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Occupational Health and Safety Experience of Day Laborers in Seattle, WA

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Background *Day Labor is a growing part of the informal economy in the US, and in Seattle, and may entail a high risk of injury and illness at work.*
Methods *We surveyed 180-day laborers, at two worker centers and an unregulated "Street" location concerning their job-specific exposures and injury experience.*
Results *Exposures to both health and safety hazards were common at all three sites. After controlling for type of work, immigrant workers were 1.5–2 times more likely than non-immigrant day laborers to report exposure to hazardous conditions. Among the 180 participants 34 reported injuries were classified as "recordable." We estimated an injury rate of 31 recordable injuries per 100 full time employees. The three hiring locations had differing job experiences and exposures. Those hired through worker centers had a lower risk of exposures, while the Street workers were more likely to refuse hazardous work.*
Conclusions *Day laborers are exposed to numerous hazards at work, resulting in high injury rates. Multiple approaches including community based organizations which may provide some employment stability and social support for protection at work are needed to reduce occupational injury and illness risk among these vulnerable populations.*
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KEY WORDS: day labor; contingent workforce; immigrant workers; occupational health and safety; worker centers

INTRODUCTION

The rapid increase in immigrants in the US labor market over the past 10 years has been well documented, and widely discussed. Since 1990 there has been a large increase in the percent of the US population that was foreign born, and a rapid increase in the percent of the immigrant population that lacks work or immigration documents [Lollock, 2001; Passel, 2006]. A significant and very visible aspect of this change is the increasing use of "day labor" especially in urban and suburban areas of the country [Valenzuela et al., 2006]. While this type of informal work may have become more visible, contingent work is not new, and has increased for immigrant and native workers with down-sizing and the outsourcing of work [Quinlan et al., 2001]. Day laborers work on short-term informal agreements with employers in a wide range of work settings including manufacturing, construction, yard work, landscaping, and maintenance at private residences. Though data are difficult to obtain, occupational injury rates among day laborers appear to be high. In a national survey of day laborers, one in five said that they had suffered an injury requiring medical attention [Valenzuela et al., 2006]. In one study of non-agricultural Latino immigrant workers, which would include day laborers, an injury rate of 12.2/100 FTE workers was calculated [Pransky et al., 2002]. Injury fatality rates among

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Latino construction workers (a fraction of whom are day laborers) are high and have been increasing in recent years [NRC, 2003; AFL-CIO, 2005; Richardson, 2005].

Because the agreement between day laborers and their employers is informal, day laborers have few of the traditional legal rights established for most workers. Basic labor protections, such as being paid the agreed-upon wage for the hours worked, are not clearly established and almost impossible to enforce. Day laborers include immigrants and other marginalized US-born groups such as the homeless, mentally ill, and chronic substance abusers. Only 7% of day laborers report being US-born and about 75% of the immigrants are undocumented [Valenzuela et al., 2006]. As a result of their limited legal rights, immigration status and generally low socio-economic level, day laborers are limited in their ability to protect themselves from physical, financial, or discriminatory abuse.

In a large national survey [Valenzuela et al., 2006] and several small qualitative interview projects [Brown et al., 2002; Malievskaya et al., 2002; Walter et al., 2002; Buchanan et al., 2005; Ochsner et al., 2007], exposure to hazardous health and safety conditions and high injury rates have been highlighted as major concerns of many day laborers. However, no surveys have adequately characterized the overall work health and safety experience of day laborers. Furthermore, differences within the day labor workforce including demographics and degree of social organization may have a significant role in mediating their occupational safety and health experience [Fine, 2006]. This project was developed to provide a quantitative survey of occupational hazards and injuries among day laborers. In addition, the survey was developed to contrast the experiences of day laborers from three different hiring locations serving very different segments of the day labor population.

METHODS

Subjects were recruited from three Seattle area locations: Worker Center 1 (WC1), Worker Center 2 (WC2), and a ''Street'' location outside a ''big box'' hardware store. Street hiring sites are unorganized locations with informal social networks and procedures. Individuals congregate along the side of the street and negotiate individually with potential employers for their pay rate, work conditions and transportation.

WC1, located in downtown Seattle, was founded in 1999 to provide a work referral advocacy and support organization for day laborers. The community that WC1 serves is primarily undocumented workers from Mexico and other Latin American countries. Each morning laborers register and are selected randomly for available jobs. The workers collectively decide on pay rates ($10 per hour) and potential employers are informed of the rates.

