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Undocumented Status as a Social Determinant of Occupational Safety and Health: The Workers' Perspective

Michael A. Flynn, MA^{1,*}, Donald E. Eggerth, PhD¹, and C. Jeffrey Jacobson Jr, PhD^{2,3}

¹National Institute for Occupational Safety and Health, Education and Information Division, Cincinnati, Ohio

²Department of Anthropology, University of Cincinnati, Cincinnati, Ohio

³Department of Family and Community Medicine, University of Cincinnati, Cincinnati, Ohio

Abstract

Background—Undocumented immigration to the United States has grown dramatically over the past 25 years. This study explores undocumented status as a social determinant of occupational health by examining its perceived consequences on workplace safety of Latino immigrants.

Methods—Guided by the Theory of Work Adjustment, qualitative analysis was conducted on transcripts from focus groups and individual interviews conducted with a convenience sample of Latino immigrant workers.

Results—Participants reported that unauthorized status negatively impacted their safety at work and resulted in a degree of alienation that exceeded the specific proscriptions of the law. Participants overwhelmingly used a strategy of disengagement to cope with the challenges they face as undocumented immigrants.

Conclusion—This study describes the complex web of consequences resulting from undocumented status and its impact on occupational health. This study presents a framework connecting the daily work experiences of immigrants, the coping strategy of disengagement, and efforts to minimize the impact of structural violence.

Keywords

occupational safety and health; immigrant workers; social determinates of health; undocumented status; structural violence; disengagement; latino health; theory of work adjustment; coping strategies

INTRODUCTION

The World Health Organization [2014] defines the social determinants of health as “the conditions in which people are born, grow, live, work, and age. . . These circumstances are shaped by the distribution of money, power, and resources at global, national, and local

*Correspondence to: Michael A. Flynn, CDC/NIOSH, 4676 Columbia Pkwy, M/S C-10, Cincinnati, OH 45226. mflynn@cdc.gov.

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levels, which are themselves influenced by policy choices. . .”. In short, how societies arrange themselves affects who gets sick or injured, who receives treatment, who is healthy, and who is not. When these social arrangements contribute to differences in health among specific groups of people (gender, ethnic, racial, class) they are often referred to as *health inequities* (Centers for Disease Control and Prevention [CDC], 2011). These inequities can be seen as the physical manifestation or embodiment [Csordas, 1990] of social policies that contribute to them. Galtung [1969] and later Farmer [2004] refer to these inequitable social arrangements and their negative physical and psychological effects as *structural violence*. As Farmer et al. [2006, p. e449] write, “the term ‘structural violence’ is one way of describing social arrangements [economic, political, legal, religious, and cultural] that put individuals and populations in harm's way. They are structural because they are embedded in the political and economic organization of our social world; they are violent because they cause injury to people . . .” The adverse impacts on health of social policies is often unintended, and frequently indirect—but are no less real to those on the receiving end. This paper examines the work experiences of a group whose social status leaves them especially vulnerable to the impacts of structural violence—unauthorized Latino immigrants.¹

Although undocumented immigrants are a particularly vulnerable population, there is little research investigating the ways in which an “illegal” immigration status impacts their health [Castañeda, 2010]. Surveillance reports on workplace fatalities and access to health care provide a partial glimpse of the vulnerabilities and conditions of the undocumented [Heyman et al., 2009; Orrenius and Zavodny, 2009]. Studies among Latino immigrant agricultural workers and day-laborers (who likely include the undocumented) describe poor living and working conditions [Arcury and Quant, 1998; Buchanan, 2004]. However, researchers have rarely focused on the role and meaning of undocumented status as it relates to occupational health. Given the relationship between work and unauthorized immigration and the occupational health disparities suffered by immigrant workers, it seems reasonable to explore undocumented status as a potential social determinant of occupational health.

Demographic Growth and Geographic Dispersion of Undocumented Immigrants

Despite increasingly aggressive approaches at the federal, state, and local levels to reduce unauthorized immigration, the undocumented immigrant population in the United States tripled from an estimated 3.5 million in 1990 to almost 12 million in 2012 [Hofer et al., 2009; Passel et al., 2013]. De Genova [2002] points out that “illegal” or undocumented immigration is primarily a labor migration. Indeed, undocumented immigrants have historically had high rates of workforce participation and currently four of every five undocumented immigrants of working age is employed [Passel and Cohn, 2011]. Immigrants concentrate in difficult, low-paying, and dangerous jobs [Hudson, 2007; Orrenius and Zavodny, 2009] and are often preferred by employers to their U.S.-born counterparts because they are considered more productive [Waldinger, 1997; Saucedo, 2006].

