The Toll of Household Cleaning Work

Economic and Health Precarity of Immigrant Latinx Cleaners in New York

March 2021
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Executive Summary

Household cleaners face many challenges to their health and well-being at work including insecure employment, low wages, stressful working conditions and exposure to harmful chemical components of cleaning products. The Safe and Just Cleaners Study is a community-based participatory research partnership funded by the National Institute of Environmental Health Sciences. The study is collecting data on cleaners’ chemical exposures and other working conditions to develop safer cleaning approaches to reduce exposure for cleaners and their clients. The research partners, Make the Road NY, the Barry Commoner Center for Health and the Environment at Queens College, CUNY, and the Selikoff Centers for Occupational Health at the Icahn School of Medicine at Mount Sinai, are committed to making data available to affected communities, as they are collected, to influence ongoing policy and action discussions.

In this report, we present data from a survey of Latinx household cleaners in NYC and Westchester conducted between June 2019 and February 2020. Key findings:

- Housecleaning is mostly conducted alone, part-time, in multiple homes, without a formal written contract, and low-paid.

- Many cleaners in our study do not earn enough income to cover basic expenses, experience high levels of income insecurity, and live below the federal poverty level.

- On average, they are far less likely to have health insurance than other populations and do not access paid sick leave.

- Many commercial household cleaning products contain chemicals that can be harmful to health and most cleaners are aware of this. However, numerous factors exist that increase the risk of exposure.

Household cleaners’ situations have become even more urgent since the COVID-19 pandemic. Follow-up discussions with participants have illuminated how job loss, significant increased use of disinfectants if working, and ongoing health access barriers have further stressed cleaners’ financial, physical and mental health.

#FundExcludedWorkers and #Coverage4All are two policies that can act as economic and health stopgaps, respectively, to ameliorate some of the disproportionate impacts of the pandemic on low-income workers, like household cleaners. All workers deserve to put food on the table, pay their rent, and access healthcare.

The Safe and Just Cleaners Study will be collecting additional data in order to assess the impact of the COVID-19 pandemic on cleaner’s health and wellbeing, employment status, and exposures to cleaning and disinfecting products. Data in this report also highlight the importance of greater transparency related to the chemicals that are included in commercial household products.
Methods

Data from this report were collected between June 2019 and February 2020 as part of a larger study funded by the National Institute of Environmental Health Sciences. The long-term aim of the Safe and Just Cleaners Study is to develop safer cleaning approaches so that household cleaners and their clients can learn to reduce exposure to harmful chemicals. In our commitment to contributing to ongoing policy and action discussions of affected communities, this report features cleaners’ overall health, and working and socioeconomic conditions.

Outreach to recruit participants

Spanish-speaking participants were recruited from 4 boroughs in NYC (Brooklyn, Queens, Staten Island and Upper Manhattan) and Westchester, with a focus on Latinx dense neighborhoods. We used a variety of outreach methods in urban and suburban communities:

- distributing fliers in neighborhood stores and public spaces,
- announcements at community-based organizations,
- outreach at local institutions that serve the Latinx community including elementary schools, foreign consulates, and employment centers and,
- referrals from participants.

Once a potential participant expressed interest, we determined if they were household cleaners and met the study’s eligibility criteria: they –

- worked as a household cleaner within the past 2 months with their work including cleaning bathrooms and kitchens in apartments or houses,
- worked on a regular basis at least once per week, and,
- had at least 6 months of work history as a household cleaner in the US.

If a worker met the criteria, they were invited to complete a 75-minute survey in a community location administered by a fluent Spanish speaker. We rescheduled no-show appointments at least three times before they were considered a non-respondent.

Successful recruitment and participation

We recruited 925 potential participants of whom about two-thirds met the eligibility criteria. Among those scheduled to complete the survey, 70% participated, and this rate was consistent across all outreach areas. Half of the surveys were completed in Queens and Brooklyn with the rest distributed across the other locations. Half of the participants were recruited during meetings, classes or other activities at community-based organizations, about a quarter were recruited through street outreach and public spaces, such as train stations and parks, about 15% were referred by another participant, and the remaining approximately 10% were recruited through other local institutions.
Demographics

Latinx household cleaners in our study in NYC and Westchester are 99% cisgender women and tend to be middle-aged and immigrant, mostly from Mexico and Ecuador. They have lived in the US an average of 16 years. Additionally, forty-two percent of household cleaners self-identified as Mestiza, 19% as Black or Afro-descendant, 12% as White, and 2% as Indigenous. One percent of them speak an Indigenous language at home, such as K’iche’, Quechua, Nahuatl, or Mixteco.

