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ABSTRACT OF DISSERTATION

Mary Alice Scott

The Graduate School
University of Kentucky

2010

LA MUJER SE VA PA'BAJO: WOMEN'S HEALTH AT THE INTERSECTIONS OF
NATIONALITY, CLASS, AND GENDER

ABSTRACT OF DISSERTATION

A dissertation submitted in partial fulfillment of the
requirements for the degree of Doctor of Philosophy in the
College of Arts and Sciences
at the University of Kentucky

By
Mary Alice Scott

Lexington, Kentucky

Director: Dr. Mary K. Anglin, Associate Professor of Anthropology

Lexington, Kentucky

2010

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ABSTRACT OF DISSERTATION

LA MUJER SE VA PA'BAJO: WOMEN'S HEALTH AT THE INTERSECTIONS OF NATIONALITY, CLASS, AND GENDER

This research utilizes an intersectionality framework to examine the complexity of social location and its effects on women's health. By examining connections among the state, processes of globalization, and the production of health inequalities for poor women in a rural community in southern Veracruz, Mexico, the research highlights the nexus of nationality, class, and gender. Four interconnected contexts are explored: (1) women's increasing paid and unpaid labor in the context of a poverty of resources brought on by sustained economic crisis; (2) the maintenance of reproductive labor as the responsibility of women; (3) the development of migrant "illegality" and its consequences for the well being of women who are consistently anxious about the lives of their migrant family members and the stability of remittances that sustain the household, and (4) the increasing neoliberalization of public health care that includes the heightened surveillance of women's hygienic activities and chronic underfunding of public health resources.

Using an ethnographic methodology including interviews, case studies, and participant observation, the research explores the daily lives of wives and mothers of transnational migrants as well as those women who, although they do not have migrant family members, live within the context of transnationalism because it pervades the community. In addition, all women in the research confront the inadequacy of public health services because most never have the resources to utilize private health services.

The research makes three important contributions to medical anthropology and the social sciences. First, it contributes to ongoing debates concerning the potential uses of the intersectionality framework in anthropology and related social sciences. Second, it contributes to border studies by elaborating an example of productive ways that the border can be theoretically extended to include examinations of the lives of migrant family members living far from the border. Third, it critically examines a public health insurance program that has the potential to fulfill Mexico's constitutional right to health care for all citizens and to be a model for global health care policy. By doing so, it

provides a basis for future study and development of progressive health care policy in Mexico and beyond.

KEYWORDS: Intersectionality, Mexico, Transnational Migration, Gender, Health Inequalities

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May 27, 2010

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DISSERTATION

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TABLE OF CONTENTS

Acknowledgements.....	iii
List of Tables	viii
Chapter One: Introduction	1
Chapter Two: Theorizing Dimensions of Power: An Intersectional Perspective	7
Introduction.....	7
Intersectional Perspectives on Theory, Knowledge, and Methodologies	7
Theoretical Perspectives on Globalization, the State, Structural Violence and Well Being.....	10
Globalization and the Production of Social Inequality	11
The Disjunctures/Margins of the State	13
Structural Violence	15
Health and Well Being.....	17
Toward an Intersectional Methodology	18
Reflexivity.....	19
Research Methods.....	20
Interviewing	20
Participant Observation.....	22
Selection of Participants	23
Data Analysis	23
Conclusion	24
Chapter Three: The Setting: Los Cañales	25
Introduction.....	25
Geography and Climate	26
Land Distribution.....	26
Population	27
A Walk Through Town.....	31
Local Politics	32
Religion.....	33
Education	34
Local Economy: Business and Tourism	36
NAFTA and Neoliberalism in Mexico	39
Local Economy: Agriculture and Industry	40
Land Reform in Mexico.....	40
Cattle Ranching.....	44
Oil Industry	45
Other Industries.....	45
Poverty Alleviation Programs and Microloans.....	46
Oportunidades	46
Compartamos	49

Transnational Migration.....	50
Conclusion	51
Chapter Four: “Nadie me ayuda”: Women’s Triple Day and the Meaning of Support in the Context of Poverty and Transnational Migration	52
Introduction.....	52
Being Desvelada: Women’s Daily Household Routines	54
Women’s Formal Labor Participation	57
Women’s Informal Paid Labor Participation.....	59
The Destabilization of Social Support Networks.....	61
Understanding Jealousy, Gossip and Distrust in Political-Economic Context.....	61
You Can’t Trust Anyone: Dysfunctional Relationships or Structural Violence?	66
“Help” Does Not Mean Support	67
Conclusion	69
Chapter Five: The Gendering of Care Work: Women’s Reproductive Labor and the Consequences of Care.....	71
Introduction.....	71
Tengo Que Ser Mamá y Papá: I Have To Be Both Mother and Father	71
Protection and Vulnerability	72
Economic Stability and Instability.....	73
Para Que Salgan Adelante: Giving Children More Than They Had	77
“Estoy muy vieja para esto”: Grandmothers Becoming Mothers Again	79
Fatigue, Pain, and Fear of Illness: When Taking Care of Grandchildren is Not Like Taking Care of One’s Own Children.....	80
Exacerbation of Chronic Illness through Intensive Burdens of Care	84
Grandmothers Without the Burdens of Childcare	92
Conclusion	94
Chapter Six: “Aquí No Hay Trabajo”: The Construction of Illegality and Deportability as a Threat to Women’s Well Being	96
Introduction.....	96
Recent History of Border Control and Enforcement at the U.S.-Mexico Border..	97
“Prevention Through Deterrence”: A Failed Border Control Strategy?.....	99
The Post 9/11 Border: A New Age of Border Control?.....	103
The Mexican Migrant as Quintessential Illegal Alien	103
The Minuteman Project: A “Civil” Informal Military Has International Effects	104
Producing Illegality and Deportability: “Revolving Door” US Immigration Policies.....	105
Beyond the Production of Illegality and Deportability: The Geopolitics of Economic Value.....	106
The Production of Fear: Being “Classified” Extends Beyond the Border.....	107
Responsibility for Reproduction: Denial of State Services and Burdens on Mexican Households.....	109

Conclusion	110
Chapter Seven: “El Enfermo Se Me Muere”: The Neoliberalization of Health Care Systems and the Underfunding of Public Resources	112
Introduction.....	112
The Mexican Health Care System(s)	112
Statistical Data on Health in Mexico	113
Critiquing Neoliberal Arguments for Privatized Health Care	114
Managed Care in the United States: Does it Improve the Health of the Poor	115
MNCs, IFIs, the WHO and the State: Who is Responsible for the Health of the Poor?	116
The Neoliberalization of Health Care in Mexico.....	117
Seguro Popular and IMSS in Los Cañales.....	121
Getting in to See the Doctor.....	122
Availability of Medicine and Other Medical Supplies	122
“Incompetent” Pasantes and Disgruntled Nurses	123
The Long Road to Critical Care.....	124
For Quality Health Care One Has to Pay.....	125
Inadequate Health Care is a Matter of Life and Death	125
Remittances as an Avenue to Adequate Health Care.....	126
Lack of Resources to Pay for Care Leaves Women with Heavy Burdens of Care.....	127
Conclusion	127
Chapter Eight: Conclusion.....	129
Contributions of the Research.....	132
References Cited.....	134
Vita.....	158

LIST OF TABLES

Table 3.1. Total Population of Los Cañales and San Juan by Sex and Year	27
Table 3.2. Population of Los Cañales by Age Group, Sex, and Year.....	29
Table 3.3. Percentage of population from 5-15 years that attends school	35
Table 3.4. Formal education for women interviewed in Los Cañales and San Juan	36
Table 6.1. Border Patrol Operations at the U.S.-Mexico Border 1993-2004	101
Table 7.1. Core Health Indicators	113
Table 7.2. Research Participants' Use of Health Services.....	121

Chapter One: Introduction

Ximena¹ and I sat just outside the palm-roofed shelter where she, her daughter, and her daughter-in-law make tamales for sale every morning over a large open fire. She had pulled two of the ubiquitous white plastic chairs emblazoned with Coca Cola logos over to the side, away from the other adults who were working and talking in the area. She had asked to be interviewed. She wanted to tell me her story. Amid her chickens, her grandchildren, and the occasional dog looking for discarded pieces of bone or dropped tamales, Ximena softly described her struggle to care for her husband, who has advanced prostate cancer. At 70 years old, she finds it difficult to wake up repeatedly at night to help him go to the bathroom or to comfort him in his pain. “Todo este trabajo,” she said, “se va acumulando en el cuerpo, y la mujer se va pa’bajo.” (All this work accumulates in your body, and the woman heads towards the bottom.)

The interview with Ximena proved to be a turning point in my research. Not only did she request an interview and introduce me to other women who also agreed to interviews, she articulated what became the central theme of my research. With this phrase, Ximena refers to the way in which all the extra work that women do affects their bodies. Other women speak in similar ways of feeling “gastada” (spent) or “acabada” (finished). Women like Ximena and the others interviewed for this research likely understand that simply aging has a certain effect on their bodies, but it is the *extra* work in addition to the reproductive labor that women have come to expect that accumulates in their bodies in ways that are not part of a natural aging process. The remainder of my research focused on understanding what this extra work is and why the women I interviewed are responsible for it. What causes *women* to go towards the bottom in this particular place, at this particular time? And why is it *these* women who are sent there? Utilizing the perspective of intersectionality, based in the work of Black feminist scholars who seek to elucidate the mutual constitution of multiple dimensions of power such as race, class, gender, sexuality, and nationality, the present research interrogates the complexities of women’s lives and the particular structures of inequality that produce the marginality that Ximena articulates.

As is perhaps common in anthropological fieldwork, my research in Los Cañales – the name I have given to this community in southern Veracruz, Mexico – began slowly and painfully. There were many moments during the first three months when I thought I would have to quit, find a new research site, and start over. Other than the few people I had met during previous trips to the community, people were suspicious of a young *gringa* coming in to ask questions about women’s lives, particularly since my original focus was on their experiences with family-member labor migration. I tried to explain that I was interested in women’s experiences here in the community, not in gathering information about those who were elsewhere without documentation. Yet, my purpose for being in the community was perhaps confusing and strange to them. As I sought out interviews, I was repeatedly told no. Alternatively, many women said yes, but then would be conspicuously absent from their houses or extremely busy when I returned at the agreed-upon time for the interview. I was frustrated, but in the back of my mind I thought I might do the same were the roles reversed.

¹ All names are pseudonyms.

As I spent more time in the community and gained the trust of more women, I began to understand a little more about why those first few months were so difficult and why many women continued to avoid much contact and communication with me. Women's lives, as I present them here, are rife with struggles, illnesses, and heavy burdens of care. It is a precarious existence in many ways, and a researcher entering the community to ask questions may result in enough imbalance to devastate a family, particularly if suspicions are raised that a person is cooperating with someone who could be a United States agent investigating undocumented migrants.

In addition, as a researcher from the United States, I was immediately suspicious to those in the community who were members of evangelical churches. I learned late in the research that a group of Americans had come to the community shortly before I arrived to investigate the practices of the leader of one of the churches, a well-known and well-respected man in Los Cañales. These Americans, according to stories I heard, were investigating claims that the minister was misusing funds that had been sent from churches in the United States to buy clothes, food, and school supplies for the children of Los Cañales, particularly those who attended church services. Being from the United States brought me under suspicion for both those women whose husbands were in the United States and those who supported the minister. Therefore, I could at times represent a threat or at least cause reservation for some in Los Cañales.

The United States figures large in this research in multiple ways, not all of them having to do with my personal difficulties in the field. It becomes the locus of control in the context of globalization and transnational migration. For those who migrate and their family members, it is often perceived as a dangerous, racist place that exploits Mexican workers and misunderstands the reasons for their migration. For those involved in protestant churches, it is characterized by wealthy churchgoers who support poor children. For many who have been unable to locate health care, it is the place that sends doctors in brigades perhaps once a year to give free medical care. It is also the place, imagined or real, from which processes of globalization begin. Neoliberal policies and ideologies emerge there, becoming realized in the militarization of the US/Mexico border and the neoliberalization of the health care sector, among other institutions and processes throughout Mexico. Yet, this research is not about the United States in a direct sense. It is about the lives of the women whose position in the world is in large part configured by relationships with the United States. In this sense, this research focuses on lives lived in a transnational, globalized space – a space that has particular consequences for poor women.

In many ways, Los Cañales can be characterized by a recent surge in internal and transnational labor migration to large Mexican cities, the United States, and occasionally Canada; increasing poverty, particularly due to the neoliberalization of the sugar cane industry; and sustained inadequacy of health care resources. These changes result from multiple regional, national, bi-national, and global relationships. All of these relationships are characterized in part by the reconfiguration of the state in the context of globalization. In the following chapters, I examine the intersections of women's lives in the context of these institutional reconfigurations. The complexity of globalization, state reconfiguration, and women's individual lives necessitates a focus on only some of the intersections that could be explored.

The focus here is on an interpretation of Ximena's words. I understand this interpretation to be partial and itself infused with an unequal power dynamic given my position as an academic. However, I believe that Ximena asked for an interview in order to share her understanding not only of her own life, but of the lives of many women in Los Cañales. I work as closely as possible with women's words in an attempt to give as true an interpretation as possible here. In my interview with her and many other women in Los Cañales, three themes arose most frequently: the gendered division of labor that includes heavy burdens of reproductive labor for women, processes of border militarization that undermine already precarious survival strategies, and the neoliberalization of health care that diminishes women's ability to obtain quality care for themselves and their families.

The research continues in the vein of many anthropologists and other health researchers who seek to understand the ways in which global processes affect people's health. It utilizes the perspective of a growing number of feminist social scientists who argue that an essential part of understanding the profound effects of global processes is to examine the ways that these processes affect the health of poor women from the global South. It has been established by social epidemiologists and medical anthropologists that social inequality produces ill health disproportionately among those who are most marginalized by race, class, gender, nationality, and other social locations. The complexity of social location in the production of ill health calls for an intersectional approach that can examine multiple social locations simultaneously.

But what is ill health? What does it mean to be healthy, to be well? The World Health Organization (1978) has developed a wide-reaching definition that I critically adopt in this dissertation: health is "a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity". I assert that women in Los Cañales are for the most part not healthy according to the World Health Organization definition. I argue that in order to understand the production of poor health and global health inequalities, it is necessary to examine the ways in which people shape and are shaped by the reconfiguration of the state in the context of globalization. For poor women in the global South, this kind of research requires a close examination of what Das and Poole (2004:23) have called the "margins of the state," which can be understood as "sites on which the state is continually formed in the recesses of everyday life." At these margins, it is possible to see the ways in which the reconfiguration of gendered divisions of labor, the neoliberalization of health care systems and restrictions on the flow of labor (at the same time that the flow of goods and capital becomes more unrestricted due to such agreements as NAFTA) across national borders situate women in marginalized positions that negatively affect their health status. Locating the margins (and thus understanding the process of marginalization), I argue, necessitates an articulation of the ways in which state processes contribute to the production of unequal social positions.

This process of locating the margins and articulating micro-level dimensions of power with macro-level institutions that participate in their construction is conducted through the use of an intersectionality perspective that focuses on the simultaneous production and mutual constitution of multiple dimensions of power – in this case nationality, class, and gender. By tracing the production of marginality through institutions and processes that produce structural violence, the complexity of women's

lives emerges. The intersectionality perspective recognizes that it is through this complexity that social justice can ultimately be articulated and produced.

It is the intent of this research to elaborate processes of structural violence in order to elucidate the ways in which women's social positions expose them to such violence resulting in experiences of ill health. This ethnography, then, is an ethnography of gender, class, nationality and power that seeks to achieve the goals of feminist elaborations of intersectionality. "Woman" cannot be considered a universal category, and women's lives cannot be understood as shaped and constrained in a uniform way (Mohanty 2003). Women may act as "women" but they simultaneously act from other social locations (McClaurin 2001). An intersectional perspective must attend to the multiplicity of women's lives, their social locations, and their actions in response to the processes of globalization described above.

With this in mind, Chapter 2 details the theoretical perspectives that inform the analysis and the methodology used in the research. It begins with a detailed discussion of the development, debates, and possibilities of intersectionality perspectives in social science research. It then moves to a discussion of the reconfiguration of the state in the context of globalization and the ways in which such reconfigurations may contribute to global health inequalities. I argue that those who live in the margins of the state are those who are most vulnerable to negative health consequences of particular state and global processes. In order to understand health inequalities, it is necessary to clearly define health and illness, and the second part of Chapter 2 is thus a critical examination of the World Health Organization's definition of health as complete mental, physical, and emotional health. Finally, this chapter outlines the methodology used in this study with particular emphasis on the operationalization of intersectionality.

Chapter 3 contextualizes the research by discussing the community in which it was conducted. It focuses on the local, regional and national political economy including the community's involvement in the sugar cane industry, attempts to develop cultural and ecological tourism, local politics, the local educational system, and religious institutions. The chapter includes a particular elaboration of the ways in which women participate in each of these arenas.

Chapter 4 examines the ways in which local, regional, national, and global dynamics have affected a long-standing gendered division of labor. In particular, the chapter discusses the context of reproductive labor for women in Los Cañales including their daily labor, their networks of support, and inadequacy of resources to conduct the care work for which they are responsible. It situates women's reproductive labor as a gendered and classed process. In other words, there are reasons that it is *women* who are charged with the extra work that Ximena discusses and that women tend to accept these responsibilities while also recognizing the negative effects such work can have on their health. However, gender is shaped by class processes as much as class processes are shaped by gender. Ultimately, the intensification of women's labor cannot be understood by using only the analytical lens of gender or only the analytical lens of class.

Chapter 5 elaborates on the effects of reproductive labor (including care work) responsibilities suggested in Chapter 4, particularly in the context of transnational migration. The two sections of Chapter 5 focus on mothers' and grandmothers' reproductive responsibilities respectively. The first section discusses mothers whose responsibilities in caring for children have shifted and become more burdensome with the

absence of the migrant husband. This care work entails women becoming “both mother and father,” a burden with which women struggle both emotionally and physically. The second section shifts to focus on grandmothers’ care work, in particular grandmothers who have taken on the responsibility to care for their grandchildren because one or both parents have migrated. Grandmothers interviewed for this research often must cope with chronic illnesses like diabetes and hypertension that leave them at times exhausted. However, this illness does not relieve them of their burdens of care. Faced with economic, physical, and psychological burdens of caring for others, grandmothers often lack the resources to deal with their own health issues, often leaving them with critical complications of chronic illness. This chapter elaborates the complex intersections of the gendered and classed production of vulnerability and sacrifice.

Chapter 6 turns to the production of “illegality” at the U.S.-Mexico border, arguing that examinations of borders and borderlands should be extended to include those family members of migrants who remain in communities of origin. Undocumented border crossing and anti-immigrant sentiment in the United States produces fear and anxiety in women who constantly worry that their family members will be exploited, deported, injured or killed. Deportation, although it means reunion for family members, also signifies the loss of migrant remittances which are often key components of household budgets. Additionally, the cost of social (and biological) reproduction of migrants remains the responsibility of households in communities of origin, adding particular burdens for women. The production of “illegality,” therefore, extends far beyond the geographical border at which it takes place. It has profound, immediate, and direct implications for communities of origin.

Chapter 7 examines the notion of quality health care by focusing on the ways in which the Mexican health care system manifests on the local level and the difficulties women have in receiving what they consider to be quality health care. Women in the community generally feel that to receive quality health care, one must pay for a private physician rather than use one of the services covered by either Social Security insurance or Seguro Popular (Popular Health Insurance). These public health services have limited resources in terms of medicines, personnel, and infrastructure. Many women’s perceptions of these services are that they are so inadequate that one may die while waiting for an appointment. For that reason, women often seek ways of accessing the private health care system – remittances being one of the most important resources.

Chapter 8 offers conclusions and highlights the contributions this research makes to anthropology. In particular, it highlights the contributions of the research to border studies through its extension of border theories to encompass communities of origin. It also suggests possibilities for future research on health sector reform that seeks to insure the entire population of a country. Most importantly, it discusses the ways in which this research supports and extends the usefulness of the intersectionality perspective for feminist social science research.

This ethnographic research project relied on the methods of interviewing and participant observation, with recognition of the work that has recently been done with regards to the social position of the researcher and the influence of the researcher on the investigation. This research, therefore, is a partial picture of the lives of the women of Los Cañales and their struggles to achieve a degree of health in the face of increasing marginalization on a global scale. Although the research included interviews with over 70

women, I focus on those with whom I was able to spend significant time and who were willing to share with me some painful and intimate details of their lives. It is with their permission to tell the stories of their lives, so that others might come to know and understand their struggles, that I present the following.

Chapter Two: Theorizing Dimensions of Power: An Intersectional Perspective

“Knowledge, as we know well, is power. The powerful are always less curious than the powerless, and that is because they think they have all the answers. And they do. But not to the questions that the powerless are asking...Much will depend on how we continue even to ask the questions. In asking the old questions, using the old categories, relying on the old frameworks, enveloping ourselves in grand theories, we will only be underlining the answers we think we know, preventing the possibility of discerning fresh insights, of breaking new ground” (Kumar, 2005: 166-167).

Introduction

In this chapter, I seek to discern the insights brought to light by my conversation with Ximena during my research in Los Cañales. “Todo este trabajo se va acumulando en el cuerpo, y la mujer se va pa’bajo,” she said. (All this work accumulates in the body, and the woman heads towards the bottom.) Ximena’s statement calls attention to multiple systems of inequality – including gender, class, and nationality. I first discuss my use of the feminist framework of intersectionality to understand the ways in which these systems of inequality work together to transform women’s social locations and to shape their experiences of oppression. An intersectionality framework also allows an exploration of agency because it attends to the complexities of lived experience. Systems of inequality, however, limit women’s abilities to address oppression. Such systems of inequality are rooted in multiple institutions, practices, and ideologies that are interwoven into the daily lives of women in Los Cañales. A discussion of these roots forms the second part of this chapter. Finally, I discuss the methodology used in this research, with particular attention to the ways it contributes to the growing literature on intersectionality.

Intersectional Perspectives on Theory, Knowledge, and Methodologies

The term “intersectionality” was coined by the legal scholar Kimberlé Crenshaw in the early 1990s (see Crenshaw 1992). She argued, based on anti-discrimination cases, that an analysis (or ruling) that focused on a single axis of social location – race or gender, for example – “theoretically erase[s] Black women” (Crenshaw 1989: 139). This “single-axis analysis” also “creates a distorted analysis of racism and sexism” because each cannot be fully understood outside the context of the other (Crenshaw 1989: 140). Instead of focusing only on race-based or gender-based discrimination, one should instead examine the intersections of race and gender to more fully understand and respond to the particular experiences of Black women (Crenshaw 1992). Crenshaw’s work and that of other Black feminist theorists (see for example Collins 1990; Davis 1981; Hull et al. 1982) spurred research across the social sciences that examines the impact of multiple social locations (moving beyond a singular focus on race and gender) on daily life (Mullings and Schulz 2006).

However, the roots of an intersectional perspective pre-date Crenshaw’s work. Several scholars of intersectionality trace this work to intellectuals and activists like Anna Julia Cooper, Ida Wells Barnett, and W.E.B. DuBois who recognized that oppression had

to be understood within the complexities of social location (Cole 2009; Collins 2000; Zerai 2000). Additionally, feminists of color in the 1970s and 1980s were working along similar lines as Crenshaw in critiquing mainstream (white) feminism for its lack of understanding of the ways in which gender is racialized (Cole 2009; Davis 2008; Manuel 2006; Valentine 2007; Zack 2007). While these models approached the intersectionality framework developed by Black feminist theorists, they were still additive models. In other words, “the more marginalized statuses that the individual identified with (or was identified as occupying), the greater the oppression” (Shields 2008: 303).

