



December 2002

# VOICES FROM THE MARGINS:

Immigrant Workers'  
Perceptions of Health  
and Safety in the  
Workplace

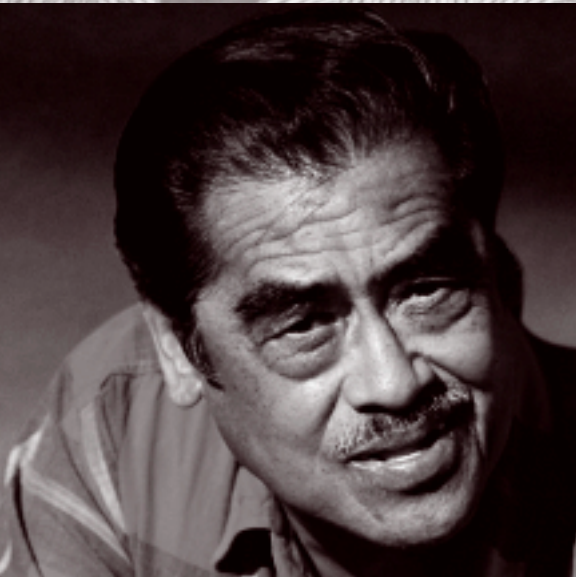
By

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# ACKNOWLEDGEMENTS

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*We dedicate this report to Joyce A. Simonowitz, R.N., M.S.N.*

*(June 1, 1935 – August 28, 2002)*

Joyce Simonowitz—as a member of the “Voices” Advisory Committee—provided guidance and support as we undertook this study. Joyce was an inspiration to several generations of doctors, nurses, industrial hygienists, safety engineers, and worker advocates as she taught the value of protecting the safety and health of working people during her 40-year career in the field of workplace health and safety. At the time of her retirement from Cal-OSHA in 1998, Joyce had these words:

“What else is there in life but to improve the life and well-being of working people and to show that the man, woman or child (yes, we still have child labor in this country) who works is more than a machine and deserves the respect of everyone.”

The authors also wish to thank all those who contributed to make this report a reality. First of all, we thank all the workers who agreed to be interviewed and the organizations through which we recruited them. The names of the workers have been changed to protect their identities; the names of the organizations are: Coalition for Humane Immigrant Rights of Los Angeles; Dynamic Workers, LLC; Garment Worker Center; Service Employees International Union, Local 434B; Hotel Employees and Restaurant Employees Union; and the Korean Immigrant Workers Advocates.

We particularly want to thank UCLA doctoral student Terrence A. Valen for his thoughtful, humane, and meticulous management of this project. Many thanks also to the UCLA graduate students who

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# EXECUTIVE SUMMARY

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The purpose of this study was to investigate whether low-skilled, low-wage workers in certain Los Angeles County industries frequently do not report injuries and illnesses on the job and if not, why not. At the same time, this study provided an opportunity to better understand these workers' "lived reality" regarding their perceptions of health and safety conditions on the job.

Although annual injury and illness statistics at the national and state level suggest that health and safety conditions for U.S. workers in general are improving, or at least not declining, more public and regulatory attention is being focused on the plight of Latino and/or immigrant workers. It has been known for some time, for example, that Latino workers suffer job-related disorders and fatalities more often than non-Latino white and African American workers in similar jobs. Furthermore, many immigrant workers are often undocumented, without legal working papers, working in unsafe jobs, and it is likely their injuries/illnesses are usually not included in governmental statistics.

In order to interview these kinds of workers, to hear their stories through their "voices," we chose industries where they were likely to work, ones that have low-paid, low-skilled jobs and which often compensate their employees "under the table" and "off the books," and where there is little or no labor law enforcement. The six industries chosen were: day labor, domestic, garment, homecare, hotel and restaurant work. Seventy-five workers were interviewed, in their first language, about their perceptions of health and safety conditions on the job, in a location away from work for 30 minutes to two hours. Most were recruited through worker centers and labor unions.

We found that these workers did worry about getting injured on the job; approximately 90 percent expressed such fears. They worried both about immediate symptoms and long term effects. The majority (57 percent) said they had experienced work-related injuries or illnesses; of these, 63 percent had reported these disorders to their supervisors. Those who did not report gave a variety of reasons for this. And, it is unknown how many of those which were in fact reported were recorded by the employer in official injury/illness databases.

These workers primarily turned to co-workers for information on how to do their work safely. They seldom turned to their employer for such assistance. Employers often dismissed workers' injuries as being inconsequential and did nothing to assist them when they were hurt. In each of these industries the workers were very resourceful in creating ways to protect themselves, such as bringing in their own "masks" and "gloves" when they had to work with "dangerous" cleaning liquids.

Workers in each of the industries studied had also turned to worker centers or labor unions that represented workers in their industry for health and safety advice, personal protective equipment, or legal assistance when injured. They trusted these organizations and felt comfortable going to them for two reasons: because staff there spoke their first language and they felt they could go to these organizations for assistance even if they did not have legal working papers.

Those interviewed did not know what governmental agency regulates health and safety on the job. Only seven of the seventy-five had ever heard of Cal-OSHA. More were familiar with the Labor Commissioner's office and that it could help enforce wage and hour laws.

Many wanted information and training about their workplace rights—including health and safety rights. They wanted to know how to do their jobs well and safely. Virtually everyone wanted health insurance. Only those who worked in unionized hotels and domestic workers who were members of a cooperative had access to such insurance. Many did not know where to go for treatment if they got sick. They also wanted the public to know what they did every day for a living, the working conditions they faced, and how they contributed to the economy. Day laborer Hector, captured this feeling when he said:

...that they stop to look at us as persons who are, let's say like persons who are outside the community. I want to achieve that they see us as...the ones who sometimes do the hardest work that somebody else does not do.

We think the demographics of our sample are an approximate reflection of the true demographic breakdown in these industries. Appendix I provides information on each person we interviewed including gender, age, years in the industry, and country of origin. We acknowledge that this was not a random sample of workers, nor was it a large enough sample to allow us to make any irrefutable generalizations based on our findings. Nevertheless, we think this descriptive study is a good start in obtaining information from these “hard to reach” workers and that the methodology we employed, using an ethnographic approach, yielded much rich information.

Based on these findings and other evidence, we conclude with four recommendations on ways to better address health and safety needs of working immigrants in California today:

**Recommendation #1:**

**Establish a multi-year capacity building grants program for community-based organizations, clinics, and worker advocacy groups that work with immigrants. This will allow them to provide training and educational materials for immigrant workers and serve as a bridge to workplace health and safety agencies (i.e., Cal-OSHA, Workers’ Compensation) by reporting possible violations and injury/illness cases.**

**Recommendation #2:**

**Establish an Immigrant Worker Clearinghouse/Resource Center for multilingual immigrant worker health and safety education and information.**

**Recommendation #3:**

**Hold public hearings around the state where immigrant workers and their advocates can report on their health and safety experiences. This will help raise public awareness on these issues and make employers and governmental agencies more accountable.**

**Recommendation #4:**

**There is a need for more research, including ethnographic research, of immigrant workers’ health and safety experiences in the workplace.**

In conclusion, there is mounting evidence that immigrant workers are experiencing injuries, illnesses, and fatalities at a greater rate than other U.S. workers. This ethnographic study contributes to that evidence and also confirms again that governmental injury and illness statistics do not capture the extent of the injuries and illnesses, nor the lived reality, of these workers.

This problem needs to be directly addressed before it worsens. With the current state budget crisis, and accompanying weakening economy, it is unrealistic to depend on governmental agencies to immediately address this problem in any significant way. Nevertheless, it is necessary that there be improvements in state of California agencies that are responsible for health and safety conditions for immigrant workers. (Specific recommendations on this are summarized in Section VI.) To address these issues immediately, resources must be made available to organizations that serve these workers, a centralized resource center must be established, public hearings, and further research must be conducted to further establish the true extent of this problem.

**Please Note:**

**Appendix VI of this report may not be included with your copy. Appendix VI contains: Expanded Findings for Each of the Six Industries: A Background on the Industry, a Bibliography, Demographics of the Sample, and Excerpts from Worker Interviews. Because Appendix VI is nearly 200 pages, we will make it available only upon request. For a copy contact: John Mathews, UCLA-LOSH Program, Box 951478, Los Angeles, California 90095-1478, [mathewsj@ucla.edu](mailto:mathewsj@ucla.edu) or you can download it at our website: [www.losh.ucla.edu](http://www.losh.ucla.edu).**



# I. INTRODUCTION

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Immigrants who work in low-skilled, low-paid jobs represent a large share of the Los Angeles County economy. They also represent a sizable portion of California's labor market which has polarized over the past decade (Sacharow 2002). These same workers are also likely to be victims of workplace hazards and abuses, as the following two workers' accounts attest.

Elaine, fifty years old, has worked as a homecare provider in her native Los Angeles for the past twenty-three years. She had this to say:

They need to have people out there to see what the problem really is. They only hear it from hearsay. When we started a program where we have legislators take care of...a client for a day....they know what it's all about. And a couple of them...they're the ones who say, 'I did not know you did this!' And neither does the Board of Supervisors, neither does the City Council of Los Angeles, and neither do the people in Sacramento. They do now, because their own people have told them, 'Hey, there's a problem here.' We gotta do something about it...But, they don't realize that we need more equipment...better wheelchairs. We need things for our clients and homecare workers to protect them on the job. You know, but they don't look into that....

Ciro, also fifty and a Los Angeles day laborer for the past two years, noted:

...In terms of safety, I would like the employers to understand a little bit that we are also human beings, and that we are not going to work like animals, right? Do this, and do that, and knowing that there are chemicals or something and just to get their work done they ask you to do it, and one does it because one needs the money. Do you know what I mean?

These are the voices of but two of the seventy-five workers we interviewed recently regarding their perceptions of health and safety conditions in their workplaces. We focused on those workers whom Los Angeles residents hire to clean their homes, take care of their sick and elderly, pour the concrete foundations for additions to their homes, prune their trees, manufacture the garments they wear and provide other services, such as hotel and restaurant work, that allow the middle and upper classes to maintain their standard of living. Between January and October 2001, we interviewed these seventy-five workers, sixty-seven of whom were foreign born, to learn how they perceived the health and safety conditions in their six different industries.

Why did we conduct this project? The original purpose of this study was to investigate whether workers in certain industries frequently do not report injuries and illnesses on the job and if not, why not. This study was prompted by the fact that, based on employers' reports to national and state workplace agencies, annual workplace fatality, injury and illness rates at both the national and state levels are at an all time low. These statistics are often used as a measure of workplace safety.

Many experts in this field acknowledge that although fatality rates are generally accurate—it is hard to hide a death, for example—the injury and illness rates reported by employers are not necessarily a reliable statistic (Brown 2001). The reasons vary; some businesses, especially small ones, are unaware of governmental reporting requirements. Others are concerned that if their rate of reported injuries and/or illnesses increases, their annual workers' compensation premium may also increase.

Workers themselves also are sometimes reluctant to report injuries and illnesses for fear of being seen as a "complainer" or "weak." In fact, there are commercial databases, with lists of workers who have filed for workers' compensation, to which employers can refer when hiring.

Another reason workers do not report to their employers, we believe, is because they are fearful of retaliation at work, even though there are laws that prohibit this. Furthermore, we reasoned, recent immigrant workers who work in low-skilled, low-paid jobs—and may not have legal working papers—have particularly strong disincentives



to report injuries and illnesses. All of these disincentives to reporting have recently been thoroughly summarized in a journal article (Azaroff, et al. 2002).

There is a significant body of scholarly literature on health and safety as well as workers' compensation issues. However, there is a serious lack of qualitative studies that document workers' experiences and perceptions, particularly those of immigrant workers who labor in the informal, "under the table" economy, such as most of those who do day labor and domestic work, many employed by the garment, homecare and restaurant industries, and some engaged in low-skilled hotel work. By "informal economy" we mean the paid production and sale of goods and services that often are unregistered by, or hidden from, the state and which do not comply with health and safety, labor and tax regulations.

Since California has the largest workforce of this type in the United States, this was an ideal place in which to conduct this study. Other areas of the United States are, or will be, experiencing similar workforce transformations in these labor sectors. According to the 2000 Census, the Latino population in particular has "spread out across the nation faster and farther than any previous wave of immigrants...into the heartlands and suburbs..." (Clemetson 2002). Finally, since "Los Angeles is the American city the world watches for signs and portents" (Reid 1992), what is found in this research will have implications for other areas in the United States.

Also, the six labor sectors chosen for study are large and growing in Los Angeles. As Southern California has become a prime example of a region with high income inequality, as well as the nation's capital for conspicuous consumption, there has been a concomitant growth in the day labor and domestic worker occupations. Los Angeles County has now surpassed New York City in having the most garment workers. With changes in health insurance reimbursement requirements, more disabled, ill and elderly people are living at home and receiving care there. The hotel and restaurant industries have suffered from the post 9/11 stress syndrome. The hotel industry, for

example, has laid off workers and increased the number of rooms that must be serviced for those who remain. As the tourism industry rebounds there is the hope that the LA/Long Beach hospitality market will be able to hold its third place position, and continue to trail only Las Vegas and Orlando in popularity.

In order to reach these workers, we targeted these six sectors in Los Angeles County, industries which are dominated by an immigrant workforce, many of whom do not have legal working papers. The respondents specifically include: day laborers who primarily do construction and gardening work; domestic workers who clean homes; garment workers who sew clothes; homecare workers who care for the sick, disabled and elderly in their homes or in hotels for seniors; hotel workers who clean guest rooms; and restaurant workers who work in the kitchen and wait tables. In all these sectors, labor law enforcement is often minimal or non-existent.

We undertook this ethnographic survey of immigrant workers in Los Angeles in order to hear from them directly. We wanted to learn in particular if they had been hurt on the job and if they had reported their injury to their employer, as well as their thoughts about health and safety conditions in their particular industries.

Based on previous studies and personal experience, we had some preconceived notions about what we would find. We expected that:

1. The workers would have minimal knowledge of the documented health and safety problems known in their industries.
2. They would not have serious concerns about health and safety conditions, but would rather focus on wage and hour issues. In fact, we expected to see a continuum: the least concerned would be the young male day laborers who typically feel invincible; domestic, garment, hotel and restaurant would have about the same level of concern; and homecare workers would be most concerned since they worked in a healthcare-related industry and therefore would have greater awareness.

3. A minority would have experienced a work-related injury or illness. They would be unlikely to report such injuries and illnesses because of fear of losing their job or deportation threats.
4. They would not have given much thought to on the job precautions that could protect themselves from injuries and illnesses.
5. They would blame themselves for their injuries and feel strongly that it was their own responsibility to keep safe.
6. They would think the employer should provide protective equipment like masks and gloves, plus training on how to work safely. If the employer did not, then the government should step in and help.
7. They would feel vulnerable in their jobs because they did not have legal papers, mastery of the English language, or health insurance coverage.
8. They would not know where to go for health and safety assistance.
9. Those who were more aware of these issues and stood up for their rights would have some affiliation with a worker advocacy center or labor union.

Some of our expectations turned out to be accurate. Others—a significant number—were not. For example, we were amazed how much workers understood the various risks they encountered at their jobs and how concerned they were about getting hurt. They mainly relied on themselves and their co-workers for ways to protect themselves on the job. Rather than blame themselves, many acknowledged the responsibility of their employers to provide protective equipment like masks and gloves plus training on how to perform their job safely. At the same time, most said their employers were providing neither equipment nor training.

Most interviewees did not know where to go outside their own workplaces for health and safety assistance; only seven had ever heard of Cal-OSHA. Those who were better informed about outside resources were usually those involved in a worker center or labor union. More than half the interviewees (57 percent) perceived they had experienced injuries and illnesses that they thought were job-related. Of these, more than half (63 percent) reported them to their employers. Of course, we do not know what percentage of the employers reported these to the state. Those who did not typically said that they feared employer retaliation or simply assumed it would be futile to do so. “He just doesn’t care,” was a typical response.

While conducting these interviews, we were struck by the fact that these workers felt strongly that others in society should know what they do on a day-to-day basis at their jobs. Homecare and domestic workers, for example, wanted others to know about the contributions they make to the people they care for—such as companionship to “shut ins”—and the risks that they face daily. A small subsample of committed workplace activists in the garment and homecare sectors already had spoken to the press or to elected officials about needed changes. But the majority never had this opportunity before and were very appreciative of the opportunity to speak, to “give voice” about their concerns, to others besides family and friends.



## II. BACKGROUND

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Annual injury and illness statistics at the national and state level suggest that health and safety conditions in U. S. workplaces are either improving, or at least not declining. For example, at the national level since 1995, private sector workplace injury and illness rates have dropped nearly one-third. For 2000, the most recent year data is available, the injury and illness rate of 6.1 per 100 full time workers was “a record low since BLS [Bureau of Labor Statistics] began reporting annual figures in the 1970s” (Bureau of National Affairs 2001). And for that same year, California’s workplace injury and illness rates remained virtually the same as the previous year. For all workers—those in either private or public entities—the rate was 6.5, an increase of three percent since 1999, at a time when the state’s labor force jumped 3.5 percent in 2000 (Cal-OSHA Reporter 2002).