Worker Center 2 (WC2) was founded in 1921 to provide employment options, hygiene facilities and other support services to the poor and homeless. WC2 refers workers to jobs to help develop skills necessary for long-term employment, and is characterized as a social service agency rather than an advocacy group. Each morning people arrive at the center and are entered into the dispatch list and matched with potential employers. Individuals must have a valid social security number to be allowed to participate. WC2 negotiates the wages ($8–$10 per hour) for each laborer.

Subject recruitment procedures differed at each site. At the street locations, flyers were distributed and individuals were approached and asked to participate. The interviewers attempted to recruit a cross section of those available and avoid individuals who had previously participated. At WC1, the raffle system was used to randomly select subjects for interview from among those remaining after the available jobs had been assigned. At WC2, participants were randomly selected from among those that had most recently had a job assignment and were back in the job queue.

The survey instrument covered general demographics and health and safety training and experience, job-specific exposures, injury-specific experiences, and approaches to mitigating hazards. The draft survey was translated into Spanish, and a focus group of WC1 staff and laborers was asked to review the questionnaire and comment on the intelligibility of the questions and overall survey content. The focus group strongly recommended avoiding questions concerning legal status; immigrant status was thus determined solely by country of origin. The questionnaire was then piloted in both Spanish and English among WC1 and WC2 members and results were used to refine the survey instrument.

Subjects were asked to recall and report the work conditions and exposures on their three most recent jobs. For each of those jobs, specific questions were asked regarding exposures to noise, eye hazards, falling objects, liquid chemicals, working at height, airborne dusts or chemicals, lifting or carrying heavy objects, and unsanitary conditions. For each of these hazards, additional questions were asked concerning relevant personal protective equipment (PPE).

Similarly, subjects were asked to describe up to three injuries that had occurred within the past year. Subjects were asked to report only injuries ''that occurred at work that forced you to stop working and required first aid and/or medical treatment.'' For each injury, additional questions were asked concerning the nature and circumstances of the injury and treatment.

Interviews were conducted between February and June, 2006, and lasted under 1 hr. The questionnaires were administered at each hiring site using handheld computers for data input. All procedures and materials were approved by the University of Washington Institutional Review Board.

Subjects were orally consented, and provided with an opportunity to ask questions prior to the beginning of the interview, and each subject received $20 after completion of the interview.

Frequency distributions for the responses were calculated for each question, stratified by location (WC1, WC2, Street), and differences between the proportions responding at each location were tested with a Chi-square. Analyses were conducted by subject, by job (for questions about the three jobs reported), and by injury (for up to three injuries in the past year). Due to the skipping logic built into the questionnaire, some questions were analyzed on subsets of the data. As a result, the denominator changes for each question and is presented for each analysis. Responses of ''Don't Know'' or ''Not Applicable'' were re-coded as missing.

In order to consider the effect of immigration status on the likelihood of reporting specific exposures, multivariable logistic regression models were run for the effect of immigration status, while controlling for job and employer type. Logistic models were clustered on subject to account for non-independence between jobs held by each individual.

RESULTS

A total of 183-day laborers participated in the survey. Of these, three were excluded from analysis: one did not complete the interview, and two because of language difficulties. The 180 remaining interviews were almost evenly distributed between the locations.

The demographic characteristics of the cohort differed substantially by site (Table I). Subjects averaged 42 ($\pm$11; range: 18–73) years old. The WC2 group was older, had a larger fraction of women, a substantially higher proportion of non-Latino workers and a higher level of educational achievement than the other two sites.

WC2 workers were predominantly US-born, while both WC1 and the Street groups were almost entirely from Mexico or other Latin American countries (Table I). Among those who immigrated to the US, there was a wide range of years since first entry (1958–2006), with entry more recent for the Street (average, 1996) than for the Worker Centers (1991–1992). The differences were further highlighted by self-reported English skills; most WC2 workers spoke English as a native language, and fewer than 35% of the other two sites reported speaking English well. A significant number of participants from both WC1 and the Street (31% and 24%, respectively) said that they could not read English at all.

A large fraction (40%) of the subjects reported receiving some training on health and safety on the job. Overall, 57% of those receiving training said that their supervisor had provided it, and only 25% or 28% had been given audiovisual or written training materials. Training was done in English, Spanish or both languages. Among the 38 individuals who answered questions about language and training, three subjects who said they spoke English poorly or not at all, received training only in English.

