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Occupational Health in the Dairy Industry Needs to Focus on Immigrant Workers, the New Normal

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This journal issue focuses on the many health and safety outcomes associated with dairy work, including changes resulting from new technologies associated with modern, larger dairies. However, there is another more dramatic change that has occurred in the dairy industry and that has an even more profound impact on the ultimate goal of improving the health and safety of dairy workers. That change is the transition to an immigrant workforce, a transformation that has occurred over the past 10 to 15 years. In the United States, this has largely been a transition to immigrant Latino workers, whereas elsewhere in the world other immigrant ethnic groups represent this transition. For example, growth in the large New Zealand dairy industry has been largely sustained by increasing the migrant workforce, half of whom come from the Phillipines.¹ Immigrant labor is becoming an increasingly important part of agriculture and animal husbandry in the European Union, particularly since the 2005 EU enlargement. Over 40% of agricultural workers in Italy are from outside the European Union, with the remainder coming from EU countries. In some regions of Italy, the majority of cow milkers come from India. Similarly across the EU countries, unique immigration patterns exist for each country, but all the countries have the similar reality that an

increasing percentage of agricultural workers, including dairy workers, are immigrant.

The magnitude of this transition to an immigrant workforce in the global dairy industry is documented in the paper in this volume, “A Review of Health and Safety Leadership and Managerial Practices on Modern Dairy Farms.” But even this paper by Hagevoort, Douphrate, and Reynolds, though recognizing that immigrant workers face challenges of low education levels, illiteracy, and culture and language barriers, does not address some of the core issues nor provide serious discussion of tools to improve their health and safety. It is critical that efforts to improve health and safety in dairies address the unique health needs, and social, cultural, and legal realities of immigrant workers.

Sadly, there is a centuries-old history of immigrant workers suffering a greater burden of fatal and nonfatal occupational injuries and illnesses than do nonimmigrant workers.^{2,3} This history is reflected in higher fatal and nonfatal occupational injury rates. In the United States, this can be seen in the major industries with large immigrant workforces—agriculture, construction, transportation, and domestic service. These industries have higher occupational injury and more severe disability than do other major industrial sectors. Even within industry sectors,

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immigrant workers have higher fatality rates than do nonimmigrant workers in the same job categories. Unfortunately, there has been little research on the occupational health of immigrant workers, and most of the limited research has been done in the United States.

Why do immigrant workers have worse health and safety outcomes at work? One major finding of recent research is that “precarious employment” is a contributing factor.⁴ Precariousness refers to the lack of employment security, a typical condition of immigrant workers that is most extreme for those who are undocumented. Such workers, particularly those fearful of immigration law enforcement, may take greater risks at work, not complain about unsafe conditions, and work without appropriate safety equipment and procedures. Even mental health and other chronic conditions may be worse among workers with precarious employment. Other factors contributing to worse health outcomes include low salary and working two or more jobs, limited or absent health care, language barriers, and lack of transportation.⁵

The largest immigrant population in the United States is of Latino origin, which now represents over 50 million people, or 16% of the population.⁶ This is a dramatic increase over the past decade, during which time over half the growth of the US population was due to Latinos. Although three fourths of Latinos live in the West and the South, other parts of the country such as the Midwest and Northeast have experienced dramatically increased growth rates of Latinos.

Agriculture has always been a first occupation for immigrants, and that continues to be the case in the United States as immigrants make up an increasing percentage of farm labor. Thus, the farm labor workforce is now 40% immigrant for the country as a whole, but in some areas such as California immigrants make up over 85% of the agricultural workforce. This transition is dramatically reflected in the dairy industry. Over the past decade, immigrant workers have increased to 70% of the milk production workforce.^{7,8} Increases in this largely Latino population are expected to account for all growth in the industry in coming decades.⁹

Why is it important to understand the changing nature of the workforce to improve health and safety among dairy workers? Quite simply, different approaches are needed to address health and safety among immigrant, often non-English-speaking workers. The traditional focus of health education programs on “Anglo farm families” is a model that won’t work with this new workforce. However, the demographic transition among dairy workers has been so rapid that health and safety personnel experienced in working with immigrant workers are limited or nonexistent in some areas with large dairy industries such as the Midwest and the Northeast. The obvious first requirement is for health and safety personnel to be fluent in Spanish or other immigrant languages, but that is not sufficient. Establishing trust is a critical requirement that requires listening to workers and working with them to address their needs. The use of *promotoras* or lay health workers from the community is an effective tool to achieve many of these goals. Health care providers should also be knowledgeable about immigrant beliefs about health and disease, traditional medicine, and cultural beliefs.

Health care delivery and public health programs must also be tailored to the needs and realities of immigrant workers. This includes monitoring and studying the health of migrant workers, migrant sensitive health systems, creating policy and legal frameworks that enable, instead of blocking, health care for migrants, and even exploring multinational approaches to health care for this population.¹⁰

The dairy workforce and the workplace have both dramatically changed in the United States and other developed countries in the past two decades. Efforts to improve health and safety need to adapt to that changing reality. Most importantly, an understanding of occupational risk factors causing specific health problems (musculoskeletal injury, asthma, skin rash, infection, etc.) is not sufficient. A critical piece is the dairy worker. With immigrants representing the majority of dairy workers, understanding the causes of illness and injury need to take into account the different perceptions, understanding, and behaviors that may be associated with being an immigrant. Equally

as important, efforts to prevent injury and illness, or to treat those outcomes when they do occur, need to be sensitive to the realities of the immigrant worker. It is perhaps worth recalling the Haddon matrix for injury prevention and intervention.¹¹ This model addresses the pre-event, event, and post-event factors associated with injuries. The intersecting factors influencing these phases of an injury are host, agent/vehicle, physical environment, and social environment. Clearly the host and social environment influences would be very different for the immigrant worker, and need to be addressed differently for the prevention and intervention efforts to improve health and safety of dairy workers.

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