

Masculinity and undocumented labor migration: injured latino day laborers in San Francisco

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Abstract

Drawing on data collected through clinical practice and ethnographic fieldwork, this study examines the experience of injury, illness and disability among undocumented Latino day laborers in San Francisco. We demonstrate how constructions of masculine identity organize the experience of embodied social suffering among workers who are rendered vulnerable by the structural conditions of undocumented immigrant status. Theoretical concepts from critical medical anthropology and gender studies extend the scholarly analysis of structural violence beyond the primarily economic to uncover how it is embodied at the intimate level as a gendered experience of personal and familial crisis, involving love, respect, betrayal and patriarchal failure. A clinical ethnographic focus on socially structured patriarchal suffering elucidates the causal relationship between macro-forces and individual action with a fuller appreciation of the impact of culture and everyday lived experience.

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Introduction

Fieldnotes

Estefan, a young Mayan Mexican farmer crossed the US border without papers in 1999 to support his wife and two children as a day laborer in San Francisco. While working for an uninsured roofing contractor he overturned a bucket of hot tar, scalding his face and upper body. Several weeks later, still recuperating in a homeless shelter and disfigured by scars from burns to 60% of his face, he reflects on his responsibility to provide for his family:

I am sad but I give thanks to God. Because blind—then we are not complete. I would not be fit to serve

my family. Left with one hand, I would not be fit for anything. With one foot I would not be fit before God. Better that I go all at once; that I am not here suffering...I would kill myself. I really think that I would.

Early each morning, throughout the 1990s and 2000s, the sidewalks along the central boulevard leading to the freeway in San Francisco's predominantly Latino immigrant neighborhood known as the Mission District filled with Latino men seeking employment from passing motorists. As untrained temporary day laborers in many of the United States' most hazardous industries, these undocumented day laborers are at disproportionately high risk for work injury (Walter, Bourgois, Loinaz, & Schillinger, 2002). The clinical and statistical literature identifies immigrant Latino workers as having almost double the occupational injury rate of the US labor force (12.2/100 versus 7.1/100) (del Pinal, 1996; Pransky et al., 2002). In many European countries immigrants suffer

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more than twice the rate of injury of native-born workers (Bollini & Siem, 1995, Table 4). There have been repeated calls for health care providers to address the special cultural needs of immigrant workers and their families. Public health needs to address the inequalities that expose immigrants and ethnic minorities in industrialized countries to dangerous working conditions and impede their access to services and legal protection (Bollini & Siem, 1995; Felton, 2000; Siem, 1997).

Drawing on participant observation fieldwork and community-based clinical care among injured day laborers in San Francisco, we examine the cultural experience of occupational injury through the lens of gender. Specifically, we argue that cultural constructions of patriarchal masculinity among undocumented Latino day laborers organize their sense of self-worth and define their experience of poverty and social marginalization. This dynamic emerges especially clearly when immigrant workers become disabled and are unable to fulfill their masculine obligations of maintaining their families economically in their home communities.

Putting gender and family relations at the center of the experience of work injury clarifies the linkages between structural forces and intimate suffering at the level of the individual. On a theoretical and methodological level, we take up the call of the clinically based anthropologist Paul Farmer to develop an ethnography of socially structured inequality—what he calls “structural violence”—from a medical anthropology perspective by focusing on the embodiment of macro-forces that result in distinct patterns of social suffering (Farmer, 2004). A close examination of how this process is gendered reveals how culture shapes not only the experience of illness and injury but structural forces themselves. It highlights the causal linkages between macro-dynamics and individual action with full attention to the nuances of culture and lived experience.

Clinically based ethnographies can provide privileged access to data on social suffering and reveal how structural forces relate in an embodied manner to individual action because the clinic is a site where people reveal the most intimate dimensions of their physical and emotional distress. The gendered experience of the international migrant labor system is rarely assessed in policy-making; nor is it systematically addressed in medical therapeutics, whether it be in occupational health, primary care clinics, or county hospital emergency rooms and psychiatric wards. By broadening the scope of analysis to the family and to definitions of gendered worth, we can show how the injury of an undocumented worker in the United States has material and emotional ramifications that ripple outwards to affect families and communities in distant settings. The physical and/or psychological ailments being treated clinically are often only the tip of an iceberg that is shaped by specific cultural patterns rooted

in globally structured political economic power relations that are usually experienced intimately as a moral existential crisis.

The political economy of undocumented labor migration in California

In the early 2000s San Francisco's day laborers are part of California's estimated 2.3 million undocumented immigrants (Passel, 2002) who are essential to the economies of California as well as those of Mexico and Central America. A contradictory dualism underlies the laws and populist nationalist sentiments that structure the conditions for undocumented workers. Public policy waxed and waned throughout the 20th century between repression and tolerance, usually in response to economic cycles and political exigencies. On the one hand, nationalist and often racist hostility towards immigrants identifies the undocumented as unwanted parasites draining social services and stealing jobs from the native born. On the other hand, business and political leaders are keenly aware of the economic imperative of maintaining a flow of low-wage, undocumented laborers to lower production and service costs.

In the 1970s the sociologist Michael Burawoy (1976) compared the dynamic of undocumented Mexican migration to California to the migrant labor market system of South Africa mandated formally by apartheid. By separating migrant workers from their families, the receiving economy displaces the burden of reproducing its labor force. The cost of creating and supporting a family, including the education and healthcare of children, spouses and elders is shouldered by the home community that sends the migrants. In the case of California, child rearing, education, pediatric health, as well as retirement and disability care are charged in pesos—not dollars—and accrued to Mexico—not the United States. Unhealthy, disabled, problematic, and superannuated workers can be legally deported. The externalization of those reproduction and labor discipline costs onto a cheaper, non-industrialized country results in lower wages for migrant laborers and has represented a boon to the US economy.

As Burawoy notes, the separation between worker and family in both South Africa and the United States must be actively maintained through “structures of coercion” (Burawoy, 1976). In California at the turn of the 21st century, for example, the Border Patrol of the Immigration and Naturalization Services (INS) made some 1.5 million arrests per year (Heyman, 2000). Each year, several hundred would-be immigrants die attempting to cross the border illegally in often remote settings, from drowning, exposure, suffocation, traffic accidents and criminal violence (Hastings, 2000). This ensured that only the physically and emotionally strongest young

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