hispanic White and 4% "other."



During the 1990's, California had the largest numeric increase in both Latino and Asian populations of any state in the nation, due to immigration and births (San Francisco Chronicle 2000). (Appendix 1 describes a few characteristics of California's immigrant population.) Over 25% of Californians are foreign-born, the majority of whom come from Mexico (44% of all immigrants). People from Asian countries make up another 34% of the state's immigrants, and people from other Latin American countries another 10% (San Francisco Chronicle 2001). It is projected that Latinos will be the majority group in the state by the year 2030.

Immigrants work in dangerous jobs

An analysis of the state's labor force, based on the 1995–1997 Current Population Survey, shows that Latinos comprise 25%[1] and Asians 12% of the labor force[2] (Lopez 2000). Interestingly, the majority of

...immigrants are over-represented in dangerous industries and they generally hold the more hazardous occupations within their industries...

[1] An analysis based on the 1997-99 Current Population Survey shows Latinos make up 27% and Asians 12% of the labor force (Valenzuela 2001). However, we chose to use the '95 -'97 data because the authors went on to show a comparison of foreign-born vs. native-born workers in various industries and occupations.

[2] In their analysis, the authors define the "workforce" as people aged 25-64 who are in the labor force. They state that this allows for better comparison across ethnic and generational lines, since by 25 "most people have completed their education and are in jobs similar in status to what they will do the rest of their lives." But they note this undercounts Latinos in particular, who are on average a younger population.

these Latinos and Asians in the workforce are immigrants (66% of Latinos and 80% of Asians working in the state were foreign-born). These data also demonstrate that immigrants are over-represented in dangerous industries and that they generally hold the more hazardous occupations within their industries, making up a large number of the operators, laborers and service workers in the state.

For example, Table 1 shows that while Latino immigrants make up only 17% of the state's workforce, they are 62% of the agricultural workers, 27% of personal service workers, 25% of manufacturing (apparel, textiles, machinery, food) workers, and 20% of construction workers. Agriculture and construction are two of the industries with the highest workplace fatality and injury and illness rates. Asian immigrants are over-represented in manufacturing (15% of manufacturing workers) (Lopez 2000).

Table 1: Major California industries by ethnicity and nativity, 1996

	White	Black	Latino native	Latino foreign	Asian native	Asian foreign	Total number
Agriculture	28%	1%	6%	**62%**	-	3%	435,000
Construction	62%	4%	9%	**20%**	-	4%	817,900
FIRE[3]	63%	7%	8%	7%	2%	12%	835,100
Manufacturing	45%	5%	8%	**25%**	1%	**15%**	2,280,300
Personal Services	48%	5%	7%	**27%**	1%	11%	435,000
Trade	54%	4%	9%	**20%**	2%	11%	2,230,600
Transport	52%	10%	12%	12%	4%	10%	569,600
Other	56%	8%	8%	15%	2%	10%	5,064,300
Total	**56%**	**6%**	**8%**	**17%**	**2%**	**10%**	13,168,000

Source: Lopez D and Feliciano C: "Who Does What? California's Emerging Plural Labor Force" in Milkman R: Organizing Immigrants: The Challenge for Unions in Contemporary California, ILR Press 2000

Table 2 shows differences in occupation. Only 5% of immigrant Latinos hold jobs that fall under the "professional" category. Instead, they make up a large number of the laborers (49%), operatives (factory workers, other trade, transport, etc. -- 42%), and service workers (household, hotels, laundry -- 27%).

Immigrant Asians are more evenly distributed across occupations, reflecting the fact that they are a more diverse immigrant group in terms of education and skill level, resulting in more socioeconomic diversity within this group of immigrants (Lopez 2000). But many Asians hold dangerous occupations. In 1992, Asians and Pacific Islanders made up 43% of Silicon Valley

[3] FIRE: Finance, insurance and real estate

electronics workers in assembly and operative jobs. In the San Francisco Bay Area, 53% of all textile and apparel workers are Asian women (Chen 1997). Although not as well documented, we also can observe that immigrants disproportionately work in informal markets where they have little training, job security, legal protection or unionization, such as day labor, sweatshops, and households.

Table 2: Ethnic and nativity composition of workforce aged 25-64, California, 1996

	White	Black	Latino native	Latino foreign	Asian native	Asian foreign	Total number (% of total)
Professional/ technical workers	71%	5%	6%	5%	3%	10%	4,763,700 (36%)
Clerical/sales workers	59%	8%	10%	9%	3%	10%	3,285,600 (25%)
Crafts workers	54%	5%	10%	20%	2%	8%	1,574,200 (12%)
Operatives	32%	4%	10%	**42%**	1%	11%	1,242,800 (9%)
Laborers	30%	5%	9%	**49%**	1%	5%	869,300 (7%)
Service workers	38%	7%	8%	**36%**	1%	9%	1,385,400 (11%)
Total	**56%**	**6%**	**8%**	**17%**	**2%**	**10%**	13,120,000 (100%)

Source: Lopez D and Feliciano C: "Who Does What? California's Emerging Plural Labor Force" in Milkman R: Organizing Immigrants: The Challenge for Unions in Contemporary California, ILR Press 2000

All labor statistics undercount the role of undocumented workers. The Immigration and Naturalization Service estimates that there are 2 million undocumented people in California (INS Triennial Report 1999). The industries that are dependent on undocumented labor are similar to those that depend on immigrants as a whole.

Immigrants work in low-wage jobs

The concentration of immigrant workers in these occupational groups also impacts their economic situation. 30% of employed Latinos and 12% of employed Asians in California live in poverty, as compared to 6% of Whites. These figures include both foreign-born and native-born Latinos and Asians. Overall, however, a startling 27% of the working foreign-born live in poverty (as compared to 8% of the native born) (UCSF Institute for Health Policy Studies 1999).

Education plays an important role in predicting wage levels and employment. An analysis of educational attainment among California's foreign-born workforce shows that 37% of foreign-born workers had less than a high school degree in 1999-00, compared with 6% of U.S.-born workers. This varies by race/ethnicity. Over 40% of Asian and Non-Hispanic White foreign workers have at least a college education. In comparison, less than 10% of Latino immigrant workers have a college education; over 50% have less than a high school education (Valenzuela 2001).

...27% of the working foreign-born live in poverty...

Nationwide, Latinos have the lowest average income of all major ethnic groups, the lowest level of education and the highest percentage of individuals who live in poverty. At the same time, their labor participation rate (at 80.2%) is higher than for both Whites and African Americans (Kwong 1998).

INCREASED RISK OF INJURY, ILLNESS AND DEATH ON THE JOB

The effort to describe injury and illness patterns among immigrants is challenging because the traditional reporting mechanisms for occupational injury and illness do not record race/ethnicity information, let alone immigration status.[4] We decided to look at the experience of Latino and Asian workers generally, since California labor force data revealed the majority of this workforce is immigrant. Also, some of the factors that characterize the immigrant experience (linguistic and cultural differences, marginalized status within the larger society, poverty) can continue across several generations.

