

THE GUANAJUATO-FLORIDA CONNECTION:
A BINATIONAL STUDY ON HEALTH STATUS AND UNITED STATES-
MEXICAN MIGRATION

By

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by

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To the people of Urireo, Guanajuato, wherever you presently reside.

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MIGRATION

By

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Migration from the Mexican state of Guanajuato to rural Florida dates to about 1970. However, little is known about how this migration affects transnational Mexicans living in either the United States or Mexico. Urireo, Guanajuato, was identified as a migrant sending community through research conducted in Wimauma, Florida. This study was conducted with Mexicans from Urireo, Guanajuato, in both Urireo and Wimauma, Florida, to assess their physical and mental health status utilizing a mixture of qualitative and quantitative methods, including Health Status Quality of Life questionnaires (CDC HRQOL) with 45 transnational Urireanos and a focus group with health providers in Ruskin, Florida. The underdevelopment of Wimauma and Urireo proved to be important to health status.

This research is important for three reasons. First, it provides context to understanding the lives of Mexicans and their health seeking. Second, it shows that transnational immigrants are not ahistorical but rather they bring their history with them

and it helps to define their worldview. Third, it offers practical recommendations to health professionals and policy makers in both countries. Urireanos living on both sides of the border provided their recommendations for improving both Wimauma and Urireo.

Seven themes emerged from this research: 1). Health status has been affected by agrarian reform in Mexico, 2). The healthy worker effect operates at multiple levels, 3). Migration has affected traditional gender roles and role fulfillment expectations, affecting mental health status, 4). Despite migration to Wimauma, Urireanos report no change in health seeking behaviors, 5). The overall quality of life is seen as better in Mexico than in Florida, 6). Urireanos in both countries recognized that those in Florida were physically healthier due to cleaner water and better hygiene in the US, and 7). Despite 50 years of migration and remittance, Urireo has seen no infrastructure-building that would improve the overall health and well-being of those left behind.

In both the US and Mexico, women reported more mental health problems, especially in Urireo. Qualitative data suggest that Urireanos consider health to be only one part of well-being, and future binational research should explore this topic in greater depth.

CHAPTER 1
INTRODUCTION:
THE GUANAJUATO-FLORIDA CONNECTION

Guanajuato, Mexico, was the dream fulfilled for Spaniards in the 16th century: it had a great deal of silver and mineral resources that the Crown had long hoped for as well as an indigenous population to work the mines (Hernandez 2002). By 1810, Guanajuato became known as Spain's enemy, as Padre Hidalgo, a Creole (half Spanish) priest, became the leader for the revolt that became the Mexican Revolution. The history of the region between the 16th and 19th centuries is complex and fascinating, while at times extremely unique and/or extremely common across Mexico (Hernandez 2002). Unique because no other state has been so violently and passionately involved in church, state and land reform issues. Common because so many other states share Guanajuato's long history of sending migrants north to work in the United States.

Guanajuato is diverse geographically and demographically, with the northern and southern parts of the state resembling more of their respective northern (Zacatecas, Queretaro) and southern (Michoacan) neighbors. Today, Guanajuato is known for its long tradition as a migrant sending state, one of the largest suppliers of immigrant Mexican labor to the US since the Bracero Program was instituted in Irapuato (1942-1964). Now 60 years later, migration is such a large part of life that it is not a question whether a young man will migrate, it is only when he will migrate. As one religious leader told me upon my arrival, "You cannot get the idea of migrating out of their minds; that would be impossible. We should try to prepare them better for it."

Urireo, Guanajuato, the Mexican site of this binational study, is located in the southern Bajío region of Guanajuato and, since about 1980, has continually sent migrants to Wimauma, Florida. Why is migration so attractive to Urireanos? Critical antecedents to mass outmigration include the historical lack of access to either money or land by the vast majority of the inhabitants, the ensuing Mexican Revolution, followed by the Guerra Cristera and the repercussions of the on-going tensions between those who took part in agrarian reform and became communal farmers or ejiditarios and those who did not and followed the church, known as cristeros. All of these historical and social upheavals, taken together, mean that landless Urireanos who want to make a living and achieve a better quality of life have few options besides migration.

Following a Critical Medical Anthropology framework, this study begins by asking, “Do Urireo’s unique history and present-day social, political and economic structures affect the health of her people? If so, in what ways do these historical, social and economic factors affect them in both Urireo and Wimauma?”

This study goes on to answer the question, “How does migration affect traditional roles, responsibilities and expectations (mediated by gender, age and social class) and how does this affect people’s health in both a sending community (Urireo) and a receiving community (Wimauma, Florida)?” My goal is to combine qualitative and quantitative research to capture the context of work and daily life in both communities as it shapes and reshapes health as a result of migration and the resulting isolation, changing household composition, access to resources and social support. The idea is to gain insight into how people in both places negotiate life and how it migration affects their overall well-being, and health, in a more holistic perspective.

Toward that end, this dissertation explores the impact of migration on health and health status, utilizing multiple methods: a binational ethnographic study, key informant interviews and quality of life questionnaires (N=45) to compare health and health status, culture, change and quality of life of Urireanos in both Florida and Guanajuato. Taking Critical Medical Anthropology as the framework or lens through which we can view transnational immigrants, in 1998, I began to explore and dissect the complex relationship between migration and health status of binational Mexicans and Mexican Americans from Urireo, Guanajuato.

Operationalized as the identification of “the political, economic, social, structural and environmental conditions in all societies that contribute to the etiology of disease,” Critical Medical Anthropology views class, gender and unequal power relations between individuals, groups or nations as coming from capitalist world systems, which further exacerbate their combined effects in an era of globalization and dependency (Baer, Singer and Susser 1997: 35).

Health is defined as “access to and control over the basic material and nonmaterial resources that sustain and promote life at a high level of satisfaction” (1997: 21). Breaking from more traditional definitions of health as the absence of illness, Baer, Singer and Susser (1997) reframe it to encompass issues of access and control over both the tangible and intangible – this approach is at once structural and materialist. An important contribution of this approach is that it transforms health into a concept that can be viewed as a continuous instead of an absolute or dichotomous variable. For example, Baer, Singer and Susser (1997) set out to reframe medical anthropology from a study of folk illnesses to encompass the structural, cultural, social and material features impacting

on the quality of life and health status. Our understanding of health status and how Urireanos define health and well-being are informed by the Critical Medical Anthropology perspective throughout this study.

Context of the Study

US-Mexico migration is now long established. However, the types of migrants coming to the US have changed. Over the past ten years, more immigrants come from indigenous and/or remote areas that previously were not migrant sending. The latest data from the National Agricultural Workers Survey (Carroll et al. 2005) show that 17.4% of all US farmworkers come from the state of Guanajuato. Compared to the vast literature on social and legal impacts on US-Mexican migration, health has received relatively little attention. Explanations for why researchers have paid less attention to health status may be related to the complexity of both topics, health and migration, as well as the insufficiency of current explanatory models (Rust 1991). The roles of ethnicity and culture on health have long been studied by anthropologists (Trotter et al. 1984, Harwood 1981, Kleinman 1980, Rubel, O'Neill and Collado-Ardon 1984). Today, one of the central issues in medical anthropology relates to how larger social, political, global-local articulations affect health (Farmer 1992; Scheper-Hughes 1995, Singer 1992; Baer, Singer and Susser 1997). By examining health status binationally, the role of migration on health status can be better explored and described in its dynamic global context.

It is important to contextualize this discussion of migration between Urireo and Wimauma. First, there are historical, cultural, social and structural processes that affect all Urireanos in this study. However, this study also seeks to highlight the diversity of situations, strategies and perspectives that families and individuals employ on a daily

basis. This is a testament to their continual hope and sense of human agency. As they say in Mexico, “*Cada cabeza es un mundo*” which roughly translates to “Everyone is different.” While it might seem intuitive to most people, it is worth noting that not everyone in Urireo migrates to the US, nor do they want to.

Second, not all migrants or immigrants are from Mexico, although this study focuses on this group. Whenever appropriate, I have cited literature and examples from immigrant groups other than Mexicans. Third, I recognize that not all immigrant Mexicans work in farmwork and that, in fact, immigrants often work in a variety of settings that do not define them. This point will be reiterated throughout the literature review and findings presented here. Immigrant Mexicans are highly represented in low-skilled and dangerous occupations, such as farmwork and they depend on agriculture as a primary means of sustenance. National data show that 80% of all farmworkers are Mexican, Mexican-American or Chicano (Carroll et al. 2005: 4) and farmwork has been cited as the second most dangerous occupation in the US (Myers and Hard 1995). As the National Agricultural Workers Survey (NAWS) consistently shows, because they often do not have legal working papers or their English language skills are lacking, farmworkers are extremely vulnerable (Mehta et al. 2000, Carroll et al. 2005). They do not report their injuries, putting them at even higher health risks (Carroll et al. 2005). Rust conducted an extensive literature review of the health status of farmworkers that was published in the *American Journal of Public Health* (1991). Rust’s analysis influenced others, including me, to explore better ways to study health status within mobile populations, for he concludes that (1991: 1213):

Migrant farmworker families are believed to experience poor health compared to the general population. However, their health status has not been well measured,

and many studies have not been published in peer reviewed journals. As a result, large gaps exist in the data on basic health status indicators in the migrant population.

Table 1-1. Typology of Urireanos in the Study.

Type of immigrant and workplace		Urireo	Wimauma
T R A N S N A T I O N A L • Undocumented • Documented, regularized	Agricultural	Day laborer – works other peoples’ land Ejiditario – participated in agrarian reform and works his/her own land	Farmworker • Seasonal ○ Nursery ○ In seasons • Migratory
	Non-agricultural	Tortilleras – make and sell tortillas Health care providers – Salubridad, Pharmacists, doctors, etc. Mil Usos – Males who work as “jacks of all trades” for day labor Cristeros-shop keepers or sellers in the market	Immigrant workers • Store tenders, operators • Construction workers • Restaurant workers • Nannies for children • Personal care of elderly • Mil usos-males who work as “jacks of all trades” for day labor

This study found similarities and differences within the group I refer to as Urireanos, or those from Urireo who live in either the US or Mexico, as depicted in Table 1-1. There are distinct groups that will be discussed throughout the study. All of the people described in Wimauma can be considered transnational migrants, because they have gone back and forth between Urireo and Wimauma at least three times. Some of the people in Urireo, like former Braceros and some of the men who were interviewed while on “vacation,” are also transnationals. Urireanos use the term “Bracero” to mean anyone, usually an older male, who works or worked in the US, remitted and is now living back in Urireo. As will be discussed later in this chapter, Braceros get their title from a binational US-Mexican program to import Mexican Workers between 1942 and 1964.

This study views Braceros as returned transnational migrants who live in Urireo. Many *ejiditarios* have also been Braceros, which means that they are also transnationals.

While the majority of Urireanos who leave do not return to live permanently in Mexico, there are variations of how transnational Urireano families are composed. For example, there were few but important examples of the “strategic transnational migrant.” These males, one or two *ejiditarios*, were successful at being able to migrate to the US, work, save money for a specific cause, such as a truck or tractor, and come back to Urireo to increase the productivity of their lands or invest the money in small stores. On the other end of the spectrum, there were one or two entire families that migrated together and became successful in the US. This is best exemplified by a large family in Wimauma that operates a vegetable stand in Wimauma while also successfully cultivates their ejido lands in Urireo through wise investments in implements, fertilizers and personnel. Extended family members in Urireo, usually cousins or uncles, whom they hire to cultivate and harvest their parcels, work the lands while the majority of the profit comes back to the Wimauma-based family.

In 1996, President Clinton signed the Immigration Reform Act (IRA), which tightened controls at border crossing points, restricted immigration, especially for Mexicans, and established a “deeming clause,” so that immigrants or visitors had to prove they were financially able to survive during their time in the US without becoming dependent upon the state for public benefits. Immigration status, documented or undocumented, became a new criteria for immigrants to access any number of services, such as hospitals, food stamps and Medicare.

After 2001, and passage of the Patriot Act, which created the Department of Homeland Security, immigration laws, and their enforcement, have become stricter. It was much easier for Urireo's transnational migrants to regularize their immigration status prior to 1996, and most of those people now have documents, or citizenship. This group continues to travel easily back and forth between Urireo and Wimauma. However, those who did not regularize continue to be undocumented and cannot easily travel. Newer undocumented immigrants have not had an opportunity to regularize their status because there has been no amnesty for undocumented workers since the IRCA. It is worth noting that, despite the high financial and personal costs involved in border crossing, many of these undocumented transnationals continue to visit family back home. For those without documents or "papers," border crossing is illegal. Illegal border crossing is dangerous and there is an entire economy tied to this endeavor. Those who facilitate illegal border crossing are referred to in various ways: *coyote*, *pollero* (one who cares for chickens), or smugglers. Fees for their services have directly increased in relation to the intensification of border and immigration restrictions.

The second category is *tortilleras*, or the tortilla-makers, a group of women who make and sell tortillas in Urireo and throughout the region of Guanajuato known as the Bajío. In another place, these women could be thought of as entrepreneurs; however, traditional gender roles posit that women should not work outside the home, and certainly should not be as visible as they are. For this reason, the *tortilleras* tend to be the objects of much gossip and face other forms of social control.

The third category is farmworker, whether seasonal or migrant. Farmworkers are those who live in the US and work in agricultural work in nurseries or fields, readying the

ground, planting, picking/harvesting, cultivating, packing and shipping agricultural produce. When I refer to immigrant workers, the fourth category, I am referring to the vast majority of Urireanos who participated in this study. They not only work in farmwork but also in construction, house-cleaning or even caring for elderly retirees. These people self-identify as workers and are not tied to working in farmwork, although they often engage in seasonal agricultural work.

There is a gender aspect to Table 1-1. Agricultural workers in Urireo are mainly males while, in Wimauma, both genders work in the fields or packing houses. Non-agricultural work in both places tends to be done by both males and females, however there are important differences in the culturally held beliefs about the norms and appropriate roles regulating women's work, depending upon where the family resides. In Urireo, the only socially sanctioned roles for women to work outside the home are for single women as teachers, health care workers and shop keepers/sellers. Wives in Urireo can only engage in these professions if husbands allow them to work. Life in Wimauma is completely different, since the labor of immigrant women is in high demand, especially as caretakers of children or the elderly. Some of the women in this study were overly employed in Wimauma. Conversely, many of the males in Urireo were under- or unemployed.

Methodologically, then, it is important for this study to recognize the role of farmwork in the health status of the immigrant Mexicans who participated in this study. But I also recognize that migration is a family/household strategy which affects the health status of farmworkers, their family members and former farmworkers in order to better gauge long-term and community effects of migration. Since the National Agricultural

Workers Survey (NAWS) only interviews current farmworkers, research limited only to current farmworkers could suffer from the healthy worker effect. The healthy worker effect, an occupational health term which refers to the tendency for any sample of current workers to be the healthiest, since those who are infirm or older tend to drop out of the labor force, operates on two levels. First, those who are older or would not be able to withstand the physical or mental stress of crossing illegally (or with a coyote) are less likely to migrate. Second, migration is not feasible for those who would have trouble being employed here in the US because they could not then pay off the debt for crossing afterwards. Therefore, those who would be sicker, injure themselves or otherwise become ill simply are not represented in NAWS data. Nonetheless, this dataset is the most complete sample of farmworkers available, and for this reason these data will serve as a reference point to the primary data presented here.

This research is instead concerned with capturing the overall context of the lives of Mexicans both at home and abroad so that we can gain a more complete understanding of their health and mental health status. Mixed methods were utilized, including ethnography, interviews, a focus group and health status questionnaires in both countries.

At this juncture, it is important to make two comments. First, I collected qualitative and quantitative data utilizing a mixture of methods in a binational context. The strength of this study rests on the qualitative data more than the quantitative data, chiefly due to the small number of respondents in my dataset, a total of 23 in Wimauma and only 22 in Urireo. For this reason, although I have included the data analyses of the quantitative data in this dissertation, they should be viewed as illustrative rather than definitive statistics on this non-random sample. Second, I believe that future studies

should strive to gather robust samples upon which statistically valid tests could be run on a binational group such as this.

This study contributes to our knowledge of immigrant and migrant health in three ways. First, it brings a focus on health through the lens of a Critical Medical Anthropology perspective to inform the existing literature on migration, gender and acculturation. Second, Guanajuato has been a sending state for almost 70 years; however, relatively little research has been conducted on the impact of this migration binationally with only one notable study to date (Durand 1994). Third, this study illustrates how binational research is needed in order to better understand, and, from that understanding, make informed recommendations for improving health on both sides of the border, as summarized in Chapter 5.

This dissertation explores the inter-relationships between migration, gender and health of transnational Mexicans in both Urireo, Guanajuato and Wimauma, Florida. Religion, politics, access to resources and knowledge, and power relations in general play large roles that will be explored through the framework or lens of Critical Medical Anthropology throughout these discussions. While this dissertation focuses on primary and secondary research findings, it is written in the spirit of applied anthropology, so that conclusions and problems will be balanced with practical considerations and recommendations whenever possible. It is hoped that the findings, conclusions and recommendations are utilized by a wide range of audiences, including policymakers, students, farmworkers, immigrants' rights advocates, researchers, health providers and educators.

Research Question

This study contextualizes, describes and explains health status within a fluid transnational migration of people from one sending community and one receiving community. In order to capture this fluidity, the overarching research question is multi-faceted: How does migration affect traditional roles, responsibilities and expectations, vis a vis gender, age and social class, and how does this affect people's health in both a sending community (Urireo) and a receiving community (Wimauma)?

This question must be parsed into several smaller questions. These are as follows:

1. Whom do Urireanos think is healthier – those in the US or those in Mexico?
2. In what ways have 60 years of migration to the US changed people's expectations of traditional roles when they are in the US or in Mexico?
 - a. Specifically, do women in Urireo see their gender roles expand as males remain absent, working in the US?
 - b. As males' roles change, how do women's roles change?
 - c. How do changing roles affect mental health and health status of both the males and females?
3. Are the health behaviors of Urireanos in their sending community different than those in the receiving community?

There were other questions that also interested me; however, they need to be studied at another point in greater depth. These include “How does age at first migration relate to health and mental health status at the individual level?” and “Do returned migrants have different behaviors and what are the health consequences of these behaviors?”

This research is framed within the context of unequal economic and political power relations in Guanajuato, which I argue caused ongoing poverty in rural Mexico and a subsequent inability of many Urireanos to find economically viable options other than migration due to historical and social realities. The next section explores the history of

US-Mexican migration, issues related to how anthropologists traditionally viewed communities, binational studies, health and health status. Binational health studies, with a focus in medical anthropology, are rare. A detailed description of the contributions from anthropology and Critical Medical Anthropology follows.

Anthropological Contributions to the Study of Health and Folk Beliefs

Baer, Singer and Susser (1997: 14) point out that anthropologists have focused on health concerns since at least the 1920s but that medical anthropology became a subfield in the 1950s. Anthropologists have long studied folk beliefs and illnesses, such as *susto*, *empacho* and *mal de ojo* (Trotter et al. 1984, Trotter 1985a, 1985b, Baer and Penzell 1993, Rubel, O'Neill and Collado-Ardon 1984). Folk illnesses can be categorized as *Destino* (fate) or *Castigo de Dios* (God's punishment), which are tied to deeply held beliefs about religion and trust in God as a supreme being who knows what is best (Trotter 1984; Salgado de Snyder et al. 1998, Rubel, O'Neill and Collado-Ardon 1984). The majority of rural Mexicans have strong religious beliefs and they reinforce and are reinforced by ethnomedical systems and folk healers such as *curanderos* (curers), *yerberos* (herbalists), *sobadores* (massaging healers) and *brujos* (witches/warlocks) (Reinert 1986).

Since they are the caretakers of the family's health, mothers are acquainted with folk healing practices and often begin treatments, teas or massages in the home at the first sign of illness (Trotter 1984, Reinert 1986). Healers can be male or female, *curanderos* and *brujos* use prayer and are believed to have God-given spiritual healing powers (Dean 1998: 46). Dean (1998) reports that many *curanderos* refer patients for biomedical care if they recognize a serious medical condition. Mexicans often choose between, and combine, these dual systems of care depending on the illness.

In 1992, there was a large pesticide poisoning in Ruskin Florida, reported on by Baer and Penzell (1993). While clinicians verified the symptoms and blood levels to be consistent with pesticide intoxication, research with farmworkers revealed the power of ethnomedical versus biomedical beliefs. Baer and Penzell (1993) found that most workers attributed their symptoms to *susto*, a folk illness in which the affected person suffers from soul loss due to a startling or frightening event. In this case, the fright of being sprayed with pesticides displaced their souls, leading them to have an imbalance in their body. Respondents identified the cause of illness as *susto*, due to having been frightened at being sprayed by the pesticide. In other words, the researchers found that it was not the toxicity of the pesticide but rather the act of spraying itself that caused the illness *susto* (Baer and Penzell 1993). The authors report that pesticide *susto* is treated in the same way as all *susto* cases, by a *curandero/a* who uses prayer, candles, eggs and other materials to restore the soul. While this approach fits the ethnomedical worldview of causation of the respondents, the authors point out that it does not affect the toxicity of the chemicals involved (1993). Pesticide exposure has been explored by epidemiologists and anthropologists alike, and will be reviewed later in Chapter 4.

Urireo has *sobadores*, *curanderos*, and one *brujo* at Rancho Los Garcias. While I spoke with one *sobador* and a *curandera*, they did not consent to be interviewed for this study. I was able to interview their patients and this data is included here.

Critical Medical Anthropology: A Framework for Health Disparities

Anthropologists in the 1990s worried about the future of our discipline, fearing either that we would become overly self-absorbed and post-modern (Harris 1999) or focus so narrowly that we would become obsolete in a fast-paced, technologically advanced world full of scientific discovery and new data (Moore 1994, Singer 1992).

Anthropologists looked for ways to unify the four fields of the discipline that were increasingly distancing themselves from each other. Singer (1992: 90) observed that “the anthropology of the 1990s is self-absorbed in a *crise de conscience* over its very purpose and dominant method.” Citing fragmentation within the discipline, Moore (1994) suggested that the Human Genome Project would bring a new dataset to anthropology, which in turn needed to find more effective theory that would focus on processes referred to as ethnogenesis. Ethnogenesis was presented as a good alternative to the status quo, referred to as cladistics. Moore explains that cladistics essentially lock ethnic groups into cultural types. Recognizing that technological advances would give an edge to biological anthropologists, Moore (1994: 96) envisioned that geneticists, linguists, archaeologists and cultural anthropologists could collaborate toward theory-building by integrating the new data and discoveries of the Human Genome Project. In this way, ethnogenesis could “build bridges” between the four fields.

At the same time, medical anthropology underwent a similar questioning with Critical Medical Anthropology, which charged that

conventional medical anthropology suffers from several notable limitations ... including: a narrow understanding of social relations, inattention to the political structuring of meaning in the clinical setting; a desocialized approach to the human/environment relationship and far-reaching medicalization (Singer 1990).

Critical Medical Anthropology is concerned with structural and global processes related to capitalism and inequality: “it understands health issues within the context of encompassing political and economic forces – including forces of institutional, national, and global scale – that pattern human relationships, shape social behaviors, condition collective experiences, reorder local ecologies and situate cultural meanings” (Baer et al 1997: 27).

Baer, Singer and Susser (1997: 50) posit that agrarian states, which are highly stratified both socially and culturally, create “an inherently unstable societal-environmental dynamic” which leads to malnutrition, infectious disease and mortality. Political and social structures are seen as directly influencing the health of the population.

In the case of Urireo, and the entire state of Guanajuato for that matter, agrarian reform and the uneven distribution and participation in the process can be seen as playing a major role in the construction of social class. Social class stagnation and the distribution of wealth continue to distinguish the “haves” from the “have-nots” which also influences their health status. The argument is not that these structural constructions wholly determine health status, but rather that they create the conditions that make it harder for those on the lower end of the social class continuum to achieve the same health status as those on the higher end.

Citing McNeil (1977), Baer, Singer and Susser point out that “epidemics have played a major role in the expansion of agrarian states throughout history, especially in their incorporation of indigenous societies” (1997:49), which can be seen as macroparasitism, defined as “large organisms, including humans, that expropriate food and labor from conquered or low-status groups” (1997: 50). Guanajuato is actually a good case study in macroparasitism. First, Spanish *conquistadores* enslaved and expropriated the indigenous populations’ labor in the silver mines of Guanajuato (Guerrero 1998). Next, we know from the history of the region that the *hacendados*, having received a land grant from Spain, extracted labor from the indigenous populations and also charged them tributes (fees to the crown). As time went on, the indigenous population suffered great debts from a lack of ability to pay the ever growing tributes,

which meant that they had to find additional resources or work harder to comply (Wolf 1982, Guerrero 1998, Hernandez 2000). As the population grew, there were less resources and an ever growing instability. This topic will be explored in greater detail in Chapter 2.

Migration is the latest extension of this unequal relationship, as some researchers have pointed out that Mexico is actually exporting its labor through out-migration (Passel 2005, Massey 1998). Migrants remit money back to Mexican family members, which provides a net income to the rural working poor, taking the burden off the state to provide jobs, services or continued agrarian reforms.

This section will utilize Critical Medical Anthropology to explain some of the literature within their legal, social and political contexts that serve as the political ecology of health in rural Mexico and in rural Florida. Baer, Singer and Susser (1997: 52) highlight the importance of action within Critical Medical Anthropology, “political ecology is committed to praxis – the merger of theory and action” (Baer, Singer and Susser 1997:52), and this perspective will be utilized in Chapter 5: Conclusions and Recommendations.

There are few studies that have examined the relationship between land reform and health status. One notable example was conducted by epidemiologists in the state of Chiapas, Mexico. Ochoa-Diaz et al. looked at the health of rural children in Chiapas within the context of agrarian reform:

there is strong evidence to suggest that the low standard of living and poor health and nutritional status in Chiapas, particularly amongst the peasant population, are partially due to the fact that this State did not participate in agrarian reforms initiated after the Mexican Revolution. This has prolonged an unequal social structure focused on the land tenure system. (1999: 262)

Authors compared land tenure and maize production among the ejiditarios and private farmers. As in the case of Urireo, the authors found that medical interventions may be able to prevent some childhood health problems but that the real key to decreasing health disparities requires structural changes beyond medical science:

there is much evidence to show that social changes are more effective than medical interventions in reducing health inequalities. Thus to reduce health inequalities and improve health status among poorer population groups from rural Chiapas it is essential to ensure that the campesinos and indigenous population have equitable access to power and resources, once of the central demands of the Zapatista rebels. (Ochoa-Diaz et al. 1999: 269)

Mexico and the US have different health systems, as will be explored in further depth in Chapter 4. Two issues are important to note at this juncture. First, as Oehmke and Sanchez-Bane (1999: 9) point out, Mexico considers healthcare a right while, in the US, “care seems more of a privilege.” Second, each country must prioritize its own health needs while simultaneously working binationally to curb diseases that cross borders:

There are health problems that are more prevalent on one side of the border than on the other side. It can thus be observed that some border priorities are based on problems that are relevant to one side of the border but not to the other side. For example, the prevalence of high rates of diarrheal disease on the Mexican side is one of the major concerns of the Mexican communities because of associated problems of high mortality among children under 5 years of age, malnutrition and potential complications for the development of other more severe diseases with life threatening consequences. On the other hand, the US side is more concerned with suicides than the Mexican side. (Oehmke and Sanchez-Bane 1999: 10)

Baer, Singer and Susser (1998: 28) observe “at all levels the health care systems of advanced capitalist nations reproduce the structures of class relations.” This is clearly seen in Mexico, where there is great disparity between the types of care one receives, even though Article 4 of the Mexican Constitution guarantees health care to all citizens (Canak and Swanson 1998:163). Mexico’s health system is organized by occupational

status, with public/government employees being covered by a national system of ISSSTE, *Instituto de Seguro Social de Trabajadores del Estado*, encompassing clinics, pharmacies and hospitals. Employees in the private sector, including those who are self-employed, are covered under the *Instituto Mexicano de Seguro Social* (IMSS), the largest of all the health systems (Canak and Swanson 1998).

Those who do not participate in either of these formal sectors can obtain healthcare, guaranteed under the Mexican Constitution (1917), under the system of *Seguro Social* (Social Insurance or SS). Since the devaluation of the Mexican peso in 1994, health services have been decreased at every level; however, the impact is most pronounced under the IMSS. With the growth of foreign assembly plants, known as *maquiladoras* or *maquilas*, across Mexico, employment increased. These new employees' healthcare was to be paid into and covered under the IMSS system. Further complicating this situation, Mexico's labor laws allow employers to specify gender, age and skill level as mandatory requirements for employment. *Maquilas* tend to favor younger females for a wide range of jobs, from electronics to garment assembly. Employers are required to report their employees to the federal government and to pay their corresponding part of health care to IMSS; however, this system is not enforced and tends to be voluntary. Since 1996, IMSS has been in crisis, offering little in the way of prescriptions or tertiary care that it once offered to the "working class."

In contrast, health services under *Seguro Social* were never exceptionally good. Mexico has always had a large population of rural and poor people who are either *ejiditarios*, peasants, children or elderly. These rural people are also highly indigenous, and rural areas often lack infrastructure such as sewage, secondary schools, paved roads

or dentists. In order to bring healthcare to these rural villages, the Mexican government requires that all medical students, as a mandatory part of their training, staff the Seguro Social clinics, known as *Salubridad* (Healthiness), for at least one year (Canak and Swanson 1998: 164). These medical residents are known as *pasantes*.

Charged with special projects on top of attending to the health of the community, *pasantes* are assigned to a clinic and are usually from a different region of Mexico. This was the case in Urireo, where the *pasante*, a female doctor, was from a city in the state of Jalisco. In her key informant interview, she noted the differences between her life and life in the Urireo: “Yesterday I saw 51 people, today I saw 21. I would say the consults are primarily in this order: childhood infections, especially respiratory, then we see many pregnant women, then chronic disease (diabetes, cancer, heart disease).” She listed childhood malnutrition, a lack of hygiene, contaminated water, leprosy, brucellosis and a “genetic predisposition” for neural tube defects, mental retardation and neurological disorders as major problems. These kinds of problems were not things her family would face, she observed, because they lived in the city, would never have farm animals like goats, who transmit brucellosis, living with them, and were not genetically predisposed for birth defects.

The *pasante*, who was fairly popular with the community, had been assigned health education for her project named *Progresas*, aimed at alleviating poverty. *Progresas* replaced Pronasal, a program created in 1989 under then-President Carlos Salinas de Gortari entitled *Programa Nacional de Solidaridad* (Pronasol), described as “a programme driven by political considerations” (Rocha 2001: 515). In fact, Rocha and others concluded that “it has by now become widely accepted that Pronasol, or

‘PRInasol’ as the program came to be known in popular usage, played an important role in facilitating the party’s remarkable recovery during the Salinas years.” President Zedillo, in an effort to distance himself from Salinas, introduced the *Progama de Educación, Salud y Alimentación*, which became known as Progresá, in 1997 (Rocha 2001: 516). Progresá was meant to be apolitical, divorced from the problems faced by its predecessor Pronasal, and was committed to nothing less than helping the most marginalized “to meet their basic necessities in the areas of education, health and nutrition so that the household members can develop the qualifications and skills they need to break the cycle of poverty” (Rocha 2001: 520).

In an effort to be fairer, Progresá began with a house to house survey, conducted by students and government officials from Salvatierra, to identify eligible families. According to Department of Infants and Families (DIF) officials in Salvatierra, “many people in Urireo do not trust. Either they would not open the door or they would simply not give us the information we needed.” While this might be true, many of the women who participated in the Progresá program with the *pasante* expressed confusion about why they had been selected. Some stated that they did not remember answering any survey but that they were told by *Salubridad* that they were going to participate, which for them meant the following: 1. 50 pesos for food per week; 2. having to attend classes at *Salubridad* every month; and 3. obtaining childhood vaccines and regular well-child visits at the *Salubridad*.

These participants did not complain about being in the program. In fact, the *pasante* was rather good at presenting the information in an interactive and fun manner; however, the topics were sometimes redundant or just irrelevant to the women involved.

The *pasante* had no control over the curriculum and was told to only present the information that she was sent from Mexico City's office of Progresa. I remember that one of the topics was the importance of prenatal care. However, some of the women were already grandmothers who felt that this was something for which a *partera*, or midwife, would be best qualified.

Most disconcerting was that families with children with special needs, such as the family with whom I stayed, were not selected for this program nor were several of the most vulnerable families in Urireo, causing much speculation on the part of the community as to the intentions of the government and its representatives toward them. Rocha analyzed whether Progresa played the same role as Pronasal had in garnering votes for the PRI, and she concluded that "while the techniques of manipulating social services and their delivery may have changed from Pronasal to Progresa, the intentions of the executive in politicizing these programmes remained very similar for the most part" since the money spent by Progresa statistically translated to votes for the PRI, even in states like Guanajuato which voted for the rival party, known as the PAN (Rocha 2001: 537).

Even though the *ejiditarios* had more access to land and to health services through governmental interventions such as agrarian reform and Progresa, issues of trust and manipulation, politics and a lack of true access continue to play major roles in the ongoing drama of rural Mexico. Health disparities are interwoven into this drama, sometimes as a cause and sometimes as a result of the larger processes.

The take-home lesson is that the health disparities are still extreme. As illustrated in the case of the *pasante*, an upper middle class urban dweller, and her patients in rural

Urireo, the political ecology of a place like Urireo remains a powerful tool in explaining why preventable health problems continue to plague poor communities. As cited above, Ochoa-Diaz et al. (1999), in their study in rural Chiapas, found a similar situation. In both cases, since agrarian reform did little to dramatically change the power or class structure, the structure allowed for various and interrelated health problems to persist within the most vulnerable of the society. Structural, not medical, reforms are needed in order to bring more equity to the health of the population. Critical Medical Anthropology views this discussion as part of the micro-macro level analysis of health and well-being (Baer, Singer and Susser 1997: 32).

Singer introduced the term syndemic in 1994, and it has become a focus for public health within the US Centers for Disease Control, which has established a Syndemic Prevention Network (2004), who now define syndemic as

SYNDEMIC |syn·dem·ic| (noun): *two or more afflictions, interacting synergistically, contributing to excess burden of disease in a population.* Related concepts include: linked epidemics, interacting epidemics, connected epidemics, co-occurring epidemics, comorbidities, and clusters of health-related crises.

The Syndemics Prevention Network states that the medical model is inadequate for improving community and public health problems, because many of these problems are rooted in social and structural inequalities (Syndemic Prevention Network 2004). They offer the following as the potential advantages of utilizing a syndemic approach (Syndemic Prevention Network 2004): “Part of the promise inherent in a syndemic orientation, however, lies in its ability to provide a mandate for

- disrupting forces that cause multiple health-related problems to cluster
- repairing fragmentation of the infrastructure needed to protect the public’s health
- expanding research and action agendas by more explicitly linking health and social justice

- introducing new methods of analysis and synthesis
- establishing a science base for a “community health bill of rights”

Much of the theory supporting syndemics was modeled on Singer’s long history of research and activism with the AIDS epidemic (1992, 1994, 1995, 2003). AIDS disproportionately affects minorities who live in urban clusters that also face epidemic rates of violence, substance abuse and environmental hazards (Baer, Singer and Susser 1997; Singer 1992, 2003). However, other health issues lend themselves equally well to a syndemic approach, as reflected in the example of Progresia above. Syndemics also help to explain part of the reasons for the poorer mental health of undocumented immigrants such as those in this study. In the United States, undocumented immigrants – either because they perceive they cannot access services or because legislation bars them from doing so – do not qualify for federal means tested public benefits such as Food Stamps, insurance, housing or, in some cases, healthcare.

Since 2001, undocumented immigrants in all but four states (North Carolina, Utah, Virginia and Tennessee) are banned from obtaining Driver’s Licenses, which in turn affects their ability to acquire car insurance, produce valid identification or open bank accounts (Waslin 2002). This added stress is synergistically interacting with other risk factors to create the conditions ripe for more acute health problems. One area that could be investigated would be the synergistic health effects of immigrants’ level of environmental hazards due to living in overcrowded substandard housing that is often located in proximity to chemical hazards, either in rural areas with pesticide spraying or in urban areas where there are toxic waste sites.

The difficulties with a Critical Medical Anthropology approach, including a syndemic approach, lie in not in identifying the problems or contradictions, but in finding

solutions to the complex and interrelated problems of health disparities. Of particular interest is finding the right leadership to make change occur, a topic that is addressed in Chapter 5. Fifteen years ago, Singer initially proposed six areas as examples for praxis related to a “new” critical medical anthropology (1990: 185): “1. designing health related studies to help community groups in challenging the medical establishment...2. participating in the “liberation” of existing medical or other health-related knowledge for use by community-based and national health advocacy groups...3. developing databanks on health issues to arm unions, women’s organizations, civil rights groups, tenants’ associations, patient’s rights groups, environmentalists, and community agencies in their struggle with medical, governmental and corporate bodies. 4. working with health advocacy and social change organizations to develop programs directed at empowering patients in their encounters with the medical system. 5. sharing knowledge, resources, skills with anti-imperialist national liberation movements and underdeveloped socialist countries initiating society-wide health improvement campaigns. 6. investing and exposing what McKinlay calls the “manufacturers of illness.”

Singer documents how a Critical Medical Anthropology perspective was used to design programs and create social change in a 1992 article comparing three AIDS prevention projects. The anthropologists, together with community activists and health promoters, worked together to incorporate research findings into interventions and trainings for community members (Singer 1992: 93). He stresses the need to hold meetings, or *reuniones*, with participants and to form volunteer groups to carry out the change (1992: 94). Weeks et al. (1995: 262) conclude, from one of the same Critical Medical Anthropology projects described by Singer (1992), that ethnic and cultural

groups can empower themselves “to create an environment of support for its infected or at-risk members by controlling its own prevention messages and strategies.”

A Comparison of US and Mexican Health Systems

Unlike Mexico, the US health system has never technically had a system of coverage tied to employment sector. The health system is not a system, per se, as much as it is a private insurance driven business model. Biomedicine and US healthcare have been characterized as hegemonic because they reflect “social class, racial/ethnic and gender relations” (Baer, Singer and Susser 1997: 214).

The US has a public health system which is comprised of federal, state and local levels of health care. This public system is governed under a series of government sponsored entitlement programs linked to poverty levels, ethnicity (Native Americans) and, in only one case, occupational status. The only occupational group to have ever had an entitlement healthcare program is “migrant farmworkers,” for whom the Bureau of Primary Healthcare, part of the Department of Health Resources and Services Administration (HRSA), operates an Office of Migrant Health, which funds programs under Section 330 of the Migrant Health Act. These federal funds sponsor the nation’s migrant clinics.

To understand how this system came into being, one must first look to the history of legislation regarding civil rights, agriculture and agricultural workers. Agriculture in the US continues to be heavily subsidized under our US government, directed by the USDA or US Department of Agriculture. The USDA is responsible for many aspects of food safety, commerce, employment, enforcement and even housing for farmworkers.

The nation’s major labor laws, including the Fair Wage and Hour legislation (1935) which categorically excludes farm labor from the minimum wage, were passed during the

1930s. During this time frame, farmworkers were predominantly African Americans and poor southern white sharecroppers who were able to work seasonally by migrating from farm to farm, region to region, as needed. Many of these people were desperately poor and one bad year could bring them to the brink of homelessness, as depicted by early folksingers like Woody Guthrie. Not much has changed since those days – except for the ethnicity of the workers themselves. Agriculture continues to be seasonal, unpredictable and in need of low-wage workers, as described below:

The inherent unpredictability of agriculture – the freezes, droughts, heat waves, crop diseases and market-price fluctuations – only heightens the general uncertainty of farm labor. Farmworkers are almost never given extra compensation to cover the constant displacement and downtime that marks their lives. Jobs involving seasonality and migration do not necessarily force employees into poverty. Many seasonal workers – from schoolteachers to construction workers in northern states – earn a steady living...typically seasonal or travel-based industries pay workers enough money to cover periods of unemployment or underemployment, and provide adequate benefits to compensate workers for the expense, dislocation and stress of constant travel. At the very least, these industries ensure that their workers earn a living wage. The nation’s agricultural industry has always relied on the existence of a large number of poor workers who have few job options. Workers accept low wages and take on the burdens of uncertain seasonal labor force for the simple reason that there is little else available to them. (Rothenberg 1998: 25)

Low wages are also kept low by an oversupply of workers. As Davies et al. (1998: 1106) concluded in their study of the impact of migration on wages,

Like education, migration is a form of investment in human capital and as such migration presumably yields higher future returns...lack of internal mobility also perpetuates high concentrations of the Mexican-born population. The continued entry of migrants from Mexico who are good labor market substitutes for earlier migrants results in continued job competition between the groups, which in turn restricts wage growth for them.

Rothenberg (1998: 204) argues persuasively that “by denying farmworkers the basic protections extended to virtually every other American, the federal government officially accepted, and in fact, institutionalized the second-class status of agricultural

laborers.” Over the years, the federal government put in place key programs to assist agricultural workers, including Migrant Education, Migrant Head Start, Migrant Health and job training under the Job Training Partnership Act. Some have argued that these programs are really a subsidy to agribusiness and are not designed to really help the worker, as a former Jamaican farmworker-turned-activist eloquently proposed:

Government assistance programs for farmworkers are premised on the idea that the farm laborers’ poverty is a permanent feature of American agriculture. The goal of educational and job-training programs is to try to improve the lives of farmworkers and their children by helping them get out of agricultural labor and find more stable jobs...they all reflect a basic vision that the poverty and powerlessness of farmworkers is inevitable. None of these programs seeks to transform the farm labor system itself and none addresses the economic structure that defines farm laborers as the epitome of America’s working poor. (Livingston 1998: 225)

In 1990, Florida received designation as a “border state” with Mexico due to the large numbers of Mexican migrant and seasonal farm workers (referred to as M/SFW) within state boundaries. Under the US Department of Health and Human Services, a migrant farmworker is defined as an individual who is required to be absent from a permanent place of residence, for the purpose of seeking employment in agricultural work. Seasonal farmworkers travel less and are defined as individuals who are employed in farmwork but do not move from their primary residence in search of work. Not all farmworkers are Mexican in origin; African-Americans, Puerto Ricans, Haitians, Guatemalans and Central Americans also comprise the M/SFW workforce. The federal government estimates that farmworkers number some 3.5 to 5 million persons in the US, with approximately 435,373 of them in Florida (DHHS, Migrant Health Program 1985). Hillsborough County estimates that there are 15,000 farmworkers in the unincorporated areas in south and east county (Hillsborough County Planning Commission 1998).

The largest database available on this population comes from the US Department of Labor: the National Agricultural Workers Survey or NAWS, which interviews about 5,000 farmworkers per year (Mehta et al. 2000, Mines, Gabbard and Steirman 1997, Carroll et al. 2005). From these databases, we know that the vast majority of farmworkers and immigrants are uninsured under the private insurance system upon which the US operates. Estimates vary but NAWS data show that only 23% of all workers were covered by health insurance (Carroll et al. 2005: xi). Most disconcerting, only 46% thought that worker's compensation insurance would cover an on the job injury and 8% did not know if they would be covered at all (Carroll et al. 2005: xi).

In 1998, Arrieta, Walker and Mason obtained a subset of NAWS data only on Florida to get a better idea of farmworkers' access and well-being. They found that only 6% of the farmworkers had employer-provided health insurance (1998: 43). Only 31% reported that they had received compensation for workdays lost to work related injuries (Arrieta, Walker and Mason 1998: 43). More recently, unemployment insurance was something farmworkers understood, with 76% of the authorized workers and only 4% of the unauthorized workers reporting that they would qualify (Carroll et al. 2005: xi).

Defining Migrants: NAWS and other Data

A discussion of labels and categorization is a starting point in addressing Mexican immigration. The questions beg for clarification: Who are migrants? Who are farmworkers? and possibly most importantly, How do Mexican immigrants view themselves? Do they agree with these categories? Relevant to this discussion is another question: Who are the people compelled to study them? Why are we fascinated by them? After all, migration is as old as humankind; people have moved around this vast planet for as long as humans have been here.

Is Rothenberg correct when he states “Whether recounted poignantly by John Steinbeck, Carey McWilliams, Edward R Murrow or Robert Coles, farmworkers’ status represents a central ethical claim within the twentieth century America” (1998: xiv)? Whether or not we agree with this assertion, the use of the word migrant is a codeword, specifically conjuring up an image of a person or family from Mexico, poor, moving from place to place with a bunch of people in a beat up car. It was not always this way.

The NAWS conducted 6,472 interviews between 2000 and 2002, yielding the following results. As in years past, about 42 percent of the current crop workers interviewed fit this definition of migrant workers (Carroll 2005: ix). NAWS interviewers obtained social, family and job histories from each worker interviewed. Forty-six percent (46%) of the Mexican-born were from the traditional sending states of Guanajuato, Jalisco and Michoacan (Carroll et al. 2005: 55). Fifty-three percent of the hired crop force did not have work authorization (down slightly from 55% in 1999-2000) and 99% of the newest immigrants lacked legal working documents.

Farmworkers continue to be Mexican, Spanish-speaking, young and male. Of all workers, the average age was 33, “79% were male, 58% were married and 51% were parents with an average of two children” (Carroll et al. 2005). Eighty one percent of all workers speak Spanish with 44% reporting that they did not speak any English. Literacy issues have continued to be obstacles to their learning English in the first place. Carroll et al. found that only 6% of foreign born workers had completed high school while 56% of US born workers had (2005: x).

Some have argued that US agriculture is based on a plantation economy, which utilizes workers as needed and does not reflect true living costs. Rothenberg astutely observes that

Farmworkers' poverty does not result from their low wages alone, but from the combination of low wages and temporary, seasonal employment. While their hourly wages vary considerably and are often in excess of the minimum wage, the lives of farmworkers are marked by fluctuating periods of unemployment and underemployment...the number of weeks farmworkers are employed does not take into consideration the time they spend searching for work, working part time early or late in the season or being unemployed as a result of weather or market conditions. In addition, there is a general oversupply of workers. (1997: 24)

Farmworker wages continue to decline. Echoing Rothenberg's findings, NAWS data point to at least two reasons for farmworker poverty: 1. lack of work and 2. low pay, which increases with length of time with one grower (Carroll et al. 2005). The average worker worked 34 and a half weeks in farmwork and five weeks in non-farmwork in the past year (2000-1). Workers averaged 42 hours per week, with hourly earnings of \$7.25, but wages increased when they worked longer (years) for the same employer. In NAWS' previous report (Mehta et al. 2000), it was estimated that wages had fallen 111% since the 1950s, a trend that continues: "Real hourly earnings declined between 1993 and 1996 and then fell again slightly between 2000 and 2001" (Carroll et al. 2005: x). Hence, incomes are low: 30% lived below poverty guidelines, with an average individual income between \$10,000 and \$12,499 (Carroll et al. 2005: xi). The average farmworker's family income is only slightly higher than that of an individual, \$15,000 to \$17,499, with the mode, or majority still citing an income of \$10,000 to \$12,499 per year (Carroll et al. 2005: 64). This could account for the finding that 22% of families of three lived in poverty, with families of six or more two times more likely (50%) to live in poverty (Carroll et al. 2005: 48).

Despite the bleak picture these findings suggest, only 22% of all interviewees stated that anyone, including themselves, had received any public benefit in the previous two years. Fifteen percent (15%) indicated they or someone in their family had received Medicaid, 11% indicated they had gotten WIC assistance (Women Infants and Children) and 8% stated they had received Food Stamps (Carroll et al. 2005: xi). Carroll et al. found that the majority of the foreign born farmworkers were either here less than a year (17%) or more than 14 years (29%), meaning that the “newcomer” farmworkers have grown since 1993-94, when they were only 10% of all farmworkers (2005: 5). This could also be illustrating the fact that many people leave farmwork quickly, if they are able. This binational research found that most respondents were happy to move into higher paying jobs in construction or services.

One major drawback to relying on NAWS data lies in the design of the survey. Data collection is conducted only with current farmworkers and there is no long-term followup included in the design. It relies on the interviewer picking a sample of participants in the field. Much of the work in farmwork is organized under a subcontractor model. The grower, or the owner of the farm, hires a subcontractor who then looks for his/her crew to conduct the work as contractors to the subcontractor. The subcontractor who hires the workers is known as a “crew leader.” The crew leader, not the grower, is responsible for hiring the workers. Under this model, if the workers are undocumented or in possession of illegal or false documents, it is the crew leader who takes responsibility, not the farm owner or grower.

The NAWS requires that interviewers obtain permission from the grower or crew leader. This feature means that, since many NAWS interviewers are male, there could be

an undersampling of women. Additionally, the design selects sites randomly when farmwork is seasonal, not random. One year, the NAWS selected a random sample of farms in Hillsborough County during the months of July and August, traditionally the slackest months for agricultural work. These factors, especially the need to gain permission from the crew leader, seriously affect whom is interviewed by NAWS interviewers, and hence, the data reported.

The latest NAWS found that 79% of all their respondents were male, with males more likely to be unauthorized than women (56% versus 39%) (Carroll et al. 2005: 9). About 58% of all workers were married, up from 52% in 1992-3, and 51% or the majority were parents (Carroll et al. 2005: 12). Most workers had two children, with 96% of them being minors (Carroll et al. 2005: 12). Newcomer males, who are usually unauthorized, tend to live away from their children, with international migrants making up 85% of all those living apart from their children (Carroll et al. 2005: 15). This fits with other data suggesting that males migrate first and send for families later, once their economic situation improves.

Migration Patterns in Historical Context

As Bean et al (1998) point out, until the Mexican American War, parts of California and the state of Texas pertained to Mexico. Once the political boundaries between the US and Mexico were finalized, the first true “wave of Mexican immigration” occurred in 1919, due to a labor shortage in the US. This pattern has continued through the present, with Mexicans coming to the US in search of work, as evidenced by headlines in the newspapers and magazines. Clarke (2000: 226) points out that between 1845 and 1854, the US annexed Texas, New Mexico and California and granted

citizenship to the thousands of Mexicans who resided there; however, it is unknown how many people this might be. Clarke estimates that the Mexican population in the US could have been between 381,000 and 562,000 by 1900 (2000: 226). The 1920s saw the US develop its first real immigration policy, and it was during this timeframe that

Professional gangs first developed to profit from smuggling Mexicans across the border in groups in order to supply contract labor to American farms and factories. As was to happen on several occasions throughout the twentieth century, the Mexican workers that had been welcomed as cheap labor in factories and farms when work was plentiful found the situation very different when economic recessions made jobs scarce. (Clarke 2000: 229)



Figure 1-1. Map of Urireo and Route of Migration to the US.

When the demand for labor decreased during the Great Depression of the 1930s, the US repatriated many Mexican origin individuals (Bean et al. 1998). In the decade leading up to World War II (1942), there was a growing conflict between labor unions and immigrants, with labor organizations accusing immigrant workers of undercutting American workers and becoming a financial drain on government (Clarke 2000: 229).

It is important to note that the early migration pattern of Mexicans was to urban centers, with 85% of all Mexicans and Mexican Americans living in cities by 1970 (Clarke 2000: 230). Migration in the early part of the 20th century is also linked to the railroad. Like millions of other immigrants, Mexicans worked on the railroads and, partly due to this fact, they were able to settle in railroad centers, going first to the Midwest, then the Northeast and East Coast in general (Clarke 2000: 230).

Massive modern rural migration can be traced to the US' need for agricultural workers during World War II, not to the Mexicans' preferences. The Bracero Program, which recruited Mexican nationals to work in US agriculture as temporary contract workers, began in 1943 but was discontinued in 1964 by the US (Bean et al. 1998: 7, Thomas-Lycklama a Niejeholt 1980). However, the Bracero legacy lives on, and the regions in which the most numbers of Braceros signed up tend to be the same areas that today "send" young migrants to the US on a daily basis (Wilson1997). Thomas-Lycklama a Niejeholt (1980) points out that a constant supply of farmworkers is needed since agricultural labor is seasonal and dangerous.

Years ago, one migrating Urireo-born key informant, as he was working on his car in order to take it from Wimauma to Michigan to pick cucumbers for the summer, told me simply "I guess you could say people from Urireo like to travel." For some reason,

this sentence has stuck in my mind ever since. His wife had clearly stated her preference to him – and to me – that she wanted to stay in one place, for their daughter’s education. Do farmworkers really like to travel? Or is it part of the “job” so to speak? Who migrates? Who settles? Who goes back to Mexico?



Figure 1-2. Transnational Urireano Family with Members in Both Wimauma and Urireo.

Several authors have contributed to a growing body of knowledge on such items. Massey et al. (1987) published a seminal binational study that analyzed probability of migration based on the following: 1. Household characteristics: dependency, land ownership and business ownership; 2. Personal characteristics: age, sex, education, labor force status, occupation and 3. Characteristics of the migrant experience itself: person’s

prior migrant experience and father's prior migrant experience (1987: 291). Further they identified six principles of international migration:

1. Migration originates historically in structural changes that affect the relations of production in sending and receiving societies.
2. Once international migration begins, social networks develop to make foreign employment increasingly accessible to all classes of the sending society.
3. As international migration becomes more accessible it is widely incorporated into household survival strategies and is used during stages of the life cycle when dependence is greatest, during periods of economic stress, or in efforts of socioeconomic advancement.
4. The experience of international migration affects individual motivations, household strategies and community organizations in ways that encourage further migration.
5. The maturation of migrant networks is facilitated by an ongoing process of settlement, whereby migrants build personal, social and economic ties to the receiving society as they accumulate time abroad.
6. The operation of migrant networks is made possible by an ongoing process of return whereby temporary and recurrent migrants move back and forth between sending and receiving societies and settled migrants re-emigrate back to their places of origin (Massey et al. 1987: 285-6).