Among the 180 subjects, a total of 529 individual jobs were described (Table II). Just over half of the jobs were for homeowners, though the percentage varied considerably between sites (67% at WC2 vs. 40% at Street). Conversely, half of Street jobs, but only 20% of WC2 jobs were for contractors. A large majority (74%) of the work was done at home sites.

Fewer than half (44%) of the jobs were in construction, with carpentry, painting and demolition tasks being reported most frequently, and 11% of the jobs involved roofing. WC2 jobs more often involved demolition and hauling materials. More than half of the non-construction jobs involved landscaping tasks, and frequently involved heavy lifting such as moving furniture or equipment.

Self-reported exposures to health and safety hazards are given in Table II. Exposure to noise, airborne dusts and chemicals, chemicals and unsanitary conditions were occurring on 27–40% of the jobs. Similarly, eye hazards, falling objects, work at heights and lifting heavy objects were reported on 30–69% of jobs. Subjects from the WC2 reported a lower frequency of exposure for all health and safety hazards, while WC1 and Street groups were very similar.

Additional questions pertaining to use of PPE were asked of subjects who reported exposures to selected hazards (data not shown). Subjects reported employer provision of PPE for a fraction of jobs on which it was needed—from 20% of employers providing a harness for working at heights to 60% providing gloves for jobs involving contact with chemicals. Hearing protection devices were provided on 30% of jobs with reported noise exposure and respirators (or dust masks) were provided for 45% of jobs with airborne dust exposures. Not all workers reported using the PPE that the employer provided, however a small fraction also reported using their own protective devices. For about 70–80% of jobs with exposures, subjects who did not use PPE reported that it was not available.

Table III presents reported injuries ''that occurred at work that forced you to stop working and required first aid and/or medical treatment.'' Thus, minor injuries or chronic conditions were not reported (e.g., hearing loss, musculoskeletal conditions, etc.). Forty-two subjects (23%) indicated ever having an injury on the job. Of these, 15 said they had not been injured in the past year, while 27 subjects reported at least one injury at work in the past year, and 11 of these reported more than one injury, with a total of 45 specific injuries cited.

Only 64% of 44 injuries received medical or first aid attention (for one injury the details on treatment were not given). A third of the treatments received were not paid for, though the employer paid in almost one quarter of cases and

TABLE I. Cohort Characteristics by Hiring Location (n Is the Number Answering Each Survey Item)

Age (years) [mean (±SD)]	**WC1**	**WC2**	**Street**	**Total**	
	40.5 (±9.6)	**49.1 (±8.8)**	**37.2 (±11.2)**	**42.2 (±11.0)**	
	WC1	**WC2**	**Street**	**Total**	
	(n)	**(n)**	**(n)**		**(n)**
	%	**%**	**%**	**(n)**	**%**
Gender***	(62)	(58)	(58)	(178)	
Male	97	83	100	(166)	93
Race/ethnicity***	(61)	(56)	(56)	(173)	
White	2	41	0	(24)	14
Black/African American	0	38	0	(21)	12
Latino/hispanic	87	5	82	(102)	59
Native Amer/Alaskan	5	5	7	(10)	6
Pacific Islander	2	0	2	(2)	1
Multiple	5	11	9	(14)	8
Education***	(62)	(59)	(58)	(180)	
None	5	0	5	(6)	3
Elementary	74	8	55	(83)	46
High	18	41	28	(51)	28
College	2	44	7	(31)	17
Vocational	2	7	5	(8)	4
Birth country***	(62)	(60)	(58)	(180)	
US	6	85	16	(64)	36
Other Latin Amer.	19	0	22	(25)	14
Mexico	74	5	60	(84)	47
Other	0	10	2	(7)	4
Native language***	(62)	(60)	(58)	(180)	
English	2	87	10	(59)	33
Spanish	95	7	79	(108)	60
Other	3	7	10	(13)	7
Speak English (among n =121 non-native speakers)	(61)	(8)	(52)	(121)	
Not at all	13	13	10	(14)	12
Not very well	52	25	60	(65)	54
Well/very well	34	63	31	(42)	35
Received H&S training*	(62)	(60)	(58)	(180)	
Yes	50	43	26	(72)	40

*Chi-square $P < 0.05$.
***$P < 0.001$.

worker's compensation insurance was recovered only once. Only seven injuries reported were among WC2 individuals and all of them reported receiving medical or first aid attention, compared to 50–60% at the other sites.