As a whole there is more information available on the health and safety of Latino workers than in regard to Asian workers.[5] We found no information that attempts to describe differences between documented and undocumented workers.

More likely to have a fatal injury

Even though workplace injuries and fatalities overall are declining in the U.S., fatalities among immigrant workers, especially Latino workers, are increasing.[6] National data from the Bureau of Labor Statistics (BLS) shows that in recent years the rate of work-related deaths for Latinos has been 20% higher than for Whites or African-Americans. Moreover, BLS reports that, between 1996 and 2000, the rate of fatalities for foreign-born Latinos was higher than the rates for both U.S.-born Latinos and for all workers (Richardson 2002).

...in recent years the rate of work-related deaths for Latinos has been 20% higher than for Whites or African-Americans.

On a national level, there has been a documented increase in Latino deaths in construction. While the proportion of Latinos in construction grew 20-30% between 1996 and 1999, there was a 68% increase in the number who died in construction accidents (Greenhouse 2001).

BLS also reports that immigrant workers suffer a disproportionate share of workplace homicides (1994 data). Although homicide accounted for 16% of fatalities for all U.S. workers, it was the cause of 40% of the immigrant fatalities on the job. Many of these immigrants worked in occupations considered at high-risk for homicide (retail, taxi drivers, etc.) (Windau 1997).

[4] These traditional reporting mechanisms include workers compensation claims, doctors' First Reports, and OSHA Log 300 forms.

[5] The collection of data on these populations is made difficult because of the non-standardized use of terms to refer to racial and ethnic groups. In this report, we chose to simplify references and use only four terms: African American, Asian, Latino ("Hispanic" origin) and White ("Non-Hispanic White").

[6] There is information on job-related fatalities specifically among immigrants because country of birth is recorded on death certificates. NIOSH has a special program, the Census of Fatal Occupational Injuries, which documents work-related deaths across the country.

More likely to become injured or ill

Because immigrant workers are employed in more hazardous jobs, they suffer a greater risk of injury and illness. This was a conclusion reached by a California study as early as 1989. It showed that Latino men were two times more likely than White male workers to suffer a disabling injury or illness; Latina women were 1.5 times as likely as White women. The differences between groups decreased but were still present once the researcher considered education and work experience (Robinson 1989). A more recent nationwide study looking at occupational distributions among racial and ethnic groups confirmed this conclusion. This study found that the ten jobs with the most Latino workers were almost three times more dangerous than the ten jobs with the most White workers (Frumkin 1999). Finally, a BLS review of injury and illness data documents a higher rate of non-fatal injury among Latino men and women, but the authors state these differences disappear once type of employment is taken into account (Richardson 2002). [7]

Other findings mirror the pattern of higher risk for immigrant workers, particularly among Latinos. For example:

- Of California adults reported as having elevated blood lead levels (above 25 µ/dl) between 1995 and 1999, 52% had Spanish surnames (California Department of Health Services 2002).

- A survey by Korean Immigrant Workers Advocates (KIWA) in Los Angeles found that 40% of Korean workers in garment, restaurant, retail and janitorial jobs had suffered workplace injuries that required medical treatment or resulted in lost workdays (Seung 1997).

Because immigrant workers are employed in more hazardous jobs, they suffer a greater risk of injury and illness.

- Investigative reporting carried out in Los Angeles in 1983 found that 3 in 4 victims of serious workplace accidents had Spanish surnames (Los Angeles Times 1993).

- A 1999 UCLA study of day laborers in Los Angeles found that the injury rate among day laborers involved in construction work was twice the rate for construction workers as a whole (Valenzuela 1999).

- A study of hospitalized finger amputations in New Jersey in 1985–1986 found that Latino workers had a significantly higher rate of finger amputations at work, as compared to Whites and African Americans (Sorock 1993).

These findings suggest there is a need to look at multiple factors that contribute to a higher risk for immigrant workers.

[7] BLS has some injury and illness data available that includes race/ethnicity of the injured worker.

Risk is greater than reported

Any attempt to document injuries and illnesses among immigrants is hampered by the fact that many immigrants do not report injuries on the job. Pressure to provide for the family, fear of the consequences of reporting and of the cost of medical care, and being unaware that even as non-citizens they are eligible to receive benefits all contribute to the fact that they may not report an injury or seek medical care once injured. Immigrant workers are likely to turn to the community and county clinics for care, but these are not oriented toward documentation of work-related injuries and often the workers themselves don't want this pursued. This is demonstrated in the experience of a free clinic set up for garment workers in Oakland, CA. 97% of the workers seen in the clinic were eligible for free health care under workers' compensation insurance, but virtually none sought the benefit. Most refused to do so primarily due to lack of knowledge about the system or because they feared reprisals on the job (Lashuay 2002).

A 1999 study of hotel room cleaners in San Francisco, conducted by UC Berkeley in partnership with HERE Local 2, found that while 77% of the workers reported work-related pain or injuries, only 23% had filed a workers' compensation claim. Almost all these workers were Asian or Latina immigrants (Krause 1999).

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It is not known to what extent official fatality statistics are underestimates of fatalities involving immigrant workers. In 2001, Newsday reported that many immigrant workplace deaths in New York are uncounted (Maier 2001). Moreover, the newspaper stated that the causes of immigrant deaths are not well understood because OSHA does not investigate a majority of these deaths. A lot of attention was raised to this issue in California by a 2001 series in the Orange County Register that claimed Cal-OSHA was not adequately investigating immigrant worker deaths (Shulyakovskaya 2001).

OTHER FACTORS THAT IMPACT INCREASED RISK

The experience of immigrant workers cannot be understood solely by the types of jobs they occupy. There are other factors that are common to the immigrant experience and have an impact on health and safety because they can serve to silence workers and prevent them from changing work conditions. Any effort to protect these workers must take these challenges into account. These include:

- Immigration status
- Lack of training
- Holding "informal" jobs
- No health insurance
- Cultural differences and language barriers
- Priority placed on work
- Exposure at both work and home

Immigration status

Immigrant workers are less likely to question unsafe working conditions fearing retaliation from angry employers. This is particularly true for undocumented workers, but experience has shown that even workers with documents fear speaking up and drawing attention to themselves. Evidence shows that their fears are based on reality. There have been repeated incidents in which management cooperated with the Immigration and Naturalization Service before union elections, strikes and organizing drives, arresting and deporting key organizers (Bacon 1998). John Henshaw, Director of OSHA, describes that "in responding to immigrant worker deaths, the agency (OSHA) encounters a difficult situation because sometimes workers are afraid to speak out about unsafe or unhealthful conditions for fear of being deported" (Henshaw 2002).