Intersectionality theorists thus recognize the important work of these scholars but move beyond them to develop more complex understandings of social location and daily life experience. It is difficult to pinpoint one definition of intersectionality, particularly given the range of disciplines in which the concept has been developed and the breadth of content the framework is used to analyze. This ambiguity is one of the challenges theorists of intersectionality face, as will be discussed further below. The working definition used here is that intersectionality is a theoretical framework through which to understand the process – mediated through social institutions – of differentiation¹ along axes of power, the historically and contextually specific effects of that differentiation on lived experience, and the ways in which people navigate, contest, and claim power in response to differentiation. An intersectional perspective focuses on the simultaneous production of multiple dimensions of power (race, gender, class, ethnicity, nationality, sexuality, etc.)² in people’s lives and asserts that one dimension cannot be examined to the exclusion of the others (Collins 2005; McClaurin 2001; Mullings and Schulz 2006). The simultaneous production is not merely an additive effect. Rather, it is multiplicative and contingent such that the dimensions of power “vary as a function of each other” and are “mutually defining” (Mullings 1997; Mullings and Schulz 2006).

This definition draws on some common themes across intersectionality scholarship. Weber (2004) identifies five such themes: Social locations such as race, class, gender, and sexuality are (1) contextually specific and mutable, (2) socially constructed, (3) produced through historically specific power relationships, (4) meaningful at both micro-levels of individual lives and macro-levels of social institutions, (5) and simultaneously produced and operated. Weber (2004: 132) also argues that a common theme across intersectionality scholarship is the emphasis on “the interdependence of knowledge and activism.” Intersectionality, therefore, works to deconstruct and decenter “normative” models of gender, race, class, sexuality, and other dimensions of power (Brah 2004); to recognize and address issues of power inequalities (Hankivsky 2010); and to identify ways that people have and can form coalitions to seek social justice (Cole 2008; Simien 2007).

While intersectionality has been widely successful as a feminist theory given its extensive use across multiple disciplines (Davis 2008) and has been identified as the most

¹ The distinction between difference and differentiation is important here to highlight the active construction of difference and inequality rather than naturalizing difference (see Burman 2004).

² I use the concept of “dimensions of power” rather than “identities” or “social categories” to draw attention to the production of social location and the material effects of such positioning. Using these other terms obscures the workings of power and moves away from the intent of intersectionality – to decenter “normative” social categories and to question a decontextualized coherence.

important contribution of feminist theory (McCall 2005), multiple debates about its ultimate usefulness as a framework continue.³ First, there is confusion about what intersectionality is – is it a theory, a heuristic device, a methodology, a reading strategy (Davis 2008)? It has been used in different ways, and some would argue, inconsistently (see Phoenix 2006). Intersectionality is a *perspective* on lived experience, albeit one that should be explained rather than just stated. Even if it is accepted that intersectionality may describe any part of research, there is still the issue of infinite regress – that ultimately every individual inhabits a different social location. If that is the case how do we decide which dimensions of power are most important (Manuel 2006; Warner 2008)?⁴ A related issue is whether intersectionality should focus on social structures and cultural discourses instead of individual experiences, thus avoiding the problem of infinite regress altogether (Davis 2008).

Issues have also been raised about whether the intersectionality framework really moves beyond previous conceptualizations of race/class/gender as “multiple oppressions” (the additive approach to understanding dimensions of power). Ken (2008), for example, argues that intersectionality does not go far enough in explaining the ways in which dimensions of power act in our lives (see also Mullings 2002; Shields 2008). They do not merely intersect (a process not far removed from additive frameworks). Instead they are transformative – they become something new in the process of intersecting. Although this transformative process has been described by other feminist scholars using the intersectionality framework, Ken argues that what is left out of much intersectionality research is the *deliberateness* of this transformation. Dimensions of power are always produced “under particular social, historical, political, cultural, and economic conditions” but they are produced in *particular* ways through *specific* institutions (Ken 2008: 155). These insights are key to understanding the complexities of social life and the workings of power, but might be overlooked if intersectionality research is disciplinarily segmented.

Staunaes (2003: 101) further argues that intersectionality has been successful as a tool to trace “how certain people get positioned as not just different, but also troubled and in some instances, marginalized.” The framework must be further developed in two important areas if it is to fully analyze the complexity of social life. First, it tends towards determinism – social location is determined by social systems. This leaning limits understanding of the complexities of agency. Second, it obscures the construction of privilege, and by doing so runs the danger of normalizing it (Staunaes 2003; Warner 2008). Intersectionality *can* focus on the production of privilege – nothing in the framework excludes that possibility – but it has not done so for the most part (however, see Tester 2008).

Many of these questions are questions, at least in part, of methodology, and they present problems for the study of intersectionality. As McCall (2005) argues, these are new methodological problems that arise out of the focus of intersectionality – the

³ Davis (2008) argues that these debates are one reason that intersectionality has been so successful. The debates contribute to the deeper development of the theory while maintaining its relevance and interest for scholars.

⁴ This issue is particularly problematic for researchers using quantitative methods due to the potential infinite increase in sample size.

complexity of social life. Perhaps because of these issues, the intersectionality framework “has rarely been used as a formal framework for research” (Doyal 2009). It has been used successfully, however (see Collins 2005; Doyal 2009; Harrison 1997; Mullings and Wali 2001), which supports the further development of an intersectionality framework that can address these issues. On the other hand, as Davis (2008: 79) argues, it is possible that intersectionality does not require resolution of all debates.

Intersectionality initiates a process of discovery, alerting us to the fact that the world around us is always more complicated and contradictory than we could ever have anticipated. It compels us to grapple with this complexity in our scholarship. It does not provide written-in-stone guidelines for doing feminist inquiry, a kind of feminist methodology to fit all kinds of feminist research. Rather, it stimulates our creativity in looking for new and often unorthodox ways of doing feminist analysis. Intersectionality does not produce a normative straitjacket for monitoring feminist inquiry in search of the ‘correct line’. Instead it encourages each feminist scholar to engage critically with her own assumptions in the interests of reflexive, critical, and accountable feminist inquiry.

In fact, it may be inherent in the framework that the perspective itself is mutable, contingent, and contextually specific. Intersectionality research, then, requires an elaboration of the use of the framework in the specific context of the study – an elaboration to which I turn in the final section of this chapter. Before doing so, I turn to a discussion of the institutions that arose as particularly salient in this research as mechanisms through which dimensions of power are produced. A discussion of these institutions is key to my elaboration of methodology below.

Theoretical Perspectives on Globalization, the State, Structural Violence and Well Being

Considering the social positioning from which Ximena speaks, I contend that her statement speaks in particular to the ways in which disjunctures of state processes--as they interact and interweave with processes of globalization and transnationalism--become situated in women’s bodies, often negatively affecting their health and well-being. That Ximena identifies her body as the site of accumulation draws attention to the material effects of these state and global processes. Furthermore, she identifies “work” as the agent of accumulation, which can be interpreted as particular commentary on the gendering of labor, particularly reproductive labor.

As Gunewardena and Kingsolver (2007) have argued, processes of globalization affect women in particular gendered ways. This perspective is utilized here to focus on how women’s gendered, classed, and regionally-based positions within globalized and transnational space intersect in particular ways that undermine their efforts to be healthy. This section first examines this gendered perspective on globalization, focusing on globalization as a set of processes based in late-modern capitalism that work consistently to increase global inequalities. One of the outcomes of globalization that is explored here is the creation of new transnational spaces, such as that of Los Cañales. Then, it explores the notion of state disjunctures in the context of transnational and global processes. These

disjunctures, which are often most obvious in the margins of the state (Das and Poole 2004), are sometimes interpreted as signs of the increasing weakness or even impending dissolution of the state. However, I argue that these points of weakness are, in fact, openings for the reconfiguration of state processes – a reconfiguration that includes the global and transnational.

Although by definition processes are ever changing, these openings are concrete moments, or “permanences” (Harvey 1996)⁵, in which we can begin to understand the far-reaching effects of globalization (and the state) on women’s well-being. It is within these “permanences” that the intersections of dimensions of power are analyzed. To analyze these “permanences,” I use the concept of structural violence and critical elaborations of this concept. Mapping a blueprint of structural violence is part of the process of understanding the effects of systems of inequality on women’s daily lives. This framework pinpoints four specific areas in the present research that explain, albeit partially, Ximena’s statement: (1) the destabilization of women’s access to resources due to debt crises and increasing poverty; (2) the maintenance of reproductive labor as the responsibility of women; (3) the development of migrant “illegality” and its consequences for the well-being of women who are consistently anxious about the lives of their migrant family members and who are threatened with the loss of remittances that sustain the household, and (4) the increasing neoliberalization of public health care and the chronic underfunding of public health resources. Chapters 4-7 examine these “permanences” in detail. Here, I focus on broad sketches of the institutions, processes, and ideologies that are key to the analysis.

Globalization and the Production of Social Inequality

As Cynthia Enloe (2007: 2) has argued, “globalization is the step-by-step process by which anything...becomes more interdependent and coordinated across national borders.” However, this definition, as she and others argue, masks the unevenness of processes of globalization. Enloe emphasizes, “not everyone enters into globalization with equal resources” (Enloe 2007: 3). Feminist social scientists, like Enloe, have argued that the particular form that globalization has taken in the context of neoliberal ideologies and international capitalism has increased global social and economic inequalities, further marginalizing those living in the global South, particularly poor women (Aguilar and Lacsamana 2004; Benería and Feldman 1992; Mills 2003; Mohanty 2003; Gunewardena and Kingsolver 2007). Taking these critiques of assumptions about the neutrality of globalization into account, it is here defined as a set of processes that contribute to the uneven development (see Harvey 2001) of increasing interdependency and coordination across national borders. Fundamental to this definition is an understanding of globalization as a set of practices – including the intensification of capital fluidity and mobility, trade deregulation, and expanding neoliberal logics – that increases global

⁵ Harvey develops this concept in response to a concept of relational dialectics that reduces “everything to fluxes and flows” (Harvey 1996: 7). Instead, he argues that “permanences” exist in daily practices of power. “[D]ialectical argumentation cannot be understood as outside of the concrete material conditions of the world in which we find ourselves; and those concrete conditions are often so set in literal concrete...that we must perforce acknowledge their permanence, significance, and power” (Harvey 1996: 8). Using the concept of “permanences,” it is possible to recognize both change and material effect in the daily lives of research participants.

inequalities (Friedman 2003a; Gunewardena and Kingsolver 2007). Globalization must also be understood as acting at the intersections of multiple social locations to create and exacerbate social inequalities (Aguilar and Lacsamana 2004; Anglin and Lamphere 2007; Moghadam 2005; Mohanty 2003).

Globalization in this context is often understood as being fueled by (and in some places it seems equal to) the internationalization of capitalism (Patterson 1999). However, the effects of economic globalization go far beyond what may commonly be understood as the “economy” or the “market.” Patterson (1999), for example, argues that the processes of globalization have engendered a “profound reorganization of social relations” that has changed the meaning of nation-states, introduced powerful transnational corporations, globalized the media, and ultimately profoundly affected the ways that people live out their daily lives. Globalization is not merely about the spread of ideas, capital, labor, or anything else. It not only involves the unequal distribution of resources at the outset, as Enloe (2007) argues, it also entails the increasing unevenness in distribution of resources and power (see also Inda and Rosaldo 2002). This unevenness has violent effects on the marginalized (Glick Schiller and Fouron 2003), including premature death and illness (Gershman and Irwin 2000).

Inherent in globalization, then, are moments of disjuncture. These disjunctures, according to Appadurai (2000: 5), “produce fundamental problems of livelihood, equity, suffering, justice, and governance.” Processes of globalization, therefore, cannot be characterized as processes of increasing homogenization. Instead, they are frequently sites of the production of difference (Mahler 1999). Failure to recognize this aspect of globalization displaces notions of imperialism and neocolonialism (Harvey 2001). Glick Schiller and Fouron (1998) and others (Cunningham 2004; Ong 1999), for example, argue that while the political-economic situation in which nation-states assert their power is changing, meaning that nation-states themselves are changing, one must be careful not to underestimate their continuing importance as sites of power relationships and as shapers of the political economic situations in which migrants act.

The production of difference through globalization is not new, as many social scientists have argued (Friedman 2003b; Wolf 1982). However, if one takes into account the argument above that globalization must be understood as a particular set of contextualized processes, it follows that current processes of global economic restructuring have changed the character of contemporary globalization. It can be argued that the United States plays a central role in the changing character of globalization. As I have argued above, globalization can be understood as an insidious process, the powerful actors within which obscure its inherent violence. The United States, as an important superpower on the global level, masks increasing capital accumulation (and therefore increasing global social inequalities) through discourses of free trade, global markets, and democracy (Glick Schiller and Fouron 2003).

The question that follows, then, is how to “unmask” the production and reproduction of inequality. To begin, globalization needs to be examined at multiple scales from the individual to the multinational (Harvey 2001). Human agency and lived experience are important in understanding these broad processes of globalization. Ong (1999), for example, seeks to uncover the micro-level cultural logics or rationality of actors that makes transnational action (discussed further below) thinkable and desirable. She argues for an anthropology of globalization that “show(s) how our cultural insights

and our attention to everyday practice and the relations of power can illuminate how the operations of globalization are translated into cultural logics that inform behavior, identities, and relationships” (Ong 1999:22).

Although globalization highlights macro-scale processes at an international or global level, it has particular effects at local levels. Additionally, understanding these macro-processes of globalization is essential to fully understanding processes occurring at the local level (Kearney 1995). In this sense, Harvey (2001) understands spatial scales as mutable. By looking closely at different scales, we can see how inequality is created. These are not merely historical creations. These differences “are perpetually being reproduced, sustained, undermined, and reconfigured by political-economic and socio-ecological processes occurring in the present” (Harvey 2001:78). I follow Harvey in conceptualizing globalization first as a process of unequal development and second as a process occurring at multiple scales. Although globalization encompasses more than the global restructuring of capitalism, this process is a key factor in understanding globalization as a process of unequal development.

It is for that reason that Doyal (2005) refers to global restructuring, rather than globalization. The processes of globalization, therefore, must be specifically defined in the context of this research in order to make “sense of specific instances of social reality” (Doyal 2005: 10). This social reality for women in the global South is one in which they are “intimately affected by the intensification of economic deprivation and widening income disparities ushered in by economic globalization in its current form(s)” (Gunewardena and Kingsolver 2007: 10). Laying bare this local social reality and its connections to macro-processes of globalization is a significant contribution that anthropology can make to understanding the workings of globalization and the production of social inequalities (Inda and Rosaldo 2002). In this research, this laying bare must include an understanding of the connections among the state, processes of globalization, and women’s navigation⁶ of the local-level manifestations of these institutions and processes as they seek well-being.

The Disjunctures/Margins of the State

The identity of the state, like the character of globalization, is not immediately apparent. In fact, it has been argued that the state is in the process of decline precisely because of globalization. This and other research suggests, however, that the state is not disappearing but rather is being reconfigured through its incorporation in processes of globalization (Aretxaga 2003; Sharma and Gupta 2006). That the state can be reconfigured lends credence to the notion of the state as at once a socially and politically powerful presence and a fluid, contradictory, and fractured institution or set of practices that is reproduced through multiple discourses and practices of power (Aretxaga 2003; Ferguson and Gupta 2002; Sharma and Gupta 2006). The state, then, is both a social reality and an illusion, making its location complicated. As Begona Aretxaga (2003: 400)

⁶ I borrow this understanding of navigation from Gunewardena and Kingsolver (2007: 12). By understanding agency as “navigation,” they are able to focus broadly on the meaning of agency – moving beyond agency as empowerment to the notion of the possibility for action. Understanding agency as navigation in this way allows for an anthropology that privileges a process of active collaboration with research participants “in epistemological engagements of complex and multidimensional capitalist processes increasing inequities in global-local contexts.”

has argued, “The difficulty in studying the state resides in the fact that the state – as a unified political subject or structure – does not exist; it is a collective illusion, the reification of an idea that masks real power relations under the guise of public interest.” In other words, the state is not a “fixed object” (Asad 2004: 279), but it does have real effects. It is useful to think of the state as a “political order...that is distinguished by a *totalizing* dynamic whereby it...creates or shapes relations and processes to the terms of its dynamic in the sociocultural fields into which state orders intrude and/or from which they emerge” (Kapferer and Bertelsen 2009: 3). However, this definition in some ways obscures the processes through which legitimation and state sovereignty are reproduced. Following Foucault (1978), it is by analyzing these processes that the power of the state to manage life is revealed. In other words, it is important to move beyond a conceptualization of the state as an abstract entity in order to understand the ways in which the state is embedded in people’s daily lives (Kapferer and Bertelsen 2009).

To locate the embeddedness of the state in this research I draw in particular on the work of Das and Poole (2004) and their collaborators in focusing on locating the state in its margins. This focus on the margins allows for an examination of the state’s uncertainty as well as its effects on those living at the margins because it is at these margins that the state most clearly continually renegotiates its sovereignty (Asad 2004). As Das (2004: 227) insightfully argues, “to study the state, we need to shift our gaze from the obvious places where power is expected to reside to the margins and recesses of everyday life.” It is in these places where the state, through a bureaucratic logic and the often uneven enforcement of its laws, must reproduce itself through continually reshaping those who live in the margins as “proper subjects of the state” (Das 2004: 249). Therefore, people who live in the margins are in fact central to state processes (Poole 2004). People often learn about the state and how to become proper subjects of it through the everyday practices and procedures of bureaucracy – waiting in line, filling out paperwork, producing documents to obtain legitimacy as state subjects (Sharma and Gupta 2006). They also contest state practices that seek to shape them in particular ways through both what may be considered “resistance” and through their everyday concerns with survival and justice (Das and Poole 2004). As the state becomes further entrenched in the logics of globalization, being a “proper subject of the state” also comes to mean being a proper *neoliberal* subject (Sharma and Gupta 2006), as will be discussed further in Chapter 7.

States are also not passive entities. Rather, they are composed of actors who can draw on global resources for the reproduction of their power (Sampson 2003). Therefore, to study the state it is also important to recognize state actors and understand their diverse strategies and goals in the context of state sovereignty.⁷ One specific and widely used example of such actors is agents of border control in multiple locations around the world – both at international borders and internal ones (see Heyman 2001; Jeganathan 2004; Poole 2004 for example). These actors manage checkpoints at which their interpretations

⁷ It is also important to note anthropological investigations that examine the connections among the “extra-state” (Nordstrom 2004), the illegal (Heyman 1999), and the state. This body of work highlights the role of “extra-state” institutions and illegal practices in stimulating the state and vice versa. It is argued in this literature that in many cases the state and the “extra-state” need each other in order to move and utilize resources (Nordstrom 2004). These ideas are drawn upon in Chapter 6 here.

of border crossers as legitimate or illegitimate, legal or illegal can determine membership in the state. This process is examined more closely in Chapter 6. A related way in which state actors reproduce state power is through the surveillance of bodies in neoliberalized public health institutions. This surveillance of bodies can be understood in the Foucauldian sense of disciplining subjects of the state to act as good neoliberal actors who take responsibility for their own participation. It is particular actors within the institutions of the state who enact this discipline and surveillance, even when they are not in particularly powerful or high-ranking positions. This process is further explored in Chapter 7.

Such surveillance, discipline, and exclusion highlight the ever-present capacity for state violence (Feldman 2004; Hansen and Steputtat 2005). In fact, state violence is not an exception (Agamben 2005) or a “practice of last resort” (Kapferer and Bertelsen 2009: 7). Rather, it is a central method to reproduce state power and sovereignty and to produce “legitimate” state subjects. In the context of neoliberal ideologies and globalization, state violence takes on a particular character. As the state becomes less “responsible” for the social welfare of its inhabitants (Friedman 2003b), notions of individual responsibility and labor flexibility work in particular ways to obscure such violence.⁸ Such state violence can be productively understood as structural violence.⁹ The use of such a concept allows for a mapping of violence that is often both produced and obscured at the intersections of processes of globalization and the state.

Structural Violence

Structural violence is systematic violence that legitimates inequality (Anglin 1998; Farmer 2004). Structural violence can be what Bourgois and Scheper-Hughes (2004: 225) have termed “everyday violence” that is “so deeply inscribed in our ordinary, unexamined ways of life” that it is often not recognized as violence. The term structural violence was first coined by Joseph Galtung in a 1969 article on violence, peace, and peace research. Galtung (1969: 168) argues, “violence is present when human beings are being influenced so that their actual somatic and mental realizations are below their potential realizations.” Violence, then, is a process that impedes the potential from becoming the actual. His example is illustrative here (and was later echoed by Farmer in his research):

Thus, if a person died from tuberculosis in the eighteenth century it would be hard to conceive of this as violence since it might have been quite unavoidable, but if he dies from it today, despite all the medical resources in the world, the violence is present according to our definition (Galtung 1969: 168).

⁸ Glick Schiller and Fouron (2003) argue that this violence reveals state sovereignty as a façade that obscures the links between globalization and violence. If a state is sovereign, it could (and should) address the social issues present within the country. However, if a state is only apparently sovereign, it has limited ability to do so because the social issues are inextricably linked to the incorporation of the state into global processes of exploitation.

⁹ Clearly state violence can also take other, more direct and individual forms. The state violence discussed in this dissertation can be understood as structural, however.

Galtung develops several important distinctions that must be made to interrogate this notion of violence. The one that is important for this discussion is his distinction between direct and indirect (or structural) violence. He asks, “Can we talk about violence when nobody is committing direct violence, is acting” (Galtung 1969: 170)? His answer is that we can. This indirect violence is violence that “is built into the structure and shows up as unequal power and consequently as unequal life chances” (Galtung 1969: 171).

While there have been critiques of structural violence in the literature that claim that it is not specific enough to fully explain the pathways through which violence shapes lived experience (Bourgois and Scheper-Hughes 2004), the concept has been an important one in medical anthropology. Although not the first to use the term, Paul Farmer has been central to the development of the concept as a way to understand health inequalities. He uses the term “as a broad rubric that includes a host of offenses against human dignity: extreme and relative poverty, social inequalities ranging from racism to gender inequality, and the more spectacular forms of violence that are uncontestedly human rights abuses, some of them punishment for efforts to escape structural violence” (Farmer 2003: 8). Structural violence is perpetrated by the strong against the weak in “complex social fields” (Farmer 2003: 9). While structural violence can be about direct physical violence, it is often about neglect, normalization of certain practices at the expense of others, and denials of human rights (Farmer 2003).

In the case of medical anthropology, Farmer (2001) uses the concept of structural violence to explain why diseases are distributed unequally across the globe and why treatment is denied to certain people and not others. Similarly, Nguyen and Peschard (2003) argue that the relationship between inequality and disease is a form of structural violence. However, they warn, conceptualizing violence as *risk* for disease in the way that it is often expressed euphemizes violence and obscures the unequal relationships of power that are involved in creating this situation of risk (Nguyen and Peschard 2003).

Although there are certainly examples of direct violence being perpetuated in the lives of the women living in Los Cañales, the violence that I focus on here is this structural violence that imbalances power and creates unequal life chances. As Farmer (2004: 307) argues, the concept of structural violence is a useful tool through which to study “the social machinery of oppression.” For the ethnographer, the question becomes how to document and analyze this indirect form of violence that cannot be traced back to one individual in a specific form. To study “the social machinery of oppression” is a complex task (Bourgois and Scheper-Hughes 2004). Galtung (1969: 173) offers the beginnings of a method to address this issue when he refers to structural violence as a “blueprint.” Structural violence, unlike personal violence, is relatively stable precisely because it is built into institutions and social structures. It is at times difficult to identify because it has been legitimized. Once recognized, however, mapping this violence, or creating a blueprint, can lead to an understanding of the specific ways in which structures and institutions perpetuate violence. Indeed, mapping structural violence is necessary to connect social inequality and globalization (Glick Schiller and Fouron 2003).