At the same time that the official reports on fatality, injury and illness rates are showing a decrease for the general worker population, more public and regulatory attention is being focused on the plight of Latino and/or immigrant workers. That is because it has been known for some time that Latino factory and industrial workers get hurt on the job more often and more seriously than non-Latino white and African American workers in similar jobs (Kilborn 1992). In 1993 a Los Angeles Times series found that “More Spanish-surnamed factory workers were killed [in Los Angeles County] in the last two years than anywhere in the United States” (Freed 1993). In summer 2001, when the annual Bureau of Labor Statistics report on workplace fatalities was released, it was found that, “The rate of on-the-job deaths for all Hispanics has been 20 percent higher than for whites or blacks” (Greenhouse 2001). Sixty percent of Latinos who die on the job are immigrants, a rate six times that for whites or blacks (Maier 2001). In October 2001, the Orange County Register reported that nearly half of the 64 workers who died on the job in the previous three years were immigrants (Shulyakovskaya 2001). In July 2001, New York City’s *Newsday* did a five part series on “Immigrants at Risk,” which examined not only immigrant worker job fatalities, but also many disabling injuries that these workers suffered, such as severed limbs, fractures, and asbestos-related diseases (Maier 2001).

We are particularly interested in those who work in the informal economy in Los Angeles where employees are often paid “under the table” and “off the books,” and where, consequently, there is little or no oversight regarding enforcement of existing labor regulations including those pertaining to health and safety (Joassart-Marcelli, et al. 2002). Although some of the sectors we chose to study are not those acknowledged as being informal (e.g., hotel and restaurant work), nor being hazardous, these sectors have nevertheless been understudied, or not studied at all, with respect to health and safety conditions.

Those who work in these jobs in Los Angeles are primarily recent immigrants from Latin America or Asia. Oftentimes they are unauthorized, without legal working papers, and have no, or limited, English skills. Some work in private residences—as day laborers, domestic workers and homecare workers—where they are working for contractors/clients/residents or a cooperative (some of the domestic workers we interviewed were members of a cooperative, but they were classified as “self-employed” for tax purposes). In the case of homecare workers, approximately 80,000 are employed through the County’s Public Authority, which is the employer of record; a large but unknown number work directly for private clients. Others work in sweatshops, such as the sewers/seamstresses who work for small contractors in the garment industry. Others work “behind the door” or “in the back of the house” in the hotel and restaurant industries where they get paid “by the room” or rely on tips to supplement their less than minimum wages.

Why did we choose to do an ethnographic study of these workers? Of course there are already numerous health and safety and workers’ compensation studies. These usually have a focus which is toxicologic, epidemiologic, or evaluations of interventions. Almost all have been quantitative. But there are very few quantitative studies on immigrant populations for a variety of reasons. Furthermore, there is a serious lack of qualitative studies that document U.S. workers’ experiences and perceptions. Only a few qualitative studies focus on immigrant workers’ experiences.

A National Science Foundation-funded study eighteen years ago interviewed seventy-five workers, representing a variety of occupations, about their perceptions and concerns about health and safety on the job. The findings were reported in *Workers at Risk* (Nelkin, et al. 1984). Thirty-four of those interviewed identified themselves as health and safety activists. The authors had read the Quality of Employment surveys conducted by the University of Michigan's Institute for Social Research which suggested a growing awareness of and increasing concern about health among many production workers. Worker interviews complemented the surveys, which explored the variety and depth of workers' experiences rather than the generalities of statistical aggregates.

In 1985, data from the National Health Interview Survey conducted by the National Center for Health Statistics documented workers' perceptions of occupational risks in their present jobs (Shilling, et al. 1987). And in 1992, Mexican researchers compared the information gathered in Mexico regarding workers' perceived risks and health damage through the use of a "collective questionnaire," contrasted to information gathered using an individual questionnaire. The participatory methodology, i.e., the collective questionnaire, had some advantages over traditional methodologies as the workers were able to more reliably identify risks and health damage when they could discuss their perceptions in a group setting. (Laurell, et al. 1992).

Due to these earlier qualitative research efforts, we decided to use in-person, in-depth, ethnographic interviews as a way to better understand current immigrant worker health and safety conditions. In this way we hoped to better understand workers' reality apart from official governmental statistical reports.

We, of course, recognized at the same time that data on immigrant workers, and particularly unauthorized workers (those without legal work documents) is sparse. These workers are either not represented, or are under-represented, in other studies. This can be attributed to their "invisibility," as they work in the informal sector (Kohpahl 1998). That is all the more reason to focus on these particular industries where such workers predominate.

Indeed, the need for studies on the health risks of immigrant workers is now being voiced at the national level. Dr. Sherry Baron of the National Institute for Occupational Safety and Health (NIOSH) declared recently, "NIOSH is concerned there is an increased risk to low-wage immigrant workers who have not been looked at as other traditional groups have been studied. We feel that immigrant workers are under-studied and are involved primarily in risky industries." (Maier 2001).

# III. METHODOLOGY

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## *Purpose of this Study*

The overall goal of this study was: (1) to further document that annual injury/illness statistics are not reliable indicators of the current status of health and safety conditions in many workplaces, and (2) to conduct a qualitative study that would explore immigrant workers' perceptions regarding health and safety conditions in industries that have not been adequately represented in "official" annual statistics. For this purpose, we chose industries that are often classified as being in the "informal sector," which provide employment to immigrants who work in low-skilled jobs for low pay and typically no, or few, benefits. These also are sectors where the employer often pays in cash, does not have workers' compensation insurance, does not provide health insurance, and where regulatory agencies seldom if ever visit.

## *Ethnographic Approach*

We decided to use an anthropological, ethnographic study approach. The approach was designed to capture the "lived reality" of workers, focusing on their personal perceptions of health and safety conditions in their jobs and measures they took to cope with these conditions. Rather than merely providing frequencies of, or correlations between, what people say, ethnography provides an "intentional way of learning about people's feelings, thoughts and experiences." Ethnographic interviews strive to listen to "people as they describe how they understand the worlds in which they live and work."

The relationships built, and the trust developed, between interviewer and informant during this ethnographic study also allowed us to acquire useful data on sensitive subjects, such as their legal working status. It also permitted us to explore subjects' reasons for not reporting injuries, illnesses or on-the-job hazards to their employers. Survey studies often miss this level of detail because such factors are sensitive, and hence take more time to emerge than interview-based research allows (Kohpahl 1998). To our knowledge, this ethnographic approach is rarely used in the area of workplace health and safety. We are only aware of two similar studies of day laborers recently conducted in the San Francisco Bay Area (Worby, 2002, Walter, et al. 2002).

We considered the interviewees as both informants and respondents. In the role of informant, we asked them questions about the injury and illness experiences of their co-workers and whether their co-workers reported these to an employer representative. In the role of respondent, we asked them questions about their own injury and illness experiences and if they reported these. Our interviewers attempted to put themselves on the same "analytic plane" as the interviewee. They approached the interviewee in a way that communicated, "I want to interview you because I know some information about health and safety in your industry, but you and others have more answers."

We used three guiding themes in our interviews: (1) culture affects what is said and how the interview is heard and understood; (2) interviewers are not neutral, they are participants in an interviewing relationship; and (3) the purpose is to hear and understand what the interviewees think and to give them public voice (Rubin & Rubin 1995). Consequently, we matched our interviewers with interviewees that spoke the same language, whether Spanish, Korean, or Chinese. Whenever possible, we also matched ethnicity, and/or cultural background. The interviewers were all UCLA graduate students. They were very interested in, and had empathy for, the workers' occupations and working conditions. Nevertheless, they made every effort to remain neutral in their questioning to avoid leading questions. They spent some informal time with the interviewees prior to beginning the interview, telling them some about themselves, asking about their family, where they lived, etc. They also described the research project, the purpose of it, and how such a report could benefit them by making public their "voices" and raising the public's and policy makers' awareness of their workplace realities.

## *Selection of Industries to Study*

We selected the six industries with the help of an Advisory Committee made up of people from the fields of occupational health, environmental health, anthropology, labor unions, and worker centers. These are industries where: a large number of people in Los Angeles are employed, employment is growing, and with the exception of day laborers, these are generally not recognized widely as risky places to work. Workers in these industries might deny that there are risks partly because some of them, such as domestics and homecare workers, work alone. And often, these workers are desperate for employment.

These industries are left out of formal statistical reports, either because they are subsets of standard industrial classifications or because the workers are self-employed. Many are in the “hidden” workforce—i.e., those who work in homes or in the unseen areas of restaurants. These industries are mostly unregulated; they’re not inspected by Cal-OSHA, and, with the possible exception of homecare workers, these industrial sectors are mostly made up of immigrant workers.

### *Selection of Research Subjects*

We interviewed twelve to fourteen workers in each of the six industries. We selected workers with a range of demographic variables, including gender, ethnic/racial background, length of time working in the industry and level of involvement in employment-related organizations, such as worker centers or unions. Using a “convenience sampling” technique which also involved some “snowball sampling,” we went through “gatekeepers”—community-based worker centers and unions which served these industries—to get our study population. In five cases we recruited workers through personal contacts.

Our goal was to have at least half of each industry sample consist of workers who had had at least five years’ experience in that industry, giving them substantial knowledge of their job and working conditions. We met these criteria for day laborers and garment workers; we had significantly more workers who had worked more than five years in the homecare and hotel industries. Yet our domestic and restaurant industry samples had at least twice as many working less than five years.

We also attempted to recruit a majority of workers who had little or no involvement in a worker center or union, fewer who had a medium level of involvement, and even fewer who had a high involvement. We were successful in achieving this goal for domestic workers. For the others, the majority had a medium or high level of involvement. We instituted these criteria because we assumed that those with little or no involvement would be more representative of most of the workers in their industry. But, we also wanted to find out whether those with medium or high level of involvement appeared to be more aware of, and active about, health and safety issues on the job.

The criteria we used for categorizing workers according to the level of involvement were:

- Low Level: unaffiliated with a worker center or union, may have social involvement or family connections to the organization.
- Medium Level: regular meeting attendee, legal client of worker center or union.
- High Level: those who had a leadership position in a worker center or union, such as an officer, a shop steward, or active member.

Although most industries were dominated by one gender, we tried to select a balance of male and female workers in each industry. Forty-four of the respondents were female and thirty-one were male. The female majority was due to the selection of three female-concentrated industries: domestic, homecare and garment. We also tried to recruit a diversity of ethnic/ racial backgrounds. As a result, sixty were Latino (the country of origin was not known for five of these), eleven were Asian, three were born in the United States, and one was born in Russia (see Table No. 1).

**TABLE 1**

COUNTRY OF ORIGIN	SEX		TOTAL
	FEMALE	MALE	
Latino (60)			
Mexico	13	22	35
Guatemala	6	3	9
El Salvador	5	1	6
Colombia		1	1
Ecuador	1		1
Nicaragua	1		1
Bolivia	1		1
Belize	1		1
Unknown (Latino)	4	1	5
Asian (11)			
Korea	5	1	6
China	1		1
Phillippines	3	1	4
U.S. (3)	2	1	3
Other (Russia, 1)	1		1
TOTAL	44	31	75



Of the seventy-five interviews conducted, twelve were in English, fifty-seven were in Spanish, five were in Korean and one was in Chinese. The number of workers interviewed from each industry is as follows:

Day Laborers:	12
Restaurant Workers:	14
Domestic Workers:	12
Homecare Workers:	13
Garment Workers:	12
Hotel Workers:	12

It is important to note that because we interviewed a small sample in each industry, we cannot assume that the perspectives captured here necessarily represent all the workers in that industry, nor all the immigrant workers in that industry. But, we do think this report gives a rich picture of some worker perspectives on these issues from these six industries.

#### *Development of Research Instrument*

In order to get advice on the development of the interview questions, we consulted university-based anthropologists Professor Karen Brodtkin and Professor Marjorie Kagawa-Singer on how to formulate our research questions. They also made suggestions on how to do the interviews to help the subjects feel at ease and to get in-depth answers.

The six graduate student researchers and the research director developed the questionnaire, which involved five drafts. A total of twenty-three open-ended questions were divided into seven sections. (See Appendix III for the final questionnaire used.) Prior to conducting the interviews, the graduate student interviewers were trained by a UCLA anthropologist experienced in interviewing techniques.

#### *The Interviewing Process*

The interviews were conducted over a period of ten months, from January to October 2001. To ensure a comfortable and safe environment, the interviews were tape recorded away from the workplace, in workers' homes, coffee shops, union halls, and worker centers. Each took from thirty to one hundred and twenty minutes to conduct. Interviews were held in the language in which the interviewee felt most comfortable. We provided a stipend of \$45 in cash to each respondent.

We guaranteed the confidentiality of the interviewees' identities by coding each tape-recorded interview with the person's initials and birth date. We did not keep a record of the name of the person. In writing this report, we have replaced the code with false names to further protect the interviewees' confidentiality. We received approval from the UCLA Human Subjects Protection Committee to do this survey.

#### *Data Management*

The interviewers transcribed each interview verbatim, typing it out in the original language. Then they translated and transcribed the interviews into English. Words and expressions that did not have an exact translation into English were kept in their original language and explained in a footnote. We did not try to "make sense" of their sentences. Instead, we wrote them as they were spoken. Later, when writing this report we introduced as few changes as possible, and only then for the purpose of clarity.

After all the interviews were transcribed, translated and then transcribed again, the research team developed a list of themes, or "codes," we wanted to examine. We used a modified FileMaker Pro program to enter the data for sorting by code. The codes selected were determined by two factors: (a) what we originally wanted to get out of the study and (b) new elements that emerged spontaneously in the interviews. We went through six drafts of codes until we arrived at the final ones. (For a list of codes and sub-codes please see Appendix IV.)

To ensure coder reliability, we conducted a pilot where the research director and three student researchers read through six interviews, coded them, and then looked at the degree of convergence/agreement and divergence/disagreement. After assurance that we had an acceptable level of convergence, we then implemented our coding process. At least two people coded each interview.

Once all interviews were inputted and sorted by code and sub-code, we analyzed the data and were able to determine interviewee responses for each industry by code. In total, we had approximately 6,900 excerpts.

The groups of excerpts were then analyzed both by code and by industry. Summaries of excerpts for each sub-code by industry were written.

#### *Feedback from Advisory Committee*

For the last step in the process we gave a draft of this report to members of our Advisory Committee, composed of academicians, plus representatives of unions and worker centers, in order to critique our writing and advise if our findings were consistent with their knowledge of conditions in these industries. Last, we conferred with them regarding both the analysis of the data and the recommendations section of this report. (See Appendix V for a list of our Advisory Committee members and their affiliations.)

## IV. FINDINGS

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We had nine expectations, which are laid out in the Introduction section, about what we would find in the course of doing these seventy-five interviews. Some of these expectations turned out to be accurate, while others did not. A much more comprehensive compilation of worker comments related to these issues can be found in Appendix VI categorized by industry, along with a background of each industry and a demographic profile of each sample by industry. What follows is a selection of workers' thoughts on these issues, sorted by industry. We have presented our findings alphabetically by industry (i.e., the order does not reflect any prioritization on our part).

### **Expectation #1:**

**The workers would have minimal knowledge of the documented health and safety problems known in their industries.**

Almost all the workers we interviewed had quite a thorough understanding of the hazards they faced each day on the job. In addition to the more obvious safety hazards, such as risks of falling or hurting themselves when they lifted heavy items, they were aware of hazards which could affect their health, such as exposures to chemicals and bad ergonomic conditions. In addition, many acknowledged that some of the risks they faced might not result in immediate disorders, but, as in the cases of chemical exposures and ergonomic conditions, in the long run could lead to health problems. Some also were convinced that they had jobs no one else would take, partly because their jobs were so unsafe.

A number of the day laborers had experienced injuries, had observed their co-workers injured, or had heard on TV or read in newspaper articles about other day laborers getting injured or killed. They knew about the risks of working on elevated places from where they could fall, exposure to chemicals and contaminated items, the hazards of lifting, temperature extremes, and accidents resulting from being pressured to work too quickly. Salvador, a forty-nine year old male who had worked seven years in this industry, had this to say:

Yes, there are dangerous things. We work with tools. They are the most difficult jobs, the hardest ones. The jobs we do are the ones that no other race wants to do...the most despised and hardest jobs—very susceptible to serious accidents. Now and then you hear about someone getting buried or that something fell on someone. And they were all day laborers...For example, with a gas pipe, or in the case of a cutting tool, an electric saw, a hand or foot can be severed...It depends on what we are doing...climbing up on something, a fall. Well, we do roofing, and someone can fall. Anything can happen.