**AVERAGE AGE (range 21–78)**
45 years old

**RACE**
- 42% Mestiza, or 2 or more races
- 19% Black or Afro-descendant
- 12% White
- 2% Indigenous or Native American
- 25% Don’t know
- 2% Prefer not to answer

**GENDER**
- 99% Cisgender women
- 1% Cisgender Men

**LANGUAGES SPOKEN AT HOME (at least some of the time)**
- 99% Spanish
- 14% English
- 1% Indigenous language (K’iche’, Quechua, Nahuatl, Mixteco)

**ENGLISH COMFORT LEVEL**
- 38% Uncomfortable
- 47% More or less comfortable
- 15% Comfortable

**EDUCATION**
- 31% Elementary School
- 43% High School
- 3% GED
- 9% Some College
- 13% Completed College
- <1% Professional Degree

**HOUSEHOLD CLEANERS SURVEYED**
100% immigrant

**COUNTRIES OF BIRTH**
- 44% Mexico
- 19% Ecuador
- 10% Colombia
- 10% Guatemala
- 8% Dominican Republic
- 4% Peru
- 2% Honduras
- <1% Bolivia, Chile, El Salvador, Nicaragua, Panama, Paraguay, Uruguay and Venezuela each

Participants lived in the US an average of 16 years; only 5% had been in the US less than 2 years and 14% less than 5 years.
The Work of Housecleaning

Employment Conditions

Housecleaning is mostly conducted part-time, alone, in multiple homes, without a formal written contract and not well paid for the Latinx workers in our study. Despite a range of work experience, cleaners’ average hourly wage rate was just $15, similar to NYC’s minimum wage as of Dec 31, 2019. Many also reported wage and benefit abuses, likely influenced by a lack of formal written contracts.

CONSIDERABLE WORK EXPERIENCE

Most (65%) were not new to the profession and had worked more than 5 years as a household cleaner.

- 5% <1 year
- 30% 1-<5 years
- 27% 5-<10 years
- 21% 10-15 years
- 16% >15 years

SELF-EMPLOYED BUT OTHER ARRANGEMENTS ALSO EXIST

While most are self-employed and work alone, some workers are employed through other methods. A small proportion use day labor hiring corners, once typically a space for low-level construction workers.

- 76% Self-employed (work alone)
- 10% Self-employed (work with another cleaner)
- 17% Employed by a cleaning agency
- 4% Employed as part of a cleaners’ cooperative
- 4% Hired from a “day labor corner”

(NOTE: % sum to more than 100% because 12% reported more than 1 work arrangement).

PART-TIME, LOW WAGES, AND QUESTIONABLE BENEFITS

Work hours:

22 hours per week was the average work week and on average, cleaners have 3 different clients per week.

Wages:

$15 per hour was the average pay for household cleaners whether they were paid per hour or per job.

Wage theft:

49% of workers reported experiencing wage theft and/or being paid below the minimum wage at some point.

No written contract for work:

93% had no formal written contract. A third of the cleaners only had an arrangement confirmed by text (31%) or email (2%), while the vast majority of them (60%) just had verbal agreements. Only 7% reported having a formal written contract.

Lunch breaks denied:

25% of those working at least 6 hours for a single client, were not allowed a 30-minute break for lunch as is required under local law\(^1\).
Socioeconomic Conditions

Many household cleaners in our study do not earn enough income to cover basic expenses, experience high levels of income insecurity, and live below the federal poverty level. This is a critical for nearly half of the research participants that are also the primary wage earners of their household. The COVID-19 pandemic has imaginably exacerbated these workers’ precarity.

**PRIMARY HOUSEHOLD WAGE EARNERS**

44% reported being the primary wage earner in their household and are economically responsible for an average of 2 other household members.

**Poverty:**

81% of the primary wage earners’ income was less than $1500 per month, which is below the 2020 federal poverty level of $21,720 for a family of 3.