Lack of training

Several smaller studies reveal a general lack of training of immigrant workers. Studies of day laborers, Latino gardeners and Korean restaurant and garment workers all reveal that the large majority receive little or no safety training, and therefore do not learn about hazards or safe work practices, let alone their rights. Spanish-language training programs at UC Berkeley and UCLA have also found that most Latino workers who come through the programs have not received even basic Hazard Communication[8] training, particularly not in their native language.

Immigrant workers are less likely to question unsafe working conditions fearing retaliation from angry employers.

[8] The Hazard Communication Standard requires employers to provide information and training to employees who work with chemicals.

There are employers who provide the training required under the law and who protect their employees. There are also many others who are unaware of legal requirements and therefore don't provide adequate training and protection. Most challenging are those who disregard their responsibilities altogether. The California Division of Occupational Safety and Health "recognizes that many industries exploit immigrant workers who are poorly trained, poorly equipped, poorly supervised and unfamiliar with California law" (Heza 2001).

Moreover, even with health and safety information, immigrant workers have a harder time advocating for change on the job. A study of California workers who received training reports that while Spanish-speaking employees are just as likely to attempt change (to improve health and safety at their workplace) as their English-speaking counterparts, they are half as successful in achieving it (Cole 1996).

Holding "informal" jobs

Large numbers of immigrants work in the "informal" sector, characterized by high turnover, poor training and a general lack of employer accountability. Day laborers, sweatshop garment workers, and domestic workers have fewer protections and resources. In fact, domestic workers in private households are excluded from Cal/OSHA coverage (Spalding 2001).

Since informal sector workers are often hired as temporary workers, they are almost always "new" on their jobs and may be unfamiliar with the job tasks and hazards that are associated. According to the Bureau of Labor Statistics, almost 40% of workplace injuries occur in the first year on a job—12% of serious injuries occur on the first day (Greenhouse 2001).

No health insurance

Many immigrants are unaware of their right to medical care if injured on the job, or choose not to exert this right (see "Risk greater than reported" section). For example, only one third of respondents in a California agricultural worker study knew they were eligible for compensation if ill or injured on the job (Villarejo 2000). Similarly, a survey of Korean workers in Los Angeles found that 83% of workers had never been informed about workers' compensation benefits. (Seung 1997). Since immigrants are more likely to not have health insurance, these injured workers may not seek medical care altogether. This is particularly troubling as lack of health care can aggravate injuries and lead to permanent disability.

Studies have shown that Latinos are much more likely than others to be without health insurance and that in general they don't seek medical care until a condition is in its advanced stages (Chavez 1992). One key barrier is the perceived inability to communicate with providers. In California, only 42% of Latinos have health insurance through work, compared to 71% of non-Latino whites. 28% of Latinos are completely uninsured. Among Asians and Pacific Islanders, 66% have job-based insurance, and 13% are uninsured. Immigration status clearly plays a role—"Half of all non-elderly adults who are non-citizens without green cards are completely uninsured" (Brown 2001).

Cultural differences and language barriers

Lack of information in multiple languages contributes to a reduced access to information and resources that are available to English-speaking workers. At the workplace, warning signs and labels and other hazard information written or provided only in English is a hazardous work condition for non-English speaking workers. For example, the U.S. Chemical Safety and Hazard Investigation Board identified language barriers in worker training as a key factor in a 1998 explosion that killed four immigrant workers and injured another six at a Nevada chemical company (Sokas 2002).

Workers may fear asking questions that reveal the limits of their English comprehension. Lack of English also affects access to some of the external resources available to workers: Cal/OSHA, physicians and workers' compensation if injured. Moreover, as the Latin American and Asian immigrant populations have grown more diverse, there is a need to move beyond Spanish and Chinese as the principal languages. Organizations are finding the need to communicate with workers in Mixteco, Zapotec, Q'anjob'al and other Mexican/Central American languages, as well as Korean, Vietnamese, Cambodian and Hmong, among others.

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Cultural factors, such as different approaches to speaking up and making change, as well as different perceptions of hazards and illness also play a role. While there certainly cannot be a "one size fits all" approach for each ethnic or nationality group, beliefs and attitudes that can impact health and safety do exist. Health and safety trainers report, for example, that there is a widespread belief in Nicaragua that taking a shower after dark dramatically increases one's chance of getting ill. Thus efforts to get nightshift workers to shower before heading home need to take this into account. Similarly, there isn't a word in *Bahasi*, the Indonesian language, for ventilation. The closest word means "wind," but people believe illness is transmitted by wind, and do not want wind upon them. Talking to these workers about ventilation being the best control could present a challenge. Finally, people who come from countries where there is a repressive environment or government may fear speaking up to address hazards in the workplace, or speaking to a Cal/OSHA inspector who comes to inspect a workplace.

Priority placed on work

The majority of immigrant workers come to the U.S. to improve the well-being of their families. Often, workers are sending money back home, and are responsible for supporting many family members on a single job. There is a perception that working conditions, good or bad, must be accepted as a part of the work experience in this country. Moreover, immigrants face a myriad of problems just in trying to integrate to society. Health and safety at work is not necessarily a top priority in their lives, unless some crisis or accident occurs.

Exposure at both work and home

Immigrant workers may also face increased risk of work-related illness because of broader social issues. Some studies have discussed ways in which minority susceptibility to hazardous working conditions is increased due to environmental factors. For example, immigrants and other people of color are more likely than non-Hispanic Whites to live near pollutants, which leads them to be more vulnerable to workplace toxins. Latinos are more likely than Whites to live in high air-pollution areas where air quality standards are exceeded (Frumkin 1999).

RECOMMENDATIONS FOR ACTION

The following recommendations were developed by the WISH Coalition as a guide to what could be done collectively in California. In developing recommendations for action, WISH members met to explore strategies that could ultimately improve health and safety conditions for immigrant workers and enable these workers to have a voice in these changes. It became immediately apparent that the experience of immigrant workers with respect to health and safety is linked to broader problems faced by immigrants and other problems faced by all workers—access to health care, wage levels and payment for work performed and a complex and adversarial workers' compensation system, for example. WISH members recognized the importance of addressing these issues and of improving working conditions overall, through efforts for immigration reform/legalization, for living wages, for workers' compensation reform, for expanded access to affordable medical care, and for improvements in issues specific to women workers (sexual harassment, pregnancy/family leave, childcare). For the purpose of this report, however, WISH honed in on health and safety issues particularly important to immigrant workers, and on developing recommendations for action on these issues.

The recommendations are organized by what we can do in a variety of different arenas:

Strengthen state agency programs..... Recommendation A
Support workplace efforts.....Recommendation B
Promote local community action..... Recommendation C
Involve immigrant workers.....Recommendation D
Improve data collection..... Recommendation E
Take legislative action.....Recommendation F
Coordinate efforts..... Recommendation G

RECOMMENDATION A:
STRENGTHEN STATE AGENCY PROGRAMS

Improve the ability of all State of California agencies responsible for working conditions to protect the safety and health of immigrant workers.