If globalization and state processes are understood to produce and reproduce structures of inequality, we can understand these processes as part of the blueprint of structural violence. As Faye Harrison (1997: 457) has argued,

The profitability, capital mobility, and structural power constitutive of globalization are fundamentally gendered phenomena marked by a

masculinist logic. Present-day strategies to adjust, stabilize, and facilitate capital accumulation implicate constructions of femininity and masculinity that, in effect legitimate the superexploitation of the productive and reproductive labor of women, with women of color bearing the heaviest burdens and being the most vulnerable targets of structural violence.

Harrison, like other feminist social scientists, focuses on the inequalities that marginalize certain groups of people. I would add to her argument by emphasizing that it is often *poor* women of color who are the most vulnerable targets of such violence. The positioning of poor women of color at the center of reproductive labor through processes that reproduce inequality is exactly what Ximena meant when she talked about women's responsibilities as an overwhelming burden.

Health and Well Being

One of the ways in which the effects of structural violence can productively be understood is by elaborating a notion of health and well being that moves beyond a narrow biological or biomedical definition. By doing so, it is possible to understand the multiple contexts in which health and illness are produced. In this study, health is understood as “a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity” (World Health Organization 1978). This rather vague definition needs further explication. It was written as part of the Declaration of Alma Ata, which advocated the human right to health and focused on primary health care as the key to obtaining health for all. In addition to defining health quite broadly, the Declaration emphasized that “the existing gross inequality in the health status of the people, particularly between developed and developing countries as well as within countries, is politically, socially, and economically unacceptable and is, therefore, of common concern to all countries” (World Health Organization 1978). Understanding the multiple causes and consequences of health inequalities, however, is a complex task. The point of such a broad definition is to highlight the multiple ways in which inequalities manifest in people's lives.

Medical anthropologists and other social scientists, often invoking the work of Foucault, have long interrogated biomedical conceptions of health and disease as normalizing and pathologizing forces that rely on a Western notion of the mind-body dualism (Adelson 2000; Izquierdo 2005; Levin and Browner 2005; Lock and Scheper-Hughes 1996; Lupton 2003). This dualistic vision of the person focuses on the individual body as the site of potential deviation from a particular conception of “normality.” Departure from normality constitutes disease. Thus, health becomes “normal” or the opposite of disease (Kelman 1975; McMullin 2005). In this manner, the body becomes a site of medicalization and a manifestation of a universal concept of health, disease, and illness that categorizes certain people (or groups of people) as ill or pathological and others as healthy or normal. While many medical anthropologists elaborate various more broadly based notions of disease and illness, others focus on the social production of health and well-being. These scholars assert that health and disease are not opposites and that health cannot be universally defined. They focus on different cultural conceptions of health, including an examination of historical trajectories that lead to the development

and change of particular meanings of health within specific groups of people. In general, these studies focus on processes of globalization, modernization, and (neo)colonialism.

For researchers exploring the social production of health, health and well-being are subjective notions that differ cross-culturally. Several studies specifically examine the meaning of health among indigenous groups. In these studies, health is explicitly political in that they directly connect limited access to health to recent political and economic changes in their communities (Adelson 2000; Izquierdo 2005; McMullin 2005). For example, access to traditional food indicates “health” for native Hawaiians (McMullin 2005) and the Cree (Adelson 2000). Furthermore, in both of these cases, native people assert that the introduction of “whiteman’s” food and the privatization of land used to access traditional food leads to decreasing health. Additionally, in these two cases, being healthy means maintaining balance and connection to traditional ways of living. Izquierdo (2005) similarly notes that the Matsigenka in the Peruvian Amazon associate their declining health with the introduction of outside influences such as missionaries, school teachers, health personnel, oil company employees, and government officials.

In these cases, health and well-being move beyond the physical to incorporate and give meaning to a broad range of experiences. Izquierdo (2005:768) describes the Matsigenka definition of health as moving beyond physical status alone to include balance and productive social functioning. Illness then becomes not only a breakdown of the body, but also “an existential crisis wherein the individual and close kin search for a culturally coherent explanation for their distress.” Adelson (2000a:15) defines Cree “being alive well” as a particular state of health that includes both the sense of a well-functioning body and also the ability to carry out “the practices of daily living” and to maintain a good quality of life. McMullin (2005: 814-815) describes the image that native Hawaiians maintain of the “Healthy Ancestor” who lived at a time before colonization and was able to access healthy food and live a fully Hawaiian lifestyle.

Well-being signifies, in addition to physical health, broader notions of equality among different groups of people, respect for particular ways of life, valuing of all people regardless of identity, and cohesion of community (Adelson 2000; Izquierdo 2005; McMullin 2005). It is also often related to rapid societal change (Adelson 2000; Feierman and Janzen 1992; Izquierdo 2005; McMullin 2005). The words of women in this research echo these understandings. Women articulate connections between their lack of well-being and the “illegality” of their migrant family members. Many understand their failing health as a symptom of lack of social support. They struggle with the changes in their lives resulting from rapidly increasing migration out of the community and shifting procedures and policies in the public health sector. Women’s discussions of illness, therefore, are reflections of their location in the world. Their stories trace the outlines of structural violence by illustrating the multiple, real effects of such violence in their lives.

Toward an Intersectional Methodology

Women’s lives are complex in Los Cañales just as lives everywhere are complex. I use an intersectionality framework to analyze and understand this complexity as women experience globalization, transnationalism, state processes, and structural violence. My primary argument here is that these systems of inequality or dimensions of power produce specific, largely negative effects for people in marginalized social locations (and

here I focus on health effects). Women, however, *survive*. They strategize, get creative, and importantly continue to have hopes for the future. Using an intersectionality framework opens space to examine all of these multiple, complex, and sometimes contradictory processes. As discussed above, intersectional methodologies have been criticized for lack of development of strategies that make it useful for social science. Part of the reason for this critique is the nature of intersectionality as a paradigm. Perhaps there is no one methodology or set of methodologies that will satisfy the complexity of the intersectionality framework. I do not attempt to develop such a methodology here. What I will do is explain how intersectionality is operationalized in *this* research, to address a specific set of issues.

Reflexivity

Studying the multiple dimensions of power present in women's lives necessarily includes the researcher-research participant relationship as one of unequal power. Neutrality in research is, therefore, impossible (Fine et al. 2000). As was mentioned in the introduction to this dissertation, the social location of the researcher in the present study has particular implications for the reading of women's responses to the research and to research questions. The purpose of presenting the researcher location is to further the goals of the research (Rosaldo 1993). In other words, one's own experiences should not be applied "recklessly" to understanding another's experience. However, the researcher should also not refuse to draw on his or her own experience to facilitate understanding (Rosaldo 1993: 10). Denzin (2000: 902) argues that a feminist ethical model in research includes making one's moral position public, recognizing "who stands to benefit from a particular version of the truth." Reflexivity means, therefore, negotiation and conscious evaluation of the meaning, influence, and effects of the unequal researcher-research participant relationship.¹⁰

Objectivity is impossible, but reflexivity is about more than acknowledging bias. Olesen (2000) borrows from Sandra Harding the notion of "strong objectivity" to describe the process of the researcher taking into account her own social position and examining that relationship between researcher and research participant as part of the research itself. As I noted in the introduction, my social position was, in many ways, highly relevant to the research because I am from the United States, a place about which people have mixed feelings. Many family members go to the United States to secure the survival of their families. However, once there, migrants may be mistreated, abused, and sometimes even killed. At times, I was refused interviews because people were concerned that giving me information might jeopardize the lives of their migrant family members. In other cases, it was an important means of starting a dialogue with people, answering questions that they had about what the United States was like, and talking about their fears. Because I was from the United States, I might understand.

¹⁰ It should be noted here that some critical race theorists argue that presenting researcher location has different meaning for those underrepresented in the academy, those "whose stories have not been told" (Christian 1990; Fine et al. 2000: 109). Christian argues that there is an inequality in the power to theorize publicly. Therefore, those who lack voice in academia to theorize may use reflexivity in a way that challenges this omission of their voice. In this case, presenting the researcher as a creator of text is itself a (conscious) political act (Fine et al. 2000: 109; McClaurin 2001).

Being a married woman in Mexico *without* her husband and an over-thirty married woman *without* children became an important reflection in a way in many of my interviews. Women often commented on my status as quite distinct from their own. They congratulated me on waiting to have children until I completed my education and felt that I was lucky to have a partner I could trust to be faithful in a long distance relationship. Often this moment was a starting point for women to talk about their own struggles with getting married and having children at young ages and with their fears about the infidelity of their migrant husbands. It was also an opportunity for them to share with me the difficulty of being far away from loved ones. They were usually quick to point out that my own situation was different because my husband was not illegal and was not working under dangerous conditions, yet another place from which to start sometimes difficult, and very revealing discussions.

Reflexivity as part of an intersectional analytical frame works in two ways. It highlights the production of privilege (of the researcher in this case), and it draws attention to particular dimensions of power that are salient in women's lives. In this research, I focus on the second of the two. When my own social location reveals the workings of oppression in the lives of the women in my research, I use that recognition in my analysis. Recognizing my social position as a researcher, therefore, is essential to interpreting the data resulting from the methods described below.

Research Methods

Although the ethnographic methods of in-depth interviewing and participant observation are not inherently feminist nor does intersectionality research necessarily require ethnographic methods, I argue (along with many others) that they are a highly valuable way of addressing the complexities and intricacies of daily life and, therefore, the complexities of the workings of power. I did not enter into these interviews with particular ideas about which "social categories" would necessarily emerge as salient, nor did I fully determine before conducting fieldwork which "permanences" would be key. I allowed these dimensions and sites of power to arise in the course of research, and I used interviewing and participant observation to develop an intersectional perspective.

Addressing practical, theoretical, and ethical research concerns, participant observation and in-depth interviewing are used in this research to understand how women understand their health issues, what resources they utilize to address them, and the social, political, and economic context in which women's health issues arise. The methods elicit in-depth data for analysis of the social production of health and illness and aid in building trust between the researcher and community members. The ethnographic research design utilized for this project includes four aspects: household interviews (adapted from the interview guide in Cohen 2004); case studies with female community members; interviews with health care providers; and participant observation in women's homes, at public events, and in health clinics.

Interviewing

Interviewing, particularly unstructured interviewing, allows the research participant to have more control over the information than he or she would have in survey research, for example (Agar 1980; Bernard 2002). Additionally, multiple interviews with

an interviewee provide opportunities to discuss interpretations and invite analysis from the interviewee, shifting slightly the power dynamics of the relationship. In this research, I conducted interviews with 75 women, and then selected subsets of these for further interviewing. Three of the 75 interviews were subsequently eliminated from analysis.¹¹ The 72 interviews included in analysis provide in-depth, layered data focusing on experiences of migration, health, and illness that women articulated with increasing detail and depth through the course of the interviews.

Following Cohen (2004), the household interview examined household migration status (determined by current migration activity and past migration activity), socioeconomic status (assessed through evaluating access to land, household productive activities, use of remittances, household expenditures, and housing construction), household health (assessed through questions about illnesses of self and family members), women's involvement in household reproduction (assessed through description of the tasks and time involved in daily household maintenance tasks), and women's social network resources (assessed through participation in community activities and indicators of support).

A second, follow-up interview was conducted with 40 women (selected from the original 72 that were included in analysis) and focused on women's health concerns (assessed by visits to health care practitioners, women's identification of illness, impact of health issues on women's ability to perform daily work, household health care work that women perform, social networks and other resources available for addressing health issues). These second interviews also include discussions of health care activities, both in terms of daily maintenance activities and specialized care. Finally, case studies with 12 women selected from the 40 second interviews combined participant observation in women's homes and regular informal interviewing that included gathering life history information, observations of daily life and work, and follow-up questions based on previous interviews.

Interviews with 11 health care providers in the community focused on the general health concerns for which women in the community seek care and the resources available to treat illness. Because the biomedical health care system in Mexico is segmented by public, social security, and private medical institutions, interviews were conducted in each of these settings. The interviewees included two nurses and one doctor from the Instituto Mexicano de Seguro Social (Mexican Social Security Institute or IMSS) primary care clinic; one doctor, one resident, and one nurse from the public health clinic; two private doctors; and one pharmacist who owns a private pharmacy and laboratory in the community. Additionally, a huesera (bone setter), a partera (midwife), and a curandero (traditional healer) were interviewed. The purpose of conducting interviews with both women in the community and with health care providers is to gain an understanding of

¹¹ The three interviews were excluded because the responses were unclear or lacked sufficient information for interpretation. In one case, a group of women was present for the interview. The interviewee (and the group) repeatedly changed her answers to my questions significantly, making the interview impossible to interpret. Two women limited their answers to "yes" and "no" or to vague, short answers that were not explained by answers to follow-up questions. I believe that in these three cases, the women being interviewed were interested in knowing what I was asking about, rather than participating fully in the research. I understand the desire to know about the research, but could not ultimately use the data from these interviews.

the diversity of viewpoints on health and illness in the community. These interviews in particular compliment the second interviews and the case studies by providing health practitioner perspectives on common illnesses. All interviews were recorded with a digital voice recorder when permission was given by the research participant. For those who were not comfortable with the use of the recorder, notes were recorded by hand during the interview, then written out in full immediately following the interview.

Participant Observation

According to DeWalt and DeWalt (2002), participant observation is useful in ethnographic research because it improves both the quality and the interpretation of the data and helps us to modify research questions or develop new ones that are grounded in the daily lives of research participants. Participant observation provides a sort of tacit understanding of culture that shapes interpretation and analysis. It gives a context to interviews, helps the researcher to understand people's lives, and changes perceptions the researcher may have had going into the field (DeWalt and DeWalt 2002). It also elucidates issues that may not arise in interviews (Wolcott 2005).

It is through participating in the lives of women that I am able to go beyond an intellectual understanding of the abstract connections between the micro and macro levels of my research. Through this observation, my interpretations and other data are grounded in the experience of living daily life with women by participating in daily chores, accompanying them on errands and medical visits, attending community events, and being involved in any other opportunities that arise that are appropriate to the research and acceptable to community members. Participant observation in health clinics also helped me to understand the situations in which health care providers work, which lends an important context to women's discussions of their experiences with health care. It is my experience of participating rather than the research participant's experience.

However, I think Rosaldo (1993) makes an important point about the experience of the researcher that is pertinent here. He discusses his own experience with the death of his wife as important to understanding Ilongot headhunting as a response to grief. The important piece here is that it is his emotional experience, not an observation of the rituals surrounding death that gives him this insight. He is careful to point out that his experience, because he is in a different social location, cannot map exactly onto the Ilongot experience of grief. However, what his emotional experience of grief allowed him to do was to move beyond rituals to a more human (emotional) approach to his research participants. This "social reality of emotions" is important to bringing a deep understanding of people's lives to the ethnography. This is the way that I understand *participant* observation to be important to research. As the phrase implies, it is not just observation of the way that people act and move through their worlds, but about participating in their lives. This participation certainly must require some engagement with the emotions of the researcher (Kleinman and Copp 1993), but more importantly of the research participants. This is how we may be able to more fully understand lived experience of, for example, women's health and illness.

As noted above, participant observation in health clinics provided information about the resources and limitations of the clinics. This observation was mostly limited to the lobby of the IMSS clinic. I was unable to obtain official permission to be in the public health clinic, although I could sit with patients who were waiting outside the clinic.

Additionally, the pharmacist, the curandero, the huesera, and the partera did not have regular patients who waited for their services. This as-needed basis for providing care and the part-time nature of their work made it difficult to observe their practices in detail. However, extensive participant observation in the IMSS clinic revealed the difficulties health care practitioners face in providing health care and provided particular depth to the analysis of the health care system discussed in Chapter 7. Field notes based on all participant observation were recorded daily (Emerson et al. 1995; Sanjek 1990).

Selection of Participants

Participants were selected through non-random cluster sampling (Roberts 2004). Non-random sampling was necessary due to the sensitivity of the research topic and the need to work through social networks to gain access to interview participants. Additionally, such sampling elucidates network linkages among women in the community, revealing potential resources for health care. Cluster sampling was important because neighborhoods are relatively distinct in terms of socioeconomic status and could have widely differing experiences with migration and seeking assistance for health care. For example, in neighborhoods at some distance from the health clinics, acquiring health care takes on additional difficulties. Additionally, because connections for the purposes of labor migration are often made through social networks, neighborhoods can arise as important structures for the creation and maintenance of such networks. Utilizing such networks becomes complicated in the context of increasing poverty, however. Resources become more limited, and social and familial connections may become unstable because people cannot rely on the people in their networks for support. This issue is discussed further in Chapter 4.

The subsets selected for further interviewing and case studies were also selected to reflect neighborhood diversity and differences in migration status (current migrant, returned migrant, no migrant). However, it should be noted that these subsets were limited by who was willing to participate in a second interview or in the case study process. This selection method was designed for collection of data from women in multiple micro social locations, although at a macro level they could be grouped as having a similar social location. The ability to work at both micro and macro levels is important to an intersectionality framework because it allows for analysis of both structures of oppression and individual agency.

Data Analysis

All interviews that were recorded with the digital voice recorder were transcribed. Interviews and field notes were coded and analyzed using N6 ethnographic software. Transcriptions of recorded interviews were coded and analyzed in the original Spanish. Only sections of the interviews that were used in the dissertation were translated. Data was coded and analyzed with attention to intersectionality.

First, the “permanences” to be analyzed in the research were identified. These social structures provide the context within which to analyze the ways in which dimensions of power play out in women’s lives. These were determined by establishing the frequency at which the topics arose in conversations with women and in field notes that recorded participant observation. Then, data analysis focused on the ways in which women live within and navigate these permanences. During this part of analysis,

particular attention was paid to the ways in which institutions shaped women's social location and produced particular dimensions of power. The ethnography focuses in particular on the lives of a few women in order to illustrate the intersections. Like other intersectionality researchers (see McCall 2005; Valentine 2007), I focus on narrative, a set of stories, and work outward from those lived experiences to the structures that influence them. By doing so, this study can highlight the ways that structures of inequality work in specific social and historical contexts to produce (unstable) social locations and differentiation (Valentine 2007). Writing the ethnography, then, was a process of elucidating permanences and moments of crystallization of dimensions of power while consistently paying attention to the ways in which other dimensions of power shape and are shaped by those which are the focus of any given chapter. In a sense, each chapter builds on the previous one to add another layer of complexity to lived experience and thus to "do" intersectionality in the process of writing.

Conclusion

The intersectionality framework discussed in this chapter holds much promise for advancing social science and promoting social justice. The concerns about the operationalization of intersectionality are valid and worth addressing. The framework, however, is already well established in multiple fields of social science and in gender and women's studies. Scholars are developing successful methodologies and are producing exciting work in the process. This research addresses the complexities of women's lives in the context of globalization, neoliberal state policies, and transnational migration. Women do not experience these systems of inequality as "women" in some abstract or universal sense. They experience them as subjects produced through multiple dimensions of power.

The feminist framework of intersectionality encompasses not only the complexity of the subjects of research, but also the relationship between researcher and research participant. It is essential to recognize the unequal distribution of power in the relationship between researcher and research participant both as a part of working toward social justice and as key to the analysis of systems of inequality. Examining the way in which the researcher constitutes part of the systems of inequality that the research seeks to unmask can be an effective analytical tool because it illuminates both privilege and oppression. Recognizing researcher positionality and talking about it with participants in this research often provided a starting point to discuss women's lived experiences of oppression as well as their strategies for survival. Ethnographic methods including interviewing and participant observation, while not inherently feminist, can be utilized towards feminist goals. At the heart of these goals is to tell "less false stories" (Wolf 1992) through an ethnography that attends to the complexities of social life. This perspective has proved particularly useful for my own representation and articulation of the meanings of women's lived experiences of health and illness in the present ethnography.

Chapter Three: The Setting: Los Cañales

Introduction

To analyze women's lived experiences of health and illness in Los Cañales, it is necessary to understand the local, regional, and national context in which they live. This chapter, therefore, focuses on key geographic, economic, social, and political processes that influence women's lives in multiple ways. Los Cañales, a community in the southern part of the state of Veracruz, is in many ways typical of rural mestizo communities in the region and in Mexico as a whole. Like many other communities, "tradition," whether in terms of economics, politics, religion, cultural heritage or other social realms, is being challenged and changed.

The economy is still largely based in agriculture. However, along with changes in the use and ownership of agricultural lands, attempts are being made to diversify through tourism and migration (both internal and transnational). Economic development and poverty alleviation programs¹ sponsored by the government and private organizations come and go with regularity. They often focus on assisting women in contributing to the household economy. Men dominate the formal political arena through their majority participation in the *ejidal* council and their election to the offices of *agente municipal*² and *comisariado ejidal*.³ Yet, in recent years, a woman from the community was elected to a municipal-level governmental position.⁴ Although the Catholic Church sits at the center of the community, many formal and informal evangelical protestant churches with large memberships have arisen throughout town. General educational levels have risen significantly in the last two decades due to the availability of schools in town and the support of a poverty alleviation program that focuses on keeping children in school. People work in various ways to preserve their cultural heritage, in part through tourism and in part through the recent development of cultural organizations and events.

Women participate in the community in diverse ways. Some work in the informal economy selling clothing, shoes, candy, and other items. Many participate in government development and poverty alleviation programs such as *Oportunidades* as well as in private microloan programs like *Compartamos*. Some women manage agricultural lands either as *ejidatarias* themselves or as substitutes for migrant spouses. Some migrate,

¹ Poverty alleviation programs in Mexico are government-funded programs that provide resources to people living in situations of poverty. These resources – most often for nutrition, health, and education – ostensibly provide the means for the next generation to achieve upward class mobility through better health and education. The success of such programs is debatable, however, as can be seen in research concerning Solidarity – the poverty alleviation program championed by former President Salinas. It has been argued that poverty alleviation programs often serve as political tools rather than as serious efforts to reduce poverty because the resources provided are far below what people would actually need to raise class status (see Bruhn 1996; Cornelius et al. 1994; Dresser 1991; Fox and Moguel 1995; Kaufman and Trejo 1997; Laurell 1996; Laurell and Wences 1994; Soederberg 2001).

² The *agente municipal* or municipal agent serves as a liaison between the community and municipal government officials.

³ The *comisariado ejidal* or ejidal commissary is the head of the ejidal council, which makes decisions about the use of ejidal land including inheritance rights. The ejidal institution and ejidal processes are discussed further in a later section of the chapter.

⁴ I do not identify the exact position she held because to do so would reveal both her identity and the identity of the community.

although this form of migration is still rare. Women involve themselves in formal politics through campaigning for political parties, or in rare cases running for office themselves. Women also attend church services and prayer meetings and participate in church outreach efforts, although there are no female pastors in the community. Women's educational levels are rising more quickly than those of men, moving closer towards equal levels of education through secondary school. In the course of cleaning their yards and assisting with plowing, house building, and digging wells, women participate in the collection of artifacts associated with the archaeological site near the town. They are also members of cultural organizations, such as a local *Son Jarocho* musical group, in town. In this chapter I outline the political-economic and cultural contexts (described briefly above) in which the present research was conducted, focusing in particular on women in the community. First, however, a physical description of Los Cañales is necessary.