The domestic workers also knew about the risks of slipping on wet floors, falling from elevated places, lifting heavy items, and exposures to the chemicals in the cleaning liquids they used everyday. Janet, a fifty year old female who had worked one year in this industry, said this:

The liquids affect my sight [eyes]. Among the liquids we use to clean, I consider that the most dangerous are the ones we use to remove everything. They not only remove things, but one absorbs them. I say that if they dissolve the dirt, I wonder what they dissolve in our bodies. I think that sometimes, because I have seen how they harm me, my eyes, they are harmful for my body. And they can even give you allergies.

Garment workers knew about the risks of back disorders from sitting in static postures for long periods of time in inadequate chairs, exposures to chemicals that are used to clean the fabric, as well as needle punctures, and the risk of kidney problems from not using the restrooms because they are so unsanitary. Ana, a forty-nine year old female who had worked in this industry for three years, said:

I'd tell them [co-workers], 'Over time that could be harmful, because when you clean the dresses with that strong chemical it gets in your system...and that stuff makes some people dizzy'....That day, I let some go...I let a little bit go down the drain and it broke the pipe. And it made a hole—it inflated and made a hole. So there...that liquid is so dangerous!

Homecare workers were particularly aware that they were at high risk for back injuries, followed by falls, clients falling on them, being attacked by abusive clients, or being exposed to infections in their clients' homes. They recognized that since they tended to be older than the average worker, they were particularly at risk for back injuries. Rosalinda, a forty-one year old female who had been doing this work for six years, noted:

When we have to lift them...we get home very tired...we have to help them in almost everything. We have to move them, bring them back and forth...they are a little bit heavy. We worry if the client is too demanding...if they want us to lift heavy things like in the case...where they wanted her [co-worker] to shampoo the carpets...and it was a heavy machine, and she had gotten an operation about a year and a half ago...She can't lift heavy things.

Hotel workers were aware of the hazards of falling when they had to clean high places, back injuries and musculoskeletal disorders from changing multiple beds and pushing the linen carts, cuts when working in the kitchen with knives or powered machines, and illnesses from the chemicals in the cleaning liquids. Selena, a thirty-four year old female who has worked in hotels as a guest room attendant for thirteen years, had this to say:

...And I think that in all jobs there are health and safety problems. For example, we work with chemicals a lot. And I think that in the long run that affects your health. So many smells, so many chemicals that one doesn't even know what they contain—mix because they are harmful. They are harmful among themselves. Imagine how bad that is for one's health.

Restaurant workers knew there were risks of back injuries, burns, injuries from slips and falls, cuts, and the possibility of violent attacks by co-workers or customers. Alberto, who was only nineteen and had worked for just one year in the restaurant business as a dish washer, said:

...almost all kinds of jobs can harm your health...I mean, because it is heavy-duty work. And it affects one when time passes by. Of course, it will not affect us right away. But in the long run, yes, it will affect us...I mean, in the long run, it's going to affect us...in many ways. It can give us a disease from working too hard. It could be on the head, the feet, the shoulders....

### **Expectation #2:**

**They would not have serious concerns about health and safety conditions, but would rather focus on wage and hour issues. In fact, we expected to see a continuum: the least concerned would be the young male day laborers who typically feel invincible; domestic, garment, hotel and restaurant would have about the same level of concern; and homecare workers would be most concerned since they worked in a healthcare-related industry and therefore would have greater awareness.**

Almost all the workers, sixty-eight of them, expressed concern that they were at risk of workplace injuries, though many accepted risk as part of the job. Workers worried because they knew the work they did was dangerous, and also because they knew that if they got injured they would have limited medical care options. Some respondents said that they could not really “afford to worry” because they needed the job and had little control over the working conditions. This is what Francisco, a forty-five year old who had worked as a day laborer for ten years, had to say:

....We are not safe...from the work you can get hurt, you understand me? Up until now I've been spared. But who says I'm 'home free'? It doesn't get more serious than my back hurts sometimes. It hurts normally when I work all day, of course, but it's not that I have to be hunched over with pain. Not like that. My arms normally they hurt, I put some ointment [VapoRub] like that on my elbow, but it's not beyond normal fatigue. Until now I think I am fine.

Of course [I worry about getting hurt]! If I get hurt, what will become of me? Who will take care of me without my family? So, I would have to go to Mexico because there I know they would take care of me...You're always worried about that...You just go, because you don't have a choice. We have to continue...[All my co-workers], all of them, it's the same worry. It's impossible not to think like that. Even if we don't want to, that is, you can't avoid it, you have it on your mind already....

Many of the domestic workers had concerns about falls, lifting heavy items, the chemicals in the cleaning liquids that they were exposed to every day. They said they expected these would hurt them, if not now, then later in life. They were concerned about getting infections from the trash they cleaned up, and from the risk of assaults as they waited for buses to go home late at night. Soledad, a female from Mexico who had worked in this field for one year commented:

Yes, of course I am concerned. All the persons who do this kind of job someday will be harmed, right? It harms us in the long run, being in constant contact with those liquids, truly. The truth is that there are some liquids, there are things that we use for cleaning, which can be very harmful to our health.

Sometimes one has to bend over a lot, bend over to clean something. I get back aches, pains in the neck, in my arms, when we are trying to remove something, being there moving your arms, your hands, and to bend over.

Garment workers worried about exposure to fabric dust and chemicals as well as back, kidney, and musculoskeletal problems from sitting for long periods of time. This is what Socorro, a forty-five year old female who had worked in a garment factory for one year, said:

Oh, yes, I worry a lot, because my back is affected by sitting down for too long.

Many of the homecare workers worried about getting injured and not having medical insurance to deal with it. Most did not seem to know about workers' compensation as an option. They also recognized that many of them are older, fifty years or more, and are consequently at higher risk for injuries and illnesses. Alcira, a forty-one year old who has worked eleven years in this field, said this:

Well, workers worry about accidents at work, diseases we may catch, not having medical benefits because we don't really have anywhere to go. Let's say you pull your sciatic nerve. Where are you going to go? If you go to a public health clinic you are practically losing a day's work. Nobody is going to compensate you for that.

Hotel workers worry about getting hurt on the job: the cleaning liquids, back injuries from lifting things, pushing the linen carts and making many beds, cigarette smoke on the floors in the hotel that are designated smoking floors, bloodied linens, blood-borne pathogens from hypodermics left in the room, and pressure to work fast because the hotel is understaffed. David, a man of fifty-eight who worked in hotels for twenty-three years, said:

Yes, I worry [about my health and safety], because if we don't take care of ourselves, who else is going to do it?

Well, yes, one can have an accident and something...and they want you to do it in a certain time. 'You are going to finish this at this time, and then you are going to do this and this.' That's when they put pressure on, and one can have an accident.

Restaurant workers worry about getting injured or experiencing health problems later on because of their work. They are concerned about what they will do if they get hurt since the employers often do not provide medical insurance or workers' compensation. They worry because they do not know who will take care of them if they do get hurt. Some send money back to their family in their home country. If they get hurt they will no longer be able to send this money. Some in the particularly low-skilled jobs, such as dishwashers, think that if they get hurt they will be fired. This is what Fabio, a thirty-two year old male who has worked in restaurants for over a year, said:

Well, yes...I worry, I mean, I am concerned about getting hurt...But the one thing that worries me more is my family. I mean, I am not worried about myself, no. I mean, I worry about my family because if I get hurt and well, because I am the one who sends them money...

### **Expectation #3:**

**A minority would have experienced a work-related injury or illness. They would be unlikely to report such injuries and illnesses because of fear of losing their job or deportation threats.**

Forty-three (57 percent) of those interviewed said they had experienced a work-related injury or illness. These ranged from hand fractures, to back injuries, to burns, to respiratory problems, to name just a few ailments that were perceived by the workers as being work-related. Sixty-one (81 percent) said they felt symptoms of an injury or illness—such as an aching back—but did not identify this as an injury or illness. Also, fifty-three (70 percent) said their co-workers had experienced injuries or illnesses.

Day laborers, hotel workers and restaurant workers reported the highest rates of injuries and illnesses. Twenty-seven (63 percent) of those who said they had an injury or illness said they reported it to the employer. Hotel workers were the ones who most often reported to their employer (some said their employer required such reporting and had a reporting system in place), followed by day laborers and garment workers. Those affiliated with the worker centers for day laborers and garment workers emphasized that they had access to advocates and legal support if they did report such injuries or

illnesses (in case the employer tried to retaliate, such as firing them or turning them into the Immigration and Naturalization Service). Domestic and homecare workers often did not know whether they had a right to workers' compensation if they were hurt and/or were not sure who they should report to. Restaurant workers did not know their rights in this area or were reluctant to report because they thought the employer would either not do anything or would retaliate against them if they reported an injury or illness.

For day laborers, injuries are common due to the nature of the kinds of jobs they do. Common injuries included: falls from trees, roofs, construction sites, or ditches; cuts and loss of fingers from mechanical equipment; fractures; skin damage; back and muscle problems; respiratory ailments; allergies; and reactions to toxic substances. Most workers knew of co-workers who had been injured, and in some cases who had died on the job. Luis, a fifty-seven year old who had worked in this industry twelve years, said this:

I got hurt once already. That's why I carry these [gloves], but I am not hurt now. I had an accident at the tree-trimming job. I fell down from the tree, and I fractured my two hands. That's why I wear tight gloves most of the time, because I need to have my hands very tight. I was two years without working, without working.

Twenty-nine year old Mario said this about reporting:

Yes, I have been lucky in that sense. Once I got hurt using that thing they call chapopote [tar]...I got burned here, on my hand. He [the employer] paid me the days I didn't work, and he took me to get treatment...I told him, 'If you don't take responsibility, I will report you to the authorities, I report your truck, what company you work for and everything.' That's what I told him.

Domestic workers experienced a variety of symptoms they felt were related to working with "strong" cleaning solutions. They suffered injuries from slipping or from moving/lifting heavy items such as furniture. Monica, a fifty-four year old woman who had worked as a domestic for four years, said this:

One time when I was washing a cement corridor I slipped, washing it with soap, and I hurt this knee when I fell. I fell on this knee and for a long time...even my leg hurts. Yes, my leg hurts because I hit my knee, and I have this thing that at night I have to put hot things on it, because to be honest with you, you don't earn enough to pay for a doctor.

Regarding reporting injuries, domestic workers are unlikely to report. Sixty-five year old Ofelia said this:

When you get hurt you shut your mouth. The only thing that could happen is that the employer gives you medicine or something. You go to the doctor and pay with your money, even though you don't have enough, right? But just to avoid complaining, to avoid losing your job.

They [co-workers] don't say anything because it's a danger for us, because since they don't have insurance, and maybe they don't have legal documents....I go to the doctor afterwards, but on my account, I don't tell them what's happening because if they see you with too many troubles, they will look for another domestic.



Garment workers talked about themselves and their co-workers experiencing needle punctures, kidney problems because they were not allowed to take bathroom breaks or because they avoided the unsanitary bathrooms, musculoskeletal problems from sitting for long periods in awkward postures, and respiratory problems caused by the fabric dust or the chemicals with which the fabric was treated. Carlos, a forty year old worker who had worked fifteen years in this industry said:

Yes, I've known several people who've been affected, including a man that I know, who's from the same town that we used to live in. He also lived there and was working here. He worked in the garment industry. He told us when he'd already gotten sick—he had kidney problems. He says, 'I've already got really bad kidney problems that I can't recover from.' So he went on getting worse and worse and just recently he died, about six months ago. And he used to tell me and my brothers, 'Get out of that line of work because nothing good will come out of it. Look at me. Look at how messed up my kidneys are. Leave that job.'

Forty-three year old Mateo, who had done garment work for twenty-five years, said this about reporting his injury:

They don't have insurance...So you need to look out for yourself. They don't pay attention to you, because they don't have enough insurance to cover us...If a person's finger gets pierced you're taken to the doctor...when you injure a finger. Yes they take you...Whether they pay depends on how you claim it. Because really, if you don't claim it, you won't get paid anything...But if you demand it, maybe they'll pay. I at least, was one of the people who did demand it. But you always run into problems, always, always.

For homecare workers the most common complaint was back injuries, followed by injuries from falls or clients falling on them, and then being hit by abusive clients. Several of those interviewed did say they and their co-workers had not suffered any injuries—one said that "Since we work at home, accidents don't occur..." But Elaine, a fifty year old who has worked in homecare for twenty-three years, related her experience:

I have picked up my grandmother. My grandmother weighed 250 pounds. And...she had a hospital bed. So the hospital bed you can put it down to my level where I can slide her off and put her in a wheelchair...and I was putting her in a wheelchair. Instead of picking her up with my body, bringing her towards me, I just picked her up with my arms. And when I did that, my shoulders went up, and I slipped a disk in my back. So I was unable to put her in the wheelchair. But I realized that I couldn't move my legs. I told my mom, 'We need to call a doctor.' She goes, 'For your grandma?' I said, 'No, for me, 'cause I just slipped a disk or something.' I go, 'cause the pain is bad!' It was going all the way up my neck and all the way down to my legs.

Thirty-eight year old Marianela, who has worked in homecare for ten years, said this about reporting injuries or illnesses:

The reason why I think they don't report it is because they're not aware of what they're entitled to...their rights. They don't report it also because there's a language barrier. And, because they won't get paid. Basically, it's because they won't get paid...Or, you know, they might think they're lying. They probably feel like they have to be dying in bed in order to report it.

Hotel workers had a lot of experiences with injuries ranging from those to the back, to burns and cuts, musculoskeletal disorders, injuries from slips and falls, and problems related to the cleaning liquids they used. Benita, a fifty-three year old who has worked in hotels for three years, said:

Oh, what I have, it was because of overworking. Because when they remodeled the hotel—when they brought in the beds and everything—the housemen put the mattresses and everything. But they didn't put on the bed skirts. So one had to lift the mattresses, throw them over to the wall, and then put on the bed skirt and then fix everything back. That was very heavy...yes, that's how I started having that pain, and I didn't know...I got deformed.

...But I can't bend over, I can't. I can't sit down for so long either. I can't be standing either because my left leg hurts too much. Then I don't know what I will be able to do...

Although eight of the nine hotel workers who were injured said they reported it to the employer, they also said that many of their co-workers do not report injuries for fear of being fired. In those hotels which have safety incentive games that penalize workers if the injury rates are high there is also a disincentive to report. Alfonzo, a fifty-five year old male who had worked sixteen years in hotels, said this:

...So the department that has more accidents is the department that will be less likely to win. They just, to make their department look good, they don't report it. And I tell them, 'You report it.' 'No, we are going to look bad.' 'It doesn't matter. That's not going to make you be in the last place. Everything that happens to you, you have to report it because it's a way of preventing. They are not doing this to fire us or to tell you are a bad or careless person, no.' I think they do it as a way to prevent accidents from happening. If in that place there are many accidents, they are going to find out why there are so many accidents. And if there aren't, they will say, 'Well, there are no accidents so we don't need to do anything. We don't need to invest in anything here. Everything is fine.' Even though, everything is wrong.

Most of the restaurant workers we interviewed had either themselves or known of co-workers who had experienced cuts, burns, skin disorders, injuries from slips/falls, injuries from violence of co-workers or customers, or back problems. Hung, a forty-three year old who had worked eight years in restaurants, noted:

Of course I have gotten injured...I got burned in my arm four years ago. It took a month for the recovery. It took long since my job forced me to keep wet on hand and arm. But the owner didn't even know about my injury...

A Latino worker cut his finger on the meat-cutting machine. Although the cut bled much, the owner hesitated to take him to hospital. He just tried stopgap folk remedies such as stanching and attaching a cigar on the cut. When the cut kept bleeding despite these makeshifts...then he was frightened and took him to hospital. How dangerous it was!

Jairo, a twenty-two year old who had worked in restaurants for two and a half years, talked about restaurant workers' ignorance about their right to report:

Well, I think that the one who knows the California law is more likely to report it to the employer. But some people don't know anything. And well, if you don't know, if you just arrived and you have an accident, and the employer knows you just arrived, he is going to scare you out and you refrain from reporting it.

#### **Expectation #4:**

**They would not have given much thought to on the job precautions that could protect themselves from injuries and illnesses.**

The workers we interviewed had given considerable thought to protecting themselves from injuries and illnesses on the job. First, some refused to take dangerous jobs or perform dangerous assignments (see day laborers and homecare workers in Appendix VI). Some refused to return to work with an employer who mistreated them or others (see day laborers, domestic and restaurant workers in Appendix VI). Second, some asked the employer for, or provided their own, protective equipment such as gloves, eye protection or respirators (masks) (see day laborers, domestic workers, garment workers, hotel, and homecare workers in Appendix VI). Third, almost all respondents emphasized that being careful helped them avoid injuries and accidents. The hotel workers, in particular, stressed that staff shortages and the consequent increase in rooms they had to clean, prevented them from working less fast and, consequently, more safely.