¹For the purposes of this paper the terms *undocumented*, *unauthorized* and “illegal” will be used interchangeably to refer to immigrant workers without work authorization. A detailed discussion of these terms is beyond the scope of this paper. For a detailed description of these terms and their use please see [De Genova, 2002].

In 2010, undocumented immigrant workers accounted for 5.2% of the total U.S. labor force, up from 4.3% in 2003 [Passel and Cohn, 2009, 2011]. Latino immigrants are thought to represent over 75% of the unauthorized worker population [Hoefer et al., 2009; Passel and Cohn, 2009]. Traditionally concentrated in established settlement areas in the Southwest, undocumented immigrants are increasing their national presence as their settlement patterns become more dispersed. In 1990 over 85% of undocumented immigrants lived in just six states with over 45% living in California alone. By 2004 these six states represented only 60% of the undocumented population with California accounting for less than 25% [Pew Hispanic Center, 2005]. The saturation of low-wage workers in traditional settlement areas, accompanied by job opportunities in the service, construction, and food processing industries has resulted in the undocumented Latino immigrants settling in areas of the country such as the Midwest and South that have not traditionally been immigrant destinations [Striffler, 2007; Fry, 2008]. The Pew Hispanic Center [2005] has referred to the cities of the Midwest and the Southeast experiencing explosive growth in their Latino population as “new settlement” areas. Compared to immigrants in “old settlement” areas, immigrants in the new settlement areas face additional challenges related to the lack of an established Latino community. These challenges include the lack of a Spanish-speaking infrastructure and community service agencies unprepared to cope with the sudden influx and myriad needs of Latino immigrants.

Occupational Health and Immigrants

Research indicates that foreign-born Latinos (both documented and undocumented) experience a disproportionate burden of fatal work-related injuries in the United States: immigrant workers accounted for 67% of work-related deaths among Latinos from 2003 to 2006, up from 52% in 1992 [CDC, 2008]. In the construction industry, foreign-born Latinos were fatally injured at 2–3 times the rate of U.S.-born workers doing the same jobs [Dong and Platner, 2004]. While there are no data on the documentation status of workplace fatalities, the simultaneous growth in the undocumented population and the workplace fatalities for Latino immigrant workers has led many to suggest that undocumented status contributes to this disparity [Pransky et al., 2002; Brunette, 2004; McCauley, 2005; O'Connor et al., 2005; Ahonen et al., 2007; Orrenius and Zavodny, 2009; Schenker, 2010].

Any move beyond a simple cataloging of the hazards and poor conditions faced by Latino immigrants would benefit from a theoretical framework. Unfortunately, as Blustein [2006] has pointed out, most models of work behavior were developed for use with individuals having a college education and for whom basic survival is more or less a given, thereby allowing them to pursue the satisfaction of self-actualization needs through work. Blustein challenged researchers to validate the applicability of such models when used with populations having very limited options. One model that has successfully met this challenge is the Theory of Work Adjustment [TWA; Dawis and Lofquist, 1984]. TWA views work as an interactive and reciprocal process between the individual and the work environment. In simplest terms, individuals may be viewed as fulfilling the labor requirements of the work environment, in exchange for which the work environment provides reinforcers that satisfy a wide range of financial, social, and psychological needs for the individual.

The twenty work reinforcer dimensions identified by TWA are so central to its application that it is of critical importance to do demonstrate their relevance when applying it to a new worker population. In an exploratory study, Eggerth and Flynn [2012] demonstrated that the 18 of the 20 work reinforcer dimensions of TWA could be clearly be identified in transcripts of Latino immigrants asked to discuss their jobs. It was suggested that the failure of two reinforcer dimensions to emerge (doing work congruent with one's moral values and exercising creative approaches to work) was more likely due to the very low skill and responsibility levels of the jobs typically held by these workers. It should be noted that of the 18 reinforcers dimensions that did clearly emerge, a number were discussed in terms of their absence in these jobs.

TWA [Dawis and Lofquist, 1984] proposes that when workers are dissatisfied with important aspects of their jobs, these workers have two broad approaches to reducing the discordance between what they want and what the job actually offers. One approach is to reducing discordance is for workers to attempt to get the work environment to change to better meet their requirements. TWA terms this approach as being *active*. The other approach is for the workers to attempt to changes themselves, in terms of performance and/or expectations, to better match what the job offers. TWA terms this approach as being *reactive*.