Geography and Climate

Los Cañales lies in the Tuxtla Mountain region in the southern part of the state of Veracruz. The town is approximately 10 miles from the municipal center – San Pedro de los Reyes⁵ –, a trip that takes between 30 minutes and one hour depending on mode of transportation and road conditions. The Tuxtla Mountain region is an ecologically important region of Mexico due to the biodiversity of its rapidly diminishing forests. A bioserve – La Reserva de la Biosfera Los Tuxtlas – was established by the federal government in 1998 (Guevara S. et al. 2004). Although this bioserve is some distance from Los Cañales, it is an important part of the heritage of the area, particularly as community members explore options for tourism, as will be discussed further below. Situated as it is in the southern part of Mexico, the climate is hot and humid for most of the year. A rainy season beginning mid-summer brings momentary relief until slightly cooler temperatures arrive late in the year. April and May are the hottest months and bring with them *suradas* – south winds – that blow the heat across the land. During these hot months, people try to work as much as possible early in the morning and late in the evening to avoid the direct sun of mid-afternoon.

Land Distribution

Approximately 69% of the Tuxtla Mountain region is maintained as *ejidal* land. Less than one percent is urban. Although Los Cañales itself is mostly *ejidal* land, the majority of the land in San Pedro de los Reyes (San Pedro) is privately owned (Guevara S. et al. 2004). Cultivated land accounts for about 31% of total land. Whether *ejidal* or privately owned, most of the cultivated land in San Pedro is used for growing corn (60%). The other major crop in the municipality is sugar cane (6.5%). Watermelon, oranges, mango, and beans are grown in smaller amounts. Additionally, timber accounts for about 1% of cultivated land. However, the majority of San Pedro's land is used for animal production, mostly cows, horses, swine, sheep, and goats (63%). The productive land of Los Cañales is dominated by sugar cane, and increasingly, cattle (Enciclopedia de los Municipios de México 2005), making it more similar to nearby municipios than to San Pedro.

⁵ The name of the municipality has been changed since identification of the municipality would likely identify the town.

Population

The last official population count of Los Cañales by the Instituto Nacional de Estadística y Geografía (INEGI) (2005) was 3190. Additionally, another small community – San Juan – composed of families who once lived in Los Cañales, is located about half a mile from the center of town. San Juan was created when a group of families from Los Cañales appropriated private land that was not being utilized and then successfully petitioned for reallocation of the land as *ejido* land. Although it is considered a separate community in the census, I include it here because of the tight connections between the two communities in terms of familial relations, local economy, and local politics and because some of my interviews are with women from this community. The population of San Juan is 143 (INEGI 2005). The population of both communities is *mestizo* like most of the municipality. In the municipality of San Pedro, only 236 people speak an indigenous language, representing less than one percent of the population (Enciclopedia de los Municipios de México 2005).

Table 3.1: Total Population of Los Cañales and San Juan by Sex and Year

		Los Cañales	Percentage of Total	San Juan	Percentage of Total
1990	Total	3009		NA*	
	Men	1496	49.7%	NA*	
	Women	1513	50.3%	NA*	
1995	Total	3376		117	
	Men	1677	49.7%	53	45.3%
	Women	1699	50.3%	64	54.7%
2000	Total	3380		117	
	Men	1640	48.5%	56	47.9%
	Women	1740	51.5%	61	52.1%
2005	Total	3190		143	
	Men	1537	48.2%	70	49%
	Women	1653	51.8%	73	51%

*San Juan was not established at the time of the 1990 census.

Sources: INEGI, Censo general de población y vivienda 1990; INEGI, Conteo de población y vivienda 1995; INEGI, Censo general de población y vivienda 2000; INEGI, Conteo de población y vivienda 2005

An examination of the changes in population by age group and sex support the perception that male out-migration has been occurring in Los Cañales at increasing rates, particularly among men of working age.⁶ As can be seen in Table 3.1, the total population of Los Cañales dropped by 190 between 2000 and 2005. The overall percentage of women in the population rose slightly. When examining the data by age group and sex (Table 3.2), it becomes apparent that by the 2000 and 2005 censuses, the greatest differences between numbers of men and women, where women are in the majority, occur between the ages of 20 and 49 and 75 and older. It is likely that the greater number

⁶ The data for San Juan is less convincing. However, due to the small population of this community, it is difficult to ascertain the importance of migration. My ethnographic data show that although transnational migration is not prevalent in San Juan, a few families do have migrant family members.

of women at ages 75 and older is due to differences in life expectancy. Life expectancy for men in Veracruz was approximately 66 years in 1990 and had risen to 71 years in 2005. Life expectancy for women was approximately 72 years in 1990 and 76 years in 2005 (CONAPO 2009). The greater number of women between the ages of 20 and 49 is most likely due to male out-migration. In the state of Veracruz, the net rate of international migration was -0.64 in 1990 and -0.91 in 2005 (CONAPO 2009).

Table 3.2: Population of Los Cañales by Age Group, Sex, and Year

Age Group	1990			1995			2000			2005		
	Total	M	F	Total	M	F	Total	M	F	Total	M	F
0-4	340	156 (45.9%)	184 (54.1%)	386	199 (51.6%)	187 (48.4%)	369	187 (50.7%)	182 (49.3%)	276	126 (45.7%)	150 (54.3%)
5-9	387	187 (48.3%)	200 (51.7%)	386	194 (50.3%)	192 (49.7%)	419	223 (53.2%)	196 (46.8%)	345	179 (51.9%)	166 (48.1%)
10-14	421	223 (53.0%)	198 (47.0%)	420	214 (51.0%)	206 (49.0%)	380	185 (48.7%)	195 (51.3%)	373	198 (53.1%)	175 (46.9%)
15-19	354	179 (50.6%)	175 (49.4%)	383	187 (48.8%)	196 (51.2%)	333	160 (48.0%)	173 (52.0%)	298	135 (45.3%)	163 (54.7%)
20-24	285	139 (48.8%)	146 (51.2%)	347	176 (50.7%)	171 (49.3%)	285	135 (47.4%)	150 (52.6%)	227	104 (45.8%)	123 (54.2%)
25-29	238	132 (55.5%)	106 (44.5%)	269	138 (51.3%)	131 (48.7%)	232	105 (45.3%)	127 (54.7%)	246	112 (45.5%)	134 (54.5%)
30-34	185	84 (45.4%)	101 (54.6%)	225	116 (51.6%)	109 (48.4%)	245	111 (45.3%)	134 (54.7%)	240	110 (45.8%)	130 (54.2%)
35-39	178	86 (48.3%)	92 (51.7%)	204	98 (48.0%)	106 (52.0%)	225	120 (52.3%)	105 (46.7%)	209	100 (47.8%)	109 (52.2%)
40-44	140	67 (47.9%)	73 (52.1%)	155	78 (50.3%)	77 (49.7%)	172	78 (45.3%)	94 (54.7%)	202	98 (48.5%)	104 (51.5%)
45-49	107	56 (52.3%)	51 (47.7%)	132	59 (44.7%)	73 (55.3%)	146	64 (43.8%)	82 (56.2%)	154	71 (46.1%)	83 (53.9%)
50-54	90	50 (55.6%)	40 (44.4%)	109	51 (46.8%)	58 (53.2%)	120	58 (48.3%)	62 (51.7%)	135	64 (47.4%)	71 (52.6%)
55-59	70	33 (47.1%)	37 (52.9%)	98	51 (52.0%)	47 (48.0%)	106	53 (50.0%)	53 (50.0%)	124	68 (54.8%)	56 (45.2%)
60-64	58	30 (51.7%)	28 (48.3%)	76	41 (53.9%)	35 (46.1%)	102	49 (48.0%)	53 (52.0%)	119	57 (47.9%)	62 (52.1%)
65-69	43	21 (48.8%)	22 (51.2%)	61	24 (39.3%)	37 (60.7%)	57	29 (50.9%)	28 (49.1%)	80	45 (56.3%)	35 (43.7%)

Table 3.2 (Continued)

Age Group	1990			1995			2000			2005		
	Total	M	F	Total	M	F	Total	M	F	Total	M	F
70-74	29	10 (34.5%)	19 (65.5%)	38	15 (39.5%)	23 (60.5%)	48	20 (41.7%)	28 (58.3%)	51	24 (47.1%)	27 (52.9%)
75-79	23	9 (39.1%)	14 (60.9%)	21	9 (42.9%)	12 (57.1%)	90*	38* (42.2%)	52* (57.8%)	102†	43† (42.2%)	59† (57.8%)
80-84	21	13 (61.9%)	8 (38.1%)	23	8 (34.8%)	15 (65.2%)						
85-89	10	4 (40.0%)	6 (60.0%)	16	7 (43.8%)	9 (56.2%)						
90-94	11	8 (72.7%)	3 (27.3%)	12	6 (50.0%)	6 (50.0%)						
95-99	6	2 (33.3%)	4 (66.7%)	10	5 (50.0%)	5 (50.0%)						
≥ 100	1	0 (0.0%)	1 (100.0%)	2	1 (50.0%)	1 (50.0%)				1	0 (0.0%)	1 (100.0%)
Not Specified	12	7	5	3	0	3	51	25	26	8	3	5

*Census data for 2000 only shows 75 years old and older.

†Census data for 2005 shows 75 to 99 years old.

Sources: INEGI, Censo general de población y vivienda 1990; INEGI, Conteo de población y vivienda 1995; INEGI, Censo general de población y vivienda 2000; INEGI, Conteo de población y vivienda 2005

A Walk Through Town

Los Cañales has much of what one might expect in a small town in rural Mexico. The park where community members play basketball, attend weekend discos, and participate in school graduations is centrally located near the main thoroughfare leading to the municipal center. The park is surrounded by small convenience stores that often double as private homes. The stores sell chips, soda, various candies, and some basic foods like pasta, rice, cereal, and boxed milk. One of the two primary schools in town is located next to the park, and the old *casa ejidal*¹ is across the street. An internet café, a veterinary store, a pharmacy, a butcher shop, a clothing store, a stationary store, a bicycle shop, and the taxi and bus stops also sit near the park.

Other businesses are located further away down one of four paved streets leading from this center to other neighborhoods in Los Cañales. These include a hardware store, several restaurant-type venues that sell roasted chickens to go, a car wash, a mechanic, a store selling tortillas, a fruit and vegetable market, and a small supermarket. New additions during my research included a cable TV office, a private loan office of a national chain called PrestaMex, and a private pharmacy called Farmacia Similar that is also part of a national chain. Additionally, a *tianguis* or market appears every Saturday with items not available in local businesses. These include cheaper clothing and shoes, materials for sewing, makeup and other cosmetic items, CDs and DVDs of recent music and movie releases, and seasonal items like Christmas ornaments and Halloween costumes.

Heading out of town in the direction of San Juan, one can find a museum maintained by the Instituto Nacional de Antropología e Historia. Most days, the museum has no visitors, and the museum guards spend their time mowing the grass, picking up the mangoes that collect on the grounds, or watching people pass by. During school holidays, however, private vehicles trickle into town, stopping at the museum for an hour or so before heading back the way they came. One of the only restaurants in town is located just outside the museum fence and regularly serves government officials and others who come into town for business. Also located across the street from the museum is one of the largest *papelarias* in town where most people go to buy their school supplies or to find small presents for birthday parties and other events. In this area of town, *son jarocho* – traditional regional music featuring a small guitar known as a *jarana* - can often be heard. A group of young people has formed a musical group, and they practice regularly in the patio of one of the houses near the museum.

On the other side of town and across the wide concrete bridge that was recently built by municipal authorities, one can find a butcher shop, a house from which the owners sell freshly baked bread three days a week, a tortilla shop, and numerous private residences including some large, recently built houses belonging to families with migrants. Along these streets one occasionally sees tourists venturing out to the sugar cane fields to see the best-known archaeological feature in the area – a mound that some say has mystical properties. Two public health clinics – the Instituto Mexicano de Seguro Social clinic and the Secretaría de Salud clinic – are also located on this side of town. These two clinics are situated across the street from each other and often have 20 to 30

¹ The *casa ejidal* or ejidal house is the main meeting site for members of the *ejido*. The *ejidal* structure is discussed further later in the chapter.

people waiting outside for appointments. Just a few hundred yards down the street sits the high school. School day mornings bring multiple pick-up trucks loaded down with uniformed students from outlying communities who attend high school in Los Cañales.

Local Politics

Los Cañales is known as a largely PRD town. One PRD-affiliated community member was elected to a municipal governmental position. The *Partido de la Revolución Democrática* (Party of the Democratic Revolution) is recognized as a left-wing party and is one of the three major parties in Mexico. The others are the PRI (*Partido Revolucionario Institucional* – Institutional Revolutionary Party) and the PAN (*Partido Acción Nacional* – National Action Party). Historically, the municipality has been governed by the PRD, but in recent elections the PRI has gained favor. The current municipal president is from the PRI. Many people told me that the PRI only won the last election because people were unsatisfied with the PRD president who promised many projects and programs but did not deliver.

Discussions of politics, in fact, often focused on politicians who made big promises and did not fulfill them. People were also quick to point out that candidates for office frequently offered cement, building materials, basic food baskets, and umbrellas during their campaigns, but failed to sustain those resources once in office. Some suggested that candidates offered money in exchange for votes. However, allegations of corruption and failure to live up to campaign promises did not keep people from participating in local and regional political parties or from maintaining an interest in politics at all levels from local to international. Several of my research participants campaigned for political candidates and participated in rallies in the municipal center. Just prior to election day in 2008, parades of trucks, bicycles, and people on foot snaked through town displaying the colors of the different political parties. They were on their way to the municipal center to participate in the election process. Many people closely followed the United States presidential election because they knew the election could directly affect their lives in multiple ways. Some had family members in the United States. Others, dissatisfied with the results of the Mexican presidential election, hoped that the new US president would work with the Mexican president to better the lives of both migrants and other Mexican citizens. They feared, however, that just as in Mexico, US politicians' promises would be only that.

Local and regional politics involve women in important ways. Although only one woman has been elected to a regional political office, many women participate in the political process. In fact, it is often women who are chosen as local campaign leaders, women who canvass neighborhoods and sign people up as members of political parties, and women who dominate the parades through town on election day. However, my discussions of politics in different households were usually with men who held court at the head of the table during a meal or who called me over from their porches to ask me questions about the US presidential elections. The office of local *agente municipal* (municipal agent), who serves as a liaison between the community and the municipal government offices, has never been held by a woman, and the *ejidal* council is dominated by men. Women's participation, then, is limited in many ways, yet they do see themselves as part of the political process. If the election of a woman from the

community to a municipal governmental position is any indicator, women's participation in formal politics will continue to increase.

Religion

Religion is another arena that is important not just in women's lives, but also in the lives of many in the community. Religion plays an important role in people's lives not only in terms of their spiritual lives but also in terms of their community ties. God is mentioned in conversations with high frequency in often repeated phrases like "*si Dios quiere*" (God willing) and in questions about religious affiliation. Jehovah's Witness members walk and ride bicycles through the community with tell-tale black shoulder bags, stopping at each house along their routes. Images of the Virgin of Guadalupe frequently hang on walls in houses, and church bells ring at various times during the day. Yet, when the topic of religion arose during my conversations with women in the community, the focus was often on conflict – particularly a conflict involving a program in one of the evangelical churches.

As in much of Latin America, evangelical protestant churches are on the rise in Los Cañales and in the region (Gross 2003). The community has one large Catholic church located near the center of town. At least five evangelical protestant churches are located throughout the community. There may be more of these churches as some of them tend to be informal. Five churches have identifiable markers on or around the buildings where services are held – church names, pews, altars, and other signs of a religious organization. A Kingdom Hall for gatherings of the Jehovah's Witnesses was built within the last several years and attracts about 50-75 members each week. Religious practice was not central to my research; however, many women shared their religious affiliations and beliefs with me. Most of the women who participated in my research were either Jehovah's Witness members or members of one of the evangelical protestant churches. The women who were members of these congregations often spoke with me about their beliefs and invited me to attend church with them.

Although religion is central to many women's lives, it also involves conflict at times, particularly when churches become avenues for obtaining resources. Some of the evangelical protestant churches participate in an international organization called Compassion International, or as women in Los Cañales refer to it, *Compasión*. The mission of Compassion International is as follows: "Compassion International exists as a Christian child advocacy ministry that releases children from spiritual, economic, social and physical poverty and enables them to become responsible, fulfilled Christian adults." (Compassion International 2009a). The organization has been working in Mexico since 1976 and counts over 20,500 children as part of its program (Compassion International 2009b). Compassion International partners with local churches to create child development centers in which children participate in spiritual development activities such as reading the Bible. In Los Cañales, the children receive a free breakfast and the chance to be sponsored by a church member in the United States if they participate in the activities. Sponsorship by a church member involves donating \$38 per month for a specific child of one's choosing (photographs and descriptions are provided on Compassion International's website). Sponsors may also choose to send letters and gifts directly to the children they are sponsoring. These letters and gifts are sent to the church, which then delivers them to the child.

I first heard about Compassion's work in Los Cañales because several parents brought me letters written in English from Compassion sponsors in the United States. They did not receive translations of the letters and asked me to translate. I did so, and word spread that I could translate the letters. As people began to talk with me more about the program, the conflict became evident. Some participants believed that the reason they did not receive translations of the letters was because the church officials had kept those translations to themselves. They did not actually want the families to know what the sponsors were saying, particularly if there was information about the gifts they had sent. Although some children did receive gifts from their sponsors, others did not. Rumors circulated that some children also received money as a part of their gifts. Those who did not receive money and gifts accused the church officials of taking those gifts for themselves and for the children whose parents were favored church members. I was unable to interview the pastor of the evangelical protestant church that participated in the program. I did ask to interview him, but he declined. The outrage that some parents expressed to me about the perceived corruption within the church and the program speaks to larger issues of access to resources and socioeconomic instability and difference.

Education

Los Cañales has two primary schools, a secondary school, and a high school. San Juan also has a small primary school. As can be seen in Table 3, educational levels have been rising in general in the state of Veracruz and in Mexico. However, in Los Cañales many students still do not graduate from high school despite having one in the community. Education is expensive because of school fees, the cost of school supplies and uniforms, and the loss of labor time, especially for older children. Women reported spending an average of approximately 1300 pesos (US\$108) yearly for school. This is likely an underreporting of expenditures on education. Some women could not remember how much school supplies cost since they buy them in small quantities throughout the year. Women reported that in addition to spending the average of 1300 pesos on uniforms, school fees, and school supplies, they also gave children a small amount of money every day (ranging from 5 to 15 pesos or US\$0.40 to US\$1.25) to buy a snack at the food stand located at each school. Although most of the students whose mothers I interviewed were in primary or secondary school, some students continued their education at high schools and post-high school technical schools in San Pedro. This education, in particular, is prohibitively expensive for most families because of the additional costs of transportation and sometimes food and lodging in San Pedro.

Table 3.3: Percentage of population percentage from 5-15 years that attends school

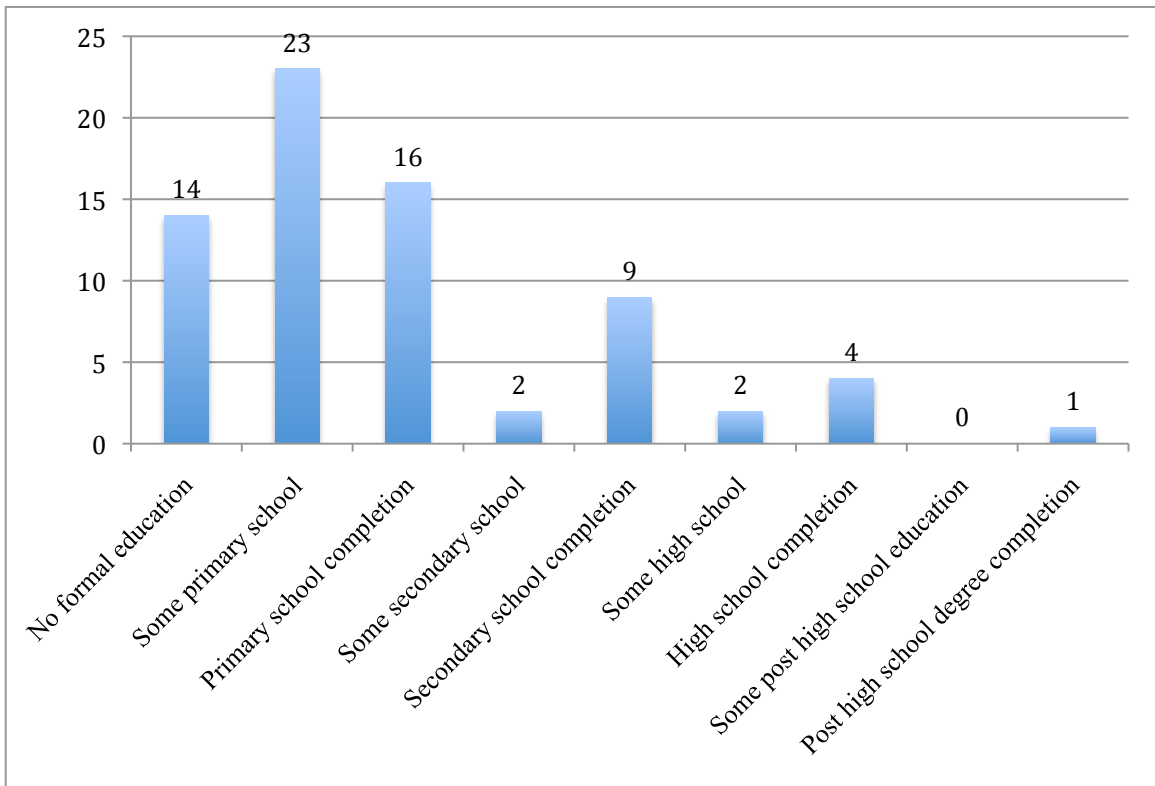
			National	Veracruz
2000	5 years	Total	71.0	66.3
		Male	70.8	66.1
		Female	71.2	66.5
	6-12 years	Total	93.8	92.3
		Male	93.9	92.4
		Female	93.8	92.3
	13-15 years	Total	76.6	75.5
		Male	77.7	77.2
		Female	75.4	73.8
	16-19 years	Total	41.4	42.4
		Male	42.3	44.2
		Female	40.6	40.6
	20-24 years	Total	17.7	16.5
		Male	19.1	17.8
		Female	16.4	15.5
25-29 years	Total	6.0	5.2	
	Male	6.7	5.5	
	Female	5.3	5.0	
≥ 30 years	Total	2.0	1.7	
	Male	2.0	1.6	
	Female	2.0	1.8	
2005	5 years	Total	85.3	85.3
		Male	85.2	85.4
		Female	85.4	85.2
	6-12 years	Total	96.1	95.7
		Male	96.0	95.7
		Female	96.1	95.7
	13-15 years	Total	82.5	83.3
		Male	82.4	83.5
		Female	82.5	83.1
	16-19 years	Total	47.8	50.9
		Male	47.9	51.3
		Female	47.6	50.5
	20-24 years	Total	20.8	19.4
		Male	22.2	20.8
		Female	19.6	18.2
25-29 years	Total	5.9	4.9	
	Male	6.5	5.1	
	Female	5.3	4.7	
≥ 30 years	Total	2.1	1.6	
	Male	1.9	1.4	
	Female	2.2	1.7	

Source: Instituto Nacional de Estadística y Geografía, Censo general de población y vivienda 2000, Censo de población y vivienda 2005

Education is one of the reasons women gave for the decision for a family member to migrate. 75% of the women included in this research had formal education no higher than the primary school level (through 6th grade) (see Table 3.4). Many left school to work in the household with their mothers. Some married, and some lived in families who

could not afford to send their children to school. Women often commented that they wanted their children to be able to stay in school longer. It is still the case that some young women leave school for the same reasons. Some attend school in alternating years, taking turns with their siblings because the family can only afford to have one or two children in school at a time. Although most young people in the community do not obtain education beyond secondary school, many parents have hope that raising the formal educational levels of their children even slightly can mean a better future for them.

Table 3.4: Formal education for women interviewed in Los Cañales and San Juan



*I group Los Cañales and San Juan here because interviews conducted in San Juan were too few to be significant for San Juan alone.