Massey et al. made great strides in understanding how migration to the US relates to the complexities and interrelationships between place of origin, age, gender, political/economic context and social status (1987: 290):

data from both rural and urban areas suggest that US migration was, indeed used as a mechanism for adjustment to structural change. Whether the changes involved the mechanization of fields or factories, a rise in probability of international migration ensued. The high probability of departure in all periods (1940 on) indicates the extent to which migration has become a permanent part of survival strategies within the communities, however. Indeed, a *majority* of rural origin men could always expect to work in the US (the lowest lifetime probability was .56), as could at least one in three urban-origin migrants.



Figure 1-3. Wimauma-based Urireanos Back on Vacation, Playing Soccer, 2000.

Massey et al. also contributed to our understanding of the probabilities of who will not leave and who will come back and settle in Mexico. Following their six principles, they found some surprising - and some not as surprising – findings, which are summarized below. First, there are rural and urban differences, with rural people being significantly more likely to migrate to the US. Massey et al. (1987:291) proposed a rural explanatory model in which the probability of migrating to the US “is increased by prior migrant experience, by being a day laborer and by increasing dependency within the household, while the chances of US migration are lowered by owning farmland or a business and by advancing age.” On the other hand, they concluded that the two most important variables predicting migration are: fathers’ migrant experience and access to a means of production (Massey et al. 1987: 291). In other words, if the family owns a business and/or farmland, it is less probable that the father will migrate. The age of the father was critical to his decision to migrate, with those most likely to leave being younger (under 35) when they are in the phase of the life cycle where they have a

growing family (Massey et al. 1987: 294). The authors explained this as a “self feeding social process.” Since 75% of all rural fathers have no land nor business, they are very likely to migrate to the US (Massey et al. 1987: 295).

In their study, 57% of all migrants remain abroad after 10 years and, after 15 years, rural and urban migrants are equally probable to stay in US (Massey et al. 1987: 309). The most important variable to bringing them back to Mexico is land ownership (1987: 312). The model they ultimately constructed views the migrant most likely to return being “the older married undocumented migrant with a wife, children house and property in Mexico who has been in the US under 5 years working at or near the minimum wage in an urban job” (1987: 310). More recently, Massey stated the following

If you come from a community where fifty or sixty percent of the residents have been to the United States, it’s very easy to find someone who can tell you where to go, how to cross the border, how much it’s going to cost, how to find a coyote, what places to seek work and who to stay with when you get there. All this information is readily available. So as more people go to the United States, the costs and risks of migration fall and the potential benefits rise substantially. Once one person in a community goes to the United States the community begins to be transformed. After that person comes back, everyone to whom that person is related has a social tie to someone who’s been to the United States. That social tie is a resource that enables people to gain access to the United States, which opens up further avenues to still more people (Massey 1998: 152).

Essentially, Massey is explaining a concept entitled “network mediated chain migration,” which Wilson (1998) elaborates as operating on five principles that speak to the particulars of the Urireo-Wimauma situation. As the first principle, she observes that “networks are multilocal, encompassing a variety of geographical distributions” (Wilson 1998: 394). In the case of Urireo, the migration pattern originates in both urban and rural directions. An early group went to work in factories in Chicago while, shortly after, a much larger and more consistently contracted group, known as Braceros, began working in agriculture in California, North Carolina, Midwestern states, and, lastly, Florida. This

pattern is repeated across Mexico in areas where the Bracero Program, in collaboration with the US Department of Labor, set up regional recruitment centers. In Guanajuato, the center was located in Irapuato, about an hour from Urireo in the most central area of the state (Durand 1994: 131).

The second principle is that networks emerge through work sites and types of work, depending on the availability of employment and spread mostly through word of mouth. This principle is important because, based on employment fluctuations, the receiving communities can change and fluctuate as well (Wilson 1998: 394).

This happened early on in the case of Chicago as a receiving community, according to key informants in Urireo. Since going to work in the factories seemed preferable to most Urireoanos and many others across Mexico, Chicago became saturated with a Mexican workforce. Once saturated, they were re-routed to rural and agricultural worksites.

The third, fourth and fifth principles relate to the strength of ties and the differential implications between them. Based on the work of Mark Granovetter (1974), who found that weaker ties were actually more fruitful for his informants in finding employment than stronger ties, Wilson (1998) poses the third principle as “the strength of weak ties.” Essentially, networks are fluid at both the sending and receiving points, which means that an immigrant has multitudes of weak ties, or acquaintances, at both sides. To his surprise, Granovetter (1974) found that acquaintances were often instrumental in serving as “bridges” to employment, because they connect denser network clusters.

Wilson (1998) proposes that the fourth principle is the result of these bridges, that the diffuse networks expand, serve as new and bigger sources of informational exchanges and bridges. As the network expands, it creates diffuse social capital as a result (1998: 395). The last principle, related to principle number four, recognizes that clusters of

immigrants form dense networks which form a “dense social capital.” She puts forward the idea that social capital is actually a continuum of diffuse to dense and not purely one nor the other (1998: 395). As a result of this, the immigrant can choose from multiple receiving communities, jobs and social opportunities. Jobs also fluctuate, with supply and demand as well as seasons, which means that there is an added dimension to job seeking that large social networks are uniquely suited to address. Since “farm labor is organized in respect to crop specialization” (Thomas-Lycklama and Nijeholt 1980), the system does not make itself responsible for providing on-going employment but demands that workers be available when crops are ready.

This dynamic means that wages are kept low. Alba (2004), recognizing that there are push-pull factors, maintains that “migration from Mexico to the US is primarily economically motivated. Nominal wage differentials have been hovering for years at about a 10 to 1 ratio, in favor of the US, for manual and semi-skilled jobs” (2004: 2).

Migration Patterns, Farmworkers and Immigration

It has been said that counting farmworkers and undocumented people is an “impossible” task (Mines, personal communication, 2002). This has not deterred the US Department of Labor and some demographers from trying to arrive at the elusive numbers. This section summarizes the demographic distributions and social status of farmworkers, immigrant Mexicans and transnational Mexicans. Between 1990 and 2000, US Census data revealed that Mexican immigrants in the United States labor force grew from 2.6 million to 4.9 million (Grieco and Ray 2004).

The Mexican-born demographic is critical to understanding recent data. Passel, a demographer, re-analyzed Census and Department of Labor data to examine the work patterns for immigrants. Passel cited that there were 35.7 million foreign born

immigrants in the US in 2004, with 61% being legal permanent residents (21.7 million), 29% were undocumented migrants (10.3 million), 7% were refugees (2.5 million) and 3% were temporary legal residents (1.2 million) (Passel 2005: 7). Passel's analyses found that Mexicans comprise 57% of all undocumented residents in the US, 5.9 million out of a total of 10.3 million in March 2004 (Passel 2005: 1). Most of these undocumented immigrants arrived since 1990, when IRCA was still in effect (Passel 2005: 8). Between 1990 and 1994, about 450,000 people per year entered, for 2.2 million persons. In the next timeframe, from 1995-1999, about 750,000 per year or 3.6 million, entered. Migration decreased slightly from 2000 to 2004, with 700,000 per year, at a net of 3.1 million people (Passel 2005: 8).

A growing number of Mexicans are unauthorized to work in this country, yet data show that 60% of all Mexican-born workers over 16 participate in the labor force (Grieco and Ray 2004). One in three employed Mexicans, or 300,000 persons, work in farming, fishing and forestry occupations, making up a total of 13% of all workers in this category (Grieco and Ray 2004). Mexicans make up 7.7% of all construction workers (Grieco and Ray 2004).

It is estimated that 80 to 85 percent of all Mexican immigration has been undocumented (Passel 2005, Carroll et al. 2005). A sizeable sub-population of the undocumented, 1.7 million people, are minors (Passel 2005: 1). By the end of 2005, Passel forecasted that there could be more than 6.5 million undocumented Mexicans (2005: 2), with 68% of these persons living in eight states: California (24%), Texas (14%), Florida (9%), New York (7%), Arizona (5%), Illinois (4%), New Jersey (4%) and North Carolina (3%) (2005: 2). Between 2002 and 2004, Passel estimates that Florida

received 850,000 undocumented immigrants, largely Mexican (2005: 9). The age breakdown for the 10.3 million undocumented migrant population is as follows:

Table 1-2. Undocumented Workers in the US

Age Group	Male	Female
Undocumented Children < 18 yrs	1.7 million or 17%	
<i>Undocumented 18 – 39 yrs</i> <i>146 males per 100 females</i>	4.5 million 43%	3.0 million 29%
Undocumented 40 and over	1 million or 11%	

Source: Passel 2005.

Table 1-2 summarizes the findings of the latest study available on undocumented workers (following Passel 2005). This study showed that the majority of undocumented workers are males, between the ages of 18 and 39 and that, for every 100 female workers, there are 146 males. The ratio of males to females is almost 4:3, or 43% to 29%. It is worth noting that there are long-term consequences of these findings. The largest group of undocumented workers, those 7.5 million men and women, also represents the most active reproductive age range.

One in three Mexicans work in agriculture. Since farmwork is an extremely high turnover industry and since most injured or ill farmworkers cannot remain in the fields, many health problems may go unrecorded. This phenomena is referred to in occupational health as the “healthy worker effect.” Many workers continue to work even though they are ill, however, once they become too ill to work, they are not able to be counted.

Because of the healthy worker effect, only those healthy enough remain in the fields. Those who become ill or injured on the job either no longer work or no longer work in this occupation. This explains why the vast majority of people who have done U.S. farm work are no longer so engaged. As a result, it is quite difficult to assess the

health needs of the population of agriculture-impacted workers by limiting research to the currently employed workers (Mines et al. 1997, Richard Mines, US Department of Labor, personal communication, 1999).

As the farmworker population is very heterogeneous, the Florida Migrant Interstate Program (FMIP 1996) compiled a “snapshot view” to learn more about who are Mexican farmworker children in our state. This data is limited, given that the farmworker populations are extremely fluid, however, it is the best data available at the county level that links sending-receiving states. This FMIP study, conducted during the 1995-1996 school year, found that “ten of Florida’s 67 school districts accounted for nearly 70% of all migrant students in the state. These were, in descending order: Palm Beach, Polk, Collier, Hillsborough, Dade, St. Lucie, Manatee, Hardee, Okeechobee and Lee” (FMIP 1996: 2). The study site is Hillsborough County, which was ranked third in this study.

Statewide, the breakdown of migrant children estimates that the largest sending state is Michoacan (N=2,004), followed by Guanajuato (N=1,588) and Guerrero (N=1,560) (FMIP 1996). Hillsborough County sees a somewhat different pattern: Guerrero (N=302), Guanajuato (N=247) and Michoacan (N=178).

Ethnographic data from Wimauma and migration pockets within Hillsborough County shows that there is a geographic separation between the migrating, seasonal and settled/former migrant farmworker populations. Migrating populations, in large part, live in more remote camps and they are from Guanajuato. Those who live in Ruskin tend to be non-migrating/seasonal and have origins in Tamaulipas, Nuevo Leon, Hidalgo and border regions. One influencing factor to settlement is the new migrant housing in this area is set up in such a way that only those currently engaged in farmwork can access.

Since workers must sign a year lease, there is no way that a migrating family can access these apartments; therefore, only seasonal workers benefit from the USDA housing. Last, there are those who tend to hail from Guerrero or Michoacan living in the most southern part of the county.

Over the years, the US has tried several strategies to address issues of undocumented Mexicans. The most popular and far reaching legislation, the Immigration Reform and Control Act (IRCA), signed by President Reagan, in five years (1989-1994) gave legal status to 2 million undocumented migrants living here before 1982 (Bean et al. 1998). IRCA is especially important since it allowed young workers residing in the US to sponsor their parents and younger or older Mexicans to come to the US (Thomas-Lycklama a Niejeholt 1980). Unlike their sponsors, these new immigrants were increasingly feminine and older, hence, “less productive members of the society,” which lead to concern about public benefits to immigrants, following California’s example with Proposition 187, which limited benefits to immigrants (Bean et al. 1998).

The rising hazards of border crossing and the ongoing economic crisis in Mexico gave undocumented migrants new reasons to remain abroad and, when combined with IRCA’s legalization of 2.3 million persons, tilted Mexican immigration decisively toward permanent United States settlement. In a few short years IRCA transformed migration flows from a seasonal, undocumented, and regionally specific flow in which rural males predominated to an urbanized and greater female population of permanent settlers who were increasingly dispersed throughout the United States (Bean et al. 1998: 3). IRCA dramatically changed the demographic distribution of the US, while at the same time creating an idealized view of “*amnestia*” or amnesty within migrant sending

communities across Mexico. To get a feeling of IRCA's impact, data show that, in the nine years from 1987 through 1995, 2.7 million Mexicans were admitted to permanent resident status, twice the number admitted over the prior twenty-two years combined (Bean et al. 1998: 12).

The implementation of IRCA's employer sanctions, meanwhile, undermined wages and working conditions for Mexican workers in the United States, opening up wide gaps between documented and undocumented migrants. In addition to fomenting wage discrimination, IRCA pushed employers toward labor subcontracting in order to escape its burdensome paperwork requirements and to eliminate the risk of prosecution for unauthorized hiring. The passage of California's Proposition 187 in 1994 sought to bar undocumented immigrants from attending public schools, using public hospitals or clinics, or receiving public assistance, and in 1996 the United States Congress disenfranchised noncitizen legal immigrants from means-tested social programs. The post-IRCA period is thus characterized by growing political distinctions between undocumented, documented, and naturalized immigrants and widening economic gaps between them (Bean et al. 1998).

Transnationalism and Translocalities

Of all new immigrants, Mexicans have been the slowest to naturalize (Bean et al. 1998: 9). As new communities were founded, these immigrants began to settle down and migrate less, creating a transnational network, with workers belonging both in the US and Mexico. Appadurai (1991, 1995), recognizing that there are always locations that become the focal points of transient and migratory groups, introduced the term "translocalities" to mean "many such locations create complex conditions for the production and reproduction of locality, in which ties of marriage, work, business and

leisure weave together various circulating populations” (1995: 216). These translocalities provide the basis for further migration, and are sometimes referred to as “daughter communities” (Massey et al. 1987). The idea of daughter and/or translocal communities is a phenomenon that pre-dates Mexican immigration and was documented during the dustbowl migrants, white sharecroppers who migrated in search of any work, in the mid 1900s. Carey McWilliams (1976: 35), noted sociologist and author of *Ill Fares the Land* in California’s factory of farms, observed how a community reproduces itself:

Some of the migrant settlements are, moreover, good-sized communities, numbering from 4000 to 8000 residents. Since most of them are located in unincorporated areas, they have no local fire or police protection, nor for that matter, any type of local self-government. They exist merely as satellite or fringe growths, potential rural slums, on the outskirts of important communities. Coming to California in search of farms, migrants have been lucky to get a shack. ***Many of these new migrant settlements are, in effect, transplanted communities.*** It is not at all uncommon to find that most of the families, in a particular migrant shacktown or along a particular street...are from the same community. The migrant settlement at Greenfield, California, is made up of about 200 former residents of Carroll County, Arkansas.

Kearney (1991:59) describes “transnational communities” as having their own nature, transcending the idea of “sending” and “receiving” states. Kearney observes that this migration has an added political dimension: “what the ethnography of transnational migration suggests is that such communities are constituted transnationally and thus challenge the defining power of the nation-states they transcend.” These transnational communities, or translocalities, are based on social and kin networks that extend over at least two nations, which is the case for Urireo, Chicago, Wimauma and West Palm Beach Florida. While Kearney utilizes the term transnational, Massey et al. (1987) refer to these communities as “daughter communities” and have amassed a vast database at the University of Pennsylvania. One example of knowing a transnational community when you see it comes from my own experience at the bus station in Salvatierra:

Urireo's connection to Chicago is strong, so strong that signs in the bus station and the travel agencies simply say "Chicago," not USA or even names of states. Curiously, most of the bus destinations do not mention states at all, only cities, as one of the pictures shows. The list reads like a Spanglish-ized attempt to sound out strange sounding places as Mexicans invariably pronounce their receiving communities, such as: Decatur, IL or GA (spelled Dekator); Quincy, FL (spelled Quenci); West Palm Beach, FL (Wes Palm), Harlingen, TX (Harligen) and Wimauma, FL (Wimama).

Sometimes our participants did not really know the geography of the local region in which they had worked, which makes sense due to them not having transportation nor much time to visit surrounding areas. For example, some of those interviewed in either Mexico or Florida were unclear about exactly where and for whom their loved ones or even sometimes themselves, had worked.

As Burns found in his work with transnational Mayan refugees in Indiantown, Florida (1993, 1999, 2000), when a group leaves its native country and becomes transnational in the US, it develops features that come from their birth and traditional culture as well as their newfound homeland. The result for the Maya was not only a bi-nationalism but a tri-nationalism that included Guatemala, Mexico and the US (Burns 1999: 138).

Burns (1999: 141) found that "the availability of agricultural labor, the small town atmosphere and the hospitality offered by the Catholic Church have put Indiantown into the migration network of the Mayan diaspora." This support has helped the Mayans to adapt, work and start anew in their adoptive town. It has also allowed them to continue their culture and traditions while merging them into a more "Americanized" lifestyle. Like the Urireanos in this study, they have become transnational people who navigate between multiple worlds simultaneously (Burns 1999, 2000).

There are important differences between the Mayans in Indiantown and the Urireanos in this study. First, the conditions of migration are very different; Urireanos did not endure a brutal ethnic civil war as did the Maya. Second, Urireanos have a long tradition of wage migration to the US and this is almost a rite of passage for single men, and whole families rarely migrate at the same time. Third, the Urireanos are not refugees but undocumented workers who try to stay invisible, work and remit. They are here temporarily, at least at first, and tend to be reluctant to mix with other groups due to their high levels of mistrust. Fourth, Urireanos have never received any kinds of outright community support, except for food pantries at the local missions and some remembrance during Christmas. This may be why most Urireanos worry so much about “the poor” in Wimauma. They, too, feel alone and lack resources or support. Urireanos focus on Urireo first, whether they are physically in Mexico or Florida.

Anthropological Views on Community and Community Studies

Anthropologists have specialized in community studies, including fields like peasant studies since the 1940s (Redfield 1941, 1947, 1956; Wolf 1955, 1982; Wagley 1968). Redfield looked at small groups and towns across Latin America and described their communalities along a folk-urban continuum (Redfield 1947). Fearing that this model tended to paint whole communities in too broad strokes, Wagley and Harris (1955) provided a typology of Latin American subcultures in an effort to better describe and understand the heterogeneity of the communities within which anthropologists had been working. Wagley and Harris describe the dichotomous co-existence of subcultures within even small pueblos, such as Urireo, in which peasants live beside “upper-class townsmen” who control the political and economic features of the pueblo (1955: 438).

They characterized this typology as “town subculture” and theorized that it was the “predominant trend in contemporary Latin America” (1955: 439).

Over time, there have been critiques, evaluation, theorizing and finally, re-evaluation of almost all aspects of border, community and peasant studies. One of the key elements in this re-evaluation is the idea that communities are more dynamic than previously thought. Communities are linked to other communities and often respond to multiple internal and external forces simultaneously and in more than one direction.

Foster (1960) helped bring about a re-evaluation, since he long ago theorized that acculturation is a two-way process that resulted in mutual modification of New World Hispanic and indigenous cultures. Alvarez reviewed border studies and concluded that ethnography on both sides of the border is really a kind of binational study that has to take the micro-macro processes on both sides into account (Alvarez 2000).

Wolf (1955: 454) spent a lifetime looking at typologies of communities and presented an outline of Latin American peasants, in which he observed that “the peasant aims at subsistence, not at reinvestment.” This finding is important to studying the behaviors of migrants from Latin America who reinvest in their home communities through remittances. Wolf argued persuasively that the difference between farmers and peasants in rural Latin America was precisely how each views their enterprise. Farmers look at agriculture as “a business enterprise” and focus on reinvestment. Peasants look to agriculture as a way to survive, so when and if peasants are asked to change crops, strategies or farming techniques, they are rarely successful because they have no additional resources or extra funding to help them (Wolf 1955).

Kearney (1996) argues that we are currently in a “post-peasant” world in which peasants have multiple roles and interact within diverse circles, so that while they may and do employ agriculture as an economic strategy, they may also simultaneously pursue non-agricultural strategies and they may migrate across borders, making them members of transnational communities. The people in this study are just that: transnational citizens. They may be or have been farmworkers but they are mainly people who are pursuing the American Dream, however elusive it might be. Sometimes the dream is chased by working in the fields but, increasingly, it is pursued through jobs that are less seasonal and more likely to provide a steady paycheck, like housekeeping for women or construction for men.

Besides Kearney, other social scientists have been paying attention to transnational immigrants and their experiences (Burns 1993, 1999, 2000, Menjivar 2000, Wilson 2002). Menjivar studied Salvadorans who immigrated to San Francisco, California and how their social networks functioned. She found that transnationals’ social networks change over time and use and that “they differ as waves of the same immigrant group...arrive at different historical junctures and so are exposed to dissimilar conditions. Thus even for the same immigrant group, the receiving context makes a huge difference” (Menjivar 2000: 239). This view contributes significantly to a view of social networks, and transnationality, as increasingly dynamic and less and less static.

Anthropologists and social scientists have provided great contributions to an understanding of not just community or border studies and have brought forth a deeper understanding of transnationality and migration (Kearney 1996, Wilson 1997, Durand 1994, Burns 1993, 1999, 2000). Burns (1999: 148) points out that anthropologists and

other social scientists need to become more adept at studying the complexities involved in transnational migration and identity, whether it be porous or situational:

migration studies have a long history in anthropology, but they have focused more on sending or receiving communities and not on the processes of moving between several sending and receiving communities. Even the research reported on here reflects a point of view of only a few of the many communities of the diaspora that adds to the identity of the Maya.

In this spirit, this study looks at transnational Mexican-US migration as fluid and affecting people on both sides of the border simultaneously. This migration affects all facets of life on both sides of the border because it reshapes social relationships, gender, worldview and health behaviors not only in Mexican sending communities but also in the thousands of receiving communities in the US.

Table 1-3. Perceptions of Mexican “Migrants” in the US and Mexico

Descriptor	Mexico	US
Legal Status	Migrant MEXICAN (popular culture) Transnational workers (Mexican government)	Illegal (popular culture, Border Patrol) Foreigner (popular culture) Guestworker (policy makers) Undocumented (press, academics) Wetback (popular culture)
Social Context	Rural rather than urban (policy makers) Hero (economic) (family members) Good and responsible fathers, sons (family members, community, popular culture) Brave-adventurers (youth, popular culture) Breadwinner (family, politicians) Drinkers (family members, migrants, providers) Returned migrants: troubled or sick HIV+, Drug/alcohol dependent (community leaders, policymakers, church)	Foreigner-Wetback (popular culture) Hard workers (employers) Invisible (policymakers, advocates) Humble “peasant” (advocates) Needy (advocates) Farmworkers (popular culture) Migrants (popular culture) Single men (providers) Enjoy agriculture (employers) Risk behaviors (providers)
Social Class	Middle or working class rural (popular culture) Social climbers (migrants themselves)	“poorest of the poor” (advocates) “Third World Health Status” (advocates)

Table 1-3 illustrates how Mexican and US perceptions of migrants differ on all three levels: legal status, social context and social class. On both sides, perceptions of the intention of the migrant – honorable or dishonorable – color the ways in which the migrant is depicted in each country’s popular culture, by policy makers, the media, employers and family members. These differences permeate any discussion of “migrant” and often create dissonance, both internal and external. “Migrant” has become a codeword for illegal immigrant, synonymous with “wetback.” In fact, migrant is applied to almost anyone of Mexican descent who appears to be lower class or less educated. In US popular culture, migrant only refers to Mexicans, and usually the more recent immigrants. Besides their well-deserved reputation as hard workers, US popular culture allows Mexican transnationals little respect. In fact, it is almost inconceivable to most Americans that migrants are viewed completely differently in their home country. The idea that Mexicans consider migrants to be transnational workers who are breadwinners, heroes to be looked up to, brave and responsible husbands and fathers challenges the perceptions most Americans have of migrants. Migrants are characterized as farmworkers or agricultural laborers. In US schools, children born to farmworking parents report that even other Mexican children whose parents are not farmworkers make fun of them, call them *mojados* or wetbacks, beaners or simply “migrants,” which is supposed to be derogatory.

These contrasting contexts of each country mean that the treatment a transnational Mexican can expect differs. Crossing over to the other side means that a young man will no longer be treated the same way when he returns to Urireo. The idea that he will prove himself and become a hero means that it is worth risking his life, “working like a mule”

and remitting to his family, because this fulfills an expected role. In the US he will find very little sympathy for his plight, low pay, long hours, strenuous work and loneliness because he will be separated from his family, which is the center of his social life. In addition, he will live with the constant fear of Border Patrol and face daily discrimination. He will think about the fiestas in Urireo and will plan for the day when he can go back, prove how successful he is, court his sweetheart, maybe even marry her, and spend a few weeks back home “on vacation.”

Increasingly, females also share this dream and this path. While it is still less frequent for a young woman to go alone to the US, the phenomenon is becoming more common. An important finding from this research is that the expectations of males and females related to migration are very different. Issues of gender and role expectations emerge in all facets of this study. The persistence of traditional gender roles and expectations continue in the face of globalization and transnational migration, meaning that women must constantly renegotiate their roles to maintain a balance within the family, but especially with their relationships with men.

Toolbox for the Dissertation

This dissertation uses a variety of tools to describe and inform health and health status of migration from cultural, epidemiological and sociological perspectives. Critical Medical Anthropology provides a lens through which the local and global structural, political and cultural constructions influence the health, mental health and well-being of Urireanos in both Mexico and Florida. Comparative and holistic perspectives, hallmarks of anthropology, were employed throughout the eight years I have spent with Urireanos in both Mexico and Florida working on issues related to migration and health. Early on, it was clear how important it would be for this research to take into account the context of

the lives of the Urireanos on both sides of the border. Especially after 9-11-2001, discussions of transnationalism, moving across borders, visiting and maintaining ties have become marked by more uncertainty, stress and at times resignation.

Being a woman turned out to be a good thing for my research. It would have been very difficult to gain the confidence of the people in either Urireo or Wimauma without the support of the women, who predominate Urireo. It is also a question of solidarity with women more than anything else that allowed me to learn about the pueblo, the way of life, their trials and tribulations as well as their history.

In order to maintain a clearer view of the context of the lives of Urireanos on both sides of the border, certain methodological tools were used. First, literature from Mexico and the US was reviewed, including archival history from the *Archivos Generales de la Nación* (National Archives) in Mexico City, to gain perspective on the history of Urireo. Urireo has very little written history and no historian in the town, however, I was able to check the information people shared with me against what was documented at the National Archives and in the literature that was available. Many sources were consulted for each literature review, including newspaper articles and academic publications.

Second, key informant interviews with health providers, long-term residents and the clergy in both towns helped to clarify strengths, weaknesses, differences and similarities. These interviews lasted between two and four hours each, with several key informants being interviewed three or four times. Third, health interviews which included the same questions, were conducted in both Wimauma and Urireo. These interviews included a family health history, history of migration, CDC Health Related Quality of Life Index (CDC HRQOL) and a bit of oral history (See Appendix B for instruments).

Fourth, ethnography was conducted within both Urireo and Wimauma, within the homes, clinics, doctor's offices, public and private spaces that Urireanos occupy. Ethnography included participant-observation in Urireanos homes in both Florida and Mexico, living in Urireo for a total of six months, spending an additional month in Salvatierra, the municipal seat that is located three kilometers from Urireo. Additionally, I have worked in Wimauma as an anthropologist, soccer coach, social worker and generally "hanging out" in stores, markets, migrant housing and events such as "Sweet 15 birthday parties" or quinceñeras over the past ten years or so. I had also conducted several previous studies in the migrant/community clinic, Suncoast Community Health Centers, since 1991.

People in Urireo knew me from Wimauma when I got there, especially because I arrived with a family now settled in Wimauma, who gave me their house to stay in. As a result of my own "transnationalism," I became known as "La Guerita" a nickname that refers to me being "lighter skinned" or "blond" and obviously non-Mexican to Urireanos in both Mexico and Wimauma. To my knowledge, I am the only researcher, Mexican or not, to have ever studied Urireo. Being an outsider and living in Urireo, I was extremely visible; however at times this worked to my advantage. In general, I had very little difficulty in conducting this binational research. However, my "outsider status" may have contributed to the difficulties I had in conducting focus groups with Urireanos in either place. I had planned in my original proposal to hold focus groups to discuss Urireo's migration patterns, health status and recommendations for improvement. Arranging for a focus group requires that participants be available at the same time and place for at least 90 minutes. Focus groups are tools first used in market research, but

which have proven important to social scientists in order to gain a more in-depth understanding of an issue or elicit recommendations from a particular group (Morgan 1993). Unfortunately, Urireanos were unable or unwilling to commit to sitting down together to participate in a focus group. After four attempts in each site, Wimauma and Urireo, I gave up trying to bring them together for the groups and instead continued to meet with families or individuals one-on-one. There were three people who were more willing to participate in the groups in Wimauma, however, and I asked them their views on why others were not as willing to participate. Their answer was that people are overly busy and that they probably distrust sitting down together and the gossip that might ensue after the group was over. In retrospect, focus groups were probably not the best choice for a community as divided as Urireo. One focus group was conducted with health providers from the community and migrant health center in Ruskin Florida, located beside Wimauma.

Both of these communities have strengths and weaknesses. This study was not conducted to find out if one is “better than the other.” However, the structures of each community are important, from a Critical Medical Anthropology perspective, because they relate to how much or little access people have to health seeking. This is not to say that the structures determine people’s health but rather that they are important to consider in the larger micro-macro- perspective of health in two rural communities. Each section will highlight those features that contribute to health and well-being, as informed through the methods described above. Participants were asked to give their opinions on if they felt people were healthier in the US or Mexico and for what reasons. This data is part of the analysis, as is epidemiologic data from the local clinics in Florida and Guanajuato.

CHAPTER 2 THE PLACES AND PEOPLE: URIREO AND WIMAUMA

Cristina was born in 1981 in Florida to parents from Urireo. The youngest of twelve children, she goes back to Urireo every year to accompany her mother for the Our Father of Health patron saint celebrations, known as *la fiesta de Nuestro Señor de la Salud*, in December through January 6. Her family is one of the first families from Urireo to settle in Wimauma. Now a student at the University of South Florida, Cris is the first person from her family to go this far educationally. But her heart is in Urireo:

Our town is special. It started out as a really poor town. People came here, like my parents, and they had the “American Dream thing” and they eventually brought everyone over here to Wimauma. The person who first came here went back for his uncle, his son and the next thing you know, you have all the families from Urireo throughout the country, in Chicago, West Palm and here. The special thing about my town is the people. We continue to go back on a regular basis to see our family. That’s who we care about and who we identify with. Comparing us to other Mexicans, they are not attached to their towns like we are. Our kids have a passion for the town, they love it. I met people from Urireo who live in Texas, Chicago, we all love it with a passion. We don’t forget about it. I don’t think anyone ever will. Those who are left behind, they have the choice to migrate too. Hopefully Urireo won’t end up alone. A lot of people say they want to go back but I doubt they will ever go permanently. My parents want to be buried there. They have their house there and they have their house here; but their house there is “all alone” (*Tienen sus casas allí and tienen sus casas aquí y son casas solas*).

Separated by a border and thousands of miles, Urireo and Wimauma sometimes seem like they are worlds apart while being ever-present in people’s daily life. Urireo and Wimauma are very different places, with different histories, economies and placement in our ever globalized world, but they share some structural features.



Figure 2-1. Uireo Decorated for the Fiesta of Patron Saint, Asunción, July 2001.

Each community has its own set of institutions, stakeholders, policy-makers and influencers. Key to both communities are the following institutions:

Table 2-1. Key Institutions in Wimauma and Uireo

Institution	Wimauma	Uireo
Church	Catholic: Nuestra Senora de Guadalupe Protestant: Beth El Farmworker Mission, Good Samaritan Mission, Church of God, Iglesia de Dios	Catholic: Parroquia de Uireo
Education	Public Schools: Wimuama Elementary: Cypress Creek Elementary, Eisenhower Middle, East Bay High School Private: RCMA Charter School	Primary School Catholic School Telesecundaria
Government	County Commissioner to Hillsborough County Commission Senator, Congressperson	Delegado or Delegada Municipal President in Salvatierra

Table 2-1. Continued.

Institution	Wimauma	Urireo
Social and Human Services	*County: Hillsborough County Social Services, Hillsborough County Hispanic Liaison	Departamento de Infantes y Familias (DIF), make visits to Urireo, based in Salvatierra
* Denotes that these are not located in Wimauma	Limited: Beth El Farmworker Mission (site for other agencies), Good Samaritan Mission (site for other agencies), Iglesia de Guadalupe (site for Catholic Charities)	
Public Safety	Hillsborough County Sherriff's Office Hillsborough County Fire and Rescue	None
Businesses and Commerce	Mexican owned and operated Non-Mexican owned and operated *South Shore Roundtable	Pharmacies Private doctors Shop Owners Market Vendors

Note: * Denotes that these are not located in Wimauma

Table 2-1 shows that Wimauma, an underdeveloped rural town in Florida, just by virtue of being located in the First World, offers more services and boasts a stronger infrastructure for public safety and education in comparison to Urireo. While both Urireo and Wimauma have institutions such as health and business sectors, the level of collaboration between them in Mexico is far less than that found in Florida. Additionally, Wimauma is more integrated into the surrounding areas of Florida than Urireo is to her Guanajuato neighbors. The vertical and horizontal linkages that happen in the US between institutions and people work completely differently in Urireo, where many of the points of intersection touch on the Church, either through the school or through fiestas as part of business.

Similarities and Differences

Urireo and Wimauma share five qualities. Besides the fact that Urireanos live in both places, these qualities are not at first very visible but they are common across both towns. First, both communities are rural and lack amenities or services that neighboring

communities enjoy. For example, Wimauma has very poor lighting while neighboring Sun City has excellent lighting. Urireo has “*aguas negras*” or open dirty water sewers, while at three kilometers away, Salvatierra has piped sewage. Second, both communities are about the same size, at least according to each country’s Census, which estimates them to be more or less 8000 people each. Third, both communities are viewed as having a negative past and a not-so-great current reputation since both suffered from poverty and violence and their on-going effects. While Urireo suffered greatly during the *Cristiada*, Wimauma, historically 50% African American, was also home to turpentine mills which were known to be abusive to workers in a very segregated and racist South. In both cases, the fact that they are located in rural areas only helped to worsen the situation by creating more isolation for their inhabitants.



Figure 2-2. Aguas Negras or Dirty Waters, Urireo’s Open Sewer Along Calle Hidalgo, Urireo’s Main Road.



Figure 2-3. Entrance to Wimauma, State Road 674, 2002.

Fourth, both Wimauma and Urireo are both economically dependent upon agriculture but rapidly becoming less-so. Wimauma was founded in the 1900s, when the timber industry and large scale agriculture were the driving forces in the area. Urireo is located next to the Rio Lerma, the river which feeds richest area of Guanajuato, known as the Bajío, a major producer of corn and beans in Mexico. In Urireo, the *parcelas*, parcels or plots of land, have been divided and passed on to heirs, with the result that the farmable land for each communal farmer, known as an *ejiditario*, is very small. Mexico has tried several strategies over the years to increase access to land, but the result has been that many *ejiditarios* have plots that are too small to produce a living wage. For this reason, most *ejiditarios* also work for others or in any other kind of work they can find.

As time has passed, housing needs from the Metropolitan Tampa area have crept into agricultural areas to the north and south, including Wimauma. Currently, there are

several large housing developments underway in Wimauma on the very sites where farmworkers used to sow, cultivate and harvest tomatoes, strawberries and spinach.

Last, neither Wimauma nor Urireo has direct political representation. While Wimauma was incorporated in 1925 and had a mayoral city government for a short time, now it is part of unincorporated Hillsborough County and shares one county commissioner from the south county region. Urireo has no mayor, even though the *ejiditarios* elect a *delegado* who is to serve the interests of the *ejido* for the year. This *delegado* tends to speak for the town, even for people who have not elected him or her, because they have no land and are not voting members of the *ejido*. Hence the *delegado* is not directly nor democratically elected to serve the entire town, which means that he or she cannot possibly please all the constituencies. This form of representation is also inadequate because so many *ejiditarios* are in the US that they cannot vote and have to send proxy voters to elections. Meanwhile, since the *delegado* is only one person and there are three communities in Urireo - Urireo, Cóporo and Rancho Los Garcias - there are many issues that need to be addressed, with each area having different priorities.

Structurally, Urireo and Wimauma are small towns, somewhat forgotten by the area around them and characterized as poor. At the same time, each have people who care deeply about them and see them as home. Living in either Wimauma or Urireo is not easy. The very fact that they are rural areas increases their inhabitants' vulnerability to a variety of risks due in part to their lack of political power and a weak infrastructure. This infrastructure has a direct impact on people's quality of life, because it creates other deficiencies, including a lack of transportation, lack of services and a lack of housing.

Economists coined the term “poverty trap” to describe areas like Wimauma and Urireo. Banerjee and Newman (1993: 211) point out that

poverty matters to positive economics because it transforms the way the entire economy works. Arguments for this proposition abound in the development literature. The simplest and most influential is based on the premise that the poor have some behavioral trait that makes them stay poor: poverty is a “trap.” The fraction of nonpoor in the population then determines the potential for wealth accumulation of the economy; countries with fewer poor will grow faster...this argument is somewhat unsatisfying because it is not clear that the evident behavioral differences between the poor and everyone else – the poor save less and are less likely to become entrepreneurs, for example – arise from differences in preferences and abilities or instead from differences in the economic environment.

Banerjee and Newman studied the microeconomics of poor households to determine the dynamics of the poverty trap phenomenon. They conclude that the poor in India act like the poor in America and vice versa (1993: 215). They go on to observe that a poor American would have an income that would be the equivalent of an Indian of middle class or better status, leading them to ask why a poor American would not act more like a middle-class Indian. They conclude with another question, which they go on to answer themselves: “Why does it seem as though *relative* (italics in original), rather than absolute, poverty is what matters?...it may be true that the poor in America have ten times the food as the poor in India, but they also need ten times the food to pay for the monitoring or education required for production” (Banerjee and Newman 1993: 215). Thus, the poverty trap is a cycle in which the poor lack access to enough resources to help jump-start them out of poverty, even though they may have some resources already. Economists have been studying exactly what factors would help to encourage such a jump-start, including access to credit (Banerjee and Newman 1993), better health status (WHO 1999) and nutrition (Galor and Mayer 2002).

On a similar note, the World Health Organization (WHO) argued that “because ill health traps people in poverty, sustained investment in the health of the poor could provide a policy lever for alleviating persistent poverty” (WHO 1999: 396). Healthier people are more productive, and studies have found that the greatest benefit to society is yielded by helping the most vulnerable to be healthier (WHO 1999: 398). While most literature points to the need to focus on child feeding programs for the Third World, this document posits that “there is evidence that adult health depends in part on child health and itself directly influences labor productivity...improved adult health will improve the dependency ratio both by reducing mortality among the economically active and by reducing premature retirement that results from illness (WHO 1999: 399). When none of these interventions occur, however, the poverty trap continues to present the poor with difficult and unattractive options, often relating to choices between migrating or safety, eating or medical care. Galor and Mayer (2002) focus on the poverty trap from the perspective of nutritional deficiency as a causal variable that keeps communities poor, a concept that has relevance for Urireo, as will be discussed in Chapter 4.

This Chapter first focuses on the history and people of Urireo Mexico, followed by a review of Wimauma, Florida.

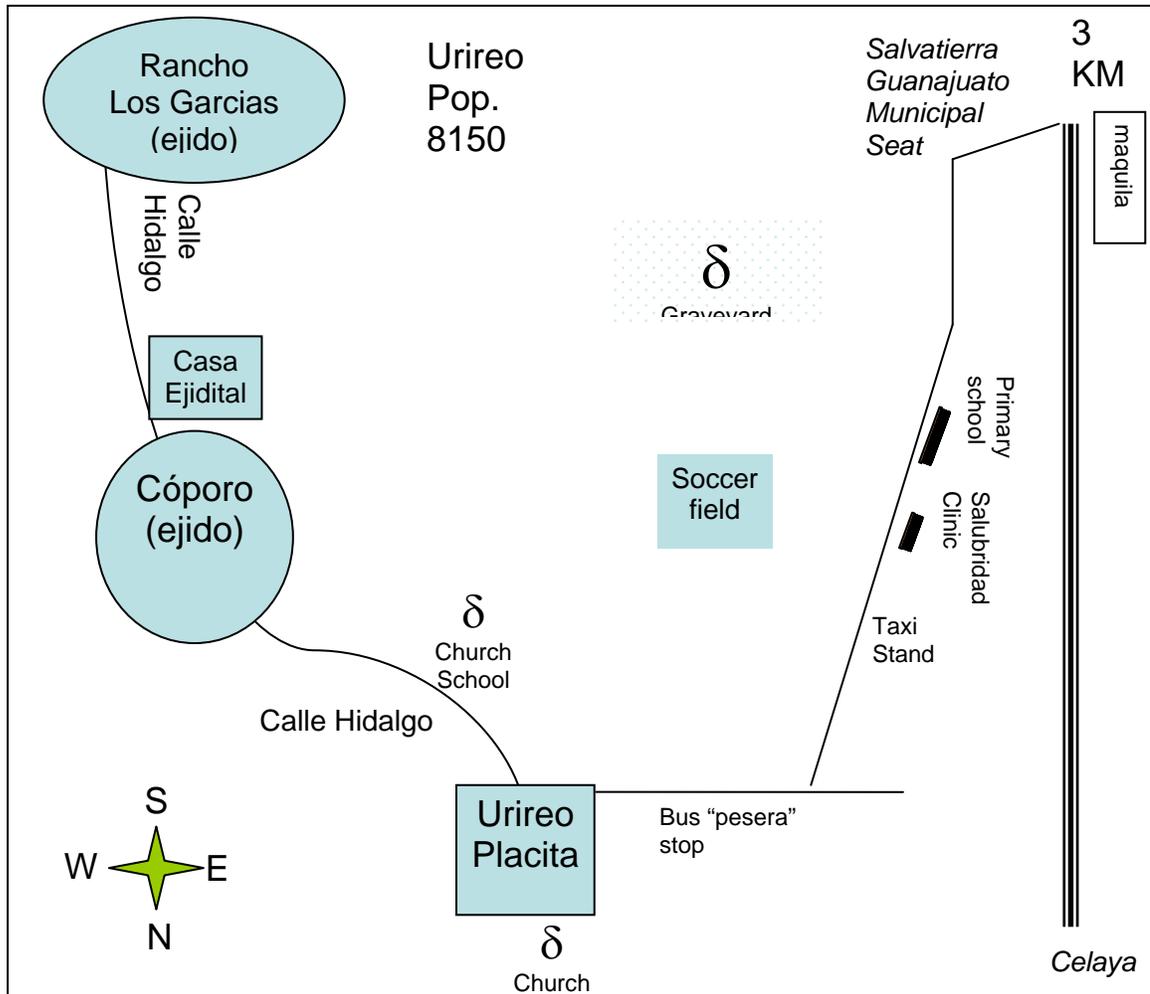


Figure 2-4. Urireo, an *Ejido* that is Comprised of Urireo, Cóporo and Rancho Los Garcias, Illustrated with Institutions Mentioned in Chapter 2.

As depicted in Figure 2-4, Urireo is a composite of three areas, which ascend in altitude along Hidalgo Street, the “mostly paved” but often muddy link between the areas, which altogether measures only about 2 miles. Transportation, clinic services and the public primary school are clustered at the Northeast end of Urireo, which means that those from Cóporo or Rancho Los Garcias have longer walks.

The ethnography of the sending and receiving community allowed me to understand the critical roles that Urireo’s history and structure continue to play in how Urireanos conceptualize their worldview. I was especially interested in how their

worldview, carried with them as they become transnationals in places like Chicago, Wimauma or Decatur, shapes their perceptions of options and ways of characterizing their lives. In this next section, I will pay special attention to the way Urireo's unique history has influenced Urireanos' identity, migration, life and health in both Mexico and the United States.

Urireo de la Asunción, Guanajuato

Enrique Santos looked at me, leaned forward, pushed his hat back and said "Urireo is a pueblo of resistance (*pueblo de resistencia*). If we are not a *pueblo de resistencia*, then why do we look like this?" What he meant was, obviously, the color of their skin and the indigenous look to the people of Urireo, which is markedly different from nearby Salvatierra or even some of the other pueblos. He wondered how it was possible for me not to notice that the Urireanos in Florida were darker than other Mexicans. I explained that we have Mexicans from all over and that there are darker Mexicans, from Oaxaca or even Chiapas. He did not buy it. Instead, he posited to me that Urireo de Asunción was founded by indigenous peoples from other tribes who came to the Bajío, beside the River Lerma, because of its abundant soil and wildlife. I asked Enrique if he thought the people were Purepecha, an indigenous tribe referred to as "lower Aztecs" (Fernandez 2000), as the previous Priest had told his flock. Enrique said, "I don't think so, we look different than them – that priest came from Michoacan, where there are Purepecha, but we are not the same people – we are taller."

Historically, the people in the Bajío have been marginalized and this marginalization seems to have begun at the earliest period of colonization. By about 1550, the Virrey decided that there was nothing of real importance, such as gold and silver there. The Virrey then faced quite a dilemma with Spanish settlers and land

owners, *encomenderos* and *hacendados*, in the area, who had curried favor with the Crown in the hopes of striking it rich, which did not happen.

The exact origin or origins of the people that now live in Urireo, Cópore and Los Garcias remains elusive: after many hours researching this at *the Archivos Generales de La Nación* in Mexico City, I found no clear reference. The local historian from Salvatierra, Vicente Ruiz Arias (1994) did not focus much on Urireo or its antecedents in his four tomes of Municipal History in the local archives. In the brief section on Urireo, Ruiz (1994) states that

Urireo, vocablo purepecha que significa “nariz” a “adelante.” En Nahuatl se pronuncia Yacac, Tlayacac o Tlayacaque del vocablo Teyacancantiuh que significa “ir guiando a otro.” En el siglo XVI se daba ese nombre al indio que servia de guia en los caminos a los curas que salían a administrar los sacramentos.

Urireo, in purepecha, means “nose” “forward.” In Nahuatl it would be pronounced Yacac, Tlayacac o Tlayacaque, in the Teyacancantiuh vocabulary, which would mean “he who guides the other.” In the 16th century, this name was given to the Indian who served as a guide to the priests who would come to pueblos to administer sacraments.

Ruiz (1994), through his research at the National Archives, found that two Indians, Juan Bautista and Juan Miguel, solicited, and received, cattle to form the pueblo from Viceroy Don Lorenzo Suarez de Mendoza, the Count of La Coruña, on July 10, 1580. Ruiz’s (1994) research indicates that Cópore was already in existence by 1580 but that it was not part of Urireo, because he writes that “the community was comprised of purepecha and chichimeca Indians who were found throughout Cerro Prieto, Paracuaro and Cópore.” It was not until 1755, however, that Urireo formally received any real land.

At this time, one *hacendado*, or *hacienda* owner, was granted lands, Don Fernando Lopez Ballesteros. It seems that he had already established a hacienda before obtaining this land grant; however it was officially named and granted in 1755 as the Hacienda Ojo

de Agua or Water Spring, in what is now considered Urireo. Ruiz writes that the Franciscan Order, from the Acambaro Region to the south of Urireo, were in charge of the evangelization of the pueblo, and that Urireo had a hospital from its earliest times, citing a document from 1659 (Ruiz 1994).

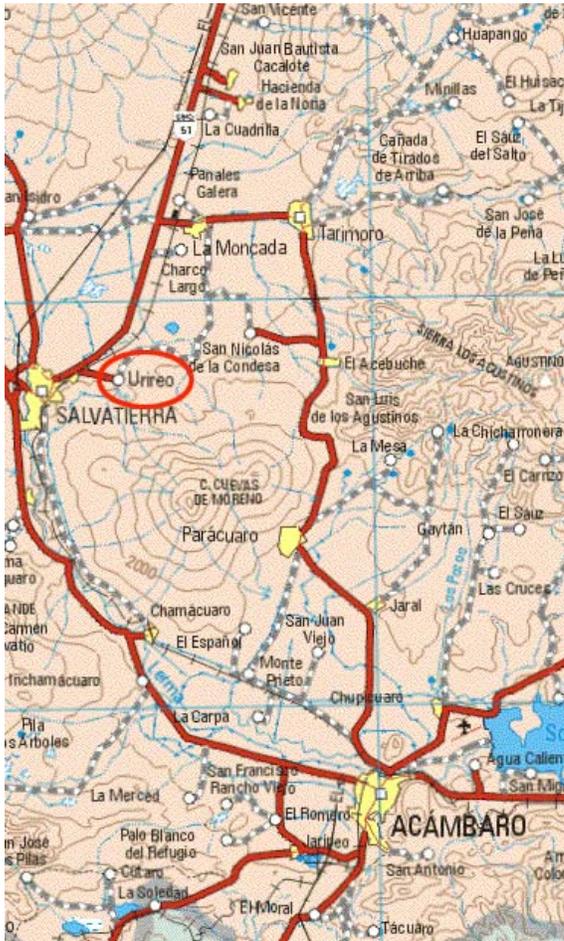


Figure 2-5. Location of Urireo.

Regardless of the exact origins of those who met the Spaniards back in the sixteenth century, the notion that the inhabitants of Urireo were resisting and/or that they were looking to protect themselves seems to be supported in the early documents of the *Archivos Generales de la Nación* (AGN) and in the writings of Ruiz Arias (1994). In many areas of what is now considered the Bajío, there are references to abuse by the hacendados documented by scribes back to the King of Spain. Specifically, I found two

examples during the colonial era in which those in Urireo, subjects of the owner of *Hacienda Ojo de Agua*, Don Fernando Ballesteros, suffered to the extent that the scribe documented abuses (AGN, Tierras). Poor treatment of the indigenous population sparked the Royal Scribe to write letters to the Crown to ask that something be done to assure that the lands and livestock, known as *mercedes*, due to the indigenous be given over. The *hacendados*, namely Ballesteros, had refused to comply with the Crown's order that they be given over a period of more than one hundred years. Wolf documented this same tendency all over Latin America, and noted that interventions were rarely altruistic:

Such Indian leaders and royal officials rallied to the defense of the native communities if they saw their own sources of power and profit threatened by outside interests. At the same time, confronted with an increasing demand for labor by industrial and agricultural entrepreneurs in the face of a decreasing native population, many were persuaded to reduce the level of their zeal as public defenders (Wolf 1982: 146).

Wolf (1955, 1982) and Wagley and Harris (1955) observed that this was common across Latin America and that the net effect was for indigenous populations to adopt a different, peasant, subculture. Wolf argues that, especially during colonial times, communities such as Urireo could not truly unite because there were always shifting loyalties and alliances, sometimes with the viceroyalty and sometimes against them in favor of the *hacendados* (1982: 148). This situation was particularly true for Urireo since there was a constant set of conflicts between *hacendados*, viceroys, indigenous leaders and the Church. Apparently, there was also conflict between the Carmelite and Franciscan priests who viewed the situation in Urireo very differently. This may be partly explain why Urireo was given to one and then another municipality to govern. During colonization, Urireo first belonged to the municipality of Michoacan and then to Salvatierra. Apparently, neither local government took much interest in the pueblo.

At around the same time, the Church, namely the Carmelites or *Carmelitas Descalzos*, became active in Urireo and took the side of the *hacendados* against the indigenous and mestizos of Urireo, which resulted in a further lack of power for the peasants from the beginning.¹ The notion that the Carmelites were now operating against the Franciscans shows that the Catholic Church also played a significant role in the unrest of the area. Besides friction between the Church and the Crown, Spain's system of imperial extraction and tributes helped to set the stage for how rural and indigenous communities worked and how obligations got met:

From the perspective of the larger Hispanic colonial order, the Indian communities did not constitute its primary foundations but rather its secondary, lateral supports. The center of the order consisted of the mining economy and the activities that supplied it. The Indian communities, in turn, acted as reservoirs of labor and as sources of cheap agricultural and craft products. Where the Indians had to pay tribute in money, they had to hire themselves out for wages or produce for a market. Alternatively, they worked off tribute obligations through payments in kind (Wolf 1982: 149).

According to documents from the National Archives (Tierras 36342, Exp. 8, pp 1-25), the owner of *Hacienda Ojo de Agua*, Don Fernando Lopez Ballesteros, conspired with the Carmelites against the Franciscan priests, who were pressuring him to honor his commitments to the indigenous population by ceasing to charge them *Mercedes* and to give indigenous peoples lands that had been granted to them by the Crown. The title to his land, held by the royal scribe, Juan Jose Prosiqie de Zarazua, was a point of contention in these documents. The Scribe also went against Ballesteros in opposing his misuse of Indians. In 1747, Scribe Prosiqie de Zarazua wrote a thirty page document

¹ The parallel to the Cristiada is impressive, because, later, the Church took the side of the landowners again, but went further in advocating violence against that those in favor of agrarian reform.

outlining Ballesteros' refusal to cease charging Indians illegal *Mercedes*, extracting labor and violating the law. It was not until 1777 that this issue was finally resolved, with several but not all Indians receiving cattle and lands.

Over time, land continued to loom as the number one concern for Uribeo's indigenous and mestizo residents alike. Land continued to be held in the hands of the few original families that received land grants from Spain during the colonial period. Thus, power was exclusively held over centuries. Those with the power were religious and particularly protective over what they viewed as "Spanish." Octavio Paz argues that in its origin, Mexico is conservative (1961). Paz argued in *the Labyrinth of Solitude* that the movement towards agrarian reform and Zapatismo in particular was not at all liberal in its origin, rather, it was conservative, a turning back, a call for the return of land, the *ejido* system, which, he argued, was respected by the Spaniards (Paz 1961:341). In this way, the Mexican Revolution was able to draw support for change, but this change represented a return to past values.