Although not directly addressed by the studies, the findings of two investigations of the work experiences of Latino immigrant workers [Eggerth et al., 2012; Eggerth and Flynn, 2012] suggest that overall Latino immigrants are more reactive than active in their work adjustment styles and that regardless of the locus of initiation, these workers were the locus of change.

Study Aims

In an effort to more directly explore the topics discussed above, the following hypotheses were proposed:

Hypothesis 1—Documentation status would emerge as a major factor impacting the occupational safety and health of Latino immigrant workers.

Hypothesis 2—Latino immigrant workers attempting to reduce discordance with their work environments will tend to use reactive coping strategies far more than active strategies.

MATERIALS AND METHODS

We employed a combination of focus group and individual key-informant interviews with Latino/a immigrant workers to explore their experiences and conceptions of occupational risk, injury, and safety as workers both in the United States and in their countries of origin. By combining group and individual interviews we intended to exploit the advantages associated with both data collection methods: breadth and variation of perspectives in group settings; and experiential focus, depth, and detail in individual interviews. By dividing participant recruitment and data collection activities between Santa Fe, NM, and Cincinnati,

OH we intended to capture variation based on the possibility that immigrants to nontraditional or “new” settlement areas such as Cincinnati experience greater risk, injury, or safety challenges than those moving to traditional settlement areas such as Santa Fe.

Participants and Procedure

Participants for sixteen focus groups (n=103), 8 each in Santa Fe (n=53) and Cincinnati (n=50) and 10 individual interviews were recruited from the local Latino community using a snowball sampling technique with the help of local, non-profit, immigrant organizations well known to immigrants in their respective communities and thus capable of recruiting respondents based on inclusion criteria (employed, 18 years or older) and other demographic criteria we provided: gender, formal education, and time in the U.S. All interviews were conducted in Spanish by experienced bilingual researchers. Focus groups were stratified by gender and education level (6th grade and below; 7th–12th grade) to encourage maximum participation and to capture possible differences in experiences and perceptions between men and women and those with different levels of formal education. An equal number of groups were conducted for each demographic category. The study was reviewed and approved by the CDC Institutional Review Board.

Focus Groups

Participants completed a brief general demographic information form at the start of the focus groups. No personally identifiable information such as name, birth date, employer, nor immigration or documentation status was collected. To further ensure anonymity, focus group participants were assigned pseudonyms and asked to avoid use of personal identifiers during the group interviews. Any inadvertent use of personal identifiers was subsequently removed during transcription or during initial review of transcripts. Two bilingual, experienced focus group facilitators, one male (third author), and one female, conducted the group interviews of men and women, respectively.

The focus groups lasted approximately 1 1/2 hr and focused on participants’ work experiences in the United States as well as in their countries of origin. Within a wider methodological framework aimed at capturing a worker-centered understanding of occupational risks, particular attention was paid to safety concerns at work, injury events, barriers to safety, and preferred coping or adjustment strategies. In order to avoid leading respondents, potential barriers to occupational safety and health (OSH: such as language and documentation status) were not suggested by the facilitators. Rather, participants were asked to discuss their experience with OSH and identify the barriers they felt were pertinent. When barriers such as documentation status were mentioned by participants, interviewers conducted follow-up probes.

Following each group or individual interview, participants were paid \$50 and given a list of local occupational safety and health resources. Audio recordings were transcribed verbatim and were prepared for analysis. Upon completion of transcription and translation into English, the recordings were destroyed to insure the confidentiality of the research participants.

Individual Interviews

Key informant interview participants (n=10) were recruited from a roster of individuals who had signed up to participate in the focus groups. Prior to convening the focus group for which the participant was originally recruited, and if numbers allowed for a viable focus group, one participant was selected at random and asked to instead take part in an individual interview which addressed—in greater depth—many of the same topics covered in the focus groups. Similar in duration to the focus groups, these interviews typically took place simultaneously in a private space adjacent to the focus group setting. Participants were paid the same compensation for their time and given the same list of local occupational safety and health resources provided in focus groups. No participant refused the offer to be interviewed separately. Individual interviews were conducted in Spanish by the same bilingual individual (first author) and were audio recorded for later transcription. Upon completion of transcription and translation into English, the recordings were destroyed.