#### **Expectation #5:**

**They would blame themselves for their injuries and feel strongly that it was their own responsibility to keep safe.**

Most respondents did not blame anyone for injuries incurred. A couple did say they should have been more careful when they experienced an injury. And, when asked the question, "Who do you think should be responsible for making sure the workplace is safe?" most answered this question by saying the employer should take responsibility if a worker is hurt, rather than talking about the employers' responsibility to provide a safe workplace. That is, they focused on the idea that the employer should be the one who pays for medical treatment. Most did not appear to be familiar with the provisions, their rights, under workers' compensation in California. A few mentioned that "the government" had some responsibility to see that workplaces were safe. Since most of those interviewed felt that employers and the government would not look out for them, they declared that they would have to take it upon themselves to be responsible for their own health and safety, vis-à-vis prevention of injuries and medical care if one did occur.

Day laborer Javier, fifty-one years old and three years in the industry, said this:

I guess the patron [employer] should take responsibility. The one that picked us up. If there is an accident at the workplace they are the ones who are responsible. Beyond that, I don't know if there is anyone else over them who would be responsible. That is a question that I have always asked myself. 'Okay, I go with this person, and is he going to support me?' If I have an accident—I beg to God not to wish for that—if they don't take responsibility we have to take care of it by ourselves.... I don't know how it works here, because thanks to God I haven't had an accident yet.

Domestic worker Melinda, forty-four years old with two and a half years in the industry, recognized that they are independent contractors and, therefore, do not have an employer who legally has that responsibility. This is what she said:

According to us, the responsibility...we [cooperative] talk about it so that we take care of each other. We talk about it among us, let's say in the meetings we hold...We bear the responsibility. Ourselves, what precautions we are going to take, so that's why we buy all the liquids, to make sure we won't get sick with other chemicals...to prevent....

Thirty-one year old Consuelo, who had worked as a garment worker for eight years, had this to say about responsibility:

Well, in this country, I don't know much about local laws. But I think that...there would have to be a good organization, and with the president, the city council, and all those people who have to create an organization, and someone has to tell them, 'Worry about those people.' Every once in a while, like the Health Department has to come and check if they have water, the conditions of the bathroom...But it would have to be the people who are powerful I think. It depends on them, the mayor, and the city council. The employers are responsible too, because when you have a business you know that you have to be responsible of your employees. And if they know they can't, then they shouldn't have a business, I think. But despite that, they do what they do with one because of their ambition for money.

The homecare workers had much to say about who was responsible (see Appendix VI). They came up with ideas about different entities that should take responsibility, such as certain governmental agencies, social workers who oversee their work if they are working for In Home Supportive Services, the employer, the client or client's family, and even the union that represents many of them. Scott, a sixty-seven year old who had worked in this field for three years, said this:

I think they should provide some sort of health insurance for the people that don't have health insurance, the County, or the state, whoever's in charge of paying homecare workers. Either in conjunction with the union dues. Maybe you could set up a program with Aetna or one of those insurances, Blue Cross or Kaiser....And the employee should pay, have to pay some of it, I think. It should be a small amount, because they're not making minimum wage...They should have some sort of responsibility for themselves, too, I think.

Most hotel workers said the hotel, or company, should be responsible for making sure the workplace is safe, although there was some difference of opinion regarding who specifically within the hotel bears that responsibility. Abel, a twenty-two year old who had worked eleven months in this trade, said:

...The immediate supervisor should be responsible for making the place healthy and safe. And when somebody gets hurt and they go to the clinic or doctor, the company should pay the medical expense, the hotel....Because you are working...at their premises. So I think they are responsible.

Restaurant workers think the employers should be responsible, but since they often are not, the government should take on some of the responsibility. Thirty-two year old Jen, who had done restaurant work for eleven years, said:

I have heard there are laws in California and everything. But if there were really laws they would be checking, wouldn't they? They would go to see the workers to check if they are treated well, if they are getting paid what they should. But there isn't. I worked seven years in a restaurant, and I never saw ....I think that since they don't check on the employer, the employer feels in a higher status. He takes advantage of the situation...The law is not being enforced.

#### **Expectation #6:**

**They would think the employer should provide protective equipment (PPE) like masks and gloves, plus training on how to work safely. If the employer did not, then the government should step in and help.**

These workers did not expect the employer to provide protective equipment in most cases. No one mentioned the employer's legal responsibility to provide such. Instead, workers provided their own, or as in the cases of the day laborers or the domestic workers' cooperative, they received protective equipment from the worker center for their industry. No one interviewed said that the employer had a legal responsibility to train them on how to work safely. Only one worker (homecare) had received training on blood-borne pathogens offered by a governmental agency, Cal-OSHA. And, only seven of those interviewed had ever heard of Cal-OSHA.

The reality that workers are "on their own" with respect to providing their own protection is exemplified by what fifty-five year old Domingo, who has worked as a day laborer for ten years, had to say:

Sometimes one feels like, indisposed...When it's 90 or 100 degrees, one can't stand it. One has to bring water because one feels very thirsty. It makes you feel bad because sometimes it's too hot, and one can't stand it. Two or three hours walking, you can fall down..Sometimes there are employers who provide you water, 'Do you want water?' 'Yes.' 'Yes, okay.' They bring you water or cold sodas. Or they put a little refrigerator with ice...Some, not all of them.

Sometimes to protect one's eyes, when you are sandpapering or something like that you wear some kind of transparent glasses...I wear a hat to avoid getting paint in my hair...If we don't ask them here [day laborers' center], when we are there [worksites] we say, 'Do you have gloves or masks?' 'Okay, I will get you some.' He goes and looks for them and then comes back, 'I don't have any.' That's forgivable.

For the domestic workers, some acknowledged the need for respiratory masks, safety glasses or goggles, gloves, protective clothing or aprons, and sturdy, closed, non-slip shoes. Most clients did not provide any PPE. Some respondents mentioned bringing their own, as well as cleaning supplies. No one said the client showed them how to work safely. In a few cases, clients advised workers to be careful, bought natural cleaning supplies, or listened to workers' requests. In a couple of cases respondents said that they felt clients' insistence on using less harmful cleaners was due to concern for their own health (since they were exposed to these cleaners also), not because of concern for workers' health. Forty-five year old Rocio, who had done domestic work for eight years, said:

The boss has never done anything to prevent an injury. It is up to the worker to know how to use the ladder, stand on a chair or table to reach whatever—to look after herself.

Twenty-five year old Fernanda, with two years doing this work, added:

I use gloves. I like to, and sometimes I use a covering for my nose. I don't know if my work mates use it or not. But, really, I've seen that some work without gloves. Sometimes I also use a mouth covering. It depends on the place where I'm going...I take precautions. For the gloves, you need to use the right brand. It's expensive because it's \$5 for each one, and there are times that the liquids, for example in the last house I went to, they ripped. That is, they got very thin. The liquids wore them out...They wear them out...the rubber gets diluted. It's like bleach for clothes. The clothes get very white. But they get diluted, because the bleach starts to eat the color, the fibers...If you don't rinse them, or if you leave them with the liquids, they stick. They break. Each time you use a strong liquid, you have to buy new gloves.

Rags that I use for cleaning, many people take them home. I don't know how they clean them, but I don't agree with this. I take my rags, I use them, and I throw them in the garbage, because how are you going to take a rag and wash it in your house? Well, I don't have a washing machine, and I'm not going to spend a dollar to clean rags that I use...The rags I get where I can. I don't buy them.

Garment workers overwhelmingly said employers did not make health and safety improvements nor provide such training. None of them talked about a role the government could play. Forty-three year old Mateo, who had worked twenty-five years in this industry, captured it when he said:

No...they weren't interested in that [prevention of accidents, illnesses]...It's very rare when it's [the workplace] inspected or just for a lawsuit or something like that...They don't do that. There are factories that aren't even registered [with the state].

With regard to homecare workers, we interviewed three who were private contractors, whose employer was the client or client's relatives, and ten who were working through the office of In Home Supportive Services, whose employer-of-record was the county's public authority. In most cases they felt the employers, especially in the case of the public authority, were not currently providing health and safety assistance, but that they should. Those in the homecare workers union said that the union was a good source for health and safety information. Alcira, forty-one years old and with eleven years of experience as a homecare worker, had this to say about a coalition that had recently formed that would address these issues:

...a coalition was formed between consumers and providers. That is to say, the clients and the homecare workers. What the client could do for the working conditions to be better would be request more hours, also to request access...to have a ramp for wheelchairs and good bathroom accessories like handle bars...to get the county to provide patients modern moving equipment, since there are many old pieces of equipment that require a lot of effort. So the clients have a lot of power...to improve the working conditions. And if we unite our efforts, like us asking for more hours and for better pay, with them asking to be assigned more hours, then we both benefit. We are asking to be given more time...that way, we can do our work better.

Some hotels do provide health and safety training and PPE for the hotel workers, but there was a fair amount of cynicism expressed about the employers' efforts. For example, twenty-nine year old Mercedes, who has worked in hotels ten years, said:

We receive fire training...yeah, we have health and safety training...I think every year one of the persons, she comes to give the training to the employees...like the blood, what are you going to do if you saw blood, if you saw a needle like that...

On the other hand, fifty-five year old Nestor, who had worked in hotels for thirty-eight years, noted:

They always have programs about that. They do announce that at work, that we have to pay attention to safety. Sometimes there are meetings, and they announce that we have to be cautious...But it's just that, they just talk. But they don't do anything because there is a lot of water spilled all over the place. They don't wipe it off. There are broken things and they don't fix them, and one can get hurt. One can slip and fall down, and there are things in the middle. And every day it's worse.

Twenty-two year old Abel, who had done hotel work for eleven months, was also critical about employers' efforts in this area. He acknowledged that in some instances the employer provided masks, but they were not the right kind. And in other instances, they warned them about hazards but did not provide protection:

Like my immediate supervisor, she is not really bothered...the areas we are working on, you know, the cleanliness.....so it's like, mostly they focus on their office where the people work.

Yeah...And they don't have protection for us. It's something like, you can't wear a mask all the time, like you know the one we need because that mask is not really going to help..it's only for dust, right? But this is cigarette smoke.

...They gave us labels...that these materials can lead to a health problem, or this is a hazardous material. So if this is a hazardous material, how come they let us deal with it without wearing protective gear? So we ask for it, but they never provide it.



The restaurant workers mostly felt their employers were not concerned about, and not willing to make health and safety changes. There were a few workers who said their employers cautioned them about being sure to work safely. Hung, who was forty-three and had worked in restaurants for eight years, noted that:

Usually the owner accepts our suggestions and corrects problems associated with our safety before inspectors [Los Angeles County Public Health inspectors who rate restaurants in order to ensure consumer safety] visit the restaurant...Owners immediately replace old and worn-out tools because they lower the efficiency of work.

**Expectation #7:**

**They would feel vulnerable in their jobs because they did not have legal papers, mastery of the English language or health insurance coverage.**

Respondents' legal status and lack of English skills had implications for their sense of vulnerability vis-à-vis the probability their employers would abuse them (e.g., put them at risk), and there would be nothing they could do about it because their employer would either fire them or turn them over to the INS. Not being able to read English meant they could not read warning labels on containers holding toxic chemicals. Some also felt that without legal papers they could not access medical care. Some said that undocumented workers go to the hospital when they are injured on the job because they attend to you there regardless of immigration status.

Fifty year old *Ciro*, who had worked as a day laborer for two years, had this to say:

That's something that we [workers' center] also have to teach the day laborers, to get education, we have to teach them not to be afraid, just because they have no papers doesn't mean they don't have the right to, 'You know what? Are you going to fire me?' Like my brother, he told the employer, 'Are you going to fire me? First you pay me...you pay me first, then you throw *la migra* [INS] on me; I don't care.' ...I say, 'There are laws. If you don't have a mode of surviving, there are offices where they can help you. If you don't have the means and you get hurt, and you can't work, and you can't pay the rent, there are offices where they can help you, even though you don't have papers. No, many workers get scared. They go, 'No, what if we go there and then they call *la migra*?'

*Ofelia*, a sixty-five year old domestic worker of twenty-one years, said this:

They [other domestic workers] fall down the stairs; a friend fell down. Another friend says that she slipped when she was waxing the floor. But as I told you, they don't say anything because it's a danger for us, because since they don't have insurance and maybe they don't have legal documents. I think that an illegal person has to shut her mouth. But a person who does have legal documents, well, it's very important that she reports it if something happens to her. Whether they help them or not, but she has the right to speak up.

She went on to talk about how not knowing English could be “harmful” to domestic workers:

Since one doesn’t know English or anything, it’s what they [employers] say. That’s the way it is for a lot of people, and a lot don’t know their rights. They used to make them [the liquids] slightly milder. Nowadays they are too strong. And there are a lot of people who don’t know English. And if you don’t read what it says on the label it’s worse. You have to know what liquid to use for one thing or another. Because if you mix two liquids that are opposites, you can get—the container has the information—you can choke. Like an attack, because since both liquids are not supposed to be together. You have to read the label, and if a domestic worker doesn’t know how to speak English, she can’t read it. So she can mix two liquids and get harmed.

Milagros, thirty-nine years old, had worked as a garment worker for nine and a half years. She had this to say about the importance of legal documents:

...the owners of the factory, they just like to have undocumented people...because they pay them whatever they want...For example, if you’ve been working in a factory for three months, and you say something to the boss like, ‘Go away!’ or something, then you [are] asking to get fired or something. So it’s not in the best interest to have people with papers working because they can demand their rights...So that’s what happened in that factory...[the owner] thought that I could talk to some people from the government, from the state, or for example, the Labor Commission... and tell them what was happening in that factory...

Thirty-one year old Consuelo, with eight years experience, talked about the importance of learning English in order to get a better job:

Yes, I’m interested in learning English. But me, I have been here for so long, and I haven’t done the effort to study. That’s also why I am going through this situation at work, because if I knew English I think I would have a better job. But that’s what happens to me...

The homecare workers did not talk much about legal documents or language mastery as issues, but forty-one year old Alcira, with eleven years in the field, spoke about her concerns:

...working in any place, they exploit you, first because you are undocumented, because you are an immigrant, you do not know the language. Then there is a time when you are distrustful of everybody, and what makes you sadder is that your own people, your own culture, starts exploiting you just for the fact that they know more, or because they arrived ahead of us.

Some hotel workers talked about how they felt vulnerable not having legal documents or being able to speak English. Most seemed to have medical insurance through their unionized employer.

Forty-nine year old Romina, who had done hotel work for four years, said:

...Well, really the first thing I did...I went into garment work, because I didn’t have papers. I didn’t have anything, and well, I stayed twelve years...but garment work, it’s a very sad thing. There’s really no kind of benefits. Hotel work is a little [better], right? Even though they don’t do what they should...that happens everywhere.

Forty-two year old Carlota, who had worked thirteen years in hotels, related a story about what one employer did to workers who did not speak English:

...As I told you, my arms hurt because of the work. They hurt a lot, and only recently that we left [were laid off], they gave us a paper...to sign that we had left the hotel...that we didn't have an accident. The manager gave it to us to sign, but since we often...don't know how to read English, I think that they only say what's in their interest and leave it to us to interpret. Many signed it, many, the majority...people that really did have injuries! For example, there was a woman who had an accident when one of the carts...turned over on her. Those carts are very heavy! And in steering the cart like this, she twisted her back. And the doctor told her she was injured for life...And for example, she signed the paper that day...that they brought to the meeting. Because she was on light duty, and another one was on light duty. And...they signed the paper. They washed their hands of it...they don't speak English, and they're not sure how it works...There was a woman who spoke English. And when we asked the woman what the paper said after we had already signed it, she told us that it was a paper that said that...the hotel was giving it to assure that no one had come out injured. That's what the woman told us.

Restaurant workers also had legal documents and language issues. Li, a twenty-seven year old who had done restaurant work for one year, noted:

One of the most nagging problems is that many workers in Koreatown don't have a Green Card...Because my status is not legal, I can't request any benefit as well as an inspection...But another problem is that it's very difficult for many Koreans to visit this kind of public entity [Cal-OSHA] because of language barrier.

#### **Expectation #8:**

**They would not know where to go for health and safety assistance.**

At the worksite workers relied on each other to get advice on how to work safely and how to protect themselves from hazards. They said that they seldom relied on employers/supervisors to give them assistance in this area. Outside the workplace, workers relied on their union or worker center for health and safety assistance in terms of training, PPE, legal advice or representation. A few said they would go to a medical clinic for advice, to people from their country of origin, or consult brochures, news, TV, Internet, magazines, or family members. Only seven said they had ever heard of Cal-OSHA, but none of them said they would turn to Cal-OSHA for assistance. One person, a domestic worker, talked about the need for a law that required cleaning liquids to be less hazardous.