In order to understand the particular flavor of Guanajuato and Central Mexico, it is critical to first understand its particular history. As absolute ruler of Mexico for 35 years, Porfirio Díaz served as president from 1876-80 and as dictator from 1884-1911, a time period referred to as the Porfiriato. Díaz, like Benito Juárez, his one-time ally turned enemy, was an Indian from Oaxaca. Under the Porfiriato, everything from gender roles to work were defined by the regime; women were to be submissive, stay at home, taking care of children while men worked and operated in the public sphere. For this reason, many social scientists find that the Porfiriato is still important to the cultural fabric of Mexico, especially as pertains to genderized work in a global economy (Finkler

1994). Economically speaking, Mexico became more open to modernization and foreign investment under Diaz' long rule. Konrad (1995: 24) states that the "Porfirian strategy was a success insofar as it resulted in the expansion and diversification of the Mexican economy and the building of infrastructures for an export-oriented industrial nation." Now, almost 100 years later, Mexico has rediscovered these same strategies, but the circumstances and links between economics, domestic politics and foreign relations is considerably different.

Beyond the Mexican Revolution: Braceros and Maquilas

In 1823, the United States issued the Monroe Doctrine which warned Europe against the recolonization of the newly independent Spanish American republics. Meanwhile, during the 1830's, elites worried about the future of the country, and the rise of *caudillos*, self-interested military dictators backed by private armies, was seen. As Smith (2000) and Cockcroft (1996: 94) independently note, by invoking the Monroe Doctrine, the US intervened in Mexico at least eight times before WWII, again strengthening Mexico's foreign policy convictions. A popular Mexican saying attributed to Benito Juárez, Mexico's first president, *¡Pobre Mexico, tan lejos de Dios y tan cerca de los Estados Unidos!* is literally translated as "Poor Mexico, so far from God and so close to the US!" The saying exemplifies the historical perspective of many Mexicans.

The Mexican Revolution ended in 1917, ending the three pronged effort by Zapata and Villa (radical), Carranza (moderate) and Obregon (labor leader). Carranza emerged the big winner, having orchestrated Zapata's assassination and discredited Obregon (Cockcroft 1996: 95). 1917 saw the first Mexican Constitution, widely held as an example of liberal idealism.

By the 1930s, the world faced a deep recession, the US and Mexico again clashed when the US deported Mexican agricultural workers, citing them as the cause of underemployment of nationals (Cockcroft 1996: 94). In the WWII economy, however, the US again needed agricultural workers and initiated the Bracero Program in 1942. Bracero was a binational program which recruited Mexican nationals to work in US agriculture as temporary contract workers (Bean et al. 1998: 7, Thomas-Lycklama and Niejeholt 1980).

In 1964, when the post WWII boom economy was ever expanding, the US unilaterally discontinued Bracero, but Mexican migration to work in US agriculture continued (Bean et al. 1998: 7). With the ending of Bracero, Mexico looked for other models for economic revitalization strategies (South 1990). They found one in Asia, particularly Japan and Taiwan. Asia's growing economy, based on foreign-built factories in specially defined free trade zones, allowed foreign companies to employ Asians to produce or assemble goods for an export economy. In 1965, the Mexican Government initiated the *Programa de Industrialización de la Frontera Norte de Mexico*/Border Industrialization Program (BIP) which established limited free trade zones on the Mexico-US border (South 1990; LaBotz 1993). The Mexican version of these factories became known as *maquiladoras* or *maquilas*, defined as "assembly manufacturers in Mexico whose production is primarily destined for export markets" (South 1990: 549).

By 1966, regulations and policies were formed to attract foreign companies to build assembly plants modeled after the successful Asian model. *Maquiladoras* proliferated at the same time as the United States faced the late 1970's - early 1980's recession, which gave US-based companies an additional incentive to seek to lower their

labor costs by crossing the border (South 1990). Cockcroft (1996: 97) describes Mexico's state supported economic miracle from 1940 to 1960: "agricultural production increased 100%, industrial production 120%" through import substitution (ISI).

Between 1960 and 1980, Mexico's import substitution strategies continued to be far reaching, but slowdown was apparent: the government put money into modernizing factories and agriculture while food was subsidized and price controls kept costs down (Cockcroft 1996: 97). NAFTA, or the North American Free Trade Agreement, was begun in 1994 and maquilas proliferated past the border areas to even small towns in states like Guanajuato or Hidalgo.

With the collapse of the Mexican Peso around the same time, Mexico underwent structural adjustment (LaBotz 1995). Lázaro Cárdenas' sacrosanct commitment to social programs for the poorest segments in Mexico was changed in 1995 by President Salinas when he introduced the National Solidarity Program, which further solidified Mexico's resolution toward privatization and structural adjustment under IMF and World Bank policies. This required tinkering with the Mexican Constitution, namely, Article 39, ejido reform. La Botz (1995: 24) documents how this act effectively did away with Article 27, which stated that Mexico owned the lands and provided for communal ownership, ensuring access for all. Around 1994, neoliberal economics begin to more directly drive domestic and foreign policy, subsidies to maize production and the "*tortilla*" are discontinued, causing an increase in costs for food staples (Cockcroft 1996). As a result, NAFTA did not decrease illegal Mexican migration to the US, as Pastor and Fernandez (1998: 197) observed:

the debates on migration might offer a clue to the future of the relationship [between US and Mexico]. The main arena for the debates has always been

Congress. All the fears, hopes and interests of the US that are generated by immigration are collected and sorted by members of Congress...although some of NAFTA's proponents argued that it would reduce migration, they were wrong in the short and medium terms. Until the income gap between the US and Mexico narrows significantly - and under the best of circumstances, that won't happen for decades - the US-Mexican border will function as a powerful magnet. The more the two economies integrate, the more the two societies will combine.

It was 1996 when I first visited Salvatierra, Guanajuato with a friend of mine from a nearby state. His sister, Maria, and her family lived in Salvatierra and operated a store in the main plaza of the town. Maria and her family referred to Salvatierra as "*rancho*," meaning country, which I at first did not quite grasp. After all, Salvatierra is the municipal seat of Salvatierra, Guanajuato. There are paved roads, rolling hills and picturesque churches, whose long history evidenced by many centuries of Carmelite Catholic tradition. I was unsure of the fairness of their assessment. Salvatierra seemed like an older, somewhat past its prime, medium sized town that was a bit stuck in time but not necessarily rural or backward. Little did I know that I would later spend a considerable amount of time in a real rancho or ejido that is only three kilometers from Salvatierra by the name of Urireo.

Although physically close to Salvatierra, Urireo is light years away from it both in terms of culture and tradition. A common remark throughout my research was "Urireo didn't even have a paved road until 2001. Now we have potholes." A Chicago-born son to parents from Urireo occasionally comments to me "My parents are stuck in the 1500's. I don't see how you could live in that place (Urireo)." When it rains, mud fills the streets and even partially paved roads often resemble their pre-paved days most of the time.

Economic and Psychological Impact of Migrant Remittances to Mexico

Guanajuato is a relatively small state located in central Mexico, and is the sixth most populous state in Mexico with 3,982,593 residents in 1990 Census, making up about 5% of the total national population (INEGI, 1995). Today, the population is young, with 40% of them being under 15 years of age and 28% between 15 and 29 (INEGI 1995). While it is hard to gage how many Guanajuatenses are in the US, one key indicator is remittances. Remittances from migrants in the US are second only to oil exports in terms of income to Mexico (Lozano-Ascencio 2002). Guanajuato has recently become the Mexican state that receives the most remittances from US-based migrants, for a total of 9.3% of all remittances to the country (Lozano-Ascencio 2002). Estimates put Guanajuato's share of remittances at \$309 million US every quarter, with \$8.9 billion in remittances being sent back to Mexico annually (Lozano-Ascencio 2002).

I met Araceli on the bus, she was a little shy but I could tell she wanted to ask me something. Araceli's two children were well-behaved but obviously uncomfortable. The bus was overcrowded and we were sitting like sardines as the ancient vehicle strained to get us from Urireo's dirt roads to the paved road leading to Salvatierra. Araceli was on her way to the bank to see if her husband had sent the money he promised. He did not make it back this year because "his papers aren't good" but he wants her and the children to move to Florida instead. She was pretty clear that she did not want to go. She said, "My mother had the same problem 20 years ago with my father." Now, her parents are older and she wants to stay and take care of them. Araceli did not come out and say it but it seemed like her husband does not always send money, or at least, enough money. She did say, almost making it into a question, about three times that "*los hombres andan alli y se les olvidan de sus responsabilidades,*" or "Men go over there and they forget about

their obligations.” I understood. I could not do anything but look at her and tell her I do not know her husband and I do not know what he had been doing in Florida. She did not seem relieved nor happy at this news, only a bit disappointed. I think she suspected that he had another family and she was at the point where she just wanted to know. Her face revealed her dilemma. After a minute, she confided to me that she would rather stay in Mexico and work anywhere, even the Mabé Maquiladora. She said she could not work because her husband would find out and be upset. Her employment would be seen as proof he is not a good provider, which would jeopardize the money he does remit.

Immigrants to the US often speak of their sacrifices in leaving their families, sending money back and not spending it on frivolous items. People in Urireo also talk about their sacrifices in order to help each other gain a better life. Often, families in Urireo related stories of saving up money to be able to finance a young male to cross over to the US and work, so he can remit back.

Exact figures for the percentage of households in Urireo receiving remittances is unknown; in this study, I found that most people did receive something but they did not receive enough. There was discrepancy between reports from those who received in Urireo and those who sent remittances in Wimauma. However, bank transfer data show that one in eight households in the state of Guanajuato receives money from a migrant in the US (Orozco 2005). There is also a psychological effect in the sending and receiving of these remittances. On one hand, the migrant who sends the money is fulfilling a social obligation that he or she made before leaving. After all, the idea is that this person is coming to the US and all are making some sort of sacrifice for the good of the household. At the same time, if the money does not arrive, there is a lack of fulfillment or

compliance. As in Araceli's case, when the money does not arrive or if it does not arrive as it was expected to arrive, questions arise about the migrant, his or her activities and, ultimately, loyalty. In this context, Araceli's sacrifices needed to be matched by her husband's, and one way to do this is through remittances.

US-Mexico migration studies have become increasingly sophisticated over the past 20 years and have benefited from binational collaborations between Mexican and American scholars (Massey and Durand 2004; Massey et al. 1987; Durand 1994; Mines et al. 1997). Theoretical approaches that rely on traditional "push-pull" theories related to Mexico's poor economy pushing workers out at the same time as the US' need for cheap labor pulling Mexicans to work in the US have been replaced by models which take individual motivations and socio-economic resources into account (Wilson 1997, 1998, 2000; Maciel and Herrera Sobek 1998; Gendreau and Gimenez 1998). Migration studies now utilize longitudinal and multi-site data to demonstrate the complexities involved in US-Mexico migration (Wilson 1998, Massey et al. 1987; Durand 1994; Durand and Massey 2004).

The finding that Mexican migration is often a family's temporary survival strategy in which the family and the migrant him/her-self expect to return (Gendreau and Gimenez 1998: 3), which in turn strengthens and transforms the link back to the homeland, proved a key insight that changed migration studies' presumption of the one way flow of people and replaced it with a more circular model (Maciel and Herrera Sobek 1998). Espinoza compared migration from ejidos in municipalities of Salvatierra and Apaseo el Alto and found that "for some, going to work the fields in the US represented the possibility for them to gain resources for production [on their parcels] and

return more or less as successful in order to be able to stay in the community; for others, it was a journey without return. In either case, the migration process never ended” (Espinoza 1996: 4).

Urireo Today

The area of Mexico known as the Bajío is extremely fertile and is a major agricultural producer. The Bajío is the southern region of Guanajuato that borders on the neighboring state of Michoacan. Outside of Salvatierra, the area is extremely rural. Urireo, San Juan and Ballesteros were all parts of haciendas that were divided under agrarian reform in the middle 1900s. Cornfields, cows and parcels of land (*parcelas*) are common, often incongruously beside a maquiladora or a major road, like the one connecting Salvatierra to Urireo (see Figure 2-2). Throughout the region’s history, Salvatierra has been the “capital” of the Bajío while small pueblos like Urireo faced hardship, poverty and desperation directly linked to issues of land reform and access to land. As time went on, descendants of the hacendados tended to live in Salvatierra instead of the haciendas and their wealth somewhat insulated them from the realities of their rural counterparts. As depicted in Figure 2-4, Urireo is actually three smaller entities, Cópore, Urireo and Rancho Los Garcias, with a total population estimated at 8,000 between them. However, since males migrate at a young age and many do not return, the real population is more like 4,300 or so, comprised mainly of women, older returned migrants, who call themselves *Braceros*, and children.

Urireo is closest to the highway, which goes directly to Salvatierra, while Cópore is located about halfway up the *cerro*, or hill, and Rancho Los Garcias (Los Garcias) is at the top of the *cerro*. All three areas function as Urireo and fall under the same *ejido*, electing only one *delegado* per year to make decisions about the areas for that year.

Urireo is short for Urireo de la Asunción. Urireo reportedly means “one who leads by the nose in Purepecha.” More than one woman in Urireo joked that “We really like our fiestas more than anything else!” in reference to the fact that most pueblos only celebrate one saint, while here they celebrate two.

The two fiestas per year mean that most of the year is spent planning for one or the other. The celebration of the town’s patron saint, Nuestra Virgen de la Asunción - since Urireo was originally called Urireo de la Asunción - is on August 15. The second is the celebration of the Nuestro Señor de la Salud, Our Father of Health, equivalent to Jesus, which starts in mid-December and ends January 6. In essence, Urireo celebrates both the female and the male through these two fiestas.

Asunción or a combination of Asunción are common names for both males and females in Urireo (e.g. Asunción, Maria de la Asunción, Jose Asunción). Asunción becomes “Chon” or “Chona” in daily use in Urireo. The name Jesus, in recognition of *Nuestro Señor de la Salud*, is also common, even though most people use the nickname Chui for Jesus.

Work, Fiestas and Migration

In December 2001, I arrived in Urireo at the height of celebration of the Nuestro Señor de la Salud fiesta, which culminated on January 6, 2002. Streamers filled the streets, people milled around everywhere. There were highly decorated beds, complete with satin pillows and fine linens, in the street, awaiting the arrival of Nuestro Señor, or Jesus, as pilgrims carried him from house to house. All of this was highly festive and people were in great spirits, even if the recent September 11 attacks meant that there were less returned migrants this year. But what struck me the most were the fireworks. There

were fireworks, called castles or *castillos*, at about every 400 feet. These fireworks were multiple levels, loud and extremely bright. Children as young as five were helping to set off the show, which was conducted within the confines of Urireo's narrow streets, which in some cases were not even wide enough for a car to pass through. As a result, the fireworks seemed dangerous to me, which only seemed to make my Urireano friends laugh and respond, "Yes, that's part of the fun." The whole atmosphere of chaos was augmented by gunpower smoke everywhere, sometimes making it hard to see.

Due to a 50 year trend of out-migration to the US, Urireanos began to immigrate first to Chicago, then California and then Florida (starting around 1982). Most of the year, except during the fiestas, the male-female distribution is decidedly skewed toward the female.

Urireo has very good soil and this area of Guanajuato, the Bajío, is the major producer of corn and beans for the country. As more and more families have migrated to the US, many ejido parcels have been rented out to others and there are serious political and social problems resulting from a poor distribution of good farming land. In general there is a lack of access to arable lands, while many migrants living in the US own parcels they cannot farm and then rent them out.

There are three maquiladoras, or assembly plants, located at the main highway that passes by Urireo. One is Korean owned and two are Mexican. Two are garment and textile producing and one of these is the Mabe, manufacturer of small appliances and refrigerators. Maquiladoras almost exclusively hire females between the ages of 18 and 24 and almost always start them on the 6 PM to 9 AM shift. Hence, young males tend to be under- and un-employed, which poses added difficulties for them in complying with

their socially ascribed roles as providers and heads of households. The net result of these factors is synergistic, culminating in Northern migration.

In August, December and the beginning of January, the town teems with people, returned migrants are reunited with their Mexican families, money is spent in the market and the town comes alive. Many colored streamers line the streets, fireworks are aplenty and food is everywhere. Those who want to celebrate with fireworks or by having pilgrims carry the statue of *Nuestro SeZor* or *la Virgen* to a table in front of their houses pay the church a fee for the honor. Fascinated by the amount of fireworks, I asked families how much they normally spent per night on the fireworks. I estimate that the fireworks alone must cost at least \$500 per night, and each celebration lasts two weeks or 14 days, which means that, all together, Urireo spends at least \$7,000 per fiesta per year, a total of at least \$14,000. At least some of this money comes from remittances sent from migrants in the US.

There is not much consensus in Urireo but people agree on only one thing: they live for these *fiestas*. In fact, mothers who receive remittances from their sons and daughters delight in spending this money on decorations for the street, contributions to the church to make the fiesta as big as possible and of course, on full course meals. Having two major fiestas per year instead of only one has the effect of stimulating the economy not once but twice per year. This also has the effect of depleting household incomes by the same degree twice a year. The effects of this income depletion are far-ranging and affect various aspects of life in Urireo, from nutrition to community development.

However, when there is no *fiesta* to plan for or celebrate, Urireo changes. By that, I mean that the people change. Once the fiestas are over, the migrants go back to the US

and sometimes it takes awhile for them to find work, pay off the coyotes who take them across the border illegally and save enough to send back as remittances. Many Mexican families actually fund the migrant, usually a single male son, on this dangerous journey. Meanwhile, with no remittances, little work available to males and a generally depressed agricultural economy, Mexican families make due without meat and expound on the benefits of eating hand made corn tortillas with hot chile salsa. Families told me often that “this corn is the basis of life, you do not need to eat anything else. Twenty tortillas a day will make you strong!”

The local parochial group published a newsletter in August of 1997 to share Urireo’s history, song and, especially the fiestas. Written primarily by the previous parish priest, who believed that Urireanos were predominantly Purepecha in origin, this document was written to “be an instrument for community dialogue so that we can get back to our customs and traditions that our parents have given us.” The newsletter, given to me by a young woman who is active in the Church, also states the following:

- The fiesta is the “heart of the purepecha culture;”
- At the heart of the *fiesta* is the faith of the community but we also know that the *fiesta* is more than religious, it is also economic, social and familial, recreation and artistic;
- “The dominant, hedonistic-, consumption- and economically- centered culture has introduced damaging and destructive elements into our fiesta;”
- *Los picaros* are special breads baked only during the fiestas, which are meant to welcome people to Urireo. In prehispanic days, the *picaros* were formerly made of corn and were a sign of hospitality. With the arrival of the Spaniards, picaros began being made of wheat flour and colored red to symbolize the fiesta.
- During the *fiesta* in August, a special meal with mole and turkey should be eaten, along with the ancient custom of colored tortillas. In January, the *fiesta* should include goat and colored tortillas as well.

Urireo’s song was written by J. Jesus Rivera Zepeda in 1968, set to the music of another song, “*Música de la Feria de las Flores.*” This song, entitled “Welcome to Urireo” or “*Bienvenidos a Urireo*” has twelve stanzas. There are three aspects of the song that are intriguing: 1. Rivera utilizes the indigenous word “*chiquihites,*” or hand-woven baskets, a word that is used much less today, 2. Rivera mentions the *haciendas* and small towns near Urireo, such as La Moncada and Ojo de Agua, and it is still customary for Urireanos to attend the fiestas of their neighbors, just as he urges these people to sing as one in Urireo; and 3. he mentions the *castillos,* or fireworks, in his song, indicating that this tradition is also at least 30 years old. Below are a few excerpts from the song:

Spanish	English
Invitada es la region A las fiestas de Urireo. Y por vieja tradicion, Hoy nos vamos de paseo.	Everyone in the region is invited To the fiestas in Urireo. And, following our old tradition Today we are going to go for a stroll.
Picaros por toneladas Chiquihites de tortillas. Quesadillas por mantadas Y muchas otras cosillas.	Picaros by the ton Baskets of tortillas. Tons of quesadillas And many other little things.
Alli en la mera placita Dando vueltas las parejas Las cornetas pita y pita Pa’ gusto de las orejas	Right there in the square The couples walk around The coronets sound To the pleasure of the ears.
En la noche la kermes Y el Castillo tan bonito, Sin falta los buscapies Y la quema del torito	At night will be the service And the fireworks so beautiful We will not need small talk And there will be the burning of the bull
Salvatierra y la Moncada Charco Largo y Tarimoro, La Angostura y Ojo de Agua Todos cantamos en coro.	Salvatierra and la Moncada Charco Largo and Tarimoro, La Angostura and Ojo de Agua We will all sing as one.

Some respondents seem to be in agreement with the idea that the long-standing conflicts that began during the Revolution and that continued during the Cristiada over land and the role of the church in discouraging those eligible from gaining ejido lands have shaped Urireo, Cópore and the general region and have encouraged outmigration. People are not united, not even within the same families, and in reality have never been. It has been family against family and it continues today. The only difference is that now, instead of fighting with weapons, it seems like they are fighting with each other by seeing who can put on the best fiesta during either *Nuestro SeZor de la Salud* in December or the *Virgen de la Asunción* in August. Money has become the weapon here and really, the only way to obtain it in large enough quantities is for someone in the household to migrate to the US and remit.

Luisa's husband, Don Alberto, an ejiditario who is active within the ejido and whose father was one of the first delegados, is annoyed by the idea that the young people in Urireo and Cópore, where he lives, do not know their history. He blames their parents, for various reasons. He says that "many parents only instill religion and going to church to their children and they do not worry about history. I say, how can you form an opinion if you do not know history? It's the parents' fault because today we have books and stories." He suggested that there should be a museum or some sort of display for the fiestas to educate the youth, even returned migrants whose parents never told them their history.

It is worth noting that Mexican migration has been going on since at least 1942 but there have been no real attempts to formalize links between sending and receiving communities or even migrants' return visits not linked to fiestas. The draw of tradition,

culture, family and religion come together in the fiestas, which are usually sponsored by the local Catholic Church. The role of fiestas in bringing people together while providing an economic venue to the town is critical to note. However, the idea that small pueblos like Urireo, across Mexico are somehow losing an opportunity to strengthen linkages and relationships with daughter communities in the US is just beginning to gain acceptance.

Espinoza's (1996) study in two municipalities in Guanajuato found similar findings. Migrants scheduled their visits to coincide with patron saint fiestas and often spent large portions of their earnings on the trip and contributions to the fiestas themselves. Her recommendation, which several key informants in Urireo also suggested, was to build on the transnational aspects of the fiestas in order to establish stronger more lasting bonds: "It would be worthwhile to establish some sort of longevity to the transitory moment of the fiesta, like a conservation of languages and different forms of solidarity within the pueblo, even when the families end up staying in the US" (Espinoza 1996: 14).

Over the course of my fieldwork, people, especially women, remarked to me, "In Urireo, we don't worry about spending money" or "*En Urireo, no nos preocupa gastar el dinero.*" But they do worry about spending their money, in reality. They just do not worry about it for the fiestas.

Some people see this as very negative and they are outspoken that Urireo could use that money in other, more tangible ways. Men and women tended to hold differing views of the fiestas and the Church in general. Peña and Frehill (1998: 622) make the point that Mexican women find religion, especially Our Lady of Guadalupe, empowering. They point out that, especially for women, religion is culturally embedded (1998).

Those who most disagree with holding *fiestas* tend to be those ejiditarios who are more traditional, somewhat older but not the oldest. All of those who spoke against the *fiestas* were males. Independently, they opined that the fiestas were money-makers for the Church and that the Church does not have the best interests of the community at heart. They spoke about the sacrifices people made and continue to make in order to send remittances back to Urireo. Some of these remittances, although it would be impossible to calculate what percentage, are spent on fireworks and street decorations to make the fiestas better.

In his classic writings on economy anthropology, Dalton (1969: 73) outlined a situation that describes Urireo today:

I call this situation “cash income growth without development.” The community’s cash income grows somewhat because of its enlarged sales of crops or labor, but those structural changes in economy, technology, and culture necessary for sustained income growth and the integration over time of the local community with the nation, are not forthcoming. During the period when cash income grows while old culture, values and folk-views remain initially unchanged (because literacy, new vocational skills, new lines of production, new technology, are not adopted), some characteristic responses are generated:

1. The use of new cash income for old status prerogatives (bridewealth, potlatch).
2. New conflict situations (land tenure litigation).
3. The undermining of traditional arrangements providing material security through social relationships (cash earning and individualism).

Structurally, this cash income without development plays out very concretely in overlapping areas of under-development of all forms of capital, but especially in human capital terms. Urireo provides no training nor preparation for her inhabitants to live productively in a globalized North America. Educational and job training opportunities are limited to those who can afford a daily commute to Salvatierra, the Municipal Seat, or

other towns that have a secondary or even a vocational school. Like many rural areas of Central Mexico, land tenure continues to play out dramatically and uneasily due to uneven agrarian reform measures.

In Dalton's words, Urireanos utilize remittances in ways that do not contribute toward community development, but rather toward "old status prerogatives." The fact that remittances are used for the two annual fiestas means that Urireanos prioritize status over development. This essentially means that their economic situation is unchanged during the two fiestas, since that money does not go into their, but rather the Church's, pockets. Similarly, while transnationals often send money back to Urireo and build their houses before anything else, this has not translated to community development in any real sense.

Globalization is a term that has found its way into everyday speech in the US (Time 2001). Migration between the US and Mexico happens within the context of globalization in the Post-NAFTA arena and across both countries. There are increasing numbers of mother and daughter communities of Mexicans in the US (Massey et al. 1987). My fieldnotes from January 18, 2002 concluded that "The sad reality that those who leave and make a better material life for themselves and their families on both sides of the border may pay the price in identity and mental or psychic pain that may never fully resolve itself." This realization came as a result of much participant observation with families living in both Urireo and Wimauma.

One young man, a grandchild of a key informant in Wimauma, decided to stay on in Mexico after his family left in January to return to work. This 18 year old was born and raised in Florida and had just graduated from East Bay High School. Like many

other Mexican American youth, Juan enjoys rap music, television, video games, renting videos and generally hanging out. He was not understood by his extended family in Mexico nor the community and soon, he found himself associating with the “less desirable” characters in the town. Juan misunderstood why he was not accepted and not supported. He felt that his Florida-based family should support him both morally and financially so that he could stay in Urireo. He did not work in Urireo and lived off the remittances sent by his mother and grandparents in the US, much to the resentment of his Mexican family and others in the community. There was hurt and mistrust on both sides. Why? In order to understand this situation, it is important to compare Juan to other young men and women in Urireo.

Others his age dream of the day when they can go north, work, send money back to their families, build their houses in Urireo and return as “heroes” to find and marry their boyfriends or girlfriends. There is a complete lack of hope in most of the Mexican youth Juan’s age. Many eighteen year olds are already fathers. Few have gone past the sixth grade, mainly due to economic problems. Urireo now has a private television based “high school,” *telesecundaria*, that has about forty teens. Since Juan already has a high school diploma and he is from the North, his peers share the same confusion as their older counterparts about why in the world Juan would want to live in Urireo instead of Wimauma.

They saw this as a wasted effort on Juan’s part. After all, they felt that he should be focused on making money and being with his family, most of whom live in Florida. Of course, these are the same values that cause many males younger than Juan to migrate in the first place. The difference is that they cannot legally or easily migrate and he can.

In Wimauma, he could make US dollars, he could buy luxuries and could be with his family. Many wish they had legal documents which would allow them to travel as freely between Mexico and the US as Juan or I can. Instead, they realize that they take their lives into their hands when crossing illegally. They see that they have no choice and they accept this. They see Juan as having a choice and not making good use of it.



Figure 2-6. Wimauma-based Urireanos Playing Soccer in Urireo, Summer 2000.



Figure 2-7. Chicago-based Urireanos Playing Soccer in Urireo, Summer 2000.

La Cristiada and Urireo's Unique Past

People in Wimauma and Urireo state simply that the village is “*muy chismoso*” or very gossipy. Even in Wimauma, key informants told me that when they go back to visit, they dislike going to church in Urireo, even though they send money back to the priest occasionally, because people “look you up and down...they’ll talk about you. No, I prefer to go to church in the next town, no one cares there.”

Anthropologists have long noted the importance of social control and leveling in closed peasant communities through witchcraft and fear of societal disapproval (Wolf 1955). Urireo is not technically a closed peasant community of the type that Wolf described back in 1955, nor was it ever, because Urireo has been exporting labor to the US for many decades and has also had interactions other towns, especially the medium sized Salvatierra at three kilometers away. However, Urireo’s social structures tend to resemble those described by Wolf, the need for equilibrium in social relationships and the avoidance of “disruptive phenomena such as economic mobility, abuse of ascribed power or individual conspicuous show of wealth” (Wolf 1955: 460). Migration has had the effect of changing some of these traditions through creation of the exception to the rule. For example, those who stay and never migrate in Urireo face considerably more gossip and social control than those who leave and come back. In fact, it has become an unwritten norm that the returned migrant do just the opposite of what Wolf describes. He or she should display wealth, spend money on the fiestas and become involved in community affairs, even though he or she have not technically lived in the community over the last year or so. Those who stay have primarily been women while those who leave have traditionally been men. Therefore the social control and gossip faced by those still in Urireo takes on a genderized aspect.

With transnationalism and globalization, gossip is not confined to one village or even one country. Rather, it operates in both Wimauma and Urireo simultaneously. News travels fast between Guanajuato and Florida and among Urireo's daughter communities. Despite the fact that Urireo still has no public phone (2005), the networks work so well that social control can be applied from Mexico to Florida to Chicago or even from Chicago to Florida via Mexico. Every story I heard related to this kind of social control had to do with absent males finding out about women working or doing something that was frowned upon. In all cases, the women had to change their behaviors or actions to comply with their husbands' wishes.

Many men told me about their experiences as Braceros in the 1940s and 1950s. With the Bracero program, there was finally an option for the most marginalized to find a solution that did not depend on the government nor the church but rather themselves and their own hard work or "*empeño*" to get ahead. Meanwhile, the on-going problems with *ejido* lands, constant murders of men for coveted lands, including murders by the very *delegados* or *comisariados*, the elected leaders of the *ejidos*, for the very best lands, eroded any kind of trust or hope that men would otherwise have for staying and making their lives in Urireo. Despite the fact that the land of the Bajío is probably the most fertile in all of the state and that there is a somewhat functional irrigation system, the prices for produce are so low that farmers struggle to survive.

If there is one thing that everyone agrees on, it is that Urireo was built from 1950 to the present, by the work of the "*nortehños*," braceros, legal or illegal. More than one respondent reported that up until that point, the best houses were of adobe and brick was barely known. Today, it is easy to tell which houses are of migrants. They are two

stories, usually of a more '*campestre*' or *norteño* style, with gold-trimmed windows with fancy forged steel burglar bars. Although there are many women who prefer to cook in outdoor kitchens made of *tabique* or adobe, most houses have modern gas ranges, even if they are barely used. The façade of the house is either brick or stucco.

Some of the houses are simply vacant, awaiting their owners who are working and living in any of Urireo's daughter communities. These houses are called *casas tristes*, sad houses, or *casas solas*, lonely houses, because they sit vacant. In a real way, these houses are symbolic space, they represent far more than buildings since they are actually a sign of wealth or at the very least of having made it. Even though there might be no one actually living in the house for 9-10 months of the year, they are an everyday reminder and cultural commentary to youth that the responses to their situations are not to be found in Urireo but rather in the US.

Jorge Durand's classic work on Guanajuato-US migration highlighted the popularity of the Bracero Program in Guanajuato and how culturally ingrained migration has become to the daily life of Guanajuatenses, especially those in rural areas (1994). Durand found that 23% of the migrants going to the US were female and 77% were male (1994: 183). Durand examined the push factors of the lack of agrarian reform and the lack of good jobs and found that even when these conditions were met, migration continued. Durand suggested that the more recent migration is motivated by several interrelated needs for work for men that pays better than the newly created maquila jobs for women (1994: 223). Further, Durand argued that this is a household strategy that provides the family with more money, more quickly than they could earn in Mexico but he maintains "this is not a way of life" (1994: 228). Durand painted the picture of the

“rational migrant” who utilizes migration as he sees fit, while adapting to the effects of migration and globalization (1994: 291). In the case of Urireo, the additional push factors of violence, la Cristiada and a lack of community cohesion as a result only strengthen Durand’s analyses.

It's All About the Land - La Revolucion Mexicana and Hope

On January 26, 2002, I was sitting in the Placita of Urireo when the Don Victor asked me what I had found out about Urireo and I told him that I had learned a lot I did not know about the Mexican Revolution and the *Guerra Cristera*. He tipped his hat and said to me, “You wait and see, Mexico will revolt again, we need to get rid of all those in power and bring in new blood that is not corrupt.” Somewhat shocked, I asked him if he doubted President Vicente Fox’s ability to clean up the corruption as he promised. Don Victor replied that it was only the people - “*el pueblo*” - that could clean it up. Over the time I spent in Urireo I realized that this *ejido* was far from content with agrarian reform, which at the time was being reformed again and not in a positive way from the sounds of it. The realities of both the Mexican Revolution and its promise of land as well as the threats embodied by the Cristiada continue to occupy the present day reality of Urireo.

At various points throughout my research, I could hear passages of the famous book, *Los de Abajo* translated as *The Underdogs* (Azuela 1916), echoing in my head. In his book, Azuela depicts how the poorly armed campesino men who were determined to win land and gain a better life (1916: 16). In the heat of battle, Azuela depicts how the poor campesinos, wearing shoes that were falling apart, were so convinced of their cause that whatever they lacked in material they made up for in their steady faith: “Oh, come on, Anastasio don't be cruel; lend me your rifle. Come along, one shot, just one! Manteca and Quail, unarmed, begged for a gun as a boon, imploring permission to fire at least a

shot apiece. "Come out of your holes if you've got any guts!" "Show your faces, you lousy cowards!" (Azuela 1916: 16). As Don Vicente spoke, I could just hear this dialogue and I could feel his frustration, because the promise of the Mexican Revolution is still there but not totally realized.

Azuela's novel explains why the Revolution and the *Cristiada* were so important.

At one point, an opposing soldier defects and tries to sign up with the campesinos, saying

The revolution benefits the poor, the ignorant, all those who have been slaves all their lives, all the un-happy people who do not even suspect they are poor because the rich who stand above them, the rich who rule them, change their sweat and blood and tears into gold. . . (Azuela 1916: 19).

The campesinos eventually shoot, wound and kill the soldiers ran away, winning the war.

With this same level of conviction, today's *ejiditarios* believe in agrarian reform and want it to continue so that their children have a better chance of staying in Mexico and making the country better, but they are also pragmatists. I was fortunate to be able to attend several meetings, including an annual meeting of the *ejiditarios* which was supervised by the regional Agrarian Reform representative. After we were all locked into the *Ejido* Hall, the roll call of *ejiditarios* was taken. Those *ejiditarios* who were working in the US were represented by other members of their families, usually mothers or wives but not always. Disagreement started almost immediately over the land parcels (*parcelas*), parcel boundaries being unclear and in dispute, how the parcels had been transferred, somewhat legally, not legally, unclearly, and who in reality was the owner of the parcel. Heated debate and accusations were mixed with a real attempt by *ejiditarios* and their representatives to refrain from physical violence or accusations that could result in violence later on.

A new *Delegado* was elected peacefully that year in a place that had recently had its first female *Delegada*, whom I had met early on in my research on a visit in 1999. One of my informants sitting beside me at the *ejido* hall confided to me, “I am always glad when the Ministry of Agrarian Reform - *Ministerio de la Reforma Agraria* - sends someone in for our meetings. It helps keep the peace.”

Peace is preferable to Urireo’s violent past. Characterized as a place where “those from above (*ejiditarios*) could not walk past certain houses or get shot,” routine violence happened frequently until at least 1990. The shooters were considered “*Cristeros*” and the victims “*Ejiditarios*.” Now, another decade later, some of these same families have become related through intermarriage of the newer generations. This is a major step forward for Urireo, which has a reputation for violence and killing throughout the local area.

To say that the *Guerra Cristera* is forgotten in this area would be a major falsehood. The parallels between the *Cristiada* and the earliest treatment of the peasants by the hacendados is not hard to see. As I read in the AGN, Urireo’s peasants had grave monetary and human rights disputes with Ballesteros for over 100 years. No wonder that the *Guerra Cristera* was so hard fought in Urireo and that it has a special place in the collective memory of those who can still remember it. During the *Guerra Cristera* the people of Urireo finally decided that it was up to them and them alone to fight for the land and that neither the Church nor the government was going to do it for them. After the Mexican Revolution, the backlash from the Church in the form of the *Guerra Cristera* or the Movement of *Cristeros* (*movimiento de los cristeros*) hit Urireo hard. The priests told their parishioners not to take *ejido* lands and that it was a sin to do so.

Two of the older men report that there was one priest who said that to kill a peasant with his sandals still on was the surest way to get into heaven (“*matar a un campesino con los huaraches puestos era la manera más segura para llegar al cielo*”). Thousands of people died in the *Guerra Cristera*, and one important battle happened in the Cerro del Pelón behind Urireo on the way to Parácuaro.¹ With all this suffering, people were further reminded of the *Guerra Cristera* and problems with land reform for decades afterward, arguably till this day, since some people in Cópore, the bastion of *ejiditarios*, and those of Urireo, more aligned with the Church, continue to differ on the role of the church and state.

Both groups agree that Cópore are the nonbelievers, the protestantes, etc, and Cópore has the heart of the ejido, while Urireo is the believers and the followers of the Church. Those of Urireo see those of Cópore as non-cooperative in community affairs even in the present. Many of those in Cópore, mostly the men, see that those in Urireo only want cooperation for fiestas, church-related things that will not really benefit the pueblo in the same way that paved roads or structural improvements could. The ejido hall is located in Cópore and annual meetings are held there.

The Urireo character is up-front about the place’s violent past. I was able to speak with two of the oldest residents who fought on behalf of the *ejiditarios* against the *Cristeros* back in the 1930s and 1940s. The stories were horrifying and vaguely reflected other accounts of the *Cristiada* (Hernandez 2000). During the *Cristiada*, the *ejiditarios* were not known as such, they were actually known as “*agraristas*” or “*agrarians*” who, according to my then-88 year old former agrarista-fighter, Don Sergio, through his tears:

¹ See below for the account in which Don Sergio remembers having eaten uncooked cactus so that they would not die of thirst.

The Cristeros were tricked by the priests into thinking that giving a little piece of land away was a sin. The priests told people, and we all heard it, that “to kill a ejiditario with his huaraches still on would be a ticket to heaven.” These priests did not have a conscience. We believed and we still believe that the land is for everyone. The poor, it was us who went to ask for land, this land was still owned by the hacendados. These streets you see here today, they weren’t even here...we were poor and we were the majority. This is the exact center of the war, of those who did not want us to have access to the land. But the government (of Mexico), they appreciated us, they gave us arms under Cardenas, and we took them to fight for the land. We were a lot of people, we didn’t have enough guns, we used sticks, rocks, machetes and the Cristeros, well, they all had rifles. I remember they saw an old man, he couldn’t hide fast enough, and they shot him right there. The worst was when we were on the Cerro de Agostinos, the Cristeros killed a few of us and we got stuck up there for two days, they had cannons and were shooting us, we suffered a lot, we picked cactus (nopales) and sucked the juice out of them for water in order to survive. You know, a lot of women cooperated and helped in the fight. They held a lot of meetings in Doña Lencha’s house, my mom, she grabbed a rifle and she went out to defend our rights. I was 14 when I started to fight, I was born in 1914 and throughout this war, the women triumphed, we did not see them but we heard them. We could not go down to Urireo until about 1970 before they would not shoot at us anymore.

The story about eating raw cactus (*nopales*) is probably true, it coincides with the “Year of Hunger” that has been documented by local historians in Guanajuato (Guerrero 1998). Other key informants related similar stories, especially identifying the priest who said “To kill an *ejiditario* with his huaraches still on” would be a ticket to heaven, as Padre Agustin Gonzalez, who organized the Guerra Cristera locally. Key informants linked him to his father, *a hacendado*. Doña Lencha, referenced above by Don Sergio, related the following:

They killed my husband in 1973, just because he had a parcel they wanted. They would kill anyone who had a better parcel. The government gave these parcels to my husband and they gave one to my brother in law. When my brother in law died, my husband had three. Then they killed him. I have one parcel now.

Exactly who “they” is was a matter of secrecy throughout my research. What was not a secret was that the killing went on and on, far after the end of the *Cristiada*. Killing happened mainly over desirable parcels and there were even key informants who told me

that the elected officials (*delegados, vice delegados*) of the ejido would sometimes kill people or have them killed in order to obtain better lands. Another complicating factor to disputes of land was that former *Cristeros* were also *ejiditarios*. Seized hacienda lands were divided and the Mexican government gave out land to those who petitioned it. Some of the petitioners had in fact previously been on the *Cristero* side, which meant that both *Cristeros* and *Ejiditarios* had to elect *Delegados* and representatives under the National Agrarian Reform laws shepherded through under Cardenas' rule.

In reaction to President Calles' reforms that separated Church and State in 1917, the Catholic Church suspended religious services and closed the churches, marking the beginning of the *Guerra Cristera* (Guerrero 1998: 162). This war went on until at least 1929, but that was not the end of the *Cristeros*:

When finally in 1929, Emilio Portes Gil negotiated the arrangements ("arreglos") with the Church and the Church then ordered the *Cristero* bosses to lay down arms, not all of the caudillos in Guanajuato had sympathy to this action and even though they apparently accepted these "arrangements" in reality they kept the war going and occasionally organized guerrillas to appear intermittently for various reasons. We saw them opposing a project by then President Abelardo Rodriguez when he tried to put in place a school based sexuality education class in 1933-34 and again they opposed socialist education and agrarian reform disbursements brought forth by Lazaro Cardenas in the years 1934 to 1938. The cost of this instability were very high, not only in economic or human terms but also in political terms....the brief terms of governors in Guanajuato (as a result of the *Cristeros*) impeded the formulation and initiation of successful development projects for Guanajuato. (Guerrero 1998: 162)

At a very local level, the effects of the *Cristiada* are palpable. Born in 1914, Don Sergio reminded me that in 1935, "the government gave us mules and animals but by 1940, the animals were gone. Remembering all this is painful." The *Guerra Cristera* and land tenure issues are felt today in Urireo as a lack of community cohesion, a lack of trust and an uneven distribution of land and wealth. There are at least three resulting effects from this that affect Urireo, Cópore and Rancho Los Garcias:

1. Migration to the US was readily embraced as a more viable solution to poverty than staying and continuing to fight or be killed for parcels. As Enrique said to me, “if I am a person without a parcel, I know that this one killed my uncle and that one killed my grandfather, well I cannot work with either of them. Your options are very limited (bien limitadas).”
2. Cóporo (and Los Garcias) and Urireo can be divided into liberals, in favor of government, and conservatives, in favor of the Church. Cóporo seems to think it is the fault of the Church that so many people died, while those from the plaza area (Urireo) tend to be more pro-Church and pro-fiestas. Now, while neither group seems to say there is anything bad about being an ejiditario, more than one key informant stated “Cóporo is full of protestantes (non-believers) and only recently have they begun to go to church.”
3. Because of their isolation, those from Cóporo and those from Urireo tended to intermarry within the same small numbers of families. In 2005 it is common for the migrant to return from el Norte to marry a woman from Urireo.

In Mexico, it is said that, “with the Plan of Iguala, the country gained its independence but not its liberty,” meaning that even without Spain as colonizer, the country had to find a free voice that did not include the Church in state affairs (Guerrero 1998: 96). The tension between church and state continues in Urireo and it plays out in many ways, as illustrated above. The fact that the *Cristeros* continued their pro-Church, anti-Ejido campaign until the 1940s, and beyond, means that there are still people who remember the intermittent violence. Perhaps more importantly, these people tell others about it, including me. In this way, the past continues to live on and shape contemporary Urireanos’ worldviews. The next section focuses on the unique historical and geographic characteristics of Wimauma, Florida, now largely Mexican, but historically a Southern town which was 50% African American. While Jim Crow laws legalized segregation in Wimauma, Urireanos in Guanajuato were beginning to set their sights not on Mexico but the United States.

Wimauma: The Place

Local old-timers love to tell the story of the naming of Wimauma. Since most Hillsborough Countians assume it is an “Indian name,” it is even more exciting to find out the odd “truth” about Wimauma. According to Ferrell et al. (1980:51), Wimauma was named by the owners of the area’s only general store, Captain C.H. Davis and his son-in-law D. M. Dowdell, after the Captain’s three daughters Willie, Maud and Mary. He took the first two letters of his eldest’s name (WI), the first three of his middle child’s name (MAU) and the last two letters of his youngest child’s (MA), which results in the odd sounding WIMAUMA, pronounced “Why mama.” The reason that the area had to be named at all was a result of the US Post Master General, who insisted that mail would no longer be delivered to the General Store. So, on October 24, 1902, the Wimauma Post Office was inaugurated. Five years later, the rest of Wimauma was developed around Tiger Lake, now Lake Wimuama, “with the railroad tracks constituting the community’s western boundary” (Maio, Mohlman and Capanna 1999: 135). Efforts to further develop Wimauma have come in spurts and stops.

Wimauma’s first settler is thought to be Pleasant Franklin Stanaland, who moved from Thomasville Georgia to grow citrus in 1875 (Maio, Mohlman and Capanna 1999). Wimauma’s first major structure was a “hand hewn log structure” known as the Fellowship Church, a major landmark in the rural area until 1968 when it burned down.

Historically, Wimauma is more important than first meets the eye. The area has always been highly agricultural, with citrus, lumber, cattle and turpentine mills. Seaboard Airline Railroad, in which Captain Davis was a part owner, expanded to the area shortly thereafter, making it the “major rail shipping point in this part of the country and had the telegraph and telephone connections” (Ferrell et al. 1980: 51). With the

railroad right there, the area took off in a boom that lasted for about twenty years. By 1911, there were two general stores, with Captain Davis' son-in-law Mr. Dowdell, being the major grower in the area. The Florida Naval Stores, Lumber and Cattle Company was a major employer (Maio, Mohlman and Capanna 1999: 135). In 1918, Wimauma was home to 500 people, and the population doubled by 1925 to 1000 inhabitants (Maio, Mohlman and Capanna 1999).

Meanwhile, northerners were interested in finding suitable winter retreats and in 1912, Pastor Zeno Tharp, a Church of God minister, acquired Lake Wimauma and about 70 acres of surrounding land (Ferrell et al. 1980: 51). Today, almost 100 years later, the Church of God has a retreat center, 200 privately owned cottages, several church buildings, an in-ground swimming pool, convention center, parking lot and lake access right in the middle of Wimauma. The Church of God still utilizes these premises only sporadically through the year. In 1922-23, the Ellsberry family set up a sawmill and employed many residents during the slacker agricultural months. County Road 674, the main lifeline through the town today, was built for the sawmill and houses were built along the thoroughfare (Ferrell et al. 1980: 52).

1925 was a good year for Wimauma: business was booming and Wimauma was incorporated into the County charter as Hillsborough County's fourth municipality. In fact, at this time, Wimauma and vicinity were larger than neighboring areas with stores and citrus packinghouse (Ferrell et al. 1980: 52). As part of the charter for Wimauma, there was to be a commission form of government, which consisted of Mayor, Vice-Mayor and Town Clerk. Writing for the Florida Department of State, Bureau of Historic Preservation, Maio, Mohlman and Capanna describe the process as follows:

Until elections could be held, W.B. McKenzie served as mayor pro tem, R.T. Thomas became Vice-Mayor pro tem and F.M. Carlton acted as the City Clerk pro tem. These three people were business leaders in the community. In 1918, Thomas had operated a general store. Just prior to Wimauma's incorporation, Carlton was a notary and McKenzie owned a garage and served as justice of the peace. Representative of the time period, the municipality was given the power to segregate White, Black and even foreign residents into separate wards... Wimauma operated under this charter until 1931 when the revenue and taxation portion was changed. Evidently, Wimauma had been hurt during the stock market crash and there was an attempt to limit the municipality's exposure to the volatile market. (1999: 138)

Tax delinquency may have been a problem for early Wimauma and efforts to establish a tax base were attempted then, as now. Maybe this brought about the fall, or maybe, the collapse of Wimauma's newfound sovereignty. Sometime during the 1930s, the municipality of Wimauma "ceased to function" (Maio, Mohlman and Capanna 1999: 139). The population remained at about 1000 by the end of WWII, with Wimauma now having three White churches, three Black churches, three gas stations, three stores, one physician, one depot and a post office (Maio, Mohlman and Capanna 1999: 138). Citrus and truck farming were the main sources of income for the residents of the area. In 1927, a one-room school was replaced with a two-story brick building, which "kept a strawberry schedule so that the children could help their parents harvest their crops" (Maio, Mohlman and Capanna 1999: 135). Maio, Mohlman and Capanna cite that the African Americans and many Whites worked in agriculture, at the sawmills and in the phosphate industry. This draw meant that Wimauma's African American population was about 50% of all residents. With segregation, however, the black youth had to travel to Tampa to attend high school (Maio, Mohlman and Capanna 1999: 138).

Segregation, slavery and debt peonage have long histories in Hillsborough County, which was an early successor from the Union during the Civil War. Since the 1900s, rural Hillsborough County exploited timber and Wimauma was home to a turpentine mill

(Maio, Mohlman and Capanna 1999: 23). No one wanted to work in the turpentine mills due to low pay and long hours, which meant that there were two ways to get workers: “convict leasing and debt peonage” (Maio, Mohlman and Capanna 1999:23). There were additional abuses of these workers, including inflating the prices at company stores so that workers would remain in debt, unable to leave since debt peonage was allowed until the 1940s (Maio, Mohlman and Capanna 1999: 23). The situation was extremely bad in Wimauma: “In many instances, turpentine operates paid local sheriffs to find “prisoners” and “debtors” to work the forests. Consequently, many innocent individuals were arrested to tap trees or work the turpentine mills” (Maio, Mohlman and Capanna 1999: 23). Blacks disproportionately suffered during this time under the duress of debt peonage, with some evidence that the suffering continues today: “debt peonage remained a central element of the black farmworker experience up through the 1970s, gradually diminishing in the 1980s and to some degree continuing up until the present” (Rothenberg 1998: 171).

By the 1950s, about 1500 people resided in Wimauma and another 1200 living in the surrounding area, which continued to be about 50% African American. This decade saw some major changes. The packinghouse closed when a series of freezes essentially destroyed the citrus crops, leaving the majority of residents to work for US Phosphoric, the railroad and the sawmills. As Jim Crow laws were abolished, the African American residents went in search of better paying jobs during the 1960s and 1970s. Meanwhile, the citrus industry rebounded and agriculture once more flourished, meaning that Mexican immigrants began to move to the area to work the jobs previously held by the African Americans (Maio, Mohlman and Capanna 1999: 138). Until 1968, the train was

an important part of life and the local economy, because freight and direct passenger service went directly through to New York City. However, as the automobile took over, the railroad gradually lost its strength and closed in 1976 (Maio, Mohlman and Capanna 1999: 138).

By the mid-1970s, it seems that Wimauma became more run-down, home to former sharecroppers, mill workers and small farmers. Work had slowed down, unemployment was up and crime began to increase. The White and Black communities had very limited interaction, with Blacks living in particularly poor conditions. Mexicans began to settle in but continued to live apart in trailer camps. A new project, entitled “Newmauma” was begun by the Wimauma Area Improvement Authority with the goals of improving “many of the substandard houses, especially on the north side, and generally enhance growth and employment in the rural town” (Ferrell et al. 1980: 52). The Newmauma project built a large low-income housing complex which continues to operate at full or near to full capacity. Then, as now, Newmauma Homes only accepts US citizens or legal residents and very few Mexicans have ever resided there.

Farms continued to thrive in this area and immigrants increasingly displaced the blacks as farm laborers, drivers and crews. Writing in 1999, Maio, Mohlman and Capanna state that “between 1979 and 1990, Wimauma grew from nearly 1500 people to 2932, with 8497 living in the greater Wimauma area” (1999: 138). They hint that the change in population is due in part to Mexican immigration.

Key informant Juan Gomez was one of the immigrants to whom Maio, Mohlman and Capanna seem to be referring. In 1980, at the age of 14, he joined his parents in

Wimauma who had already been living in the town for five years. He describes

Wimauma in the following manner:

It's basically a small town, mostly Hispanic. There is a lot of people, Mexicans, Guatemala, el Salvador, I've seen people from Honduras. So it's mostly people from those areas, especially those I come into contact with. There are hardly any Cubans and a few Puerto Ricans. It's also diverse because there are some Anglos and Blacks. It's a poor community, you know but I guess one of the strengths this community has is its people. Because we try to maintain our culture, our identity as much as we can. Eat our foods, do what we like, it's a working community. People come here to work, we come from other countries to work.

Regardless of the ease with which Mexicans and immigrants found work, employment for rural Blacks and Whites continued to remain an elusive goal for the Wimauma Improvement Authority. By the 1990s, this still being the case, Hillsborough County Planning Commission nominated Wimauma to be considered an Empowerment Zone eligible for millions of community improvement dollars under a Clinton-Gore effort to enhance economic opportunity in at-risk communities. Unfortunately, this bid was unsuccessful and Wimauma received the lesser designation of "Champion Community" (Hillsborough County 1995). According to Maio, Mohlman and Capanna (1999: 139):

In 1993, it was accidentally discovered that Wimauma had been a city, but no one remembered it. The question then arose as to what to do with this forgotten municipality. It was finally decided that since the government had ceased to operate for 60 years that the community would remain just that, an unincorporated community.

Wimauma Today

The geography of the area is extremely important. Wimauma is contiguous to the adult lifestyle community of Sun City, Florida, which mushroomed beginning in the 1970s after a successful model of the same name in Arizona, designed by the developer Del Webb. Thousands of retirees move to Sun City every year. Sun City has continued to expand, and offers any class of housing, from simple condominium high rise

apartments to extravagant three story homes. In fact, Wimauma and Sun City share a common exit from Interstate 75, with one side boasting a beautifully landscaped, lighted two-lane road and welcome sign while the other offers one-lane and the pure darkness of rural Florida.