Data Analysis

Qualitative analysis for this study involved a combination and sequence of document formatting and indexing, question and theory driven coding, and grounded, worker-category based coding activities. In a preliminary formatting step, we labeled and coded all focus group and individual interview transcript content broadly and comprehensively in terms of the distinct sections and transitions reflected in the interview format. To facilitate this and later steps, we used a qualitative data management software program (QSR NVIVO 8) which allowed us to code, search and have easy access to the full transcript database. These activities formed an initial database and basis on which more focused and in-depth content and thematic coding activities were conducted.

Subsequent analytic steps for this report (and others) were shaped and guided primarily by our initial research questions on immigrant worker safety and addressed through iterative individual- and group-coding activities and meetings. They were also guided by emergent, or worker based categories findings that surfaced during descriptive coding. Worker immigration or documentation status emerged as a significant theme in each of 16 focus groups and 10 individual interviews, despite unplanned and unsolicited as a topic of discussion. Given its significance and pervasiveness in response to queries about immigrant safety and health on the job, the perceived role played by documentation status became a central analytic focus.

Thus we undertook a more focused examination of the transcript database to identify the language of, and whether and how documentation status was captured or coded alongside other topics (e.g., injury reports, access to medical care, fear of being fired). This led to additional coding or re-coding of some content, after which we created a set of comprehensive “documentation status” coding reports. During the analysis and discussion of this material, we referenced the theory of work adjustment (TWA)—particularly the work adjustment strategies—as a template or framework for presenting and understanding the findings.

RESULTS

Participant Demographics

Of the 113 respondents, the majority (54%) were Mexican, followed by Guatemalans (36%), Peruvians (9%), and Nicaraguans (1%). Roughly half were male (n=53) and half female (n=50). The ages of the participants ranged from 18 to 69 years with a mean of 31. The mean salary was \$9.48 per hour and 89% of all respondents reported speaking little to no English. Roughly half the participants (52%) emigrated from an urban area and the other half (48%) from a rural area. The mean education level for those completing 6th grade or less was 4.7 years, 5 respondents never attended school. The mean educational level for those completing more than a 6th grade education was 11.8 with a range of 8–18 years of formal education. Participants worked in the service (65%), manufacturing/packing (25%), or construction (9%, men only) industries. The only demographic difference that emerged between the two data collection sites reflected differences in local economies. In Cincinnati, only 13 participants were employed in the service sector, while in Santa Fe, an area heavily dependent upon tourism, 30 participants were employed in the service sector.

Thematic Findings

Our application of the Theory of Work Adjustment (TWA) as a conceptual template for analyzing the meaning and perceived consequences of documentation status emphasizes the sub-domain of work adjustment strategies over work environments. For immigrant Latino workers, the latter have been and continue to be well characterized in terms of conditions and status as “3D jobs”: demeaning, dirty, and dangerous [Connell, 1993].

Work adjustment strategies—The work adjustment strategies we identified correspond to four cognitive-behavioral themes. The first, *killing yourself to make a living*, represents the coping strategy initially adopted by most immigrants. The second theme, *fear of deportation and undocumented status*, concerns how fear of detention and deportation impacts a worker's behavior. The third theme, *economic vulnerability*, focuses on the erosion of economic security resulting from a lack of documented status; and the final theme, *limited access to institutional resources* concerns the barriers to taking advantage of existing resources and protections.

Killing yourself to make a living—Newly arrived immigrants reported feeling significant pressure to find a job in order to pay off debt to smugglers, maintain themselves, and contribute to the economic well-being of family members left behind. Many relied on relatives or friends to help them find work, but mentioned that finding steady employment is often difficult. The elusiveness of the first job, combined with the pressures to start earning money, can influence the work experience from the beginning. As one participant put it,

“When I got my first job, I really needed it. I was tired of knocking on doors. When someone gave me the opportunity I said, ‘I’m not going to let this go.’ I did the best I could to make a good impression on my boss. That's where the abuse originates.”

The tendency of recent undocumented immigrants to over-perform was perceived as contributing to an unsustainable pace at work resulting in fatigue and injury. Another participant reflected on her experience:

“I used to think that they [managers] were wringing everything out of me, but it was my fault. As time goes on you just can't keep up that kind of a pace. But it is because you have let them get used to you doing the work of 3 or 4 people.”