**Income:**

Monthly income from cleaning and other work combined:

- 29% $500 or less
- 28% $500–1,000
- 24% $1,001–1,500
- 16% >$1,501
- 5% did not specify

**Income Insecurity:**

They reported high levels of income insecurity, saying their income was:

- 24% insufficient to cover basic expenses so you had to ask for a loan
- 54% sufficient to cover expenses but it was difficult
- 22% sufficient to cover expenses without problem

**NON-PRIMARY HOUSEHOLD WAGE EARNERS**

For the participants who were not the primary wage earners, they earned less per month but also worked less hours; likely because they shared the financial responsibility with other family members.

**Income:**

Monthly income from cleaning and other work combined:

- 44% $500 or less
- 27% $501–1,000
- 18% $1,001–1,500
- 5% >$1,501
- 5% did not specify

**Income Insecurity:**

- 16% insufficient to cover basic expenses so you had to ask for a loan
- 54% sufficient to cover expenses but it was difficult
- 30% sufficient to cover expenses without problem

**Worried about not having enough clients:**

- 7% Extremely
- 12% Very
- 54% A little
- 27% Not at all
Housecleaning and Health

Household cleaners in our study in NYC and Westchester, on average, are far more likely to not have health insurance than other populations. The proportion of cleaners who reported that they are uninsured is higher than the proportion of adults who are uninsured both in the US overall and in NYC. They also don't access paid sick leave. Our study shows that cleaners are not accessing the health services they need to mitigate the health effects of their work. Their precarious employment conditions may cause them to accept unsafe working conditions that contribute to the negative physical, mental, and emotional outcomes we found. This unfortunate situation can complicate COVID-19 health care.

Challenges to Good Health

OVERALL HEALTH
Self-rated health is a very powerful way of measuring overall health. Though a simple question it has been found to be a predictor of clinical health including heart disease and longevity.

Overall, 30% of our cleaners reported their own health as “poor” or “bad” which is 8% higher than the rate reported by New York City adults in general and 10% higher than all adults age 45-65 in the US adult population overall.

Reporting health as “poor” or “bad”:

- 30% Cleaners
- 22% New York City adults in general
- 20% All adults age 45-65 in the US adult population overall

INADEQUATE HEALTH PROTECTIONS

Access to health insurance:
Almost half, 49% of cleaners reported not having access to any kind of health coverage. This compares to 8% of US adults and 12% of NYC adults. It is twice as high as the rate for the overall adult Latinx population in NYC (22%).

Reporting lack of health insurance:

- 49% Cleaners
- 12% New York City residents in general
- 8% US overall

Access to paid sick leave:
Despite the passage of a mandatory paid sick leave law in NYC in 2014:

- 85% of workers did not receive any paid sick leave.
- 46% felt they could not take sick leave (paid or unpaid) without reprisal.

A recent telephone survey study assessing the paid sick leave law in NYC found that:

- 1/3 of workers, such as those in the service industry, like cleaners, reported attending work while sick because they could not afford to lose pay.
Work-Related Health Conditions

**HIGH SKIN AND EYE IRRITATION**
Chemical components of cleaning products are known to cause irritation of eyes and skin.

27% of workers complained of skin rash that improves when they are away from work.

3x higher than the rates of skin rash shown in all US workers based on a national survey using the same survey question.

74% of cleaners complained of some eye irritation while working.

1 of 3 workers said that eye irritation was strong enough that they needed to leave the room they were cleaning.

**POSSIBLY UNDETECTED RESPIRATORY PROBLEMS**
Many studies have shown that cleaning products can result in asthma and other chronic respiratory problems.

4% reported that they currently have asthma, a similar rate as has been reported in all NYC adults.

16% of workers, or about 1 out of 6 workers reported either a physician diagnosis of asthma or night-time shortness of breath that improved when away from work. Night-time shortness of breath is a symptom that may indicate asthma that has not yet been diagnosed by a physician.

**COMMON MUSCULOSKELETAL PAIN**
These can occur due to frequent bending, kneeling, lifting, reaching and repetitive motions of the arms and hands associated with cleaning tasks and are often done in awkward postures.

62% reported musculoskeletal pain during the previous three months that lasted more than a day, which affected multiple parts of their body. The most common area was the back (44%).

61% reported working on their knees while cleaning the bathroom or kitchen.