Census data is notorious for reflecting an undercount of immigrant populations. One out of every 3 people in South Hillsborough County (Wimauma/Balm) or 31.7% live in poverty. Families with children under the age of five tend to have the highest rates of poverty, at 45.6% in Wimauma. By contrast, only 9.1% of Hillsborough County's population is at the poverty level (US Census 2005).

Table 2-2. Poverty Status, Wimauma, FL

Families	26.5%
With children under 18	36.4%
With children under 5	45.6%
Individuals	31.7%
18 yrs +	23.3%
Children under 18	44.5%
Hillsborough County	9.1%

Source: US Census, 2000.

Even by these data, a family in Wimuama is five times more likely to be poor. Wimauma is a Census Designated Place, with its own estimates within the borders of the incorporated town. Census data show that there are a total of 4,246 inhabitants in Wimauma, with 3,095 or 73% of the total population self-identifying as Hispanic or Latino. Of the Latinos, the breakdown is as follows:

Table 2-3. Distribution of Latinos in Wimauma

	Number of total population	Percent of total population
Mexican	2,816	66.0%
Puerto Rican	36	0.8%
Cuban	6	0.1%
Other Hispanic	237	6.0%
Total Latinos/Hisp	3095	72.9%

Source: US Census, 2000.

The Other Hispanic group is comprised mainly of Guatemalans, who first began to immigrate to the area around 1985. Many of them are from the area of Huehuetenango, Guatemala and they have a church, *Templo Filadelfia*, that is predominantly Pentecostal and serves as the center of the Guatemalan social network.

The Hillsborough County Planning Commission (1994) estimated that farmworker population would grow from 15,000 in 1995 to 15,900 by the year 2000 in unincorporated Hillsborough County.

Trying to figure out how many farmworkers there are has been of major interest to various constituencies. The following chart compares two studies that attempted to ascertain these figures for the state of Florida:

Table 2-4. Comparison of Migrant versus Seasonal Farmworker Estimates for Florida

Author	Migrant Estimates	Seasonal Estimates
Larson 2000	48%	52%
Arrieta et al. 1998	68%	32%

Larson, through a contract with the National Center for Farmworker Health, conducted an extensive multi-pronged enumeration study for farmworkers and she found the following data (2000). About 48% of all farmworkers in Florida are migrant while 52% are seasonal. Hillsborough County has about 25,333 farmworkers while statewide there are 286,725 (Larson 2000). Larson's enumeration data seem low to local farmworker advocates and service providers; however, her estimates are still much higher than Hillsborough County's.

According to the county's agriculture department, "Hillsborough County Florida is in the top 2% of agricultural counties in the country" (Hillsborough County Government 2005). In Florida, agriculture is second to tourism in terms of income: in Hillsborough county alone, which generated over \$551 million in total annual sales in 2002. Estimates

put agriculture's economic impact within the community was \$1.5 billion in annual sales and generated 19,000 jobs. Citrus is the state's largest crop since it is harvested in 33 of Florida's 67 counties, generating \$6 Billion/yr. (State of Florida 2005).

Arrieta et al. (1998: 2) obtained the Florida sample from the NAWS which covered the period of October 1998 to July 1995. Their goal was to look more closely at state-level statistics and compare these NAWS data to other data sources, namely those from the Migrant Health Program. Arrieta et al. make an important note that speaks to one of the biggest barriers to researching this population: changing definitions of migrant and eligibility criteria (1998:4). For example, the Migrant Health Program, through the migrant health clinics it funds, serves many more people than those who would qualify under the NAWS survey definition (1998: 5). Of the 2726 Florida farmworkers interviewed by the NAWS, 68% were migrant and 32% were seasonal or settled (Arrieta et al. 1998: 15). These workers were predominantly male, 82%, with an average age of 31 years. Migrant workers tended to be younger than the settled, with an average age of 29 and 34 respectively (Arrieta et al. 1998: 26).

This sample primarily used Spanish (83%), followed by English (9%), Creole (6%) and Other (2%). Only 19% of this sample felt that they spoke English well and 14% read it well. Forty two percent of these farmworkers indicated that Florida was their permanent residence while 32% stated Mexico was theirs (Arrieta et al. 1998: 19). Florida's farmworkers during this time frame averaged between 9.3 months of work for seasonal/settled workers and only 7.9 months of work for the migratory workers (Arrieta et al. 1998: 29). Migrant workers spent an average of 6.3 months in Florida as opposed to seasonal workers, who spent about 11.5 months (Arrieta et al. 1998: 36).

Hillsborough County has taken notice of the problems in Wimauma, including the problems with two parks operated under Hillsborough County Parks and Recreation, since there are gang, drug and violent activities on-site since the 1970s (Hillsborough County 1994). Wimauma is now a Census Designated Place, corresponding to the census tract 140.04, which in 2000 was counted as having a population of 7906, a 48.8% increase over the 1990 population of 5314 (US Census 2000).

Despite efforts to develop Wimauma, until recently, very little money has seen its way to this area. Phosphate is still mined in the easternmost boundary of Wimauma in Ft. Lonesome, which is important because 75% of all the country's phosphate comes from Florida (Maio, Mohlman and Capanna 1999: 25). This rural town lacks street lights, reliable transportation system, sewers/plumbing and paved roads, all of which have been top priorities of advocates for years.

Trailers are the predominant form of housing for the poor in this area. As one key informant who arrived in Wimauma at four years of age related:

I grew up in Wimauma on Center Street with my grandmother and grandfather. As a child I don't remember much, when I was about 9 or 10 I started to walk everywhere and was everywhere. I remember that everybody knew everybody...everybody was Mexican, all our neighbors, they were mostly from Tamaulipas and Northern [Mexican] states. My grandfather was a mechanic and there were always people at all hours at our house. I remember that people knew everybody's business. I can't say they looked out for each other. I don't think there was any unity as a matter of fact, that did not mean they were united or on the same page. I haven't seen it change.

I stayed in Wimauma until I was 17, 13 years. The roads got paved, the campo where my mom moved here first was gone. There were houses instead of campo, now people bought their own trailers. The people...I saw more people from the southern part, not as many people from the North of Mexico.

Don Antonio and Doña Maria have twelve children and were one of the first families from Urireo to settle in Wimuama. Doña Maria says she worked "like a mule

(burra)” for over twenty years straight picking fruits and vegetables, even oranges. Now she and her husband run a fruit stand and are enjoying some moderate success, especially since their children also work with them. Doña Maria goes back to Urireo at least four times a year and celebrates both fiestas every year. When her parents were alive in Urireo, she sent them \$100 every month but now, no one is left but her brothers and extended family. She has not seen much change in Wimauma in the twenty six years she has lived there



Figure 2-8. Mexican Dancers at Wimauma’s Annual Mexican Independence Day Celebration.

Really Wimuama is ugly, the streets, the houses are mostly trailers. Some of the older houses are falling down. Even though we are Mexicans, some of us have nice houses. We should clean up the others and help them build houses that are prettier. There should be some kind of help for the poor people here.

Maio, Mohlman and Capanna point out that the number of farms in Hillsborough County may have remained more or less constant at 2700, however, the size of these

farms has decreased by about 120 acres since 1960 (1999: 33). They seem almost prescient when they point out that

the majority of the newcomers to unincorporated Hillsborough County are not farmers or farm laborers. In 1996, farms employed 6861 people, only 1.4 percent of the population. Instead, with the development of the expressways and the growing number of neighborhoods, most people commute to work in Tampa, Lakeland, Orlando or other areas. As much of the county is transformed to provide housing, roads and retail services for its burgeoning population, its historic structures have also been impacted (1999: 33).

Even though Doña Maria hasn't seen it yet, Wimauma is changing rapidly in 2005, as noted by key informant Juan Gomez

The population of Wimauma has changed. There are a few more lights on the street, there are more apartment housing, a lot of camps have gone away. There are less jobs, because of the housing that is coming...especially farmworking jobs, there is more work in construction, about 60-80% more, and women are now working in cleaning houses or taking care of the older people....nurseries...But on the other hand now that we have more people we have more violence, and we have more gangs, they mainly put graffiti everywhere and they like to fight. There is more traffic due to the growth.



Figure 2-9. Promotional Materials for the Entrance to Valencia Lakes, a 1500-home Development on the Corner of Highway 301 and State Road 674, the Outer Limits of Wimauma.

In a 2002 study that included Wimauma, Flocks et al. documented the problems that undocumented and migratory workers face while trying to access either private or public housing. Flocks et al. (2002: 21) found that housing, in general, was scarce and that the federal government is probably less well-equipped than a state-level enterprise to adequately address the constant housing shortages in rural Florida's agricultural communities.

It seems clear that trailers will continue to serve the poor and migrant workers, since housing in the post-2004 hurricane season is booming in Wimauma. There are several housing projects underway in Wimauma right now and there are an estimated 5000 new homes that will be built, along with a SuperWalMart at the dividing line between what is now Wimauma and Sun City. This is the same spot that, until very recently, Mexicans sowed, picked and packed for seasons upon seasons.

For the past ten years or so, the local Catholic Mission, Nuestra Señora de Guadalupe, in Wimauma, has sponsored an annual Mexican Independence Day Parade. In Urireo, this would seem strange. In Urireo, the separation of Church and State means that the Church organizes patron saint fiestas but the *delegado* and the *ejido* organizes the Independence Day festivities. In fact, the *ejiditarios* are still considered those who are less religious. However, Wimauma's Mexican Independence Day Celebration is a huge success for the Church and the Mexican community, drawing upwards of 3000 people for a Sunday afternoon in September, closest to the actual date of September 15.

The parade begins and ends at the Wimauma Civic Center, behind the Wimuama Elementary School. The Wimauma Civic Center was originally built to house Wimauma's local government, which never met. Therefore, it became an unused

building, which in the 1980s became the first site for the *Iglesia Mision de Nuestra Señora de Guadalupe*, Our Lady of Guadalupe Church. Hence, the parade's beginning and ending at the Civic Center is symbolic, marking the cycle of the growth of the Church and the importance the local Mexican congregation give to the first site of the Church. The Mexicans involved in this celebration are chiefly those who have been in the community the longest, those from northern states like Tamaulipas. There are a few from Michoacan and increasingly from Guerrero but Urireanos do not tend to take part in organizing the fiesta in Wimauma, instead they tend to be spectators. Juan Gomez described the following scenario:

The Mexican community is getting more united....Es mas unida...people tend to know each other and they start to trust each other more...people and the churches have begun to work together on programs. The Catholic Church tries to do some programming for the whole community, like the Mexican Parade, which is good.



Figure 2-10. Women at Wimauma Civic Center During a Health Fair.

Similarly, Mexican women in Wimauma take on major roles during the parade by organizing the vendors, teaching the children traditional Mexican dances and generally

organizing the major event. In Urireo, women also play important roles in organizing the fiestas; however, female Urireanos in Wimauma have never taken on similar leadership roles during the Mexican Independence Day celebrations. In order to explain this, it is useful to consider that Urireanas might view their religiosity as both social/public and personal/popular (Peña and Frehill 1998: 633). Since the women most active with *Our Lady of Guadalupe* tend to be from those families that have been in Wimauma the longest, they also tend to be from Tamaulipas, Matamoros. Urireanos do participate with Our Lady of Guadalupe, however, women's participation is more personal/popular than social/public. Ethnographic interviews and participant observation point to two additional possibilities: 1. women lack time, due to being over-employed and 2. women lack transportation to Our Lady of Guadalupe, which is located about 3 miles at a minimum from farmworker camps or USDA housing.

Hometown Associations Between Mexico and Transnational Communities

Bada (2003: 2) documents that Mexican hometown associations or HTAs were begun in the 1950s. These associations, known in Mexico as *clubes de oriundos*, often provide the hometown communities with money to fund public works and social projects (Bada 2003: 2). Both Bada (2003) and Alarcon (2002) make the point that HTAs are a phenomenon of the Mexican immigrants from rural areas who are used to remitting:

most HTAs are associated with communities in rural areas that have lost jobs and population as a result of two decades of economic restructuring in Mexico. Migrants from urban areas in Mexico seem not to create US HTAs to the same degree, because Mexican cities send comparatively fewer immigrants, their émigrés are less cohesive, and urban areas do not experience the same level of underdevelopment as rural communities (Bada 2003: 3).

Interestingly, only five Mexican states have organized a binational matching fund program to take advantage of these remittances, Zacatecas, Jalisco, Guanajuato, Guerrero

and Michoacan (Bada 2003:2). Bada's (2003: 2) research found that the number of Chicago-based HTAs increased from 20 to over 100 between 1994 and 2002, with 80% of these associations coming from Central Mexico, including Guanajuato. HTAs in the Chicago area have raised funds for their work in Mexico through dances, picnics, raffles, beauty pageants and during cultural events throughout the year (Bada 2003: 3).

Alarcon (2000: 23) studied HTAs in the Los Angeles area found that those remitting funds did not trust banks or Mexican postal services and instead tend to send funds through its members as they travel binationally. Alarcon considers the impact of HTAs remittances on the community of origin. HTAs register with local Mexican Consulates across the US, under the *Programa de Atencion a Comunidades Mexicanas en el Extranjero* or PACME (Program for Mexican Communities Abroad) (Alarcon 2000: 5). Bada (2003) relates that several HTAs in the Chicago area have formed a federation of HTAs to collectively raise more money, look for matching funds and reinvest it in local community development projects (2003: 5). Alarcon defines the federation as "a coalition of HTAs from the same state in Mexico that work closely with the Program for Mexican Communities Abroad" (2000: 5). However, some of the local or state governments in Mexico have traditionally distrusted or not worked well with HTAs, such as Jalisco's governor, who over time became convinced that these groups could be helpful (Alarcon 2000: 8).

HTAs come in many shapes and sizes, with some of them being highly organized, affiliated with Mexican and US groups, including non-profit organizations whom have mentored and helped them to become better organized. They have been able to influence

policy in both Mexico and the US, while also helping to reshape how communities view immigrants (Bada 2003: 5).

Bada (2003: 6) concludes that HTAs are a model for transnational community development efforts:

HTA leaders often stress that the ultimate aim of their investments is to eliminate the conditions that originally led them to emigrate. Thus, the HTA model of sustainable development projects, if carried out by democratically governed and accountable voluntary organizations, has great potential for influencing not only the lives of those directly affected but also the developing transnational societies of the Western Hemisphere.

Alarcon (2000) summarizes the issue of HDAs and remittances as stimulus to the local Mexican economies as falling into two camps: optimistic and pessimistic. The optimists tend to view the multiplier effect from the remittances while the pessimists, the dominant school, view remittances as a “form of economic dependency since they are mostly spent on consumption with very little money going into productive investments” (Alarcon 2000: 29).

Created under the Guanajuatenses Abroad program out of the Governor’s Office, the state government has established a series of programs that are aimed at Guanajuatenses living in the US. One program is devoted to establishing “*Casa Guanajuato*” in sister cities through the development of US-based non-profit organizations. These *Casas* would serve as local community organizations that could link directly to the Governor’s office in Guanajuato and the Paisano program in Mexico City. The idea was presented to me in 2002 and a representative from the program, Mr. Gonzalez, traveled from Guanajuato to meet with Guanajuatenses here in Wimauma that same year. At this writing, none of the Guanajuatenses felt that they could help to

establish a *Casa Guanajuato* due to a lack of time and a mistrust of the motives of the government. This is not to say that this concept has not flourished in other areas.

Conclusions

At the beginning of this chapter, I outlined five qualities shared by Wimauma and Urireo. Clearly, these two areas are also dissimilar in many ways, historically, culturally and ethnically. What is remarkable is that Urireanos living in both places have created a new sub-community that has elements of both worlds. They have created structures, like little stores or *puestos* of vegetables, and customs, like *quinceñeras*, that serve to bridge both worlds. This has tremendous consequences for health and identity and these events help people reconnection with each other and to Urireanos in Mexico and elsewhere. They participate in fiestas in both places that help to maintain their identity and tradition..

The history of Urireo is key in understanding migration and the worldview of today's Urireanos, whether they live in Florida or Mexico. The tributary system instituted during colonization in Guanajuato meant that indigenous peoples had to sell their labor in order to pay tributes. In a real sense, migration is a parallel to this system, since migrants have to sell their labor in order to maintain families in Mexico. The poverty of the region, linked in part to unequal distribution of arable land, means that there have always been few other options. Therefore, in Urireo, migration to the US was readily embraced as a more viable solution to poverty than staying and continuing to fight or be killed for parcels. Today, migration has become a rite of passage, which is expected of teen or young adult males. People from Urireo continue to settle in Wimauma because they have social networks that can help them locate work. Farmwork has been a mainstay and a constant source of employment for Urireanos in Wimauma and throughout the US. With the housing boom in Hillsborough County, farmland is being

converted into housing. In the short run, this has helped some males to get better paying construction jobs on the very sites that they used to pick strawberries and cucumbers. However, in the long run, there may be a lack of work for unskilled laborers who do not speak English well. Urireanos, especially newly arrived single males, face hardships on and off the jobsite; however for those who lack basic English skills, the situation is hardest.

Mexican Hometown Associations have been successful in places like California and Illinois and have enabled sending communities to fund desperately needed infrastructure and health programming back in Mexican hometowns. While the model has been met with success elsewhere, Guanajuatenses in this study did not readily embrace the idea when it was presented by the state's representatives from Guanajuato. This is not to say that, in the future, an HTA between Wimauma and Urireo will not develop. It is highly likely that an HTA would be extremely successful if the leadership were to emerge from trusted and respected Urireanos on both sides of the border. The lesson learned from trying to establish a *Casa Guanajuato* from the top down is that Urireanos do not trust this approach. They do care about their community, however. It is highly likely that if a trusted mechanism were to exist, the situation would be completely different.

The following chapter focuses on experiences of migration for those who stay and for those who migrate. How does migration change people's views on gender, work, and health in both communities? This chapter looks at both the changes that have taken place as well as the persistence of traditional gender roles both in Urireo and Wimauma.

CHAPTER 3 EXPERIENCES OF MIGRATION

Speaking in both English and Spanish, one key informant, a health promoter in Wimauma, recalls her first impressions of Wimauma:

I was four. I remember driving, the whole way over here from Matamoros, we were in the back of a truck with my aunt and uncle, mi tia and mis tios and everyone. I remember everyone saying, “*Vamos a Florida y cuando lleguemos a Florida, vamos a trabajar.* We’re going to Florida and when we get there, we’re going to work. When we got here, I saw a trailer painted green, but an ugly green. It was raining, the streets were not paved and there were holes and it was muddy. It wasn’t like a soft ride, it was hard, like boom, boom, boom. So I looked at my grandmother and I said, “This is Florida?” She said, “*Si mi hija this is Florida.*” “Yes, this if Florida.” I saw this as the same as where we came from. The only difference was that we had a trailer here not a house made out of cement like in Mexico. I was disappointed. I couldn’t believe we were actually there. In my mind, I thought that here it would be prettier (*En mi mente, pensaba que aqui iba a ser mas bonito*). I associated Florida *con Flor*, flowers and pretty, and it was not. In my mind, I thought *Flor*, a flower, pretty. The only thing here were Mexicans. They put me in preschool right away – migrant education – and I remember that I cried because my teacher was black and I had never seen a black person in my life and I don’t know why but I was scared.

In December 2004, the Mexican government released an updated guide under the “*Paisano*” program; this time it was a more comprehensive and colorful comic-book, or novela, style entitled “Guide for the Mexican Migrant” (McKinley 2005). McKinley, writing for the New York Times, summarized the US response to this booklet as follows:

the booklet...immediately drew fire in the United States from some members in Congress and from groups that favor tightening immigration laws. These critics called the 31 page publication a how-to manual for illegal aliens, which blatantly encourages people to break US law (McKinley 2005: 5).

While this guide might be new, the concept is not. Since the 1980s Mexico has been trying to warn and equip her natives as they go north in ever increasing numbers. In

the past, this approach had been applauded by US officials as a way to prevent or even combat complex problems such as HIV and drug use once here. Unfortunately, the US' policy regarding Mexico and immigration has not fared well in the post - 9-11 era (US US Department of Homeland Security2004).



Figure 3-1. Cover of the Guide for the Mexican Migrant (2004).

US-Mexican Relations: Changes Since 2001

Changing immigration laws and a newly formed Department of Homeland Security meant that the Immigration and Naturalization Service (INS), historically charged with

“determining who may be admitted to the United States and for enforcing immigration laws,” would no longer exist. This dramatic shift occurred on March 1, 2003, when the INS and 21 other cabinet level agencies were now to pertain to the Department of Homeland Security or DHS (US Department of Homeland Security2004: 144).

The INS’ responsibilities were now divided into two organizations: the Bureau of Customs and Border Protection (CBP), which now focuses on border inspections and the Bureau of Immigration and Customs Enforcement (ICE), which now enforces immigration laws within the US (US Department of Homeland Security2004: 144). Under these two organizations, 1,046,422 aliens were apprehended in 2003, and the vast majority of them, 89% or 931,557, were arrested along the southwest border (US Department of Homeland Security2004: 146). Mexicans account for 92% of all those apprehended, followed by Hondurans, Salvadorans, Guatemalans, Brazilians and Pakistanis in order (US Department of Homeland Security2004: 147).

Under the Homeland Security Act of 2001, several crimes were added to the list that would make an immigrant eligible for deportation. “Just 9 countries accounted for almost 92 percent of all formal removals” with the majority of deportations due to crime being Mexicans, who comprised almost half, or 62,518 criminals out of 137,819 total persons removed in 2003 (US Department of Homeland Security2004: 150). Chief among the crimes for which these persons were deported were: dangerous drugs (39%), immigration (14%) and assault (11%) (US Department of Homeland Security2004: 150).

According to 2003 statistics, of all those Mexicans who were processed and deported, virtually all were working or seeking employment. This finding resonates with

Mexican researchers, who have long held that the push-pull phenomenon is extremely skewed toward the push, and this trend will likely continue:

in the last several decades, neither Mexican job creation nor labor demand in the United States have been able to absorb the large and growing cohorts of Mexican workers....Mexico's massive economic restructuring during the last two decades has cost many workers their jobs. Even the growth of the maquiladora (export-oriented factory) sector along the border, which accounted for a record 1.3 million jobs in 2001, has not been able to provide enough job opportunities to Mexico's growing labor force. (Alba 2004: 3)

Table 3-1. Selected Characteristics of Deported Aliens, Reported by the US Border Patrol, 1997 Through 2003

Activities	1997	1998	1999	2000	2001	2002	2003
Persons Processed by Border Patrol	1,422,829	1,566,984	1,591,969	1,689,195	1,277,576	967,044	946,684
Deportable Aliens	1,412,953	1,555,776	1,579,010	1,676,438	1,266,213	955,310	931,557
Mexican Aliens	1,387,650	1,522,918	1,534,515	1,636,883	1,224,046	917,994	882,012
Working in agriculture	3,521	3,270	1,599	1,330	1,248	1,821	1,908
Working in trades, crafts, industry, service	10,146	6,616	2,383	2,167	2,678	2,897	3,856
Seeking employment	1,279,923	1,398,892	1,422,970	1,525,422	1,107,550	822,161	810,671
Canadian Aliens	2,935	2,329	2,724	2,211	2,539	1,836	1,611
All others	22,368	30,529	41,771	37,344	39,628	35,480	47,934
Smugglers of aliens located	12,523	13,908	15,755	14,406	8,720	8,701	11,128
Aliens located who were smuggled into the US	124,605	174,514	221,522	236,782	112,927	68,192	110,605
<i>% of those deported who were Mexican</i>	<i>98.21%</i>	<i>97.89%</i>	<i>97.18%</i>	<i>97.64%</i>	<i>96.67%</i>	<i>96.09%</i>	<i>94.68%</i>

Source: US Department of Homeland Security, 2004: Table 38: 156.

In 2003, a total of 705,827 immigrants were admitted to the US, with 16.4% of them, 115,864, being Mexican (US Department of Homeland Security 2004: 8). Of all the immigrants granted work visas to the US, only 8,685 of them were brought in under "farming, forestry or fisheries" occupations. Of these persons, 6394 were male and only 2290 were female (US Department of Homeland Security 2004: 27).

Statistics on the percentage of immigrants who cross illegally are impossible to know; however the US Department of Homeland Security found that 23% of those they naturalized had previously been undocumented (2004: 147). According to statistics from the US Border Patrol in the Southwest, 1,138,282 persons were apprehended in 2004, as opposed to 979,101 in 1994 for the same area, however, the numbers fluctuate around one million per year (US Border Patrol 2005). Illegal Mexican immigration continued in 2004 but the estimates of the dead depend upon which country's statistics should be believed (Mexican Foreign Ministry data cited and US Border Patrol data cited). Originally, the US counted only 172 dead while Mexico came up with over twice that number, 373 (Hendricks 2005). The Border Patrol later updated the figure to 267, and arrived at a final count of 330 (US Border Patrol 2005). Most estimates put the death toll at about 300, which is probably still too low (McKinley 2005).

Maybe this discrepancy is not that important – after all, these figures are rather high in any case. Upon calling the Border Patrol to secure data on deaths from 1995 onward, I was informed that the US did not collect border death statistics until 1998 (Gutierrez 2005, personal communication). It might be more significant that the figures from 1998 and beyond are substantially higher than years previous.

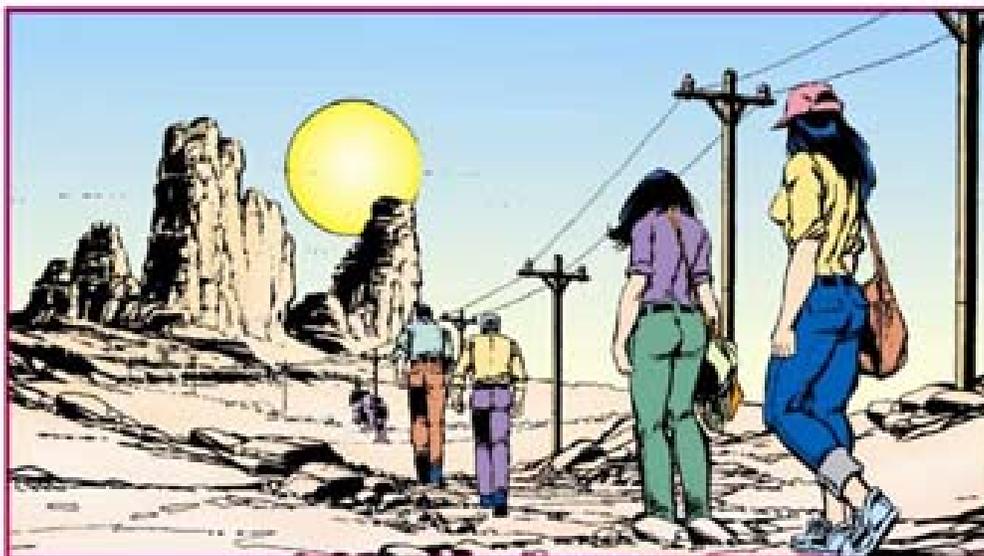


Figure 3-2. Desert Crossing Scene from Guide for the Mexican Migrant, 2004.

According to Border Patrol statistics, most deaths are counted in the Tucson, Arizona sector. Tucson accounted for 45.8% of all deaths between 2001 and 2005, to date (Gutierrez 2005, personal communication). For the period beginning January 1, 2005 and ending on July 14, 2005, the US Border Patrol counted 297 deaths, which is substantially higher than figures for other years (Gutierrez personal communication 2005).

Table 3-2. Comparison of US and Mexican Estimates on Border Deaths, 1995 to 2004

Year	Number Dead US Estimate	Number Dead Mexican Estimate
1995	Not available	61
1996	Not available	87
1997	Not available	129
1998	266	325
1999	250	356
2000	383	491
2001	336	391
2002	320	371
2003	340	431
2004	330	373

Sources: Hendricks 2005; US Border Patrol 2005, personal communication Gutierrez 2005

When I spoke with Don Antonio, one of the first Urireanos to settle in Wimauma, about crossing the border, he smiled characteristically and said “*Pues yo no vine como mojado, sino alambrista*” which means, “I did not come over as a wetback, I came under the fence.” Crossing the border over 100 times, he found that crossing on the Arizona or California side, under the fences or “wires” (*alambrista*) was more feasible than crossing the famous Rio Bravo or Rio Grande. This is common practice with those from Urireo, where the first destination was Chicago until it got too full of immigrants, followed by California, until Proposition 187, which was passed in 1994. Proposition 187 seems to have triggered a mass migration to Florida, specifically Wimauma and West Palm Beach, affectionately known as “Little Urireo” or “*El Pequeño Urireo*.” None of the most recent immigrants from Urireo had crossed via the river. Don Antonio crossed with friends or alone. Times have changed. More recent immigrants state that, unlike Don Antonio, they used *coyotes* or *polleros*, terms for smugglers.

As the data show, migrating is increasingly dangerous. Don Antonio’s sister in law, Luisa, did not want either of her sons to migrate. In fact, she thought that she would make tortillas and send them to school so that they would have a better life there in Urireo. Her approach did not work; the pull of migration was too strong. Both of them now live in Wimauma and one is married with children. Luisa worries even more today than she did before. She was frustrated as she shared her story:

By the time he was ten years old, my oldest wanted to go out and work. I told him, “I am not going to send you out to work like my family did to me. Why would I send you to work when I am out there working to support you? So that you say that we don’t love you? Well, we do love you.” So that they suffer what I suffered? So, of course, he went out and got a job with Juan and he was ready to leave, because Juan goes back and forth between here and Wimauma. But we are very poor, how was he going to get there? He went, he left with Juan. I told him, “I’m not going to let you go”...but his dad finally decided to let him. I never gave

him permission. He left, got caught by the border patrol and ended up right back here. I told him, “now stay.” He left again and I know that he cannot come back.

Luisa related that the person that took her son to Wimauma did not give him food or water on the way, which is something she will always remember. She appreciates her sons’ remittances, when they come, but remarked, “*Hasta la vida se pierde alla*” or “You can lose everything, even your life, over there.”

In both Mexico and the US, migrants are thought of first as working in agriculture, then expanding their skill set to work in other occupations that pay better. Increasingly, recent immigrants work multiple jobs in different sectors, for example, farmwork and construction or washing dishes in restaurants. This study, recognizing the primacy of farmwork in the string of occupations, required that respondents have some prior experience in farmwork. It is important to recognize, however, that the primary identity of the people is that of transnational or “hard worker” and not as either a “migrant” or “farmworker” which are categories used in the US to group together people who share some occupational status. Grieco and Ray (2004: 1) found that, on a national level, “Of the approximately one million employed workers in farming, fishing, and forestry occupations, 0.3 million or 30 percent were from Mexico.” This figure is probably far too low, because, as demonstrated here, it does not include the undocumented workers.

Trabajadoras y Madres: Gender Roles for Urireanas

In her classic Mexican ethnography, Mercedes Gonzalez de la Rocha (1994: 159) observes

The husband is the authority, and the women’s role is to endure him. As a mother and a wife, the woman has to accept her ‘destiny.’ Women’s destiny is to work hard, give birth, work harder, get battered, stand the pain, the shame and the lack of control and power on behalf of her children’s need for a father. This fatalistic ideology is an important component in the permanence of domestic units as they are.

Ethnographies by Menjivar (2000) and Grasmuck and Pessar (1991) demonstrate the importance of the household and structures in analyses of Latin American transnational immigrants, especially from a gender perspective. Menjivar's (2000) analysis lends particular support to the idea that the structure in which immigrants live can impact their sense of agency. For example, Salvadoran women and men utilize their networks and their resources differently, often resulting in women's increased abilities to gain access to resources and maintain a household under extremely harsh conditions (2000). Both Menjivar (2000) and Grasmuck and Pessar (1991) found that Latina immigrants were more empowered in the US and that they suffered far less domestic violence as a result. My findings, presented in Chapter 4, paint a far different picture in which women from Urireo settle into a rural area where they have less dense social networks and face relatively more isolation than they did in their hometown in Mexico, due mostly to geography.

As Gonzalez de la Rocha (1994) and Safa (1995) show, these macro-economic forces have impacted the domestic unit in such a way that strategic measures are required for households to survive. Often, women take on new roles outside the home in response to global forces that favor women's work to that of men. When women begin to work outside the home, they challenge traditional gender roles that view women as working "at home" and taking care of children as their only appropriate roles. In contrast, while women may work outside of the home for wages they also maintain the responsibilities of the home and childcare, the double day or *doble jornada*. In Guanajuato and Wimauma, women have become members of a globalized marketplace where their roles as workers

and mothers have created the double-day or “*doble jornada*” regardless of their physical location at the time.

One key step in demystifying gender in Latin America is the recognition that Latin American society has been and continues to be hierarchical, class-based and exclusionary (Alvarez et al. 1998). For this reason, even though women in Mexico are more integrated into the public sphere than ever, cultural mores about appropriate gender roles continue to place women in the home and males in the fields.

Cebada studied rural women in the northern part of Guanajuato and her findings echo the static nature of assigned gender roles within the context of rural villages:

Our experience shows that an acceleration of economic growth does not necessarily translate into a better quality of life for the entire population, and that on the contrary, it frequently intensifies the inequality and marginalization. Development benefits or hurts women and men in different ways. (Cebada 2001: 3)

The particular situation of women in Urireo is a good case study in how the economic realities continue to place women at odds with their traditional roles and how asymmetrical power relations can be, even binationally. Women in Urireo have a reputation for being hardworkers or *trabajadoras*, beyond Urireo and Salvatierra to places like Celaya, a medium sized town where several women from Urireo go to sell their handmade corn tortillas in the market.

Women like La Rubia, Roberta and Luisa are *tortilleras*, but they are also women who hold different social standings and who are in different roles in their lives. La Rubia is married to Daniel, who has no land so he works day labor either in the US or Mexico wherever and whenever he can. Their daughter, Roberta, has no land either and is a woman who was left or ‘dejada’ by her husband eight years ago. Then there is Luisa, married to an *ejiditario*, a man who works his parcel, in a stable relationship with four

children. As *tortilleras*, they make and sell *tortillas*, usually every day of the week, sometimes with one day (Monday) off. Luisa makes \$40 pesos for each raw mass of corn meal or *bola de masa* that she makes into *tortillas* (about 100 *tortillas*). Women of different social standings, therefore, all participate in the *tortilla* making venture, because the economy is so bad that there are no real sources of family income. Luisa defended her rights as a *tortillera*:

I have always made tortillas so that I can give my children an education, which I did not have. I only got to go to school for one year because my family did not think I was learning anything. I cannot read, I do not know how to write. I say that I'm blind, *ciega*.

As more than one female respondent commented, "Before, our fathers did not let us girls go to school." None of the *tortilleras* had beyond three years of education, yet they were able to earn a living, travel to various markets to sell the *tortillas* and keep an account of how much they were owed, how much they sold and so on.

It was common in my fieldwork for the *tortilleras* to express their frustrations at those who gossip or speak negatively about them. Sometimes it was their under-employed husbands who seemed most threatened by their success in the public sphere. When I suggested to Luisa's husband that this *tortilla* making enterprise could be some kind of cooperative, his comment was harsh: "That will never happen in Urireo. There is no trust here (*no hay confianza aquí*)." At the same time, it is precisely the women who do work, cooperate and get things done.

Women were candid about the ways in which they had to negotiate their work outside the home while appearing to continue to fulfil traditional gender roles so as to not create "gossip" in the community or conflict with their own husbands. They often said that "it is not as bad as it used to be" or remarked that "now it is more acceptable to make

and sell tortillas for other people.” Ever since the Bracero period, women whose husbands left for el Norte would sometimes take in extra work. This was seen by their absent husbands as betrayal on one hand or simply a lack of respect on the other. If a woman would make tortillas for others, it was taken that her husband was not remitting or taking care of his family. This concept, in Spanish “*echando masas ajenas*” or making other people’s *tortillas*, continues to suggest that the males are not able to generate enough money to take care of their responsibilities.

Other activities which continue to be frowned upon by absent husbands include: collecting firewood and selling it; making any type of food and selling it, or asking others for money to help make ends meet. True to the transnational networks that they created, Urireanos “always knew” when their wives did something they did not approve of. Doña Maria, the matriarch of one of the first families from Urireo to settle in Wimauma, related the following story, a theme that was to be repeated over and over:

My husband was in the US, I had small children and I was living with my mother-in-law. You see, the people here in Urireo are very gossipy. Someone called him or wrote him and my husband wrote me telling me not to go out and work, that he found out that I was making and selling tortillas for sale and that it did not look good. So I stopped. We women are very hardworking, we are tortilleras. What could I do? I waited for his money. It was very hard back then.

Cebada’s study on women left behind in Guanajuato found similar findings (2001).

Rural towns in tend to conserve traditional roles, despite heavy migration:

The fact that women have begun to incorporate themselves into migration still has not manifested itself into important changes in relation to gender, family and/or community relations. The experiences of the women in the rural communities we studied shows that their feelings of identity (as women) continues to follow assigned roles that are recognized by the community of origin and it is only in the last five years that a small liberty about personal decisionmaking has formed, as in the case of a few young women who have ‘convinced’ their fathers to continue their studies. But, in general, their identity continues to involve the home, people, age, number of children, one’s position within the family and very little in reference to the market. (Cebada 2001: 15)

This is not to say that women cannot gain respect in the public sphere or from males in the community. It is worth noting at this juncture that women in Urireo have played important roles within the public sphere where they were highly visible. Women were active during and after the Mexican Revolution and I was able to document at least two cases of outspoken women during this timeframe. Don Sergio and Doña Lencha also made it clear that Doña Lencha's mother, Doña Vicenta, was a key figure during the Mexican Revolution and *Guerra Cristera*. Not only did Doña Vicenta gain respect for her abilities with a rifle in battle, her home was the central planning station for the *agraristas*. When anyone asked her if she had seen them, she would always say no and say she had to go to Church. Also, Urireo has now had two female *delegadas*, elected from a majority of *ejiditarios*, to represent the town's interests, one in 1998 and the other in 2000.

The Persistence of Women's and Men's Traditional Roles

Despite some gains by women, the critical finding in this study is that traditional gender roles are well-rooted in Urireo and not prone to change, despite the globalizing influences all around. Traditional gender roles for males in Urireo are also slow to change. Urireo's men have an equally widely known reputation for being violent, first during the Revolution then after the *Cristera* and now during fiestas. The old saying, "If no one dies during the fiesta, it wasn't very good" ("*Si no hay muertos durante la fiesta, no se puso buena*"), is something people would like to leave behind but unfortunately haven't been able to, especially since there were deaths even a few years ago around the fiestas. Although state figures do not exist, family violence is common, as is alcoholism. One 56 year old participant, Chon, related the following story

For some reason, back in the 1960s, some guy came up to me during one of the fiestas and he smacked me and told me I owed him some money. I told him, “I don’t owe you anything” and I took a beer bottle and I smashed it right over his head. In front of everyone. That’s how you have to defend yourself. I had the worst hangover the next day, they took me to the doctor. I had a stomachache and I went six days without being able to eat anything.

Men’s roles as providers are fulfilled when they remit, build their house in Urireo and are able to come back as “heroes” from *el Norte*. Men who do not migrate, like Enrique or Don Vicente the *Vice-Delegado*, have different challenges. These males all share one characteristic: each owns his house. Enrique is the only one of these three who is not an ejiditario but he at least owns a house near the plaza in Urireo. Enrique has some skills that include welding and mechanics, so he has been able to find gainful employment. Don Vicente and others are active in the *ejido*, working the fields and odd jobs to keep food on the table. Partially because of their landownership, they were able to stay, marry and raise their families in Urireo and not in el Norte. Ironically, however, their same houses are not nearly as nice as those built by their migrant counterparts, which they have all helped to construct.

More often than not, women were the ones who were most passionate about wanting a better life, of achieving more, as Irma, whom I first met in Urireo and later interviewed in Wimauma. Like others in her family, Irma and her husband first migrated to Illinois and later to Wimauma. Life has not been easy for her, migrating for years with three children and then moving from Illinois to Wimauma for a “business opportunity.” Now she is running a small Mexican grocery; while in Illinois she worked in a factory. She prefers Illinois and factory work:

People from Urireo in Illinois have a much better quality of life than they do here in Wimauma. I don’t know, I look at Wimauma like it’s all “trailas con cucarchas” or trailers with cockroaches. I simply dislike this lifestyle – I want a better house, better schools and better jobs. They don’t have to live like that but they don’t know

it. I never accepted that lifestyle. I always dreamed of a better life, a better house. It has cost me a lot of tears and work and they don't say anything to me now. I think that even with our problems speaking English, we can get ahead...we can have something better.

Irma went on to say that she had the dream and then she had to fight for her vision constantly:

I had to fight against my husband to show him that we could have something better...my husband has that kind of mentality, accept what you have. I don't think so. It depends on each person's way of thinking. Are you going to decide to be content with what you have or are you going to decide not to live that way? I never liked that lifestyle of being grateful for what you have. Thank God that my parents in Mexico were better off – we never suffered.

The fact that women are rather depressed in Urireo is important to note. Their roles as women put them in a very difficult situation given that their main activities should be being a wife and mother. In actuality, women have to help out financially. The reality is that even those men who have land tend to be under-employed. Women's traditional roles mean that they are primarily defined by being mothers, wives, daughters and caretakers of the private sphere. Males' roles place them in the position of power and also as provider, a role that is harder and harder to fulfil in an economy that is burdened with inflation.

In this context, it was sometimes unclear if the ownership of *ejido* land is more important to a man's identity than the actual working of the land, as *campesinos* or *ejiditarios* who could actually provide money or food from the land. Women therefore need to work inconspicuously or allow their husbands to be heads of households in as many ways as possible, which is a delicate and fragile balance.

Some women, like Luisa, are very strong and have had to stand up for their rights. Luisa said that her parents did not want her to marry her husband, an *ejiditario*. She knew that she had to make some things clear to him, and she told me that women in Urireo should not accept the amount of violence they do. Even with very little formal education, Luisa understood that she would have to conform to traditional gender roles but she wanted to ensure her own well-being too:



Figure 3-3. Two Tortilleras in Urireo Whose Sons Live in Wimauma.

I told my father, I'm going up to the rancho with that man and if it's ok with you, fine, if not, that's fine too. My husband was not happy that my family did not like him, they fought between them because I was from the town and his family is from C6poro, the ejido. He did not say anything to me. If he had hit me I would have left. I told him when we got married that I would get angry (*corajes*) if he were to hit me and that I would also hit him back. I told him "I will not stand for you hitting me. I will make your food and wash your clothes but you will not lay a hand on me."

The conservation of traditional gender roles in Urireo may continue to be important because it allows for the social reproduction of households, which in turn support males' roles as providers. It is the male role as provider that supports the social reproduction of *machismo* and, almost paradoxically, migration as a preferred solution to becoming economically self-sufficient. Even when males are absent, they are still in charge, both as decisionmakers and as providers, as seen above.

Women continue to lack power; however, there are subtle but perceptible changes. According to some of my unmarried and recently married informants, for some women, there may be no real advantage to having a husband in this context, as men drink and cause more problems, generate less than they bring in and often object to women working. Several young girls, between the ages of 14 and 17, told me of their own attempts to migrate alone, something that was not encouraged by their fathers. One told me, “Why would I want to stay here, have children and be alone? I don’t want to end up like my mother, she had too much work and not enough help. I’d rather go north, work and help her, just like my brothers.” On my first visit to Urireo, two fifteen year old girls had attempted to cross but had been deceived by the coyote or smuggler. They were not very talkative. Townspeople gossiped to me that they had been raped but they only admitted that the *coyote* was brutal to them. They told me at that time that this did not deter them from wanting to try again. When I returned in 2001, they were not there.

As young girls decide that they want more control over their lives than traditional gender roles will allow, will this change the traditional roles or will the roles continue as they are? Research points to an expansion of roles, such as the double day, sometimes more independence and sometimes less. What does this mean for transnational women, men and families? What does this do to their children’s identities? Quality of life issues relate to role fulfillment, the next topic to be explored.

Role Loss in Urireo

The more that is known about migration – and the literature continues to grow – the more important it becomes for us to explain how nuanced migration can be. For example, while we understand that monetary considerations make migration attractive to Urireanos, we need to also remember the great sense of human agency these immigrants

possess. The people from Urireo are adaptive, with an incredible ability to shift and bend to survive, even faced with incredible odds. This means that, among other things, migration is a solution – or more correctly -- an adaptation to the problem of poverty and a lack of access to land or the ability to become active in the market economy. Their adaptations or solutions are evidence of human agency, which has carried them from central Mexico to the four corners of the world, including Wimauma, Florida.

I would argue that, well before 2002 when I left Urireo, migration ceased to be an adaptation. Now, it is a rite of passage for young males and, increasingly, young females. Women and other key informants confirmed that young women are not interested in suitors who have not gone North or males who have not shown in some way that they are willing to work and support them. More and more of these women expect to migrate with their husbands instead of staying back and raising the children.

An enterprising 17 year old, Raul was a relative of Wimauma-based informants and he was a great help to me in the beginning of my research. Raul talked to me incessantly about the day when he would finally go to the US. Family members and other neighbors thought I could talk him out of his idealized version of the US and the American Dream. This was simply impossible. We recommended that he go to school at the telesecundaria and finish high school. He listened politely. I watched American TV with him, which he enjoyed and joked about. I could see how he liked what he saw in those programs.

He moved out of his mother's house to "take care of a friend's house" down the block. Soon, he was visible from sun-up to sun-down working, running to and fro in search of supplies and/or tools as he helped out with construction, plumbing or even harvesting jobs. After a month, Raul stopped me in the street to let me know he had a

plan: he was raising money to pay the *coyote*. He was ready to go. Did I know of anyone looking for help in Florida? I told him I did not, which was true. Raul was still there when I left but he arrived in West Palm Beach only two weeks after I returned to Florida. By all accounts, he is working in a nursery and also doing odd jobs. He is successfully remitting money back home. Urireanos in Wimauma joke with me that I should marry him to help him with his citizenship status. I joke back.

Raul is a good example of someone who is smart, hardworking and utterly without hope in a place like Urireo. Raul's father and older brother are alcoholics. Since his family has no *parcelas*, his mother buys corn and makes tortillas for sale, making very little money but enough to put food on the table. Raul told me one time, as I was attempting to persuade him that he should go to school, "What is school going to do for me? I know how to read, I know how to write. What else do I need to know?" At 17, he knew that he had options but the only option he felt was real was also dangerous. That is precisely why he waited so long to migrate. When he finally realized his family and friends were not going to help him out, he took matters into his own hands. Now in West Palm Beach, he is seen as successful, despite the fact that Urireo could benefit from his intelligence, his presence and, potentially, his leadership more than his money.

Raul fulfilled an expectation for a young male to migrate. In his analysis, it was better to migrate than to stay. Since he owns no land and had no access to owning land, he had three options: 1. stay and go to school, receive specialized training and find employment, 2. stay and find steady work, or 3. leave and find work in the US. There is also the consideration of time. If he had stayed, he knew he would still have to fulfill a role as provider and find ways, with his limited skills, to quickly support his

dysfunctional family. This was a long-shot for him, being the only functional person in the family at the time. Earning dollars means he can fulfill a culturally ascribed role while also improving his own chances of achieving a better quality of life. At the same time, Raul loses out on the lifestyle he loves so much back in Urireo, where he is known by all and always in the midst of parties and celebrations.

Role loss, one of the central concepts or predisposing factors contributing to the health and mental health of the Urireanos, is most commonly cited in relation to aging, death or grieving (Ezzy 1993). Fadiman, in *The Spirit Catches You and You Fall Down* (1997), applied the concept to immigrant rural Thai Hmong who adapted to living in small apartments in urban California. Because they were no longer able to cultivate crops and/or seek traditional healers (who needed access to animals and crops they could have grown back home), the family was not able to function in many of the ways they previously had. The culturally informed expectations of the parents for how they could be successful in curing their daughter's epilepsy, combined with the illness itself, created conflicts at multiple levels and resulted in role loss and depression (Fadiman 1997).

Similarly, as Urireanos look to their future and options in obtaining a better quality of life, a lack of access to land and money means that staying will limit their opportunities while migrating appears even more important –The result is a tendency to decide “*Vamos Para El Norte*” or Let's Go to the US.

Unlike Raul, La Rubia's youngest daughter, Elvia, does not want to come to the US. She is afraid that if she does not join her husband in Orlando soon, as he wants her to, that she will face the same plight as her sister Roberta, whose husband left her and their three kids eight years ago. She lives day to day, sells *tortillas* or whatever she can

that day. Her first questions to me echoed the conversation I had had with Araceli months earlier: “Many guys up there find other girls, right?.” I could easily feel her embarrassment. I told her that I knew of one case for sure but that most of the men are hard working. She doubted me. She said her husband works in a wood shop and already cut off part of his finger. She suspects that his lifestyle in Florida includes drinking and finding other women.

Raul and Elvia are both looking for ways to maintain their traditional roles in their community and family. Elvia is worried about losing her role as wife if she were to come to the US and see that her husband has another woman. Understandably, Elvia is also afraid of the unknown, for she is unsure of what exactly she would do once in Florida, whereas in Urireo she understands her life and can count on her mother’s support. Faced with a real concern that he could lose face in Urireo due to his lack of options, Raul made the decision to migrate because he knew that he would not only have more opportunities but also that he would not be judged harshly because at least he tried.

Elvia’s father, Daniel, who had been a former Bracero but got sick and was unable to migrate back to the US, suffers from role loss. Daniel, who had successfully migrated for forty years, wants nothing more than a work permit of some kind so that he could return to Texas. Despite the fact that he was ill and had severe back problems, Daniel continued to work wherever he could find odd jobs but he did not feel that this was enough. As a sole provider, Daniel alone would not have been able to maintain his family. For this reason, his wife and daughters also made, transported and sold tortillas far and wide, thus earning enough to maintain the family.

Daniel, like other returned Braceros, disliked his situation and suffered from depression as a result. Like others his age, he often drank to excess and became known for drinking. His wife and family tried to ignore this and attempted to encourage his dream of migrating again, while they probably knew that this would not happen.

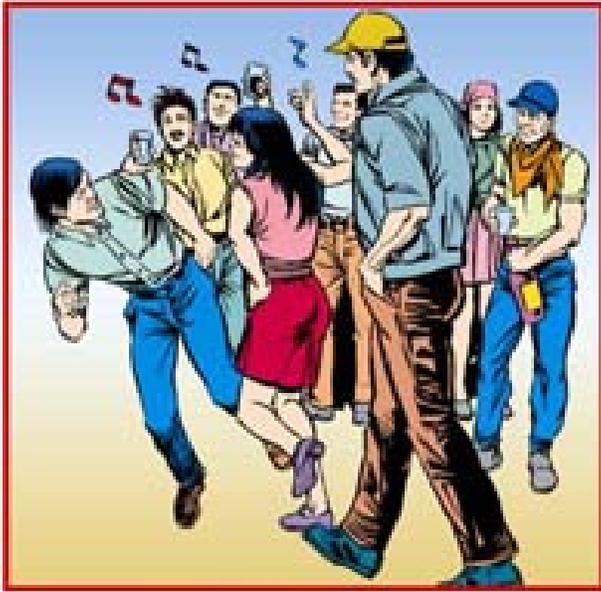


Figure 3-4. Scene Depicting Drinking, from the Guide for the Mexican Migrant, 2004

Role loss also happens in Florida and it is tied to gender, age and place of birth (Wimauma or Urireo). In this study, women in Florida faced role expansion, even if they remained in their traditional roles of taking care of the house and the children.

Wimauma's location in rural Florida means that a person cannot easily take care of daily chores such as grocery shopping or laundry without having the use of a car, since there is no public transportation. For this reason, many Urireas in Wimauma must drive, which puts them light-years away from their female counterparts in Urireo. Women in both places are responsible for the family's health. That means that women must find ways, either through their social networks or by driving themselves, to the local migrant clinic or the doctor's office. Women who are older professed to me their greater fear of

driving and their lack of comfort with the whole enterprise. As Doña Luz stated, “I do not drive. Since my husband died years ago, my children drive me to my two jobs. Thank God they do. I don’t want to!” I suggested that driving was not so difficult but Doña Luz quickly professed her fear to be too great.

Like Doña Maria, who came to Wimauma back in the 1980s, women have moved past their traditional gender roles when needed:

I worked in all the jobs. I worked ten years all year around, cucumbers, tomatoes, chile, strawberry...I even worked for three seasons in oranges. Oranges are heavy. We never worked for outsiders (*nunca trabajamos afuera*). We always worked together, me and my husband, 45 years of marriage and we’re still working together. Now we have a fruit stand. Do you know how much money we had when we started this stand? Only \$60! We bought some squash, some onions, tomatoes and chiles and we started saving our pennies.

Doña Maria is the same woman who said that her husband found out that she had made tortillas for sale and had reprimanded her. Now, she works side by side with him both in the fields and in the fruit stand, something women do not do in Urireo. Doña Maria’s role as provider is now well-established and this model has been passed on to her twelve children, all of whom now live in the US. Nevertheless, Doña Maria does not drive either.

While Urireanos might feel good that they are able to provide for their families in both Florida and Mexico, even if their roles have expanded, they often face other challenges to their role fulfillment. A factor noted by several participants is the discrimination faced by immigrants in Wimauma and south Hillsborough County: “There is a lot of discrimination here. A lot. It is very visible here between the whites and the Latinos. I really don’t like it.”