Over time workers reported feeling trapped by their accelerated productivity. One participant discussed his experience as one of the first immigrant employees at a factory in Cincinnati:

“When I started working there I was the only Latino out of 15 on the line. I would work very hard and the [U.S.-born workers] would come to me and tell me to slow down and not kill myself. But we are used to hard work and are not lazy like they are. So I didn't listen and kept working as I know how. Little by little the boss began replacing the [U.S.-born workers] with immigrants. Now there are only 10 on the line, all immigrants, but we have to produce more than before. It has been several years now and I get tired and sore at work. It is harder to keep up but I know that if I don't, the boss will replace me with some other immigrant. Now that I think about it, maybe the [U.S.-born workers] had it right all along.”

Respondents typically considered themselves better workers than their U.S.-born co-workers. Over time some respondents, like the one above, reported realizing that their initial negative appraisal was inaccurate and indeed, the advice of their co-workers represented a necessary survival strategy given the physical demands of the job. This insight usually occurred after they had been on the job long enough to realize that the pace of work was unsustainable. Unfortunately, by this time, the American-born workers had all been replaced with immigrants and there was little chance of returning to the earlier, more sustainable pace.

Fear of deportation and undocumented status—Some participants suggested that they do not complain about unsafe situations or injuries at work out of fear that the employer will report them to the authorities resulting in deportation. As one respondent recounted,

“I did what the boss told me to do and did not complain because I was afraid that he would call the police, afraid that I might get deported, that's why I didn't speak up.”

Fear of problems with authorities can also impact a supervisor's decisions regarding workplace safety. According to one respondent,

“A coworker of mine was pregnant and injured herself lifting a heavy bag. She began bleeding but kept working. She bled a lot but the supervisor did not call the ambulance because he was afraid that ICE [Immigration and Customs Enforcement] would come. She lost the baby.”

Many participants reported that fear of deportation is a constant concern that permeates their lives. However, only a few reported being afraid that complaining at work would directly result in deportation. It was far more common for participants to report that they accept

dangerous situations and incur workplace injuries for other reasons related to their undocumented status, rather than just deportation.

Economic vulnerability—The fear of losing one's job forces many workers, both immigrants and native born alike, to accept unsatisfactory and unsafe working conditions. One respondent recounted being cautioned by a coworker when she told him she was going to confront their boss for continually yelling at her:

“You have to put up with it, that's just the way it is, there's nothing you can do.’
But I would say, I don't have to put up with it; but in the end I did because I had to keep my job.”

Respondents perceived that the consequences of losing one's job are accentuated by a lack of legal status. They reported that recent increased enforcement of immigration law has prompted many employers to verify an applicant's immigration status before they are hired, making it more and more difficult for undocumented workers to find employment. One participant described these changes:

“With the immigration problems that are going on now, you can't find a job just *anywhere*. Before, they wanted to fill the position and get the work done. They didn't care if they [the papers] were good or not. But not now, they have someone checking the papers.”

As it becomes harder to find a job without working papers and government-issued IDs, participants reported they were becoming less likely to complain about dangerous conditions at work for fear of being fired. According to the respondents, one of the most common ways they protect themselves from dangerous working conditions is to get another job. However, many respondents felt that this coping strategy is no longer available to them because of increased scrutiny by employers, mandated by federal and local laws.

The lack of a safety net is keenly felt by participants. Without legal status in the United States, workers knew that they were not entitled to unemployment insurance or other benefits from the government despite the fact that they pay taxes, including social security. Respondents commonly perceive themselves as having fewer rights and protections than their U.S. born counterparts, as suggested in this comment:

“I think Americans don't . . . feel the pressure; that is, if they get fired they can get the same job back the next day because their status allows them. (Other respondent: Yes, there are laws. They can just go for their [unemployment] check).”

Participants perceived that their undocumented status not only makes it more difficult to find a job, but it excludes them from resources meant to protect workers who are between jobs or looking to advance. This contributed to many participants feeling an even greater pressure to over-perform and not complain.

Limited access to institutional resources—Undocumented status can limit individuals from accessing institutional resources in several ways. Undocumented status disqualifies individuals from an increasing number of governmental and non-governmental resources, services and protections. In addition, participant's responses suggested that

ineligibility for *some* resources is often mistaken as ineligibility for *all* rights and privileges or leads to confusion as to what they are and are not entitled to. As one respondent put it,

“I haven't complained [about safety concerns at work]. We are scared of talking and we don't know what our rights are here. Maybe if I say something, they might send me back to México or I could lose my job. It's very problematic, and we don't want any more problems.”