Serafin, a thirty-six year old day laborer who had worked in this field less than one month, said:

We talk about the normal things that one talks about with friends, right? With co-workers we say, 'You know what? Be careful when you do that job because you can fall down or something. When you are doing something that can cause you an accident be very cautious.' Yes, we worry about our co-workers.

They [employers] hire you in other places and, 'You know what? You are going to do this.' But they never explain to you, 'Look, do it like this, or like that.' Or, for example, 'There is some danger with this machine.' No, they never tell us that. Our co-workers explain to us, but the employer never explains anything...

He went on to say:

...I would like more information. If a job is dangerous one has to be more or less capable of knowing the job's risks...For example, how to use the tools, or for example, I would like someone to explain us all the risks there could be at work...That way you would get better results. I mean, I would be able to do it better, and with less risks also for the worker.

Twenty-six year old Hector, with one and a half years of experience, said this:

...at CHIRLA [worker center] my co-workers have told me, 'Hey! Look, if this happens to you, you have to call this telephone number. Or if you can't talk, call us, and we will help you.' But above all, they have helped me to know how something can affect me and how it can affect the other person...The person whom I worked with, he used to tell me, 'Hey! Here is this mask, which is special for this chemical; it won't let you inhale it.'

Domestic worker Amelia, age unknown, had worked in this field for ten months. With regard to the problems of not having either medical insurance or workers' compensation provided by the employer, she noted:

What I have noticed in jobs where I've been recently, they asked me if I had medical insurance, if I had workers' insurance so that they could relieve themselves of the responsibility if I fall or something. So they even call [and say], 'I need someone to come to my house, but that has medical insurance, that has workers' insurance, and that has papers...' The first thing I would do if I fell, is to call the [domestic workers] cooperative to tell them that I fell, to see if they take me to the hospital or something. And then later, depending on what happened, maybe, if the client wasn't there at the moment I would tell them afterwards. But really, I don't know what I would do.

Olivia, fifty-five years old with eight years in this field, expressed her frustration:

One doesn't have someone to guide her, someone to tell her all this. On one occasion, I saw something about domestic workers on TV. In fact, I heard that there were some books where you could find out about your rights, and I always said that I was going to order them. Because it was even free, but I never did it! One doesn't do it right away, and then forgets. Yes, the truth is that I don't know where to go to get help and support in a given moment. I would like to get medical insurance, too.

The garment workers were aware of the services the Labor Commissioner offers. They learned this through their affiliation with the Garment Worker Center. Garment worker Sen, forty-six with two and a half years in the field, said this about the Commissioner's services:

Only the Labor Commissioner has been to the factory before. They're supposed to translate information from the Labor Commissioner's office into Chinese or Spanish, but they don't. The Center has better language capabilities. I heard about the Labor Commissioner from one nonprofit—don't know the name, but they speak Chinese, and they told me the number to call. And very few people read the newspaper. Most of the workers go in early to work, so information on TV is too late—there are only a few hours where they could watch TV before they go back to work.

Twenty-four year old Yadira, with four years in garment work, also talked about how the Garment Worker Center (GWC) helped:

Well, I've known about a lot of things in the Garment Worker Center because they give us training. They teach us what our rights are. They've also given us many talks, and through them I've come to know many things that I really didn't know before. And it's like we've come to realize how when we were in that plant we were lacking many things. There's also CHIRLA. I don't know their names, but I know that there are several organizations. KIWA [Korean Immigrant Worker Advocates]—I think that's also around...

Forty year old Magdalena, with nine years of garment work experience, was clear about what she thought was needed:

Better wages...cleaner factories; have a first aid kit. There was none. Well [make it] cleaner and have fans because they didn't have anything. Nothing...not even a fan. Nothing.

Consuelo, thirty-one, with eight years experience, also had some specific recommendations:

I would like that inspectors came every four months...they would come to check the water, the fabric dust, the bathrooms. And I would like to see a law that forced them to pay a fair wage to workers...I would like that they eliminated the piece system, because that way one never gets minimum wage....I would like inspectors to go and see...bathrooms that you would rather tolerate a stomachache than using those bathrooms because they are so dirty. It's better to wait than get an infection...I would like them to see the dust that's making us sick in our throats...

Those who were in the homecare workers union spoke enthusiastically about what the union provided. Sixty-one year old Nelly, who had worked for ten years providing such care, said:

All that stuff, the videos, the posters, the classes that we have here [SEIU union], and just general common sense. And talking with other people. Also, our trainings here, and then of course, what they do in the senior citizens' complexes, through signs and posters. That kind of thing, to be careful, be aware, be cautious....In the classes that they give us here, they're very thorough....all of our precautionary measures, all the stuff that will help us to be safe on the job. In fact, we're very thorough, so outside of knowing medical or nursing procedures that would help me, they've trained us. I'm very grateful for it.

And some homecare workers had specific recommendations about what was needed. Fifty year old Elaine, with twenty-three years of experience, said this:

I think the County should take more responsibility....I mean, these are constituent people who put them in office...they need to have people out there to see what the problem really is. They only hear it from hearsay. When we [union] started a program where we have legislators take care of a consumer for a day... so they know what it's about. And, a couple of them, they're the ones who say, 'I did not know you did this.' And neither does the Board of Supervisors, the City Council of Los Angeles, and neither do the people in Sacramento. They do now, because their own people have told them, 'Hey, there's a problem here. We gotta do something about it.' But they don't realize that we need more equipment, more better wheelchairs. We need things for our consumers and homecare workers to protect them on the job...

Thirty-eight year old Marianela, with ten years in the field, also had a recommendation:

I think [addressing health and safety of the worker] is something they should add when they have the [in home supportive services] consumer's social worker come out [yearly]. And they should have something that the social worker should talk to the provider. And say, you know what, you need to show at least a piece of paper to show that you've had your yearly exam. And without that paper, you can't come back to work. You know, like when you go to school, for a teacher's aid, or to work as a volunteer, you need to have a tetanus shot, and then a physical, and you need to show that...

Hotel workers knew that workers' compensation was something they could pursue if they got hurt. However, some mentioned that they had to "file lawsuits" when they got hurt, which suggests the employer was denying compensation. Company doctors were also distrusted by the workers. Forty-two year old Morelia, with five years in this industry, had this to say:

Yes, the doctor pays [for work-related injuries]. But they are doctors from the same work. And, you know, even if you are hurt, they say you are okay and you can work. Because one workmate got hurt. She was out of work for some time, and they didn't pay her. She had vacation, and she had to use her vacation time because she needed the money. But the doctor said, 'You're fine,' but she didn't feel well. I don't know how...they can work like that.

Employees most likely turned to their co-workers for assistance. Forty-one year old Mireya, with nineteen years in this industry, said:

...Sometimes the chefs told us about this. But most of the time we're learning like one to the other ones...people talk to each other...so if you see somebody doing something dangerous I tell them.

The Hotel Employees and Restaurant Employees Union provides information and assistance on worker rights for their members. The workers did not mention health and safety rights assistance, but the union is trying to reduce their workload, such as the number of rooms they have to clean each day. Cleaning too many rooms can negatively impact safety. Fifty-three year old Benita, with three years doing hotel work, said:

Because they [other workers] say that...it doesn't make any difference [having a union]. I say, 'No! It means more benefits for us because maybe we can get them to give us the breaks...it will be included in the eight hours we work.' Tell them things like that...They will give us fewer rooms. They are going to teach us how to defend ourselves, how to not let them humiliate us...and that's maybe going to help us.

Some hotel workers said they needed some specific kinds of health and safety assistance. For example, Thirty-four year old Selena, with thirteen years of hotel experience, wanted information on ergonomic hazards and chemicals:

...Yes, I would like to know, for example, what disease is caused by moving your hips, your back, too much. Also, about the [cleaning]chemicals. That's very wrong; I am concerned about that. For example, I would like to know what disease you can get from using the chemicals...from moving your back so much...that's what is more affected in this job.

Fifty-five year old Alfonzo, with sixteen years in hotel work, said:

I don't know, maybe, like if there were a person responsible for safety on every job, which is nearly impossible, but it would be ideal...but almost impossible, because you couldn't pay a person to be responsible for worker safety if you only had a small number of workers.

Of the fourteen restaurant workers interviewed, only one had heard that Cal-OSHA could be used as a resource. A few knew that if they got hurt the employer was supposed to provide coverage under workers' compensation, but most said that this did not happen. The main sources of information for them on health and safety were their co-workers, friends and the worker center (KIWA), which has a Restaurant Worker Association. These are some of the thoughts from the workers:

Regarding Cal-OSHA, thirty-four year old Ruben, with one year in restaurant work, said this:

Is it the state that makes the laws? Yes, I'd be interested in knowing where that is, and is it state or federal? Yes, I'd be interested so I could possibly go pay them a visit...yes, to take more information back to the group...

Twenty-seven year old Li, also with one year in restaurant work, expressed interest in Cal-OSHA's services, but had some reservations:

Because my status is not legal I can't request any benefit as well as the inspection....We may get help from that kind of agency, if we have a big accident like getting legs broken. But another problem is that it's very difficult for many Koreans to visit this kind of public entity because of language barrier.

Li did not know if the restaurant had workers' compensation insurance but did understand that the cost of the premiums was based on claims history.

I'm not sure...they might have accident insurance providing against big incidences without our knowing that. They may have it if it's mandatory here in the U.S. But I don't know who gets benefits from the insurance. I don't know if the owner would use the insurance for us or fire us not to raise the insurance premium when we want to use the insurance...



Again, in this industry, workers had specific recommendations regarding health and safety assistance needed.

Thirty-two year old Yi, with one year in restaurant work, said:

I enjoy reading the newspaper. In a newspaper they always talk about illegal immigrants...or how to get a Green Card...there is no useful information about Korean community. I know that I should put effort to get information, but it would be better if that kind of information [workplace health and safety] were easily available...newspaper companies are making their living with the money they receive from Korean business owners so they don't want to irritate Korean business owners. That's the problem...

Forty year old Jang, with four years in restaurant work, said this:

Getting insurance. This is the first thing. Educate the workers about the working conditions, the safety and health issues—educational sessions for kitchen—what we have to know about health and safety issues—and many other health issues related to working conditions, and then getting insurance...

Nineteen year old Alberto, who had worked one year in restaurants, said they needed more assistance from the employer:

If I am going to work in a restaurant, I want them to give me gloves. I want them to give me boots. I want them to give me masks. I want them to pay me. I want them to give me an hour to eat. I want them to teach me how to use the knife. Do you know what I am saying? If I am the boss and if I am going to work every day in the same place, that's how I want it...

As in the case with the hotel workers, some restaurant workers felt that staffing levels affected health and safety. Thirty-four year old Ruben, with one year in restaurant work, said this:

To have a few more workers, as there are one or two workers who are continuously rushing to get things done. This causes accidents...The bosses should hire more help to maintain the safety of his own business but doesn't do it...

#### **Expectation #9:**

**Those who were more aware of these issues and stood up for their rights would have some affiliation with a worker advocacy center or labor union.**

We were not able to find any relationship between awareness of health and safety issues, or standing up for rights, and the particular level of affiliation with worker centers or labor unions. Whether a person had low, medium or high level of involvement in a worker center or labor union did not seem to have any relationship to: (1) whether they expressed concern or fear of injury on their job for themselves or (2) whether they reported an injury or illness to the employer. These were the two proxies we used to represent awareness and standing up for their rights. There are a number of reasons why our study may have not found a relationship, and these will be examined in the Discussion section of this report.

## V. DISCUSSION

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This study was a modest exploratory effort to both “uncover” the workplace health and safety experiences of immigrant workers in six industries in Los Angeles County and to find out to what extent, as far as the workers know, injuries and illnesses in their workplaces are, in fact, reported to employers, either by themselves or their co-workers.

We first must acknowledge that the size of this sample and the fact that it was not random prevent us from drawing any irrefutable generalizations based on our findings. It would be very labor-intensive and costly to conduct a study of this sort with large numbers of workers, thus making it unlikely that such an in-depth study on a large scale will be undertaken soon. Also, obtaining a random sample of these kinds of workers can be daunting, because the sectors chosen are part of our “invisible” economy.

However, we think that this study is a good start, for even with this small number of subjects, little or no new information seemed to emerge after we had conducted seventy-five percent or more of the interviews in a given industry.

We think that the demographics of our sample are an approximate reflection of the true demographic breakdown in these industries. For example, we interviewed forty-four females and thirty-one males. In the day labor sector all were males, as we had expected. In the restaurant sample, ten of the fourteen were male; all were dishwashers, a job that is dominated by males. In the garment (seamstresses) and hotel industries (guest room attendants/housekeepers) there were more females than males. All the domestic workers interviewed were female, and all but one homecare worker were female. The remainder of the females were in the garment industry, (seven out of twelve employees); homecare, (eleven out of twelve); hotel, (eight out of twelve); and for the restaurant industry, four out of fourteen were female.

Thirty-six of the respondents had worked less than five years in their industry. Thirty-nine had worked five or more years. The fact that many had worked for a fairly long time in each of these industries, adds, in our opinion, to their credibility regarding their perceptions of their place of employment.

Forty-five of the respondents were forty-one or over, and twenty-eight were nineteen to forty years of age. We did not find out the age of two respondents. We believe that the wide age span also contributed to the credibility of the interviewees’ perceptions.

In order to recruit these workers to do the interviews, we primarily used worker advocacy centers and unions from which to draw our sample, although a few individuals (five) were recruited through personal contacts. It is important to note that about a third, or twenty-six, of those recruited through organizational “door keepers” had very little involvement with those organizations. Therefore, we assume that they had learned little to nothing about their workplace rights from the center or union. Of the remainder, twenty-one had medium involvement, and twenty-three had high involvement (please see Appendix I for the criteria we developed for these categories).

As noted in the Findings section, we saw no relationship between level of involvement in such an organization and their concerns about health and safety, nor whether they reported injuries. We think our sample was too small to detect such a relationship, if one in fact exists.

Virtually all the workers interviewed had much to say about health and safety on the job, albeit in the context of a much larger discussion about their work. It was clear that most liked what they did for a living and took pride in doing a good job. They talked about what they did in a typical workday and what they liked and did not like about their work.

For some, the human factors related to their job made them feel they were doing something indispensable. For example, the homecare workers were very aware that their homebound clients relied on them for social interaction and support. This was evident in a domestic worker who looked for a smile from her client and another who took pride in her client’s informal English language lessons.

These were what made their jobs meaningful or interesting. Co-worker relationships were also important. For example, in the garment and hotel industries they referred to their co-workers as “second families,” people they could look to for social support. But also there were tensions among them, between the garment workers who wanted a union and those who did not, the tensions between those who worked “in the front of the house” of the restaurants as waitresses with higher pay and those who “worked in the back” as dishwashers/food preparers with less pay. In some of the hotels the safety incentive games pitted worker against worker as they vied to win prizes in teams.

The employer relationships were also central to their perceptions of whether working conditions were good. Often they felt they were not “treated with dignity,” or “treated as a human being,” that they were ignored sometimes, for example by the relatives of the home-bound elderly person or the homeowner whose house they were cleaning.

For easy reference, here again are the expectations we had about what we would find in this study:

1. The workers would have minimal knowledge of the documented health and safety problems known in their industries.
2. They would not have serious concerns about health and safety conditions, but would rather focus on wage and hour issues. In fact, we expected to see a continuum: the least concerned would be the young male day laborers who typically feel invincible; domestic, garment, hotel and restaurant would have about the same level of concern; and homecare workers would be most concerned since they worked in a healthcare-related industry and therefore would have greater awareness.
3. A minority would have experienced a work-related injury or illness. They would be unlikely to report such injuries and illnesses because of fear of losing their job or deportation threats.
4. They would not have given much thought to on the job precautions that could protect themselves from injuries and illnesses.
5. They would blame themselves for their injuries and feel strongly that it was their own responsibility to keep safe.

6. They would think the employer should provide protective equipment like masks and gloves, plus training on how to work safely. If the employer did not, then the government should step in and help.
7. They would feel vulnerable in their jobs because they did not have legal papers, mastery of the English language, or health insurance coverage.
8. They would not know where to go for health and safety assistance.
9. Those who were more aware of these issues and stood up for their rights would have some affiliation with a worker advocacy center or labor union.

### **They Worried about Injuries and Illnesses on the Job**

It is striking that for virtually all the workers interviewed, regardless of the industry, they had serious concerns about their health and safety on the job (Expectation 2). There did not appear to be any difference across industries, even though the risks actually differ across industries. They were quite aware of the hazards they faced. Day laborers were worried about working on elevated places or in trenches; homecare workers were concerned about lifting clients; domestic workers worried about being exposed to strong cleaning chemicals; garment workers worried about sitting in awkward postures for long periods in unventilated, fabric dust-laden rooms; hotel workers did not want to be exposed to smoke and blood-borne pathogens; and restaurant workers worried about getting scalded or cut (Expectation 1). These were just a few of the many hazards they identified in their daily work. They worried, but on another level they seemed to take it for granted that in these kinds of jobs conditions are often very bad.