The nature of the injuries described included overuse injuries, cuts, punctures and bruises from equipment and many falls from ladders, roofs and stairways. Several of the falls were due to failures of the ladder or scaffolding, or placement on slippery surfaces. In addition, several health problems due to dust or chemical hazards were reported. Several workers noted that employers had sent them back to work, with pain continuing for several weeks and they had

TABLE II. Job-Specific Experiences and Exposures by Hiring Location (n Is the Number Answering Each Survey Item)

	WC1	WC2	Street	Total	
	(n)	(n)	(n)		(n)
	%	%	%	(n)	%
Employer***	(181)	(174)	(171)	(526)	
Business	11	8	6	(44)	8
Contractor	38	20	50	(188)	36
Homeowner	46	67	40	(269)	51
Temp agency	1	5	1	(12)	2
Other day laborers	2	1	3	(10)	2
Other	2	0	0	(3)	1
Work location*	(181)	(176)	(172)	(529)	
Construction site	8	5	13	(46)	9
Home	71	75	75	(390)	74
Small business (<10 emp)	13	11	6	(53)	10
Large business (10+ emp)	4	7	3	(25)	5
Other	4	1	3	(14)	3
Type of work**	(181)	(176)	(172)	(529)	
Construction	49	34	51	(235)	44
Non-construction	51	66	49	(294)	56
Exposure to health hazards					
Noise***	(177)	(176)	(171)	(524)	
	40	25	46	194	37
Airborne chemicals/dusts***	(180)	(176)	(170)	(526)	
	48	25	47	(209)	40
Chemicals*	(180)	(176)	(172)	(528)	
	33	22	33	(154)	29
Unsanitary conditions***	(179)	(174)	(172)	(525)	
	30	14	35	(140)	27
Exposure to safety hazards					
Eye hazards**	(178)	(176)	(170)	(524)	
	56	40	60	(273)	52
Falling objects***	(181)	(176)	(171)	(528)	
	36	14	40	(157)	30
Work at heights***	(173)	(176)	(172)	(521)	
	39	14	37	(154)	30
Lift heavy objects	(181)	(176)	(172)	(529)	
	68	65	73	(363)	69

*Chi-square $P < 0.05$.
**$P < 0.01$.
***$P < 0.001$.

continued to work because of their need for income and providing for their family.

Subjects were also asked about actions taken in response to unsafe conditions (Table IV). Almost 60% of respondents said they were afraid of being hurt or killed on the job, and 40% said that they had left a worksite because of hazardous conditions. Though not statistically significant, refusing hazardous work was more common for Street

TABLE III. Injury Experience by Hiring Location (n Is the Number Answering Each Survey Item)

	Site 1	Site 2	Street	Total	
	(n)	(n)	(n)		(n)
	%	%	%	(n)	%
Ever injured	(62)	(60)	(58)	(180)	
Yes	18	23	29	(42)	23
If injured	(11)	(14)	(17)	(42)	
Number in last year*					
0	9	57	35	(15)	36
1	55	36	29	(16)	38
2	0	7	18	(4)	10
3	9	0	18	(4)	10
>3	27	0	0	(3)	7
Received treatment in last year	(18)	(7)	(19)	(44)	
Yes	50	100	63	(28)	64
If treated, source of payment	(8)	(7)	(12)	(27)	
None	13	14	58	(9)	33
Employer	25	29	17	(6)	22
Insurance	0	14	0	(1)	4
Worker's comp	0	14	0	(1)	4
Self	25	14	17	(5)	19
Multiple payers	38	14	8	(5)	19

*Chi-square $P < 0.05$.

TABLE IV. Actions to Improve Safety (n Is the Number Answering Each Survey Item)

	WC1	WC2	Street	Total	
	(n)	(n)	(n)		(n)
	%	%	%	(n)	%
Ever fear being hurt or killed	(60)	(59)	(58)	(177)	
Yes	53	56	69	(105)	59
Ever left a job because of danger	(31)	(37)	(40)	(108)	
Yes	29	35	53	(43)	40
Ever Reported concerns to employer	(61)	(60)	(58)	(179)	
Yes	33	45	33	(66)	37
If yes, did employer act	(20)	(27)	(16)	(63)	
Yes	60	67	50	(38)	60
Ever asked for safety equipment	(62)	(60)	(57)	(179)	
Yes	73	70	79	(132)	74
If yes, did employer provide***	(43)	(42)	(45)	(130)	
Yes	93	98	69	(112)	86

***Chi-square $P < 0.01$.

workers. Among those who had expressed concerns about conditions or asked for safety equipment, a positive response was reported from most employers (60% and 86%, respectively).