Even when undocumented workers are legally entitled to specific resources and willing to access them, their undocumented status can create complications. One participant recounted the difficulties undocumented workers can face when reporting an injury sustained at work:

“[Getting medical care after being injured at work] is also a problem because we work with a different name [fake social security number] and when we come to the hospital we use an identification card which has our real name on it. This name doesn't match the name we use at work. So the [name on the] papers from the hospital or worker's comp claim will not match with the [name on the] work papers and it's a problem [because now the boss knows you are using a fake name] and so it's often better to say I'll stay here [and not go for medical treatment].”

This example demonstrates how undocumented status adds a level of complication to accessing systemic protections to which the individual is entitled. Respondents reported that their lack of knowledge of the system led to uncertainty about how to behave in many situations.

Legislative efforts targeting undocumented immigration at the local and state levels and their uneven enforcement create increased variability in entitlements and consequences for undocumented immigrants that can vary significantly from one jurisdiction to the next. For example, in all but a handful of states, proof of legal residence is required to obtain a driver's license and, by default, insurance. Many respondents felt that police, in certain local jurisdictions, targeted Latinos for traffic violations because they assume they do not have a driver's license or insurance. According to participants, these enforcement efforts varied widely from one jurisdiction to another and a traffic stop that resulted in a warning in one jurisdiction could result in the impounding of your car or even deportation in another.

Respondents reported that the different laws and level of enforcement from one jurisdiction to another often complicated their efforts to understand and engage the system such as Workers' Compensation or the Occupational Safety and Health Administration protections. A respondent who had spent 8 years in the United States explained that over time, and with help, she was able better to manage the system:

“If I had known then what I know now, I would have come to [local non-profit agency] and they would have helped me, because I was being treated badly and didn't know how to defend myself. Many bad things happened to me, but over time you learn to defend yourself, and now I don't let them treat me that way.”

While some undocumented respondents recounted instances of successfully accessing and benefiting from systemic protections and resources, many others reported that the potential for complications resulting from lack of legal status often led them to avoid institutions for

fear it would create more problems than solutions. Reluctance to engage institutions develops as a survival strategy which is reinforced by the economic vulnerability and fear of deportation resulting from an undocumented status. This survival strategy, which we refer to as “disengagement,” protects undocumented workers in some circumstances (i.e., not losing a job for filing a worker's compensation claim) but can be detrimental in others. As a result workers often reported adopting a submissive attitude toward authority figures at work as described in the *Killing yourself to make a living* section above. “Disengagement” as a response to structural exclusion and vulnerability caused by an undocumented status, is discussed below.

DISCUSSION

As was previously mentioned, although discussion of documentation status was not solicited by the facilitators, it was expected to emerge on its own as a major theme. Indeed, participants volunteered so many comments related to the adverse impact of being undocumented, that documentation status might be viewed as the context within which all other study findings must be conceptualized. Therefore, Hypothesis 1 may be considered confirmed.

One indicator of the pervasiveness of the impact of documentation status may be found in the types of work adjustment strategies identified in this paper. The TWA [Dawis and Lofquist, 1984] proposes that an individual may address problems at work by either attempting to change the work environment (active mode) or by attempting to change themselves (reactive mode). All of the coping strategies shared by the participants were reactive. Therefore, Hypothesis 2 may be considered confirmed.

Hesketh [1985] argued that understanding of the work adjustment process could be enriched through considering two related constructs. In work environments, it is important to recognize the source of the initiative for change—the worker or the employer. Hesketh termed this the *locus of initiation*. The second related construct is who is being asked to change—the worker or the employer. Hesketh termed this the *locus of change*. Whether it be the overexertion of “killing yourself to make a living” or the various efforts to “fly under the radar” involved with disengagement, the participants believed that it was incumbent upon themselves to maximize the rewards and to minimize the punishments related to working in the United States. Attempts to change the structure of the workplace were reported infrequently and were initiated only by participants who had received considerable support from a community-based advocacy group. Stated in Hesketh's terms, regardless of the locus of initiation, the locus of change will almost always be the Latino immigrant workers. This has significant impact on understanding the emergence of disengagement as a major coping strategy. Lewin [1977] famously conceptualized behavior (B) as arising from an interaction between the person (P) interacting with the environment (E), sometimes expressed quasi-mathematically as $B=f(P \times E)$. Given that the onus of adjusting to circumstances is almost inevitably placed upon the immigrant workers, an obvious way to reduce the level of behavioral demands is to reduce the number of interactions with the environment. Therefore, in addition to referencing the adverse affective impact the disenfranchisement and disillusion of the immigrants experience living in the United States, in simple mathematical

terms, disengagement represents a way to minimize the impact of structural violence by minimizing the number of interactions with societal structures.