We had thought day laborers, in particular, might dismiss job hazards or say they did not worry about them. Worby, in her ethnographic study of thirty-three day laborers in the San Francisco/Bay Area, found that most of them discounted possible job risks (Worby 2002). This was not the case in our study. And, contrary to another study, the day laborers in our study did not perceive work-related injury as a “personal failure” (Walter, et al. 2002).

Almost none of those interviewed had medical insurance. This was the case for workers in virtually all the industries studied except for the hotel workers who were unionized, and for those domestic workers who were employed in a small cooperative. Some did not know that all employers are required to have workers' compensation, and many who did know said their employer avoided paying workers' compensation when people got hurt.

If they did get hurt on the job, many did not know how they could pay for treatment or where they could go for treatment. Many relied on home remedies; one talked about relying on pills sent from her home country. Some did not know who would feed or tend to them if they did get hurt, because the rest of their family lived in their country of origin. Some went back home to Mexico, for example, "to heal." There were cases where they did not get treatment and, consequently, their health conditions worsened, or at least did not get better.

None had sick leave provided as a benefit. Consequently, if they got sick or injured, they lost pay for those days missed. Because of the nature of these low-skilled jobs, they ran the risk of being permanently replaced, except for the unionized hotel and homecare workers, if they missed a day of work.

Several said that they sent money back to their country of origin regularly to their family, and their family counted on those remittances to survive. If they got hurt the family suffered, as they no longer received that money while the worker was recuperating. The importance of these remittances back home has been documented by many. "In some [Mexican] village studies, income from migrant workers in the United States rose from 12% to 35% of total village income between 1982 and 1988" (Martin 1993). Last year, "...about one million Salvadorans working in the United States—often as undocumented workers—will send home an estimated \$1.45 billion to loved ones, according to the country's central bank" (Maier 2001).

It is important to note that a good number of the workers from several of the industries recognized that their current working conditions could affect their health later in their lives. They expressed concern that the chemicals to which they were being exposed could, in the long term, cause them to suffer ill effects from exposures to toxins, or ergonomic hazards that could cause later musculoskeletal problems.

In comparison with health and safety concerns, some in the garment and restaurant industries were more concerned about employer wage and hour infractions, as these represented some of the most egregious cases. But generally, health and safety was a major concern for most. In fact, some refused to work if they thought the job or task was too unsafe in the restaurant, day labor, homecare and domestic sectors.

### **They Experienced a Variety of Injuries and Illnesses**

More than half (57 percent) of those interviewed had experienced job-related injuries and illnesses (Expectation 3). Interestingly, at first, they often told the interviewer they had never experienced an injury or illness that was work-related. But further into the interview they either became comfortable enough with the interviewer to admit they had, or they suddenly realized that they had experienced one but had never reported it to anyone, for a variety of reasons. When probed, they said that they did not report because: 1) they didn't think the injury or illness was serious enough to report, 2) they didn't think it was work-related, 3) they thought it was just to be expected, part of every job, 4) they did not want to complain, 5) they felt vulnerable, as they might suffer retaliation if they reported it. The interviews, in fact, may have been the first time they felt comfortable talking about their experiences of injury.

### **The kinds of injuries reported included:**

Day Laborers: fractured hands, back injuries, vision and hearing problems from a concussion, broken fingers, chemical-related allergies, cracked skin from handling acids, sore or irritated throat from dust, burns from hot tar, injuries from walls or falling building materials.

Domestic: irritated eyes, cough, choking feeling, peeling skin on hands, headaches, sore throats, nausea from the cleaning liquids, injuries from falls on wet floors, back injuries from lifting or twisting, damaged finger, and arm discomfort from repetitive motion.

Garment: allergies; sneezing, itchy and red skin; irritated eyes; cough; irritated throat due to the lint dust; backache from carrying heavy bundles; punctures from needles stuck in fingers and fingernails; respiratory illness due to lack of ventilation and extreme heat; bronchitis from direct exposure to cold air from fans; blisters on fingers; swollen feet from sitting for so long in awkward postures; painful shoulders and arms from repetitive motions; cuts from needles, scissors and other tools; and backaches from sitting long hours in the same position.

Homecare: back injuries from transferring client between bed and wheel chair or commode/toilet, injuries from falls, backaches, painful ankles, and injuries caused by aggressive clients.

Hotel: cuts from knives or cooking machines, injuries when hit by falling objects, hurt arms and legs and frequent numbness, backaches, illness (“arthritis”) caused by exposure to extreme heat in the laundry room, cuts from broken glass, injuries from falls on slippery bathroom floors or off sides of bathtubs, back injuries, burns in the kitchen, cough, allergies and irritated eyes from cleaning liquids.

Restaurant: burned hands, injuries from falls on wet floor, sprained ankles, electric shocks, cuts, cramps from extreme temperature changes in and out of the refrigeration area, backaches, rashes from cleaning liquids, arm pains from heavy lifting, cuts from assaults from chefs and patrons.

Although all these reported illnesses and injuries would not necessarily be recordable according to Cal-OSHA’s legal definitions, they should have been reported to their employers, and treatment and preventive actions should have been taken.

It is interesting to note that the workers did not blame themselves for the injuries incurred, saying things like, “I should have known better, I should have been more careful.” On the other hand, most did not overtly blame the employer either. The attitude expressed was more one of, “These hazards exist, we don’t like it, but we just have to be careful” (Expectation 5).

We should also note that as in most occupational health and safety studies, the workers we interviewed were the ones who are relatively healthy. It was in essence a biased sample, as they were still working at the time of interview. Those who were seriously injured or ill were not likely to be contacted for this kind of study, as they would be recovering away from the workplace.

### **How They Coped: Heavy Reliance on Selves and Each Other to Keep Healthy and Safe on the Job**

In most of the workplaces, there did not appear to be a California OSHA-required Injury and Illness Prevention Program (IIPP) in place. IIPPs must have one or more persons(s) responsible for the workplace safety program, a system for ensuring worker compliance with safety rules, a system for communicating safety issues to workers, worksite safety inspections, procedures for investigating injuries and illnesses after they occur, methods for correcting hazards, worker training and instructions in the appropriate language(s), and related recordkeeping requirements.

The workers relied on their own ingenuity and each other’s advice on how to keep safe (Expectation 4). For example, they bought or crafted “masks” to protect themselves from the fabric dust in the garment shops and the airborne lint in the hotel rooms, and from the vapors from the strong cleaning fluids in the homes they cleaned. In other cases, the worker centers, such as the day laborers’ centers and the domestic workers cooperative, loaned them such masks to take to the worksites.

Some workers displayed sophisticated knowledge about health and safety: they expressed concern that the masks they used for lint in the hotels would not protect them from the cigarette smoke on the floors where smoking was permitted. They recognized that they would need a different “mask” for smoke than the one used to protect against the nuisance dust created by lint. The union that represents homecare workers had conducted some safety and health training sessions for their members, which at least one of our interviewees had attended.

The workers who had been on the job longer, as well as peers, taught other workers how to do their jobs safely. They showed them how to wear back belts and bend one's knees when lifting, how to hold the knife when chopping the vegetables, how to put a mat on the side of the bathtub when they reached to clean the shower curtains, and other such precautions. They relied on each other, particularly if they spoke the same language.

Some said they wished they received employer-initiated training on how to do their job safely, including such advice as how to lift safely. The day laborers and homecare workers particularly desired this. But it was more common that they did not have such expectations. They seem resigned to the fact that their employer was not providing training and that there also was no agency to help them. They concluded they would have to take care of themselves, because no one else was going to do it.

#### **In Most Cases the Employer Relinquished Responsibility**

Some workers pointed out that it was not clear who was their employer, and, consequently, who was legally responsible for being sure they were safe. This was particularly true of the homecare workers, the domestic workers, and the day laborers.

With the homecare workers, those who were in the union had an employer-of-record, the public authority called the Personal Assistance Services Council (PASC). But the PASC did not appear to take responsibility for their safety. For those who were not employed through the PASC, but rather were employed directly by their clients or clients' families, some said the clients or their families were responsible, but they did not know what these individuals could do for them. The domestic workers were self-employed contractors, hired by the homeowner or apartment dweller, so Cal-OSHA does not have jurisdiction over them. None mentioned the possibility that they might get some medical compensation through the homeowner's house insurance if they got hurt on the job, although some policies have limited coverage for such cases. The day laborers usually were also self-employed so they were in a similar situation as the domestic workers.

They were concerned that most of their employers "didn't care" if they got hurt on the job. Many did not have legal working papers and did not have English skills. They felt that they could easily be replaced if they spoke up about their health and safety concerns, and they were even more likely to be fired if they were to get hurt on the job. They had experienced this or had seen cases where co-workers had this happen.

Rarely did a worker mention that the employer had shown workers how to do the job safely. Many brought their own protective equipment such as masks and gloves, as well as working equipment such as rags for the homes and hotels they cleaned. The day laborers were sometimes not hired because they were not wearing the appropriate shoes or long sleeved shirts. One hotel required the workers to wear non-slip shoes, but then only contributed \$20 towards the required \$50 to \$60 pair of shoes. Many worksites did not have basic first aid supplies. The workers would have to bring their own or improvise by using things from the worksite. For example, the garment workers talked about stanching blood with the same fabric and tape they used to make clothes. Unsanitary restrooms were common; workers often chose to "hold it" rather than use them. One garment industry employer did not provide drinking water. Instead, the workers had to buy bottled water at a cost of \$1.25 each.

Again, it seemed quite clear that virtually none of the employers were complying with the Cal-OSHA Standard that requires all workplaces in the state to have an Injury and Illness Prevention Program in place. It appeared as if one hotel was making an effort to comply with the Cal-OSHA Hazard Communication Standard that requires chemical containers to have health warning labels attached. One hotel worker mentioned that the employer required workers to use only properly-labeled cleaning solutions, but they did not talk about what the label had to contain, nor whether they read the label in order to find out about its toxicity.

#### **Who is Responsible for Health and Safety in the Workplace?**

Most interviewees felt that the employer should be responsible because it was his business and he was making the profit. They talked about responsibility in terms of who should pay the costs if someone got hurt. Many seemed resigned to the fact that in many cases they had to provide their own protective equipment or teach each other how to do things safely (Expectation 6). It should be noted that there were some instances where, in fact, the employer had provided health



and safety training, personal protective equipment, or covered their medical costs when injured on the job. These instances did not seem to follow any pattern, but were cited more often by those who were self-employed day-laborers or domestic workers.

The interviewees acknowledged that they also had a responsibility to work safely. They did not see it as a one-way street, but rather that a safe working environment was only possible if workers and employers partnered to be sure no one was hurt on the job.

Some interviewees thought the government should play a role in creating safe working conditions, but they did not know which agency would be responsible, what their health and safety rights were, and what the procedure was to file a complaint or even how to get health and safety information from such agencies. One worker took a strong stand, stating that all businesses should be inspected regularly for safety and their business license taken away if they were not in compliance. Some were aware that their workplaces were inspected from time to time, but this seemed to be true mostly of those working in the restaurant industry, where the Los Angeles County Health Department does conduct regular inspections to ensure consumer health and safety (Assumption 6).

### **Vulnerability**

Sixty-seven of those interviewed were born outside the United States and sixty-three of the interviews were conducted in the native language of those interviewees, which was either Spanish, Korean, or Chinese. Five of the workers did not state their country of origin, and three said they were born in the United States. Because it is illegal to work in the United States without legal documents, we did not want to compromise these workers' security by asking whether they had such papers. However, many voluntarily indicated that they did not have them during the course of the interview.

Because many did not have legal working papers, they felt particularly vulnerable in their jobs. They felt they could not ask for protective equipment, training, or other health and safety-related items, because they might be turned into the Immigration and Naturalization Service (INS or "la migra") or fired. They felt they had no legal workplace rights if they did not have legal working papers.

For those who worked in the garment and restaurant industries, some said they could not speak up about workplace issues because they would get fired or "blacklisted"—in other words, they'd be placed on a "do not hire" list which was shared with other employers. Some felt they were at a disadvantage because of interethnic differences between them and their employers. This included Latino kitchen workers employed in Korean-owned restaurants, Latino seamstresses working under Asian supervisors, and domestic workers working for an employer who only spoke English.

In addition, some of the same people felt that they could not speak up on these issues and also could not move on to a more desirable job because they were not able to speak or read English. A few came to this country with education beyond high school and were planning to work in the particular industry until they learned English so that they could move on to a better paying job. At least one said they were at a safety disadvantage because they could not read hazard information on containers that was written in English. In some cases, the workers said they were able to read English, but still did not feel comfortable enough with the language to speak it (Expectation 7).

### **Recourses They Could Pursue**

Some interviewees did understand that there were organizations to which they could appeal with regard to their health and safety concerns. Those included the worker centers which served their industry (e.g., day laborers could contact the Coalition for Humane Immigrant Rights of Los Angeles; and domestic workers could meet with the Dynamic Workers LLC. Other institutions included the Garment Worker Center; the Koreatown Restaurant Association (of Korean Immigrant Worker Advocates); and industry-specific unions, such as the Service Employees International Union (SEIU) #434 for homecare workers, and the Hotel Employees and Restaurant Employees (HERE) union. It is important to note that the vast majority of workers in all these industries, with the possible exception of those employed in homecare, are unaware of a worker center or a union that could help them (Expectation 8). In other words, the workers in this sample are not representative of other workers in these industries, in this respect.



As previously noted, our interviewees did not know what governmental agency regulates health and safety on the job. Only seven of the seventy-five interviewed had ever heard of Cal-OSHA. Three homecare workers knew about the agency because their union had requested Cal-OSHA train them regarding the dangers of blood-borne pathogens. One worker mistakenly thought that Cal-OSHA enforces wage and hour laws. And another person thought the Labor Commissioner covered health and safety issues.

Of those who were familiar with governmental agencies that could help, they were more familiar with the role of the Labor Commissioner's office. Several restaurant and garment industry workers were aware that the Labor Commissioner's office could help enforce wage and hour laws. Some who obtained the services of a worker center were ultimately successful in getting back pay and overtime pay (Expectation 9).

Some workers quickly identified legal recourses they could pursue, such as bringing "suits" against employers for wage and hour infractions. They seemed to think they could "sue" the employer if they got injured on the job, confusing this, perhaps, with Workers' Compensation cases, where a lawyer's services might be needed if the employer did not accept that the injury was work-related. For legal assistance, most said they would go to the union or worker center for such help.

### **What They Need**

Many wanted information and training about their workplace rights—including workplace health and safety rights. They wanted to know how to do their jobs well and safely. This desire was particularly stressed by the homecare and domestic workers. Some of the day laborers, for instance, said they should have a briefing before each new job about its particular hazards and how best to work safely there.

Virtually everyone wanted health insurance. Some of those from Mexico said that in Mexico when someone starts a job they are automatically covered under the national health insurance system, and that that is the way it should be in the United States. Only those who worked in unionized hotels, as well as some of the domestic workers who were in a cooperative, had such insurance available. They also wanted to know where to go for treatment if they did get sick.

They wanted governmental agencies that dealt with workplace issues to provide worker assistance, staff that spoke their language, educational materials that were in their language, and easy accessibility to such agencies. One mentioned that it would be good to have such an agency in their neighborhood for easy access.

It was striking how undemanding many were in respect to improvement of health and safety conditions in their industry. A few had taken their workplace issues to elected officials and the media—particularly those in the homecare union. There was a certain sense of fatalism, resignation, that they could not ask for much because this was just the way things were for them in the United States, and they would have to "make do" through their own resourcefulness and assistance of co-workers. There was a certain sense of "sacrifice" they were making for their children. Domestic workers talked about working to support their children through medical and pilot-training schools.

They did, however, want the public to know what they did every day for a living, the working conditions they faced and how they contributed to the economy. A quote that typifies this was one from day laborer, Hector. He said:

....that they stop to look at us as persons who are, let's say like persons who are outside the community. I want to achieve that they see us as...the ones who sometimes do the hardest work that somebody else does not do.

Another day laborer referred to his co-workers as "anonymous heroes."



## VI. SUMMARY AND RECOMMENDATIONS

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Immigrants who work in low-skilled, low-paid jobs represent a large share of the Los Angeles County, and California, economy. These workers are at higher than average risk for work-related injuries, illnesses, and fatalities.

The reasons for this are many. The types of jobs they hold are often dangerous. Typically, they do not receive employer-provided health and safety training. If they receive any written safety information it is often not in their first language. The employer often does not provide personal protective equipment, such as gloves, eye protection, or respiratory protection, even though state law legally mandates the employer to do this when needed. The vast majority of these workers do not have health insurance and their employers often do not have legally-mandated workers' compensation insurance. There are often cultural differences and language barriers which deter them from speaking up about health and safety concerns. And when such workers have spoken up, it has often not resulted in needed changes (Cole, et al. 1996). Lastly, many are unauthorized, undocumented, workers who do not have legal residency status which permits them to work. Consequently, they perceive that they have no "workplace rights" and for this reason do not readily complain about their dangerous working conditions.

