

October 23, 2007. [0 comments](#). Topic: [Site of the Day](#)

"Migration, Health & Work-- Facts Behind the Myths" is our site of the day

The University of California Office of the President, UC Berkeley and Los Angeles Schools of Public Health, the Health Initiative of the Americas (HIA) at UCLA California, Los Angeles, and the Center for Health Policy Research have released a report, "[Migration, Health & Work-- Facts Behind the Myths](#)" that is a binational collaborative work between them and the Mexican Secretariat of Health. It was funded by the California Endowment.

This 31 page report first presents data on the trends and overall characteristics of Mexican immigrants. It documents that Mexican immigrants arrive in the U.S. largely during their prime working ages and in good health, but live with low incomes. Working for low wages means they must reside in neighborhoods with scarce public investment and that often suffer high levels of violence.

The head notes for this first chapter are that:

- Mexicans make up the largest proportion of the foreign-born workforce in the United States
- A majority of Mexican immigrants live in California and Texas but are increasingly well represented in many other states
- Mexican immigrants tend to concentrate in large urban localities
- Most Mexican immigrants are young adults
- A high proportion of Mexican immigrant adults live in poverty
- Mexican immigrants are in good overall health

Secondly, it documents the importance of Mexican immigrant workers in segments of the U.S. economy where they are heavily concentrated. A staggering 94% of recent Mexican immigrant men are part of the U.S. labor force. A high percentage of Mexican immigrants work as low-wage service providers for the American middle-class, as dishwashers, cooks, and gardeners, and occupy jobs that are unfilled through local demand as meatpackers and seasonal agricultural workers. California relies more heavily on Mexican immigrant men than the nation as a whole

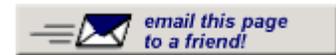
These low wage industries involve greater physical risk of work related injury and rarely offer health insurance. Latino workers and their families are less likely than non-Latino whites to be covered by insurance, have a usual source of healthcare, get maternal care, and receive immunizations and use hospital services. They are also less likely to rely on emergency rooms and use public health programs, countering the myth that they make disproportionate use of public resources. Latino communities have fewer healthcare providers, and when families do find care, they may go to a community clinic rather than a private physician.

Lastly, it documents the occupational hazards that Latino immigrants face and that they have the highest risk of death and disability at work than any other groups. Mexican immigrants account for over 40% of all immigrant workers in the U.S. who die from work-based injuries. This is in large part because of the dangerous occupations that they are

more likely to work in. For instance, farm work accounts for 13% of all workplace fatalities, making it one of the most dangerous occupations.

Also, the ability of these immigrants to obtain timely and appropriate medical care for injuries suffered is hindered by the additional risk of being fired or threatened for holding their employer accountable, the hardship of lost wages due to time spent away from work recuperating, and a lack of information or orientation regarding their rights to workers' compensation coverage.

This report raises a number of policy implications, in particular for California, and should be read by all involved in the immigration issue--including Lou Dobbs.



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