Clearly, the ability to stay and work in the United States is fundamental to the livelihood of undocumented workers, and detention and deportation are pervasive concerns. However, the data suggest that political and legislative efforts to restrict undocumented immigration can create a complex network of legal and social consequences (e.g., reduced mobility, increased economic insecurity, etc.), beyond deportation, that leaves respondents feeling trapped in their current jobs. For example, we heard reports of how intensified enforcement has led to increased scrutiny of employment eligibility by employers which, in turn, has made it more difficult for undocumented workers to find another job if they are fired or quit. As a result they reported being more hesitant to complain about unsafe working conditions. These findings expand on Nuñez and Heymans's [2007] concept of “multiple whammies” which suggests that undocumented status adds additional and unique obstacles to traditional barriers to safety and health (e.g., no right to work *and* not having financial resources). The data presented here suggest that undocumented status not only adds additional barriers to safety and health but that it also interacts with and exacerbates traditional barriers to workplace safety (e.g., increased financial insecurity *because* undocumented status eliminates eligibility for unemployment insurance) that are common to all workers. In another example, reports of adopting an accelerated pace at work echo Gomberg-Muñoz's [2010] concept of “willingness to work” as a cultural adaptation which allows undocumented immigrants to gain a competitive advantage in the labor market. Outcompeting local workers to the extent that entire workplaces are staffed solely by Latino immigrants not only increases the physical danger of the job but leaves them even more socially and politically isolated.

The confusing patchwork of local legislation and enforcement were mentioned as contributing to the perception that basic labor protections were either legally or practically beyond the participants' reach. Respondents routinely reported not seeking services they were *legally* entitled to, such as workers' compensation or emergency medical care. These findings suggest that an undocumented status can not only present a direct threat to an individual's physical and psychological health but also conditions participants to perceive additional barriers and accept a position of vulnerability, resulting in a degree of alienation and marginalization that exceeds the specific proscriptions of the law. It is not difficult to imagine how this tacit social positioning and vulnerability might be collectivized as a central cultural orientation toward institutions and authorities. Perceived vulnerability translates into a general distrust of all institutions and a de facto coping strategy we are calling disengagement. This strategy of disengagement is not dissimilar to the mistrust and underutilization of institutions that has developed in other marginalized communities, for example African Americans and the health care system [Jupka et al., 2008; Hammond, 2010].

While strategic disengagement can be an effective tactic for avoiding problems related to undocumented status under some circumstances, indiscriminate use of this strategy prevents undocumented workers from accessing resources to which they are entitled and may contribute to the disparities in occupational health outcomes for immigrant workers.

This study is limited by the fact that while the investigators were able to follow-up with probes once the respondent mentioned immigration status they did not initiate conversation on the topic. This limited the consistency of the data and also the ability to determine whether or not theoretical saturation was reached. However, since documentation status was mentioned in all of the interviews at one time or another, without interviewer suggestion, this extensive data revalidates the importance of immigration status. Another limitation of this study is that it was only conducted in two cities. Although a high degree of correspondence was found between the responses of participants in the two sites used by this study, it remains to be determined whether the same findings would have been found in other urban settings or with immigrants living in smaller communities or rural settings.

Despite these limitations, it is clear that the participants perceived undocumented status to play a significant role in determining the risks they face at work and limited their ability to respond to those risks. This perceived relationship between undocumented status and the pressure to accept dangerous working conditions shows how abstract structural vulnerabilities materialize in the workplace. As such the findings in this study suggest that occupational health inequity for undocumented workers can be understood as an example of structural violence and that further investigation of undocumented status as a social determinant of occupational health is warranted [Farmer, 2004]. These investigations would not only inform our understanding of the current vulnerability that undocumented workers face, but could also inform policy so the current political efforts at immigration reform do not perpetuate unintended but real vulnerabilities for immigrant workers; for example, threatening their right to a safe workplace and contributing to the lowering of working standards for citizen workers as well.

A fuller understanding of the impact of undocumented status on occupational health disparities could be gained if data on immigration status were routinely collected by current epidemiological surveillance efforts or as the result of new initiatives [Schenker, 2010]. The impact of local legislation on OSH could also be explored by comparing industry specific injury rates or worker's compensation claims across jurisdictions, including those actively targeting undocumented immigrants and those with more lenient policies. Research could also operationalize the various cultural, linguistic, and structural barriers to OSH and examine the relative importance of each on the decision-making process and health status of undocumented workers.