Finally, logistic regression models were run to describe the risk of self-reported exposure to each of the identified hazards in relation to type of work (construction vs. non-construction), type of employer (homeowner, business, contractor, or other), and immigrant status (results not shown). In these models, work in construction was associated with a two to threefold risk of exposure to noise, airborne hazards, chemicals, eye hazards, falling objects, and work at height. After controlling for type of work and employer, immigrants had about a doubling of their odds of exposure to noise (OR = 1.71, 95% CI: 1.11–2.63), airborne hazards (OR = 1.93, 95% CI: 1.20–3.12), falling objects (OR = 1.68, 95% CI: 1.03–2.74), work at heights (OR = 1.98, 95% CI: 1.16–3.36), and unsanitary conditions (OR = 1.99, 95% CI: 1.14–3.48).

DISCUSSION

Workplace safety and health is often cited as a major concern for the growing number of workers doing day labor work through the informal, or precarious employment labor market, which is particularly difficult to study [Benach et al., 2000]. As a result, there are few studies explicitly addressing workplace exposures and injuries among day laborers [Quinlan et al., 2001; Walter et al., 2002; Buchanan et al., 2005; de Castro et al., 2006; Ahonen et al., 2007; Cho et al., 2007]. The current survey is a step toward quantifying the extent of the hazards and injury experience, and designing interventions to mitigate these risks. While it is well known that the social context of day laborers is largely responsible for their health and safety experience [Walter et al., 2002], no previous studies have examined different day labor organizations, the populations they serve, and the consequences of these differences for workplace health and safety. Having three hiring sites serving very different communities within Seattle provided the ability to begin addressing these differences. Although the demographics of the populations at these three centers differed, all workers were pursuing day labor jobs and are marginalized from mainstream society and have only informal and ambiguous relationships with their employers. As a result, day laborers are at a significant disadvantage when exercising their rights to a safe and healthful workplace.

Almost half of the jobs reported were in the construction industry, and most of the remaining jobs were in moving and landscaping industries—all industries with substantial exposures and a high risk of injury. Exposure to both chemical and physical hazards were common—between 27% for unsanitary conditions and 70% for lifting heavy objects—among jobs held by the subjects. Because the exposures are based on self-reports, they are subject to some error. In general, self-reported exposures have proved to be valid in comparison to other non-quantitative methods, and tend to be more accurate for easily recognized agents such as noise and safety hazards [Teschke et al., 2002]. Cross-tabulation of the exposures also suggested that individuals did not report all exposures for a single job, providing some reassurance that the self-reports were accurate.

The number of injuries reported was consistent with the high hazard nature of the work. Among the 180 individuals interviewed, almost a quarter reported being hurt at work at some time, and 27 reported being injured once or more within the past year. These data are consistent with other reports of self-reported injuries in a national sample [Valenzuela et al., 2006], and in worker centers in New Jersey [Ochsner et al., 2007].

A total of 45 individual injuries within the past year were reported as comparable to ''OSHA recordable'' injuries [OSHA, 2003]. However, we reviewed the narrative description of the injuries and recoded them if there was insufficient data to determine that there was lost time or medical attention involved. For instance, several injuries involved pain resulting from heavy physical work or being struck by an object, but no lost time was indicated. Eleven injuries were thus recoded, reducing the number of recordable injuries to 34.

Because day laborers work a variable numbers of days in a year, it is difficult to accurately report an injury rate for this group, however reasonable bounds may be derived from existing data. Using data from the national survey [Valenzuela et al., 2006] we estimated that day laborers work between 600 and 1,680 hr annually, with a median value of about 1,200 hr. These figures are reasonably consistent with data from WC1. Using the 34 injuries which met the definition of recordable, these data produce estimated injury rates of 31 recordable injuries per 100 FTE workers (range 22–63). For comparison, the 2004 recordable injury rate for construction and warehousing and storage is 6.2 and 9.3 injuries per 100 FTE, respectively [BLS, 2005].