Some Urireo-born parents view this differently than their US-born children and for good reason: they have different experiences, which shape and are shaped by their

differing worldviews. Parents and older immigrants tend to be less integrated into the larger community because they only go out to conduct their basic daily activities: work, shopping, Church and home. Children, on the other hand, are forced to go to school and mix with people of all cultures and backgrounds. As one teenage informant told me “They call us beaners in school. Because we bring tacos. You feel poor and it’s like you aren’t as good.” Unlike their parents, children do not seem to think they will go back to Urireo to live. Unlike Cris, who knows and loves her parents’ hometown, many of the US-born youth see themselves and their options differently. As immigrants continue to adapt, so do their children, which is in keeping with the seeming contradictory finding that

Yet another way the new immigrant experience seems incommensurable with earlier patterns relates to the cultural ethos today’s immigrants encounter. New immigrants are entering American society at a time when what we might term a “culture of multiculturalism” permeates the public space...it is however, far from clear how the new culture of multiculturalism will affect, if at all, the long term adaptations of immigrants and especially, their children. If we take the heated issue of immigration and language, the data suggest that the new multiculturalism is indeed superficial...immigrant children are likely to learn English rapidly while they lose their mother tongue. (Suarez-Orozco 1998: 11)

This would seem to be supported by the following observations from a key informant who grew up in Wimauma, got pregnant at 16 and sold drugs to survive in

Wimauma:

In high school, the guidance counselors, to the Americans they gave them college prep, and the Mexicans got technical courses. There are limited options for Mexicans. But as there are some opportunities, we Mexicans are the ones that have to be the exception. A lot of people, like my aunt, she does not want to leave Wimauma. You have to find your own way, no one told me. First of all, my parents were not involved in my school at all. I felt at a time that I had no options. When it comes down to it, you have to see that you can stay here for the rest of my life or go do something else. I could have ended up really bad.

People in Wimauma do have less options but people like me and Juan and others that are from the community come back and show them and teach them. I think

young people see that there are more options. If we keep doing what we are doing or something more they will see that there are options. I have to say that I got in and out of trouble, sometimes I thought it was hopeless. I was pregnant at 16, and dropped out of school, it was not the end. I saw that there were people in the community who started out the same way, picking okra with me. I saw that she started out where I was and she made it. I had that role model. I think that if young people see that they see there are options, they open themselves up to take advantage of it.



Figure 3-5. Substandard Trailers Powered by Electrical Cords in a Grower-run Migrant Camp in Wimauma, 1998.

Conclusions

This chapter has focused on diverse experiences of migration from Urireo to the US, with a particular emphasis on how Urireanos experience Wimauma. Their isolation within Wimauma means that they become centered on working and remitting or, on their families, if they have them. Urireanos' identity within Wimauma becomes that of Mexican first, then Guanajuatense, if applicable. Mexico is so vast and the regions are very different, meaning that even if a person is from Guanajuato, it is unlikely that this person will be familiar with the tiny place known as Urireo. Urireanos are only "Urireanos" with those who know Urireo, primarily family members or network members. Early on in my research, I met some women from Salvatierra, Guanajuato, the municipal seat at 3 kilometers from Urireo. One of the women was married to a man

from Urireo. When I remarked that I had met others from Urireo, all of the women began telling stories about Urireo, how “backward” it is and how different it is from their hometown. They mentioned what I have described here: *tortilleras*, a strong gender division of labor and lack of infrastructure. Far from focusing on cultural or social similarities, these women from Guanajuato illustrated how different they were from their neighbors.



Figure 3-6. Woman Resting During Strawberry Harvest.

Urireo continues to foster traditional gender roles which clearly demarcate acceptable male and female roles. Women in Urireo see the contradictions and negotiate their roles with their husbands and, at times, the community itself. Increasingly, younger women see what they do not want to become: women left behind, as described by Cebada (2001) and Salgado de Snyder et al. (1998). Either through their own initiative or through their husbands, they prefer to migrate as well. Migration has ceased to be a household strategy and has become a rite of passage that is necessary for a young man to gain respect and fulfill his traditional role as provider within an area where he has a lack of access to key resources, especially land but also education and job training.

Women who migrate with their husbands to Wimauma face different circumstances and challenges in order to fulfill their traditionally ascribed gender roles, including basic responsibilities such as shopping and taking children to the doctor. In order for women to comply with their traditional roles in Wimauma, their own roles must expand to encompass things like driving a car or working alongside their spouses. These are not things women are supposed to do in Urireo; hence they face role expansion.

This role expansion has several consequences. First, it means that US-born children whose parents are from Urireo have mothers whose roles are different from those born in Urireo. In Wimauma, a traditional mother is someone who drives and who is very different from their grandmothers back in Urireo. In Urireo, grandmothers and mothers tend to continue to cook, clear, make tortillas and take care of loved ones in the home. The consequences of this change are not at first very visible because they are evidenced in the children of immigrants and not the immigrants themselves. Second, as women and children move around within the larger non-Mexican society, they notice discrimination and racism. Discrimination and racism also impact Urireanos' views and sense of role fulfillment.

US-born children of Urireano parents tend to see the world quite differently than their parents, creating conflict and misunderstandings of role expectations. Work and the importance of working and earning money are the major motivators for Urireanos in both places but they are not the only ones. Both in Wimauma and Urireo, it was often the women who pushed for a better life and, they were just as willing as the men to get out there and do whatever it takes. The difference is that in Urireo, women have to be more careful and not upset their husbands' or other males' authority while in Wimauma,

women have more leeway to negotiate their dual roles. Women in Wimauma frequently work in the fields just as hard as the men, side by side, chasing the American Dream. Girls and women in Urireo must rely more on the men in their lives to help them either migrate or support them by sending back remittances. Increasingly, they are more interested in migrating alone or finding their own solutions on their own terms without male involvement, hence they want more self-determination and agency. This change is slow and it coincides with a time when border crossing is more costly and dangerous. Children of immigrant parents in the US continue to face many pressures, including selling and using drugs

Discrimination and isolation exist in Wimauma, as well as other factors that affect health and mental health issues. Mental health, role expansion and gender are central to discussions of well-being and quality of life for Urireanos. The next chapter focuses on the health of people in both Wimauma and Urireo and how health status is viewed on both sides of the border. Given the importance that these respondents give to work and remittance in relation to one's identity, health is hardly an issue. That is, health is not a major issue until someone falls ill and can no longer work, remit and fulfill an established role of provider or good son or daughter.

CHAPTER 4 HEALTH IN TWO COMMUNITIES

Doña Luz was absolutely certain when she told me “People here (Wimauma) live better. It would be the same to me to live there (Mexico) or here. But here you have your money. In Mexico, there is no work. And it costs you money to live.” Doña Luz and her husband worked for fourteen years for Faulkner Farms. Their children also worked with them in Michigan and Florida. When they first migrated to the US, Doña Luz and her husband worked in Texas but Texas did not pay. It was his idea to keep searching for better work, she followed, they settled in Wimauma and had steady work with the Faulkners. Doña Luz’s husband died in a car accident in 1997, when her four children were teenagers or older.

At the age of 57, even though she has several health problems, including asthma, migraines, heart problems and high blood pressure, she still works two jobs. Doña Luz has been done it all. She has worked in chicken processing plants, picked oranges for 14 seasons, cucumbers, strawberries, blueberries, apples and tomatoes. Currently, she works in a nursery in the morning and as a prep cook in a local restaurant in the afternoons. She and her husband regularized their immigration status under IRCA in 1986 and she is one of the very few in the study with health insurance.

Having spent a considerable amount of time in Urireo recently, Cris explained why she thought that people in Wimauma had better health:

Lots of people there in Urireo do not have the money to go to a doctor on a regular basis. Even immunizations, they are better here. You can get prenatal care and see a doctor with no insurance here. Over there you have to have money, over here

the government helps out. Nutrition is not better here because lots of people eat healthier over there. But for the poor families over there, everything is so expensive in Mexico right now – they are eating less. I think there is malnutrition in Urireo. Over here, most people can afford to get food and if not, they can get WIC for your kids. The economics has a lot to do with it – it’s sad but sometimes I’ve seen people not have enough money to buy all the food they need.

Organization of the Chapter

Like Cris, most people from Urireo and Wimauma agree with Doña Luz. After all, everyone knows that money is necessary to survive. However, to focus only on economics would obfuscate the influences that culture, society, gender, and migration have on the complex issue of health. This is not to downplay the large role that economics have on the health of Urireanos in either country. This study highlights Mexico’s ever-worsening economic situation in rural areas. The loss of the tortilla subsidy and a lack of support from Agrarian Reform means that migration from Urireo and other rural towns has become more intense, not less.

This study recognizes that the same economics that push people to migrate are the ones that keep the poor there, since migration takes money and/or capital. Those who are too poor or too old cannot afford to pay the coyote or a sponsor and they stay in Urireo. Contrary to popular beliefs in the US that “migrant workers are the poorest of the poor,” this study found that those who migrate generally have some kind of collateral or capital, even if it is their own human capital, meaning that they will work off the debt upon arrival. When these same people arrive in the US, they are indeed among the poorest in the US, as we have already demonstrated. Respondents in Wimauma were younger than those in Urireo, chiefly because healthier people migrate more easily than older or less healthy people. All of this contributes to the healthy worker effect in farmworker and migrant health studies.

In some instances, people living in Urireo were later interviewed in Wimauma and vice versa. Over the three years since I have lived in Urireo, it has been common for people I met there to spring up here in Wimauma and we have kept in contact. As a result, I have been able to hear firsthand how people experience the changes and how they respond to their new surroundings, including cases of culture shock.

This chapter will first explore US and Mexican health priorities and how health providers and key informants in both countries view health and health status in places like Wimuama or Urireo. Next, I will present findings on health and mental health status from the quantitative and qualitative data collected as part of this study (see Appendix A for instruments). For Urireanos, there was no argument that physical and mental health issues are linked so that if a person was suffering from emotional distress, this was thought to affect their physical health as well. This topic, as well as Urireanos' folk beliefs and the types of health seeking behaviors that result from these beliefs, are discussed third. Fourth, I will discuss gender differences in the perceptions of health and who is healthier. The conclusions will draw together the findings from this review and will answer the research question, along with the sub-questions, posed at the outset of this study:

- How does migration affect traditional roles, responsibilities and expectations, vis a vis gender, age and social class, and how does this affect people's health in both a sending community (Urireo) and a receiving community (Wimuama)?
- How do changing roles affect mental health and health status of both the males and females?
- Whom do Urireanos think is healthier – those in the US or those in Mexico?
- Are the health behaviors of Urireanos in their sending community different than those in the receiving community?

US and Mexican Health Priorities

Both Mexico and the US invest in planning for national health priorities in accordance with known health deficiencies or identified emergent threats. In Mexico, health planning became an integral part of overall development and national prioritization under Vicente Fox's regime (Secretary of Health 2001). In the US, health priorities are put forth through both the Centers for Disease Control and Prevention as well as the Surgeon General's Office (US Department of Health and Human Services 2005). Healthy People 2010 is the federal agency's blueprint for improving the health of the population. Mexico is guided by what is known as the National Health Program 2001-2006 (*Programa Nacional de Salud 2001-2006*), the term that corresponds to President Fox's tenure. Both of these documents frame the following discussion on health and well-being for each country and binationally.

While both countries openly state that the health of their populations is affected by social structures within the nation, Mexico's five year plan precisely attributes Mexican's health problems to uneven development. The plan states that "to improve the health of Mexicans it is necessary to democratize health systems" (Secretary of Health 2001: 17).

The document goes on to state that

The democratization of health implies that we first create the conditions so that all of the population can access the goods and social services that they need, independently of their ability to pay or of access issues where they live. Protecting health can not be considered a commodity, an object of charity or a privilege: it is a human right. Access to health services, therefore, ought to be universal, with a special emphasis on including those groups whose rights have not been plainly recognized previously, such as women, indigenous groups and persons of special needs. (2001: 17-18)

This view of health as a human right is in keeping with Mexico's Constitution of 1917 which guaranteed health and education to her citizens; however, the Plan itself also

acknowledges the country's financial problems that have hindered its ability to realize such high-minded, and expensive, goals. Table 4-1 summarizes each country's health priorities, with only Mexico prioritizing financing as one of the goals.

Table 4-1. US and Mexican National Health Priorities.

Mexico: National Health Program 2001-06 <i>Democratization of health systems to create conditions that will improve health</i>	United States: Public Health Priorities 2005
<ol style="list-style-type: none"> 1. Improve overall health conditions <ul style="list-style-type: none"> • Universal access • Affordability • Improved Health Services Quality 2. Decrease health disparities <ul style="list-style-type: none"> • Especially in regard to infectious disease, nutrition and reproductive health • Infant mortality • Urban and Rural Health Issues 3. Guarantee adequate public and private health services 4. Assure the financing of health programming 5. Strengthen health systems, especially the public health institutions 	<ol style="list-style-type: none"> 1. Disease Prevention <ul style="list-style-type: none"> • Overweight/Obesity • Increased Physical Activity • HIV/AIDS • Tobacco Use • Preventing Birth Defects • Preventing Injury 2. Eliminate Health Disparities 3. Public health preparedness <ul style="list-style-type: none"> • Bioterrorism • Disaster Preparedness 4. Improving health literacy 5. Organ Donation 6. Children and Healthy Choices 7. Bone Health and Osteoporosis

Sources: Secretary of Health, Mexico, Programa Nacional De la Salud 2001-2006 (2001: 96), www.ssa.gob.mx and US Department of Health and Human Services and US Surgeon General, www.surgeongeneral.gov/publichealthpriorities.html

This table speaks clearly to two concurrent themes that are almost symbolic of the US-Mexico relationship: similarities alongside differences. First, the health issues in the US and Mexico are different both in the types of health challenges but also in the focus of each priority. The US focuses on prevention while Mexico focuses on improving access,

affordability, and ultimately, sheer numbers of services. Even though both countries have less healthcare providers in rural areas, the range of healthcare services in places like Urireo in rural Mexico is far more limited. Of the US' priorities for disease prevention, it is important to note that only one, HIV/AIDS, is an infectious disease. By contrast, Mexico is focused on infectious disease elimination before chronic disease. This parallels the First World – Third World health issues in each country, as will be shown in this section.

Mexico prioritizes decreasing not eliminating health disparities. This makes sense in the context of the country's huge percentage of rural populations who suffer inordinate amounts of infectious disease, especially in terms of respiratory disease and parasitic agents that are linked to a lack of environmental health infrastructures such as sewage or potable water. To be sure, there are places in the US without sewage but this is not nearly as frequent as it is on the Mexican side of the border. Ameliorating such a huge problem requires that the country build an infrastructure related to potable water and waste-water capture and treatment. This would be very difficult since these activities have been privatized and are often left to the local powers to tackle. Such decentralization has not been effective to date; however, intervening in a decentralized system would prove additionally difficult.

The second theme is the similarity of some of the goals outlined by both countries. Both countries are experiencing an increase in chronic diseases such as cardiovascular disease, cancer and diabetes. Both countries face the problem of how to help their populations be healthier by changing lifestyle behaviors such as diet, exercise and alcohol/drug use. Changing these behaviors is a topic of substantial interest for

government officials, policy makers and experts in anthropology, psychology, public health, sociology and medicine across the globe.

According to the Mexican Secretary of Health, 52% of all deaths resulted from only five causes: heart disease, diabetes, cancer/malignant tumors, cirrhosis, strokes/cerebrovascular disease (2001: 46). Environmental issues factored into the Secretary's analysis of Mexico's health status, and they provide critical information on the percentages of housing with potable water, sewage/drainage and literacy issues. It is estimated that one of every six years of life lost in Mexico comes from one of these infectious diseases: respiratory infections, diarrhea, tuberculosis and sexually transmitted diseases (Secretary of Health 2001: 40).

Of note, 30.9% of all households in Guanajuato, about the same percentage as in all of Mexico (30.3%) were two or more minimum salary levels, or far below the poverty levels (Secretary of Health 2001: 183).

A central theme in environmental health issues is the lack of clean water and sewage, which disproportionately affects both Wimauma and Urireo, as will be addressed later in the chapter. Natalia, who married when she was in her 30s and now lives with her husband and two children in Wimauma, also felt that people are healthier in Wimauma, but for reasons of hygiene more than anything:

I guess it depends on the illness. Death will find you in either place. All I know is that if I get sick, I'm not going to get cured here. The good thing about here is that there is hardly anyone eating the food from the street vendors. Everything that is sold here is clean. Here we buy it and we clean the food ourselves and we cook it. People here don't sell the food in the streets --- everyone can make it themselves in their own home. That way, there's no dust and dirt. You know, the corn we sold on the street was always covered with mosquitos.

Natalia is right: Urireo has poorer hygiene and high rates of foodborne and waterborne parasites such as giardia, according to Salubridad statistics (2002). This is due, in

large part, to the lack of water and open sewage. Natalia knows firsthand, since she always gets sick in Urireo and never is ill in Wimauma. Her primary physical ailment in Florida is sore feet, from picking cucumbers and strawberries for upwards of eight years. She thinks the pain is from “the cold” since the plants are wet and “reumas” or arthritis can enter you through your feet. To date, Natalia has only been prescribed Tylenol for her pain, which she states does not help her.

In her quote, Natalia gives voice to a sentiment expressed by many others, including Carmen’s husband, who blatantly stated: “If I get sick, I’ll go back to Mexico to get cured.”

Nutrition was a concern for most respondents while health providers in Mexico worried more about malnutrition than anything else. Specifically, the issue of the health consequences of eating canned and prepared food versus fresh food emerged as a theme throughout the binational research. Some people thought that canned foods in the US contained extra vitamins and that they might make people healthier. Like several other people, Carmen thinks that Urireanos who eat canned food in the US are putting themselves at risk:

Do I think that Mexicans in the US are healthier than those here? Yes and No. They eat that canned food over there and here all the food is fresh, from that day. It is not the same. Here we eat everything fresh. It’s just that there are a lot of chemicals in the canned food. It probably causes cancer. It is easier for them to eat that way over there. Either way, vegetables are better for you than meat.

Her husband, who had worked on and off in Wimauma and the southeast, felt differently:

That canned food has to be inspected. That’s a good thing, because it does matter that they check out the food and that it is ok. I think that overall people’s health is better over there because you can eat better, you work and have money .

Like Carmen, Irma just was not sure if people in Wimauma or Urireo were healthier but she decided that it had to do with proper nutrition more than anything else:

People in Mexico eat better than we eat here. They eat more natural foods and here we eat processed foods, canned with chemicals that cause cancer. Yes, definitely the food is healthier over there.

Juana also thought that nutrition was important and she was worried because of a family history of diabetes:

You have to eat healthy to have good health. Mexicans here eat “puro mugrero” or pure garbage. We eat a lot of fat, grease, chile, tortilla and a lot of bread too. If you are not fat there is no problem but if you gain weight, there is just no way to lose it. I say there’s not anyway.

Diet is only one of the lifestyle behaviors that change once people migrate to Wimauma. Like Natalia and Cris, Juana understands that in Urireo people walk everywhere, even to catch a taxi or a van at the plaza. Here, people do not walk, instead they drive, which means that even though they might be working all day in the fields they still do not walk like they used to. Urireanos in Wimauma remarked that they gained weight here while those in Urireo observed that when people come back to visit they are fatter and when they leave, they are thinner.

Doña Maria has diabetes. She was diagnosed in 1996 when she exhibited the following symptoms: drowsiness, excessive thirst and dizziness. Her theory is that she got the disease from drinking soda:

Well, I did this to myself, *yo sola me fregue*. I got angry and I came out worse. It was the soda that really hurt me. It started when my husband I went to visit my brother, who lives in Mexico City. I got really thirsty and there was no water. So I drank a beer and that made it worse! I could not get rid of my thirst so I drank a soda. He gave me a pitcher of water and I drank it all. That’s exactly how my mother was. When I went back to Urireo, I thought, “I have sugar (azucar).” When I got back to my doctor in Ruskin, my sugar count was at 500.

Health Provider Key Informant Interviews: Urireo and Ruskin Health Center

This section will first present data from health providers in Mexico and then those from Wimauma and the Ruskin Health Center, where a focus group was held with twelve

providers in 2002. Five key informant interviews were conducted with health providers in Urireo, including three physicians, one pharmacist and one nurse from Salubridad.

Two additional key informant interviews were conducted with the Medical Director of Salvatierra Hospital and one with the local epidemiologist in Salvatierra. As he pointed out, there is not really good data on disease prevalence if people do not go to the local hospital or public facility such as Salubridad or IMSS. Private doctors seldom report their data and there is really no mechanism for them to do so. Below is a composite list of the health issues mentioned by at least one of the key informants related to Urireo's overall health status:

- estimates that 20-30% of all the children have rheumatic illnesses which are caused by streptococcus throat infections that have gone untreated (affecting mitral heart valve).
- high incidence of brucellosis (fiebre malta) as a result of unvaccinated goats living with families;
- high rates of respiratory infections in adults and children (gripa or IRA, infecciones respiratorias agudas);
- gastrointestinal parasites due to contaminated water;
- leprosy;
- anemia;
- 60-70% of older people have diabetes;
- 10% of the population are alcoholics, mainly men;
- “high rate of abuse of marijuana” ;
- use of valium, herion and inhalants, especially in Vallesteros; and
- HIV/AIDS in the case of returned migrants (2 families and three solos have died).

A private doctor who had been a *pasante* in Urireo, Dr. Melquiaries was clear with me that he feared that many of his young patients were malnourished. He also felt that

this malnutrition was a predisposing factor for other illnesses, namely strep throat which, if untreated, can lead to rheumatic fevers that affect the heart. He wants to do some kind of study or analysis about this topic so that he can work on preventing it. Melquiare stated he really likes Urireo but he quickly added: “Urireo has been forgotten by everyone...there are not enough services here. It is important that people have better paying jobs so that they don’t have to send their children off to work either here or in the US. Our children are our future.”

Toward that end, he said that when he was a *pasante*, he looked at the medical records of 700 children and found that their principal diagnoses were: respiratory infections, gastrointestinal problems/parasites, malnutrition and anemia. Now in private practice, he is a very busy man, seeing up to 70 patients per day. As the Table below shows, Melquiare is correct. Even the Secretary of Health acknowledges the dangers of malnutrition, infectious disease and anemia on the rural populations in Mexico:

Anemia is a grave concern in Mexico. In 1999, the prevalence was 27% for those under 5 years of age (60% above the prevalence of other developed countries), 20% in women who were not pregnant and 26% in pregnant women (2001: 40).

Between 1980 and 2000, the Secretary of Health states that death from intestinal infections declined by 91% (2001: 40). This translates to a drop of about 27,000 deaths for children 0 to age 4. However, the problem persists in rural areas, with an estimate that “the risk of death through diarrhea is five times greater in rural areas than urban areas. This difference is eight times greater for those under the age of five” (Secretary of Health 2001: 40).

The local Epidemiologist for the Secretary of Health in Salvatierra, Chema Sandoval, shared the following data with me on the types of illnesses that were treated in Salubridad clinics in Urireo and Salvatierra between 2001 and 2002:

Table 4-2. Comparison of Health Problems in Urireo and Salvatierra (2002).

Diagnosis and total number	0 to 4 years		5-9 years		10-14 years		15+ years	
	Urireo	Salvatierra	Urireo	Salvatierra	Urireo	Salvatierra	Urireo	Salvatierra
Acute Respiratory Infections N=1283 Urireo N=4377 Salvatierra	755 59%	2307 53%	220 17%	604 14%	73 6%	318 7%	317 25%	1148 26%
Infections in the Intestines by other organisms N=43 Urireo N=430 Salvatierra	18 42%	202 47%	9 21%	59 14%	1 2%	27 6%	15 35%	142 33%
Intestinal Amoebas N=94 Urireo N=334 Salvatierra	41 44%	91 27%	18 19%	49 15%	9 10%	35 10%	26 28%	159 48%
Urinary Tract Infections N=125 Urireo N=84 Salvatierra	8 6%	0 0%	5 4%	6 7%	10 8%	0 0%	102 82%	78 93%
Giardiasis N=47 Urireo N=2 Salvatierra	25 53%	1 50%	9 19%	0 0%	3 6%	0 0%	10 21%	1 50%
Acute Otitis Media N=44 Urireo N=71 Salvatierra	16 36%	13 18%	12 27%	22 31%	6 14%	6 8%	10 23%	30 42%

Source: Sistema Nacional de Salud, Secretaría de Salud, Dirección General de Epidemiología, Principales Causas de Enfermedades, Guanajuato, Salvatierra and Urireo, SSA 2002.

There are several features that should be noted from this table. First, patients at both Salvatierra and Urireo clinics tend to suffer from infections rather than chronic disease. Diarrhea and parasites tend to disproportionately affect both Salvatierra and Urireo. However, Urireo fares much worse, due to poor water quality, a trend that was mentioned by many participants and key informants during qualitative data collection. Urireo's rates of giardiasis and amoebas are very high, especially as primary diagnoses for those under the age of 10 years. While Urireo has *aguas negras* and open sewage, Salvatierra has sewers and public sanitation.

Second, acute respiratory infections are prevalent in both Salvatierra and Urireo and are a principal cause for concern, especially for the youngest and oldest in the population. While this is not broken down in the Table above, 66 cases, a full 5%, of acute respiratory infection afflicted Urireo's patients above the age of 60, which arguably is a rather small population.

There are some serious limitations to this epidemiologic data that should be noted. First, Salubridad only captures patients that utilize their facilities in either Salvatierra or Urireo. This study shows that the majority of Urireanos in either Urireo or Wimauma prefer private doctors. Private doctors and clinics do not report their data to Salubridad, and there is no mechanism to do so at the present. At the same time, people who are extremely ill are more likely to seek a private physician because they have usually tried multiple treatments, including the pharmacy, home remedies and *curanderos*, previous to finally deciding to go to seek help. People who seek help from pharmacists, *parteras*, *curanderos* or any other health provider are not represented in any available sample.

Second, the Salubridad sample provides a snapshot in time, not a composite view of health in Urireo or Salvatierra. This data could change for any number of reasons, including the introduction of new or other healthcare providers, which might take patients away from Salubridad. Other variables influencing clinic use include the weather, the accessibility of other health providers or even migration itself. For example, since the area has been in drought for several seasons, wildfires may be more prevalent, causing more burning and increased respiratory problems. In any case, the data presented here are the most recent and local available. While keeping these limitations in mind, this

next section analyzes utilization and illness patterns for rural Urireo and the more urban Salvatierra.

Utilization patterns in Urireo showed that the majority of the 1887 annual clinic visits were for young patients, with 14% or 268 for children under one year and 28% or 533 for those under five years. Visits for children under five years account for almost half of all clinic visits, or 42%. Another 16% of visits were for children between five and nine years of age, bringing the total number of visits for children 0 to 9 to 1103 or 58% of all clinic visits.

In contrast, there were only 121 visits for children aged 10 to 14, accounting for 6% of visits and only about half that figure, 65 for teens 15 to 19 years of age, representing about 3% of all visits. Arguably, this could be considered a positive health statistic, since it might indicate that once children are older, their health tends to improve and their resistance to infections increases. Also, perhaps the older children are now better nourished because they are in school and their health has improved as a result. More research would need to be conducted to better understand this trend.

Women between 20 and 44 are considered childbearing age. Those who went to the Salubridad clinic made up only 339 visits, or 18%. The vast majority of these patients were aged 25 to 44, totaling 259 visits altogether. The fact that this number is fairly low, even given the fact that women in Urireo still tend to have at least three children, can be explained by the norm that women go to *parteras* or midwives instead of the clinic. Urireo's women and their healthcare providers tended to understand each other when it came to prenatal care. The same cannot be said for other health issues.

The Salubridad nurse felt that the most pressing health need was family planning. She and the Medical Director independently stated that only about 70 to 80 women come to the clinic monthly for family planning, and they distribute condoms, Pills, Depo Provera and the IUD. Additionally, they have done about 100 tubal ligations, with about 40 between 1999 and 2002. They also give out condoms, but the nurse stated that “I don’t give them out very easily” and that every month about 18-20 single males come to the clinic to get condoms but she only gives out 3-4 per month to each one.

Salubridad’s Medical Director, Dr. Basurto, has been there 8 years and 2 years in Salvatierra, he works Monday through Friday and makes sure there is always coverage. He and the Nurse agreed that most women preferred the midwife or *partera*, to him. Locally, the IMSS in Salvatierra trains and gives equipment to the *parteras* to help them coach and ready the women for childbirth. Basurto also supervises the few health promoters that were trained years ago to provide basic information and referrals. Since they are now volunteers and “there are no resources” he simply admires these women for continuing to serve as unpaid promotoras. Poor hygiene is a problem in Urireo, with the consequences of hepatitis, colera, tonsillitis, sinus infection, bronchitis. There is also a problem with sexually transmitted diseases such as HIV, syphilis and gonorrhea, “which is attributable to the disintegration of the family and the infidelity of the husbands,” according to Basurto.

HIV is a concern for Mexico, which officially cites that 90% of all cases were transmitted sexually. HIV and AIDS have long been documented as having been exported through US-Mexican returned migrants (Bronfman 1995). The HIV epidemic at the close of 2000 was officially stated to be 47,617 cases but the Secretary of Health

estimated that it would be more accurate to count between 116,000 and 177,000 HIV cases (2001: 46). The mortality rate for AIDS in Mexico is 4.4 per 100,000 (Mexican Secretary of Health 2001). More troubling is the Pan American Health Organization's latest report, which puts the incidence of AIDS at 145.5 per 1 million US citizens but at 159.2 per 1 million Mexican citizens (PAHO 2005). The male to female ratio of HIV/AIDS in both countries shows that it is more highly skewed toward males in Mexico than the US: 2.9:1 in the US and 5.1:1 in Mexico (PAHO 2005).

Data from the local community health center in Ruskin shows that 1333 people received HIV tests during the calendar year 2003. This figure probably relates to a Florida law that providers are mandated to offer HIV testing to all pregnant women. In this same time frame, the clinic only saw two patients with HIV, symptomatic or asymptomatic, which follows local providers' views that HIV is just not that prevalent within the farmworker population. A focus group with providers in Florida revealed that providers are concerned most for single or solo males, but there is no intervention currently targeting them:

Young, single men are most at risk because of their involvement with prostitutes. There are known local incidents where women have been imported [from Mexico and other countries] for the sex trade. There are trailers that travel from migrant camp to migrant camp with prostitutes. These are known as "Club 21" because they charge \$20 for sex and \$1 for a condom. The incidence of HIV in the migrant population seems to have increased with their involvement with Caucasians. This in turn may have led to involvement in drugs and an increase in the HIV rate of men, which in the future could affect women.

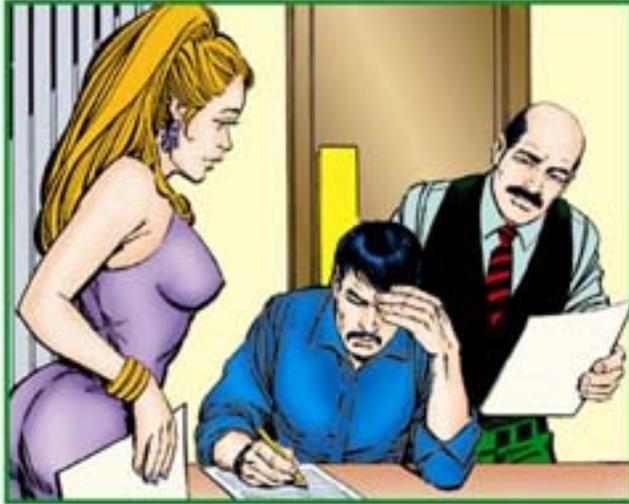


Figure 4-1. Scene Depicting Prostitution from the Guide for the Mexican Migrant, 2004

Due to a lack of routine HIV testing in Mexico, it is highly likely that the state estimates are low. One respondent in Urireo told me candidly, listing off names, “Some of these men and I, we all left together back in the 1980s. They come back to Urireo when they get sick. Then they die. It’s *SIDA* – AIDS but they won’t admit that.”

Like the Secretary of Health (2001), health providers cited social problems as the root causes of the health and mental health problems in Urireo and in Wimauma. For example, Dr. Basurto outlined the following dilemma for his young patients. Young girls feel like they should find a “*norteco*” or a male who will go to the US to make some money. They marry without love or they get married so that she can leave her parents’ house. Either way, Basurto feels that since the males are gone so much, it creates even more family problems and a huge amount of competition for the few males that stay.

Similar data for Wimauma is hard to come by. However, I was able to obtain a report from the Suncoast Community Health Centers, a federally funded migrant and community health center in Ruskin, which cares for many local Mexican immigrants and farmworkers. As in the case of the Salubridad statistics, it is important to note that these

data have limitations. First, these data are not disaggregated by age, gender, ethnicity or farmworker status and represent the total universe of patients seen in the calendar year 2003. Second, many Urireanos in either Urireo or Wimauma prefer going to private doctors over accessing public services. The majority of Urireanos are probably not captured here; however, the data does provide us with a sense of the types of health issues in the general area of Ruskin/Wimauma.

Table 4-3. Ruskin Health Center Utilization Data, 2003

Diagnosis Category	Number of Encounters	Number of Users
Communicable Diseases		
Symptomatic HIV	4	2
Tuberculosis	99	80
Syphilis and other venereal disease	47	37
Chronic Disease		
Abnormal Breast findings, female	102	53
Abnormal Cervical findings	29	22
Asthma	1457	737
Chronic bronchitis or emphysema	949	854
Diabetes Mellitus	7557	2212
Heart disease	3309	1337
Hypertension	9435	3438
Maternal and Child Health		
Contraceptive management	1730	953
Otitis media & eustachian tube disorders	3061	1837
Selected perinatal medical conditions	326	182
Health Supervision of infant or child (0-11 years)	8450	4121
Lack of expected normal physiological developments, such as delayed milestone; failure to gain weight, failure to thrive – does not include sexual or mental development or nutritional deficiencies	153	111

Table 4-3. Continued.

Diagnosis Category	Number of Encounters	Number of Users
Occupational Health		
Contact dermatitis and eczema	206	192
Dehydration	21	21
Alcohol, Drug and Mental Health		
Alcohol dependence	132	101
Drug Dependence	42	27
Other mental disorders, excluding drug and alcohol dependence and mental retardation	2103	1494

Source: Suncoast Community Health Center, Ruskin Clinic, Universal Report 2003.

Wimauma has two health promoters, both Mexican and bilingual in English and Spanish, Lizahani Cruz and Juan Gomez. Cruz and Gomez were both born in Matamoros, Tamaulipas, Mexico. Gomez' father was originally from Valle de Santiago, Guanajuato, not far from Urireo. Cruz was only four when her family migrated to Wimauma while Gomez was 14 years old. Cruz explained her job and why it was important:

My job as a health promoter is to go to the community and talk to them about prevention of certain illnesses, like cardiovascular disease, obesity, diabetes, HIV alcoholism and tobacco problems. I think that the first two, cardiovascular disease and diabetes, know what they are but they don't know much about prevention or even taking care of themselves when they have diabetes or heart disease. I think that the job I'm doing is very important and it is needed.

I enjoy my job, I really love this job and I love being able to talk about these issues with the people I know, especially because the people I know, they know that I lost both my grandmother and my mom to heart disease. I think that, for that reason, they are a little more receptive. This community does not just trust anybody and to go to their homes or the clinic. If they know you and you speak their language in their accent, it's better and easier for them to be open to talking to, listening to and asking questions of you.

Environmental Health and Risk: Pesticides, Cancer and Developmental Delays

Researchers across the fields of public health, anthropology, medicine and education have attempted to measure the effects of pesticide and environmental

exposures on the health status of agricultural workers and their children (Zahm and Blair 1993, Lu et al. 2000, Shaw et al. 1997, Canfield et al. 1996, Guillette 1998, Baer and Penzell 1993, Moses 1993, Arcury et al. 2005).

First, there is evidence that many chemicals are harmful to human health and especially to children's health and development. Researchers have been able to isolate the following chronic health problems as related to chronic exposure to pesticides: cancer (non-Hodgkin lymphoma, leukemia, multiple myeloma, testicular cancer, liver cancer, stomach cancer, pancreatic cancer, lung cancer and primary brain cancer); birth defects (correlations with neural tube defects and some congenital anomalies); reproductive problems, including male sterility and spontaneous abortion (Moses 1993: 168).

Pesticide exposure is a factor in any type of agricultural work; however, researchers have begun to look more closely at how pesticides, especially organophosphates, affect groups differentially, such as farmers versus farmworkers (Zahm and Blair 1993), or by age (Shaw et al. 1996, Guillette et al. 1998, Guillette 2000). Sheila Zahm and Aaron Blair, both at National Cancer Institute, compared epidemiologic data for both farmers and farmworkers (1993), but found no linkage in their research to cancer. They did report that studies with Mexican and Mexican origin groups show elevated cases of multiple myeloma, cancers of the stomach, prostate and testes, buccal cavity, cervix, pharynx, lung and liver. Zahm and Blair concluded that a lack of water for farmworkers to wash hands can lead to higher rates of absorption of pesticides (as opposed to farmers) and they advocate for feasibility studies and methodologically sound research in the future. A study with farmworker women found that women were reluctant to obtain

cancer screening because over half of the women reported fear in finding cancer if they were to be screened (Skaer et al. 1996:172).

Three studies have shown organophosphates to be directly linked to developmental delays in children and depression in adults (Guillette et al. 1998, Farmworker Justice Fund 2005 and Lu et al. 2000). Dose-response is a central issue in toxicology. As Colborn et al. so vividly demonstrate, the amounts of chemicals needed to affect human health can be infinitesimally small, as in the case of the hormone estrogen (1997). The other consideration in dose-response is the size and weight of the person. Amounts that fall into “acceptable” tolerance levels for adults might be extraordinarily high for a child (NRC 1993). However, we are reminded that “children are not small adults,” meaning that developmental issues and timing of exposure weigh heavily on the effects of exposures, especially in-utero (Colborn et al. 1997, Guillette 2000, Schettler et al. 1999). As cited earlier, diet, especially for children, is a key factor. Children eat more fruits and vegetables than adults, if weight is adjusted for (NRC 1993). Schettler et al. (1999: 107) point to children being exposed at schools, since they spray pesticides and have been known to use other organophosphates more often.

Schettler et al. (1999) summarize vast amounts of research that supports Colborn et al.’s (1997) theory that cancer is only one outcome of exposure to agricultural and environmental chemicals. They conclude that “an epidemic of developmental, learning and behavioral disabilities has become evident among children” even while they recognize that part of this trend is enhanced detection (1997:1). Guillette et al. (1998) were able to conduct a comparative study isolating the relationship between pesticide exposure and children’s developmental status in two Mexican villages whose only major

difference were differing rates of pesticide use and exposure. Using the Rapid Assessment Tool for Preschool Children (RATPC), they concluded that the four and five year old children in both groups had similar growth patterns but vastly different developmental levels. Exposed children were more aggressive, less creative, poorer coordination and dramatically less able to draw a person (Guillette et al. 1998). Since these children had not yet been to school, it is unlikely that these differences were attributable to socialization. While she concludes that more research is needed, the research makes a strong case that the Yaqui children in the pesticide-using community are developmentally delayed compared to the same aged children of the non-pesticide using community.

Links to chemical causation include Schettler et al.'s (1999: 94) listing of organochlorines such as DDT as producing the same effects (hyperactivity, decreased stamina, decreased coordination, decreased memory, decreased ability to draw familiar objects). Organophosphates such as chlorpyrifos (Dursban) are linked to developmental delays, hyperactivity, behavioral disorders and motor function. Pyrethroids, some of which are naturally occurring have been found to cause hyperactivity. The social cost for future generations is extremely high because these childhood problems equate to potential problems with higher learning, cognitive ability and long-term human productivity (Schettler et al. 1999).

Lu et al. (2000) were able to take urine and house dust samples from 100 farmworker children in the state of Washington to assess their level of exposure to pesticides, specifically organophosphates. By comparing agricultural to non-agricultural families, Lu et al. (2000) found several interesting findings. First, children whose parents

were engaged in agriculture had seven times more dust in their houses (2000: 290). Second, the closer a child lives to land that is used agriculturally, the higher his/her metabolic concentrations of organophosphates (in urine and spot wipe hand towels) (2000: 301). Third, there are probably other pathways, such as water, which also influence children's dose-response to organophosphates, which means more research is needed (2000: 301).

The Farmworker Justice Fund worked with the United Farm Workers in the State of Washington to examine the health effects of organophosphates through blood tests for cholinesterase, an essential enzyme in the nervous system which is inhibited by organophosphates (Farmworker Justice Fund 2005: 1). The study involved 580 participants in 2004 and found that one in five, or 20%, suffered depression, which was more evident during the first spray season; however, the study found that there were false negatives in the lab tests for cholinesterase, with the test missing almost 50% of the truly positive results (Farmworker Justice Fund 2005: 6). Arcury et al. (2005) found that farmworkers in Virginia and North Carolina were exposed to pesticides, namely organophosphates, through multiple routes (2005: 40). Arcury et al. found that all family members tested positive for organophosphate metabolic levels that indicate pesticide exposure, whether or not they were working in the fields, it was just a matter of what level (2005: 40). While the dose for each of these exposures may be small, their combined effects can have serious repercussions for every family member, particularly children (Arcury et al. 2005).

Organophosphates and other commonly used chemical compounds are also known to affect brain development. Neural tube defects (NTDs) refer to malformations of the

developing brain and spinal cord, including birth defects and fetal anomalies such as anencephaly, spina bifida or fetal/infant death (Canfield et al. 1996, Shaw et al. 1997). There are thousands of registered, in-use, pesticides and herbicides linked to reproductive disorders and NTDs in particular, such as methyl bromide or endocrine disruptors such as Vinclozolin or Lindane (State of California EPA, Chemicals Known to the State to Cause Cancer or Reproductive Toxicity). NTDs are genetic anomalies that occur 17-30 days after conception (Canfield et al. 1996: 2). Two studies are the most comprehensive on record relating to neural tube defects (Canfield et al. 1996; Shaw et al. 1997). The study by Shaw et al. (1997) is a population based case control study resulting in interviews and chart review of 538 California mothers of infants/fetuses with neural tube defects and 539 mothers of non-malformed control infants while Canfield et al (1996) analyzed billing (ICD-9-CM) codes on a large database in Harris County Texas. While not all these infants were born to MSFW women, they were born to Mexican women, who have been shown previously to have excessively high rates of babies with NTD (Shaw et al. 1997, Canfield et al. 1996).

Both studies conclude that even controlling for mother's education and place of birth, the increased risk of neural tube defects among Mexico-born Mexican mothers appeared limited to those infants/fetuses whose mothers and fathers were both of Mexican descent. Elevated risks of neural tube defects were observed for Mexico-born fathers irrespective of mother's ethnicity (Shaw et al. 1997: 1469). Both studies also rule out pesticide or herbicide exposure (Canfield et al. 1997, Shaw et al. 1996).

While Shaw et al. (1997) do not rule out nutritional factors, they state that the data is inconclusive and that it appears that first generation Mexican American women are at

highest risk for having babies with NTDs even though they also have the best nutrition (1997: 1470). Canfield et al. (1996: 6) report that the Mexican rates of anencephaly are 18.4 per 10,000 live births and spina bifida occurs at 17.5 per 10,000 live births, figures that can be up to six times those in Texas or California.

Canfield et al. (1996: 7) speculate about the reasons for these incredibly high rates and suggest that NTD prenatal screening may not happen for Mexican women, who often get late or no prenatal care. They add, Aonce given a positive diagnosis, perhaps Hispanics are less likely to terminate an NTD-affected pregnancy for economic, cultural, religious or other reasons. This would result in a higher recorded prevalence at birth for Hispanics relative to Anglos (Canfield et al. 1996: 7). Reasons for the higher prevalence for NTDs within the Mexican population remain a mystery, with Canfield et al. (1996: 10). concluding that the reasons must be a combination of factors, including socioeconomic status, cultural and religious influences; however, pesticide exposure is never mentioned

Environmental exposures for Urireanos come in many forms and they affect them in various ways that are not directly visible. The literature reviewed here confirms this research: Urireanos on both sides of the border worry about the unknown effects of pesticides and chemicals all around them. They worry about the long- term effects for themselves and for their children. They mentioned these concerns everywhere, from the foods they eat to breathing the pesticide residuals and, not surprisingly, being sprayed on while working in nurseries or fields.

Still unknown are the long-term effects of these exposures; however, it is critical to note that the effects are probably most felt by the children, since they are smaller and

therefore absorb more toxins per exposure than an adult would. Environmental exposures to organophosphates can cause lethargy, a finding that helps to explain part of Urireano parents' concerns that their children prefer to "watch Nintendo and drink Coca Cola." In a real sense, the multiple exposures that they have endured could be hampering their energy levels and/or cognitive abilities. This is definitely an area for future research.

Environmental and Social Health Status Issues

The US continues to battle the problem of the uninsured population, while Mexico strives to strengthen and finance its three systems, SSA, IMSS and ISSTE. Both countries have large numbers of people who simply lack access to healthcare. In 2002, there were an estimated 40.6 million uninsured people in the US and the distribution of coverage is linked to ethnicity and education (CDC 2005: 282). While 12.6% of white Americans were not insured, 33.8% of all Latinos lacked insurance, with Mexicans listed as 37% non-insured (CDC 2005).

Below are a series of tables comparing Mexican and US health status indicators on three related areas: 1) social and environmental health status indicators; 2) chronic disease and health status indicators and 3) non-disease related health status indicators (such as accidents). Each of these tables attempts to compare and contrast health in two places within the context of each state's relationship to its nation.

Tables 4-4, 4-5 and 4-6 present a snapshot of health status indicators in Guanajuato and Mexico and Florida and the US. These tables do not present primary data; they are included here in an effort to illustrate the similarities and differences at the state and national levels for various important health status data. These data are not intended to be viewed as definitive but they provide a context for what the general health is like in the

both the state and nation. Indicators for Urireo and Wimauma were presented in Table 4-2 and Table 4-3.

Table 4-4. Social and Environmental Health Status Indicators for Mexico and US.

Social and Environmental Health Status Indicator	Mexico	Guanajuato	US	Florida
% Insured ^{5,6} or for Mexicans, with Social Security ¹	40.1	33.9	16.6	19.2
% Without Potable Water ^{1,10}	15.7	11.7	0	0
% Without Sewage/Drainage ¹	21.9	23.7	0%	0%
% That Cooks with Wood or Charcoal ¹	17.2	12.4	n/a	n/a
% Disabled ^{1,5,9}	1.8	1.9	12.4	19.2
% Population 15 years and older that is Illiterate ¹⁷	9.5	12.0	3	3
% in the Workforce as Active ^{7,8}	34.6	31.3	94.5	62.9
Mortality Rate of Infectious, Nutrition and Reproductive Health ³ per 100,000	72.5	81.7	Not aggregated	Not aggregated
Mortality Rate of Acute Respiratory Infections ^{4,5} per 100,000	19.7	18.7	43.5	Not available
Mortality Rate of Acute Respiratory Infections for Children Under 5 ^{4,10} per 100,000 children < 5	47.3	51.0	2.0	3.9
Mortality Rate of Intestinal Infection and Parasites ^{4,10} per 100,000	6.6	8.7	0	0
Mortality Rate of Diarrhea for Children Under 5 ⁴ per 100,000 children < 5	25.3	38.0	Not available	Not available
Mortality Rate of AIDS ^{4,5} per 100,000	4.4	2.6	4.9	10.3
Mortality Rate of Nutritional Deficiency ^{4,11} per 100,000	11.4	13.6	0	1
Mortality Rate of Nutritional Deficiency for Children Under 5 ^{4,11} per 100,000 children < 5	13.9	15.4	0	Not available
Mortality Rate of Anemia ⁴ per 100,000	4.4	5.5	1.6	Not available
Probability to die between the age of 0 and 5 years ^{2,11} per 1,000	Males 31.5 Females 25.1	Males 32.4 Females 26.5	8	Not available

Sources: ¹INEGI XII Census of the Population and Housing, 2000; ²CONAPO, Projections for the Mexican Population 1996-2050 (1998); ³INEGI and Secretary of Health, Mortality Data 1998; ⁴INEGI and Secretary of Health, Mortality Data 1999; ⁵National Center for Health Statistics, Health of Americans 2004; ⁶Florida Health Insurance Survey, 2004; ⁷World Factbook, US, Department of State, 2005; ⁸US

Department of Labor, Bureau of Labor Statistics, www.bls.gov,⁹ US Census, 2003 Population Estimates, Florida Quickfacts, August 2005, www.census.gov,¹⁰ PAHO, 2004 Core Health Data Selected Indicators, www.paho.org,¹¹ UNDP, Human Development Index, USA Country Index, www.undp.org, data from 2002.

Table 4-4 summarizes environmental and social indicators for Florida and Guanajuato. These indicators reveal Guanajuato to be a state that is plagued by a lack of environmental health infrastructure such as sewage, high illiteracy rates and underemployment within the population. These structural factors translate to health consequences, such as high rates of reproductive illnesses, infectious and respiratory infections. This fits with the overall view of Critical Medical Anthropology that looks at health within its social context. Comparatively speaking, Wimauma's environmental health indicators are much better; however, they are still lacking (Rottler and Kwa 1999). As Doña Luz's US-born 22 year old daughter, Selena, put it:

If you think about it, people living here in Florida are probably better off. The water is cleaner, the food is FDA approved, it's not just off the street like there. I guess the thing is that there is better housing and living conditions here and sanitation-wise, they are better off here.

Not only does Mexico invest little in health services but those who are most vulnerable in the society tend to be the sickest: women and children. This state in general, and the rural areas like Urireo in particular, face third world health problems that more urbanized areas of Mexico do not. Strikingly, Guanajuato fares worse than the nation on every measure associated with child health. It seems that these findings are in keeping with other data collected during this study. For example, key informants, mothers, fathers and ethnography point to the constant infections and nutritional problems faced by children in Urireo. At the same time, Guanajuato has done remarkably well in maintaining a health status more or less equal to that of the nation, even if it has to do so with very limited funds. This may be more attributable to the fact

that adults utilize remittances and tend to consult pharmacists, *curanderos* and home remedies first. Private doctors are only accessed if they become so ill that they are not able to work. In this case, these physicians appear to do a satisfactory job of curing their patients.

Maternal and child health in both the US and Mexico are long-held priorities; however, the differences revealed in Table 4-4 on key indicators paint a striking contrast between the two countries. Mexico's infant mortality rate is 28 per 1000 (estimates for 2000, Secretary of Health 2001) while the rate in Florida was 7.2 per 1000 for all races and 5.2 per 1000 for Latinos (2002 data in National Center for Health Statistics 2004). In fact, Mexico lists the leading cause of years of life lost as perinatal afflictions, which account for 7.7% of the total years of life lost in the country (Secretary of Health 2001: 34).

Just as Guanajuato fares worse than the rest of Mexico, Urireo fares worse than Guanajuato. Wimauma is likewise challenged by environmental health issues, but to a far less extreme than in Urireo. Rottler and Kwa conducted a study in Wimauma related to enteric disease and found that, compared to other rural areas of the same size, "Wimuama had significantly higher rates of giardiasis and hepatitis A" (1999: 28). They attributed this finding to overcrowded housing, poor sanitation and hygiene issues, especially within the farmworker population, which largely relies on private well water and septic systems. This study found that, between 1987 and 1995, Wimauma had the highest rates of the following in the county: Giardiasis at 252.1 per 100,000, Hepatitis A at 557.3 per 100,000 and Shigellosis 371.3 per 100,000 (Rottler and Kwa 1999: 29).

Additionally, Wimauma had a high reported rate of Salmonellosis, at 238.9 per 100,000 (Rottler and Kwa 1999: 29). Between January 2003 and January 2004, the Florida Department of Health reported that Hillsborough County only had 71 cases of Giardiasis, 39 cases of Hepatitis A and 31 cases of Shigellosis, while the zip code pertaining to Wimauma, 33598, only had three cases of any of the above in the same time frame (Florida Department of Health 2005). Wimauma, like Urireo, battles both chronic disease and infectious disease patterns at the same time. As a key informant put it:

Housing is one of the most pressing needs in Wimuama. Health care is another one. Wimauma is changing a lot and most of the Mexicans aren't going to have a place to go or a place to stay because of the development that is going on all around them. It might change for the better but not for the Mexican community. I think they need someone to represent them, a person to stand up and say we are here. The thing we need the most. We're from the Mexican community and we are here and this is what we need. Right now they don't have that. There is a lot of very intelligent people down there but they don't speak the language (English).

Of the 23 US-based Urireanos in this study, it is important to note that only 17% reported suffering from flu-like symptoms or diarrhea in the past year. Of the 22 Mexican-based Urireanos interviewed, about twice as many people reported the symptoms. Based on self-report, almost one third (31%) suffered from flu-like symptoms, or gripa, with one case of typhoid and 9% suffered from diarrhea. All participants blamed either eating tacos from the street or the open sewers.

Chronic Disease and Health Status Issues

Chronic disease has increased in both the US and Mexico over the past ten years. There are various known causes for this change, including obesity, lack of adequate physical activity, tobacco use and unhealthy lifestyle choices (US Department of Health and Human Services 2005). Nutrition plays a critical role in any discussion of chronic

disease in either country, and it is worth noting that as life expectancy goes up, so does the risk of chronic disease.

Juana's mother and father still live in Urireo and a few years ago, her mother, Ana, was diagnosed with diabetes. Ana is now 52 and she and her husband still harvest and sell vegetables in Urireo and supplement their income with remittances from Juana and her brother in Wimauma. Ana, like so many people in Urireo, does not have coverage under the IMSS system and must either depend on private physicians or Salubridad. Ana stated she does not go to the doctor because

They charge a great deal here. Now, everything is about the money. If you get the flu (gripa) it will cost you 500 pesos. We don't have 500 pesos. I had an appendicitis and they operated. I got upset (coraje) and one day I felt these little pains in my legs and feet. I went back to the doctor and he did tests, told me I had azucar, sugar.

Doña Maria's sister, Concha, and her husband lived for many years in Mexico City and now they live in Urireo. Doña Concha has high blood pressure but she also has coverage under the ISSTE program so she feels that she receives good medical care at the ISSTE in Salvatierra, but it's not as good as what she received in Mexico City. Doña Concha also sees chiropractors and, like many others in Urireo, prefers natural healing and home remedies over medicine prescribed by doctors:

At ISSTE, they were going to give me some kind of medicine I would have to take my whole life. That was in 1978. I like to drink aloe and I think it helps my condition. I take vitamins too and if it is cold outside, I drink coffee.

Table 4-5. Chronic Disease and Health Status Indicators for Mexico and US.