**POSSIBLE EXPOSURE TO REPRODUCTIVE PROBLEMS**
Research is ongoing and still not yet conclusive, but it has raised concerns about the potential for components of cleaning products to cause reproductive problems.

26% of cleaners reported that they continued to work while pregnant.

**MENTAL HEALTH**
We measured the levels of perceived stress and depression using two standardized measures.

- 24% of workers met the criteria for depression
- 45% met criteria for being highly or moderately stressed
A Nexus of Work-Related Stressors

Work-related stress has been associated with increases in numerous health problems, including heart disease, musculoskeletal problems, depression and overall mortality. One approach to measuring the causes (stressors) leading to work-related stress is to look at how demanding a job is, how much a worker feels that they can control the way they do their work, and the level of support they receive from their employers.

We found that many cleaners experienced high demands, and lack control over their work and support from their clients.

HIGH WORK DEMANDS

Cleaners felt that one of the major ways their work is demanding is because they feel rushed to get all of their tasks done.

Feel pressured to work quickly in order to satisfy their client:
- 20% Always and almost always
- 23% Sometimes
- 56% Never

Do not use safety and health precautions in order to get the job done quickly:
- 20% Always and almost always
- 32% Sometimes
- 46% Never

LACK CONTROL OVER CLEANING PRODUCTS USED

Clients most commonly chose the cleaning products used. Those products were often stronger than the cleaner desired and for many, they were not able to change products even if the products caused illness.

Client chooses cleaning products used:
- 50% Always
- 18% Almost always
- 32% Sometimes and never

Client asks or demands use of stronger cleaning products:
- 20% Yes
- 17% Sometimes
- 61% No

Employer would change cleaning products if cleaner said that it was making them sick:
- 22% Never
- 16% Sometimes
- 48% Almost always and always
- 14% Don’t know

Paid hours of work are sufficient to get the job done well:
- 40% Disagree and Strongly disagree
- 43% Agree
- 18% Strongly agree
DAMAGING CLIENT BEHAVIOR

Surveillance while working:
Watched by client, another person or a video camera while working:
- 29% Always and almost always
- 28% Sometimes
- 38% Never
- 5% Don’t know

Disrespect at work:
Experienced verbal abuse at work (for example, client screams or humiliates cleaner):
- 18% Yes
- 82% No

Discriminated against or treated differently than expected when working due to one or more of the following reasons:
- 22% Being an immigrant
- 20% Being Hispanic/Latinx
- 25% Speaking their own language

Some signs of support from clients:
While some clients’ actions are suspect at best and unacceptable at worst, many cleaners report some level of personal support from their clients.

Client values or comments positively on their work:
- 53% Always
- 18% Almost always
- 29% Sometimes and never

Client provides the tools needed to get the work done:
- 67% Always
- 13% Almost always
- 19% Sometimes and never
Cleaning Product Use and Attitudes

Many commercial household cleaning products contain chemicals that can be harmful to health and most cleaners are aware of this. However, numerous factors exist that increase the risk of exposure. Clients most commonly choose products, and cleaners believe it is necessary to use ones that contain “strong” chemicals, like bleach. Cleaners also feel that mixing products, which can produce dangerous chemical reactions, helps them to clean effectively and consequently, get the job done quicker. Using products that contain potentially harmful disinfecting agents was common even before the COVID-19 pandemic, and has since likely increased.34

Our data highlight the importance of greater transparency related to chemicals that are included in cleaning and disinfecting products so that workers and their clients can make informed choices about which products they use.

ARE PRODUCTS POTENTIALLY HARMFUL?

98% of cleaners agreed that cleaning products can have a negative effect on health. 52% reported that it was necessary to use “strong” chemical products when doing their work.

WHO Chooses the Products?
The client chooses the cleaning products:

- 68% Always/ almost always
- 23% Sometimes
- 9% Never

PROBLEMATIC PRODUCT LABELING

Most cleaners thought that labels contain important information about the chemical ingredients in the product.

- 80% of cleaners said labels are always or sometimes in a language they could read.
- 64% nonetheless thought the label was always or sometimes hard to read.
HEALTH DETRACTING CHEMICALS IN CLEANING PRODUCTS

Based on workers’ reports of the cleaning products they used to clean 12 areas in the kitchen and bathroom, we estimated the frequency of use of products with quaternary ammonium compounds (QACs) and sodium hypochlorite (bleach).