A-1. Establish and meet linguistic capacity goals. This recommendation applies to the new Labor and Workforce Development Agency (LWDA) and to other branches of the state government, such as the Department of Health Services (DHS), that have some responsibility for working conditions. [LWDA includes, among others, the Division of Occupational Safety and Health (DOSH), the Division of Labor Standards Enforcement (DLSE), and the Division of Workers' Compensation (DWC), all within the Department of Industrial Relations (DIR). See Appendix 5.]

These agencies are out of compliance with the Dymally-Alatorre Bilingual Services Act (Government Code Sections 7290-7299.8), which requires state agencies that are in contact with "a substantial number of non-English-speaking people" to evaluate and meet the linguistic needs of the public they serve. This Act is a starting point for improving access to the information and services provided by these agencies, as it requires that agencies provide materials in non-English languages and employ sufficient numbers of qualified bilingual persons in public contact positions. Therefore, these agencies should immediately develop and implement plans to meet this mandate, as well as broader requirements as proposed in 2002 in AB 2837 and SB 987 (see Appendix 2). The plans should include the following:

A-1-a. Hire more bilingual and bicultural inspectors. DOSH and DLSE should employ sufficient numbers of qualified bilingual and bicultural inspectors and office staff in public-contact positions to ensure that the same level of service is available to non-English-speaking workers as to English-speaking workers. The lack of bilingual inspectors severely limits a non-English-speaking worker's right to participate in the inspection process. Although DOSH is pilot-testing a telephone translation service, this is clearly inferior to having bilingual inspectors, at least in the most common languages encountered in the field.

DOSH and DLSE must receive funding to hire more staff and must have a plan for recruiting, hiring, training, and retaining qualified bilingual inspectors and other public contact staff. Hiring this additional staff will also help mitigate the severe staffing shortage discussed in Recommendation A-5, below. The Department of Public Administration should assist in creating job titles and pay scales to allow effective recruitment of bilingual staff.

Prior to hiring sufficient numbers of bilingual staff, DOSH and DLSE should develop an interim plan that identifies current bilingual personnel within each geographic region and arranges for sharing of resources between offices, as needed to cover the major languages appropriate to each office.

A-1-b. Train and recruit bilingual health and safety professionals. DOSH should work with universities and others to recruit bilingual industrial hygienists and other occupational safety and health professionals, and support their training through stipends and assistance with graduate school tuition.

A-1-c. Develop culturally and linguistically appropriate educational methods and materials. Immigrant workers need to have access to the same information currently available to English-speaking workers. State agencies should develop culturally and linguistically appropriate strategies for producing and disseminating information to immigrant workers. To identify the best strategies, the agencies should work with organizations that have experience doing outreach and education in immigrant communities (For example, see Recommendation A-2).

Strategies might include: translating selected written materials (such as forms, applications, notices); adapting other written materials taking literacy levels into account; and developing new communication tools, such as videos, hotlines, and media spots, that may be better vehicles for reaching immigrant workers. Prior to developing new materials, the agencies should assess what is already available. Materials and other informational resources should be distributed in appropriate communities and posted on the Web.

A-2. Create a multilingual advisory committee for the new Labor and Workforce Development Agency. The agency should establish a committee representing immigrant communities and organizations to oversee the coordination and development of information and services for immigrant workers. The committee would be involved in planning an effective outreach strategy, designing and implementing educational efforts, and helping the new agency prepare annual progress reports in this area.

A-3. Improve inspectors' ability to involve immigrant workers in the inspection process. Staff of the new Labor and Workforce Development Agency should participate in a training program to improve the ability of inspectors to approach and talk with non-English-speaking workers in the workplace. It is important for inspectors to have a true understanding of the conditions these workers experience and of their sense of vulnerability within the workplace, as well as of the cultural and linguistic barriers that could be at play. Inspectors who are successful in involving immigrant workers in the inspection process should share their strategies with others.

A-4. Require that health and safety information provided by employers be available in non-English languages. The Cal/OSHA standard requiring every employer to develop and implement an injury and illness prevention program (Title 8, California Code of Regulations, section 3203) mandates that communication about health and safety matters be "in a form readily understandable by all affected employees." DOSH inspectors should be directed, through DOSH policies and procedures, to inquire about possible language barriers and to cite employers for violations of this standard if training and communication on health and safety matters is not provided in appropriate non-English languages.

A-5. Direct more enforcement efforts to high-risk immigrant workplaces.

A-5-a. Increase targeted inspections. DOSH is severely understaffed, with well under the bare minimum number of inspectors (238) required by the negotiated federal benchmark. This understaffing results in little inspection activity that is not complaint driven. Because immigrant workers are least likely to file complaints, the immigrant sector of the workforce is disproportionately affected. In revitalizing targeted inspections and determining which industries to target, the agency should investigate the use of additional criteria beyond workers' compensation statistics, which are used currently to identify high-hazard industries. These greatly underestimate the incidence of injuries and illnesses among immigrant workers, because many do not apply for compensation.

A-5-b. Create partnerships with community-based organizations (CBOs), and treat complaints filed by CBOs as formal complaints. Community-based organizations (CBOs) can play a critical role in assisting workers, in a culturally and linguistically appropriate manner, in exercising their legal rights. Immigrant workers may be more likely to report hazards to a trusted source in their own community than go directly to a governmental agency. (See also Recommendation C-1.)

Through pilot partnerships with the new labor agency, CBOs could conduct outreach, provide training, develop materials, and assist in representing workers in filing complaints with DOSH, DLSE, and other agencies. The agencies should treat complaints filed by CBOs as formal complaints, triggering an on-site investigation, and should involve the CBOs in any follow-up that results. (In Illinois, federal OSHA has worked with community groups to develop an advocacy program that allows low-wage and immigrant workers to file complaints through an organization called the Chicago Area Workers' Rights Initiative.)

A-5-c. Create partnerships with local enforcement agencies to encourage them to report hazardous conditions to DOSH. On a pilot basis, in several communities, DOSH should enter into partnerships with local enforcement agencies, including fire departments, county health inspectors, and others, to report hazardous conditions to DOSH, especially regarding "informal" workplaces that are often overlooked. Where workers are unlikely to know about DOSH or are afraid to report hazards or file complaints, this may be the only possible "trigger" for inspecting some of the most hazardous worksites.

In San Francisco, for example, DOSH participates in a special group (Coordinated Enforcement Agency Task Force) that was established to coordinate responses by multiple state and local agencies to problems involving hazardous materials. Similarly, discussions are underway in Alameda County to bring together representatives from DOSH and local agencies, to better coordinate their respective responses.

