

# NTRODUCTION

It is a common misperception that immigrants come to the US primarily to seek health services.<sup>1</sup> Not only do they make less intensive use of such services, they often put their health at risk to perform many of the jobs needed in our economy. Latino immigrants in general and Mexican immigrants in particular often hold the most dangerous jobs in low paying occupations that infrequently offer health insurance. The very work that they take up takes a toll on Latino community health that we can not ignore. A new report from the Health Initiative of the Americas, the UCLA Center for Health Policy Research, and the UC Berkeley School of Public Health provides facts using government data that documents the health and work condition of immigrants.

# FACTS BEHIND THE MYTHS

## 1. Latino immigrants come to the United States to work

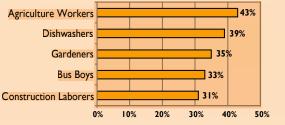
- Of 38 million immigrants in the United States as of 2006, 11.2 million were born in Mexico and another 8.5 million were from other parts of Latin America.<sup>2</sup>
- Mexican immigrant men have the highest labor force participation rate of any group (94%).<sup>2</sup>

### 2. The U.S. relies on Mexican immigrant workers in agriculture, construction and service jobs

- 43% of all agricultural workers in the U.S. and over 80% of those in California are Mexican immigrant men.<sup>2</sup>
- 40% of all dishwashers, 36% of all roofers and 35% of all gardeners in the nation are Mexican immigrant men.<sup>2</sup>
- The California Economic Development Department predicts that in the next ten years California's service economy will require many more workers.

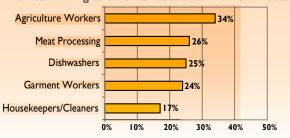
## 3. These jobs pay very low wages and rarely offer health insurance

- Mexican immigrant men in the U.S. make 45% less than their native counterparts.
- Mexican immigrant women in the U.S. make 40% less than their native counterparts.<sup>2</sup>
- 60% of recent Mexican immigrants have no health insurance.<sup>2</sup>



Mexican immigrant men as % of all men in occupation

### Mexican immigrant women as % of all women in occupation



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

### 4. These jobs have higher levels of occupational health risk

- 44% of all immigrants who suffer a fatal injury on the job are Mexicans.<sup>3</sup>
- Farm work is one of the most dangerous jobs in the country, employing 3% of the workforce but accounting for 13% of all fatalities.4

Fatal injuries at work to foreign-born workers in the U.S., 2006



Source: U.S. Bureau of Labor Statistics, U.S. Department or Labor, 2006

# CONCLUSIONS

The contribution of Latino immigrant workers will be determined in part by their health. If these workers are expected to keep contributing in the U.S. labor force, they must be provided the means to care for the health and social needs of their families.

The future prosperity of the United States and California depends on Latino workers. Latino workers in California make up nearly 30% of the labor force and work in sectors that are vital to California's economy.

It is contrary to notions of social justice that the group with the lowest wages and highest risk of work-related injury and death is also the group which has the least access to health insurance and health care. The impact of illness and work-related injury among Latino immigrant workers extend beyond workers to their communities and to the nation as a whole.

The information in this fact sheet was assembled by Xóchitl Castañeda, Director of the Health Initiative of the Americas (HIA) and Emily Felt, Binational Health Analyst for HIA, with the support of other HIA staff.

This fact sheet is based on Wallace, S., Castañeda, X., Guendelman, S., Frausto, I., and Felt, E., 2007, "Immigration, Health and Work: Facts behind the Myths", First ed., October, 2007 ISBN: 978-970-721-436-1, available at http://www.ucop.edu/hia/publications.shtml.

1. King, M., "Immigrants in the U.S. Health Care System: Five Myths that Misinform the American Public", Center for American Progress (2007), available at http://www.americanprogress.org/issues/2007/08/schip\_immigrants.html/#\_ednref1

2. U.S Census Bureau, 2006 Current Population Survey.

3. U.S. Bureau of Labor Statistics, U.S. Department of Labor, 2006.

4. U.S. Department of Labor, 2004, National Census of Fatal Occupational Injuries in 2003, Washington, D.C.

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