FREQUENCY OF USE OF PRODUCTS WITH QUATERNARY AMMONIUM COMPOUNDS (QACs) AND SODIUM HYPOCHLORITE (BLEACH)

<table>
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<th>Category</th>
<th>Frequency</th>
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<tr>
<td>Any of the 6 Bathroom tasks</td>
<td>50%</td>
</tr>
<tr>
<td>Any of the 6 Kitchen tasks</td>
<td>31%</td>
</tr>
<tr>
<td>Either Bathroom or Kitchen</td>
<td>59%</td>
</tr>
<tr>
<td>At least 1 QAC-containing Product</td>
<td>51%</td>
</tr>
<tr>
<td>At least 1 Bleach-containing Product</td>
<td>54%</td>
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More than 50% of household cleaners use cleaning products containing quaternary ammonium compounds (QACs) or bleach, chemicals known to cause respiratory health problems.

QACs and bleach have been tied to chronic respiratory problems and irritation of skin and mucous membranes and eyes\(^\text{10}\). The Environmental Protection Agency created List N to certify which disinfectants are effective during the COVID-19 pandemic and required manufacturers to disclose the active disinfecting agent\(^\text{15}\).

MIXING PRODUCTS: COMMON BUT DANGEROUS

Mixing cleaning products can create chemical reactions that can produce more toxic exposures. Nonetheless, this practice was common.

40% of workers mixed products when cleaning the bathroom or kitchen.

80% cited getting the job done quicker as a reason for mixing.
Policy Recommendations

The data in this report demonstrate how Latinx cleaners face significant risks to their health and well-being and this has become even more urgent since the COVID-19 pandemic. In this section, our study provides compelling data to support two current legislative campaigns: #FundExcludedWorkers and #Coverage4All. These proposed New York State programs and initiatives would improve household cleaners’ lives and others in New York State by addressing the disproportionate economic and health impacts from COVID-19.

#FundExcludedWorkers

The Latinx immigrant household cleaners who were surveyed are less likely to be eligible for state unemployment benefits due to immigration status and informal domestic work history. The drastic recent job loss in this workforce has left many unable to pay their rent or feed themselves and their families, despite providing frontline services cleaning people’s homes.

Exclusion from social safety nets also means that workers must put themselves at risk in order to have a source of income. Consequently, cleaners’ exclusion from unemployment benefits and economic emergency relief has exacerbated their own and their families’ economic devastation.

According to a study by the Fiscal Policy Institute, New York State has collected 1.4 billion in unemployment insurance taxes from undocumented immigrants, in addition to what has been previously estimated as a net $12 billion collected in taxes annually by the federal government. Unfairly, undocumented immigrants cannot access a cent. Since COVID-19, the overwhelming majority have not received any support from federal and state governments.

During this pandemic, I lost my job for four months, and as a consequence, I currently owe rent, electricity and gas bills, and my daughter’s college tuition. I often had to stand in line for four or five hours to receive a food pantry donation so I could feed my family. I have not received any government financial support due to my immigration status, despite paying taxes. One of my biggest fears that does not let me sleep at night and generates anxiety and stress is knowing that I can lose my home and have nowhere to go with my family.

—Lilia, household cleaner, Queens, NY
While essential and excluded workers and many of the surveyed participants suffer, the wealthiest New Yorkers have tripled their gains. New York State is home to the highest concentration of billionaires around the globe, and since March 2020, 118 billionaires gained $77 billion in wealth. However, this small elite pays a lower tax rate than most New Yorkers.

In a moment of mass desperation and economic inequality, New York state must increase taxes on the rich and direct the increased tax revenue to create a $3.5 billion emergency relief fund for excluded workers. This would ensure retroactive wage replacement for 1.2 million New Yorkers excluded from unemployment benefits.

As proposed by State Senator Jessica Ramos and Assembly Member Carmen De La Rosa, New York should provide Unemployment Insurance (UI) and Pandemic Unemployment Assistance (PUA) to immigrant workers regardless of status. Additionally, business owners and the self-employed who lack documentation to apply for small businesses relief, and people recently released from incarceration or immigrant detention with no hope of getting work are barred from UI and PUA.