A-5-d. Coordinate enforcement efforts to protect farmworkers. The agricultural industry is unusual in that two different agencies enforce laws to protect the health and safety of farmworkers. County Agricultural Commissioners, within the Department of Pesticide Regulation, enforce the laws governing exposure to pesticides. DOSH, within the Department of Industrial Relations, enforces all other laws pertaining to farmworker safety and health. These two agencies should share information about site-specific problems and coordinate their enforcement efforts.

A-6. Protect whistleblowers. It is illegal for an employer to retaliate against workers who exercise their rights to report workplace injuries, illnesses, and unsafe conditions to management and to file complaints with Cal/OSHA. California, however, has a poor record in protecting whistleblowers who exercise these rights. Although workers who are discriminated against for exercising these rights can file complaints with DLSE, there is no aggressive program to investigate these complaints. This especially impacts immigrant workers, who feel particularly vulnerable to retaliation for addressing health and safety concerns. DLSE should take immediate steps to improve the training and supervision of its investigators. A plan for improving investigation of discrimination complaints should include hiring of additional bilingual investigators. For workers who exercise their rights, there must be full protection from discrimination based on immigration status.

A-7. Create an Office of Immigrant Affairs (OIA) within LWDA. The person heading the OIA should have a position equivalent to Deputy Under Secretary, and the main responsibilities of OIA would be to advise the Governor and Secretary of Labor on issues affecting immigrant workers, make recommendations on internal procedures and policies that will improve conditions for immigrants, and act as a liaison between working immigrant communities and LWDA. Objectives A1-A6 should be carried out under the supervision and oversight of a newly created OIA.

RECOMMENDATION B: SUPPORT WORKPLACE EFFORTS

Support workplace efforts to improve health and safety conditions in high-hazard jobs where large numbers of immigrant workers are employed.

B-1. Disseminate information about existing solutions to reduce or eliminate serious hazards. The key industries that employ immigrants in California are agriculture, manufacturing, construction, and personal service. The Department of Health Services (DHS) should convene a committee to identify effective engineering controls and other methods that can reduce or eliminate the most serious hazards faced by immigrant workers in these key industries. Plans should be developed to promote these methods and disseminate information on them to employers, unions, and other interested parties.

For example, fall protection campaigns have been successful in other parts of the country and should be implemented in California. In garment manufacturing, community-based efforts in the San Francisco Bay Area have identified a low-cost workstation that can reduce ergonomic injuries; additional funding is needed to disseminate information about this engineering solution. Similarly, in agriculture, it is known that "run-overs" by motor tractor and other equipment are a significant cause of death among farmworkers and that a simple lockout mechanism to prevent idling vehicles from moving would largely solve the problem. The committee should review available research findings about effective solutions, and should collect information from employers and trade associations about "best practices" that have successfully reduced hazards in occupations where immigrant workers are typically employed.

B-2. Provide incentives for employers. The committee (described in Recommendation B-1) should identify available resources to help employers implement the suggested solutions. Particular emphasis should be placed on assisting small employers, such as through grants programs. (The State of Ohio offers matching grants of up to $40,000 to businesses that will use the funds to reduce or eliminate the risk of cumulative trauma disorders in the workplace. The State of Oregon previously offered grants of up to $150,000 to employers who would use the funds to develop solutions to workplace health and safety problems or design a process or project to solve a problem.) Other incentives might include, but are not limited to, insurance rebates, tax credits, and loans. In exploring possible incentives, there should be an examination of existing incentive systems that encourage safer workplaces. Any incentive program should be carefully evaluated to ensure that it is effective and does not discourage reporting of injuries.

B-3. Support research on new workplace solutions. Where effective solutions are not known, engineering research and intervention effectiveness studies should be conducted. A California Occupational Research Agenda should be established to set priorities and fund practical research, with emphasis placed on research that will demonstrably improve health and safety conditions for immigrant workers. In agriculture and construction, for example, solutions to ergonomic hazards need to be developed and tested. Research results should be disseminated to employers, unions and other interested parties.

B-4. **Train and assist employers.** Governmental agencies, trade associations, and workers' compensation insurers should develop and implement outreach efforts to provide appropriate training and assistance to enable employers of immigrants to establish effective injury and illness prevention programs. Often employers of immigrants are immigrants themselves. Small employers and non-English-speaking employers in particular may need assistance in developing good programs and may need training on their roles and responsibilities under the law.

The Cal/OSHA Consultation Service should give priority to employers of immigrant workers in high-hazard industries, and should have multilingual capacity to assist non-English-speaking employers. Moreover, Consultation should assess employers' needs with respect to multilingual materials and meet the needs that are identified. Consultation should also disseminate examples of how employers can successfully integrate a multilingual workforce into their health and safety programs, such as through providing translation at all meetings.

The Labor and Workforce Development Agency should explore methods to disseminate information about employers' obligations and resources available to them, possibly utilizing the business license process. One possible venue to reach employers in the construction industry, for example, is through the Contractors State License Board, which licenses and regulates contractors in California. At a local level, employers could receive information and assistance through partnerships that include employer associations, community-based organizations (CBOs), unions, Certified Unified Program Agencies (CUPAs), governmental agencies, and insurers. CBOs can also be directly involved in proactive efforts to do outreach to employers in their communities. Funding should be made available to test local pilot projects to support these partnerships.

B-5. **Encourage unions to provide education to employers and workers**. Unions can play a key role in employer and employee education, especially in industries like the building trades where there are joint labor-management training programs. Unions can also develop means to improve immigrants' employment opportunities, such as encouraging and supporting immigrants to enter apprenticeships programs.

RECOMMENDATION C:
PROMOTE LOCAL COMMUNITY ACTION

Enhance the ability of local communities to take a more active role in protecting and assisting immigrant workers.

C-1. Provide training and assistance to workers through community-based organizations (CBOs) and unions. One of the most effective means of delivering information to immigrant workers is through organizations that they know and trust. CBOs, non-profit service organizations, and unions should be funded to carry out training programs for employers and workers, in their own languages, addressing hazard recognition and control as well as legal rights and benefits. These organizations can also expand outreach efforts to reach immigrant workers through other trusted community organizations, such as churches, and develop broader community programs to identify high-risk workplaces and gather more information on working conditions. Moreover, these organizations can be involved in partnerships with Cal/OSHA to report hazards and in advocating for workers to achieve improvements in the workplace (See Recommendation A-5).

Funding criteria should be established based on input from these organizations regarding which outreach and education methods work well in the different immigrant communities, and where resources are needed. These efforts should be well documented and evaluated, in order to identify best practices and promote successes at a broader level.

C-2. Identify and collaborate with existing economic development and job training programs. Many public and/or nonprofit programs provide a range of employment-related services to low-income immigrant workers. These include: city programs funded by the U.S. Department of Housing and Urban Development through its Community Development Block Grant program; One-Stop Career Centers and other resources and services funded by the federal Workforce Investment Act; and resources and services of the California Work Opportunity and Responsibility to Kids (CalWORKs) program. These work and community programs should be identified and called upon to help train immigrant workers and assist in efforts to improve health and safety conditions in workplaces.