Local Economy: Business and Tourism

As noted above, a variety of businesses operate on a daily basis in Los Cañales. The weekly *tianguis* contributes items for purchase that are not available in local businesses. The vendors at the *tianguis* come from outside the community and travel with their stock through many communities in the region. Also, in addition to businesses with storefronts, many women participate in an informal economy in which they sell shoes, clothing, cosmetics, and kitchen items from catalogs. Others make and sell candy, tamales, empanadas, and other food items. Between the local businesses, the local vendors, and the *tianguis* there is sufficient business diversity for people to conduct most of their daily transactions without leaving town. However, many people must leave town for the municipal center, other larger nearby communities, and the capital city at various

times for medical care, large purchases for local businesses or building materials, cloth to make school uniforms, special items not available in town, or cheaper prices for groceries and other items.

Some businesses have been stable in the community for long periods of time, particularly those that are owned and run by people who live in town. The chain stores that come into town, however, tend to open and close rapidly. During my research, the Farmacia Similar opened and closed within months, the cable television office opened and was rumored to be closing soon, and the future of PrestaMex is doubtful according to some women in my research. People explained to me that chain stores come into town looking for new markets. Yet, they do not understand the local economy and the lack of cash flow for many families in town. The chains are often unable to make the high profits they projected and close the stores. Those stores run by people from the community are more successful because they understand the economy and know the community.

In addition to maintaining local retail businesses in the community, several groups of people are interested in building the tourist economy. Because the community lies on an archaeological site, a small museum was built there. The museum does attract tourists. However, they often come to see the museum and return immediately to the municipal center. People come from as far away as Europe to visit the mound and draw its spiritual energy at certain times of the year, particularly on March 1.

In 1992, a teacher and amateur historian in Los Cañales decided to begin a new tradition – the celebration of the Olmec New Year, which he determined to be March 1. In conjunction with a *curandero*² from Mexico City, he instituted a ceremony that culminated on top of the mound that has long held mystical significance for both people from the community and outsiders. This ceremony, which is still carried out yearly, actually begins in the community of San Juan where the *curandero* and a group of dancers from Mexico City arrive in the afternoon of March 1 to teach the children of San Juan traditional Aztec dances. After a meal prepared by the women in San Juan's *casa ejidal*, the dancers and the children walk to the mound where they perform the dance for the people of San Juan and Los Cañales and for the visitors who have by this time arrived on a commercial bus from the city of Veracruz. Also arriving on the bus are the *curanderos* who will perform a healing ceremony throughout the night on top of the mound.

When I attended the ceremony in 2008, an elderly man wrapped in a jaguar pelt led the healing process. His assistants, dressed in loosely fitting white clothing signaled the appropriate moments to give testimony about being healed by this *brujo mayor*³ during past ceremonies. As they tended the fire in which they had placed incense, they also brought people forward to be healed. The *brujo mayor* muttered under his breath as he passed bunches of basil over the bodies of those to be healed and waved smoke into their faces. A crowd of about 50 people witnessed the ceremony as they sat around the edges of the fire. At the bottom of the mound, several people sold sodas and tamales to those who planned to remain all night. A self-proclaimed⁴ archaeologist from another

² A *curandero* is a traditional healer.

³ The *brujo mayor*, literally “head witch,” is the most important *curandero* in the ceremony. He directs the process and performs the healing ritual.

⁴ I characterize him as a self-proclaimed archaeologist because the group of people with whom I attended the ceremony whispered to me as he announced his first lecture that he was only trying to make money and

community offered to give lectures for a small fee about the mound and why it was such an important spiritual site.

Several people who had attended the ceremony for multiple years informed me that attendance and interest was waning, and they didn't know how much longer it would continue. However, it is scheduled at the same time as an international *brujeria* conference⁵ in a nearby city, which might sustain it. This now almost 30-year-old tradition is both a part of a movement toward preserving cultural heritage and a possibility for tourism. The ceremony itself only attracts tourists once a year, but visits to the mound site span the course of the year. Periodically, I would hear about or see small groups of tourists who came specifically to visit the mound site. Tourists often stay only for a matter of hours, however, and spend little money in Los Cañales, as mentioned above.

In addition to developing the ceremony, other ideas about how to bring more people into Los Cañales circulated during the course of my research. The discussions focused on developing the ecological resources of the community. The bioserve located to the south of the community has led to an understanding that the ecological resources in and around the community are unique. I heard about plans to build a small hotel near the mound site (for both the visitors to the mound and for ecological tourists) and to clean up a local lake and clear walking paths around it for ecological tourism. However, cynicism about the potential for this kind of development also abounded.

The hotel, according to several sources, is to be built by a foreigner (some say Chinese, some say German) who married into a local family. She brings substantial resources from her own family and has gained title to a piece of land near the mound through the local family. Although some people are interested in this prospect because it could mean relatively stable jobs for some community members, they are skeptical about its success. Tourism is spotty and for the most part limited to two or three times a year, and the proposed site for the hotel is in a location that some say will flood regularly during the rainy season and be unusable. These doubts are in addition to the claim by some that the hotel plan is nothing more than a rumor.

The lake mentioned above as a potential site for ecological tourism is the subject of a land dispute between the *ejido* and a large family that lives near the lake. The *ejido* claims title to the land, but the family also has documents that show they have title to the land. This dispute has been ongoing for several years. When I visited Los Cañales in 2006, the lake was cleared of debris, and the family rented boat rides through the grove of trees in the middle of the lake where they had also set up a shrine to the Virgin of Guadalupe. The plan at that time was to develop this area as an ecological tourist site, as noted above. The lake has to be cleared of vegetation every year in order to maintain it, but when I returned for my dissertation research in 2007, the lake was so overgrown that it was difficult to distinguish the shoreline from the surrounding land. The dispute between the two groups claiming title to the lake had led to the refusal by either group to maintain it until clear title is granted. The lake was still overgrown when I made a return

a name for himself by telling invented histories of the area. They claimed that he was not, in fact, an archaeologist.

⁵ This conference brings healers from all over Mexico and some from other countries. The city in which it takes place is well known throughout Mexico for the power of its healers.

visit to the community in August 2009, and the dispute had not been resolved. It appears that the plans to develop ecological tourism in the community have stagnated. Most people in Los Cañales, however, do not receive the majority of their income from retail businesses and tourism. Most work in agriculture, and increasingly, participate in transnational migration. In order to understand the context in which shifts in agricultural practices and increasing migration take place, a brief discussion of the rise of neoliberalism in Mexico is important.

NAFTA and Neoliberalism in Mexico

Neoliberalism in Mexico is generally understood to have arisen through the implementation of structural adjustment policies in the 1980s. In 1982, Mexico underwent a severe debt crisis, leading to the intervention of the World Bank and the International Monetary Fund. The loans provided by these organizations were tied to structural adjustment policies that included the following conditions: “(1) liberalization of trade, specifically the elimination of import quotas and the reduction of tariffs, (2) privatization of key industries and the banking system, (3) financial reforms such as a devaluation of national currency, (4) less government intervention, including a reduction in public sector employment, the elimination of subsidies for basic commodities as well as noncompetitive businesses, and (5) tax reform” (Loewe and Taylor 2008: 362). The de la Madrid administration complied by instituting cuts in funding for public infrastructure, reductions in subsidies on basic food items and gasoline (causing bus fares and mass transit costs to increase drastically), the sale of some state-owned industries, the re-privatization of the banking industry, and the approval of GATT (General Agreement on Trade and Tariffs) (Loewe and Taylor 2008). The Salinas administration, which followed de la Madrid, continued this trend towards increasing neoliberalization in Mexico. Salinas notably privatized profitable government-owned enterprises like the public telephone company, instituted an agrarian reform that allowed for the privatization of *ejidal* land (discussed further below), and proposed NAFTA (Kingsolver 2001; Loewe and Taylor 2008).

There has been much debate concerning the overall effects of NAFTA policies on Mexico, and effects have differed in various locations in the country. NAFTA is part of a broad set of neoliberal policies that attempts to decrease trade barriers among Canada, the United States, and Mexico (Appendini 1998; Kingsolver 2001; McDonald 1997; Nuijten 2003). Implementation of NAFTA began in 1994 under the guidance of President Bill Clinton of the United States and President Carlos Salinas de Gortari of Mexico. With the intention of increasing jobs and markets, NAFTA links free-trade areas in North America through eliminating tariffs on imports and exports between the areas (Kingsolver 2001). The rationale behind such a project is that neoliberal policies function to support and grow all the economies involved. NAFTA in particular was touted as a route to Mexico’s more favorable competition in the global market. It has been argued, however, that NAFTA and other neoliberal reforms have not decreased regional inequalities in Mexico as they were supposed to do. In fact, it is argued, these inequalities increased, particularly in the states in Mexico’s southern region (Campeche, Oaxaca, Quintana Roo, Tabasco, Veracruz, and Yucatán) (Loewe and Taylor 2008).

For example, McDonald argues that NAFTA has made it extremely difficult for rural farmers to make a living (McDonald 2001). Neoliberal policies concerning

agriculture and farm products have reorganized agriculture in such a way that it is now focused on competitiveness in national and international markets, high productivity, efficiency, and quality. In his work with milk producers in rural Michoacán, McDonald focuses on the difficulty these small farmers face in producing milk that is up to the quality of the international market because of lack of resources for investment in high technology such as refrigerated trucks in which to transport the milk. These small farmers then risk not being able to find a buyer for their milk (which was not formerly an issue), which will then spoil and sometimes cost them their entire operation. NAFTA and related neoliberal policies, then, push these small farmers out of business leaving only the large commercial farmers who have the capability to produce the quality of milk needed to be competitive on the international market.

Local Economy: Agriculture and Industry

Neoliberal policies like NAFTA and the agrarian reform under the Salinas administration also affect the region of which Los Cañales is a part. As noted above, the majority of land in Los Cañales is *ejidal* land. As *ejidatarios*, many residents of Los Cañales have use rights to the land, which is owned by the state, to grow crops or raise animals. As will be discussed below, the politics of *ejidal* land and the laws governing it are in the process of change. However, most people in the community are connected to sugar cane or cattle production on *ejidal* land. Others work in nearby industries – on oil rigs or in factories – but their participation is limited. The limited access to work with sufficient pay often leads people to seek alternatives such as migration, which will be discussed in the next section.

Land Reform in Mexico

The Mexican Revolution of 1920 brought with it many ideas about reform. One of these was land redistribution. After the Revolution, the government of Porfirio Diaz approved Article 27 of the Mexican Constitution, which mandated that peasants have access to certain amounts of land in the form of *ejidos*. These lands would come from former haciendas and be divided among peasants, many of whom formerly worked these lands as laborers (Nuijten 2003). Peasants would not own the land outright; it would be the property of the state. Instead, they would own use rights. These use rights could be passed down through generations. The purpose of this original land reform was to ensure that landless peasants had resources for subsistence after the Mexican Revolution. The point was that this land would not become a commodity, but rather would be used for subsistence purposes. Additionally, as a group, the people owning the use rights to a particular set of *ejidal* lands function as a board that decides together how these rights will be distributed and used. For example, if the board found that one of the members misused their rights, the *ejidal* council could transfer their use rights to someone else. Historically, only men could make a claim to *ejido* lands. However, that law was changed in 1971.

The original land reform of the 1920s stipulated that men over the age of eighteen (regardless of their marital status) could receive use rights to land. Women could only receive rights if they were single mothers or widows who cared for children. In 1971, that law, which implicitly assumed that men were typically heads of household, changed. Women were given the equal right to become *ejidatarias* and participate fully in *ejidal*

assemblies and other meetings. They would additionally not lose rights to land if they married after receiving them (Vazquez García 1997). However, as will be addressed below, changes in the language of the law do not necessarily result in significant changes in practices of land distribution.

Article 27 protected the use rights of *ejidal* land until recently. In 1992, Carlos Salinas de Gortari initiated a new land “reform,” which rendered Article 27 more or less ineffective (although there are debates over how effective the article was even at its inception). This change was a radical one since one of the major struggles in the Mexican Revolution was the issue of access to land for peasants (Brown 1997; Nuijten 2003). Several changes were made with the new land “reform.” First, it ended the process of redistribution. No new lands would be transformed into *ejido* land. Second, it gave *ejidal* groups the right to gain title to the land that they had been using, which meant that they then had the right to sell or rent their own land and buy land that others had claimed title to (Nuijten 2003). In other words, ownership of the land *could* pass from the state to the individual who formerly had only use rights to the land *if* the majority of *ejidatarios* voted to allow this transition (Cornelius 1998; Nuijten 2003). However, it should be noted here that in many *ejido* communities there is a long history of informally selling and buying land even though no actual titles existed (Cornelius 1998; Nuijten 2004). Finally, and perhaps most importantly for neoliberal policy supporters, the early 1990s land reform gave former *ejidatarios* the right to cooperate with private enterprises and individual investors (including foreign direct investment) in commercial agriculture (Cornelius 1998; Nuijten 2003). Essentially, this new reform was designed to bolster the Mexican economy through privatization of land, a major tenet of neoliberalism (Appendini 1998). As Goldring (1998: 146) argues,

certifying *ejido* land and establishing the juridical framework for privatization would enhance tenure security, which would attract private investment. Greater tenure security would facilitate producers’ access to credit. These infusions of capital would increase productivity and efficiency as producers were increasingly driven by the logic of unregulated markets. Producers who were unable to gain access to capital would rent or sell their parcels, thus putting the land to more efficient use.

The focus of agricultural reform, in other words, shifted from the redistribution of land to support peasant subsistence to the marketization of land to support capitalist agriculture.

Additionally, although the gendered practice of granting and transferring use rights was addressed in the 1971 law, practices continue to favor men. Deere and Leon (2001, 2003) and others (Cornelius 1998; Nuijten 2003) argue that women are sometimes discriminated against in buying land and receiving land titles even though they may have controlled and managed the use rights to the land as *ejidatarias*. For example, it has been found that women who are part of *ejidal* communities often could only gain access to land if they were widows or single heads of households (Nuijten 2003; Vázquez García 1997). However, women are an increasing presence in *ejidal* management (Nuijten 2003) and wives, rather than male children, are beginning to inherit land when the male head of household dies (Deere and Leon 2003).

The land reforms and changing gendered practices in land distribution have had differing effects in different areas of Mexico. In some places, *ejidos* have decided not to

sell their land, choosing to remain with the original agreement per Article 27. Others have obtained titles to their land but have maintained their *ejidal* arrangements otherwise. In other words, they have not begun to participate in a formal land market. Still others have gained title to their land and have begun to participate in the market. Each of these situations results in widely differing outcomes. Some argue that as *ejido* lands become privatized, economic inequalities increase, leaving former *ejidatarios* poorer than when they had use rights to the land. They no longer have land at all and now must seek other sources of income through wage labor, often by migrating to urban Mexico or the United States (Brown 1997). However, others argue that the effect of the new reform has actually been minimal because many choose not to participate in it (Cornelius 1998) and because people may use migration to support *ejidal* farming (Nuijten 2003).

Researchers have found that people are willing to accept the reforms for many reasons including that the land is already being used as though it were privately owned, that people feel they will have stronger claims to their land if they have the title, and that they will have access to economic markets that they previously did not (Cornelius 1998). Thus, the new “reform” to Article 27 has multiple effects on communities throughout Mexico. These effects depend on many factors including the specific ways that *ejidatarios* relate to the land, the political and economic orientation of the majority of *ejidatarios*, the purpose for which the land is used, and the ability of the state to convince people that this reform will ultimately raise their socioeconomic status.

In the case of Los Cañales, I was unable to ascertain the extent of privatization of land because this was not the focus of my research, and I did not interview members of the *ejidal* council. However, several of the women who participated in the research were either *ejiditarias* or, because their husbands had migrated, managed the land in their husbands’ absence. These women were able to provide some insight into the current situation of the *ejido* because they were involved in *ejidal* council meetings and negotiations. For example, Yadira inherited use rights to land from her mother who had inherited those rights from her husband when he died. This land was planted with sugar cane, but Yadira struggled to make any money from her crops. She, like many people with whom I spoke, was frustrated that sugar cane was no longer a decent source of income. Many people pointed out to me that the majority of the houses in Los Cañales were made of concrete rather than palm. Years ago, they told me, people made a decent living from sugar cane and were able to build their houses. In the last 10 years, however, things had changed.

Women repeatedly told me that there was no source of decently paid work in the community anymore. The majority of my interview participants either grew sugar cane for themselves or worked as day laborers applying fertilizers and insecticides, cutting cane, and transporting it to the processing plant. Payment for both labor and product, as many women told me, did not stretch far enough to cover daily expenses. Women were constantly concerned about paying for the next meal or covering their monthly debt payments. They struggled so that their children would obtain educations that would grant them the opportunity to have a better life in the future. The typical salary of a day laborer was between 70 and 100 pesos a day, between US\$7 and US\$10 at the time of my research. Most day laborers worked three to four days a week on average. However, it was common for them to go an entire week without getting work. This income is not sufficient for survival. Many women reported that they needed to spend 100 pesos daily

in order to feed their families adequately. A day laborer's pay does not even cover these costs much less the resources needed for clothing, education, home repair, and medical expenses. Similarly, sugar cane growers earned money twice a year through liquidations paid by the sugar refinery. Although they ostensibly made slightly more money than day laborers, people had difficulty reporting to me how much they were making because the refinery billed them for crop inputs and Social Security insurance. Many felt that these bills were fraudulent, and they often resulted in farmers owing rather than earning money. The situation for sugar cane growers has worsened since 2000 because the refinery administration has been slow in making payments. Many also claim that the administration severely underpays growers for their crops.

Yadira and others argued that the sugar refinery owners were increasingly corrupt and essentially stole money from the *ejidatarios*. On my return visit to Los Cañales in August 2009, I heard Yadira complain that the situation had reached a crisis point. First, the refinery administration was only just paying out for cane that was harvested in December 2008. The payments were additionally quite small. Yadira's daughter entered our conversation to tell me about a man who had turned in a significant amount of cane, more than he normally did. He was expecting to receive about 100,000 pesos (between \$7600 and \$7700 as of August 2009) for his cane according to his own calculations. He borrowed money in order to pay for his whole family to go with him to pick up his check from the refinery and cash it at the bank. It was to be a celebration. When he got his check, he went immediately with his family to the bank and was told that he had earned one peso. Shocked, he demanded an explanation. Those who handed out the checks at the refinery said they had deducted from his check the debts he had incurred throughout the year for crop inputs. He, like most *ejidatarios*, had kept track of his debts and did not think it was possible for them to have been so high. Yet there was nothing he could do. He was now in debt for the money he had borrowed to take his family to pick up the check, and he had no way to pay it back. Yadira herself had only received 1000 pesos (between \$75 and \$80 as of August 2009) for her crops. She said that this was extremely suspicious because she had just planted new cane, and it should have sold for more.⁶ Yadira and her daughter explained that the refinery discounts significant amounts but the reasons are never explained. They consider this discounting to be robbery. For example, every year they are discounted 3000 pesos for the "Banco Bajio." Yadira and her daughter do not know what this bank is, and they said that no one else does either.

The issues with the processing plant have also caused a rift in the *ejido*. One group is seeking alternatives to the present refinery, while another insists that there is no other option. Just prior to my return visit, the head of the *ejidal* council, the municipal agent, and some other members of the *ejido* had gone to the Oaxacan border to another refinery to talk with them about trucking their cane there. This new refinery agreed to pay more for the cane if they should bring it there. Yadira and her daughter, however, have doubts that this new plan will work. The current refinery starts the harvest process without notifying the *ejidatarios* that they have begun. Therefore, the cane is sometimes already en route to the refinery before the *ejidatario* even knows harvesting has started. The refinery is not supposed to begin harvesting without notifying the *ejidatario* first, but

⁶ Sugar cane is only planted once about every 10 years, but is harvested yearly. I was informed by many that newly planted cane yields more cane that is also better quality.

it happens anyway. Yadira and her daughter consider the potential conflicts that would arise if they tried to change refineries too great a price to pay for a shift that may or may not bring higher profits.

Additionally, the new refinery is significantly farther away than the current one. The greater distance means that more cane will be lost off the trucks in the travel, and more cane will rot, especially if the trucks break down and add even more days to the trip. Many have talked about attempting to sell their cane to this new refinery in spite of the potential issues. Others will likely be unable to do so because the debts they have incurred with the current refinery are extremely high. Although they should be able to go elsewhere to sell their cane and perhaps pay off that debt more rapidly, Yadira and her daughter doubt that they would be able to do that in actuality. It is for these reasons that many people discussed trying to convert their cane fields to pasture for cattle or to sell their land in order to start a business or pay for crossing into the United States. As this process was not the focus of my research, I do not have more information about what people are actually doing with their land. However, it is clear from my conversations with people that the land issue is a critical one that causes consistent worry and contributes to increasing impoverishment. It is also connected to migration in the region, a point to which I return below. First, however, it is important to consider the other major industries in the region.

Cattle Ranching

Veracruz is one of the largest cattle ranching states in Mexico. The municipality of San Pedro de los Reyes reflects the extent of cattle ranching in the state. Twice the amount of land that is used for agricultural crops is used for cattle ranching (Enciclopedia de los Municipios de México 2005). Cattle ranching is dominated by large holdings concentrated in the hands of a few (González-Montagut 1999). Because cattle ranching requires few laborers and extensive land, it has “pushed [people] out of agriculture and into poverty-stricken sectors of the rural and urban economy” (Vázquez García 1997: 4). Additionally, small farmers who own only a few head of cattle cannot compete in a market controlled by a small group of wealthy ranchers (González-Montagut 1999).

This situation appears to play out similarly in Los Cañales. There are a few cattle ranchers who own large herds and were considered by the women who participated in my research as wealthier than most in the community. However, several of the women also owned some cattle. The cattle were most often used to pay off debts or to make a large purchase but did not contribute to increasing wealth in a more general sense unless the ranching operation was large. Rather, owning cattle served as a kind of insurance for difficult times. However, that insurance was not always a guarantee that cattle could be sold and debts could be paid. For example, Sara and her mother jointly owned a few heads of cattle. On my return visit in August 2009, they were seeking a buyer for two of their cows in order to make a payment on a truck they had bought for Sara’s husband to use to transport window frames (a part of his business). They found a buyer for the cattle, but then discovered that one of the cows was pregnant. The buyer wanted both cows or neither of them. He refused to pay extra for the pregnant cow. Sara and her mother discussed the potential deal with Sara’s husband who said that they should instead wait to sell the cows until after the calf was born. Then, Sara and her mother would be able to raise the calf for potential future sale. The issue, however, was making the truck payment

if they could not find a buyer for the single cow. Successful use of cattle as insurance for difficult times depends on the buyers, who are typically the larger cattle ranchers in the area, not the sellers. An unfair deal, particularly when a seller owns only a few cows, is not only unreasonable, it is untenable.

Oil Industry

Additionally, some households were involved in the oil industry. These households were also migrant households in a sense because the husband left for weeks or months at a time to work on oil rigs in the Gulf of Mexico. The oil industry is a major industry in Veracruz and Tabasco (the state immediately to the south of Veracruz). It has both direct and indirect effects on surrounding communities. Directly, it increases the number of people involved in wage labor in the area. Indirectly, it affects agricultural and artisanal production through the increasing incorporation of indigenous communities into the capitalist market. What this means is that indigenous communities are no longer self-sufficient. The industry only has a limited capacity to absorb all available wage labor, so as indigenous communities increasingly rely on wage labor, unemployment will increase (Hartwig 1980). Additionally, in the late 1990s, the oil industry went through a period of consolidation and reduced its spending on drilling and exploration. What that meant for employees in the industry was increased job insecurity (McGuire and Gardner 2003).