Chronic Disease and Health Status Indicator	Mexico	Guanajuato	US	Florida
Mortality Rate for Diabetes ⁴ , per 100,000	47.0	N/a	25.4	21.2
Mortality Rate for Heart Disease ⁴ , per 100,000	59.8	47.0	240.8	226.9
Mortality Rate for Lung Cancer ⁴ per 100,000	9.6	7.9	54.9	55.3

Table 4-5. Continued.

Chronic Disease and Health Status Indicator	Mexico	Guanajuato	US	Florida
Mortality Rate for Stomach Cancer per 100,000	7.1	6.0	4.5	4.2
Mortality Rate for Liver Related Problems such as Cirrohis ⁴ per 100,000	35.4	31.2	9.4	11.1
Mortality Rate for Congenital Anomalies ⁴ per 100,000	10.6	12.3	N/a	N/a

Sources: ⁴INEGI and Secretary of Health, Mortality Data 1999; ⁵National Center for Health Statistics, Health of Americans 2004.

In general, Guanajuato fares better than the rest of Mexico on these key indicators for chronic disease. However, the news is not good. These rates are still far too high for preventable diseases, especially in the categories of heart disease, lung cancer and congenital anomalies. Congenital anomalies were prevalent in Urireo during my fieldwork there and it seems that they are closely related to a lack of genetic flow, because Urireo is a small town which is highly divisive and the same families tend to intermarry frequently because there are still historical taboos about free association between families that were on one or another side of the *Guerra Cristera*. As the pasante recognized, NTDs are extremely prevalent in Urireo. This may be a case where health promotion could be targeted toward the younger migrants and their families to educate them on risk factors and the idea that chronic disease is preventable.

Several trends emerge from this table. First, Mexico and Guanajuato appear to suffer less heart disease and lung cancer than Americans. This is attributable to two behavioral issues. Mexicans tend to smoke cigarettes far less than Americans, and smoking is highly correlated with both lung and heart disease. Also, since people in Mexico often do not obtain regular nor preventive health care, and only go when they are sick, they often do not know that they suffer from chronic disease. In this research, it was

common for people to tell me that God would take you when He saw fit, and proceed to offer examples of an older person who just died in his or her sleep or suddenly got sick, had a heart attack and died. While no one can reasonably argue against these examples, it is well-known that undiagnosed hypertension and heart disease are underlying causes of such sudden deaths.

Next, Mexico has a far higher rate of mortality from diabetes, stomach cancer, liver problems and congenital anomalies. As Doña Marta, the pharmacist, put it, people do not believe in medicine and often seek alternative or folk remedies for treatment. People die from stomach cancers at high rates due to a lack of early detection and a complete lack of treatment facilities for cancer in rural Mexico, as stated by Mexico's Secretary of Health (2001). It is worth noting that Mexicans in the US also suffer disproportionately from liver problems. Men's excessive drinking contributes to cirrhosis. Hepatitis A, transmitted through contaminated water and food, is very high in Mexico, and even higher in areas with open sewers like Urireo. Undiagnosed hepatitis may have an additional effect on liver problems for people who move between Urireo and Wimauma.

Other Health Status Issues

It is important to note that Guanajuato's three leading causes of disease-related mortality are, in order:

1. Infectious, Nutrition and Reproductive Health³ 81.7 per 100,000
2. Acute Respiratory Infections for Children Under 54 51.0 per 100,000
3. Heart Disease 447.0 per 100,000

Injuries and motor vehicular accidents would be in second place for the state's top causes of death and in fourth place in the nation, accounting for 8% of all mortality in Mexico (Secretary of Health 2001: 36). Mexicans in the US also suffer disproportionately from

automobile accidents and injuries in general. These statistics reflect the tenuous nature of life for people in both Guanajuato and the US.

Table 4-6. Non Disease Health Status Indicators, US and Mexico.

Non Disease Health Status Indicator	Mexico	Guanajuato	US	Florida
Total Mortality of Injuries ^{4,5} per 100,000	59.4	54.3	55.9	61.0
Mortality Rate for Motor Vehicle Accidents ^{4,5,7} per 100,000	12.6	18.2	15.7	18.4
Mortality Rate for All Accidents Other Than Motor Vehicle ^{4,5} per 100,000	26.6	23.8	36.9	41.6
Mortality Rate for Homicide ^{4,5,7} per 100,000	12.7	5.5	6.1	6.1
Mortality Rate for Suicide ^{4,5,7} per 100,000	3.4	3.3	10.9	13.1

Sources: ⁴INEGI and Secretary of Health, Mortality Data 1999; ⁵National Center for Health Statistics, Health of Americans 2004; ⁷Florida CHARTS, 2005

Drugs and alcohol continue to be problems in both Urireo and Wimuama.

Accidents and violent crime often involve drugs and/or alcohol, and this is the case in both communities. Independently, almost every key informant and respondent shared stories involving some sort of chemical dependency within one's own or a friend's family. As Selena, the US born daughter of Doña Luz, now married to a man from Urireo, observed: "If the guys are working, you can bet that half drink themselves to death." According to Florida statistics between 2001 and 2003, Hillsborough County's rate of alcohol related motor vehicle crashes was 189.7 per 100,000 while that of the state was lower, at only 136.4 (Florida CHARTS, 2005). Juan Gomez, a health promoter from Wimauma, was frank about the problems with drugs and alcohol in his adoptive town:

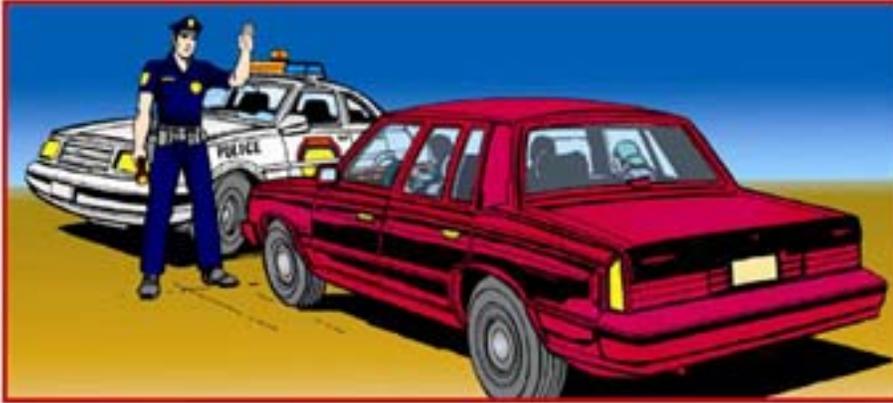


Figure 4-2. Scene Depicting the Hazards of Driving Without a License from Guide for the Mexican Migrant, 2004.

The downside of Wimauma is the drugs, I think that's one of the biggest thing here. Wimauma is known, even nationally for that. When you cross the border and you say you are coming to Wimauma they check you very well, I know from experience. I have been here 27 years, since 1988, I have never had a problem with drugs, or someone selling me drugs, or someone breaking in my house.

Wimauma's other health promoter, Lizahani Cruz, has a great deal of experience with the drug subculture of Wimauma, given that her entire family became embroiled in trafficking through her older brother. She independently echoed Gomez:

I think that Mexicans feel that selling drugs is an easy way to make money. Because they want to get out of there but they take the wrong route...out of poverty that is. I think that they feel that it is better than picking tomatoes all day. It is definitely faster but where do you end up? Eight years in jail and then back to Mexico.

As Doña Luz stated at the beginning of this chapter, Mexicans in the US tend to live better because there is a lack of money to buy the things you need, like food and healthcare, in Urireo. Doña Luz also comes to mind because her family exemplifies all three of the mortality indices above. First, she suffered infectious disease as a youth in Mexico, now she suffers from hypertension and her beloved husband died at a rather early age due to a car accident. Doña Luz' life is not atypical of people living in either Wimauma or Urireo. Her health profile show her to suffer directly from heart disease

and indirectly from accidents on the US side. This speaks to the ingrained behaviors, attitudes and beliefs that her family continued once here in the US. On a very basic level, one could argue that they fared no better living in “el norte” than many Mexicans do living in Urireo. The difference is quality of life and the number of healthy years that they have to live. She may have many more healthy years than she would have had she stayed.

Farmworker advocates cite troubling statistics, including one that posits workers’ life expectancy is only 49 years. Upon tracing the origin of this statistic, I spoke with Dr. Charles Cheney who forwarded me to a colleague, David Cavanaugh, who shared the following information with me. Cavanaugh had been working on a government contract regarding migrant education in the 1970s. His contract manager in the federal government asked him about the statistic and, upon checking into it, he was told by a Hispanic co-worker that he and his team had been asked to do a chart review of medical records from a migrant clinic in Washington State. He and his colleagues then forwarded the statistic of 49 years to the office of Senator Kennedy, who was convening a series of hearings on farmworkers in the late 1960s. He related that “the statistic felt so right back then” and observed that this data had never been verified (Cavanaugh, personal communication 2004).

The majority of literature and documentation collected about farmworkers’ health focuses on the Midwest, Texas or California (Bechtel et al. 1995; Dever 1991; Lambert 1995). There is a substantial amount of literature on Mexican Americans and folk beliefs, especially in the Southwestern US (Trotter 1985a, 1985b, Trotter et al. 1984, Rubel et al. 1984). While there is a growing body of data on farmworker health, it is

often not linked to demographic and migration patterns. Cancer has been a topic of great interest to researchers who have attempted to study the link between pesticide exposure and farmwork, but to date, they have met with little success (Zahm and Blair 1994). Environmental health studies have focused on green tobacco sickness (Arcury and Quant), housing and occupational exposures.

In 1999, the National Agricultural Workers Survey added a section from the National Institutes of Occupational Safety and Health to gather data on health access, accidents, occupationally related - such as what kinds of injuries were sustained while working with which kinds of crops - and a few behaviorally related variables, including alcohol/drug use. These data have allowed researchers to begin to amass a larger database on the health of those currently engaged in farmwork, but the limitations continue to plague researchers, as cited by Rick Mines, who observed that “official data gathering techniques [in the US] tend to acquire information about one section - the most settled - in our immigrant community” (Mines, 2/24/2000, personal communication).

Research points to farmworkers’ vulnerability, linked to poverty, low literacy, alcohol/drug abuse, infectious diseases (i.e. STDs, HIV/AIDS) (Bronfman 1993; Salgado de Snyder and Diaz-Perez in press; Salgado de Snyder et al. 1998; Salgado de Snyder et al. 1996), growing chronic diseases such as cancer, diabetes and hypertension (Dever 1991) and social problems such as domestic violence and teen pregnancy (Bechtel et al. 1995:19, Lambert 1995). Unintended and mistimed pregnancies have resulted in higher birth rates for MSFW (Migrant Clinicians Network 1995). In fact, Mexican fertility rates are 30 to 40 percent higher than those of Anglos (Bean et al. 1998: 5). Unintended and mistimed pregnancies, caused by failure to use contraceptive methods, including

abstinence, in a consistent and correct manner, have been linked to late entry into prenatal care, low-birthweight, substance abuse, and other problems (Institute of Medicine:1995). In Mexico, however, birth outcomes are generally better when compared to the US (Langer and Romero 1998). Mental illnesses, alcoholism and other biosocial problems have risen to the forefront of researchers concerns' (Bronfman 1993, Salgado de Snyder et al. 1996, 1998).

Since 1999, NAWS now asks farmworkers some questions about occupational health and safety. They found that 20% did not have access to drinking water and cups, 5% lacked water to wash their hands and 7% reported not having access to a toilet (Carroll et al. 2005: 45). Not all immigrant Mexicans are farmworkers, however, even though 99% of all Mexican families in Wimauma probably started out in farmwork. It is not a glamorous lifestyle, by any means. This lifestyle can drastically affect one's health and mental health. As Irma started so bluntly, "I just don't like it here in Wimauma. I don't know how so many people can live this way."

The latest data from the NAWS found that 23% of all farmworkers nationally were covered by health insurance in 2001 (Carroll et al. 2005: 42). Arrieta et al. looked at Florida-specific NAWS data for farmworkers for the years 1992-95 (1998). They found that "only 24% of surveyed farmworkers reported having needed medical assistance in the two years previous to the survey," which they attribute to the healthy worker effect. They point out that this figure does not include the health seeking behaviors of the family, only the farmworker interviewed. Out of a sample of 813 farmworkers, the responses to where to get medical assistance, in order of prevalence, were: Emergency room/Hospital (27%), Community Health Center (13%), Migrant Clinic (13%), Private

Physician (13%), Other (12%), None (9%) and Public Health Department (8%) (Arrieta et al. 1998: 39). These findings would be consistent with a population that is uninsured, and as noted previously, only 6% of these workers reported having health insurance (Arrieta et al. 1998: 39). Only three respondents in Wimauma had health insurance and none had any formal coverage in Urireo.

Health and Health Status

The Centers for Disease Control and Prevention regularly gage the health of the nation using a national telephone survey referred to as the BRFSS, or Behavioral Risk Factor Surveillance System. To assess overall well-being, the CDC developed the Health Related Quality of Life Index (or CDC HRQOL). Comprised of 16 questions, the HRQOL asks people to first assess their overall health, then their mental health. The HRQOL then asks them to give a count of how many days out of the past 30 that they were in pain, sad, limited in their activities and other important questions. The HRQOL was administered to 22 people in Urireo and 23 people in Wimauma, with the following demographic breakdown for the two populations

Table 4-7. Demographic Overview of Respondents

Place	Mean Age	Mean # Children	Mean # Children in Birth Family	Mean Educational Attainment
Urireo, Guanajuato (N=22)	45.1	3.8	3.5*	4.0
Wimauma, Florida (N=23)	33.7	2.6	7.6	8.2

* Denotes that half of the data is missing, calculations done on only 14 participants.

The group in Wimauma was younger and reported less children than did those in Urireo. The educational attainment for migrants and non-migrants was similar; however, the mean educational level is skewed for those in Wimauma because there is one college student, who brings up the average. In general, those who migrate to, or live in,

Wimauma had a median of 8 years of education, with a mode of 6 years, while those who stayed behind had a median of 6 years of education with a mode of 5 years. Table 4-8 summarizes responses to selected Health Related Quality of Life questions.

Table 4-8. Health Related Quality of Life Data.

HRQOL Question	US 1993-2003	Florida 1993- 2003	Wimauma 2002 n=23	Urireo 2002 n=22
How would you rate your general state of health?	Poor Health 13% whites 22% Hispanics	Poor Health 14% whites 19% Hispanics	3.3 (Good)	5.0 (Poor)
How many days out of the last 30 were you not in good physical health?	3.2 days whites 3.3 days Hispanics	3.5 days whites 3.3 days Hispanics	5.3 days	7.0 days
How many days out of the last 30 were you not in good mental health?	3.0 days whites 3.5 days Hispanics	3.1 days whites 3.6 days Hispanics	8.9 days	11.0 days
How many days could you not complete your daily chores?	1.8 days whites 1.9 days Hispanics	2.0 days whites 2.0 days Hispanics	1.5 days	2.4 days
How long have your activities been limited by your major illness?	N/A	N/A	4.3 years	5.4 years
Due to your major illness, did you need the help of anyone else to do your personal care (bathing, dressing, walking, moving)?	N/A	N/A	No	No
How many days out of the last 30 did pain make it harder for you to do your usual activities?	N/A	N/A	3.9 days	6.2 days
Out of the last 30 days, during how many days did you feel sad, melancholy or depressed?	N/A	N/A	3.8 days	8.1 days
Out of the last 30 days, during how many days did you feel worried, tense or anxious?	N/A	N/A	5.8 days	12.1 days
Out of the last 30 days, during how many days did you feel that you could not rest or sleep as much as you needed?	N/A	N/A	3.7 days	5.3 days

Table 4-8. Continued.

HRQOL Question	US 1993-2003	Florida 1993- 2003	Wimauma 2002 n=23	Urireo 2002 n=22
Out of the last 30 days, during how many days did you feel very healthy and full of energy?	19 days	N/A	20.3 days	27.5 days

Because the same instrument was used, these data can be compared to a national sample from 1993-2003 from the CDC Healthy Days Study (2005), which is the latest report available. On a national level, whites were far less likely than Hispanics to cite poor health, with 13 days of poor health compared to 22 for Hispanics over a ten year average (CDC 2005).

The responses to the question, “How many days out of the last 30 were you not in good physical health?” provide a telling contrast between US whites and Latinos to Florida’s whites and Latinos and Mexicans in Urireo and Wimauma. Latinos/Hispanics tend to be similar to whites in terms of their physical health in both Florida and the US at large, with an average of 3 days per month that they are not well. Mexicans living in Wimauma had an average of two days more per month when they did not feel well. However, Urireanos in Mexico had more than two times the number of days that they felt physically ill.

The fact that the Urireanos in Guanajuato report the poorest health is in keeping with the healthy worker effect. Those who are sicker stay behind in Guanajuato and those who are healthier migrate to Wimauma, therefore they have less days that they feel sick. However, the data also illustrate the dangerous and tiresome nature of the work that Urireanos do once here in Florida. Their elevated reports of physical pain can be seen as a normal side effect of physically strenuous jobs and hence they are in pain much more

than whites who normally do not engage in this type of labor. A future study could compare these data by occupation and type of labor involved; however, this is not available at this juncture.

In every category, respondents in Mexico seemed to be more ill and suffer more, especially in terms of sleeplessness, mental health, tension, anxiety and depression. However, people in Urireo tended to state that they feel better more often than those in Wimuama. Possible explanations for such a contradictory finding could include the cultural mores against saying that you are not healthy in Mexico, diet/nutrition and, for those in Wimauma, a general exhaustion from the long hours and grueling work involved in construction, farm labor and other physically demanding jobs. Women like Juana, who are faced more than ever with a double day with little to no social support from their mothers or extended family to help them care for the children and the household, are understandably tired and low on energy.

Conversely, it could be that people in Urireo genuinely feel better and that they are more energetic precisely due to the fact that they have a better overall quality of life. In contrast to their immigrant Mexican counterparts, people in Urireo have social support, combined with an enhanced comfort level as citizens and residents instead of undocumented immigrants in a foreign country. It seems plausible that those in Urireo do not have the added worries of identity politics, the constant search for work while trying to remain inconspicuous, and the ever-present fear of “la migra” or border patrol. Additionally, those in Florida cannot easily see their loved ones in Urireo to make sure that they are alright, whereas those in Mexico see each other regularly and are able to maintain life-long patterns of communication, tradition and customs. Those in

Wimauma, in contrast, have the nagging anxiety that someone or something is not right and they face the powerlessness of not being able to be there to help. This culturally ascribed role means that migrants can only help through their remittances and not in ways that help them gain better peace of mind. Sending money does help but, being able to physically and emotionally “be there” for one’s loved ones provides a different peace of mind.

In effect, those in Uireo may have a peace of mind that those in Wimauma do not have, because they are surrounded by the familiar, which is comforting. Those in Wimauma, especially those without documents, are surrounded by the unfamiliar and foreign, even if they are surrounded by their own nuclear family.

Nutrition also plays a major role in one’s energy level. As reported earlier, Uireo is known as a place where people still grow and harvest corn, then grind, mix and make corn tortillas by hand. People truly believe that these tortillas are a source of health and life and will repeatedly state that “You don’t need to eat anything else!” with conviction. The all-powerful mixture of eating traditional foods, prepared in traditional ways that include lime, cal and corn have real nutritional value.

Galor and Mayer (2002) outline the poverty trap, in which even if education is provided to a child who is compromised nutritionally or healthwise, the effect will be negligible since the child will not progress, meaning that he or she is “trapped.”

The poverty trap gives rise to two classes of families, one poorer, less healthy and unskilled and the other richer, healthier and skilled. The health-related poverty trap we propose can be thought of as an addition and continuation of the efficiency theory of wages, that explains the possibility of a low productivity trap due to low nutrition (Galor and Mayer 2002: 2).

The poverty trap concept runs from health and nutrition backwards to income, instead of income being the causal determinant. They test and prove a hypothesis that “there exist

thresholds of health and well-being that lead to distinct equilibria at different levels of human capital” (Galor and Mayer 2002: 7). In this way, “health inequality may be a factor in the transmission and persistence of income inequality” instead of the other way around, as is commonly thought (Galor and Mayor 2002: 9).

This model seems to work for Urireo, because, as Galor and Mayer point out, the consequences of nutrition are easier to see in relation to education and skilled work rather than unskilled or unorganized activities:

Temporary hunger is related to inattentiveness. Protein-energy malnutrition (especially in early childhood), often worsened by a child’s parasite load, is significantly related to poorer cognitive and school performance indicators, and to worsened general conceptual ability, problem solving, mental agility and capacity. Micronutrient deficiency disorders also impair school performance. Iodine deficiencies are associated with reduced intelligence, psico-motor retardation, mental and neurologic damage and cretinism. Iron deficiency anemia, which affects 1.3 billion people, of whom 210 million are school age children, has been associated with lower mental and motor development test scores (Galor and Mayer 2002: 10).

Dr. Melquiare’s observations about parasitic disease and malnutrition seem almost prescient in light of this argument. Galor and Mayer conclude that both education and nutrition need to be financed from very early on in a child’s life, because even if countries eventually fund either one or the other, the children “will be trapped in low-wage, unskilled labor, remaining in the cycle of poverty” (Galor and Mayer 2002: 13).

Mental Health and Health Status

A shy 21 year old respondent who left Urireo at the age of 14 told me, simply, that “Cuando tengo deudas, estoy estresado y no duermo” or, “When I have debts, I get stressed out and I cannot sleep.” Undoubtedly, many of us are the same way. The data show that Mexican respondents on either side of the border and Americans of all ethnicities suffer from mental health issues. The CDC found that “nearly one-third of

Americans say they suffer from some mental or emotional problem every month—including 9 percent who said their mental health was not good for 14 or more days a month. Younger American adults, aged 18–24 years, suffered the most mental health distress” (CDC website 2005).

Several authors have pointed to mental health issues, especially for the “women left behind” when the husband migrates north (Salgado de Snyder et al. 1996, Cebada 2001). The Mexican Secretary of Health estimates that at least four million people suffer from depression nationwide but few of them receive treatment (Secretary of Health 2001: 46). Both the Urireanos in Wimauma and Urireo suffer from mental health problems, according to self reported data. For whites and Hispanics in Florida and the US, the average number of days that people suffered from poor mental health was between 3.0 and 3.6 days out of 30. Those in Urireo suffered almost four times that figure, for an average of 11 days while those in Wimauma suffered three times that figure, or about 9 days. Local data from the Ruskin Health Center showed that 1494 patients received 2103 visits for mental health issues, which is probably a statistic that is far too low. Helman reviewed the literature on mental health status among immigrants and found that discrimination, stress upon migration, changing ‘life space’ where rules and rewards change in the host country and structural issues such as language and overcrowding all affect mental health issues (Helman 2000: 200). Not surprisingly, he also concludes that “certain cultural traits (such as family cohesion and religion) may protect against mental illness, while others are likely to contribute to an increase. These may include a rigid division among the sexes, the social isolation of women, multiple religious taboos and prescriptions, etc.” (Helman 2000: 201).

The finding that mental health is a pressing issue for Mexicans both at home and abroad is not new, in fact, it is to be expected. However, the challenges remain in figuring out exactly how to intervene. Urireanos suffer from real-world issues, most of which they try their best to rectify but which, in the larger scheme of life, they are powerless to change. For example, mothers and wives in Urireo worry when they do not hear from their sons or husbands at regular intervals. What is the appropriate intervention? It is a normal response for them to worry, given the distance and economic difficulties that both the migrant and his/her family endure. The challenge is to develop an intervention to help people on both sides cope with structural issues so that they do not unduly suffer from them, either psychically or physically.

Mental Health and Substance Abuse. Alcohol use and abuse have been well-documented within the farmworker population (McCoy et al. 1996). Healthcare providers at the local Ruskin Health Center are concerned about this problem, which they identify as affecting the solos or single men who live in camps: “Single men have no controls or limits and consequently are often involved in alcohol (primarily beer) and substance abuse. Substance abuse is very rare for the women.” While providers were concerned about other substance abuse, having seen some use of crack and hard liquor, only one provider stated he had encountered the use of Methamphetamine. Providers do not see substance abuse as unrelated to other illnesses they treat within this population. Instead, they spoke about the use of alcohol and drugs as tied to involvement with prostitutes and high risk behaviors, which are seen in conjunction with the spread of STDs, again primarily in the single men.

The oldest respondent in the study, a 77 year old ex-Bracero from 1942 to 1952, explained that he began drinking while here in the US as a Bracero. By 1947, at the age of 22, he was a daily drinker, mescal, tequila, aguardiente and even rubbing alcohol. He estimates he was an active alcoholic for 22 years, when he finally gave it up in 1975. Today he sees his drinking as related to his work as a migrant and the fact that he was very young, not realizing what he had gotten himself into. He continues to work his parcel and four of his six children live in the US, two in Wimuama.

The Beth El Mission in Wimauma offers Alcoholics Anonymous meetings and has for years. The consensus is that “no one goes.” Providers at Ruskin Health Center knew this to be true, they recommended that “substance abuse treatment and prevention should target young men and women for prevention of both substance abuse and HIV. It should go to the camps where the people are-especially the single men. Do not expect the people to come to you.” Women in Wimauma independently observed that substance use was so great that the local convenience store replaced its cooler that used to have milk and cheese with one that has only beer, thus adding to the already extensive selection of beer in Wimauma. They stated, “its not safe to walk along the road after 6 PM, you are likely to get run over by the drunk drivers.”

Urireo also reports to have an Alcoholics Anonymous meeting every week, organized by the local DIF in Salvatierra. For two or three weeks, I went to the place where the sign was displayed but no one ever showed up. While most people in Urireo report that they drink, women do not drink very much at all, except at fiestas or if they have “bilis” in the morning. The remedy for “bilis” is to drink a beer in the morning and I was told it is very effective.

Public drunkenness is frowned upon in Urireo, however, it is common with males and almost never seen with females. There are two contexts for public drinking. The first is the case of the returned Braceros, older men who have returned and can no longer migrate. Often these men have no family left, usually their sons have migrated as well and daughters tend to live apart. In my interviews and ethnography with them, their loneliness was palpable. One day at 11 AM one of them offered me a drink comprised of rubbing alcohol and a soft drink flavored with grapefruit (Kas toronja). I responded that this could not possibly be good for their health, which evoked a rather sarcastic response. Left with little and extremely poor, these males are simply drinking themselves to death out of depression and loss. Everyone in the town knows what's going on with them; however, no one says anything. They sit on the stoops of their cement homes, talk and visit amongst each other and drink.

The second context for drunkenness happens within the younger population. During the fiesta, males tend to congregate together at one side of the room or solar while the women tend to sit in the chairs or dining area. On every weekend night and also during fiestas, males of all ages line up around the outside of the plaza and young girls while women, usually in groups of two or three, promenade around the inside. As a participant in this phenomenon, it was clear that the females were nervous but the males were usually drunk or on their way to getting there. Usually, men will shout out comments about the women while the women just laugh or hide their faces. The effect of males' drinking on this "courting ritual" is fairly negative, since males tend to embarrass either themselves, their friends or the women, objects of their affections. Women in

Urireo were philosophical about their males, either returned or current migrants. Several commented to me independently that “Urireo’s men are not bad, they are just drunks.”

Folk Illnesses, Folk Beliefs and Curanderos

Like people all over Mexico, Urireanos follow their folk beliefs and often consult folk healers, such as *hueseros/sobadores* (bonesetters/massagers), *curanderos* (faith healers) or, in one or two occasions, *brujos* (witches). Urireanos in either Mexico or Wimauma tended to see anger and emotional distress as causing diabetes and heart disease. A fairly young widower whom I interviewed in Urireo had worked for three years in Wimauma picking tomatoes, cucumbers, strawberries and cauliflower. Recently he lost his wife to *susto*, a folk illness, told me that he felt that life was too hard for a man without a wife

It is really sad, I spend the day thinking and I don’t have anyone. What do I do all alone in my house? I think what I need is a wife. A man suffers a great deal. I have to wash, cook, everything – I am the husband but I have no wife. My daughter in law is not the same, and now she has stopped offering to helpout. It is just sad. I have been asking God to give me a wife.

This man’s wife’s *susto*, or fear, came upon her in Florida. He then brought her back to Urireo to see if she could be cured. She could not and now he is a widower at 57. Doña Maria in Wimuama sees her diabetes as being caused by her *corajes* as well as *soda*.

There were also three *parteras*, or midwives, who would help women and children with herbal teas and sometimes even serve as *sobadoras*, giving massages. In general, Urireanos will go to a *sobador* or a pharmacist before going to a doctor in the case of hurting a hand, leg, foot or any other bones. There are several more *sobadores* in Urireo than there are *curanderos* and there is only one *brujo*, who lives at the top of the *cerro* at

Rancho Los Garcias. Luisa fell one night on her hand and leg when she was checking on her son:

I went to the sobador and Don Lazaro healed me, he massaged my hand, told me that I would have to endure the pain and he put a sling on me. By midnight, I stopped taking the medicine I had; I was better.

Gender Differences in Perceptions of Health

This study revealed that there were gender differences in how participants viewed their and their family's health. The majority of this data comes from qualitative data, including interviews, ethnography and participant observation, while the data from 45 CDC Health Related Quality of Life Index surveys supported the qualitative findings. Due to the small number of interviews that utilized the CDC Health Related Quality of Life Index, only 22 in Urireo and 23 in Wimauma, for a total of 45, the data are insufficient to yield any type of statistical significance.

The data are presented in Table 4-9 in an effort to be illustrative, not definitive, because of the limitations of the small sample size. As stated at the outset of this study, future research should focus on obtaining enough surveys to conduct robust analyses. T-test were performed on all questions by gender and site (Wimauma or Urireo). There was no significant statistical difference between the means by gender on any of the questions. That is, women and men did not significantly differ on their responses in this small study. However, statistical significance was found for differences between the general health of Urireanos in both places and most notably, women's rating of their own health in either place. Not surprisingly, women in Urireo reported far lower levels of satisfaction with their overall health status than those in Wimauma. Table 4-9 summarizes the two significant t-test findings for the first question from the CDC HRQOL index, "How would you rate your general state of health?"

Table 4-9. Question 1: How Would You Rate Your General State of Health, by Gender and Place

Test	#	Mean	Std Error	Std Dev	95% Conf Int	Values
Both	N=44					
Genders						
Urireo	21	3.8	.19048	.87287	3.412 4.207	t=1.9274
Wimauma	23	3.3	.14889	.71406	3.039 3.657	P>t=0.0304
Women	N=22					
Urireo	10	4.1	.34	.34801	1.100 3.321	t=2.0288
Wimauma	12	3.3	.225	.25	.8660....2.699	P>t=0.0280

Women tended to look at health as affecting the whole family, and one's mental health as well, which is in keeping with previous literature (Finkler 1994). To illustrate this point, let us consider two cases of women, Irma and Luisa, whose mental health and stress affected their physical health. Irma wants a better life and she and her husband are in agreement that both of them need to work in order to achieve it. During 2002-3, she became suddenly ill with a severe stomachache that would not go away. She went to doctors in Chicago, Florida and Urireo. They told her she needed an operation. Irma refused. While back home in Mexico, a doctor gave her a series of injections and she says that it helped. Her explanation?

I think it was some kind of frustration with work or with the kids. I did not want to have that operation. I'm glad we went to Mexico and they could help me. I think it's the stress of what you go through here (es el estres de lo que vive uno aqui).

In the second case, Luisa was very depressed. Her two sons were living and working in Wimauma but she had not heard from them in two weeks and, worse yet, she had not received any remittance from them either. She looked at me and her daughter and said, “Why won’t they call? They could call me and at least I would know they were ok. What has become of my sons?” Luisa was later hospitalized with hypertension and the doctor told her to stop worrying so much or she would soon have a heart attack.

In contrast, many of the males simply did not think health was as important and many of the males do not get sick in Urireo. While some males I interviewed attributed their health problems to their work, major health problems seemed to be caused by the will of God, or sometimes, lifestyle. An older ex-Bracero with children who used to live in Wimauma told me that “I believe in God, without Him I could not do anything. He gives me strength. I plant the seeds in the name of God, I bless the parcel because I believe in God.” This *ejiditario* had multiple health problems and appeared much older than his stated age of 65: vision problems, broken ribs, enlarged prostate and heart problems. He reported that he preferred to use herbs than go to the hospital but had been to a private doctor four times in his life. He admitted to “drinking in excess due to family problems,” the cause of his last doctor’s visit. This doctor prescribed valium to him, which he takes.

As Adalberto, a veteran migrant who left Urireo in 1980 at the age of 16 and has never stopped following the work, put it

I think that people here in Urireo and there in the US are equally healthy. What I think is that there (US), they get a little crazier (*mas locos*). They get into accidents because they drink a lot and they have cars and they drive.

Ironically, Adalberto’s health was affected by his repeated back and forth between his home and new wife in Urireo and his most recent place of work. In 2002, he left Urireo

to go Kalamazoo, Michigan and work in a nursery. Upon being there just a few days, he began to feel very dizzy and he fell, resulting in being unconscious for a few minutes, loss of vision in one eye and a serious concussion. After spending \$1500 in the US to figure out what his mysterious illness was, the doctors finally deduced out he was suffering from a common disease in Urireo: brucellosis or “*fiebre malta*.” Brucellosis is transmitted through goat’s milk and Adalberto did not realize he had ingested goatmilk while home on vacation. Chon, who recently lost his wife, is a 57 year old widower who now lives alone in Urireo. He thinks that people live better in the US because the foods are better and, by earning dollars, people can afford to eat better:

Well, in the first place, we have no money here so we ate better over there. We felt better over there, in the sense that over there we had a lot of food to eat. Especially if the patron gave us meat. I remember one time we made *pozole* over there and it was the best. I think that we had everything we needed there. I was even fatter over there. Even what you eat in bottles or cans has vitamins over there.

But some migratory men whom I interviewed in Urireo noted that nutrition is not always better in the US. In fact, some tended to feel that life was often better in Urireo but economic considerations in both places affect peoples’ health, as a 21 year old migrant with 8 years of work history in the US told me:

I think that the people who live here in Urireo are probably healthier. Over there, a lot of us work and we are sick but we have to keep working anyway and we don’t get better. Many of us do not go to the doctor because we don’t know English or we don’t have money. I think that nutrition has a lot to do with it. Almost all of the guys there do not eat right because they want to save money to send it home.

Juana’s father, who still lives in Urireo, represented the view of most of the men and some of the women when he said

Listen, when we get sick and we cannot work, that’s when we go to the doctor to get better. We have to keep on working, if we don’t get better, then we cannot work. It’s all about the work, whether you live there or here....It would make sense that people there would be healthier. Life here has become more and more

difficult. There I understand the government helps out with feeding the children. Here, there's no help available.

Carmen, a 38 year old mother of five who also takes care of her mother-in-law while working with her husband in a small store in Rancho Los Garcias, spoke to the importance of preserving health

Health is about being well physically and not having any kind of problem, not having to worry about anything. One's health is the most important thing there is because it is sad when a person loses their health. The entire family suffers when one person is sick. It's important for the whole family to be healthy. When you are healthy, you don't need to worry about money. My husband takes care of his health. We think that health is a treasure.

Although most people thought that health is better in Florida, there were several people like Juana, living in Wimauma, who thought otherwise:

In Urireo, people work less. Here the people are working like mules. This work is heavy and hard. You get up at 6 AM and you work work work until night. It's mainly the Mexicans working in the fields. When your check comes, you get a little happier but then you realize it's very little for all that work. Aside from working in the fields, you have to take care of the house, the children.

Juana's quote eloquently illustrates the link between physical health, mental health and traditional gender roles as a major theme for the women both in Urireo and in Wimauma.

The general mortality rate for the United States is 558.4 per 100,000 while the rate is 627.6 per 100,000 in Mexico, according to the Pan American Health Organization (2005). Life expectancy is one measure of the health of a nation. In 1950, a child born in Mexico had a life expectancy of 49.6 years (Secretary of Health 2001:33), while his or her US born counterpart had a life expectancy of 68.2 years (National Center for Health Statistics 2004).

By 1970, the Mexican child's life expectancy increased to 61.7 years (Secretary of Health 2001: 33) and by 2000 it was 75.3. Mexico projects that, in the year 2025, a child born in Mexico will have a life expectancy of 81.2 years, with an infant mortality rate of

only 12 per 1000, down from 167 per 1000 in 1950 (Secretary of Health 2001: 33). Life expectancy also differs by gender and whether the person lives in the urban or rural area of Mexico. For example, in 1998, males in Mexico could expect to live an average of 61.1 healthy years. This figure is comprised of an estimate of 58.5 healthy years for males in rural areas and 61.8 healthy years for their urban counterparts (Secretary of Health 2001: 34). Women across Mexico at that same time were thought to have about 66.9 healthy years, with rural women faring poorer at 63.9 years than urban women who lived 67.5 years (Secretary of Health 2001: 34). Mexico's estimate of the average person's number of healthy years in 1998 was 63.9, with 61.3 years for rural Mexicans and 64.6 for urban Mexicans (Secretary of Health 2001: 34).

Answering the Research Questions

How Does Migration Affect Traditional Roles, Responsibilities and Expectations, Vis A Vis Gender, Age and Social Class, and How Does This Affect People's Health In Both a Sending Community (Urireo) and a Receiving Community (Wimuama)?

This study has shown that migration has profoundly affected the real but not the traditional gender roles in Urireo. That is to say that traditional gender roles that place women in the home and men in the streets or fields persist, despite the everyday reality that women and men both engage in economic endeavors outside the home. Both women and men are vulnerable to role loss, either through not being able to migrate and become breadwinners or through role expansion, where women have to work outside the home in either Wimauma or Urireo in order for the family to survive. To achieve balance between the real and traditional, i.e. idealized, gender roles, women must constantly negotiate their lower status with the males in their lives. Women who do not follow the wishes of their husbands or sons face gossip and sanction by them, if they find out. For

men who lack access to land or money, which would also help them gain an education, it has ceased to become a family survival strategy to migrate. Instead, they are expected to migrate as a rite of passage, or face a loss of face in Urireo. This rite of passage is dangerous in many ways, not just in crossing the border, but also in terms of self-development and health consequences later.

The net result of this shift creates a double day for women and an increased pressure for males to put themselves in the hands of *coyotes* who will extract their labor as debt peonage upon their arrival in the US. Hence, the real and idealized roles of either males or females in Urireo are in reality much more complex and nuanced because they are in conflict with stated roles and responsibilities. In Wimauma, women and men from Urireo face serious obstacles to fulfilling their expected traditional roles to their family members back in Mexico. Women's traditional roles as nurturers and caretakers mean that they are expected to not only care for their children and husband but also their parents. Upon migrating, many women fear what will happen to their parents in their absence. Like Araceli, who is reluctant to join her husband in Orlando due to her parents' ailing health, women face major stress between complying with being a good daughter and being a good wife while also working full time or more in the US. The net result from such conflict is additional stress.

While this study has involved a sample of the Urireanos and health providers in both Florida and Urireo, it has not involved the entire population by any means. This context is an important consideration at this juncture. The study involved Urireanos in all three parts of the ejido and also those in Wimauma. Almost all of the Urireanos in Wimauma were currently employed while many people in Urireo were not. This is key to looking at

the different kinds of stressors faced by people in each place and how gender roles are affected as a result. Each person deals with stress differently; however, there are patterns of how people in this study dealt with their stress based on their gender and age. Women in Wimauma tended to express more guilt than men about not being closer to family members, and they tended to worry constantly over their well being. Likewise, women, but especially mothers like Luisa, expressed great concern and reported sleeplessness and excessive worry over their sons and daughters on the other side. In this way, women in both places tended to suffer psychically from the distances created by migration.

Men tended to respond to their role loss in one of two ways, sometimes both, either through drinking or through migrating. Returned migrants who were back in Urireo tended to see themselves as “on vacation” and tended to drink at least daily. Those males who were in Urireo and had been previous migrants drank daily as well. Males in Wimauma tend to only experience role loss when they are doing jobs they do not like or when they cannot find work. In either case, they will often drink. As Selena, who grew up as a migrant worker and is now married to a recent migrant from Urireo, put it, males tend to drink while women tend to worry and work.

Life in either place is not solely comprised of work, worry and suffering. In fact, life goes on, people in this study continue to look for ways to better their situations. Faced with the added stressor of discrimination in Wimauma, Urireanos have continued to focus on working, remitting and returning to Mexico whenever possible. Meanwhile, people in Urireo face more economic stress, as the prices for agricultural products continues to be too low to support a family. However, Urireanos continue to enjoy a peace of mind, even if their overall quality of life is not better. They negotiate their transnationalized pueblo

of Urireo in ways that preserve tradition, whether in terms of gender roles or overall customs like the fiestas. Urireanos in both places have clung to their particular culture and traditions, while at the same time adapting to changing economic and social situations.

In a broad sense, this means that Urireanos do undergo a syndemic in which the positive or the negative can be amplified by the synergy between the life events, environmental conditions, stressors, violence, physical health, economic situation and migration itself.

Whom Do Urireanos Think Is Healthier – Those in The US Or Those in Mexico?

The answer to this question tended to depend upon the gender and migration status of the person responding to it. In general, Urireanos in both places tended to think that Mexicans in the US were healthier for three chief reasons: economics, nutrition and environmental standards. First, they cited the migrants' ability to earn dollars and buy more and better food. Faced with a situation of extreme poverty in Urireo, many Urireanos saw that returned migrants were "fatter" when they arrived for fiestas but skinnier when they left, which they attribute to better diet in the US. In reality, it might have more to do with exercise, since most Urireanos in Wimauma do very little walking and a great deal of driving. Like Juana, many find themselves overweight and do not understand why. People on both sides of the border, including an increasingly high percentage of Urireanos who have never set foot in the US, appreciated US government-funded programs such as migrant health clinics and, to an even greater extent, the Women Infants and Children (WIC) program. WIC was viewed very positively because it provides food and nutritional counseling for pregnant and perinatal women and their

children who are nutritionally compromised. Migrant health centers were not viewed as positively, as will be discussed in the next section.

Closely related to the economics is nutrition. I have separated these two topics because economics is but one part of the nutritional equation, as demonstrated by both respondents in Mexico and Wimauma. Nutritionally speaking, most people agree that food in Mexico is both fresher and better. Some but not many Urireanos admitted that they lacked fresh or good food, including meat, on a regular basis, but this is surely the case. Urireanos who had lived in the US, especially Florida, recognized the importance of good nutrition to maintaining health. One major theme discussed by respondents in both places was the healthiness of prepared, processed and canned foods. Although the responses were about fifty-fifty, a slight majority felt that these kinds of foods were bad for the body, mainly because they contain unnatural chemicals that could be cancer-causing. The rest felt that these foods had to be healthier due to their being inspected or being fortified with vitamins and minerals. Some people thought that Mexicans in the US did not eat well, pointing to consumption of fast foods and greasy unhealthy snacks.

The third reason that Urireanos are healthier in Florida has to do with environmental health issues. Not incidentally, none of the Urireanos in Mexico cited this factor. It was only mentioned by Urireanos in Wimauma, who, like Natalia, suddenly observed that they got diarrhea and respiratory infections far less frequently in Florida than back home in Urireo. Like Selena, they cited environmental health issues such as cleaner water, septic or sewage systems and better hygiene. In this context, children probably benefit even more than their parents from the cleaner surroundings, given that

environmental health problems contribute significantly to Mexico's overall health problems.

Are The Health Behaviors Of Urireanos In Their Sending Community Different Than Those In The Receiving Community?

The answer is yes and no. One of the main ways in which they differ is health access. Ironically, it seems that people in Urireo tend to have more points or options for accessing healthcare. If we consider, as they do, folk healers and pharmacists health providers, then they do consult health providers with more frequency in Mexico. In general, however, Urireanos' behaviors tend to stay the same. That is, most Urireanos, like most people, do not particularly worry about their health unless they become ill. Whether in Wimauma or Urireo, they simply do not seek doctors unless they are so ill that they cannot work. Those Informants in Wimauma constantly reminded me of their need to work, their desire to obtain a better quality of life, and their desire to improve the lives of relatives behind in Urireo. Getting sick just makes that dream farther away. This analysis is divided into three areas: health seeking behaviors, diet/exercise and lifestyle behaviors.

Health Seeking Behaviors. In both Urireo and Wimauma, there were a variety of health seeking behaviors and patterns. Also, participants tended to have diverse views of their own health seeking. Does health seeking behavior change when Urireanos settle in Wimauma? Based on the self-reports of Urireanos in this study, it does not appear that they change their health seeking behaviors upon migration. In fact, based on key informant interviews and ethnography, people in Urireo tend to utilize more and different health seeking options, including pharmacists, vitamin injections, *curanderos* and *sobadores*. This could be explained conceptually. For example, one could argue that

people utilize the health systems to which they have access. Few Urireanos like or trust the “*curanderos*” in Florida, because they deem them to be fakes or charlatans. For this reason, several key informants told me that they would go back to Mexico for treatment.

Health seeking behaviors, even taking into account the differences in types of providers, in both places tend to focus on children and/or acute or emergency care. Women in both Urireo and Wimauma prefer *parteras*, or midwives, to doctors. Like Natalia, who only goes to the Ruskin Health Center to see the *partera*, women will go out of their way when they know that there is a *partera*. In contrast, neither Urireanos in Mexico or Florida mentioned going to the doctor for preventive health care. Outside of obtaining immunizations for their children, which mothers did routinely in both places, I observed very few cases of well-woman visits or even routine check ups. There was a general lack of satisfaction with private doctors in either place, because of cost and/or wait time.

One of my key informants, a teacher in Salvatierra, tried to convince me that people in Urireo and the Bajío in general, were not thrilled with the *ejido* system, but not for the reasons that the media or government stated. He was persuasive in his argument that “people here really like the concept of private land ownership – they understand the idea of buying and selling land.” He went on to argue that this is precisely the irony of the *Cristiada*: both sides would have preferred to have land they could use as they wanted, not something that had to be decided communally or through some governmental entity. Hence, he reasoned, people like the idea of private enterprise, not public services. Such seems to be the case with healthcare in Urireo and in Wimauma. Maybe this explains

why Urireanos in both places preferred to access private physicians, and only when too ill to be able to work.

In Wimauma, it was common for people to complain about the local community and migrant health center:

I can't go there! I'd rather pay out of my pocket for a private doctor at Wimauma Health Center even though they charge a lot of money when you don't have insurance like us.. I can't wait for 2-3 hours with my sick babies at that clinic ~ Natalia

Juana echoed this, but had several examples. The local migrant health center has a dental facility and Juana waited 6 months to get an appointment for her sore tooth.

Well, it hurts a lot..this tooth is really ugly. I called for a dental appointment in May and I got an appointment for November 15. They are so slow. In that clinic, it does not matter if you have an appointment or not, you will waste your entire day there. They give you an appointment at 7 AM and you leave at 7 PM. I watched the nurses gossip for 4-5 hours there, they just do not care that you are there waiting and in pain, that's the worst, you are sick. Where can you report this? I was almost in tears there the last time. In Mexico they just let you die.

Urireo has one public health facility, Salubridad, and about eight private physicians, including the doctor in charge of the Salubridad clinic. Another doctor is married to the pharmacist, but he works in Salvatierra and sees patients on his "off-time." I wondered how such a small place could possibly support so many private physicians. Interviews with key informants led me to conclude that there are several reasons. First, there are so many respiratory infections due to the open sewers and constant burning that infections are continually present and being passed around. Second, there is poor hygiene, which contributes to the on-going illnesses. Third, there are many small children living in Urireo, which means that they are constantly ill, and at odd times, which is why "off-duty" physicians can still make money in this town.

Diet/Exercise. Like health in general, diet or exercise is not a priority for people in Urireo or Wimauma unless they have a good reason. One good reason for changing diet or beginning to exercise is a new diagnosis such as diabetes, heart disease or hypertension. People in Florida tended to understand a little more about the need for diet and exercise, primarily because they tended to be overweight and have fallen ill, often receiving such a diagnosis, when finally going to the doctor.

In considering exercise as a learned behavior, it is important to recognize that people have differing views of what constitutes exercise. Males in Urireo like and enjoy playing soccer, which occupies their leisure time. However, apart from soccer, exercise is not seen as a regular part of life for most people in Urireo. Nevertheless, people do exercise more in Urireo than they do in Wimauma. Here it is important to consider the landscapes and built environments of Wimauma and Urireo. Urireo is a colonial village, with the Catholic Church forming the mainstay of the plaza. Housing around the plaza was constructed from the inside out, according to one's social status. For this reason, Urireo was designed for walking, not driving. Today people are more mobile and combis, buses and taxis are available from the plaza; however, one still must walk to the plaza in order to obtain transportation. Upon arrival in one's destination in Mexico, normally people just walk to their next destination. This means that, in order to obtain transportation in Mexico, one usually has to walk at least three to four blocks each way.

Like many other places in Florida, Wimauma is a rural town that one could drive through and not even realize it. Besides the Post Office, Wimauma is not visible as a town. There are signs but there are no real markers that would indicate it was a town such as a town square and/or market. Since most Urireanos live in trailers, they drive to

and from work or to run errands. While in Urireo, people spend considerable time walking to their destinations, Urireanos spend considerable time driving to their destinations. The consequences of this lack of activity are more visible to Urireanos when they consider their children, who tend to be overweight. One respondent has an eleven year old daughter who has been diagnosed as having Type II diabetes, otherwise known as Adult Onset Diabetes. This type of diabetes is related to obesity.

Mexican parents related the following dilemma. First, parents lack time to dedicate to their children due to working long hours and getting home late. They are afraid to let their children outside due to gangs and violence so they stay inside. Since they are inside, children acquire habits that parents see as detrimental, namely watching TV, playing video games and drinking soft drinks, mainly Coca Cola. One parent called this the “Nintendo-Coca cola” effect but expressed powerlessness as to how to change it. For this reason, several agencies came together and formed a youth soccer league and also work with the local county department of Parks, Recreation and Conservation to involve Latinos in their programming.

The lack of regular exercise, even walking, contributes to the growing problem of obesity and cardiovascular diseases like diabetes that disproportionately affect Mexicans and Mexican Americans in the US. The problem is at once behavioral and structural: driving is necessary and Urireanos have no culture of exercise. As Juana exemplifies, not only do people eat better – and sometimes worse – in the US, they also eat more and exercise less, which causes them to gain weight. If this behavior were to change upon migration, conceivably people could maintain a healthier weight but because they do not, they are instead faced with long-term problems like diabetes. There is hope for these

kinds of problems, as health promoters from the community relayed in their interviews. By educating Mexicans in their own language by people they know and understand, it is possible to help people negotiate these behavioral changes.

Lifestyle Behaviors. Lifestyle behaviors, such as cigarette smoking, alcohol consumption, drug use and abuse, sexual practices and risk taking, are thought to be linked to one's knowledge about the topic as well as one's attitudes and belief systems. For example, people who believe that they are at risk for a disease often act or behave in ways that they think will help them avoid or lower their risk. In Urireo, issues of lifestyle behaviors fall under the same category as traditional gender roles. Behaviors related to sexuality for women and alcohol use for men are also tied to traditional gender roles (Salgado de Snyder et al. 1996). This link has been documented in other studies, especially in regard to HIV prevention (McCoy et al. 1996). Salgado de Snyder et al. (1996) studied fourteen sending communities in rural Jalisco to ascertain the behaviors of women married to migrants, especially in regard to use of condoms. Their findings are in keeping with this study. Women saw themselves to be at risk for HIV and knew at least some of the risk factors, "yet 64% of them did nothing to prevent their self-perceived risk of infection" (Salgado de Snyder et al. 1996: 138). Women engaged in high risk sexual behaviors requested by their husbands such as anal sex without condoms, and 90% did not use condoms with their husbands (Salgado de Snyder et al. 1996: 139).

As ethnographic data and key informants in this study also revealed, women lack power in their relationships with men and, especially when males remit back to them, they are obligated to maintain the equilibrium of the relationship. The authors point out that "women felt they owed it to their men, regardless of how much they feared the

consequences (such as unwanted pregnancies, STDs or AIDS)” (Salgado de Snyder et al. 1996: 140). They conclude that “the respondents’ unconditional adherence to traditional gender roles dictated by the local culture” constitute a risk factor for their vulnerability to HIV/AIDS (Salgado de Snyder et al. 1996: 140).

Self-reported lifestyle behaviors must be interpreted with caution, since there is a tendency for people to either over or under report. More men reported to smoke in Mexico than in the sample in Wimauma, however, they self-reported between one and five cigarettes per day in each place. Women were equally candid with me about their lack of power in their relationships, even those who were born here. Selena related her frustrating experience with trying to persuade her Urireo-born husband to use condoms after the birth of her first son, only to incur his wrath. She became pregnant again almost immediately. After the birth of her second child, Selena decided she needed an IUD, since she had problems with side effects from the Pill. She had a very difficult time obtaining an IUD from the public health department and she gave up on the migrant clinic, saying that they told her that they did not offer IUDs. Through her social networks, Selena obtained an IUD from Mexico and then found a doctor in Florida who would insert it for her. She reported, “I guess it’s our fault, we [Mexican women] let our men jump on us like dogs and we let them have sex with us whenever they want without using condoms. This is the only way I can make sure I don’t get pregnant, even though it was a lot of work to get the IUD, it was worth it.”

Selena reflects the heterogeneity of people in this study. At times, they are simultaneously extremely empowered in terms of health seeking and disempowered in their interpersonal relationships. For women, the power differential between them and

their husbands means that they have to find a way to ensure that they maintain a semblance of balance while also getting their own needs met.

Men drink in both Urireio and Wimauma, which does not seem to constitute any kind of lifestyle change. However, the degree of mens' lifestyle behaviors were divergent and heterogeneous in both Urireio and Wimauma. In effect, males were either non-drinkers or drinkers and if they were drinkers, they would drink in either place. The difference seems to be the amount that males drink when and if they do drink. Males in Wimauma reported drinking between one and 15 days out of the past thirty, with the mode being only one day. These males only reported drinking one to seven drinks at a time when they drink. In contrast those in Urireio who drink reported drinking between one and thirty days out of the past thirty, with most drinking four or six days, with a range of three to 40 drinks at a time. Some men did not know how many drinks they had when they drink.