C-3. Develop local media campaigns. The ethnic media have been a useful vehicle to reach immigrants around other public health and immigrant rights issues. Many governmental agencies and other organizations use radio, television and print media to publicize events, educate the community, and build community support for an issue. The Department of Health Services' Immunization Branch has developed an interesting media campaign that uses culturally-appropriate messages to promote immunizations in immigrant communities. A similar approach should be undertaken with respect to occupational health, both to increase awareness of these issues and their impact on immigrant communities, and to teach immigrants about their health and safety rights. Moreover, a broader media campaign should highlight the contributions that immigrants make to the

state's economy, as well as the benefits of investing in prevention of occupational injuries and illnesses.

C-4. Explore possible funding mechanisms to support outreach and education activities. Possible funders for community-based educational programs include private foundations, state and federal agencies, and state and federal legislative appropriations. There is a need to educate private funders on occupational health issues, and to work with them to link occupational health to the broader health issues that impact immigrant communities.

A potential model for funding educational efforts is the capacity-building grant program sponsored by federal OSHA. This program covers a broad range of activities such as outreach, education, curriculum and materials development, consultation, and resource development and offers funding for multi-year projects.

C-4-a. Release special state funds allocated for worker training. One specific source of funding for training programs targeting immigrant workers is the Workers' Occupational Safety and Health Education Fund enacted as part of workers' compensation legislation in 2002. (See Labor Code section 6345.7.) This fund is earmarked for establishing and maintaining a statewide worker safety and health training and education program. This program would involve developing a health and safety curriculum and delivering trainings to workers on injury and illness prevention, through a network of training providers. Workers who do not speak English as their first language are one of the specific target groups of this legislation, as are industries on the "high-hazard" list, where many immigrants are employed. In Fall 2002, however, Governor Davis prohibited spending of monies from this fund. The Governor should immediately release monies from the fund, which exists as a special account in the State Treasury.

C-5. Improve immigrants' access to medical care at public, community, and private health care facilities. Many immigrant workers who are injured on the job do not receive medical care in the workers' compensation system but instead seek care on their own. However, community clinics, county hospitals, and private health care facilities often decline to provide full services to workers with job injuries. In some cases, this may be due to difficulty in complying with medical-legal reporting requirements in the workers' compensation system and with complicated procedures for seeking reimbursement from workers' compensation insurers. Insurers may also deny claims or refuse to pay for some services. Furthermore, health care providers may not provide adequate treatment due to an inability to recognize the work-related causes of an injury or illness, or due to an inability to communicate with non-English-speaking workers.

Methods should be explored for training and assisting clinics, hospitals, and other health care facilities in understanding workers' compensation reporting requirements, obtaining reimbursement for services, and improving linguistic and cultural access for non-English-speaking patients. In addition, health care providers should be trained to look for and diagnose possible work-related causes of injuries, and to render appropriate treatment.

Community-based clinics and public clinics, often the principal providers in immigrant communities, should be funded to carry out educational programs for immigrants on occupational health. Joint projects should be developed with the California Primary Care Association, the California State Association of Counties, and the California Association of Public Hospitals to raise awareness among community and county clinics about the occupational health issues impacting immigrants in their communities, and enable them to include occupational health in the health education programs they provide. These associations could also assist in publicizing the efforts of clinics which are successfully implementing programs for immigrants.

At the local level, employers should be given information about the resources offered by primary care clinics in their area.

C-6. Expand the role of county health departments. County health departments can play a strong role in enforcement and referrals as well as in conducting outreach and education programs for immigrant communities (see Recommendation A-5). Inspectors from the Certified Unified Program Agencies (CUPAs) and other local agencies should be involved in partnerships to deliver information to employers. For example, DHS worked with hazardous materials inspectors to disseminate a health hazard advisory on n-Hexane to auto repair shops across the state. The advisory contained information on pollution prevention and worker health and safety, thus meeting the goals of both agencies. DHS should develop joint projects with county health departments to help them identify resources available and resources they would need to address occupational health as one of the public health issues that affects their communities.

RECOMMENDATION D:
INVOLVE IMMIGRANT WORKERS

Involve immigrant workers in exercising their safety and workplace rights.

D-1. Support workers who participate in health and safety programs and exercise their rights.

D-1-a. Provide training. Train immigrant workers, through labor and community-based organizations, in recognition and control of hazards, legal rights, and resources. Train-the-trainer programs can also be effective in enabling workers to teach other workers. Any training efforts should involve linguistically and culturally appropriate strategies. (See also Recommendations A-1-c, A-2, A-4 and C-1, B-5.)

D-1-b. Remove the threat of deportation. Immigrant workers have been threatened with deportation in retaliation for exercising their rights and reporting hazards. Legal and policy strategies to overcome this obstacle should be explored and developed. Efforts to improve whistleblower protection in California should take into account that immigrants are particularly vulnerable to retaliation because of their immigration status. (See also Recommendation A-6.)

D-1-c. Require employers to involve workers in their safety programs. Workers can take an active role in workplace injury and illness prevention through a health and safety committee or other means. Successful worker involvement will require comprehensive training and full protection against discrimination for all worker representatives participating in these programs. It will also be necessary to specify the representatives' roles, how they will be selected, and the amount of release time and other resources that must be provided to them.

D-1-d. Learn more about the barriers immigrant workers face. Study the obstacles to advocating for health and safety changes in the workplace, and explore specific solutions to address these obstacles.

D-2. Involve workers in policy activities. Organizations should provide opportunities for workers to directly influence public policy efforts.

D-2-a. Enable workers to provide testimony at public hearings. Hearings should be held in a variety of settings, and workers should testify about hazardous conditions, especially in the "informal" or "underground" California economy.

RECOMMENDATION E: IMPROVE DATA COLLECTION

Develop data collection methods that can be used to support responsive policies and programs.

E-1. Determine the extent of underreporting. DOSH requires employers to record on Form 300 work-related injuries and illnesses that result in death, days away from work, restricted work or transfer to another job, medical treatment beyond first aid, loss of consciousness, or diagnosis of a significant injury or illness by a physician or other licensed health care professional. Small businesses with 10 or fewer employees are exempt from these recordkeeping requirements. Employers are also required to report work-related injuries to their workers' compensation insurers (or to another department within the company if the employer is self-insured).

Workers and employers, however, often fail to report injuries in both of these recordkeeping systems, due to lack of knowledge, financial concerns, fear of discrimination or retaliation, and other obstacles. Immigrant workers in particular often do not want to report injuries because of fear of repercussions.

One or more studies should be funded to explore the extent of underreporting of injuries and illnesses among immigrant workers, particularly in the "informal" economy. These could build upon findings of an ongoing UC San Francisco research project that is studying barriers to occupational injury and illness treatment and prevention services to low-wage workers in California.