This ethnographic study of seventy-five such workers found that workers did worry about getting injured on the job. Approximately 90 percent expressed such fears. They worried about immediate symptoms and disorders as well as health problems they were not experiencing at present but might in the future as a result of current work. Fifty-seven percent reported experiencing a variety of injuries and illnesses. Of these, 63 percent reported these disorders to their supervisor. It is unknown how many of these were recorded by the employer in official databases (i.e., Employers' Log 300, workers' compensation records, or Doctors' First Reports). The remaining 37 percent did not report their injuries or illnesses for a variety of reasons.

These workers primarily relied on each other for safety information that would help them prevent injuries and illnesses. If injured or made ill, they mostly treated themselves, or they went to a local clinic and paid for the care out of their pocket. A few were successful in getting their employers to take them to a clinic and to pay for treatment. Sometimes they would go to a worker advocacy organization, such as a worker center or labor union, for legal assistance related to their case.

Virtually none said that the employer had legal responsibility for health and safety in the workplace. (Those classified as self-employed, e.g., some day laborers and domestic workers, do not strictly speaking have employers; therefore they have no such legal protections.) Instead, most assumed the employer would not take on this responsibility and that they themselves would be responsible for providing such items as their own personal protective equipment.

Some of those interviewed looked to worker centers or labor unions for personal protective equipment, loans, legal advice, and/or representation. Several said they got advice on health and safety from a medical clinic, friends, family, and written or broadcast media; one said her child helped her use the Internet to find such information. They very seldom turned to supervisors or employers for such assistance. They never contacted Cal-OSHA for such assistance.

These workers said that they needed information and training about specific job hazards and health and safety workplace rights for immigrant workers. Many thought because of their residency status they had no such rights. Some wanted information about how to get legal residency status. They wanted to have health insurance and to know where to go for medical care. They wanted more support on these issues from the government and worker centers, and a number wanted to learn how to speak English.

Based on these findings, one might conclude that the first recommendation for action would be to improve the ability of California governmental agencies to protect the safety and health of immigrant workers. Historically, workplace health and safety advocates do focus on the roles of the state agencies (Teran et al. 2002).

We argue that these agencies should play an important role, but that there are some compelling reasons why this should be a long term goal where incremental improvements are possible. Our recommendations at this time focus on more immediate actions that need to be undertaken to address the pressing issue of immigrant worker health and safety: (1) providing funding and technical support on health and safety for organizations and clinics which serve immigrant workers; (2) establishing a Clearinghouse/Resource Center on Immigrant Worker Rights; (3) holding public legislative hearings; and (4) conducting further research on these issues.

Over the past two decades we have experienced a “reality check” on what governmental agencies will or can do. Last year a study examined labor enforcement since 1970 in California and found that “by several measures—funding, staffing ratios and number of inspections—enforcement of laws covering wages, hours, health and safety was lower in 2000 than at the turn of each of the last three decades” (Cleeland 2001). Furthermore, the report declared that at the current rate of inspection, it would take 106 years to do health and safety inspections of all the state’s workplaces, far behind the rate of California’s neighboring west coast states. According to the report, the number of health and safety inspections performed by Cal-OSHA declined by over 47 percent between 1980 and 1999 (Gallagher 2001). A month after the study was released, the California governor cut \$3 billion from the budget for labor law enforcement (Cleeland, Dickerson 2001). The cuts occurred at the same time the Assembly Committee on Labor and Employment was holding a hearing in Los Angeles where janitors, garment workers, other immigrant workers and their advocates were testifying about the understaffed and demoralized Division of Labor Standards Enforcement.

As of July 2002, Cal-OSHA had authorized 227.5 inspector positions, but only 212 of these were filled; only thirty-one of these inspectors were certified as Spanish-bilingual (Howard 2002). In order to bring Cal-OSHA’s inspection rate capacity to that of the average of the twenty other states that have their own state OSHA programs, they will need to hire an additional 178 inspectors. This will not happen. In fact, Cal-OSHA will most likely lose positions in the 2002-2003 budget.

Many have promoted the establishment of a labor law enforcement database that would guarantee public access to information about employers and their labor law violations. AB 3000 this year proposed such an action and allocated funds to the Department of Industrial Relations to create this. This would be very useful to immigrant workers and their advocates; however, the likelihood of its passage is close to nil.

On a brighter note, the governor has signed AB 2985 which requires an independent study of the most effective and efficient way of enforcing wage and hour laws by the new Labor and Workforce Development Agency. One of the goals of the bill was to curb the underground economy where many immigrant workers work. This could have a positive effect on workplace health and safety, because as “underground” jobs become “above ground,” i.e., “known,” then Cal-OSHA inspectors would know of their existence for purposes of industry-wide inspection “sweeps.”

Although the current executive and legislative branch of government are well intentioned regarding reforms needed to protect immigrant workers, the current—and presumed future—budget crisis combined with a weakening economy prevent the allocation of needed resources to these agencies in order to achieve their mandates.

The Acting Secretary of the newly formed Labor and Workforce Development Agency, Steven J. Smith, recently declared at a Working Immigrant Safety and Health conference in Oakland, “Don’t ever rely on the state agencies to get the job done” (Smith 2002). He went on to say that they would never have enough funding to accomplish their mandate. He suggested that worker advocacy groups should pressure his agency to respond to working immigrant needs.

Mr. Smith spoke of the U.S. Supreme Court’s decision this year on Hoffman Plastic Compounds, Inc. vs. National Labor Relations Board. In that case, the court ruled that undocumented workers were not entitled to back pay awards when they were victims of unfair labor practices. Immigrant worker groups in Southern California contacted Mr. Smith and pressed his office to develop a public information campaign that would notify employers and others that state labor law enforcement agencies would ensure enforcement of all protections,

rights and remedies available under state law to those who worked in California, regardless of their immigration status. As a result, his office did implement such an information campaign. He went on to say that labor law enforcement industrial “sweeps” were not productive unless local worker advocacy groups gave them “leads.”

Although Secretary Smith pledged to establish an office in the new labor agency that will focus on low-wage, immigrant workers, he then admitted that it would be staffed by only one or two people. To have any impact on this issue, Mr. Smith concluded, his Agency must develop partnerships with community-based organizations that work with immigrant workers. Furthermore, he expressed support of “moving money out of the Agency for safety and health,” suggesting new funding possibilities for such organizations.

#### *Community-based Organizations, Community Clinics and Immigrant Worker Advocacy Groups*

In fact, there is a strong need for community-based organizations, community clinics and worker advocacy groups—such as worker centers and labor unions—which work with immigrant workers to receive greater recognition and resources so that they can assist these workers in a variety of ways. Time and again the workers we interviewed expressed trust and appreciation for the help they had received through either worker centers (day laborers, domestic workers, garment workers, and restaurant workers) or labor unions (homecare and hotel workers). They did not know of governmental offices that handled workplace health and safety, and because of their legal residency and work status, and lack of English skills, they were reluctant to contact any governmental agency.

These worker advocacy groups could have a much greater impact than they do currently. They could reach more workers with more information and assistance, if they were better funded and if they themselves received training and information about workplace health and safety hazards and legal rights. In addition to providing health and safety training and educational materials to workers, these groups also can serve as worker advocates vis-à-vis the legal system, employers, and enforcement agencies. They also could funnel information to enforcement agencies. That is, as a third party they

could report on hazardous conditions and injuries, thus prompting possible workplace inspections or developing a “shadow” injury/illness reporting system that could be compared with employers’ reports.

#### **RECOMMENDATION #1:**

**Establish a multi-year capacity building grants program for such community-based organizations, clinics, and worker advocacy groups that work with immigrants. This will allow them to provide training and educational materials for immigrant workers, and serve as a bridge to the workplace health and safety agencies by reporting possible violations and injury/illness cases.**

#### *Clearinghouse/Resource Center*

There is also a need for a California Immigrant Worker Health and Safety Clearinghouse/Resource Center. The Center could educate and inform immigrant workers about on-the-job health and safety. It should have an advisory committee made up of representatives from community-based organizations that are working or want to work on this topic. The Clearinghouse/Resource Center could:

Create a public information campaign on immigrant worker health and safety rights for workers and the general public. This campaign should use various channels to inform and educate. Here are some examples:

1. The media: both written and broadcast, using non-English speaking radio (e.g., talk shows), television and newspapers.
2. Public posters: displayed in buses, libraries, stores where immigrant workers are likely to shop.
3. Churches: showcase educational materials and presentations.
4. Service organizations which immigrants use: community clinics could provide educational materials for such workers in their languages.

4. Public schools: multilingual educational curricula should be adopted in schools which inform the adolescent children of immigrant workers about workplace rights on the job and which encourage the children to pass on such information to their parents, siblings, other relatives and neighbors.
6. English as a Second Language/Citizenship Classes: curricula and educational materials which inform immigrant workers about their health and safety rights should be used in these classes.

This Clearinghouse/Resource Center could collect existing multilingual educational materials on health and safety issues that impact immigrant workers, publicize their availability, and make paper copies as well as electronic versions available for download through the Internet.

It could identify gaps where there are not good multilingual educational materials and develop materials as needed. There is a strong need for such materials which are relevant, easily readable, highly graphic, pilot-tested with the target groups, and written by a native speaker who has good language and writing skills (Brown 2002).

It could serve as a referral service, linking organizations in the state that are working on these issues.

It could publicize what organizations are doing around the state to educate and serve as an advocate for working immigrant health and safety rights.

It could provide technical assistance to organizations that are trying to prevent immigrant workers from suffering injuries, illnesses and fatalities.

It could establish a multilingual telephone hotline that immigrant workers or their advocates could call to get information and report possible violations of workplace health and safety laws.

#### **RECOMMENDATION #2:**

**Establish an Immigrant Worker Clearinghouse/Resource Center for multilingual immigrant worker health and safety education and information.**

##### *Public Hearings*

In order to raise the public's, elected officials' and governmental agencies' awareness about the health and safety issues working immigrants face, state-wide public hearings should be held where workers and their advocacy organizations could chronicle their experiences and say what is needed to alleviate the problems.

These hearings, at least one in the north and one in the south, could result in a written report to be distributed to the legislature, governor, and governmental agencies, with recommendations for changes. These agencies would be asked to report back as to how they would be addressing the recommendations.

Follow-up hearings a year or two later could be held to assess the extent to which these problems had been addressed. A progress report "report card" could be issued with additional recommendations and then distributed to the legislature, governor and governmental agencies, again asking for a response.

**RECOMMENDATION #3:**

**Hold public hearings around the state where immigrant workers and their advocates can report on their health and safety experiences. This will help raise public awareness on these issues and make employers and governmental agencies more accountable.**

*More Research Needed*

More research needs to be done on the health and safety conditions and needs of immigrant workers. We recommend that, in addition to our study, there be a more detailed study of the specific jobs in the industries examined in this ethnographic study, such as the cutters in the garment industry, the cooks in restaurants, day laborers who do roofing, etc. There is also a need to study other industries where immigrants dominate in Los Angeles, including, but not limited to:

- Janitorial work
- Food processing/manufacturing
- Car washing
- Nursing homes
- Security services
- Dry cleaning

Finally, there is a need for a study that examines the use of “Safety Incentive Programs” by employers—such as those mentioned by the hotel workers in this study—and whether these contribute to a significant undercount of injuries and illnesses in the workplace.

**RECOMMENDATION #4:**

**There is a need for more research, including ethnographic research, of immigrant workers’ health and safety experience in the workplace.**

There is mounting evidence that immigrant workers are experiencing injuries, illnesses, and fatalities at a greater rate than other U.S. workers. California has more of these workers than any other state; the seven Southern California counties (San Diego, Imperial, Inland Empire, Riverside, San Bernardino, Los Angeles and Ventura) account for sixty-one percent of the state’s workers, and the most immigrant workers. For example, thirty-six percent, or 3.5 million of Los Angeles County’s population is foreign born (US Census 2000). This ethnographic study is additional evidence that governmental injury and illness statistics do not reflect the lived reality of these workers.

This problem needs to be directly addressed before it worsens. With the current state budget crisis, and accompanying weakening economy, it is unrealistic to think the newly formed Labor and Workforce Development Agency and its Division of Occupational Safety and Health (Cal-OSHA) will be able to address this problem in any significant way at this time, even though there are some efforts afoot to achieve this (Teran, et al, 2002).

Nevertheless, steps can be taken by this new labor agency, the legislature, and other entities, to assist these workers. For example, Workforce Investment Act discretionary funds controlled by the governor and private funding sources could support some or all of the initiatives proposed here: the funding of community-based organizations, community clinics, worker centers and labor unions through a grants program; an Immigrant Workers’ Clearinghouse/Resource Center; public hearings, and new research that will further establish the true extent of this problem.





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# APPENDIX I

## Summary of Sample Demographics and Selected Themes from Interview

INDUSTRY	NAME	AGE	SEX	COUNTRY OF ORIGIN	LEVEL OF INVOLVEMENT	LENGTH OF TIME IN INDUSTRY	OUR CONTACT
Day Labor	Atilio	43	Male	Mexico	Medium	5	CHIRLA
Day Labor	Ciro	50	Male	Unknown (Latino)	Medium	2	CHIRLA
Day Labor	Domingo	55	Male	Colombia	High	10	CHIRLA
Day Labor	Elias	22	Male	Mexico	Low	1	CHIRLA
Day Labor	Francisco	45	Male	Mexico	Medium	10	CHIRLA
Day Labor	Hector	26	Male	Guatemala	High	1yr + 6mths	CHIRLA
Day Labor	Javier	51	Male	Mexico	Low	3	CHIRLA
Day Labor	Luis	57	Male	Mexico	High	12	CHIRLA
Day Labor	Mario	29	Male	Mexico	Low	< 1 month	CHIRLA
Day Labor	Roman	35	Male	Mexico	Low	22	CHIRLA
Day Labor	Serafin	36	Male	Mexico	Low	< 1 month	CHIRLA
Day Labor	Salvador	49	Male	Guatemala	High	7	CHIRLA
Domestic	Amelia		Female	Mexico	High	10 months	SAJE
Domestic	Fernanda	25	Female	Mexico	Low	2	SAJE
Domestic	Julia	46	Female	Unknown (Latina)	Low	2	SAJE
Domestic	Janet	50	Female	Mexico	High	1	SAJE
Domestic	Monica	54	Female	Nicaragua	Low	4	SAJE
Domestic	Melinda	44	Female	Mexico	High	2yrs +6 mths	SAJE
Domestic	Nancy	54	Female	El Salvador	Low	< 1 month	SAJE
Domestic	Ofelia	65	Female	Unknown (Latina)	None	21	Unaffiliated
Domestic	Olivia	55	Female	Mexico	None	8	Unaffiliated
Domestic	Rocio	45	Female	Guatemala	Low	8	SAJE
Domestic	Soledad		Female	Mexico	High	1	SAJE
Domestic	Yesenia	22	Female	Mexico	Low	> 2 mths	SAJE



INDUSTRY	NAME	EXPERIENCED ILLNESS/INJURY	CO-WORKERS EXPERIENCED INJURY	EXPERIENCED SYMPTOMS	CONCERN/FEAR OF INJURY (SELF)	CONCERN/FEAR OF INJURY (CO-WORKERS)	REPORTED
Day Labor	Atilio	Yes	It was not asked	Yes	Yes	It was not asked	No
Day Labor	Ciro	Yes	Yes	Yes	Yes	No	Yes
Day Labor	Domingo	No	Yes	No	Yes	Yes	–
Day Labor	Elias	No	No	No	Yes	No	–
Day Labor	Francisco	Yes	Yes	Yes	Yes	Yes	No
Day Labor	Hector	Yes	Yes	Yes	Yes	Yes	Yes
Day Labor	Javier	Yes	It was not asked	Yes	Yes	Answer was unintelligible	Yes
Day Labor	Luis	Yes	Yes	Yes	No	Yes	Yes
Day Labor	Mario	Yes	Yes	No	No	Yes	Yes
Day Labor	Roman	No	No	Yes	No	No	–
Day Labor	Serafin	No	Yes	No	Yes	Yes	–
Day Labor	Salvador	Yes	Yes	No	No	No	Yes
Domestic	Amelia	No	No	Yes	Yes	Yes	–
Domestic	Fernanda	No	Yes	Yes	Yes	Yes	–
Domestic	Julia	No	Yes	Yes	Yes	Yes	–
Domestic	Janet	No	Yes	Yes	Yes	Yes	–
Domestic	Monica	Yes	No	Yes	Yes	Yes	It was not asked
Domestic	Melinda	No	No	Yes	No	No	–
Domestic	Nancy	Yes	It was not asked	Yes	Yes	Does not know	It was not asked
Domestic	Ofelia	Yes	Yes	Yes	Yes	Yes	Yes
Domestic	Olivia	Yes	No	No	Yes	No	No
Domestic	Rocio	Yes	Yes	Yes	Yes	Yes	Yes
Domestic	Soledad	No	Yes	Yes	Yes	Yes	–
Domestic	Yesenia	No	No	Yes	Yes	Yes	–