Other lifestyle behaviors such as obtaining regular check ups and use of protective clothing in the fields were equally non-existent for males in the study. Only two female respondents mentioned protective clothing and obtaining check ups, and both live in Wimuama. This finding, however, is not unusual, since women do not report working in the fields in Urireio and they do not feel that they have preventive healthcare there in any case.

Like diet and exercise, key informants felt that there was hope for improving people's health through education and health promotion. As long time health promoter Juan Gomez noted in Wimauma:

The community here is mostly undocumented, health is much needed. I guess in a sense my job helps because what I do is free....I do not ask for documentation.

What I teach is health related and I think my job helps the health of the community. The clinic provides health but a lot of people do not go. That's the only thing they can depend on, La Clinica, because they don't ask for social security numbers. I think the clinic is good, overall, it provides health for the people, for \$15 you cannot ask for anything better, the doctors and services are excellent. People do complain about waiting but let's be honest, it's better to have a clinic than not to have one.

I think that more outreach would be good, basic education, going into the community. People do not take care of their health and do not like to visit doctors for a variety of reasons, I think that there is a lack of education and they think that their health isn't that important. I think that we should do more health education and campaigns, outreach in the community. People would learn more and, there are people who don't even know where the health centers are, they only go from their house to the campo.

However, as Salgado et al. (1996: 141) also conclude, "the unavailability of basic health services to rural inhabitants of Mexico is a reality that will not change for some time...binational, bilingual programs must be developed and implemented with immigrants in both sides of the border...".

Health in Context

This study shows how important context is to understanding how people conceptualize their world, their strengths, options, problems and solutions. Urireanos carry within them the complex history of their hometown, which simultaneously pushes them out and pulls them back. Urireanos are not ahistorical workers, rather, they have been shaped by the dramatic history of the Mexican Revolution and the *Cristiada*. Their worldview and their options continue to be influenced by colonialism and ethnic and religious violence. It also shows that Urireanos, whether in Mexico or the US, conserve their culture and lifeways. Gender roles, health seeking and lifestyle behaviors continue to follow norms established in Urireo. Some changes, such as women driving, are seen as necessary adaptations to fulfilling traditional roles rather than a real change in gender roles per se. The consequences of these adaptations may impact the worldview of the

US-born children of Urireanos more profoundly than the migrant herself, because it is the children who become acculturated to both US and Mexican customs.

Since immigrant Urireanos tend to isolate themselves for various reasons, they do not tend to acculturate and integrate themselves into the public life of Wimauma to the extent that some of the northern Mexican populations have. Just as they did in Guanajuato, Urireanos in Wimauma tend to seek private doctors over migrant clinics, but neither are sought unless they are extremely ill.

This study shows that Urireanos do not place health at the top of their priority list. Working is at the top of that list. And if one is ill, one cannot work and in that case, health is of utmost importance. This finding has relevance for advocates, policy makers and researchers, because it means that health messages targeting this population could benefit from tying work and health together.

Health is not the same as well-being. The Urireanos in this study made it clear that they perceive a difference between these two concepts. To Urireanos, health can be seen as one part of well-being. It is within this context that health can be understood in the same way as those who come from Urireo understand it. Sacrifices, remittances, fiestas and peace of mind are also well-being issues because they help to fulfill traditional role expectations. If one is unhappy with one's job or unable to fulfill traditional role expectations such as providing remittances, role loss can ensue.

The healthy worker effect pre-selects those who can migrate in the first place. Don Daniel is a good example of how the healthy worker effect has become a selection device in the post 9-11 era. A former H2B worker, Daniel worked in Lubbock Texas, Wimauma and West Palm Beach, picking strawberries, squash and tomatoes. From 1956 to 1990, a

total of 34 years, Don Daniel supported his family through his remittances, visiting Urireo every year for a month or two during fiestas. He migrated when he was only 13 years old. Everything was going fine until he got into an accident in California in 1990. After spending 15 days in the hospital there, he had to come home to recuperate. Now he cannot go back. Since he has no access to lands of his own, Don Daniel's identity as breadwinner and bracero is a source of pride but also irritation. He cannot understand why his son, whom I had met in Wimauma several years before, prefers living in Urireo. He looks at it as if his son should make the best of his health and go to el Norte. Daniel cannot find anyone who will accept him on "the other side" because he is older. In reality, it might have something to do with his reputation as liking to drink. His family members know that he wants to go and work but they also understand their network members' hesitation at crossing him over. No one wants to face the coyote when he demands payment. With no collateral, the family simply listens to Don Daniel relive the glory days.

For the majority of Urireanos in Wimauma, their overall quality of life is just not as good as it was in Urireo, even though they may be physically healthier. In effect, Urireanos may possess a peace of mind that those in Wimauma may not. This has a direct impact on how people perceive themselves, and their mental health. Within this context, Urireos tend to perceive their quality of life issues related to a wide range of circumstances, including immigration status, health of loved ones in the US or Mexico and availability to see relatives, as critical to their physical and mental health

Conclusions

Mexico is still struggling with Third World health issues such as infectious disease and parasitic infections. Meanwhile, the US focuses on chronic health

conditions which require behavioral and lifestyle interventions. Urireo and Wimauma, each marginal to their own countries, face health issues that are at once environmental and chronic in origin. Mexico's population has a higher mortality rate (627.6 per 100,000) and a lower life expectancy (75.3 years) than its US counterpart (558.4 per 100,000 and 85 years). Infectious disease accounts for a great deal of the difference in these statistics because it affects the most vulnerable population, children under five years old, the most. For this reason, the Mexican government estimates that one of every six years of life lost in Mexico comes from infectious diseases such as respiratory infections, diarrhea, tuberculosis and sexually transmitted diseases, including HIV/AIDS (Secretary of Health 2001: 40).

Within this context, this study has shown how environmental health improvements, not lifestyle or behavioral changes, account for a great deal of the improved health of the Urireanos in Wimauma versus Mexico. Urireanos suddenly notice that they do not suffer from bouts of diarrhea or flu as frequently. It is important to note that their children are probably the biggest beneficiaries of their migration, since they will probably avoid the countless illnesses that their parents withstood in Urireo.

Whether in Wimauma or Urireo, people tend to continue their traditionally held beliefs that parteras are preferable over doctors, fresh foods are healthier than canned foods, and corajes and emotional disturbances can cause things like cancer or diabetes. Health beliefs and traditional gender roles continue to shape the options Urireanos perceive themselves as having. The Mexican saying, "*Es mejor prevenir que lamentar*" means "It's better to prevent than to be sorry later." Unfortunately, people do not know how to prevent, and often they do not have a clear idea of what prevention really means.

Educational approaches targeting prevention are suggested in Chapter 5, in conjunction with needed structural and policy changes. Educational approaches cannot take the place of infrastructure improvements, but they should co-exist with the structural changes.

Traditional gender roles have persisted in Urireo and continue upon migration to the US. Even women born in the US to parents from Urireo tend to share their mothers' lack of power in relationships with men, especially since they tend to marry men from Urireo as well. Women in both Urireo and Wimauma suffer greater emotional distress due to their physical separation from loved ones – sons, daughters, fathers and mothers – which precludes them from being able to care for them as they should, given their traditional roles as caretakers and nurturers. Natalia probably provided the best example of how frustrating it is for Urireanos in Wimauma. Natalia told me how she felt, with tears in her eyes. Her mother is alone and getting older: “If my family in Mexico is sick, I’m stressed out. I cannot visit them. When a person dies and you cannot go be with them before or even afterwards, it’s really difficult, it hurts us.”

The exact impact of this emotional distress is hard to gage, but the respondents in both Urireo and Wimauma cited a high number of days in the past month that they were not in good mental health, 11.0 and 8.9 respectively, as compared to only 3.6 days for Hispanics in Florida. The effects of separation might be harder on those in Urireo, who report feeling sad, melancholy or depressed an average of 8.1 out of the past month. Those in Urireo reported an average of 12.1 days that they felt worried, tense or anxious and another 5.3 days that they could not rest or sleep enough as they needed.

Although these findings are based on small samples, they show the magnitude of difference between the two groups in terms of mental health. Mental health, drinking,

accidents, liver problems and other physical ailments can be studied through the syndemic model, where all of these factors are tied together and synergistically influencing each other. It is precisely in this way that Urireanos' health is most compromised. Clearly, this is an area for future research.

In both places, Urireanos saw physical health and mental health as linked. Since Urireanos in Wimauma tended to have better health overall, it is important to note that they report feeling less energetic than those in Urireo. There are many potential reasons for this finding, including speculation that Urireanos who stay or return have a better overall quality of life and peace of mind than those in Urireo. Alternatively, it could be that Urireanos in Wimauma are engaged in such physically demanding work that they are simply worn out. In either case, the important finding is that Urireanos in both places suffer from mental and physical health consequences of migration, but for different reasons. As a result, any educational intervention aimed at improving either the mental or physical health of Urireanos needs to take into account both body and mind in order to be effective. The next chapter focuses on conclusions and offers recommendations for improving the health of people in both Urireo and Wimauma.

CHAPTER 5 CONCLUSIONS AND RECOMMENDATIONS

All religions, arts and sciences are branches of the same tree. All these aspirations are directed toward ennobling man's life, lifting it from the sphere of mere physical existence and leading the individual toward freedom. It is no mere chance that our older universities have developed from clerical schools. Both churches and universities – insofar as they live up to their true function – serve the ennoblement of the individual. They seek to fulfill this great task by spreading moral and cultural understanding, renouncing the use of brute force.

--- Albert Einstein, "Moral Decay," 1937

"People seem very depressed here," observed my friend who came to visit me in Urireo from Guanajuato. She was also struck by how differently the people in the pueblo dressed and spoke. To a young American woman working and living in the state's capital city, the Urireanos whom she met on her trip were nothing like other Guanajuatenses she knew.

As Cristina observed, Urireo is special in many ways. Urireo is an ejido, traditional and, at the same time, transnational, with a long history of male out-migration. Urireo is much more multidimensional, in terms of time and space, than it appears, because it simultaneously lives on in various small towns like Wimauma or large cities like Chicago through its transnational people. These transnationals, like Doña Luz or Don Antonio, take not only their culture but also their unique history with them as they seek to fulfill their dreams, and support their families, through work in the US. The result is a hybrid of culture, culture change and complex social networks that span various places and people. Inevitably, these same transnationals bring elements of US culture or even, "immigrant subculture" back with them when they visit or return to Urireo. For example, during my

first days of fieldwork in Urireo, I suddenly realized that one of the passengers on the bus was wearing a Tampa Bay Devil Rays' baseball cap. He told me that he had gotten it when he went to pick tomatoes one season in Ruskin, Florida, a place, he added quickly, that he did not like very much, because "there is nothing to do there." Another case of transnationals influencing traditional Urireano culture can be seen in the somewhat recent preference for "*tortas de hamburguesas*" or hamburgers at the *placita's* only taco stand.

Factors Affecting Urireanos' Health Status: Rewards and Consequences

Over the past four chapters, I have presented data from two transnational communities, with the goal of examining health status binationally. This research shows that health status is affected by multiple factors that work together at the same time to impact the individual. These factors operate at different levels and can combine to influence outcomes that are worse or, in some cases, better, as a result of the interactions between them. This synergistic effect has been called syndemic because the synergy between these factors can produce multiple health problems simultaneously (Syndemics Prevention Network 2004, Singer 1994, 2003).

Table 5-1 provides an overview of the dynamics involved in the quality of life of Urireanos in both towns, and how these conditions and mediators operate at various levels. I am defining the mediators as those factors that are characteristics beyond the control of the immigrant which affect his/her abilities and worldview. These mediators are: gender, age, family history of migration, immigration laws and the strength of network ties. All of these variables, or characteristics, color and shape one's experience in either Urireo or Wimauma. As mediators, they are factors that become part and parcel of one's life, things that one accepts at some level in order to carry on. With the exception of immigration laws, these mediators are factors upon which cultural norms

have evolved in Urireo, with those Urireanos in Wimauma continuing to transmit them through their worldview. The mediators are important because they either assist or deter the individual in obtaining his/her goals, either through remittances or migration.

The issue of quality of life, defined as the sum of both mental health and physical health status, is the outcome in the model below. This outcome, or dependent variable, is comprised of independent variables that operate simultaneously at the individual, family, community, society, nation-state and transnational levels. This study found that the most important dependent variable was role fulfillment, which is a complex issue that is influenced by these same factors and mediators. If one cannot fulfill one's traditional expected role, there is a great possibility that one will face "role loss" which in turn will affect one's mental health status. Interviews with the Urireanos in this study showed that most young or newer immigrants did not start out with clearly defined goals, but rather a sense of obligation to come to the US, work hard, remit back home and provide for one's own family once here, which has been documented in other studies (Massey et al. 1987). As they stay longer in the US, however, immigrants, like Irma or Don Antonio, tend to focus more and set clearer goals. Once they are fulfilled, these goals are seen as rewards, which help to boost the immigrant's view of his/her role fulfillment. However, if the goals are not attained or unattainable, they can become consequences. In this way, rewards and consequences become important to one's overall quality of life.

For example, if a male migrates to the US at the age of 18 and cannot find work, he suffers mentally from his inability to fulfill his expected role of provider. This lack of role fulfillment is a consequence that directly affects his overall quality of life, which I have categorized as "role loss." On the other hand, if he obtains work, can remit and

fulfill his expected role, then his overall quality of life is higher. For those who are older or infirm, migrating becomes a non-option, a trend that contributes to the healthy worker effect, as depicted below.

Table 5-1 divides the conditions and mediators into their appropriate level of analysis: individual, family, community, nation-state and transnational. Mediators are not changeable but directly impact access to rewards or consequences, such as economic opportunities, migration or social status. An individual's quality of life depends on all of the above but is also influenced by variables such as human agency, the healthy worker effect, laws and policies at the various levels and social capital at the family, community, nation-state and transnational levels. Figure 5-1 is a graphic representation of a three dimensional flow chart depicting conditions, mediators and the outcome (reward or consequence). This flow chart is only focusing on the family level and is provided to clarify the interrelationships that affect health status. Additional flow charts could be made for each level of analysis: individual, family, community, nation-state and transnational.

Table 5-1. Factors Affecting Health Status in Binational Context.

Level	Conditions	Mediators
Individual	Nutrition Education Health status Gender Age Social Networks Kinship Lifestyle behaviors Socio-Economic status Mental Health status	Gender Age Social and economic capital
Family	Family structure Remittances received Social Networks Social Capital	Previous family history of migration

Table 5-1. Continued.

Level	Conditions	Mediators
Community	Community norms Tradition Social control - gossip Infrastructure – roads, water, electricity, communications Employment Educational system Health services Social services Local government/authority Church Economic health and fiestas	Norms and traditional role definition Social support Trust
Nation-State	Policies and Laws * Immigration laws * Border policing Immigration Attitudes toward immigrants & migrants	Agrarian Reform laws Immigration laws Remittances as revenue
Transnational	Agreements: relationship between countries Degree of movement between countries Access to goods and services	Strength of ties Trust between network members on both sides

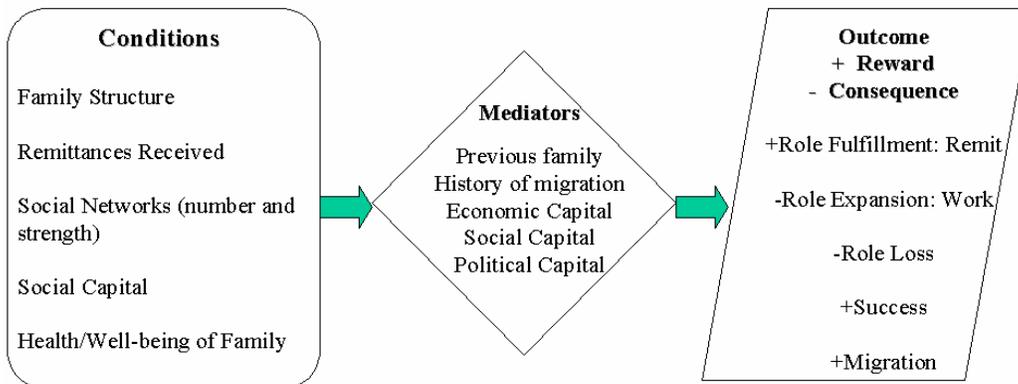


Figure 5-1. Flowchart of Family Conditions, Mediators and Outcomes.

In the flowchart, families who have a history of wage migration to the US will have stronger social networks that can help them to migrate and, later, to land jobs once here. This model is neither linear nor static. It is very dynamic and sensitive to transnational fluctuations, especially in regard to immigration laws and border policing, because any changes in this area affect other areas, such as the healthy worker effect or driver's licenses. One finding, as reported in Chapter 4, is that the mental health status of women in both countries was most affected by not being able to see loved ones in the Post-9-11 era. The main reason for this is that undocumented Urireanos could come back to Mexico but they would have to get back to the US, which is now more costly and difficult. New and stricter border policing drove up the price for smugglers or coyotes to shuttle undocumented immigrants across the US borders, with prices quoted at up to \$5000 per person (in 2002).

If the US were to change its immigration policies or to issue guestworker status through "Work Visas" to undocumented workers already in the US, this situation would change drastically, and could potentially loosen the grip that smugglers have on the market. On the other hand, if there were movement toward even stricter border patrolling and deportation, one could predict that mental health issues might become worse.

While those in Wimauma might have better overall physical health than those in Urireo, this study found that, mainly because of the culture shock of being in a foreign land and the stress of being undocumented, hence vulnerable, most Urireanos reported a higher quality of life in Urireo. This could be seen as a kind of "peace of mind" that those who stay in Urireo have while those in Wimauma do not.

Context of the Conclusions and Recommendations

This dissertation places culture, culture change and everyday practices within the context of transnational migration between Guanajuato and Florida and explores the various ways that Urireanos' health and well being is affected. This context provides us with several important insights that have broad reaching implications for community development and applied anthropology in both communities. Economics play critical roles in this discussion, but it is not only the economics themselves but rather, how the economic structures influence the socio-economic practices of each town. This section first explores how cultural norms, especially in relation to gender, interface with the changing economic structures of both towns.

Ethnographic research, participants and key informants pointed to the under-development of Urireo and Wimauma as it impacts each town's infrastructure and economic integration. The problem of under-development must be understood within the historical and social context of how each town is socially and economically organized. This underdevelopment can be viewed as the weak underlying structure for each town, creating vulnerabilities for residents in both places. At the same time, this same underdevelopment is the only infrastructure available, and as such, it is the basis upon which any kind of development occurs. On a parallel note, the lack of development can be partially explained by the socio-economic practices of each place.

Like all economic systems, Urireanos understand certain rules, rights and obligations, including a gender division of labor. As Dalton (1969: 363) points out,

when the rules specifying rights of acquisition or usage of any of these components of an economy are expressions of kinship or political relationships, the economic component is inextricably related to the social and we have a socio-economic practice, institution or process.

Urireo's socio-economic institutions and practices resemble that of a peasant society which operates quite independently from the larger economy of nearby Salvatierra, the municipal seat only three kilometers away. Urireanos participate in the economy of Salvatierra through their employment or labor exchange as well as sales in the market, most notably tortillas, by the tortilleras described in this study. The impact of these sales and/or labor exchange is minimal compared to the remittances sent from US-based Urireanos. Earning Mexican pesos is simply not the same as receiving US dollars. Additionally, Urireo has only small stores, usually referred to as abarrotes, whose prices are higher than one might find in a large market, making the relative cost of living for bought goods higher in the pueblo than in the municipal seat. For example, a liter of milk in Urireo cost 9 pesos, which was about \$1 US, while it only cost between 6 and 7 pesos in nearby Salvatierra (2002).

Urireo's underdevelopment has become more pronounced over time, due in large part to the lack of equitable agrarian reform. As time has gone on, plots have become smaller and most ejiditarios do not have enough land to truly sustain their families and sell to the market for some profit. Land has traditionally been a critical issue in Urireo, since it is tied to the Mexican Revolution, the ensuing Cristiada and on-going violence and conflict between pro-agrarian reformists and pro-Church factions. The lack of access to suitable plots has been worsened over the past decade, which has played a large role in making out-migration the preferred - and usually, only -option for most males.

Further, Urireo's traditional cultural norms and current economic practices place the traditional gender division of labor in conflict. Women in Urireo are not supposed to work outside the home while males are seen as sole breadwinners. With no local

economy to speak of, opportunities for unskilled young males in Urireo are limited to day labor, obtaining a parcel of land and becoming an *ejiditario*, driving a bus or taxi, working in the market, running a small store or obtaining employment in a nearby town. Without some kind of capital, however, it is highly unlikely that unskilled males without kinship or political connections to others in these occupations will be able to participate in the majority of these activities. In contrast, unskilled women have many more opportunities, especially in the three local *maquiladoras*, or assembly plants, which favor women over men. As a result, males tend to be under-employed and under-employable while females are employed or, at the very least, employable.

Cultural norms have not kept up with these drastic economic realities, however, so women are left to negotiate their new dual roles while gossip and social control continue to reinforce traditional roles, punishing those who deviate from them. Women who make and sell tortillas, for example, span both the traditional and the modern as they employ their ancient knowledge and technique for sale to neighboring Mexicans who have lost or no longer engage in this tradition personally. On the bus, headed for markets in the region, with their hundreds of warm tortillas packed into buckets, other Urireanos make comments or glance at them to make sure they know their disapproval. In another place or time, they could be seen as entrepreneurs. However, in the present day case of Urireo, these women suffer stress and isolation, which affects their mental health status.

Work for Urireanos is critical to their identity and role fulfillment. They not only need to work but they have a strong desire to get ahead, not just survive. For those in Wimauma, they also share a desire to eventually return to Urireo. Few Urireanos in

Wimauma will admit to wanting to stay in the US. However, many worried about how they would be able to survive if they returned.

As noted, Wimauma is also under-developed, poor and rural. Wimauma's roots as a company town for the railroad and turpentine mills meant that the local economy was almost always linked to larger industries outside of the town itself. As a result, Wimauma never truly developed into any kind of real economic force. In the 1920s and 1930s, Wimauma formed its own mayoral form of government, but the officials were representatives of the established businesses: railroads and company stores. Their allegiance was never local but with their employers, who were based in the Northeastern US. Further, Wimauma's demographic constitution was traditionally about 50% African American. It took the passage of the Civil Rights Act in 1964 and the Voting Rights Act in 1965 to effectively abolish segregation, even though there had been US Supreme Court had ruled against bus segregation in 1956 and entrance to universities based on race in 1961 as well as a number of lesser court rulings (Williams 1986). Jim Crow laws in the South had continued past these dates to keep Wimauma's blacks from access to land or equal rights (Maio, Mohlman and Capanna 1999). For this reason, Wimauma's inhabitants, living in rural Hillsborough County, never had an integrated community or infrastructure. This may partially explain why Urireanos who relocate to Wimauma understand that this is a place very much like their hometown, as they say, "quiet and forgotten." However, this lack of development and integration is about to change for all of Wimauma.

Like many other places in Florida, agriculture is an industry in decline. At 40 miles from Tampa, Wimauma is the latest area to be developed to meet the growing

metropolitan area's need for housing. Ironically, Mexicans are employed in housing construction that is taking place directly on the sites where, for the last thirty to forty years, farmworkers picked tomatoes, peppers or strawberries. As one key informant observed, with farmwork, one works the same fields every year but with construction, "you only build that house one time." With the housing boom, the acres left to farming decrease and so does the farmwork. It is unclear what the exact impact of this latest development might be for Urireanos. With the growth of residential housing, there may be an increased need for landscapers, which is a market niche current seasonal farmworkers might be able to fill.

One conclusion of this study has to do with the small town development in both Mexico and the US. The underdevelopment of both Urireo and Wimauma places those living there at greater risk, increasing their vulnerability. When areas are so underdeveloped, there is also a lack of healthcare, clean water, lighting, safety and sewage systems, which in turn affects the physical and mental health status of residents. This dissertation shows that these underlying infrastructure issues must be addressed in order to ameliorate the poor quality of life issues reflected in this research. From a Critical Medical Anthropology perspective, Urireanos in both places never really move from a Third World to a First World status but rather, they stay in a kind of "second-world" limbo in which health disparities are to be expected.

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WHAT STYLE OF HOMES WILL BE IN VALENCIA LAKES?

There will be a variety of homes offered within the community. All homes will be single-family detached homes.

HOW MANY HOMES WILL BE IN VALENCIA LAKES?

There are over 1,500 single-family homes planned and designed especially for active adults.

WHAT AMENITIES WILL THE COMMUNITY OFFER?

Seventh in the renowned Valencia series of active-adult communities, Valencia Lakes will offer elegant resort-style living with an unparalleled active-adult lifestyle beyond your wildest dreams.

COMMUNITY AMENITIES WILL INCLUDE:

- Spectacular staffed and gated entrance
- Full-time Lifestyle Director and Fitness staff organizing hundreds of clubs and activities
- TWO ENORMOUS CLUBHOUSES — OVER 64,000 TOTAL SQ. FT.

SOCIAL CLUB

<ul style="list-style-type: none"> • Grand ballroom • Dance floor and stage with dressing rooms • Internet café with wireless access • Kitchen for demonstrations and catering • Theater and conference center • Arts and crafts gallery with kiln 	<ul style="list-style-type: none"> • Resort-style pool with shade gazebos • Tennis courts with cabana bath • Grandchildren's tot lot • Four card rooms • Billiard room and sports lounge • Outdoor café
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ATHLETIC CLUB

<ul style="list-style-type: none"> • Two indoor racquetball courts • Spa with private fitness evaluation and massage rooms • Classroom/seminar room • Dance and fitness studio • Men's steam rooms, saunas and locker rooms • Women's steam rooms, saunas and locker rooms 	<ul style="list-style-type: none"> • Tennis courts with shaded viewing • Putting Green • Resort-style pool with lap area • Resistance walking pool • Basketball goal • Indoor whirlpool • Full-service hair and nail salon and so much more!
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These are preliminary facts and subject to change without notice!

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Figure 5-2. Advertising for Valencia Lakes, 1500-home Development Opening in Wimauma, Fall 2005.

Themes from the Research

Seven overarching themes emerged from this research in relation to the health and well-being of transnational Urireanos. Some of them need to be explored further in more depth than was possible in this study. These are:

- Health status in Urireo has been affected by land/agrarian reform and unequal land distribution;
- The healthy worker effect operates on two levels to select who will migrate: 1. self-selection by the migrant and 2. selection by the smuggler of whom to assist in crossing to the US;

- Migration has affected traditional gender roles and role fulfillment, creating role expansion and role loss, which in turn can affect one's mental health;
- Despite migration, Urireanos have continued the same health seeking behaviors and beliefs, with little acculturation by Urireanos in Wimauma;
- Urireanos tended to view their overall quality of life as better in Urireo than in Wimauma;
- Urireanos in both countries felt that those in Wimauma were probably healthier than those in Urireo, chiefly due to their ability to earn more money and eat better; and
- Despite almost 50 years of out-migration and the same amount of time in sending remittances back to Urireo, there has been no community-wide development nor infrastructure building that would improve the overall health and well-being of those left behind.

Each of these themes will be explored in further detail below.

First, in an indirect way, health status in Urireo has been affected by land/agrarian reform, because the lack of access to land or money affected food security, especially for the most vulnerable, the children. Lack of equitable agrarian reform also served as an impetus for out migration to the US. Land reform, which was only partially successful in the Bajío due to the Guerra Cristera, has continued to create schisms within the social fabric of the region to this day. Of course, Urireanos are more likely to stay if they have access to land. With land, they tend to also have access to education and money, which are interrelated. But, for the most part, the only way for people to earn enough money to fully participate in the public life of Urireo, including its two annual fiestas, is through earning dollars.

Urireo may be caught up in what can be considered a "poverty trap" (Galor and Mayer 2002, Banerjee and Newman 1993, Galor and Stark 1990, WHO 1999). Galor and Mayer (2002) point out that poverty is not always a cause of nutritional deficiency, but that nutritional deficiencies can also cause a lack of readiness for poor people to learn and

intellectually progress, ultimately leading to failure. Key informants and Urireanos themselves identified child malnutrition as a priority. If malnutrition is as prevalent as one might fear, then it is possible that current and future generations of Urireanos will become “trapped,” even more so than they are currently.

The “healthy worker effect” is an occupational health term that refers to the tendency for any sample of current workers to be the healthiest, since those who are infirm or older tend to not participate in the labor force, either because they drop out or because they were not healthy in the first place. The second theme shows that the healthy worker effect operates on two levels within this study. Both levels relate to the selection of workers via the market. Those who are older or would not be able to withstand the physical or mental stress of crossing illegally, with or without a coyote, are less likely to migrate. The second level is more blatant, and relates to smugglers’ views on from whom they, and their networks, can reasonably extract labor upon their arrival in the US. This practice is technically debt peonage, which is illegal in the US. However, it is increasingly happening in the Post 9-11 rural Mexican landscape, where it can cost up to \$5000 per person to cross over. Increasingly, migration is not feasible for those who would have trouble being employed here in the US because they could not then pay off the debt for crossing afterwards.

The third theme posits that migration has affected traditional gender roles, creating both role expansion and role loss. The impact on women’s mental health in either Urireo or Wimauma seems to be more visible than that of males. Since roles should match social status, dissonance between role fulfillment and social status creates confusion at various levels: personal, interpersonal, family and society. The “blurring of roles” which

is any kind of modification or deviance from traditionally held notions of gender and, importantly, gender division of labor, means that confusion can ensue. For example, a role expansion for women as de facto heads of households creates dissonance since they have no corresponding increase in social status as “providers,” a role reserved for males.

Males who migrate at a young age contribute to overall family survival by sending back remittances, which fulfills their expected traditional role of provider. Males who marry and remit back to both their wives and mothers in Urireo can fulfill their traditional roles and do not experience role loss. Often, once males marry they can no longer afford to simultaneously remit to their birth family and sustain their own families. When males marry and stay in the US, the situation is even more difficult, as one mother told me, “I knew he would not be able to send me as much once he got married, but now I have grandchildren and that’s what I want: to see them.”

If males are not able to fulfill their role expectations then they become depressed and these mental health issues can affect their physical health. As described in Chapter 4, Mexican-based mothers who do not receive remittances face increased mental health problems, reflected in self reports of depression and lost sleep. Females who are left behind when males migrate tend to have role expansion, whether because they now work in maquilas and/or their difficult roles as single mothers, which is a type of role loss. Meanwhile, both males and females who migrate to the US face role loss because both genders work in farmwork, which means that females face role expansion, because farmwork does not pay enough for only the male to work and sustain a family. Males experience role loss because they cannot provide for the family on their own. Females in Wimauma face a “double day” in which they fulfill their traditional and expanded roles

as mother and worker, which I am calling role expansion, which creates depression as well. This depression can have physical effects.

Post 9-11-2001, US immigration crackdowns have meant that undocumented Urireanos have not been able to visit family in Mexico. An economic downturn has made it difficult for immigrants to send remittances to Mexico, which means that the Urireanos in Mexico and Florida tend to experience higher levels of anxiety, economic pressure and depression than they had previous to 9-11. Mothers in Urireo, ever fearful for their sons and husbands in the US, whom they see less and from whom they receive less remittance, suffer from increased stress, anxiety and mental health issues.

Even in 2005, this study revealed that Urireanos' identity is strongly linked to traditional gender roles. There is a delicate balance that must be kept between traditional and changing roles in order to maintain one's identity. One's identity is often tied to how one is viewed in Urireo, not how one is seen in Florida. This essentially means that there is a conflict between the real and idealized gender roles, especially for women but also for men. In light of increased vigilance at the US-Mexico border, smugglers are now charging more money to shuttle Mexicans back to the US. This means that, for undocumented Urireanos, which is 90% of those in Wimauma, travel back from Urireo is prohibitively expensive. Unable to go and return easily, migrants are less able to go back to the fiestas, demonstrate their successes and be viewed as "heroes" or "role models" as they had previous to 9-11. This means that the gratification of having made it must be further delayed, but this is only one more outward recognition that one has fulfilled an expected role. Their inability to change these structural barriers contributes to a compounded effect that increases feelings of failure and depression.

In Urireo, gossip and social control continue to enforce role compliance for a woman, which simultaneously preserves tradition and social order while punishing perceived deviance from social norms. More than men, women left behind seem to pay the price for noncompliance, especially when absent males find out about transgressions, such as working outside the home, or infidelity. The gossip and social control seem to be applied chiefly by women in Urireo, and the gossip can quickly reach as far as Wimauma or Chicago. One US born informant told me that his Urireo-born father would sometimes say “parecen tortilleras de Urireo” or “they act like tortilleras from Urireo” in response to people in Chicago who would speak disparagingly about others. Ironically, the tortilleras tended to be objects of social control and gossip rather than the major gossipers in this study. Nonetheless, the fact that people have this perception reveals the ways in which the pueblo continues to deal with perceived deviance from traditional gender roles.

The fourth theme parallels, and complements, the third. Like traditional gender roles, culturally ingrained health beliefs and behaviors persist despite acculturation. Even though migration has shaped and blurred lines between public and private spheres, women now must find ways to negotiate power relations with their husbands whether they live in Urireo or Wimauma. This is most visible in relation to sexual behaviors but it also permeates lifestyle behaviors related to diet and exercise. Health seeking behaviors, especially in relation to timing and type of health care to seek, remain the same in both places. Urireanos in both places tended to wait until they were too ill to work in order to seek care. Care was sought most commonly from private physicians. Women from Urireo on both sides of the border prefer parteras to doctors. Notably,

mothers in both prioritize well-child visits and vaccines for their children and rarely miss appointments for their babies.

Fifth, Urireanos tended to view their overall quality of life as better in Urireo than in Wimauma, even though they recognized that environmental health was better in Wimauma, and they tended to have better physical health there. One of the most important improvements in the health of Urireanos in Wimauma is that they suffer far less enteric disease due to cleaner and more available water, sewage and septic systems. However, despite these structural improvements, Urireanos, especially women, tended to view life in Urireo as less stressful and less strenuous. Men tend to see Urireo as better but often they look at it as a place to come back to vacation and not to live, despite the fact that they have built houses there that remain empty most of the year. The key to understanding this finding lies in the view that health is only one part of well-being, while the main aspect of well-being that interests those from Urireo might be best termed “peace of mind.” This is understandable. Whether or not one has money, life in Urireo means being surrounded by family, one’s native language, traditional foods, people and structures that make sense.

Life in Wimauma is the opposite. Surrounded by the unfamiliar, Urireanos in Wimauma are constantly surrounded by a language they do not speak, people who do not share their worldview, laws that they do not understand, like the one banning them from obtaining a drivers’ license if they are not resident aliens. Being undocumented, Urireanos in Wimauma fear deportation at any time. Work is long and physically challenging. All of these factors increase Urireanos’ stress levels and take away from their overall quality of life.

The sixth theme from Urireanos in both countries reflects that view that those in Wimauma were probably healthier than those in Urireo. They pointed to improved economic situations, nutrition and an environmental health infrastructure as contributing to better health in Wimauma. However, it is important to note that there was some disagreement. Several doubted that, given the fact that people work harder in Wimauma, their health was really better. Others pointed to women's double day and lack of social support. Still others felt that, all things being equal, health status should be the same. Two migrant men pointed out that they do not eat as well when here because they want to send as much money home as possible. Others observed that migrants "get crazy" in the US, causing them to get into more accidents. Additionally, Urireanos on both sides of the border appreciated that the US government sponsors programs like WIC and migrant clinics, which were seen as extremely needed and helpful to the lives of children.

Regardless of these improvements, Urireanos in Wimauma did not change either their lifestyle behaviors or health seeking behaviors in any significant way. While their diet does change, with the introduction of canned and processed foods, including fast foods, their ways of dealing with health and well-being do not. For example, even though many observed the potentially harmful effects of fast and processed foods, usually through speculation that they are potentially cancer-causing, Urireanos do not make any changes to their daily behaviors or lifestyle, which could mitigate their increased risk. The result is that these lifestyle changes, especially the more sedentary way of life in Wimauma, means that people eat fast food and drive instead of walk to their destinations. These changes help to contribute to their weight gain, and in many cases, obesity, which is a known risk factor for cardiovascular diseases including diabetes, hypertension and

heart disease. Behavior change, including the introduction of exercise, balanced diets and regular health care, is a tall order for Urireanos who are focused on remitting to their loved ones in Mexico. As a result, health behaviors get passed down from parents to children, with poor results. One respondent reported that his obese 11 year old daughter was diagnosed with Type II diabetes and was taking insulin.

The seventh and last theme relates to Urireo's continued under-development, despite the remittances and housing growth in the town. Urireo's economy is not integrated into the region and the small market continues to demonstrate features of a peasant economy, since the items sold tend to be locally produced and demand great physical effort with low levels of technology, such as produce, farm animals and handicrafts. Investments in education, infrastructure such as roads and sewers, and technology in all areas, from agriculture to health care, are desperately needed but viewed as elusive "dreams" by Urireanos on both sides. Hence, the underdevelopment spawns more underdevelopment, putting Urireo further and further behind.

As noted in Chapter 2, Dalton (1969: 73) first described the phenomenon of "cash income growth without development." This dissertation has shown how the concept of "old culture" continues to thrive in Urireo, despite the influx of US-origin foods, videos and clothing. This culture is conservative, clinging to traditional ways of thinking and doing, which essentially translates into a discontinuity between the Urireanos and their neighbors, either in Mexico or in Florida, who are learning new skills or gaining more technology. Taken together, the structure of Urireo and its economy are simply not equipped to prepare Urireanos for life in the 21st Century. Community development needs to be conducted with an understanding of these dynamics. Development, which

entails technological and educational reforms, needs to be incorporated into the town's existing social structure in a way that is respectful of migration and traditional gender roles.

Recommendations for Urireo and Wimauma

One of the hallmarks of anthropology is listening to the recommendations of the community and portraying them within their proper context. The recommendations listed below come from surveys and interviews with Urireanos, key informants and health providers in both communities. I have organized the recommendations to specifically address issues of health and quality of life. In this section, I address recommendations for improving the health disparities described in Chapter 4, adding to the discussion the structural issues that were found to affect overall quality of life, as described in Table 5-1.

Recommendations for Urireo are followed by a section on recommendations for Wimauma. In both sites, key informants and participants had differing but overlapping views of priorities for their towns.. For each community, recommendations will be presented in unranked order, with health as the main focus. This categorization reflects the research question that prioritized health and well-being; however, as noted in Chapter 4, health was not the first priority of Urireanos in either place. Urireanos' recommendations for Wimauma and Urireo are presented below: 1. Health, 2. Infrastructure Improvements, Roads and Water, 3. Economic Development and Opportunities, 4. Education and Youth Development, and 5. Security and Safety. The last section focuses on policy reforms and recommendations.

Recommendations for Urireo

In the words of Mexico's Secretary of Health,

Right now, Mexico dedicates only 5.6% of its wealth to health, a statistic that is lower than the 6.1% that is the average across Latin America. These resources should be increased. On one hand, there are still basic necessities that need to be covered and the health costs will continue to increase if they are not. But health services also help to stimulate the economy (Secretary of Health 2001: 20).

Increasing funding for health services in Urireo would definitely be an improvement for those living there; however, it is doubtful that these funds would serve to stimulate the economy in any real sense. Key informants and Urireanos provided recommendations for both Urireo and Wimauma. Basically, recommendations fall into the following categories: 1. Health, 2. Infrastructure Improvements, Roads and Water, 3. Economic Development and Opportunities, 4. Education and Youth Development, and 5. Security and Safety. This section will first present the recommendations for Urireo from key informants, then from Urireanos. The next sections summarize the recommendations for Urireo and those for Wimauma from the various respondents. The last section will present a synthesis of recommendations for both the sending and receiving communities from a perspective of Applied Anthropology. Common themes and trends will be highlighted.

Recommendations from Health Providers

The most pressing issues facing Urireanos revolve around safe and clean water and infectious disease prevention. The pharmacist was clear that she sees the majority of illnesses as being linked to water: gripa or flu, respiratory infections, typhoid and parasites:

The water is a major problem. It is just very limited. We have dry spells where everything just dries up and it becomes dust, people burn trash and all of these toxins end up in the air. People have allergies, they get respiratory infections. People over by the canal are constantly sick with amoebas, because there are literally feces floating there, where the children play.

The canal should be cleaned up or at the very least, there should be tubes installed to prevent this kind of on-going illness. The physicians and health providers in both countries all concurred on the need to educate people, especially mothers, in Urireo on preventive health and hygiene. Dr. Melquiáres felt strongly that the schools, one Catholic and one public, should be more open to allowing classes on health directly on-site. He also noted that people should have better education so that they can get better jobs and not send their children to work in el Norte. Providers at Suncoast Health Centers echoed this:

Education in general is an important part of getting people out of the migrant camps and into a better life. Convincing the parents of the importance of education to youth and letting them go to classes is difficult. Parents are increasingly working two or three jobs, leaving kids alone. A major problem is the lack of supervision of the kids. Since they are often at home alone, they can get in trouble. There is often a schism between the patients who only speak Spanish and their kids, who only speak English. They literally do not understand each other.

Other health providers suggested the need for more services, a focus on family planning, more studies on the exact nature of health problems in both communities and intensive health promotion. In both Urireo and Wimauma, providers tended to focus their ideas for health promotion on youth rather than parents, whom they see as overwhelmed with making a living and harder to motivate to change.

Recommendations from Urireanos

Urireanos themselves identified great needs in both Urireo and Wimauma. It is worth noting that these recommendations at times overlapped and at times did not. Recommendations tended to stress the idea that Urireanos on both sides would like to stay in Urireo. They recognize that they need help – and more opportunities – in order to make this a reality. Below, I will present their recommendations in the following order:

1. Health, 2. Infrastructure Improvements, Roads and Water, 3. Economic Development and Opportunities, 4. Education and Youth Development, and 5. Security and Safety.

Health.

As mentioned throughout this study, health was not at the top of people's recommendations. In general, their concerns revolved around caring for the health of their loved ones, usually children or parents. Most expressed concern for "those who have the least." Recommendations fell into the following categories:

1. Improved health services,
2. More access to specialists and technology,
3. More reasonably priced health care and
4. Better and more qualified doctors.

First, they recommended a more extensive health center, which would be able to accommodate preventive health care such as Well Women Checkups. Next, older people who needed cardiologists or specialists need to travel 60 miles or so to places like medium-sized cities such as Celaya, which effectively doubles the original cost of the healthcare itself. Access to closer specialists and services such as MRIs were listed as recommendations. Third, since Urireanos tend to prefer private physicians, it is not surprising that they would recommend the need for lower priced healthcare in general, with one respondent only half-joking, "what we need here is good doctors at a free clinic." Even though Urireanos recommended this expanded public health center, it seems unlikely that they would use it unless they gained more confidence in the level of service they might receive there.

Despite people's increased confidence in private physicians, they also cited the need for better and more qualified doctors locally. One man in C6poro noted that there

are no doctors where he lives and recommended that one should set up an office in his area.

Infrastructure Improvements: Roads and Water

The infrastructure and underdevelopment of Urireo affects the health status of her citizens. Urireanos are aware that the water puts them and their children at risk for disease. They also realize that much work is needed in order to install sewers. Problems with water, water access and roads were cited most frequently. Therefore it is not surprising that people recommended that Urireo invest in major infrastructure developments like paving roads and installing sewer systems. As one woman put it, “enclose the sewers because the stream is hurting us (el arroyo nos perjudica).”

Recommendations for infrastructure improvements fall into three major categories: a. Improved access to water, b. Install a sewage or water sanitation system, c. Paving and maintaining roads. Each of these will be discussed in order.

a. Improved Access to Water. Urireanos depend on the Water Committee, comprised of ex- and current delegados and other community volunteers, who oversee the water system, including well-drilling and placement. The Water Committee maintains two wells that feed the houses that pay for water service. Water is often scarce or too low pressure, as people observed throughout the research: “We only get 1.5 hours of water and it arrives at 5:30 AM, when it arrives.” To their credit, water usually did arrive; however, it was often a mere trickle that barely filled the bottom of the cistern where I lived. Water is problematic for another reason. Tubes carry water from wells directly to the streets. From the end of the street, a tube carries water to each house. Individual houses do not have water meters, since they all feed off the same tube. All houses, regardless of the amount they could use, pay the same, because in theory, all

houses receive the same amount. Unfortunately, due to low water pressure, houses at the ends of the streets or those that are more elevated tend to receive the least.

The Water Committee, faced with ever-increasing costs to dig new wells and maintain existing wells and tubing, collects fees on a monthly basis. When people do not pay for their water, which is frequent, the Committee responds with a two-pronged strategy. First the names of those who are delinquent in paying for water are read over the community loudspeakers at 5 AM. Sometimes it takes up to two hours to read all the names. If this public shaming does not work, the Water Committee cuts off the water at the street level. This means that all the houses on the street lose water, regardless of whether or not they have paid their water fees on time. Urireanos do not complain to their neighbors when this happens, instead they go directly to Delegados or Water Committee members, usually to no avail. Often, families went without water for weeks or months, even if they paid their bills because their neighbors did not pay their share. Once the water is turned off, customers cease payment, which means that getting water turned back on becomes a major accounting issue for the Water Committee. All of this adds up to more time that people do not have access to enough water.

Urireanos recommended the following in order to abate these problems with water. First, they recommended that each house be equipped with its own water meter so that it would be easier to monitor and bill individuals and then turn off water only to those delinquent houses. Second, they recommended that more and deeper wells be dug to supply the area. Third, two people recommended that Urireo in general needs “less politics on the part of delegados,” because everyone perceives that they will get no help without money (“no me ayudan porque no tengo dinero”).

b. Install a sewage or water sanitation system. Cleaning up the dirty water (aguas negras) and the canal, el arroyo, was the most cited recommendation in this study.

Besides the health issues, the canal smells and, especially when it is hot and dusty, the air itself actually takes on the smell of the canal. People wanted to encase the sewage or put it in tubes, but no one mentioned devising a way to treat the water once captured. Urireo definitely needs to encase the sewage while also finding ways to treat it. Where will the raw sewage end up if it is put into tubes? Probably the same places it is right now, which means that the health of the pueblo would continue to suffer. A water treatment system is needed.

d. Pave and maintain roads. While it may seem counterintuitive at first, the lack of pavement and lack of enclosed sewage combine to create a synergistic effect during the rainy season. Most roads are only paved in the middle or partially, leaving the sides of the roads dusty and pot-holed. When it rains hard in Urireo, the roads literally wash away and the mud flows everywhere, especially into the arroyo beside the road. The excrement and sewage mix with the mud as it flows ever downward through the town, from Rancho Los Garcias to Cópore to Urireo. While I lived there, the road was replaced with gravel twice, to no avail.

To be sure, these projects are major undertakings for a pueblo the size of Urireo. However, they are desperately needed. It is worth noting that only one person recommended “fixing the plaza.” However, in 2002-3, this was the only project that was completed in Urireo. Most respondents were philosophical about encouraging delegados to take on such big tasks. They felt that delegados would not want to part with that

amount of money, even if they had access to it. Only one person mentioned that people should not throw trash in the street.

Economic Development and Opportunities

Ejiditarios mentioned that the ProCampo program should be completely re-organized so that the government could better subsidize agriculture, instead of insisting on giving out loans for implements or fertilizers. As one respondent stated, “Agriculture does not pay, we need the government to help the ejiditarios.” Ejiditarios felt that they were being asked to do too much with too little. The government, previously their friend, is now perceived as another obstacle to making a living.

Next, ejiditarios and campesinos agreed that better jobs are needed. These jobs should reflect a “guarantee of work” meaning that people felt that employers should not dismiss them before gaining health insurance or some of the unethical ways that they perceive the maquilas as operating. Specifically, factories, not maquilas, were suggested. Employment for males is a priority.

Education and Youth Development

Urireanos in both Guanajuato and Florida pointed to great need for a secondary school, better teachers and more teachers, in general. While most people felt that a “better school” was needed, they also pointed to other youth development needs, such as parks or organized sports such as soccer. In order for this to happen, however, they were realistic about the need to clean up the soccer fields and provide lighting.

Security and Safety

Urireo’s dramatic and violent past did not prepare it for what residents and leaders identify as the downside of globalization and migration: gangs and drugs. It is a tradition in Guanajuato that males drink, evidenced by still-famous mariachi songs, such as

Guanajuato's hymn, "La Vida No Vale Nada" which literally means, "Life is Worthless." However, Urireo was not prepared for a newer kind of conflict, notably the invasion of graffiti or marijuanos, youth who use and sell marijuana. Marijuanos are generally blamed for theft, larceny and any sort of graffiti in the town.

While they are not necessarily new, the number of delinquent or street youths has increased. Urireo's two cherished fiestas per year mean that the pueblo has more to celebrate while drug dealers and those involved in illegal activities also have more opportunities to expand their markets to make more money. Young and old, male and female, respondents recommended that Urireo create some sort of security or police force to keep the peace.

Not incidentally, cab drivers in nearby Salvatierra refuse to bring passengers to Urireo after dark, since they have been assaulted in the past. Pizza and other delivery services are likewise reluctant to enter Urireo when it is dark. One cabdriver, upon picking me up at the bus station in Salvatierra, told me that he almost died in Urireo when he was attacked one night at Rancho Los Garcias. He took me only to the plaza, leaving me to walk about two miles back to C6poro, where I stayed.

Urireanos understand the violence of old and they live with it everyday. However, this new youth violence and drug subculture is completely foreign to them. Preventing or combating it seems difficult at best, since when I mentioned the concept of neighborhood watch, I was met with raised eyebrows and a skepticism that anyone would want to be the vigilantes of Urireo.

Recommendations for Wimauma

Urireanos in Wimauma were similar to their counterparts in Mexico: they did not readily recommend health as a priority. Health providers prioritized expanded outreach programs and education targeting single males, followed by general health education.

For Urireanos in Wimauma, like millions of other undocumented people in the US, their recommendations focus more on structural issues related to laws, immigration, including obtaining work permits, housing and transportation. This section will first explore the recommendations of health providers and key informants. Next, I will present those from Urireanos themselves.

Recommendations from Health Providers and Key Informants

Health providers and other key informants in the US side of this study tended to be less familiar with Urireanos or people from Guanajuato than with Mexicans in general. In fact, none of these providers were born in Mexico, but several were Latinos, one was a Mexican American born in Texas. Providers expressed the need to understand the rural backgrounds of the people that they see. Health providers primarily cited the need for more education and outreach services to immigrants in general, and to farmworkers in particular. They prioritized males, especially single men, as needing information on avoidance of risky behaviors such as sex with prostitutes, unprotected sex, drinking and drug use in combination with lifestyle behaviors.

They also recommended outreach to the increasingly younger males, cited as 11 to 13 year olds, with age and culturally specific education about risk factors and how to protect oneself from communicable diseases such as STDs, tuberculosis and HIV/AIDS. They did not know what the content should be but did feel it was important. Since there are few programs aimed at prevention, the providers relayed that an agency had gotten

funding to educate women about how to cope with alcoholic spouses, but the program hired “wild counselors” who were culturally inappropriate for the easily embarrassed Mexican patients. Staff lamented that the “Puerto Rican women who were hired must not have received training on how to work effectively with Mexican women.”

Additionally, health providers did not feel it was necessarily their job as primary health providers to conduct the education, but that educational programs should be put in place. Their recommendations included the following quotes:

We need definite follow up programs and contacts for people that come to the clinic. We need something that we can specifically give them... The staff need a list of contacts, a phone number. The people that interact with them must speak Spanish [or their native language] because if they call a number and it is answered in English, they will just hang up.

Providers felt that a focus on youth would probably be more effective in terms of health education, since parents were generally thought to have established health behaviors. Toward that end, they suggested a variety of approaches, such as billboards with youth oriented messages emphasizing their cultural identity, commercials on Spanish radio stations (La Ley and La Mega) aimed at youth, involvement with the school health programs and linkage to school nurses. Some providers, though not all, recommended utilizing posters in bathrooms of bars, grocery stores and convenience stores such as Circle K.

Recommendations from Urireanos

Like many of Wimauma’s residents, Urireanos understand the realities and needs associated with life in rural Florida. There were more varied recommendations from Urireanos regarding Wimauma than their hometown. These recommendations follow the same order as those for Urireo, with the addition of three more categories which are pertinent to US-based migrants: 1. Health, 2. Infrastructure Improvements, Roads and

Water, 3. Economic Development and Opportunities, 4. Education and Youth Development, 5. Security and Safety, 6. Better and More Affordable Housing, 7. Transportation, either public or private and 8. Legal and Immigration Policy Changes.

Health.

Like their Guanajuato counterparts, Urireanos in Wimauma did not rank health as a priority in their list of recommendations. However, they did tend to cite the need for improvements to the local health center. Specific recommendations include:

- Faster attention at the clinic or less wait time
- Better clinic staff and
- More staffing, primarily so that wait time could be decreased.

While most staff at the clinic are bilingual, there are fewer Mexican-origin health providers, which sometimes causes cultural misunderstandings between Mexican and non-Mexican Latinos. The local hospital was also found wanting, with several people recommending that South Bay Hospital, which is private, charge less for emergency room care.

Infrastructure Improvements Such as Lighting, Sidewalks and Traffic Lights.

Wimauma lacks outside lighting and sidewalks along its two major roads and even the small roads that make up the historic town. Basically, people walk along the side of the roads, which can be dangerous. Most of those concerned about walking are women, many of whom do not drive, who must take their children to their various doctor's appointments and/or shopping or running errands.

Westlake Avenue has become an important thoroughfare for all of those who qualify for farmworker housing, since both La Estancia and the Groves are located along Westlake Avenue. La Estancia, with its 86 units, and the Groves, with an additional 112 units, are both accessed from SR 674, where one must turn either right or left onto

Westlake. There are at least two accidents every six months, according to observers. Nonetheless, there is no traffic light at this intersection. One family from Urireo operates a fruit stand on the property facing Westlake, which provides them a first-hand view of how dangerous this intersection is. A traffic light would also help to slow down the traffic along 674, since people also walk along this road with children.