E-2. Develop improved reporting systems. Researchers, labor organizations, and agencies in other states may already have addressed some of the problems of underreporting and begun to develop alternative reporting systems.[9] Efforts should be made to identify and partner with these concerned parties to create a pilot program to test alternative, community-based reporting systems (e.g.,through community clinics, emergency rooms, community-based organizations, county health departments, or unions). DHS should provide technical support to those organizations seeking to pilot test new data collection methods, particularly in a community-based setting.

[9] See, for example, the list of references in Azaroff L, Levenstein C, and Wegman D, "Occupational Injury and Illness Surveillance: Conceptual Filters Explain Underreporting," *American Journal of Public Health*, 92:1421-1429 (2002).

RECOMMENDATION F: TAKE LEGISLATIVE ACTION

Educate policymakers and develop legislation to meet immigrant workers' health and safety crisis.

F-1. Hold briefings with legislators and staff. Some of the recommendations in this report require changes in public policy and new legislation. Meetings should be arranged with legislators, their staff and other policy makers to present the scope of the problem and explain these recommendations.

F-2. Hold statewide legislative hearings. Present testimony from immigrant workers and their employers about the difficulties faced in addressing health and safety issues, and elicit ideas for solutions from them and others. After one year, follow-up hearings should be held to assess the state's progress in protecting the health and safety of immigrant workers.

F-3. Introduce legislation where needed to make changes in public policy, and monitor policy implementation. Worker advocates, immigrant advocates, labor, employers, and others should collaborate to develop legislation that is protective of immigrant workers. (See also Recommendation A-6.)

F-3-a. Close gaps in workers' compensation coverage and occupational safety and health laws. Many temporary and part-time residential jobs that are commonly held by immigrant workers, such as day labor and childcare, are excluded from workers' compensation coverage. Many of these workers do not work enough hours or earn enough money from the same homeowner to qualify for workers' compensation benefits. (See Labor Code sections 3352(h) and 3715(b).) In addition, Cal/OSHA inspectors often avoid citing homeowners who act as employers. As a result, many immigrant workers face hazards at work without the protection of Cal/OSHA or the care and assistance provided by workers' compensation in case of injury.

RECOMMENDATION G: COORDINATE EFFORTS

Create a system to coordinate statewide efforts to prevent job-related injuries and illnesses among immigrant workers.

G-1. Create a resource network to assist with outreach, educational and policy efforts. Part of the network's function should be to seek opportunities to provide educational materials, technical assistance, and support to organizations, workers, agencies, employer associations and others who want to conduct health and safety programs with immigrant workers. Moreover, the network should emphasize the dissemination of concrete tools (such as sample radio spots and training guides) and promote as models those organizations that are successfully reaching immigrant workers. A coordinated network will help bring together the different parties for collaborative educational and policy efforts that can have a significant impact on protecting the health and safety of immigrant workers.

G-2. Provide a clearinghouse of multilingual resource materials. There is a need for a clearinghouse to collect examples of successful education and outreach strategies and multilingual educational resources on health and safety issues that impact immigrants. This clearinghouse should provide online listings of available materials and links to organizations that produce them. Part of this work should be to identify gaps and develop new materials where they are needed. A review process should be created to evaluate and determine which materials and other resources to include.

APPENDIX 1

Characteristics of the Foreign-Born Population, 1999/2000

	Total U.S.	California	Rest of U.S.
Decade of Entry			
1990's	37%	31%	40%
1980's	29%	36%	26%
1970's and earlier	33%	33%	34%
Race and ethnicity			
Non-Hispanic White	25%	15%	29%
API	24%	30%	21%
Latino	45%	53%	41%
Other	6%	1%	9%
Age			
0-18	11%	10%	11%
19-34	32%	35%	31%
35-55	38%	38%	38%
55+	19%	17%	20%

Source: Compiled by UCLA Lewis Center for Regional Policy Studies from Current Population Survey 1999/2000. From Valenzuela Jr., Abel and Ong, Paul M. "Immigrant Labor in California" The State of California Labor Report, 2001.

APPENDIX 2

Information on SB 987 (Dymally-Alatorre Services Act) and AB 2837

The Dymally-Alatorre Services Act requires state agencies that serve a substantial number of non-English-speaking people to provide materials in non-English languages and to employ sufficient numbers of qualified bilingual persons in public contact positions. SB 987 would have amended the Dymally-Alatorre Bilingual Services Act. The bill would have redefined "substantial number of non-English-speaking people" to mean members of a group who either do not speak English, or who are unable to effectively communicate in English because it is not their native language, and who comprise either: 5% or more of the people served by an agency's local office or facility, or 10,000 or more of the residents of a county in which the agency's local office is located. The bill would also have required every agency to develop and update an implementation plan that included specific procedures to be followed to comply with the act. Although Governor Davis vetoed SB 987 on September 30, 2002, he signed AB 3000 (General Government budget trailer bill), which amends the Dymally Act by requiring state agencies to develop long-term implementation plans to bring them into compliance with the Act and provides the State Personnel Board with limited enforcement powers.

AB 2837 requires the state Division of Occupational Safety and Health (Cal/OSHA) to "make all efforts to ensure that limited-English-proficient persons can communicate effectively with the division." Efforts can include, but are not limited to, hiring of bilingual persons in public contact positions and investigative positions, use of interpreters, and use of telephone-based interpretation services. The bill also requires Cal/OSHA to issue a progress report to the Legislature on July 30, 2004, on the implementation of this requirement. Governor Davis signed this bill on September 26, 2002.

APPENDIX 3

WISH Coalition Members (Partial List)

Asian Immigrant Women Advocates
Asian Law Caucus
Asian Pacific Environmental Network
Department of Industrial Relations, Cal-OSHA
California Human Development Corporation
California Labor Federation
California Primary Care Association
California Rural Legal Assistance
Centers for Labor Research and Education, UC Berkeley and UCLA
Central Labor Council of Contra Costa County
Chinese Progressive Association
Coalition for Humane Immigrant Rights of Los Angeles (CHIRLA)
Department of Industrial Relations Commission on Health and Safety and Workers' Compensation
Department of Health Services - Occupational Health Branch
East Palo Alto Community Law Project
Garment Worker Center
HERE Local 2
Hesperian Foundation
ILWU
Institute for Labor and Employment, UCLA
Instituto Laboral de la Raza, San Francisco
Interfaith Coalition for Immigrant Rights
Korean Immigrant Workers Association
La Raza Centro Legal, Inc.
Labor Occupational Health Program, UC Berkeley
UCLA Labor Occupational Safety and Health (UCLA-LOSH) Program
Latino Issues Forum
Los Angeles County Health Department
Maternal and Child Health Access
Migrant Clinicians Network Inc.
Mujeres Unidas y Activas
National Immigration Law Center
Organización de Líderes Campesinas
Sacramento Valley Organizing Community
San Francisco Labor Council
San Francisco Public Health Department, Occupational and Environmental Health Section
San Mateo Labor Council
Santa Clara Committee for Occupational Safety and Health (SCCOSH)
SEIU Local 250
State Building and Construction Trades Council
Sweatshop Watch
University of California, San Francisco - Occupational and Environmental Nursing Program
WORKSAFE!