# APPENDIX I (continued)

## Summary of Sample Demographics and Selected Themes from Interview

INDUSTRY	NAME	AGE	SEX	COUNTRY OF ORIGIN	LEVEL OF INVOLVEMENT	LENGTH OF TIME IN INDUSTRY	OUR CONTACT
Garment	Ana	49	Female	El Salvador	Medium	3	GWC
Garment	Carlos	40	Male	Mexico	Medium	15	GWC
Garment	Consuelo	31	Female	Guatemala	Low	8	GWC
Garment	Juan	48	Male	El Salvador	Medium	11	GWC
Garment	Jesus	47	Male	Guatemala	Low	9	GWC
Garment	Magdalena	40	Female	Mexico	Medium	9	GWC
Garment	Mateo	43	Male	Mexico	High	25	GWC
Garment	Milagros	39	Female	El Salvador	Medium	9yrs + 6mths	GWC
Garment	Octavio	21	Male	Mexico	Medium	1yrs +2 mths	GWC
Garment	Sen	46	Female	China	Medium	2yrs + 6mths	GWC
Garment	Socorro	45	Female	Guatemala	Low	1	GWC
Garment	Yadira	24	Female	Mexico	High	4	GWC
Homecare	Alcira	41	Female	Bolivia	High	11	SEIU
Homecare	Elaine	50	Female	U.S.	High	23	SEIU
Homecare	Elisa	63	Female	Philippines	None	15	Unaffiliated
Homecare	Chang	56	Female	Korea	Medium	4	SEIU
Homecare	Lilia	66	Female	Philippines	None	19	Unaffiliated
Homecare	Matilde	46	Female	Ecuador	Medium	5	SEIU
Homecare	Marianela	38	Female	Unknown (Latina)	Low	10	SEIU
Homecare	Nidia	68	Female	Belize	Low	11	SEIU
Homecare	Nelly	61	Female	U.S.	Low	10	SEIU
Homecare	Rosalinda	41	Female	Mexico	Medium	6	SEIU
Homecare	Rita	43	Female	El Salvador	Low	2	SEIU
Homecare	Scott	67	Male	U.S.	Low	3	SEIU
Homecare	Tania	47	Female	Russia	None	7	Unaffiliated

INDUSTRY	NAME	EXPERIENCED ILLNESS/INJURY	CO-WORKERS EXPERIENCED INJURY	EXPERIENCED SYMPTOMS	CONCERN/FEAR OF INJURY (SELF)	CONCERN/FEAR OF INJURY (CO-WORKERS)	REPORTED
Garment	Ana	No	Yes	Yes	Yes	Yes	–
Garment	Carlos	No	Yes	Yes	Yes	Yes	–
Garment	Consuelo	Yes	Yes	Yes	Yes	No	Yes
Garment	Juan	Yes	Yes	Yes	Yes	Yes	No
Garment	Jesus	Yes	Yes	Yes	Yes	No	Yes
Garment	Magdalena	Yes	Yes	Yes	Yes	Yes	Yes
Garment	Mateo	Yes	Yes	Yes	Yes	No	No
Garment	Milagros	Yes	Yes	Yes	Yes	Yes	Yes
Garment	Octavio	No	Yes	Yes	Yes	It was nor asked	–
Garment	Sen	No	Yes	Yes	Yes	It was not answered	–
Garment	Socorro	Yes	Yes	Yes	Yes	No	Yes
Garment	Yadira	No	No	Yes	Yes	Yes	–
Homecare	Alcira	Yes	Yes	Yes	Yes	Yes	It was not asked
Homecare	Elaine	Yes	Yes	Yes	Yes	Yes	No
Homecare	Elisa	No	Yes	It was not asked	Yes	Yes	–
Homecare	Chang	It was not asked	No	Yes	Yes	Yes	–
Homecare	Lilia	Yes	It was not asked	Yes	Yes	Yes	No
Homecare	Matilde	No	No	No	Yes	Yes	–
Homecare	Marianela	No	It was not answered	No	No	No	–
Homecare	Nidia	No	It was not asked	Yes	Yes	Does not know	–
Homecare	Nelly	Yes	It was not asked	Yes	Yes	Yes	Yes
Homecare	Rosalinda	No	No	Yes	Yes	Yes	–
Homecare	Rita	No	No	No	Yes	Yes	–
Homecare	Scott	No	No	No	Yes	Does not know	–
Homecare	Tania	No	Yes	Yes	Yes	Yes	–

# APPENDIX I (continued)

## Summary of Sample Demographics and Selected Themes from Interview

INDUSTRY	NAME	AGE	SEX	COUNTRY OF ORIGIN	LEVEL OF INVOLVEMENT	LENGTH OF TIME IN INDUSTRY	OUR CONTACT
Hotel	Abel	22	Male	Philippines	Low	11 mths	HERE
Hotel	Alfonzo	55	Male	Mexico	High	16	HERE
Hotel	Benita	53	Female	El Salvador	Medium	3	HERE
Hotel	Carlota	42	Female	Mexico	High	13	HERE
Hotel	David	58	Male	Mexico	High	23	HERE
Hotel	Linda	44	Female	Guatemala	High	10	HERE
Hotel	Mercedes	29	Female	Philippines	Low	10	HERE
Hotel	Morelia	42	Female	Mexico	Medium	5	HERE
Hotel	Mireya	41	Female	Unknown (Latina)	High	19	HERE
Hotel	Nestor	55	Male	Mexico	Low	38	HERE
Hotel	Romina	49	Female	Mexico	Low	4	HERE
Hotel	Selena	34	Female	Guatemala	High	13	HERE
Restaurant	Alberto	19	Male	Mexico	Low	1	KIWA
Restaurant	Chucho	27	Male	Mexico	Low	4	KIWA
Restaurant	Efrain	22	Male	Mexico	High	6 mths.	KIWA
Restaurant	Fernando	50	Male	Mexico	Medium	5	KIWA
Restaurant	Fabio	32	Male	Mexico	High	1yr.+3 mths.	KIWA
Restaurant	Hung	43	Male	Korea	Medium	8	KIWA
Restaurant	Jen	32	Male	Guatemala	Medium	11	KIWA
Restaurant	Jairo	22	Male	Mexico	Low	2yrs.+ 6 mths.	KIWA
Restaurant	Jang	40	Female	Korea	High	4	KIWA
Restaurant	Li	27	Female	Korea	Medium	1	KIWA
Restaurant	Ruben	34	Male	Mexico	High	1	KIWA
Restaurant	Salomon	45	Male	Mexico	Medium	4	KIWA
Restaurant	Sam	39	Female	Korea	High	9	KIWA
Restaurant	Yi	32	Female	Korea	Medium	1	KIWA

INDUSTRY	NAME	EXPERIENCED ILLNESS/INJURY	CO-WORKERS EXPERIENCED INJURY	EXPERIENCED SYMPTOMS	CONCERN/FEAR OF INJURY (SELF)	CONCERN/FEAR OF INJURY (CO-WORKERS)	REPORTED
Hotel	Abel	Yes	Yes	Yes	Yes	Yes	Yes
Hotel	Alfonzo	Yes	Yes	Yes	Yes	Yes	Yes
Hotel	Benita	Yes	Yes	Yes	Yes	Yes	Yes
Hotel	Carlota	Yes	Yes	Yes	Yes	It was not asked	Yes
Hotel	David	Yes	Yes	Yes	Yes	Yes	Yes
Hotel	Linda	No	Yes	Yes	Yes	Yes	–
Hotel	Mercedes	Yes	Yes	Yes	Yes	Yes	Yes
Hotel	Morelia	No	Yes	Yes	Yes	It was not asked	–
Hotel	Mireya	Yes	Yes	Yes	Yes	Yes	It was not asked
Hotel	Nestor	Yes	Yes	Yes	Yes	No	Yes
Hotel	Romina	No	Yes	Yes	No	No	–
Hotel	Selena	Yes	Yes	Yes	Yes	Yes	Yes
Restaurant	Alberto	Yes	Yes	Yes	Yes	Yes	No
Restaurant	Chucho	No	No	No	Yes	Yes	–
Restaurant	Efrain	Yes	Does not know	Yes	Yes	No	It was not asked
Restaurant	Fernando	No	Yes	Yes	Yes	No	–
Restaurant	Fabio	Yes	Yes	Yes	Yes	No	No
Restaurant	Hung	Yes	Yes	Yes	Yes	Yes	No
Restaurant	Jen	Yes	Yes	Yes	Yes	Yes	Yes
Restaurant	Jairo	Yes	Yes	Yes	Yes	Yes	Yes
Restaurant	Jang	Yes	Yes	Yes	Yes	Yes	Yes
Restaurant	Li	Yes	Yes	Yes	Yes	Yes	No
Restaurant	Ruben	No	Yes	Yes	Yes	It was not asked	–
Restaurant	Salomon	No	Yes	No	Yes	Yes	–
Restaurant	Sam	Yes	Yes	No	No	Yes	Yes
Restaurant	Yi	Yes	Yes	Yes	Yes	Yes	Yes

# APPENDIX II

## List of Abbreviations

ACLE	Assembly Committee on Labor and Employment (California)	MALDEF	Mexican American Legal Defense and Educational Fund
AFL-CIO	American Federation of Labor-Congress of Industrial Organizations	MIWON	Multi-ethnic Immigrant Workers Organizing Network
AFSCME	American Federation of State, County and Municipal Employees Union	NIOSH	National Institute for Occupational Safety and Health
AIWWC	Asian Immigrant Women Workers' Clinic	PASC	Personal Assistance Services Council
BLS	Bureau of Labor Statistics	SAJE	Strategic Actions for a Just Economy
Cal-OSHA	California Occupational Safety and Health Administration	SEIU	Service Employees International Union
CBO	Community Based Organization	TCA	California Trade and Commerce Agency
CHIRLA	Coalition for Humane Immigrant Rights of Los Angeles	TIPP	Targeted Industries Partnership Program (Cal-OSHA)
DIR	California Department of Industrial Relations	UNITE	Union of Needletrades, Industrial and Textile Employees
DSS	California Department of Social Services		
DOL	U.S. Department of Labor		
DPSS	Department of Public Social Services (California)		
EDD	Employment Development Department (California)		
FLSA	Fair Labor Standards Act		
GRA/HK	Guest Room Attendants/Housekeepers		
GWC	Garment Worker Center		
HERE	Hotel Employees and Restaurant Employees Union		
IDEPSCA	Instituto de Educación Popular del Sur de California		
IHSS	In-Home Supportive Services		
INS	Immigration and Naturalization Service		
KIWA	Korean Immigrant Worker Advocates		
LLC	Limited Liability Company		

# APPENDIX III

## Questionnaire Used

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### I. Getting to Know You/Introduction

Background information: Asked informally at the beginning or end of the interview, whichever was more comfortable.

- Birth date/age?
- Family?
- What other kinds of work have you done, or where else have you worked?
- Country of origin, How long have you been here? (only if they are comfortable)

### II. General understanding of their work and workplace

1. Describe what you do on a typical day of work. Can you describe the workplace? (Prompts: # of workers, who is your employer, how do you get paid?)
2. What do you like about your work? What do you not like?
3. How long have you been doing this kind of work?
4. Is there a union or other group or organization for workers to get together?
  - a. Are you involved? If so, how? If not, why?
5. Is health and safety a concern at your workplace? Are you concerned about your health or safety at work?

### III. Workers' perceptions of risk

6. Are there things at work you think are dangerous? (Prompts: smells, noises, chemicals, dusts, fumes, gases, mental stress/stressors)
7. Do you have any aches or discomforts when you get home? If yes, please describe.
8. In your current job, do you think you could get injured? If yes, why? Do you worry about this?
9. Do other people talk or worry about injuries or dangers at work? If yes, please explain.
10. Are there other things that you or others worry about? Do you worry about your health outside of work? Does your work affect your health?

### IV. What happens at work when someone gets hurt/ill

11. Have you ever gotten sick or injured because of your work? If yes, please explain. If not, what would you do if you got injured? (Prompts: Who do you talk to? Do you have health insurance? Who pays? Workers' Compensation? Job changes?)
12. Has anyone else there ever been injured? If yes, what happens when they get injured? Do you think it could happen again? Why or why not? (Prompts: reporting, health care options, compensation, change in jobs)
13. Do people report injuries to the employer? If yes, how? If not, why not?

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# APPENDIX III (continued)

## Questionnaire Used

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### V. Who's responsible re H/S

14. Who do you think should be responsible for making sure that the workplace is safe? Why?
15. Who do you think should be responsible for covering health care expenses for sick or injured workers? Why?
16. Have any changes taken place in your workplace that have worsened or improved health and safety conditions? If “worsened,” please explain, or if “improved” please explain.
17. What are some things your employer has done to prevent workers from getting injured or sick? (For hotel workers, Are there “safety incentive” games?)
18. What are other things your employer has done to create a good working environment?
19. Have you heard of Cal-OSHA? If yes, what does it do?

### Additional questions for workers in leadership positions:

- Why are you involved in this organization (union, cooperative, etc.)? Why does it work for you?
- Why don't other people get involved? What are some of the barriers or reasons they don't join?
- What's your own analysis of the working conditions in your industry (incl. political-economic-social factors that affect work)? What's your analysis of the health and safety situation in this industry?

### VI. How they learn about H/S

20. What have you learned about keeping healthy and safe on the job? How have you learned this? (Observation of others, training, videos, posters/other educational materials)
21. Where do you get information about health and safety at work? Prompts: other people? Do you get information from organizations or health care clinics?
22. What other information on this do you need?

### VII. What is needed in their workplaces to reduce risks

23. What would you like to see changed at your job to make it safer and more healthful?



# APPENDIX IV

## List of Codes

### Demographics

Length of time in Industry  
Work history

### Organizational Affiliation

Attitude/opinion about organization  
Barriers to involvement  
Employer response to organizing  
Level of involvement in organization (Low, Medium, High)  
Perceived role of organization  
Reasons for affiliation  
Union affiliation  
Worker group affiliation

### Education

Health and safety classes  
Job training needed  
Job training received  
Learning the language  
Level of overall education  
Personal education—reading, taking classes

### Description of the Job

Compensation system  
Control of time  
Enforcement/Licensing  
Industry analysis  
Language barriers/cultural difference  
Legal recourse for non H/S issues  
Multiple jobs  
Typical workday/what they do at work  
Unclear boundaries/“extra” work (tasks beyond what they’re hired for)  
Who is the employer  
Work load  
Work venue  
Worker-worker relations  
– ethnicity barriers  
– job segregation  
– co-worker mutual support

### Attitude about Work

Comparing jobs  
Compensation issues  
Fatalism (it’s part of the job)  
Future job/career plans  
Gender issues  
Human factors in their work (relationships between caretakers and consumers)  
Job security (fear of losing job)  
Motivation to do this work (“when I get old,” “for my family’s sake”)  
Others’ need to know what their work is like  
Pride in work  
Sacrificing health to do the job  
Seeming contradiction (work is ok vs. identified H/S problems)  
Things they don’t like about work (e.g., transportation, childcare issues, feelings of powerlessness)  
Things they like about work  
Treatment by employer  
Work ethic of the person

# APPENDIX IV (continued)

## List of Codes

### Health and Safety Risk Perceptions

Fatalistic attitude about H&S  
Fear of injury (co-workers)  
Fear of injury (self)  
Identified dangers/hazards  
Identifying needed information or changes  
Injury history of co-workers  
Injury history of self  
Other non-work-related health concerns  
Symptoms they experience

### Prevention Measures

Changes made  
by employee  
by employer  
by workplace  
Did they raise H/S concern with employer?  
Employee-initiated precautions  
Employer's role  
PPE (personal protective equipment)—is this provided? If so, by whom?  
Refusing to do dangerous work

### Dealing with Injuries and Illnesses after they Occurred

Disincentives to report  
Health insurance  
Job security vis-à-vis I/I  
Medical care options (treatments—steam, massage,  
first aid equipment)  
Reporting to the employer  
Workers' compensation

### Blame/Responsibility for I/I's

Legal recourse if there is an I/I  
Self blame if there is an I/I  
Who is responsible for H/S in the workplace?  
Who is responsible for medical care expenses/lost wages if there is an I/I?

### Sources of Information re H/S

Cal-OSHA  
Employer-provided health and safety training  
Ignorance/lack of information  
Other sources  
Self taught on health and safety  
Talks with other workers  
Union or organization provided health and safety training

### Role of Legal Documents

Re: getting better job  
Re: raising health and safety concerns  
Role of legal documents

# APPENDIX V

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# APPENDIX V (continued)

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