However, participation in the oil industry is limited in Los Cañales. I was able to follow the attempt of one woman's husband to gain access to work in the industry during the course of my research. Adriana's husband had migrated twice to the United States but was not eager to make the attempt to return again. The family was struggling to make ends meet, and he needed to find work somewhere. He had a friend who worked in the oil industry and convinced him to try to get a job there. The requirements to apply for a job were proof of military service and participation in a training course that Adriana's husband would have to pay for himself. Like most people in Los Cañales, Adriana's husband had not served in the military and did not have the resources to pay for the training course. However, in his determination to get a job in the industry, he managed to receive proof of waiver of military service. He borrowed money to pay for the training course, which he passed. He applied for a job in the industry and was told there were currently no openings. He would have to wait. But payment on the debt he incurred for the training course would come due long before he would even find out about openings, much less receive his first check. He had to abandon his search for work in the industry and make the attempt to cross into the United States again in order to pay the debt. I discuss his attempt later in the dissertation. Adriana's husband's situation was not dissimilar to others in the community. Work in the oil industry was one of the few steady, decently paid jobs in the area. However, breaking into that work was extremely difficult if not impossible for many.

Other Industries

The municipality of San Pedro de los Reyes has several industries that are situated closer to Los Cañales than the oil rigs. They include a shoe factory, a watermelon production operation, and a factory that produces milk products. However, no one I interviewed in Los Cañales worked in one of these plants. According to my interview participants, finding jobs in these plants is difficult unless one has connections to

management. Additionally, a tourist industry and commerce in nearby municipalities present other potential job opportunities. Similarly though, few interview participants and their family members had worked outside the municipality in hotels, restaurants, or in private homes.⁷

In the context of limited job opportunities and decreasing viability of agricultural work, people seek resources in other ways. Three of the major sources of income other than formal and informal labor in the community are from poverty alleviation programs, microloans and transnational migration. Obtaining income from these sources has particular consequences for women in Los Cañales, as will be discussed below.

Poverty Alleviation Programs and Microloans

The municipality of San Pedro de los Reyes, of which Los Cañales is a part, is considered a zone of high marginalization. In other words, poverty rates are elevated in the region. Los Cañales is no different than the rest of the municipality in this respect. For that reason, the presence of federal poverty alleviation programs and microloan agencies is prominent in town. It is usually women who participate in these programs because the policies have been influenced by a particular gendered discourse of economic mobility. Women, in this discourse, are more likely to use the resources distributed through these programs for food and education for their children. With better-educated, healthier children, these poverty alleviation programs will support a generational upward economic mobility in impoverished regions (López and Salles 2006). However, the amount of money provided in each pay cycle may not be enough to have the desired effect. In Los Cañales, two programs – the federal poverty alleviation program *Oportunidades* and a private microloan program called *Compartamos* are prominent.

Oportunidades

The *Programa de Desarrollo Humano Oportunidades* (commonly known as *Oportunidades*) is a federal poverty alleviation program that focuses on education, health, nutrition, and income. It is an inter-institutional program that includes the Ministry of Public Education, the Ministry of Health, the Mexican Social Security Institute, the Ministry of Social Development, and the state and municipal governments. To be enrolled in the program, household income must fall below the official poverty line. The program emphasizes what it terms “co-responsibility” (*corresponsabilidad*). Essentially co-responsibility means that children must attend school, and families must attend free health appointments in the public health center in order to receive their *Oportunidades*

⁷ One of the possible reasons for such limited possibilities outside Los Cañales for employment is discrimination against people from the community. Although interview participants did not discuss such discrimination in my interviews with them, other social scientists who work in the area have identified it as prevalent. It particularly arises in the context of discussion of a “jarocho” identity. The term originated in the colonial period to identify people of African descent in Veracruz (Aguirre Beltrán 1946). Current use of the term, however, generally refers to a particular kind of oppositional masculinity associated with independence, potential violence, and harsh language. Los Cañales is seen as a stronghold of such identity. Although some embrace the identity, it can also be used in derogatory ways and as part of a process of discrimination. Since my interview participants were women, it is not surprising that being “jarocho” was not central in this research. It is, however, important to understanding the social context in which people live because women are still subject to censure and discrimination because they occupy marginal locations.

payments through the government program (SEDESOL 2010). Payments to women differ based on the size of the family, the number of children in school, and the grade level and sex of each child. Female children in school receive higher payments than male children. Additionally, the higher the grade level of a child, the greater the payment. The gap between payments for male children and payments for female children increases with higher grade levels. The purpose of this system is to serve as an incentive for children, particularly female children, to stay in school longer (López and Salles 2006).

As demonstrated by the difference in payment amounts for male and female children, *Oportunidades* focuses resources on women. According to the designers of the program, its focus is on addressing issues of gender inequality:

Desde su diseño, el Programa ha reconocido que las desigualdades de género – es decir, las desigualdades sociales entre hombres y mujeres – dan lugar a un complejo sistema de interacciones – denominado también sistema de género – y provocan y reproducen una serie de desventajas para ellas a superponerse con otras desigualdades como las relativas a la condición étnica o a la generación (López and Salles 2006: 11).

Since its design, the Program has recognized that gender inequalities – that is to say, the social inequalities between men and women – cause a complex system of interactions – also called the gender system – and provoke and reproduce a series of disadvantages for women on top of other inequalities like the relative inequalities of ethnicity or generation.

For that reason, women are the vast majority of the signatories in the program, meaning that although the resources provided by *Oportunidades* are designated for the entire household, it is women who receive the bi-monthly payments. The program intends for the resources provided to be spent on education, nutrition, and household expenses such as gas and electricity. More than five million households were enrolled in the program as of July 2009 (SEDESOL 2009). The average payment for women in Los Cañales was approximately 1700 pesos (US\$130). Additionally, households with *Oportunidades* also have access to a low cost or free health insurance program called *Seguro Popular*, which I discuss in depth in Chapter 6.

Approximately 350 women in Los Cañales and San Juan are enrolled in *Oportunidades*. In order to receive their *Oportunidades* payments once every two months, women are required to attend monthly meetings in which they are given talks about different health and hygiene issues. The talks are usually led by a woman who is also a member of the group. She is elected to this position. However, a nurse from the public health center comes to selected meetings to run them. Women and their children are also required to attend regular appointments at the public health center. For women who are not pregnant this appointment is a yearly Papanicolau examination. For children, it is a monthly or yearly well-child appointment depending on the age of the children. Failure to attend meetings or appointments could result in being removed from the program. Additionally, if children receiving scholarships miss four days of school in one month or 12 days of school in a year, they can be dropped from the scholarship program.

In Los Cañales, meetings were often announced only shortly before they were to begin. Frequently, women would go from house to house just prior to a meeting to gather

everyone. In the middle of my research, the protocol for attending meetings was changed. It would no longer be just the adult woman in the household who would need to go to meetings, but rather the entire family would be required to attend the ones run by the nurse from the public health center. This proved to be a contentious change since many men who were counted as household members for the purposes of *Oportunidades* would be unable to attend because of work obligations in the community or because they had migrated. (In the case of migration, they were supposed to be taken off of the roll.) The meetings took place in various public places – the *ejidal* house where *ejido* members also held their meetings or outside.

To give an example of these meetings, I present the following notes from one I attended in February 2008.

I arrived at the *Oportunidades* meeting in the *ejidal* house with several women who are research participants in my project. The building has one large room for meetings, two bathrooms, and a small room that is used as an office. The large room is also used for a women's baking cooperative, so we were surrounded by bread-making equipment. A few wooden tables and stacks of yellow plastic chairs occupied the center of the room. When we arrived, women were in the process of arranging the tables and chairs into four groups. After everyone else had arrived, the four women who had been elected to represent the group entered the room. They organized four groups of six or seven women each (the entire group is 27 women). One of the leaders, who is the equivalent of the president of the group, called roll and began reading out of a booklet that she received at the *Oportunidades* training she attends every two weeks. In her reading, she emphasized that there are multiple ways to be suspended from the program. This can be temporary, indefinite, or permanent. She then moves on to the main topic of the meeting – electricity. She discusses with women several ways to save electricity in their houses such as by keeping windows open during the day so that turning on lights is not necessary, only ironing clothes once a day, using energy saving lightbulbs, and painting the inside of the house with white paint to better reflect light. Following some discussion about these suggestions, the presenter pulls out a notebook in which each woman has to sign her name verifying that she attended the meeting.

This format was a typical one for *Oportunidades* meetings. Late arrival meant that one was not allowed to sign the notebook and therefore could not be counted as in attendance.

Those who attended regularly went every two months to the center of town to receive their payments. This was a day-long process in many cases because there are over 500 people on the *Oportunidades* rolls.⁸ Usually, the program officers would begin disbursing payments at around noon, but women often tried to arrive about an hour earlier because the program officers never set up their tables in the same place. When I asked why that was the case, women replied that it was because they needed to protect

⁸ Approximately 350 of those are from the communities of Los Cañales and San Juan, as noted above. The others are from surrounding communities that receive their bi-monthly payments in Los Cañales.

the money. Setting up in a different place each time meant that no one could make plans to steal the money. Additionally, payments were made on the same day that a large outdoor market was set up in the community. Program officers did not want women to immediately spend their money on items in the market because that was not the purpose of the money. Constantly changing locations meant that vendors also could not plan to set up shop next to the *Oportunidades* tables. However, many vendors had moveable carts and simply brought a portion of their merchandise to the center of the crowd of people waiting to be paid after the tables were set up. There were frequent arguments between the program officers and the police assigned to guard them and the vendors they continually tried to remove from the area. This became such a problem that the program officers threatened to stop making payments in Los Cañales and to only make them in the larger city about an hour away because they could make payments in the municipal palace.

Oportunidades, while a key resource for many women, also presents significant issues for them. They are required to attend meetings on short notice and must wait hours for the payments. Ultimately the payment is not enough to buy school uniforms, purchase food, pay bills, and maintain the household. The program is meant as a supplement to income women receive in other ways, however as discussed above, this income is unstable and unreliable. However, most women felt that *Oportunidades* was an important and largely positive program. They obtained both financial and medical assistance through the program, and many felt that they had learned important information about health and nutrition that had helped them and their families improve their lives.

Compartamos

The second program in which a significant number of women in Los Cañales participate is a microloan program through a private bank called *Compartamos* (Let's Share). The company focuses on microloans to women. In fact, 98% of its clients are women (*CompartamosBanco* 2010). The loans work essentially as a group loan rather than an individual one, although women do receive their individual piece of the loan and must pay back their part of it. When women join the program, they are eligible for a small loan of 5000 pesos (approximately \$385). They make weekly payments on the loan and accrue interest at a rate of 5%. Once they have paid back their first loan, they are eligible for a larger loan at a slightly lower interest rate. Each time they pay back a loan, the amount for which they are eligible is raised, and the interest rate is lowered (at a lower limit of 3%). Although these are individual loans in the sense that each woman receives the specific amount for which she is eligible, and she pays back weekly according to her own loan amount and interest rate, the money must be gathered weekly by the elected treasurer of the group and deposited jointly into the *Compartamos* account. If one woman is unable to make her payment, all the other women are responsible for making up the amount that is lacking. Although many women saw this as an important resource for increasing stock in a small store, fixing structural issues in their houses, or buying school uniforms for their children, the communal responsibility for repaying the loan each week caused major tensions within the group. These tensions contributed to an overall sense of distrust that I discuss further in Chapter 4.

Transnational Migration

Until the current global economic crisis, transnational migration from Mexico to the United States had been increasing particularly due to the incorporation of migrants from new regions in Mexico and from new populations, mainly women and children (Canales 2003; Marcelli and Cornelius 2001). International migration from Mexico decreased 27% between 2007 and 2009 (INEGI 2009). However, the number of Mexicans living in the United States continues to increase even though the rate has slowed (Leite, Angoa, and Rodríguez 2009). This increase likely signifies an increase in length of stay in the United States for multiple reasons such as increased border enforcement and the need to remain longer to repay debts incurred in crossing, points that will be discussed further in Chapter 7. Between 2007 and 2008 the percentage of the Mexican population that is unemployed rose from 5.5% to 8.2%, a 47% increase in unemployment. Additionally, yearly earnings dropped by 7.3% for the Mexican population between 2007 and 2008. This drop was even more pronounced in the construction sector where it was 13% (Leite, Angoa, and Rodríguez 2009). Although the economic downturn in the United States has dramatically affected employment for Mexican migrants, migration from Los Cañales does not seem to be slowing significantly. During a visit to the community in August 2009, most women told me that their family members had chosen to stay in the United States to try to ride out the crisis. Additionally, a group of approximately 20 men left the community during my stay to make a border-crossing attempt. It is likely too early to evaluate the longer-term effects of the economic crisis, particularly if it is prolonged. Migration, even if curtailed in the immediate future, is likely to remain one of the few economic opportunities available to people in Los Cañales.

The south-southeast region of Mexico, of which Veracruz is a part, is considered one of the new sending regions in the country. This region has sent an increasing percentage of migrants over the last 30 years.⁹ Between 1987 and 1992, 8.8% of the migrant population originated from this region. Between 1997 and 2002, it increased to 12.9% (Leite, Angoa, and Rodríguez 2009). Veracruz has been of particular interest to migration researchers because significant out-migration did not begin until the 1990s (Canales 2003; Pérez Monterosas 2003). Census data show that between 1995 and 2000, 1,569,157 people from Mexico migrated to the United States. 78,347 of those were from Veracruz, meaning that transnational migration from Veracruz to the United States constitutes about 5% of total Mexican migration to the United States. Veracruz ranks fifth highest among 32 states (including the Federal District) in number of migrants to the United States between 1995 and 2000 (INEGI 2000). This rate represents a recent increase in such out-migration from the area, causing transnational migration to become an area of concern for municipal authorities in the state (Pérez Monterosas 2003). Additionally, a higher percentage of men (79%) than women (21%) migrated from Veracruz to the United States in 2000.

As in other areas of Mexico, migrants from Los Cañales are not the poorest residents. Most are *ejidatarios* who have been unable to contribute enough resources for

⁹ It is important to note that migration researchers argue that migration data are generally the weakest and least reliable demographic data collected (Durand and Massey 2004). Therefore, the statistics can only give a general picture of trends in migration patterns.

household survival. Their ownership of use rights to land can be used as collateral for the loans required to pay for a border-crossing trip and to finance the household until the migrant is able to send remittances. My research suggests that most migrants from Los Cañales are undocumented, meaning that they incurred significant costs in crossing the border. Most women did not clarify whether or not their husbands were documented or undocumented. Only two women in the research specifically reported that their family members worked in the United States on legal work contracts. An additional 38 women had migrant family members. 18 of those specifically reported that their family members were undocumented. Lack of reporting documentation status may suggest that many of the other 20 women's family members were also undocumented. This high level of undocumented migrants is typical of the Mexican migrant population in general, particularly since the year 2000 when many of the Los Cañales migrants began to make their trips. In 2000, about 4.8 million Mexicans were in the United States without documents. By 2008, there were 7 million, a total of 56% of the total Mexican population in the United States.

According to many migration researchers, new transnational migration patterns mean poorly formed migrant networks (see for example, Durand and Massey 1992; Massey et al. 1994). Without strong, stable migrant networks, migrants and their families in these new sending regions incur greater social and economic costs than those utilizing established migrant networks such as those incorporating traditional sending regions (Massey et al. 1994). Pérez Monterosas (2003) argues that in Veracruz this recent increase in migration has reshaped the ways that rural communities organize themselves. Although migration is becoming an increasingly integral part of the identity of the community, it is important to note other ways in which women in particular garner resources.

Conclusion

Los Cañales may be considered typical of marginalized rural communities in Mexico, as comparisons with the literature show. It is a largely agricultural community that participates in various federal government programs. People in the community are working to develop the local economy through cultural heritage and ecological tourism. Protestant religion is on the rise as are the educational levels of young people. Women participate in almost every aspect of the community; however their participation particularly in some areas is still quite limited. In other areas, women predominate, as in the federal poverty alleviation program and the microloan program. Los Cañales, like other communities in Mexico's southern region, is experiencing a recent increase in transnational migration. As women struggle with economic and social marginality as well as the familial and community changes that come with transnational migration, they also negotiate multiple strategies to maintain their well being and to address their illnesses. In the following chapters, I focus on the health and well being of women with migrant family members in the national, regional, and community political-economic and cultural contexts I have described above.

Chapter Four: “Nadie me ayuda”: Women’s Triple Day and the Meaning of Support in the Context of Poverty and Transnational Migration

Introduction

Mercedes González de la Rocha (1991, 1994, 2001) has insightfully argued through two decades of research that poor, urban women in Mexico are key to the social and economic survival of their households (see also Chant 1994). Not only do women perform the majority of the unpaid reproductive labor of the household that ultimately produces future “productive” workers, they also often engage in informal, albeit low-paid, labor themselves. This informal labor contributes essential resources to households that often exist on a precarious edge due to the insecurity and low wages of household members engaged in formal sector labor. Additionally, women engage in networks of social support, from which they can draw resources during times of acute crisis. This gendered division of labor, in which men more often work in the formal labor sector and women in reproductive labor and in the informal and unpaid sectors, creates unequal burdens of labor within the household (Benería and Feldman 1992). In previous work, González de la Rocha (1994) argued that poor households, particularly poor women, drew on these “resources of poverty” in order to survive.

More recently, however, she has argued that this model no longer works for poor households in the context of two decades of debt crises and structural adjustment policies in Mexico. Rather than “resources of poverty,” poor urban households are now faced with a “poverty of resources” in which underemployment and unemployment in the formal sector means the loss of resources previously used to support informal labor participation (for example to buy the supplies necessary to run a small store out of the home) and reproductive labor (González de la Rocha 2001). A drastically reduced income also undermines networks of social support. Furthermore, structural adjustment policies require a reduction in funding for public services that poor households frequently utilize, including programs for education, nutrition, and health (Alarcón-González and McKinley 1999).

Women, who are key to household survival, are affected in particular ways in this situation. Their informal labor is often intensified due to the loss of other household income. The burden of reproductive labor also increases because of deteriorating networks of social support. It is women who are most often responsible for maintaining these networks (Lomnitz 1977). With few resources to contribute to relationships of reciprocity, however, they are often unable to sustain support (González de la Rocha 2001). When public services are reduced or disappear, women are most often the ones who assume the responsibility for filling the gaps (Alarcón-González and McKinley 1999). They must address the multiple consequences of the destabilization of these networks, including more limited economic resources and the loss of support and assistance in reproductive labor. Everyone within a poor household may experience increased formal and informal labor intensity (González de la Rocha 2001), but women tend to be affected in particular ways because of the additional reproductive labor and support maintenance labor in which they must participate (Benería 2003; de los Angeles Crummett 2001). They become, as Alarcón-González and McKinley (1999) have argued, the “shock absorbers” in crises.

Although a majority of the research examining women's labor (both paid and unpaid) has been conducted in urban and semi-urban areas, much the same could be said about the current situation in rural areas. The intensification of women's labor and the "poverty of resources" may, in fact, be even greater in rural areas. Alarcón-González and McKinley (1999) found, for example, that structural adjustment policies in Mexico resulted in a particularly drastic increase in poverty in rural areas, especially for women.¹ The women who participated in this research echoed many of the same concerns with declining wages and loss of job opportunities in the community. Most of the women have never had formal sector jobs, but many of them have participated in informal labor markets at various times during their lives. Some found that participating in these markets was increasingly difficult because of a lack of resources to invest in their enterprises. Many also talked about the lack of support they received from people who were within their networks.

The effects of global processes like transnational migration and neoliberalism can be traced in an examination of the shifts in women's labor in Los Cañales. The privatization of the sugar cane industry has resulted in lower wages for formal sector workers. The resulting migration has had multiple effects. For some women, the remittances sent by a migrant family member allowed them to start or maintain small stores run out of their homes. For others, these remittances allowed them to continue to participate in social networks. However, remittances do not solve the problem of a "poverty of resources." They are frequently unreliable and tend to diminish over time, particularly in the context of the recent United States economic crisis. Remittances can also cause disruptions in social networks as they contribute to increasing socioeconomic inequalities within communities (see Cohen 2004).

This chapter focuses on the ways in which women navigate survival in the context of a "poverty of resources." First, it describes women's daily household responsibilities and the exhaustion that often results. Then, it discusses women's participation in formal and informal labor markets. Finally, it analyzes women's participation in networks of social support, focusing in particular on the ways in which these networks have become destabilized in the context of poverty and economic crisis. These various aspects of women's labor constitute what Leith Mullings (1997) has called a "triple day."² When I spoke with women about this "triple day," many told me that no one helped them. No one helped them in their stores, selling their products door-to-door, washing the clothes, cooking the food, or taking care of the sick. This phrase "nadie me ayuda," was at first puzzling to me because I often observed help from neighbors and family members, particularly when a woman was ill or was dealing with especially difficult life issues.

It was not that women didn't recognize the help that they received, it was that this help was unreliable and superficial in the context of their "poverty of resources." As

¹ Alarcón-González and McKinley (1999) estimate – based on number of poor people, depth of poverty, and condition of the poorest of the poor – that after structural adjustment policies were implemented, 80% of those living in extreme poverty lived in rural areas.

² Mullings (1997) has argued that African American women in poor, urban areas actually work a triple day – participating in wage labor, maintaining households, and engaging in community work to gain access to resources that would otherwise be unavailable. Therefore, in addition to the typical double day of paid labor and housework, poor, urban African American women are often involved in the work of organizing, building community solidarity, and maintaining social networks that can be essential for survival.

González de la Rocha found in her research in Guadalajara, the women interviewed for this research experienced the deterioration of social networks and the intensification of their reproductive and informal wage labor. In spite of assistance, women were still exhausted and overworked from the daily burden of household maintenance responsibilities and their intensified care work. Often, they could only barely find the means for survival through their informal labor participation. Their weakened social networks became sources of frustration as they reflected increasing socioeconomic inequalities in the community. Women have the major responsibility for maintaining their households and ensuring the survival of household members, particularly when men have migrated or are unable to contribute resources from their own labor in the sugar cane industry. The inability to overcome the “poverty of resources” and ensure survival results in the feeling that no one helps.

Being Desvelada: Women’s Daily Household Routines

Like women in many places in the world, women in Los Cañales often commented to me that their work was never completed. Many of the women I worked closely with spent their days cooking, washing clothes and dishes, mopping floors, and sweeping patios. Given the limited resources women had available to them, these activities stretched throughout much of the day. On very hot days, women sometimes took a break during the hottest part of the afternoon after the large meal of the day. Most women have only electric fans for cooling because an air conditioning unit and the electricity it would use are out of financial reach for them. Work started up again as the sun went down and continued until the late evening. Women often did this work alone or only with the help of their young daughters.

In this section, I focus on the idea of being “desvelada.” Many women used this phrase to describe how they felt when I came to visit them. Being “desvelada” means being tired due to not having slept much the night before. Common reasons that women felt “desvelada” included needing to stay up to take care of sick or restless children. Women also stayed up late cleaning the house, washing clothes, waiting for husbands to come home, or worrying about their daily life circumstances. Daughters who were old enough to help with household chores often assisted. Husbands were rarely at home and did not tend to assist with many chores when they were. Men often claimed to be tired from their own work or incompetent to do what they considered to be women’s responsibilities and talents. Other women were likely too busy with their own work to assist neighbors, friends, or family members. However, at times assistance did arrive. In one case, which I discuss below, paid assistance was available. More often, however, assistance came in the form of the help of a family member at a time of particular crisis, the potential for financial resources to purchase household appliances, or daily assistance from children. In many ways, the household responsibilities of Sara and Laura, who are discussed below, do not differ from those of many women in many different social locations. The point I make here is that Sara, Laura, and the other women in my research conduct their daily household duties in the context of extreme poverty. This context is one in which women are responsible not only for maintaining household order, but also for maintaining household survival. Being “desvelada” emerges out of a specific struggle with the “poverty of resources.”