The Fund Excluded Workers Coalition, driven by 200 community organizations, highly recommend that Governor Andrew Cuomo and New York state legislators tax the wealthy and urgently pass the “Worker bailout fund,” bill (S4543) to provide emergency relief. Thus, ensuring economic stability for essential workers, like the cleaners in this study.

#Coverage4All

As this report uncovered, nearly half of the household cleaners in New York that we surveyed do not have health insurance. This is significant because being uninsured is linked to higher rates of chronic disease, as individuals without coverage are more likely than their insured counterparts to avoid seeking necessary medical care for fear of the associated costs.

Our study found that cleaners experienced musculoskeletal pain as well as skin, respiratory, and mental health problems. Moreover, household cleaners overwhelmingly indicated that they do not have any paid sick leave, and almost half are afraid to take sick days due to fear of reprisals, despite the fact that they have a right to do so.

This is concerning, given that workers are at risk of contracting COVID-19 if they go to work with increased proximity to commuters and clients. Moreover, they are at risk of losing their homes, food, and other basic necessities if they lose their jobs for exercising their right to call in sick. No worker should have to choose between their health and source of income, which is why access to paid sick leave and health care should be a right. Having health insurance may also reduce workers’ stress related to financial difficulties by decreasing their concerns about medical bills if they get sick or have an accident. All workers deserve to take care of their health, their lives, and that of their families.

As we know, many immigrants of color have been disproportionately impacted by the pandemic, and this is not surprising when inequality is rampant. As revealed in this report, household cleaners experience economic insecurity and health disparities, which may stem from economic determinants and inadequate access to care that were exacerbated by the pandemic. According to a groundbreaking report by Families USA, roughly 1 out of 3 COVID-19 deaths have been linked to health insurance gaps, and this is deeply concerning given disparate outcomes in COVID-19 infection and death.
In April 2020, I had COVID-19, but I never went to the hospital because I do not have health insurance. Due to the pandemic, in my work I am forced to use strong cleaning products such as bleach and [other] disinfectants, which cause me breathing difficulties and severe eye irritation. Going to government hospitals is not always an option because sometimes I feel discriminated against and ignored for not having health insurance. Once, I went to the emergency room because I had miscarriage symptoms, but I was told that everything was fine and sent me home, and that same day I lost my baby, and I could never get pregnant again. We all deserve access to health insurance regardless of immigration status; it should be a right, not a privilege.

—Leticia, household cleaner, Queens, NY

Employers, policy makers, worker’s rights and health advocates, and household cleaners can unite to improve healthcare access. The Coverage4All campaign aims to create a statewide health insurance option for New Yorkers who are excluded from eligibility for coverage because of their immigration status, starting with those most directly affected by the pandemic. It is also an opportunity to expand coverage to all New Yorkers at a time of utmost need.

Coverage4All is part of the Health Care for All New York campaign, and is driven by a coalition of community members, community organizations, health care providers, legal service providers, labor and immigrant groups, as well as health care consumer advocates, and led by Make the Road NY and the New York Immigration Coalition.

Coverage4All is currently advocating for New York State to allocate $13 million to create a temporary state-funded Essential Plan bill (A1585/S2549) for New Yorkers with income up to 200% of the federal poverty level. The state should dedicate funds to make ALL low-income, undocumented New Yorkers eligible for the Essential Plan. Our study provides compelling data to support the need for legislative solutions such as those proposed in this bill.
Conclusion

The Safe and Just Cleaners study is a community-academic partnership that is investigating working conditions and exposures to chemical components of cleaning and disinfecting products among immigrant, Latinx household cleaners in NY. These workers tend to be isolated from one another, are vulnerable to poor working conditions and health precarity. The findings in this report, based on survey data from 402 immigrant, Latinx household cleaners in NYC and Westchester, provide evidence that these workers earn insufficient income, experience economic precarity, and are subject to work environments that negatively impact their health and well-being.

Our survey data demonstrate that most of our study participants had income levels that placed their families below the federal poverty level. Furthermore, despite working as household cleaners for an average of 16 years, the workers in our study commonly face violations of their labor and human rights including suffering discrimination, verbal abuse, wage theft and a lack of paid sick leave. Basic workers’ rights covered under the NY Domestic Worker Bill of Rights are also often violated, and household cleaners are often unprotected by federal, state, and city labor and safety and health laws and regulations. Working part-time and often without any formal contractual agreement with their employers also contributes to their vulnerability to these abuses.

