

## **The Occupational Health Status of Unauthorized Immigrant Farm Laborers**

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The share of foreign-born workers in the U.S. labor force has increased substantially in recent years. A substantial portion of immigrant workers lack authorization for U.S. employment. There are two cross-sectional, occupation-based surveys that have reported findings pertaining to the immigration status of workers: the National Agricultural Workers Survey (NAWS) and the California Agricultural Workers Health Survey (CAWHS). This likely reflects the fact that Agriculture, Forestry and Fishing is the industry sector with largest share of its labor force comprised of immigrant workers. Agriculture, in particular, has become more dependent on foreign-born workers in recent years. The NAWS finds a majority of U.S. crop farm workers lack authorization for employment. The CAWHS, a statewide cross-sectional survey of 970 hired farm workers conducted during 1999 included findings regarding occupational health, some of which were recently published, but has not yet reported findings associated with the immigration status of foreign-born workers (Villarejo D & McCurdy SA, *J Agric Safe Health*, 2008, 14(2):135-146). This paper presents CAWHS findings from a newly developed analysis of associations between immigration status and occupational health: lack of knowledge of the state's mandated workers compensation insurance; lack of the required workers compensation insurance medical care payment for workers who required a medical visit as a result of an on-the-job injury; dependence on for-profit *rateros* for transportation to places of employment; lack of training in pesticide safety; and sharing a place of residence with only unrelated persons.

### ***Survey instruments***

Copies of the survey instruments, both in English and Spanish, are available online from the website of the California Institute for Rural Studies ([www.cirsinc.org](http://www.cirsinc.org)). Click on "Survey Instruments" and scroll to "California Agricultural Worker Health Survey" to find .pdf copies of the original instruments.

Listed below are the specific queries for which responses were analyzed in preparing this presentation for APHA 2009.

N1) What is your current resident status?

- I am a U.S. citizen by birth [*End interview*]
- I am a naturalized U.S. citizen [*Go to N2*]
- Permanent Resident [*Go to N2*]
- I have a border-crossing card, right to cross border and work in U.S. [*Go to N2*]
- Pending Status, applied, awaiting for approval [*Go to N2*]
- Undocumented [*Skip to N4*]
- Temporary Resident—Non-Immigrant Visa [*Go to N2*]
- Other [*Specify*]: \_\_\_\_\_ [*Go to N2*]
- Doesn't Know [*Skip to N4*]
- Not Answered [*Skip to N4*]

C14) Approximately how many years have you done farm work in the U.S.?

[Count any year in which 15 days or more were worked]

Number of Years \_\_\_\_\_

Not Answered

C21) At your current job do you operate or drive machinery? [Read choices. Check all that apply]

Tractor

Pickup truck

Truck

Conveyor Belt

Harvester

Tractor and disc harrow

Seeder

Combine

Other Machine [Specify]: \_\_\_\_\_

No

Doesn't Know

Not Answered

C30) On your last payday, how much did you receive before taxes?

Amount \_\_\_\_\_

Doesn't Know

Not Answered

C41) In your current farm job (or in your last farm job) does/did your employer offer health insurance?

Yes

No [Skip to C47]

Doesn't Know [Skip to C47]

Not Answered [Skip to C47]

C41a) If you ever become sick or have an accident **while working**, do you receive any payment while you are recovering, for example "compensation" for any injury or illness that occurred while you were working?

Yes

No

Doesn't Know

**Not Answered**

D2) Has anyone given you training or instructions in the safe use of pesticides through: video, audio cassette, classroom lecture, written material, informal talks or by any other means?

Yes

No [Skip to D7]

Doesn't Know [Skip to D7]

Not Answered [*Skip to D7*]

E1) Working in the U.S. (in FW), have you loaded, mixed, or applied pesticides. . .

- Yes
- No
- Doesn't Know
- Not Answered

F1) Does your employer provide clean drinking water and disposable drinking cups **EVERDAY**?

- Yes, water and disposable cups
- Yes, water only
- No water, no cups [*Skip to F4*]
- Doesn't Know [*Skip to F4*]
- Not Answered [*Skip to F4*]

F4) Does your employer provide a toilet **EVERYDAY**?

- Yes
- No [*Skip to F9*]
- Doesn't Know [*Skip to F9*]
- Not Answered [*Skip to F9*]

[*Interviewer, ask:*] During the last 12 months from [*Month*] 1998 to [*Month*] 1999 have you suffered an injury while doing farm work or while traveling to and from work?

- Yes
- No
- Doesn't Know
- Not Answered

**Section A) Household Information**

**[Interviewer Introduction:] We would like to know some information about you and your family. By family, we mean those family members that you help to support and who help to support you. This includes members that are not living with you now. [Interviewer: If it is not clear who belongs in the interviewee’s family, then ask which people depend on the interviewee’s family for 50% or more of their living expenses.]**

**Household Grid**

Name & Household Member #	Relation	Sex	Does he/she live with you now? If not, where?	Marital status	Age/Date of Birth (month/year)	Country & town of Birth	Year Entered U.S.	Highest Grade	Country School
#1		M		S					
		F		M					
#2		M	Y	S					
		F	N	M					
#3		M	Y	S					
		F	N	M					
#4		M	Y	S					
		F	N	M					
#5		M	Y	S					
		F	N	M					
#6		M	Y	S					
		F	N	M					
#7		M	Y	S					
		F	N	M					
#8		M	Y	S					
		F	N	M					
#9		M	Y	S					
		F	N	M					
#10		M	Y	S					
		F	N	M					

**FW=Farm Work; NF=Non-Farm Work; NW=Not Working**

A15) Besides the people who you already mentioned, **how many other people are living with you now?**

**[Total:]** \_\_\_\_\_

H17) How many rooms are in this dwelling unit? [Do not count bathrooms, porches, balconies, foyers, hallways, or half-rooms.]

One room

- Two rooms
- Three rooms
- Four rooms
- Five rooms
- Six rooms
- Seven rooms
- Eight rooms
- Nine rooms
- Doesn't Know
- Not Answered

H18) How many of those rooms are used for sleeping?

- [*Specify Number:*] \_\_\_\_\_
- Doesn't Know
- Not Answered

H19) How many people sleep in this house?

- [*Specify Number:*] \_\_\_\_\_
- Doesn't Know
- Not Answered

**Section I) Use of Health Services**

*[Interviewer: Only ask about those family members from the household grid currently living in California with the participant.]*

**[Interviewer Introduction:] Now I am going to ask you about you and your household's use of health services.**

Use of Health Services Grid

Name & Household Member #	Do you have or does anyone in your family have health insurance? <b>If Yes, What type?</b>	<i>[If Yes to I2, ask:]</i> How much do you or does the person in your family pay for this insurance?	Ever refused care? <b>If so, Why?</b>
#1			
#2			
#3			
#4			
#5			
#6			
#7			
#8			
#9			
#10			