Laura, for example, regularly gets only five and a half to six hours of sleep at night. She wakes up before 4:30am to make breakfast for her husband, who has been working in the sugar cane fields since his return from the United States. He leaves for work at 5:00am and has breakfast before he goes. After making her husband's breakfast and sending him off to work, she has a long list of chores that often begins with washing clothes. Laura does not have the convenience of a washing machine. She washes her family's clothes by hand, including her husband's and older son's work clothes. Their clothes often have to be vigorously scrubbed repeatedly to remove oil, soot, and mud. At some point later in the morning, Laura makes breakfast for her children and saves some of it so that she can take it to her husband out in the field where he is working that day. She washes dishes and begins making lunch, which she has to finish by 2:00pm in order for her husband's boss to take it with him when he goes out to the fields to check on his workers, saving her a second trip out. Her children come home in the afternoon, and she feeds them lunch as well. Laura sometimes has a couple of hours to rest when her children go off to play with their friends or do their homework. She watches television from about 4:00 to 6:00 pm. At that point, she begins cooking dinner for her husband and children. They eat dinner around 8:00pm, and she goes to bed around 10:00pm.

For Laura, being "desvelada" often comes with pain in her legs and body from standing for so many hours during the day. In addition, Laura hurt her back several years ago and still occasionally has problems. She fell out of a hammock at her mother-in-law's house (where they were living at the time) about 11 years ago. It left her with "cadera abierta." At the time of one of my interviews with her, she was feeling the pain in her back. But she said, "tengo que lavar, guisar, planchar." (I have to wash, cook, iron.) She would have liked to pay someone to at least wash the clothes for her, but she did not have the resources to do so.

In addition to working through her own chronic pain, Laura lacked the usual assistance she had from her husband and children. Laura's husband was ill; he had chicken pox and was also experiencing complications from his diabetes. Laura said it was more difficult for her because he could not help her. Usually, when her back is hurting so badly that she has to lie down and wait for the pain to subside, both her husband and her children help her with her daily work. During these times, she says, "no les puedo hacer nada para ellos." (I can't do anything for them.) Now, however, because the family lacks the resources to buy the necessary diabetes medicine, Laura's husband is unable to fill in when Laura is in pain. Her children are able to buy pre-prepared food for meals and wash the dishes, but with their school work and work in the fields they have little time to do other chores. What happens now, explains Laura, is that the work just piles up until she feels better, less "desvelada."

Housework is Laura's responsibility. When she is ill, she must at times work through her chronic pain. Her husband, however, is unable to assist her when *he* falls ill. When her husband is sick, he does not go to work. Laura, however, cannot avoid going to work. Although Laura can count on the assistance of her husband and children when they are well, they only provide such help when Laura cannot physically get food on the table or do the daily housework. While Laura may have opportunities to rest, she talked not about relaxation or health but rather about only feeling *less* desvelada.

In Laura's cases, being "desvelada" was a comment on a lack of consistent assistance with household responsibilities. Being "desvelada" is also a way of talking

about lack of access to many resources that could make daily household chores easier. Sara, for example, often spoke to me about how much she would like to have a dryer to go with her newly bought washing machine. When she talks about having a dryer, she means a machine that spins the clothes, taking the extra water out of them so that they dry faster on the line. The following are fieldnotes taken in June of 2008 just before the rainy season began.

Sara and I talked today about how necessary a washing machine is. She also would really like to have a dryer for the rainy season. She said that washing the clothes for her entire family is exhausting, especially her husband's clothes because they get so dirty when he is working in his tire shop or as a mechanic. Before she had a washing machine, she had to do it by hand. Now, with the machine, she is able to wash more quickly and get less tired. But still, during the rainy season she has to put the clothes out on the line to dry. If it starts raining, she has to go out and take them all off the line, wait for it to stop raining and then put them out again. She said this way she feels like her work is doubled. She can sometimes borrow a small dryer of her sister's. It is small enough that she can carry it from her sister's house and use it in her own house. Alternatively, she can take the clothes to her mother's house and hang them in her second story bedroom that no one uses anymore. Still, all that is more work. Last year, her husband made enough money during cane cutting season when he worked as a truck driver to take out a washing machine on credit. She hopes that this year, he can take out a dryer for her.

Sara, like many women with whom I worked, could have shortened her workday if she had more resources. It was mentioned more than once that if her husband were to go to the United States, she would get her dryer much more quickly. However, the potential consequences of his migration were too great to justify her dryer. She would wait until he had a good year in sugar cane to take her new appliance out on credit. In the meantime, Sara continued to haul soaking wet, heavy clothes from her washing machine to her sink for rinsing, and from the sink to the clothesline for drying. I often saw Sara stop to rest for a moment, hand on her lower back as she stretched backwards and winced.

To be "desvelada" is to be physically exhausted and often in pain from long, heavy labor and limited rest. Women lean over sinks and carry heavy loads of dishes and clothing back and forth from their outdoor sinks to their houses. They have limited rest because they must provide care for their families at every hour of the day and night with limited resources to make their work easier. Men also engage in heavy labor that leaves them tired. However, I often observed men coming home from work to sit in front of the television, have their meal served to them, and later go out for a beer with friends. This is not to say that men's labor burdens are not significant or that they do not deserve the rest at the end of the day. The point here is that women have fewer opportunities for such rest as they work throughout the day and are then responsible for attending to husbands when they arrive home from work. The result is often a lack of well-being that may include physical pain, extended exhaustion, and continual worry that one may never get the work done.

Women's Formal Labor Participation

As mentioned above, women in Los Cañales often participate in formal and informal paid labor. Few women in the research held jobs in the formal sector. Those who did were frequently threatened with losing those jobs because of reproductive labor responsibilities, particularly the care of young children and ill household members. Far more common was women's participation in informal labor markets. This unequal participation can partly be explained by the greater flexibility of informal labor, which allows women to perform household responsibilities and care work when necessary. These informal sector jobs are also, however, characterized by low and irregular pay. Women's paid labor is part of a complex strategy for household survival, but it should also be noted that many women spoke of the benefits of their work – more control over economic resources within the household, the ability to leave the community for job related duties, the opportunity to spend time visiting friends and family members without explanation, and a release from the monotony of household tasks. Women who work outside the household may also be able to hire others to relieve some of the burden of household responsibilities as Laura wished she could do. In this research, only one participant (Harieta, discussed below) was able to do so. However, her case highlights class differentiation among women. Because labor participation more often contributes to women's overall burden of responsibility, it is explored here mainly in that context.

Three women in the research held formal sector jobs; one was a nurse, one an elementary school teacher, and one a cashier at a hardware store. For each of these women, maintaining her job became a struggle when it conflicted with household responsibilities and care work. In none of the jobs did women have access to employer-sponsored childcare during the day. The nurse and the teacher were at times required to work outside of their normal hours without sufficient notice to arrange for childcare or other assistance. In these three cases, I understand the notion of “*nadie me ayuda*” as a specific critique of the lack of recognition within the formal sector of women's responsibilities outside their jobs. Because the nurse and the teacher expressed similar issues regarding the negotiation of their formal sector jobs and their unpaid household labor, I focus on two cases here – that of the nurse and that of the cashier.

Harieta has three children who were ages nine, three, and two at the time of my research. Her husband spends half the year working on contract in the United States and returns to the community to work as a trucker during the sugar cane harvest from December to May. Harieta is a nurse at one of the clinics in town.³ Her job requires her to work from 8:00 to 3:00 Monday through Friday. However, she must often work longer hours because of travel to other communities or to regional meetings in a nearby larger city. Her income, combined with that of her husband, allows Harieta to pay a neighbor to take care of her youngest two children while she works. The combination of a demanding formal sector job and her household responsibilities, however, still takes a toll on her both physically and in terms of her job security.

For example, one day I met Harieta at her job. I commented that she looked tired. I could see dark circles under her eyes, and her eyelids were puffier than usual. She told me that she had been up quite late the night before. After work, she had gone home to wash clothes. Harieta has a washing machine, a luxury item for which many women

³ I do not identify the clinic in order to protect her identity.

expressed a desire. However, even with a washing machine washing clothes for her three daughters and herself is a considerable task. The washing machine does not rinse the clothes or spin them dry. When she washes, Harieta has to lift the heavy wet clothes out of the washing machine to rinse them in the concrete sink on her patio and hang them to dry on the line. After finishing the clothes that day, she made arroz con leche for her daughters and put them to bed at 10:30pm. Her husband called from the United States, and she talked with him for a while. Then her youngest two children woke up and wanted bottles. She finally went to bed at 1:30am, yet she still had to be at work at 8:00 the next morning.

Harieta's care work responsibilities are concentrated in the evening and night hours because of her ability to pay her neighbor to care for her children during the day. Although Harieta is one of the few women in this research who could afford to pay for assistance during the day, the responsibilities of household labor and care work in the evenings and at night fell solely on her, especially when her husband was in the United States. However, as is shown in other cases of women who do not have migrant husbands, this burden of care would likely not change significantly for her even if her husband were present. In fact, as I discuss in Chapter 5, she did not feel that she could count on his assistance even when he was present.

Harieta was often late to work even though she lived only a few blocks from the clinic. One of her daughters was frequently ill, and Harieta was often awake part of the night with her. There were days when she could not get out of bed early enough to get to work on time because of her exhaustion. Other nurses who worked with her complained of her lack of dedication to her job and wondered aloud to me if she would be in her position for long. Although most of the other nurses also had children, none of them had migrant spouses and all of their children were older. In many ways, Harieta is in a far more privileged position than most of the women in this research. She has a formal sector job that pays enough for her to hire a neighbor to assist her with her household responsibilities. Her tenuous grasp on that job because of her responsibilities with her children, however, leaves her in a precarious position. If she loses her job – not a completely unlikely scenario – she will be in the position of many other women who rely on family member remittances and their own informal labor for survival.

Adriana also had a formal sector job during part of my research. Her job was drastically different in many ways than Harieta's job. It paid less, had no benefits, and was more insecure. Adriana worked as a cashier in the local hardware store. When she started the job, she worked from Monday to Friday from about 9:00am to 1:00pm and again for a few hours in the afternoon depending on when the owner wanted to open the store. She received pressure from her husband, a recently returned migrant, to stop working in the afternoons so that she would be in the house to fix lunch for the family and to help the children with their homework when they arrived from school. She was able to work out a morning-only schedule with the store owner until her husband fell ill with typhoid fever. He had difficulty taking care of himself, so she shortened her hours more in order to take care of him. When she and two of her children also contracted typhoid fever, she was dismissed from her job altogether. Her household responsibilities, in this case caring for sick household members, took too much time away from the job.

When Adriana fell ill, her daughter and her husband (who were both partially recovered) took her to the health clinic for treatment. Yet she was still responsible for her

daily household duties upon her return. Adriana's retreat from formal sector work began before the health crisis, however. Her husband is an *ejidatario* and grows sugar cane. However, during the growing season little labor is required. He was, in fact, at home much of the day. Yet he pressured Adriana to stop working in the afternoons in order to take care of household responsibilities that have traditionally been the responsibility of women. It was ultimately this responsibility that ended in Adriana's termination from her job.

Balancing a formal sector job with household responsibilities such as caring for children, nursing the ill, and performing daily tasks such as washing clothes was difficult for the three women in this research who had such jobs. It is difficult to make a general statement about the relationship between waged labor and household responsibilities based on this data because so few women had formal sector jobs. These kinds of jobs were scarce for everyone in Los Cañales, but they were almost non-existent for women. This examination of Harieta's and Adriana's experience in the formal sector contributes to the argument that women's unequal burden in terms of unpaid household labor restricts their capacity to navigate other survival strategies. However, there are significant differences between Harieta's and Adriana's situations. Harieta had more job stability and never mentioned pressure from her husband to leave her job. She made enough money to hire a neighbor for childcare during the day. Harieta is by no means wealthy. There were days that she was also "desvelada" due in part to a lack of resources. However, in comparing the two stories class and gender differentiation become obvious. Both Harieta and Adriana were responsible for the household duties, reflecting a common gendered differentiation of power. However, Harieta was not under pressure from her husband to leave her job to dedicate herself more frequently to household responsibilities. This lack of pressure is in part due to Harieta's class positioning. She has a higher level of education and a higher paying and more stable job than Adriana. It is likely her ability to hire assistance and her significant contributions to the household budget that shift the relationship of power within the household – not to equality, perhaps, but at least to a situation in which household work and formal sector work are more manageable. When they are more manageable, Harieta can enjoy some of the privileges of formal sector work mentioned above.

Women's Informal Paid Labor Participation

Most of the women in this research participated in informal labor to some degree. The most common work was running small stores in the house; working as a door-to-door salesperson for cosmetics, clothing, and shoe companies; and selling food such as homemade candies, tamales, empanadas, and bread. Women could more easily combine these jobs with household responsibilities because of their flexibility, but income was limited and unreliable. The resources these jobs provided, however, were essential to household survival in many cases. Below, I use two cases to illustrate the tensions in these informal jobs.

Fabiola runs a small store in her home in San Juan. Her home and the store were built with migrant remittances from her husband. He was recently deported and works intermittently as jobs arise. During my research he worked on a bridge construction project that paid approximately 800 pesos per week. The job, however, was short term, and he had no other prospects when it was ending. Fabiola's store is an essential resource

for the household. Much of the food her family eats is bought at lower cost than it would be if they shopped in another store. In fact, Fabiola says that sometimes the reduced cost of food is the only benefit to having the store. She often makes little extra money because she has few customers given her location far away from the center of Los Cañales.

Fabiola opens her store at around 8:00 each morning and closes around 10:00 in the evening. Her two daughters and her daughter-in-law also work in the store. The work, says Fabiola, is not really demanding. She can do her household chores or watch television when she has no customers. The issue for her is that she cannot leave the house. She rarely runs errands in town or goes to church even though she would like to do so. If she leaves, she risks losing customers. Since she has so few customers, she cannot afford to miss any. She also competes with another small store only one block away. If she closes her store, customers are likely to go elsewhere rather than wait for her to open again. Owning the store is in some ways flexible. Fabiola can attend to her household duties while also running the store. However, her responsibilities in the store make it difficult for her to leave her household. This kind of isolation can have negative effects on the ability to maintain networks of social support, as will be discussed further below.

While Fabiola is restricted to her house in order to participate in informal labor, Petra must spend significant time away from her house for her work. She sells clothing and shoes from catalogs. As in Fabiola's case, one of the major benefits of Petra's work is her ability to buy clothing and shoes at cost for her family. Petra is uncertain how much money she makes with her sales, but she does make some money. In order to be successful in this job, Petra spends five to six hours a day riding around town on her bicycle distributing her catalog, delivering orders, and collecting payments. She has only one catalog for each company, so she constantly circulates them among her customers. Additionally, because she knows that people often cannot pay the full price for an item up front, she sets up payment plans with her customers. Much of her time is spent collecting these payments. Delivering orders on credit is risky, however. Sometimes people are never able to make their payments, and Petra has to make up the difference with her own earnings. She has no guaranteed salary and no benefits other than the opportunity to purchase clothing and shoes at cost. Since her husband returned from the United States, he has been unable to find work. Petra's informal labor has become the sole income for the family.

Yet, Petra is still responsible for the daily maintenance of the household including cooking meals, preparing her children for school, cleaning the house, and washing dishes and clothes. Her husband will sweep the floor and help Petra carry water out to the back of the house where she does the washing, but he does not take over any responsibilities completely. In fact, every afternoon that I went to visit Petra, she was doing some household chore while her husband sat in the shade of their back porch. When I asked Petra about the situation, she replied that he did not know how to do the household work. He also spent much of his time out looking for work and was tired.

For both Fabiola and Petra, engagement in the informal labor sector did not mean a significant reduction in household responsibilities even when other members of the household were available. However, their particular informal labor had different consequences due to the nature of each job. Fabiola could easily combine household responsibilities with her job but was limited in her ability to leave the house and

participate in essential social networks. Petra was frequently out of the house and engaging with her social networks, particularly by offering her products on credit to trusted customers. However, being away from the house for significant periods of time meant that housework and her sales job could not be as easily combined as in Fabiola's case. Their situations are similar to many others in this research. Women often combined informal labor with household responsibilities in order to provide resources essential for household survival. Their informal labor participation in some cases led to an intensification of their own work rather than a redistribution of household labor. This intensification of labor often leads to feeling "desvelada" – a significant material consequence of gendered poverty. In other cases engagement in the informal sector limited the women's participation in social networks. As noted above, these social networks can be key to survival in the context of extreme poverty.

The Destabilization of Social Support Networks

A social epidemiological definition of social networks is utilized in this research. Social networks are understood as "the web of social relationships that surround an individual and the characteristics of those ties" (Berkman and Glass 2000). Social support, or "the degree to which the basic social needs of an individual are met by means of interactions with others" is garnered through these networks (Campero et al. 1998: 397). When support networks are stable, they can provide emergency financial assistance in times of acute crisis, they can be a source of assistance in reproductive labor, and they can provide emotional support (see for example Freidenberg and Hammer 1998). In the current context of economic crisis and neoliberalism, however, these networks have become destabilized. Destabilization threatens the resources of networks (Bossart 2003; McMichael and Manderson 2004; Menjívar 1997, 2002). Attention must be paid, then, to the political-economic circumstances in which social networks develop and become destabilized (Carey 1988; Menjívar 2002). In the context of a "poverty of resources," network members may be unable to fulfill their obligations to reciprocate support. When resources are poor within a network, a member may be drained of resources and have no way of regaining them when they are in need.

As Menjívar (2002) has argued, however, women continue to navigate even destabilized social networks. They sometimes have to work through various nodes in their networks before they find someone willing and able to provide resources. This "patchworking," as Menjívar labels it, allows women to gather together different kinds of resources through the use of various social networks. These networks do not necessarily consist of only close friends or family in this context. They also may include people met on the bus or in stores who offer advice that can lead to further resources (Menjívar 2002). While "patchworking" is at times a successful strategy, it also reveals the ways in which networks are stretched thin in the context of the "poverty of resources." In Los Cañales, the destabilization of social networks and the "stretching thin" of resources resulted in multiple tensions among community members.

Understanding Jealousy, Gossip and Distrust in Political-Economic Context

Women's social networks mainly consisted of family – their own and their husbands'. Women had few close friendships with people on whom they felt they could rely. Many women talked with me about the limitations on their abilities to create and

maintain social networks because of distrust, gossip, and jealousy. This idea of jealousy came up in many ways throughout the course of my research. Although it was never explicitly stated, the source of this jealousy appeared to be economic inequality. Many women talked with me about other people, women in particular, attempting to undermine their efforts to get ahead because they didn't want anyone to be farther ahead than them. This seemed to be mostly about financial situations rather than other ways of getting ahead. However, at times, women mentioned that others were jealous of their relationships with their husbands or of the accomplishments of their children.

Adriana, for example, had repeated problems with three other families who lived in the same neighborhood with her. The first is her brother-in-law and his wife. The second family owns a small general store that is attached to their house. The family lives directly in front of Adriana. Both because they live so close together and because Adriana and her children often buy items from the store, there were frequent interactions between the families throughout my fieldwork. However, there were also frequent problems, at least from Adriana's perspective. Additionally, Adriana discussed with me the multiple issues she had with a third family – her adopted father's second wife and her daughter. All the families lived in Adriana's neighborhood. During the course of my fieldwork, Adriana's stepsister married the oldest son of the couple that owns the general store (Fabiola and her husband). This marriage brought some of the previously existing issues to a head from Adriana's perspective.

Although I did know the general store owners, they never discussed any issues with me. I was not well acquainted with either Adriana's stepmother or her stepsister and never discussed this issue with either of them. I spent far more time with Adriana because I lived in her house for a time, and she participated extensively in my research. Therefore, the following stories are obviously only from Adriana's perspective. The point here is not to establish the validity of her story. Adriana, in fact, had issues with many women in the community. The point is to illustrate the dissolution of social networks because of jealousy and the increasingly marginal position in which this dissolution places women. The following is from my fieldnotes in late April 2008.

Last night Adriana told me that she could no longer buy anything from the little store in front of her house because the family who works there is giving her family "una cara" – meaning that they only grudgingly interact with them in making a sale. They make faces of dissatisfaction when interacting. A few days ago, one of her children went to buy oil from them, and they said that there wasn't any left. However, Adriana is convinced that there was. They just didn't want to sell her family anything. Now, Adriana says, she can't go to the store. Yesterday, I was going to buy something from the store, but Adriana stopped me, sending one of the girls who lives in the neighborhood to buy for me. She couldn't send her own children because of this problem that they are having. I asked her what the problem was, and she said that she didn't know.

A few days later, Adriana approached me in tears because her stepsister had moved into the house in front of her own house to live with her new husband and his family. Her stepsister, she said, was taunting her – calling her names and sneaking up under the window of the house to stuff trash inside. She was at a loss for what to do about the

situation. She wanted to discuss it with her husband, because he always gave her good advice. He was on his way to the United States, however, and she did not know when he might be able to call.

Adriana's husband was ultimately unsuccessful in his attempts to cross the U.S.-Mexico border and came home to look for work within the country. At this point, Adriana had become physically ill with symptoms doctors thought came from gastritis. She couldn't eat regular-sized meals because that would cause her to vomit repeatedly soon after eating. She could only eat little bits at a time, and even that would sometimes make her ill. She was losing weight and having trouble sleeping. She also at times felt "desesperada" (desperate) and could not catch her breath. Adriana had a different understanding of her illness than the doctors did. She called it "una enfermedad desconocida" (an unknown illness) and explained that doctors really did not know what was wrong with her. She said,

Supuestamente era una enfermedad del estomago. Me hicieron muchos estudios. Endoscopia, este, ultrasonido, este, bueno, los estudios que hacen para detectar si hay algún gastritis o otra cosa. Pues, tu mismo ves que no fue eso. Fue algo oscuro, algo malo.

Supposedly it was a stomach illness. They did a lot of studies on me. Endoscopy, um, ultrasound, um, well, the studies that they do to detect if there is some gastritis or something else. And you yourself see that it wasn't that.

Adriana was still sick after taking the medicine that had been prescribed to her for gastritis. I had heard her vomiting in the back yard, prompting her comment that I myself could see that she did not have gastritis.

The combination of the doctors' inability to determine the cause of her symptoms and the issues that Adriana had been having with her neighbors and relatives led her to conclude that her illness was something dark, something bad. She explained in this way:

Algunas personas aunque no tengan el dinero, se meten a prestamos. Porque lo pago para todo esto, se metió en prestamos de 10,000, de 15, no sé de cuanto para modo de poder, este, hacer lo que tenia que hacer. Pero que pasa después? Cuando ellos se dan cuenta, o sea, su esposo de la que hace esas cosas. Se da cuenta que ya no le manda dinero y esas cosas. Entonces que pasa? Dice, "Estoy endeudada, no sé que hacer." Porque se endeudan y ya después no pueden pagar. Por que? Porque hacen cosas malas, no? Y pues, después no tienen para pagar y que hacen? Tenerse que ir a trabajar para poder pagar su deuda nada mas para hacer maldades... como en el caso mío. Yo pido prestamos, pero yo los pido para mi casa, para mis deudas, para lo que tengo que hacer. O para ver si vendo algo, pero bueno a veces digo, si vendo algo, y aquí hay gente que vendes, Mari, y no te pagan. No te pagan. Y te endeudas y no ves tu dinero porque, no te lo pagan. Bueno, mejor dices tu, lo agarro para repellar. Lo agarro para esto, lo agarro para el otro. Eso es algo bueno, no? Pero algunas lo sacan, *algunas*, no

todas. Estoy halando de dos o tres o no sé cuantas personas porque si ha pasado para salir de sus enfermedades. Porque yo también pude pedir dinero para mis enfermedades, para mis gastos. Pero esa que saca el préstamo nada mas para hacer maldad. Porque sé quien fue y todo, no? Y sé quien hizo y cuantas participaron. Tres personas participaron. Uno se tuvo que ir de aquí, porque era mucho su deuda. Porque pago para que me lo hicieran. La otra está sola, no tiene su esposo aquí. Pero ya no le manda suficiente dinero. Por que? Porque a veces no alcanza. Pero nunca sabe el esposo por que no alcanza el dinero. A veces dice, "Ay, por los gastos de los niños." Eso es mentira. Es porque a veces no hace las cosas bien. Y pues la otra por maldad. Pero te digo es muy difícil aquí a comprender a la gente. Es mejor estar a una buena distancia de la gente. Si tratar a la gente, hablar y todo, pero tener sus barraditas por allí.