Additionally, household cleaners surveyed use many cleaning products that contain chemicals that are potentially damaging to their health. Moreover, the demands they face to use more toxic cleaning products combined with their inability to control which products are used may further detract from their overall health and well-being. The importance of greater transparency in product labeling could help both household cleaners and their employers make better informed choices about these products.

Despite the aforementioned potential threats to their health and well-being, almost half of the cleaners we surveyed did not have any health coverage. The current COVID-19 pandemic has likely further compromised household cleaners’ health and well-being given how potentially vulnerable these workers were even before the pandemic began. Hence, in this report, we present two policy initiatives proposed by broad community coalitions—#FundExcludedWorkers and #Coverage4All that would help reduce the disproportionate impact of the COVID-19 pandemic on these and other affected workers and their families.

It is time for our voices as household cleaners to come together to make our needs heard, for us to be treated fairly, and our work to be valued and safe.

—Lilia, household cleaner, Queens, NY
The Safe and Just Cleaners Study

Our organizations came together in 2017 for this community-based participatory action research project (funded by the National Institute of Environmental Health Sciences, grant #1R01ES027890-01A1). The survey was intended to understand Latinx immigrant household cleaners’ use, knowledge, and attitudes about commonly used cleaning products to help document exposure levels to certain chemical components. Research and other initiatives continue to generate safer work recommendations for household cleaners and their clients.

Meet the three partner organizations

MAKE THE ROAD NEW YORK (MRNY)
MRNY builds the power of Latinx and working-class communities to achieve dignity and justice through organizing, policy innovation, transformative education, and survival services. MRNY operates community centers in Bushwick, Brooklyn; J ackson Heights, Queens; Port Richmond, Staten Island; Brentwood, Long Island; and White Plains, Westchester. With over 24,000 low-income members, MRNY tackles the critical issues facing our community: workplace justice, tenants’ rights, immigrant rights, language-access, LGBTQ justice, public education, health care access, and immigration reform. The Safe and Just Cleaners Study belongs to the Workers’ Health and Safety Program, is directed by Deysi Flores, coordinated by Jamie San Andres, and supported by Ana Gonzalez.

BARRY COMMONER CENTER FOR HEALTH AND THE ENVIRONMENT AT QUEENS COLLEGE, CITY UNIVERSITY OF NEW YORK (BCCHE)
BCCHE is an environmental and occupational health research center at Queens College, City University of New York. Our mission is to identify and help rectify environmental and occupational threats to human health. We emphasize a scientific approach to gather information and develop solutions and interact extensively with people and organizations that determine or are affected by policy choices. The Safe and Just Cleaners Study belongs to the Immigrant Worker Studies program, is directed by Dr. Sherry Baron, and supported by Dr. Isabel Cuervo. Current research and intervention studies examine the impact of COVID-19 on the health of low-wage, immigrant and other insecure workers.

SELIKOFF CENTERS FOR OCCUPATIONAL HEALTH AND THE INSTITUTE FOR EXPOSOMIC RESEARCH AT THE ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI
The Mount Sinai Selikoff Centers for Occupational Health are dedicated to providing cutting-edge clinical services with a focus on prevention to keep workers healthy and their workplaces safe. A multidisciplinary healthcare team diagnose and treat occupational diseases, evaluate the working conditions of our patients, and suggest measures to improve work environments. The Institute for Exposomic Research and its Occupational and Environmental Hygiene (OEH) Laboratory complements the Selikoff Centers’ efforts by conducting research in occupational and environmental exposures and their impact on human health. The Safe and Just Cleaners Study is part of the OEH Laboratory directed by Dr. Homero Harari and supported by Maria Baldwin and Yujie Sun.

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Endnotes

2. See federal poverty tables: https://www.census.gov/topics/income-poverty/poverty/data/tables.html
7. See NYC Paid Sick Leave Law FAQs: https://www1.nyc.gov/site/dca/about/paid-sick-leave-FAQs.page
10. See the Environmental Working Group: https://www.ewg.org/guides/cleaners/content/cleaners_and_health/
14. We used data that was officially reported to the EPA as part of List N to verify the chemical composition. See https://www.epa.gov/pesticide-registration/list-n-disinfectants-coronavirus-covid-19