Gaining a better understanding of the psychological stress associated with undocumented status and how to cope with it is an often overlooked but essential task in documenting and improving the occupational health of this population. Operationalizing the psychological stressors identified in this paper (e.g., fear of deportation, increased economic insecurity, limited mobility), and examining their impact on the behavior and attitudes of individuals would be an important next step. Exploring how undocumented status impacts work-life issues (e.g., sustained separation from family or working in politically hostile environments) would also be beneficial for understanding the psychological costs of adopting an "illegal" status in order to work. In short, including immigration status as a key demographic variable would provide a more complete understanding of workplace stress and the role immigration status plays relative to other factors such as race and gender.

The study findings have practical applications for those working to improve the occupational safety of these workers. While the structural vulnerability resulting from undocumented status is almost universally recognized as a barrier to safety, interventions usually focus on addressing factors such as culturally tailoring interventions to more effectively communicating safety knowledge or motivate workers to implement safety procedures. An underlying assumption of these approaches is that the worker controls his or her work environment and either does not know how or is not motivated to work in a safe manner. While making OSH information materials accessible to immigrant workers and finding ways to encourage safe behavior are essential to improving workplace safety, the lack of structural analysis often transforms well-intentioned efforts to include cultural understandings into an over-exaggeration of the worker's agency in perpetuating OSH inequities [Farmer, 2004]. Research should not only include what workers “bring” in terms of culture and safety dispositions but should also explore the additional, often pervasive structural barriers associated with immigration status, poverty, race, and gender and how they may be overcome or at least mitigated.

While structuralist approaches ultimately suggest the need for longer-term social, political, and legal changes, they are not incompatible with more short term, applied efforts targeting workers. Structural change is slow. Workers need the tools to recognize and minimize, if not overcome, barriers while simultaneously empowering them to advocate for removal of these barriers [Weinstock and Slatin, 2012]. Identifying structural barriers, understanding the daily consequences for and coping strategies of workers, and developing interventions to increase the ability of workers to minimize, if not eliminate, these barriers would be a direction for future training intervention research. Investigations on increased message relevance by acknowledging structural barriers or the effectiveness of providing workers with basic interpersonal tools (e.g., negotiating skills or strategies for collective action) could be an important step in addressing these barriers [O'Connor et al., 2014]. Likewise, interventions that directly address the dynamic of disengagement, inform workers of their rights and exclusions associated with undocumented status and provide them institutional support such as legal counsel might better enable them to selectively engage the legal and healthcare systems [Flynn et al., 2013]. Finally, developing an understanding of the complications and unintended consequences that may arise as a result of complying with recommendations in the intervention is essential. This is a particular challenge for national institutions as the patchwork of local and state legislation makes it increasingly difficult to provide advice that is applicable throughout the country.

CONCLUSION

The experiences recounted in this article provide poignant insight into the lived experience of immigrant workers who adopt the status of “undocumented” or “illegal” as a condition of their livelihood. They highlight how legislative and enforcement efforts to address unauthorized immigration are perceived by these workers as placing them at increased risk for workplace injury and illness. Furthering our understanding of the complex web of consequences resulting from undocumented status and developing and testing strategies for how workers can minimize or overcome the subsequent barriers is essential to addressing the occupational health disparities for immigrant workers.

Through using concepts from the Theory of Work Adjustment [Dawis and Lofquist, 1984; Hesketh, 1985] this study has presented a framework that connects the daily work experiences of Latino immigrants that lead to a strategy of disengagement from their host society in an effort to minimize their experiences of structural violence [Farmer, 2004]. By doing so, it is hoped that a foundation has been laid that will encourage others to see the interconnectedness of macro-level social policies and understand how they are connect to the micro-level lived experiences of immigrant workers. Such integration may eventually lead to more effective, coordinated, multilevel interventions to alleviate the occupational and health disparities suffered by undocumented immigrant workers.

Global and regional economic forces will continue to shape the ebb and flow of immigrants to the United States. Regardless, for the millions who are among us, the data suggest that our current legislative and enforcement approaches to undocumented immigration have resulted in social arrangements that workers perceived as increasing their risk of occupational illness and injury. If these perceptions are accurate, the analytical lens of structural violence suggests that the resulting occupational health inequities are best understood as a physical manifestation of these policies. Clearly, finding a way to meet labor demands of the global economy while ensuring a worker's right to a safe workplace would go a long way in addressing many of the barriers to occupational safety and health identified in this study. Until this happens, we need to improve our understanding of these barriers and how their impact can be mitigated.

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