APPENDIX 4

Glossary of acronyms

AB, Assembly Bill

BLS, Bureau of Labor Statistics

Cal-OSHA, common name for Division of Occupational Safety and Health (DOSH). DOSH is within the California Department of Industrial Relations under the new California Labor and Workforce Development Agency. DOSH/Cal-OSHA is responsible for enforcing health and safety regulations, and also provides consultation services to employers.

CBO, Community-based organization

CUPA, Certified Unified Program Agency. CUPAs are California Environmental Protection Agency enforcement entities that oversee hazardous waste and hazardous materials management at a local (county or city) level.

DHS, California Department of Health Services. The Occupational Health Branch of DHS conducts research on job hazards and surveillance of occupational injury and disease. Also develops and provides training on occupational health hazards.

DLSE, Division of Labor Standards Enforcement, also called the Labor Commissioner. It enforces labor laws, and is within the California Department of Industrial Relations and the new California Labor and Workforce Development Agency. Has information about employment rights, discrimination, and wage and hour laws.

DOSH, Division of Occupational Safety and Health, also called Cal/OSHA. (See Cal-OSHA.)

DPA, California Department of Personnel Administration. The DPA represents the Governor as the "employer" in all matters concerning California State personnel employer-employee relations. Responsible for all issues related to collective bargaining including classification, pay, benefits, and training.

DPR, California Department of Pesticide Regulation. Responsible for pesticide product evaluation and registration, environmental monitoring, residue testing of fresh produce, and local use enforcement through county agricultural commissioners.

DWC, Division of Workers' Compensation, within the California Department of Industrial Relations and the new California Labor and Workforce Development Agency. DWC monitors the administration of workers' compensation claims, and provides administrative and judicial services to assist in resolving disputes that arise in connection with claims for workers' compensation benefits.

INS, Immigration and Naturalization Services

LWDA, California Labor and Workforce Development Agency. The LWDA includes the Department of Industrial Relations (DIR), the Employment Development Department (EDD), the Workforce Investment Board and the Agricultural Labor Relations Board.

NIOSH, National Institute for Occupational Safety and Health. The Federal agency responsible for conducting research and making recommendations for the prevention of work-related disease and injury. The Institute is part of the Centers for Disease Control and Prevention (CDC).

OIA, Office of Immigrant Affairs, proposed in Recommendation A-8.

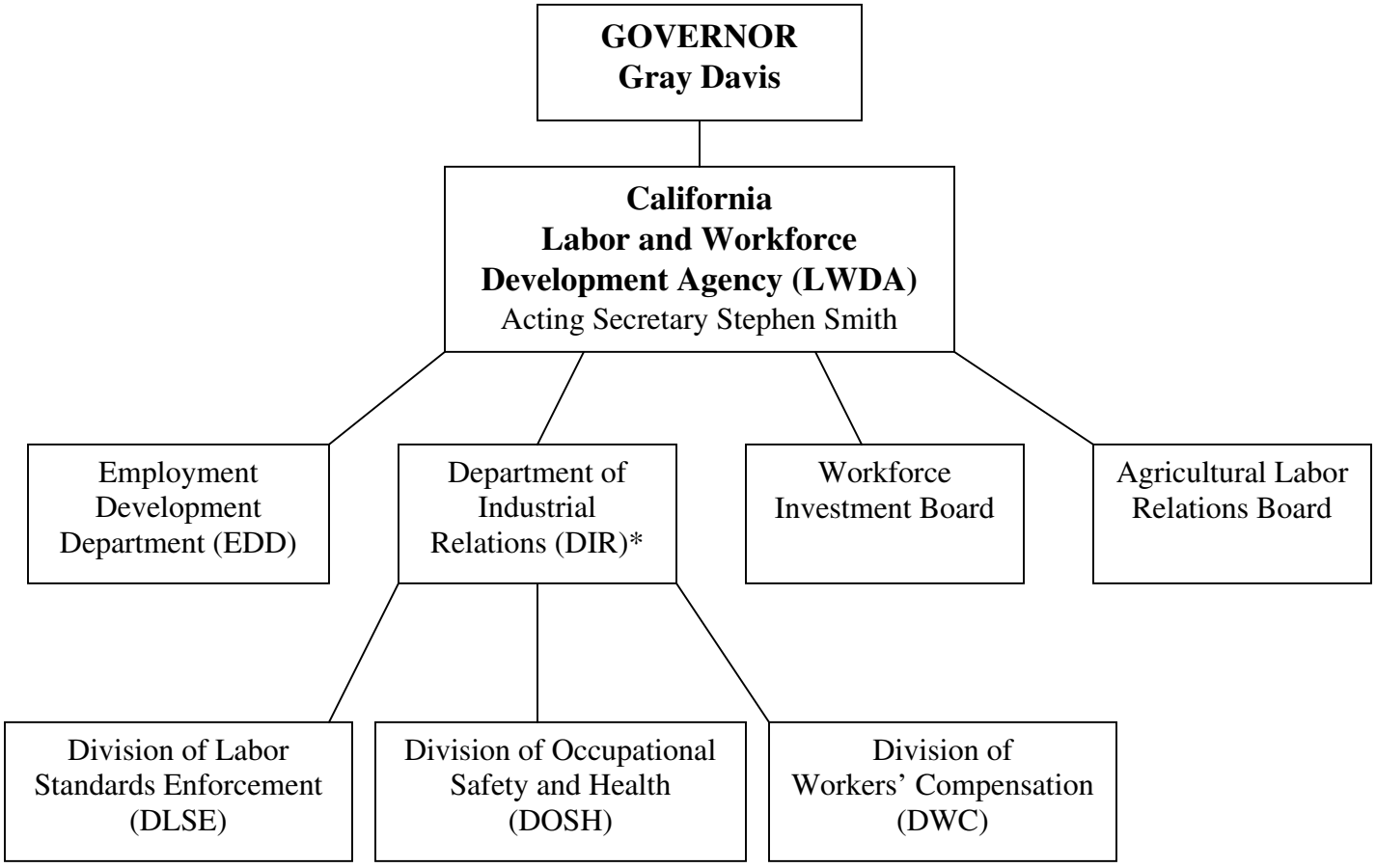
OSHA, federal Occupational Safety and Health Administration. Responsible for enforcing health and safety laws and providing consultation and information services at the federal level. Has jurisdiction in states that do not have their own OSHA plan.

SB, Senate Bill

UCSF, University of California at San Francisco.

APPENDIX 5

Labor and Workforce Development Agency (LWDA) Organizational Chart



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