As Doña Maria observed in Chapter 2, Wimauma is “ugly” and would benefit from fixing the streets, helping people paint their houses and clean the general area a bit more so it would be more attractive. The lack of unity in Wimauma means that outside development has more influence over policy makers than the residents themselves, because they barely participate in public discussions or planning. On one hand, this is understandable due to their immigration status and fear, but on the other hand, it is necessary, as health promoter Liza Cruz suggested in Chapter 2, that leaders emerge and claim their rights. The Catholic Church, the Beth El Farmworker Mission and other social service agencies have been working with local leadership and will hopefully continue to mentor future leaders, whether they are Urireanos or not.

Economic Development and Opportunities

Job creation, specifically jobs outside of agriculture, was the main concern of the Urireanos in Wimauma in relation to economic development. Some people, who had lived in other parts of the US, including Chicago, IL and parts of Michigan, recognized that the low pay, heavy physical labor and irregular hours involved in farmwork were factors that would not change soon. For this reason, they recommended that Wimauma increase the types of employment available and that there be better paying jobs. This type of economic development would also coincide with Hillsborough County’s plans for

the area; however, at this writing there are no plans for factories or any other industry that does not already exist in Wimauma.

While the construction of new homes is booming in the area, only two or three Urireanos in this study have worked on these projects. Most are either operating small stores, working as farmworkers or in restaurants, or any combination of these. To their credit, two or three families have taken initiative to start their own small stores, which are essentially small businesses. However, the growing housing in the area is not generating enough commerce for Urireanos or any other people in Wimauma to flourish economically and create opportunities for better jobs for unskilled workers.

Education and Youth Development.

Parents worry about their children's health and well-being, especially fearing youth violence and gangs. Problems listed by youth and their parents include: vandalism, gunshots, "Everything here isn't ours. There is nothing here for us to do.", "People just act stupid" (do not care)-lack of hope in the community that things will ever change, gangs, and drug/alcohol problems. A common theme from youth included a feeling that "People drink because there's nothing to do." Parents tended to worry about their children to such an extent that they do not allow them to play outside in the migrant camps or at the farmworker housing apartments for fear that something will happen to them or they will become involved with gangs. One mother told me that her son is overweight because she would rather that he stay inside and play Nintendo and drink Coca Cola, preferring that he have a weight problem than become involved in a gang.

As a result, parents recommended that there be a larger and newer recreation center that would include a gym for boxing and even a place where youth could learn to sing or develop their talents. They recommended programs to help their children prevent

substance abuse. Others simply felt that there should be more social services located in the area to “help the poor.”

Wimauma has two parks that are run by the Hillsborough County Department of Parks, Recreation and Conservation, Bethune Park and Wimauma Civic Center. Respectively, these parks are located closer to the Wimauma Elementary School and Newmauma Homes; however, these locations are distant from places where the majority of Urireanos reside. In 1999, parents, social services and churches came together to form the Rural Youth Soccer Association or RYSA, which operates from October through April at the Wimauma Civic Center. This league is now incorporated within the Florida Youth Soccer Association, but it continues to be very small and, sadly, there are many families who have no transportation to bring their children to play soccer.

Security and Safety.

Urireanos in both countries face a real problem with violence and gangs in their communities. For Urireanos, violence is nothing new, given their town’s history. However, once in Wimauma, Urireanos become exposed to a new type of violence that is relatively unknown in Mexico: gangs and narco-trafficking, which are interrelated. Near Westlake Avenue, where the two farmworker housing complexes are located, there have been two or three drive-by gang related shootings in as many years.

To be sure, migrant camps and trailers represent a threat to safety, because they are unsafe due to age, construction and the idea that there are many people living in a small area. Several Urireanos related stories of robberies or receiving threats while living in trailer camps. For this reason, they recommended “security and a safe place to live” as priorities. There have also been several trailer fires that, thankfully, did not involve the loss of life but which resulted in whole families losing their life savings of \$1000 to

\$5000 that was tucked in a mattress or, in the worst instance, in the carved wooden cross that hung above the door.

The main gangs in Wimauma are the Southside 13 or Sud 13, La Familia and the Latin Kings, who fight for territory and claim it through graffiti, usually on Stop Signs or county property, such as schools or the two parks. La Familia, started in prisons in California, is the oldest and best known gang in Wimauma, although they do not paint as much graffiti as the others. Since these gangs are so visible, parents fear sending their children to the parks because they know that gang members have been there. Community service officers, Sheriff's Deputies assigned to the area, patrol all schools and both of the nearby parks. Usually there is at least one bilingual officer of the two or three deputies. The Sheriff has set up a community advisory board, however, only two or three Mexicans attend, with no Urireanos attending. Again, this is understandable due to their immigration status, but the result is that their concerns are not represented to the local authorities. Advocates attempt to work with these populations and to speak for them; however, their abilities are limited.

Better and More Affordable Housing.

As Doña Maria mentioned earlier in Chapter 2, Wimauma's housing is predominantly comprised of trailers, with an increasing number of government-sponsored migrant housing. Trailers are usually rented and older, without air conditioning. In order to qualify as a renter in Wimauma's two farmworker housing programs, La Estancia or the Groves, renters must supply the managers with proof of work in agriculture or farmwork. This is problematic for two reasons. First, farmwork has been drying up, and, as indicated throughout this study, it is predicted to continue to diminish. Second, many people who currently work in farmwork would rather leave for better paying work

elsewhere but fear that they will have nowhere else to live once they cease working in agriculture of some sort. Wimauma does not have affordable housing for undocumented people. Affordable housing currently requires that potential recipients apply through Hillsborough County. The only case of affordable housing is found in Newmauma Homes, mentioned in Chapter 2, and it only available to citizens or legal residents through the county's housing authority or Section 8.

Transportation, either public or private

Wimauma's population lives along two major state highways, route 674, which runs east to west and Highway 301, which runs north to south. There are few stores within Wimauma itself; in fact, the Publix is located at the corner of 674 and 301, about 5 or 6 miles away from most trailer camps. There is a very small Wimauma Supermarket, which carries a very limited supply of food and is little bigger than a convenience store, a Circle K and two fruit and vegetable stands closer to La Estancia and The Groves farmworker housing. Essentially, in order to obtain services, shop or conduct any number of financial transactions, such as banking, one must drive or find transportation. Often this transportation is expensive, because one must pay for rides to raiteros, the Spanglish name for those who provide rides. In Urireo, there are older school buses and taxis that charge more reasonable fees for people to move between towns. Urireanos suggested that this system be adopted in Wimauma. It would consist of "combis" or "peseras" which would be vans or station wagons, and they would be operated privately.

Legal and immigration policy changes

Urireanos recommended that changes be made to immigration policies, work visas and driver's licenses. This recommendation is national or binational in scope, and its effects would reach far beyond Wimauma. Of all the interviews conducted in Wimauma,

legal issues emerged as the single biggest concern – and recommendation. Specifically, Urireanos recommended increasing undocumented immigrants’ access to driver’s licenses, which is currently illegal under Florida state law (CS/SB 520, signed by Governor Jeb Bush, May 12, 2002). Without driver’s licenses, it is harder for immigrants to obtain insurance for their vehicles, which is also required by law. As a result, many undocumented respondents in this study were aware that they were paying increased premiums for their insurance due to not having a driver’s license. Others stated that they did not have insurance or licenses, which creates anxiety for them since their cars and trucks are central to their ability to work, shop or function in rural Hillsborough County, which has no public or private transportation services.

The other area of concern and recommendation for Wimauma revolved around immigration laws and policies. Respondents pointed out that they come here to work and that the Border Patrol is always around, a source of fear. There were recommendations that the Border Patrol have less of a presence and to “let us alone so we can work in peace.” Other policy recommendations related to increased availability of work permits for those already in the US rather than only being able to obtain limited numbers of work visas or permits from Mexico under the US Department of Labor’s current guest worker program (H2B work visa).

Summary of Recommendations

The data and analysis presented in this study came directly from recommendations from Urireanos and key informants. Urireanos suffer from both structural concerns, such as a lack of ability to obtain driver’s licenses in the US, as well as low levels of literacy in English or Spanish and other personal limitations, given their situation as immigrants living in rural Florida. As outlined in Table 5-1, factors that influence the health and

well-being of Urireanos exist on multiple levels simultaneously, and many of these factors interrelate to have a major impact on Urireanos overall quality of life. The next section takes a Critical Medical Anthropological approach in viewing Urireanos within their proper binational context. Recommendations follow this approach, falling into two distinct but linked areas: 1. structural changes, including policy changes, and 2. educational interventions. First, structural changes are needed in both Urireo and Wimauma and they need to happen before any real improvements in the health and well-being of Urireanos will be possible.

Structural changes involve multiple levels in order to be effective and in the case of both Wimauma and Urireo, structural changes at the binational, nation/state and local arenas will have to happen within a context of personal responsibility, demarcating personal responsibility and local or governmental responsibilities. At the nation/state/local arenas, change will occur through legal, policy and church level interventions.

At the individual level, educational interventions can help Urireanos to learn to work more collaboratively together and create solidarity between groups that have not previously worked together, those who have traditionally held power and those who have not. Echoing the recommendations of health providers and leaders in both Florida and Guanajuato, Urireanos need to be better prepared to pursue their own vision of the American Dream. This preparation takes the form of education and job training, which is currently very limited in both towns. However, education alone does not insure that people will take advantage of it. This will also entail a great deal of commitment on the

part of the students and those who would presumably train them, on both sides of the border. I will explore these two broad categories in the following sections.

Recommendations: Structural Changes and Policy Implications

As discussed in Chapter 2, it is important to include key stakeholders and institutions such as schools, Churches, healthcare, government and business in order to truly affect change. These institutions will be key in helping to shape and flavor the needed structural changes, which fall into the following broad categories, as depicted in Table 5-2, below.

Table 5-2. Recommended Changes by the Levels of Interventions Needed.

Recommended Area of Change	Structural Changes and Policy Implications		Educational Component	
	<i>Place</i>	<i>Urireo</i>	<i>Wimauma</i>	<i>Urireo</i>
Infrastructure Development	<ol style="list-style-type: none"> 1. Water System and sewage 2. Roads 3. Economic development 4. Funding for social services 5. Secondary school 6. Expanded clinic 	<ol style="list-style-type: none"> 1. Lighting 2. Economic development that supports small business and job creation 3. Transportation system 4. A clinic or doctor 	<ol style="list-style-type: none"> 1. Use health promoters to teach about hygiene and where to get social services 	<ol style="list-style-type: none"> 1. Use health promoters to teach about new services 2. Promote jobs through radio and the church
Use of Fiestas	<ol style="list-style-type: none"> 1. Form a citizens' group of Urireanos in both countries that can work with the Church to operate specific stands or enterprises during fiestas, of which the proceeds go to community projects 	<ol style="list-style-type: none"> 1. Involve Urireanos in Wimauma's annual Mexican Independence Day Celebrations 	<ol style="list-style-type: none"> 1. Meet with the Priest the parroquial committee to work together 2. Include information about receiving communities during fiestas 	<ol style="list-style-type: none"> 1. Utilize health promoters to educate and link people to customs

Table 5-2. Continued.

Recommended Area of Change	Structural Changes and Policy Implications		Educational Component		
	<i>Place</i>	<i>Urireo</i>	<i>Wimauma</i>	<i>Urireo</i>	<i>Wimauma</i>
Educational Reform		1. Build a secondary school with trade occupations classes in Urireo	1. Fund afterschool and prevention programming for at-risk immigrant children	1. All institutions should promote this: such as the Church, businesses, the SSA Clinic	1. RCMA, the school system and advocates should continue to educate and advocate for funding
Land Reform		1. Agrarian Reform needs to be re-examined toward finding suitable plots that can sustain a family and provide income 2. Agrarian reform should continue to subsidize implements for ejiditarios (fertilizer, information)	N/A	1. All institutions, including the Church, should meet about the problem of the parcels being too small and work together	N/A
Drivers' Licenses		1. The Mexican Government should work binationally so that the US accepts the drivers' licenses of her nationals as valid documents	1. Advocate and achieve change at the state and national level through collaboration with various agencies, law enforcement and the insurance industry on this issue as a public safety concern 2. Revise and repeal FL law prohibiting undocumented workers from obtaining drivers' licenses	N/A	N/A

Table 5-2. Continued.

Recommended Area of Change	Structural Changes and Policy Implications		Educational Component		
	<i>Place</i>	<i>Urireo</i>	<i>Wimauma</i>	<i>Urireo</i>	<i>Wimauma</i>
Immigration Laws		<ol style="list-style-type: none"> 1. The Mexican Government should continue to insist that the US revise its immigration laws and link them more toward work instead of border patrol 2. The Mexican government needs to create better jobs that employ males to keep nationals from immigrating to the US 3. Mexico should agree to prosecute smugglers 	<ol style="list-style-type: none"> 1. The US government should expand the guestworker program and re-visit amnesty for undocumented workers 2. The US government should meet with businesses that claim they need immigrant labor and explore alternatives 	<ol style="list-style-type: none"> 1. Institutions in Urireo should already be educating young children about the perils of migrating and the importance of education 	N/A

Table 5-2 is an ambitious attempt to summarize the recommendations for resolving complex problems of illegal migration, health disparities and underdevelopment through complementary structural and educational approaches. However, before any of the structural changes listed above can be implemented, I recognize that there is an important first step. I am referring to the need to organize the communities and to bring in others, such as advocates or political representatives who might be sympathetic to these goals. It is critical that the right people come together to work on focused goals. If this were to happen, then much could be accomplished through interventions, such as participatory rural appraisal (PRA) or the creation of Hometown Associations (HTAs), as discussed in

Chapter 2. These interventions need credible facilitators and trust between participants, two critical ingredients that will have to be nurtured in order for them to develop.

“We are all together but not mixed” or “Somos todos juntos pero no revueltos” is a saying that Urireanos tend to use. People from the three areas, Urireo, Cóporo and Rancho Los Garcias, tend to distance themselves from each other rather than cooperate or work together. Historical roots run deep, and migration is a response to history and an impetus for change within Urireo and Wimauma. Even though youth might not fully recognize the roots of the tensions within the town, they feel it palpably. I remember thinking many times in Urireo, “Why would families prefer to send their young men to the US rather than talk to their neighbors?” The answer is multi-faceted. Beyond concerns about money and resources, there are cultural norms about to whom and with whom it is considered appropriate for people to interact. It is changing slowly, as returned migrants come back and marry between formerly feuding families, creating bonds that “no political leader could have accomplished.”

Leadership development, like many other community-building approaches, should target the young – and follow them -- while not forgetting the rest. It is important to identify and nurture people in either community who could take a leadership role in helping to organize efforts towards improvement. Along with this leadership, there should be outreach to the Church because it is an institution that can legitimize and support efforts toward community cohesion. Those who are pro-ejido might not like the fact that the Church would support these efforts, because they feel that the Church and State should be separated. However, it is important to begin a community-wide discussion on the importance of working together and what it means. The involvement of

religious leaders, even it is tacit approval with limited visibility, will help encourage the participation of other, more skeptical stakeholders in both communities. In fact, the local priest was the first person to advocate for the need for community mapping and to involve all of Urireo in discussions of community improvement. The Church is also interested in better preparing young males for migration.

For this reason, it would be fairly easy for a dedicated, honest group of Urireanos to meet with the Parroquial Committee and the local priest to discuss ways that they can collaborate during the fiestas. The Church already gains the lions' share of the money during the fiestas and this group could raise funds to pay for infrastructure development, educational programs and other community-service projects that would benefit all Urireanos.



Figure 5-3. Sign in Wimauma Offering Daily Return Trips to Many Areas in Guanajuato, such as Celaya, Apaseo el Alto, Salvatierra and Yuriria.

In two communities that are so divided, trust-building and the related concept of community-building are critical. Additionally, there are several issues to be considered before planning any type of comprehensive community development projects, so desperately needed. Central to the discussion should be, “Who can lead this?” Urireanos

have no problem in identifying needs for their community, however, there has traditionally been a lack of people willing to step up and lead these efforts. The idea that Urireanos do not tend to volunteer for leadership roles can be explained through a both history and social context. Not that this is much different than the situation in other places of Mexico, as Oster (1989: 219) related the often-repeated “truism” about Mexican cooperation:

The familiar Mexican joke about a grandmother who tells her grandson to separate the lobsters they have caught into dark ones and light ones. The dark ones (representing Mexicans) should go in the basket without the lid, she says. The light ones (representing Americans) have to be put in the basket with the lid. “Why, abuelita [grandma]?” asks the boy. Because the light ones are smart says the grandma. When one figures how to get out of the basket, it will help the others until all have escaped. “But what about the dark ones?” asks the boy. With them, there will be no problem, the grandma says. As soon as the first dark one tries to get out, all the others will try to pull him down.

This joke, or versions of it, was told to me by key informants in both Wimauma and Urireo as well as Urireanos in both places. While this leveling tendency will no doubt continue, this does not mean that development is hopelessly improbable. In fact, there are signs that this social leveling has begun to diminish with the growth of several hometown associations (HTAs) and “sister city” projects between sending and receiving communities in other areas of Mexico (Alarcon 2000, Bada 2003).

As noted in Chapter 2, other communities have benefited from the development of effective HTAs. HTAs are an intriguing form of community development and one that Urireanos might want to consider as a model for responding to the problems of infrastructure, education and youth development. Urireo could utilize the HTAs as an important source of funding that could fund infrastructure improvements and educational efforts. An HTA could also provide needed contacts to isolated Urireanos in either country.

The first steps to be taken involve first coming together in Wimauma, agreeing on specific goals and identifying points of contact whom can be trusted to work on the projects from Urireo. A similar process needs to be implemented in Urireo, with trusted representatives from Wimauma. The main question in implementing this type of binational community development is not necessarily how but by whom.

Policy Changes and Implications

Table 5.2 included areas in which structural changes needed to be made. Changes through policy and laws are often needed as first steps toward implementing meaningful structural changes. The US Civil Rights movement provides the lesson in the importance of utilizing the courts and legislation to end de-facto segregation. Both Urireo and Wimauma are small, rural and poor, meaning that finding funding to make these changes a reality is an additional obstacle to change. Notwithstanding this obstacle, it is important to note that the policies need to be put in place and that these changes take time and patience.

Urireo. In relation to health in Urireo, it is critical that a water system with a water treatment/sewage system be constructed to replace the existing patchwork of wells from which the water is pumped while replacing the canals, where the dirty water flows along the main road in the town. Throughout this study, there have been multiple references to the high rates of intestinal and water-borne diseases suffered by Urireo's vulnerable, especially children. The Secretary of Health in Guanajuato should be contacted, as well as the Municipal President in Salvatierra. Additionally, this project could be something that would provide employment for local unemployed males, which would be short-term positive for the community.

Urireo's roads, or at least those that have canals running along them, will also need to be improved and included in the water treatment system project. Since the *arroyo* or canal runs alongside the road, this water needs to be diverted and/or put into tubing. Urireo currently lacks any type of plan for economic development. This is an area in which the previous, current and delegado-elect could begin to meet with the Municipal Seat officials three kilometers away in Salvatierra to put in their request for infrastructure and economic development for Urireo. Included in this request should be: funding for social services, especially drug/alcohol treatment, a secondary school and an expanded clinic. Urireo's leaders, through her delegados, need to make the case that they cannot keep youth in Urireo because they cannot offer them education or jobs.

These delegados should also contact their liaison to the Office of Agrarian Reform, who visits Urireo at least yearly to supervise the election of the delegado. Upon meeting with this person, the delegados and other interested parties should present a written list of requests, including a line item budget for each one, as other ejidos have done. They should strive to present a united front that shows they are working together for the good of their community.

Urireanos reported to me that they actively take part in the political process in Guanajuato and Mexico, but they feel that they do not have candidates who are trustworthy or able to gain the trust of the people. The issue of political activism is dicey at best for Guanajuatenses, who still see themselves as the most dedicated to the ideals of the Mexican Revolution, since it began there. Finding and supporting candidates who support their positions and who can advocate for funding these projects would be a critically important role for Urireanos.

At the nation-state and transnational level, the Mexican government needs to continue to dialogue with the US government on three fronts: 1. immigration laws and work visas, 2. driver's licenses and 3. binational efforts to stop smugglers. Mexican migration to the US was not the major impetus behind the creation of the Department of Homeland Security and the ensuing reorganization of Immigration and Naturalization Services to enhance the Border Patrol. However, it is Mexicans who disproportionately suffer under stricter border controls and the lack of access to work visas or driver's licenses. The lack of access to drivers' licenses is related to state laws that restrict them to legal residents or citizens. Mexico could potentially help her people by suggesting that the US enter into a binational reciprocal agreement that would honor Mexican driver's licenses as a first step.

Although Mexicans suffer mistreatment once here, unknown numbers do not make it past the border. Binational agreements should try to protect would-be immigrants from the brutality that many face during illegal border crossing by unscrupulous smugglers who charge incredibly high fees for their services. As one smuggler told me in Guanajuato, he is happy every time the US announces it will place further restrictions on immigration because it means he can charge more. Our current immigration policy creates the opportunity for smugglers to charge these high fees because they arrange for debts to be paid off through working for a colleague once here, an illegal practice known as debt peonage. Debt peonage is prohibited in the US under state and national laws, and it is also illegal under the recently ratified UN Declaration on Human Trafficking, signed by the US, which took effect in 2000. Regardless of laws, the smugglers need to be

caught first. The Mexican government should make every attempt to apprehend and prosecute smugglers immediately.

The fact that US businesses of all shapes and sizes employ undocumented Mexicans has been overlooked by many in the immigration debate, probably because it is illegal under the 1996 Immigration Reform Act (IRA). The Mexican government should continue to make the argument that Mexicans come to the US because of the demand for immigrant labor. As discussed in Chapter 2, this issue is extremely complex. However, on an international relations level, Mexico should demand that the US work on finding ways that Mexicans can obtain work visas or amnesty once undocumented on the US side.

Wimauma. Wimauma has one county commissioner, one state senator, one state representative, one US senator and one US representative who are elected by voters in the District. The key word is voters and most Urireanos do not vote, not because they do not want to but because 90% of them are not legal residents or citizens.

Now that housing development is booming in the area, the political landscape will almost certainly change. Unlike Wimauma's current "forgotten and invisible" residents, the new homeowners will be more likely to vote. Hillsborough County has already convened one work group on farmworker housing, to which I was appointed in 2003. The group was charged with suggesting changes to county code enforcement and/or policy on migrant camps; however we achieved very little. It is most likely that homeowners will continue to bring complaints to Hillsborough County regarding how their expensive subdivision can be located in such proximity to agriculturally zoned multi-use areas that allow migrant camps. Since there is a lack of affordable housing in

South county, it seems likely that developments like Valencia Lakes will eventually push immigrants from the area, especially if they are no longer engaged in farmwork.

As noted in Chapter 4, Wimauma has only one health clinic, which is private. The federally funded sliding-fee scale migrant and community health center, Suncoast Community Health Centers, is headquartered in nearby Ruskin, which is about 8 miles from Wimauma. Suncoast should expand its operations to include a satellite clinic, including pediatrics, in Wimauma, preferably in a more central location or even next door to the two farmworker housing apartment complexes on Westlake Avenue, since there is no transportation. Additionally, Suncoast and other agencies should continue their outreach efforts within the changing communities in the area because isolated immigrants often do not know where to go for help and do not even know their neighbors, from whom they could gain this information. These programs require funding, of course, and coordination between social services, transportation, health and mental health care. Through a collaborative agreement, Suncoast already provides mental health services, a program that could be expanded to provide culturally and linguistically appropriate interventions to people like Irma or Juan, who suffer from stress and lack social support.

Wimauma needs a reliable public or private transportation system that would link residents to places they need to go. One useful route would be to connect the Ruskin Health Center to the Tampa General Hospital at 45 miles to the north. This transportation needs to be provided at a reasonable cost. *Raiteros* currently charge, at this writing, about \$20 one way to Tampa General. Tampa General is the area's only public hospital, which means that Suncoast's prenatal patients usually deliver there. Hartline, Hillsborough County's Regional Transportation Authority, has experimented with vans

as “shuttles” between various areas in the Wimauma vicinity. However, reports are similar to other Hartline services in that vans do not arrive on time and there are no connections so that residents can move between Wimauma and other places, including Tampa.

This may change due to increased and nicer development in the area; however, Wimauma’s general appearance is run-down, dark and dirty. In essence, leaders, officials and the business community should advocate for street lighting, sidewalks and painting of buildings along the main thoroughfare of 674 and highway 301. Wimauma is so dark at night that people are often afraid to walk alongside of the road, anything could happen. A community wide dialogue, held bilingually, and facilitated by Hillsborough County, would be key to bridging and beginning a dialogue between the “old Wimauma” and the new, changing area. Again, the most important piece might not be the “what” but the “by whom,” because the choice of a facilitator for this undertaking is critical. It needs to be someone bilingual, impartial and sensitive to all sides.

It has long been noted that Wimauma’s youth are at risk and in need of prevention programming. Youth and parents alike have envisioned a “Family Recreation Center” which could have a common area, pool, small theater and two wings or more where social services, English as a Second Language and even health care could be offered. In one of the wings, youth envisioned a “teen or youth center” where they could attend afterschool programming and leadership classes. This Center could be staffed in part by Redlands Christian Migrant Association. The issue is funding, which relates back to the need for voters and advocates to contact and work with elected officials to make this a reality.

Sadly, however, the most critical structural change that would benefit the most people would be fairer wages for immigrant labor, most notably farmwork. Advocates, as quoted in Chapter 2, have pointed out that migrant housing programs and other entitlement programs have had the net effect of subsidizing the businesses that do not pay workers enough. If the Urireanos in this study earned decent wages, no doubt they would not live in such overcrowded conditions as they do. Take the case of Carmen as an example. She shares a 14 foot, one bedroom travel trailer with her two children and her Urireo-born husband and brother in law. Five people are living in the space that one person would find confining, and it is not by choice. Living wages would make a world of difference to all of the Urireanos on both sides of the border.

Recommendations: Educational approaches

Educational approaches, especially in the area of health education, have been employed with farmworkers and immigrants for many years. Perhaps the oldest and best known is the Camp Health Aide model, which was developed in Michigan by the Midwest Migration Project (MMP) in the 1980s (Migrant Health Promotion 2005). Two studies evaluated outreach and community health worker programs, finding that they significantly improved access to care (Swider 2002; Witmer et al. 1995). The model employs trained peer or lay outreach workers to go into camps and the community to reach, educate and empower immigrants in regard to services and how to get them. Influenced by Paolo Friere's (1973) concept of empowerment, health promoter programs tend to focus on training the worker to first listen to community members and then to work together with them as peers, not as teachers. The model is non-hierarchical in that the education happens from one peer to another, thus enhancing trust.

Mexico has long employed the same concept as “promotoras” or health promoters, although the women who were long-ago trained as health promoters no longer receive monetary compensation for their labors. Nonetheless, the local SSA clinic staff continues to provide these two women with support in the form of medical guidance and supplies, such as iodine, rubbing alcohol and some medicines. Staff recognizes that these health promoters continue their work “as a labor of love to the community.”

As noted in Chapter 2, Wimauma only has two outreach workers or health promoters while Suncoast Community Health Centers have an outreach worker/driver who works with prenatal cases or non-compliant patients to bring them for treatment. Wimauma could use at least five more promoters on any range of issues, especially those who would feel comfortable going to all-male migrant labor camps and working one on one with these young males to educate them about prevention and health services.

This research found that role fulfillment, in keeping with traditional gender and cultural roles, was critical to quality of life for Urireanos. Based on this finding, educational approaches should be developed to ensure that educational messages are contextualized so that they promote and support role fulfillment. For example, health promoters can reframe their preventive health messages to include reference to how the behavior change will ultimately help one achieve one’s goals. Prevention messages regarding reducing pesticide exposure would include reference to the idea that males, as providers and heads of households, should protect their families from pesticides by making sure that they keep their work clothing separate from family wash. Messages geared toward women should show how she is a responsible mother by making sure these

clothes are separated. Showing them working as a team, with distinct gender roles, could make the messages resonate better with traditional families.

As the Parrish priest told me in 2001, if Urireanos were better prepared before leaving Mexico, they could be more successful in the US. Key elements that they could learn would be

- cultural overview of what to expect in the US,
- self-care, including how to shop, cook and control binge drinking,
- English as a Second Language,
- rights as undocumented immigrants,
- responsibilities as undocumented immigrants,
- how to protect one's self,
- safety issues when sharing living arrangements,
- security and
- personal finance.

These educational interventions should not be thought of as a substitute for the policy or structural changes that were recommended above. Rather, they are complementary to any other changes that should occur. Education should assist people in becoming more aware, knowledgeable, skilled and confident in utilizing their newfound skills. As noted throughout this study, structural and policy changes will have the biggest impact for the most people. Educational approaches can help to prevent and improve health problems. In the US, we enjoy a relatively good infrastructure for water and sanitation that is simply not comparable to rural areas in other parts of the world. From this, we should help other countries learn the same lesson. Making the water in Urireo cleaner could, almost overnight, eliminate the majority of infectious disease. Meanwhile, we could employ a hundred health promoters to spend countless hours educating Urireanos about hygiene with less spectacular effects, because the root problem of bad water would remain. Once the water problem is addressed, health promoters can

continue to reinforce the importance of other hygiene issues, which would have tremendous results.

Applied Anthropology and Critical Medical Anthropology

The recommendations made by health providers, key informants and Urireanos in both Florida and Mexico speak to the applicability of Critical Medical Anthropology to the particular cultural, social and economic realities of both Urireo and Wimauma. From the beginning, this research has taken an applied and critical medical anthropological approach, reflecting the perspective that the data generated in this study should and can be used in both communities.

Critical medical anthropology is committed to praxis, the merger of theory and action. Singer writes, “this effort [CMA] is peculiarly anthropological in the sense that it is holistic, historical and immediately concerned with the on-the-ground features of social life, social relationships and social knowledge as well as with culturally constituted systems of meaning” (1996: 81). Similarly, applied anthropology is “anthropology put to use” (van Willigen 2002: 7).

Anthropologists are increasingly asked by community members to take an active role in ameliorating the situations that we often report upon, a role that has increasingly grown to be respected in anthropology (Singer 1995, Scheper-Hughes 1995). Scheper-Hughes argues that anthropologists are ethically bound to not merely watch but to act when we see injustices and she observes “how participant observation has a way of drawing ethnographers into spaces of human life where they might not prefer to go at all, and once there, do not know how to get out at all, except through writing” (Scheper-Hughes 1995: 419). My role as anthropologist-activist in Wimauma emerged in much the same manner.

The Urireanos in this study already knew me, from afar, because of my work within the farmworker community in Wimauma. Therefore, they already saw me as a kind of “social worker” or change agent, not as an anthropologist who was going to study their town dispassionately. They have been involved in various stages of this study and have helped me analyze the data, which at times seemed contradictory.

This study has contextualized the health and well-being of Urireanos within their historical, social and political structures, and has illustrated how important they are on various levels. Urireanos themselves recognized the impact of historical conflicts and politically motivated policies on their overall well-being. The social and political structures that resulted from these past events and actions need to be acknowledged, discussed and, when appropriate, outreached. However, it is equally important to recognize that community development or grassroots community organizing has not been on the agendas of those in power in either Urireo or Wimauma. It might be fair to state that those would-be leaders in either place have not yet emerged, or if they have, they somehow need to be identified and supported. In Wimauma especially, change is coming from outside by encroaching housing developments.

Critical Medical Anthropology is both an approach and a framework that worked very well for this dissertation. First, Critical Medical Anthropology helped to frame the research, defining the health as “access to and control over the basic material and nonmaterial resources that sustain and promote life at a high level of satisfaction” (Baer, Singer and Susser 1997: 21). This perspective kept the focus on health broad, to include these issues of access and control, which necessitated a historical and cultural understanding of both Wimauma and Urireo. The attention paid to the history of the two

places helped to explain why the populations in each place were vulnerable to the health issues identified in the research.

As a framework, it prioritized issues of class, gender and unequal power relations in both Urireo and Wimauma and how they interact to produce and reproduce the conditions that lead to the health issues that were identified by Urireanos. It helped to understand and define migration as a response and a dilemma for Urireo and Wimauma, and why traditional gender roles have continued to serve as detractors or motivators to migration.

Critical Medical Anthropology's commitment to ethics and praxis meant that the Urireanos' recommendations, along with structural and policy changes would be central outcomes of the research. Along those same lines, following Singer (1995), the educational interventions that were recommended were aligned with helping individuals and communities to not only learn but ultimately to take more control and become more empowered in improving their own health and well-being. In this way, Critical Medical Anthropology allowed the analysis to illustrate how structural and educational interventions are complementary, not disparate approaches, to producing needed changes.

How well did Critical Medical Anthropology work in examining the health status of transnational Urireanos? In general, Critical Medical Anthropology, as both an approach and framework, greatly improved the research design, analysis and approach to formulating recommendations. The concept of syndemics is intriguing and useful, because it helps to explain the embeddedness of structural, social, political and transnational issues can come together to create the types of health problems Urireanos face. Syndemics and Critical Medical Anthropology are internally consistent, allowing

the analysis to pin-point the interrelationships between historical and social processes. This can help to disentangle, understand and inform recommendations.

Critical Medical Anthropology allows the researcher to grasp the magnitude and breath of the structural and historical processes at work. Researchers face two major problems at this point. First, the Critical Medical Anthropology approach identifies the deeply embedded historical and structural conditions that produce the health disparities but these same conditions have persisted for so long, and seem are so large, that they resist intervention. This is not to say that intervention is impossible, but rather to point out that structural change is a long and arduous task that requires more than one or even a team of anthropologists. Structural change of the magnitude needed in Urireo requires community organizing in an area that does not, for all intents and purposes, possess the necessary leadership to bring about the change. It is important to note that this difficulty is the central struggle of marginalized people across the globe, which is a struggle which anthropologists have traditionally supported.

Second, Critical Medical Anthropology requires at least two distinct skill-sets: researcher and community change agent. For some, this might be seen as a “disconnect.” Critical Medical Anthropologists should actually begin to discuss more fully how important it is for the anthropologist to wear many hats simultaneously. These skills can be taught; however, both of these skill-sets require multiple methods and practical hands-on training. For this reason, Critical Medical Anthropologists need to engage, train and provide this hands-on experience for others to learn. Working with a community in the capacity of research is vastly different than working with community leaders or stakeholders with the intent to change that community.

Perhaps, to be successful at applying Critical Medical Anthropology, the anthropologist simply needs a certain orientation or belief. Research and praxis do not exist as separate activities but rather they are tools toward social justice. Critical Medical Anthropology is inherently political: “the struggle for health is intimately embedded in (as well as a product and promoter of) the broader struggle for progressive social change” (Singer 1990: 185). Other examples of this approach include Scheper-Hughes (1995) and Farmer (1992, 1999).

This dissertation points to the difficulties in developing the necessary leadership for the structural change to occur. The lack of leadership in marginalized and poor communities is not something that changes overnight. Changing the structural inequalities in both Wimauma and Urireo is critical to helping the most people in the long run. There is already consensus that Urireo is in dire need of installing clean water systems that include sanitation. However, the obstacles to change will be the same ones that have kept Urireo and other communities from making the same changes that I have recommended: funding and leadership. What is the proper response? Here is where we need to be honest about the need for a long-term approach and commitment to marginalized communities, which has been practiced by some applied anthropologists over the years (Singer 1992, 1999, 2003; Burns 1993, 2000). Most often, anthropologists have not been engaged at the level of complete structural change in a community for the ten, twenty or even thirty years needed to produce the change.

Policy change is an area in which leadership is critical. The issue becomes one of “who speaks for the community?” Is it disingenuous for the anthropologist to assume the role of advocate and then leave the community? As Scheper-Hughes argues,

anthropologists have an ethical obligation to help. How do we help, while at the same time, help the community to become empowered enough to speak for itself? If “outsiders” continue to speak for communities, then how can they be expected to find their voice? Can our intentions toward “helping” actually hurt these communities’ abilities to grow into new and different places where leadership can emerge? The balance is delicate and we should not confuse the role of the anthropologist with that of the community member. As the experiences above illustrate, this entails a teaching and learning process which needs trust, takes time, patience and a great deal of expertise.

Critical Medical Anthropology can and should continue to provide the theoretical foundations for how to examine health, the importance of utilizing research to address health disparities and offer solutions to the people who can make these changes happen, whether they can do it today or in the future. Critical Medical Anthropologists should be equally committed to finding collaborators and others who can work with communities to mentor and nurture leadership so that change can happen from the community as well.

Final Thoughts

This dissertation has laid out the history, social context, findings, issues and some possible responses to improving the health disparities identified in two transnational communities. This chapter has focused on presenting conclusions and recommendations within a multidimensional and binational context. Structural changes are possible and needed. Real dialogue on health and the need for binational approaches can begin when policy-makers, business leaders, advocates and researchers agree that Mexican-US migration, in some shape or size, will continue. Meanwhile, places like Urireo, Aurora, Illinois, Wimauma, Florida and West Palm Beach, Florida will continue to be “little Urireos” in which we can expect to see health disparities and syndemics.

Do Urireanos really like to travel, as my early key informants joked? Or do they understand that, as long as they keep moving, there will be less trouble for them? They can stay invisible and beneath the radar of authorities. They can also continue to change residences every few months, following crops, and wondering every time they pull up to their next trailer if there is anyone they can ask where they can get their daughter's insulin. Hopefully the trailer will have running water and decent flooring. They will stay for awhile then move on, eventually ending up right back in Wimauma, where they started, where there is no clinic and where agricultural jobs are scarcer by the day. Life will go on and their children will grow up, in the US, not in Mexico. Their humor and practicality will see them through. They and their parents will age, as everyone does, and health issues will take a more important place in their lives.

They will continue to send money back home to Urireo and maybe even visit one year during the fiestas. Hopefully, if they do get to visit, they will see improvements in Urireo, like a completed water sanitation system with no visible "aguas negras" or black waters flowing alongside the road. Maybe they will even see paved roads, an expanded clinic, and at least one non-governmental organization (NGO) that is able to provide trusted social services, health education and information to Urireanos. They might see people working together on community service projects. Imagine their delight when they see a secondary and/or trade school in Urireo. It would make Urireo even harder to leave because, finally, there would be some reason to hope for a better future not by leaving, but by staying, in Mexico. They could finally stop traveling.

APPENDIX A
INSTRUMENTS USED

ESTUDIO BINACIONAL DE LA SALUD:
Guanajuato-Florida

Nombre del Entrevistado _____

Necesito recoger algunos datos sobre los miembros de su familia:

Primero, quiero que me diga los nombres de todas las personas que están viviendo con ustedes *ahora*. Gentes que viven en el mismo hogar. Se incluyen aquí solo los que comparten con usted el mismo presupuesto familiar. No pongan personas que se alojan con usted pero calculan sus gastos por separado.

Cuadro de Miembros de la Familia dentro del hogar.

#	Primer Nombre	relación	género: H o M	casado soltero viudo divorciado	lugar de nacimiento (Estado en Mex. o EEUU)	fecha de nacimiento mes/año	primer año a EEUU	último año en México (vivir, trab. un mes)	años de escuela terminados	trabajo/oficio actual o más reciente	\$de eeuu a Mex./ 12 meses
1											sí no
2											sí no
3											sí no
4											sí no
5											sí no
6											sí no
7											sí no
8											sí no

1 = esposo/juntado 2 = hijo o hijo adoptivo 3 = hermano/a 4 = (m)padre 5 = nieto 6 = otras parientes 7 = otro: _____ 8= entrevistado

Ahora quiero que me digas todas las demas personas que forman parte de su hogar pero que ahora están fuera de la casa. (Principalmente son hijos) **Cuadro de Miembros de la Familia fuera del hogar.**

#	Primer Nombre	relación	género: H o M	casado soltero viudo divorciado	lugar de nacimiento (Estado en Mex. o EEUU)	fecha de nacimiento mes/año	primer año a EEUU	último año en México (vivir, trab. un mes)	años de escuela terminados	trabajo/oficio actual o más reciente	\$de eeua Mex./ 12 meses
1											sí no
2											sí no
3											sí no
4											sí no
5											sí no
6											sí no
7											sí no
8											sí no

1 = esposo/juntado 2 = hijo o hijo adoptivo 3 = hermano/a 4 = (m)padre 5 = nieto 6 = otras parientes 7 = otro: _____ 8= entrevistado

Síntoma	¿se inició cuando vivía en? (estado)	¿cuándo o se inició? (año)	¿buscó ayuda?	¿a quién acudió?	¿Cuál fué el remedio?	¿cuál fué el resultado?
			sí__ no__			
			sí__ no__			
			sí__ no__			
			sí__ no__			

RESPIRATORIO

R1. En los ultimos 12 meses.....

alguna vez ¿ha sentido silbido, chiflido o ronquido en el pecho?	¿Esta condición se agrava cuando está(ba) trabajando en el campo en los EEUU?	¿Este problema sigue molestandole hasta la fecha?	¿Ha visto un doctor/enfermera en los últimos 12 meses?	¿Ha tomado medicina en los últimos 12 meses?
0 No 1 Sí ¿Cuándo? A. cuando está resfriado? B. a veces cuando está resfriado. C. Seguido: días y noches D. Otro	0 No 1 sí	0 No 1 Sí, pero menos 2 Sí, igual o más que antes	0 No 1 sí	0 No 1 sí

Ahora, quiero hacerle unas preguntas sobre consumo de TABACO

CIGARROS/CigarrilloS

En toda su vida, ¿ha fumado (por lo menos 100 cigarros o cigarrillos)?

Más o menos ¿cuántos cigarros/cigarrillos (fuma/fumaba) por día? [1 cajetilla = 20 cigarros]

- 0 Menos de un cigarro/cigarrillo por día
 1 Cigarros/cigarrillo5s por día _____

¿Más o menos en que año comenzó a fumar? 19____?

CONSUMO DE ALCOHOL

Las siguientes preguntas se tratan del consumo de cerveza, vino, o licór tales como tequila, mescal, brandy, vodka, ginebra, ron, o whisky, y todos los otros tipos de bebidas alcohólicas que la gente bebe durante las comidas, o en ocasiones especiales, o simplemente para relajarse.

Durante el último mes. ¿Ud. ha tomado bebidas alcoholicos?

sí no

Durante el último mes ¿más o menos cuántos días por semana ha tomado algún tipo o cantidad de bebida alcohólica?

- 1 Días _____
 7 No sé/No estoy seguro
 9 Sin repuesta/rehusa

Un trago es una "lata", "bote" de cerveza o "wine cooler", un "cóctel" o una copa de licor. En los días que toma(ó) en NA2, ¿cuántos tragos toma(ó) por día?

- 1 número de tragos _____
 2 Otro (explique como toma usted) _____

-
- 7 No sé/No estoy seguro
 9 Sin respuesta

Debido al consumo del alcohol...	Mientras estaba en México		Mientras estaba en los EE UU	
	sí	no	sí	no
A2. ¿Ha tenido problemas con su salud?	sí	no	sí	no
A3. ¿Perdió o casi perdió su trabajo?	sí	no	sí	no
A4. ¿Tuvo algún accidente automovilístico?	sí	no	sí	no
A5. ¿ Tuvo accidentes de otro tipo?	sí	no	sí	no
A6. ¿Estuvo involucrado en una pelea?	sí	no	sí	no

Favor de explicar que pasó cuando tuvo este(os) problema(s).

ESQUELETO/MUSCULAR [entrevistador: primero haga todas las preguntas en la primera columna]. En toda su vida....

¿Ha tenido algún dolor o malestar en su.....que duró para una semana o más?	¿se inició?	La última vez	¿A causa de este problema, tuvo que dejar de o cambiar su trabajo?	¿Cómo le afectó?	¿Ha consultado alguien acerca de este problema en los últimos 12 meses?	¿En dónde?
NMS1. ESPALDA 0 No 1 sí→	año —	año —	0 No 1 sí→		doctor médico enfermera farmacéutico curandero otro ___no__	mex eeuu
NMS2. HOMBRO 0 No 1 sí→	año —	año —	0 No 1 sí→		doctor médico enfermera farmacéutico curandero otro ___no__	mex eeuu
NMS3. CODO/BRAZO 0 No 1 sí→	año —	año —	0 No 1 sí→		doctor médico enfermera farmacéutico curandero otro ___no__	mex eeuu
NMS4. MANO/MUÑECA 0 No 1 sí→	año —	año —	0 No 1 sí→		doctor médico enfermera farmacéutico curandero otro ___no__	mex eeuu
NMS5. PIERNAS/PIES 0 No 1 sí→	año —	año —	0 No 1 sí→		doctor médico enfermera farmacéutico curandero otro ___no__	mex eeuu
NMS6 Otro _____ 0 No 2 sí→	año —	año —	0 No 1 sí→		doctor médico enfermera farmaceutico curandero otro ___no__	mex eeuu

HRQOL - Spanish Version (CDC 2001)**Sección 1: Estado general de salud**

1.1. ¿Diría usted que su estado general de salud es ... ? (72)

Léale estas respuestas al entrevistado

1 Excelente

2 Muy bueno

3 Bueno

4 Regular

o

5 Deficiente

No lea estas 7 No sé/No estoy seguro(a)

respuestas 9 Rehusó

1.2. Y ahora, respecto de su salud física, que incluye toda enfermedad o lesión física, durante cuántos días en los últimos 30 días no estuvo usted con buena salud física?

(73-74)

Número de días _____

Ninguno

No sé/No estoy seguro(a)

Rehusó

1.3 Y ahora, respecto de su salud mental, que incluye estrés, depresión, y problemas emocionales, durante cuántos días en los últimos 30 días no estuvo usted con buena salud mental? (75-76)

Número de días _____

Ninguno **Si en la P1.2 también contestó "Ninguno," pase a la P2.1**

No sé/No estoy seguro(a)

Rehusó

1.4. En los últimos 30 días, ¿durante más o menos cuántos días no pudo usted realizar sus actividades cotidianas, tales como sus cuidados personales, el trabajo o la recreación debido a mala salud física o mental? (77-78)

Número de días _____

Ninguno

No sé/No estoy seguro(a)

Rehusó

Sección 2

1. ¿Cuál es su impedimento o problema de salud principal? (214-215)

Código del motivo

Léale estas respuestas al entrevistado sólo de ser necesario

- 0 1 Artritis/reumatismo
- 0 2 Problema de la espalda o del cuello
- 0 3 Fracturas, lesiones de huesos o articulaciones
- 0 4 Problemas al caminar
- 0 5 Problema pulmonar o respiratorio
- 0 6 Problema auditivo
- 0 7 Problema ocular/de la visión
- 0 8 Problema del corazón
- 0 9 Problema de derrame cerebral
- 1 0 Alta presión sanguínea/hipertensión
- 1 1 Diabetes
- 1 2 Cáncer
- 1 3 Depresión/ansiedad/problema emocional
- 1 4 Otro problema/impedimento
- 7 7 No sé/No estoy seguro(a)
- 9 9 Rehusó

2. ¿Durante cuánto tiempo han estado limitadas sus actividades debido a su problema de salud o impedimento más importante? (216-218)

- 1 Días
- 2 Semanas
- 3 Meses
- 4 Años
- 7 No sé/No estoy seguro(a)
- 9 Rehusó

3. A causa de cualquier impedimento o problema de salud, ¿necesita la asistencia de otras personas para sus necesidades relacionadas con sus CUIDADOS PERSONALES, tales como al

comer, bañarse, vestirse o moverse dentro de la casa? (219)

- 1 Sí
- 2 No
- 7 No sé/No estoy seguro(a)
- 9 Rehusó

4. A causa de cualquier impedimento o problema de salud, necesita la asistencia de otras personas para sus necesidades de RUTINA, tales como las tareas del hogar, diligencias, las compras, o moverse de un sitio a otro? (220)

- 1 Sí
- 2 No
- 7 No sé/No estoy seguro(a)
- 9 Rehusó

5. En los últimos 30 días, ¿durante más o menos cuántos días el dolor le dificultó sus actividades usuales tales como sus cuidados personales, el trabajo o la recreación? (221-222)

- Cantidad de días _____
- 8 Ninguno
 - 7 No sé/No estoy seguro(a)
 - 9 Rehusó

6. En los últimos 30 días, ¿durante más o menos cuántos días se ha sentido triste, melancólico/a o deprimido/a? (223-224)

- Cantidad de días _____
- 8 Ninguno
 - 7 No sé/No estoy seguro(a)
 - 9 Rehusó

7. En los últimos 30 días, ¿durante más o menos cuántos días se ha sentido preocupado/a, tenso/a o ansioso/a? (225-226)

- Cantidad de días _____
- 8 Ninguno
 - 7 No sé/No estoy seguro(a)
 - 9 Rehusó

8. En los últimos 30 días, ¿durante más o menos cuántos días sintió usted que no había podido descansar o dormir tanto como le era necesario? (227-228)

- Cantidad de días _____
- 8 Ninguno
 - 7 No sé/No estoy seguro(a)
 - 9 Rehusó

9. En los últimos 30 días, ¿durante más o menos cuántos días se sintió usted muy sano/a y lleno/a de energía? (229-230)

- Cantidad de días _____
- 8 8 Ninguno
 - 7 7 No sé/No estoy seguro(a)
 - 9 9 Rehusó

Census of Wimauma Censo de Wimauma

Numero: _____ Fecha: _____ Por: _____

Dirección: _____ Wimauma 33598

La Estancia Grove Point Newmauma Homes

1. Female/Mujer Male/Hombre Single/Soltero/a Married/Casado/a

2. How old are you? ¿Cúantos años tiene? _____

3. How many children do you have? ¿Cúantos hijos tiene? _____

4. How many people live in your house?
¿Cúantas personas viven en esta casa? 2 3 4 5 6 7 _

5. How long have you lived here? ¿Cúanto tiempo llevan aquí? _____

6. Where are you or your family from? ¿De dónde es usted o su familia?
_____ ciudad _____ estado/pais

Did you migrate with other families? ¿Emigraron con otros de su ciudad?

Si/Yes No

Who are they and do they live here? ¿Quienes son y viven por aqui? _____

7. How many years of school have you had? ¿Cúantos años de escuela tuvo? _____ en
México US

8. If money were not a problem, what would you suggest for your community? Si el
dinero no fuera un problema, ¿que sugerencias tiene para esta comunidad? (¿Que se
necesita aquí?)

9. What is the biggest cost of your household? ¿Qué es el gasto más grande de su hogar?

	How much? ¿Cúanto?	How Much? ¿Cúanto?	
Food/Comida	_____	Water/agua	_____
Rent/renta	_____	Automobile/transporte	_____
Clothes/ropa	_____	Medicine/medicina	_____
Electricity/luz	_____	Other/otro	_____

10. Optional: Si gustas, danos su nombre y número de telefono para que podamos
contactarle para ayudarnos con el proyecto.

Nombre: _____ Telefono: _____

Mil gracias por su tiempo. Notas: Algo mas....(atras)

APPENDIX B
LIST OF SPANISH WORDS USED IN THIS DISSERTATION

Abarrotes	small stores, usually with a mixture of household products and food
Aguas Negras	dirty waters, sewage
Amnestía, La	Amnesty, or regularization of undocumented immigrants, as was done during the IRCA period (1986)
Cristeros, Los	those who fought on the side of the Church after the Mexican Revolution
Cristiada, La	the conflict that ensued by pro-Church forces against agrarian reform, also known as La Guerra Cristera
Dejada	A woman who is left behind in Mexico, usually when a woman's husband no longer remits
Delegado/a	Elected official to represent the interests of the ejido (delegadas are female)
Ejido, El	communal land holdings, the sum of all the lands that were distributed through Mexico's agrarian reform. A cooperative organization that liaisons as one entity with the state's office on Agrarian Reform
Ejiditario, El	the recipient of the parcel of land reparted under agrarian reform
Fiestas, Las	party, Patron Saint celebrations (2 per year in Urireo)
Gripa, La	Flu or flu-like symptoms, common in Urireo
Hacendado, El	Spaniards and their decendents who established haciendas and plantations in the New World
Mercedes, Las	goods and services that were due to the indigenous population by the Spaniards
Mojado, a	literally, wet, wetback, illegal
Norteño(s)	males who have left Urireo and go to the US, migrants
Parcela, La	Plot or Parcel of land for agricultural use, land reparted under the Agrarian Reform Measures

Raiteros, Los Those who charge other Mexican immigrants for providing transportation or rides (US)

APPENDIX C
GLOSSARY OF ACRONYMS

CBP	Customs and Border Patrol (formerly INS)
DHHS	Department of Health and Human Services, US Government
HRSA	Health Services Resource Administration, funder of Migrant Health Programming
HTA	Hometown Associations or Clubes de Oriundas
ICE	Bureau of Immigration and Custom Enforcement (formerly INS)
IMSS	Instituto Mexicano de Seguro Social (health and benefits coverage)
INS	Immigration and Naturalization Service (now ICE and CBP)
IRCA	Immigration Control and Reform Act (1986)
ISSTE	Instituto de Seguro Social de Trabajadores del Estado (health and benefits coverage)
M/SFW	Migrant/Seasonal Farm Worker
Progresá	Programa de Educación, Salud y Alimentación (anti-poverty program)
Pronasal	Programa Nacional de Solidaridad (anti-poverty program)
USDA	United States Department of Agriculture, funder of migrant housing, special food programs and some pesticide prevention

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BIOGRAPHICAL SKETCH

Alayne Unterberger is an applied medical anthropologist who specializes in the study of how culture relates to health status, health seeking behaviors and prevention programming. A “reformed” social worker in both Pennsylvania and Florida, she has worked with the Mexican and Latino communities since 1988. She has lived and worked in Florida since 1989. Having met many people from Guanajuato, Mexico, she first visited the state in 1996 on vacation. She has returned many times since and plans to continue to work binationally with collaborators in both the US and Mexico. While living in Urireo, she was able to master the art of tortilla-making, even though she still needs to use the press. She is the founder and Executive Director of the Florida Institute for Community Studies (FICS), a statewide not for profit organization whose mission is to “partner with communities across Florida to help them achieve their goals through research, education, training and human services.”