This rate is uncertain given the variability in days at work, and the self-reported nature of the injuries. In addition, these data could be affected by a ''healthy worker effect'' because severely injured workers would not appear in the sample, thus falsely reducing the observed rate. Furthermore, the comparison with BLS recordable injury rates is crude given the very different mechanism of reporting. Because BLS data are recorded by a company official and our data are self-reported, our assessment may be somewhat more sensitive. Nevertheless, even if these uncertainties are taken into account, the estimated injury rate among day laborers is several times that of workers doing comparable work, but through more formal hiring arrangements.

It is also notable that despite the focus on significant injuries, one-third received no treatment. In addition, among

those who did receive treatment, the costs were frequently uncompensated and only one injury was reported to be paid for through worker's compensation insurance.

The data demonstrate that at least some employers give attention to health and safety on the job; 40% of workers said that they had had safety or health training on the job, and a substantial fraction of jobs in which specific exposures were reported had PPE provided by the employer. However, PPE is the least preferable approach for hazard reduction, since its effectiveness relies on proper and timely use by the worker, and most workers had no PPE at all. Even among the subset of employers that provide training or PPE, the adequacy of these measures to prevent injury and illness is dubious. The reported training received may be minimal; some workers noted that the reported training was no more than an instruction on how to do the work. About one quarter of those receiving training received either written materials or viewed a video tape—suggesting a more explicit attempt at safety training—although again, the quality and effectiveness of these materials cannot be ascertained. When training was provided, it appears that with a few exceptions, it was presented in the language that the workers could understand.

Given the hazardous nature of their work and the minimal protection provided for workers on many jobs, day laborers may frequently rely on their individual self-protection actions to avoid risky situations. In fact, 40% of workers reported that they had left a job because of the hazards they identified at the site, and even higher fractions had expressed concerns or requested PPE from employers. Interestingly, workers on the Street were more likely to leave a job because of unsafe conditions, while employers of workers at the worker centers were more likely to respond worker requests. Thus it appears that while worker centers afforded greater protection from unsafe conditions, some workers still preferred to work from the Street, where they felt they were free to set their own pay scale and be more assertive in obtaining—or rejecting—jobs.

About two-thirds of the subjects, mostly those at WC1 and the Street, were born outside the US. Although we were unable to inquire about their legal immigration status, we can assume that a large fraction of the immigrants did not have legal work permission. After controlling for the general type of work done (construction vs. non-construction) and who hired them, immigrants reported a higher likelihood of exposure to a variety of hazards. This is consistent with other data reporting significantly higher risks among immigrant workers [NRC, 2003; AFL-CIO, 2005]. While cultural differences could affect the perception of risk and exposure, there is no apparent reason why immigrants would be more likely to report hazardous exposures than non-immigrants.

Because this is a cross-sectional survey and no information is available on the size of the population represented, we cannot provide estimates of the number of persons exposed or injured in the Seattle area day laborer population. Workers who have sustained serious injuries would not be present, resulting in a possible under-counting of injury experience. Further, many day laborers find steady employment in traditional work arrangements and leave the day labor workforce, at least temporarily, so those seeking longer term work may be under-represented.

CONCLUSIONS

Day laborers work in a variety of high risk jobs, but despite the risk of exposure and injury, they are unlikely to have the protections afforded in more formal employment arrangements. Of particular note is the high estimated injury rate of 31 recordable injuries per 100 FTE, about fivefold higher than the BLS rate for the construction industry.

Differences in responses between the three worksites surveyed were also instructive. Workers using the worker centers were more likely to have employers respond positively to concerns or requests for safety equipment. Workers from the Street were more likely to refuse work they considered hazardous, suggesting the freedom from institutional pressures may also be advantageous for individual preventive action. The more positive response received by worker center workers regarding safety equipment might suggest that refusal of work is the only preventative action available to workers on the street.

Worker centers and other community based organizations involved in day labor can provide the support that workers need to demand safer work conditions, and in doing so may help reduce the risk of injury and illness. However, these organizations may also inadvertently make refusing hazardous work more difficult. For instance, workers mentioned that they felt obliged to do the work provided through the center and were afraid that refusal could reflect poorly on the organization. Worker centers should pursue ways to support improved working conditions, while also helping workers recognize work that is too dangerous, and refusing such hazardous situations.

Given the high risk nature of day labor in the U.S., the vulnerability of day laborers, immigrants, and especially undocumented workers, new approaches to workplace safety are needed which combine worker center and community based education with direct action on employers and policy initiatives.

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