Some people, even though they don't have money, they get loans. Because the money paid for all this. One gets a loan of 10,000, of 15, I don't know how much to be able to, umm, to do what one has to do. But what happens after? When they realize, that is, her husband, that she does these things. He realizes and doesn't send her money and these things. Then what happens? She says, "I'm in debt. I don't know what to do." Because they get in debt and then later they don't have [money] to pay and what do they do? They have to go to work to be able to pay the debt just for doing bad things (maldades)...like in my case. I ask for loans, but I ask for them for my house, for my debts, for what I have to do. Or to see if I can sell something, but well sometimes I say, if I sell something, and here there are people that you sell to, Mari, and they don't pay you. They don't pay you. And you go into debt and you don't see your money because they don't pay it to you. Well, better you say, I'll use it to stucco [the house]. I'll use it for this, I'll use it for that. That is something good, no? But some take [loans] out, *some*, not all. I am thinking of two or three or I don't know how many people because, yes it has happened so that they can cure their illnesses. Because I also could ask for money for my illnesses, for my expenses. But that one that takes out a loan only to do bad things [maldad]. Because I know who it was and everything, no? And I know who did it and how many participated. Three people participated. One had to leave here because her debt was a lot. Because she paid so that they would do it [the bad things] to me. The other is alone. Her husband is not here. But now he doesn't send her enough money. Why? Because sometimes [the money] isn't enough. But her husband never knows why the money isn't enough. Sometimes she says, "Oh, it's for the children's expenses." That is a lie. It is because sometimes she doesn't do

things well. And, well, the other because of the bad thing [maldad]. But I tell you it's very difficult to understand the people here. It's better to keep a good distance from the people. Yes, treating people well, talking and everything, but having your little barriers over there.

Adriana went on to explain that this woman, her sister-in-law, paid a *brujo* to make black magic to put in food that Adriana later ate, not knowing that the food had been poisoned. She said that she should have known there was something wrong with the food because her sister-in-law insisted so forcefully that she eat it. She followed her home with the food and asked her several times if she was enjoying it. Adriana ate it only once at her mother-in-law's house, where it was first served to her. She couldn't eat any more of it because she didn't like the way that it smelled. She said that she tried to feed it to her dogs, but even they wouldn't eat it. It was then that she knew something was wrong. She became ill soon after that and was trying to cure the illness with the help of curanderos who were visiting from Mexico City when I left the field.

Why did her sister-in-law and two other women (her stepmother and stepsister) make her ill? Adriana's answer was jealousy. Her stepmother and stepsister did not want Adriana to receive any financial or other assistance from her adopted father because they wanted all those resources for themselves. Her sister-in-law was jealous because Adriana had a close relationship with her husband even though he went back and forth to the United States. Her sister-in-law's husband, on the other hand, had a child with another woman in the community and sent some of the money he made in the United States to her instead of sending it all to Adriana's sister-in-law. From Adriana's perspective, jealousy concerning both financial resources and relationships caused her to suffer a severe and potentially life-threatening illness.

Similarly, Sara has difficulty dealing with the jealousy that her husband feels about her relationships with other people. As a result of that jealousy, he always keeps a close eye on her and what she does. He doesn't like for her to leave the house very much. When he sends her on an errand, he expects her to be back quickly. He feels that her sister is a negative influence on her because she goes to parties and is out of the house quite a lot. Therefore, he doesn't like for Sara to spend much time with her sister. It was worse, Sara told me, when her husband was in the United States. She was even less free to move around in the community. She said that he kept tabs on her through other people, but she didn't know who was reporting to him. She joked about not knowing who he paid to keep an eye on her, but it was a joke with a heavy feeling of truth in it. Sara doesn't like not being able to leave the house. This situation, she told me, is one of the hardest things for her to deal with in her marriage.

Although Sara did not directly connect her health issues with her lack of mobility, she did have health issues and often spoke about feeling alone in the house. Her husband, when not working in the United States, had a tire and window shop less than one block from the house, but he was often farther away either buying supplies or working at a house in the community. Her two children were in school (although the older one dropped out of secondary school during the course of my research to work full time with his father.) After school, both assisted their father with his work. Sara had a recurring kidney problem that at times left her unable to leave her bed because of pain and nausea.

Being alone in the house meant that if she became ill, no one would be there to help her. She could not leave the house, even if she was feeling ill, without notifying her husband because he expected her to be in the house should he need her. He also wanted to make sure she was not with her sister. Sara worried about becoming sick without anyone else being aware and was grateful to me when I came to visit because she was not alone during these times.

The dissolution of social support is also more indirectly related to migration in some cases. Ximena lives across the street from one of the largest houses in Los Cañales. It is well known in the community that this is the house of very successful migrants. However, Ximena explained to me that these migrants, even though they have extensive resources that they could use to help poorer people like her out, do not do so. They instead separate themselves from the community and refuse to help anyone. I should note that this story about these migrants could certainly have been aimed at me in a way. People also saw me as a person with extensive resources who was developing relationships in the community and who should perhaps at some point feel obligated to help out financially. Whether or not it was aimed at me, the story reveals the ways in which migration may undermine social support in a community like Los Cañales. Migrant households may be seen as households with significantly more resources than non-migrant households. In some cases, they are. In other cases, they may be in the sense of having more possessions or a more well-built house, but not in the sense of having more cash. The tensions between migrant and non-migrant households also strain networks of social support.

You Can't Trust Anyone: Dysfunctional Relationships or Structural Violence?

In addition to the sense of jealousy that women discussed, there was also a sense of distrust. In many interviews women asked for repeated assurance that I would not talk with anyone else about their specific cases, that I would not tell anyone else what they had said. I did assure them that I would not speak with anyone else about the interview and that their names would not be attached to my notes. Many of the women I interviewed said that they did not trust other people in the community. They feared that if others found out about certain aspects of their lives they would spread rumors about them. These rumors could destroy the already fragile networks of support discussed above. They could also break up marriages, particularly by bringing a mother-in-law in between her son and his wife if she heard negative things about the wife. Many women told me that they did not have friends outside of their own mothers and sisters because they could not trust other women. This sense of distrust was pervasive.

It should be made clear that distrust is not understood here in a “culture of poverty” sense. Rather, as discussed above, distrust arises out of a particular political-economic context in which resources are stretched thin. It is difficult to “trust” a network of social support to provide resources that are essential to survival when few such resources are available. These relationships are not merely individual or personal relationships. They are structured by larger relations of power that limit people’s ability to navigate networks and engage in the “patchworking” strategies discussed above.

For example, throughout the period of my research, water was a recurring issue. Most of the town has access to piped water either just outside the house and/or in the bathroom. Some additionally have pipes to bring water into the kitchen. However, having

the pipes does not always mean having water. Although perspectives on the issue varied from person to person, the general sense was that water was scarce because some people did not pay their water bills. The organization in charge of maintaining the water system charges 50 pesos per year to each household in the community. The money is supposed to be used for maintenance and improvement of the system. However, water is not cut off from individual households if the bill is not paid. Instead, it is cut off from the entire community. People gave various reasons for not paying the bill including that they did not have the money, that they did not trust the organization to manage the money well, and that it did not matter whether they paid their bill or not because other people would not be paying theirs and water would be cut off anyway.

At various points during my research, announcements were made over the community loudspeaker pleading for everyone to pay their water bill so that workers could be paid to fix the system. Almost daily, I heard neighbors shout to each other that the water had gone out again. If women did not have wells themselves, they often had a neighbor who allowed them to get water from her well. Although there was some sense of support in that people shared access to wells and communicated with each other about the presence or absence of water in the pipes, the bills were not paid because of a lack of trust with respect to the organization that managed the water or other community members (or both). Most of the members of the organization were also members of the community. Therefore, this lack of trust that money would be managed well and/or that other people would pay their bills is also part of the lack of support in the community. This is not to say that people did not have very good reasons not to pay their bills. When money is scarce, paying a water bill that may or may not bring sufficient water to the household is often not a feasible or practical option.

To understand the generation of distrust and jealousy in the community, it is important to recognize that access to resources is often structured by institutions outside of social networks – institutions such as the water company, the sugar cane industry, or transnational migration. These institutions, as parts of state and global processes, act in different ways to limit the resources available in social networks. As states privatize land and industry, as is the case with sugar cane agriculture, the poor farmers who provide the essential labor are devalued. The result is little or no pay for their work. Some begin with more resources than others, which may allow them to seek other options like transnational migration for income. Remittances become key resources for households, but they also increase socioeconomic differences in communities. If González de la Rocha is correct that recent shifts in the global political economy have caused poor households to move from the “resources of poverty” to a “poverty of resources,” it is understandable that people try to make sense of this destabilization in terms of their relationships. When resources are unavailable, one can no longer rely on social networks to sustain survival.

“Help” Does Not Mean Support

I noticed in my observations of women’s daily lives that they often did not do everything completely alone, although the daily housework was mainly the responsibility of women by themselves or with their daughters. For example, one day when I came to visit, Sara was ill. She was, in fact, lying in bed, something I had never seen her do in the middle of the day even though she had been ill before. Her mother-in-law explained to

me that her recurring kidney problem had flared up again, and Sara was unable to get out of bed because of the pain and nausea she was feeling. For that reason, Sara's mother-in-law was at the house making lunch for Sara's husband and two children. She was generally tending to the house and to Sara while Sara's husband worked in his shop a block from the house and the children were in school.

In another instance, Sara had to take her younger son to the municipal center in order to receive the scholarship he had won for his education. Several other mothers also had children who had received scholarships; so four women, including Sara, all went together. The process of receiving the financial assistance was not simple. The municipal president had scheduled a "state of the municipality" speech just before parents could receive scholarships with their children. Sara and her friends were convinced that he had scheduled the speech at that time because he wanted the media to film large groups of people watching his speech. As parents and children from all over the municipality would be waiting to receive the scholarships, he could be assured a large crowd. As Sara and her friends were waiting for the speech to end, it began to rain torrentially and continued to do so on and off throughout the afternoon. They had to wait for hours to receive the scholarships. Because there were four women, they were able to take turns watching the children so that one could get food, go to the bathroom, or check to see if the scholarships were being handed out yet. As Sara noted, without her friends, the trip would have been miserable. Additionally, when Sara arrived home at six that evening, her mother had dinner waiting for all of them.

Yet Sara, like the other women discussed in this chapter, told me repeatedly that no one helped her. In my frequent visits to Sara's house, she often was alone and certainly did not have regular assistance with daily household activities. Additionally, she often spoke to me of the tense relationship she had with her mother-in-law, who came to help out when she was sick. For example, Sara hosted a meeting at her house at the end of my research for the women who participated in the research. I had brought small gifts (small bottles of hand lotion, body cream, and shampoos) to thank everyone for their participation, and we had a meal together. I had a few extra gifts, which I offered to Sara and her mother-in-law since they had made the meal we had all eaten. Sara left the house for a few minutes. When she returned, her mother-in-law had divided the few extra gifts into two piles. Sara told me after she left that she had kept the best gifts for herself and that she probably intended to sell them. She suggested that her mother-in-law had only helped with the meal because she hoped to get something out of it. She said that her mother-in-law is "like that." In a tense relationship such as the one between Sara and her mother-in-law, the assistance Sara receives from her may be tempered with long-term negative feelings and concerns about *why* her mother-in-law is helping.

On a daily basis, women shoulder a heavy burden of labor alone. They perform daily household tasks and participate in formal or informal labor. They "work" on social networks, navigating the paucity of resources and resulting tensions. Women did receive help in various ways, however. This help often arrived when a special situation arose – an illness, a *quinciñera*, visits from family who do not live in the community, or an errand that many women had to complete at the same time. These observations could be understood as incongruent with women's notions that "nadie me ayuda." I interpret the incongruence between women's stories and what I saw in the field, however, as an expression of the "poverty of resources" that González de la Rocha describes. Help with

a particular project or crisis is not equivalent to sustained support or a reliable network of social support. Saddled with the burdens of an intensified triple day, women also faced the destabilization of their expectations of resources through these networks. The loss of such a resource can be explained by shifts in the global political economy that have undermined household survival strategies and caused increasing marginalization of those who were already poor.

Conclusion

Examining the lives of the women presented in this chapter through an intersectionality framework allows one to see the complexities of dimensions of power. Several particular insights here contribute to an understanding of the multiple ways in which power operates at the intersections of gender, class, and nationality. First, in comparing Harieta and Adriana's experiences in the formal labor sector, it is possible to see the ways in which differentiation in class process transforms gendered relationships of power within the household. Harieta's relative privilege due to her higher paying, more stable formal sector employment relieves her of some of the responsibilities of housework and care work. It also shifts her position in terms of gendered relations of power with her husband who does not, as Adriana's husband does, pressure her to leave her job.

It is also possible to think through the ways that gendered relationships of power may transform class process. Adriana's formal sector work, although poorly paid and unstable, contributed significantly to household resources. This contribution was not enough to move the household out of poverty, but it did relieve some worry about being able to put food on the table each day. The difference between being able to eat a complete meal and having to go without is not insignificant in terms of class differentiation. In Adriana's case, however, gendered relationships of power within the household ultimately resulted in Adriana leaving her job and the household income being reduced significantly enough to heavily impact the availability of food.

The examination of networks of social support through an intersectional framework brings to the fore the structures and institutions that shape women's lives and access to resources. In this chapter the construction of distrust and denial of the existence of assistance highlight the workings of institutions in women's lives. This distrust and denial are not somehow inherent to women. Rather, they are produced in a particular context of diminished resources and potentially corrupt politics. Networks of social support are constituted and reconstituted in the context of neoliberal economic policies that have contributed to increasing poverty, transnational migration, constraints on municipal budgets, and unequal relationships of power in the municipality. This is not to say that women's actions, thoughts, and lives are determined by these institutions. Another insight that the intersectionality framework brings to light is that women do continue to successfully navigate the "poverty of resources." They do not all have the same capacity to do so, but they all draw on the resources to which they have access. They take or create jobs for themselves. They accept and encourage assistance from family members and friends. They resist going completely to the bottom by *not* performing household responsibilities at times. In other words, the structures and institutions that shape women's complex lives – their triple day – do not completely determine them.

The insights gained through using an intersectionality framework to analyze women's triple day provides the context for the next chapter, which elaborates on women's reproductive labor responsibilities by focusing on the reconfiguration of care work in light of transnational migration and an increasing "poverty of resources." As with their other labor, care work is intensified in the context of diminishing household resources and underfunding of public services. Yet, as in this chapter, women find ways to navigate the complexities of their lives to survive and at times enjoy their lives.

Chapter Five: The Gendering of Care Work: Women's Reproductive Labor and the Consequences of Care

Introduction

Care work constitutes a major part of women's reproductive labor in most of the world. Women frequently have the primary responsibility for care even when not living in situations of poverty (Folbre 2001). For poor women, however, care work has particular consequences. In the neoliberal context, debt crises are frequently addressed through structural adjustment programs that reduce funding for government social programs upon which poor women often rely. The ideology of individual responsibility that pervades the logic of such strategies contributes both to the undermining of social supports for care work and to the devaluation of care work itself (Folbre 2001).

Care is an essential part of human life (Tronto 1993). All people, at some point, have been and will be dependent upon the care of another person. When analyzing care work, the point is not to problematize the act of caring itself (Bubeck 2002). Rather it is to unmask the naturalization of care as *women's work*, particularly the work of women who are marginalized by race, class, and nationality (Feder and Kittay 2002) and to examine care work as a site of social reproduction of the labor force and the basis for maintenance of social and economic institutions (Litt and Zimmerman 2003). By using an intersectionality framework to situate care work within the context of structural violence, it is possible to de-naturalize care work and bring to light the uneven consequences of such work.

In this chapter, I describe the ways in which care work is intensified for women. I focus in particular on women whose families include current or recently returned migrants. However, women's situations often changed during the course of the research. Some migrants returned home, and others decided to begin the process of migration. The situations described here are representative of the lives of many of the women in this research who had migrant family members (42 women of the total 72 in the sample). I divide this chapter into two sections in order to elucidate two processes of care work intensification. The first focuses on women with migrant husbands who feel that they effectively become both mother and father. The second focuses on grandmothers who care for grandchildren when their own children migrate.

Tengo Que Ser Mamá y Papá: I Have To Be Both Mother and Father

One of the first responses that women gave when I asked them about how their lives had changed since the migration of their husbands was: "tengo que ser mamá y papá." Women who are single parents and sole household heads often use this phrase to describe their roles and responsibilities as caregivers. The case for the women in this research is very different than that of single parents. Many of the women I interviewed had husbands who contributed economically to the household, but were not present for other household caregiving responsibilities. While women felt a sense of relief due to the remittances sent by their husbands, many also felt that these remittances were unreliable. Therefore, although they did have economic resources that are unavailable to single mothers, they couldn't depend on these resources to come at regular intervals or in regular amounts. Women must always be prepared to fill in the gaps if remittances do not arrive at the expected time or are less than was expected.

Given women's continued connections with and reliance on their husbands, they are members of transnational families – families that are spatially and temporally separated, particularly in the context of global capitalism and labor migration (Hondagneu-Sotelo and Avila 1997). These households could also be considered “women-maintained” households in the sense that women are the de facto heads of household in terms of daily decision-making and household maintenance, including contributing to the household budget through (usually informal) waged labor (Chant 1997).¹ The women in my research pointed out that making decisions and maintaining the household was difficult due to limited economic resources. They often couched these discussions within a discussion about their ability to mother.

When I asked women to explain what it means to be both mother and father, they explained that usually fathers discipline and protect while mothers nurture and support. To be both mother *and* father signifies additional responsibilities to which women have difficulty adjusting and which undermine their ability to mother (in their own perceptions of what mothering means). In this section, I focus on four themes through which I discuss the ways in which women's social positioning as mothers in women-maintained, transnational households affects their health and well being.

I first focus on women's sense of physical vulnerability as they are forced to provide protection for themselves and their families. Next, I discuss the economic stability (or instability) that emerges from remittances. Some women feel relief because the remittances allow them to provide for their families. Other women sense the instability of those remittances because husbands report a lack of work and because women often worry that their husbands will marry someone in the United States. Finally, I discuss the motivation that many women described for enduring the daily consequences of living in a transnational household – the desire for their children to get ahead, to have what their parents did not have.

Protection and Vulnerability

It is rare to see a woman walking alone in the community unless it is a short trip of a few blocks or less. Women are either accompanied by other women or by their children. If the husband is present, he may also accompany her. Women's vulnerability exists whether or not men migrate, but men's absence from the community increases that vulnerability in several ways. Women with migrant husbands do not have immediate access to protection in a situation of assault either on their bodies or on their homes. They understand themselves to be viewed as “available” sexually if they step outside the bounds of respected activities, such as by moving about the community alone at night. They also understand their households to be labeled as “wealthy” because they receive remittances. A wealthy household is much more likely to be subject to robbery.

¹ It has been argued that the notion of “women-maintained” households is problematic because it masks the multiple ways in which households may be “maintained.” The notion of a single household head – whether male or female – disguises the complex social and kin networks that may contribute to household maintenance (Varley 1996). In this research, I understand household maintenance to include both economic contributions and daily reproductive labor. The women discussed here shoulder the primary responsibility for daily reproductive labor. They are also responsible for administering the household budget, whether or not they make significant economic contributions to it.

For example, Mónica's husband had only recently left for the United States when I interviewed her. We sat at her new kitchen table in her half-finished house, which her husband had left in order to complete. Mónica's two young children watched TV as we discussed how her life has changed since her husband left. She said that she had trouble sleeping at night because her house was not finished. She felt vulnerable, exposed, and unable to protect her children from whoever might attempt to take advantage of her situation. She told me a story of how one night, she was sleeping in the kitchen of her house with her sister and their children because the second floor of the house was not completed. She heard a noise at the gate, a banging that sounded like someone was trying to get in. Mónica was terrified. She gathered her children close to her on the mattress she had placed on the kitchen floor and just waited for the sound to stop. She never found out who it was or what the person wanted, but after that experience she slept less soundly. If her husband were there, she would not have to worry about anyone trying to break in. She could sleep and leave the responsibility of protection to him.

This feeling of vulnerability was echoed by other women. Dareli, for example, commented that at night she feels "intranquilidad" (restlessness). She explained, "Estoy con la preocupación que alguien se pueda meter, es una responsabilidad con mis hijos, y estando el le toca a él. Yo soy la de adelante." (I have the worry that someone could get into the house, it's a responsibility with my children, and when he is here, it is his [responsibility]. I am the one that is out front.) Petra similarly explained her feeling of vulnerability. She would wake up during the night hearing something and think that someone was trying to get into the house. Without her husband there, "no es lo mismo. Corremos peligro." (It isn't the same. We run a risk [we are in danger].) With their husbands gone, they were marked as households with valuable material possessions and cash (because many women do not have bank accounts), and therefore households that would be targeted for robbery. Although I did not collect official reports of theft, women often gave informal reports of robbery in nearby households in my interviews with them.

Additionally, women themselves were marked as unprotected and therefore the targets of sexual assault. Informal conversations with women further revealed their fears in being vulnerable. I often heard stories about women being picked up by passing men in trucks and raped. I was warned to never walk near the sugar cane fields by myself, particularly not after dark because groups of young men would gather there to use drugs. The implication was that I was also vulnerable to attack by these men, particularly because I was in the community without my husband as many other women were. Without the sense of protection from their husbands, women had to protect themselves and their children. However, they sometimes felt that they were unable to fully do so. Feelings of vulnerability caused lack of sleep, limitations in mobility, and fear, all of which were detrimental to women's general well-being.

Economic Stability and Instability

As mentioned above, the remittances that men sent were an essential economic resource for women. However, remittances are not necessarily stable. While women often recognized that remittances were the only way that they were able to build their houses or continue their children's education (as is further discussed below), they were fearful both that the stream of resources would dry up and of what diminished resources from their husbands would signify. This fear compounded an already precarious economic situation

dependent upon the receipt of remittances from husbands. However, remittances were not completely reliable. Women often told me that when the weather was cold or rainy in the United States, their husbands' hours were cut, and they were able to send little if any money that month even though they typically sent regular remittances. Women additionally worried that their husbands would enter another relationship while in the United States and divert resources to a new family, leaving their wives to assume full responsibility for household income. They also constantly feared the deportation of their husbands, which would dry up their main source of income. To explain the importance of remittances in relieving some of women's care work burdens, I turn to Kari's story because she had to manage for many years without remittances from her absent husband.

Kari's husband works in a Mexican city near the U.S.-Mexico border. His reasons for leaving the community are somewhat different from those of others with whom I spoke. Kari's husband was a member of the judicial police and was somehow involved in activity that landed him in prison for 10 years. Neither Kari nor anyone else spoke in more specific terms about the context of this prison sentence. No one discussed exactly what the activity was or whether Kari's husband was guilty of a crime or not. Kari only revealed the following:

Kari: y después de los once[años que trabajó en la policía], este, tuvo un problema con todo... o sea, todo el grupo por decir así. Tuvo un problema y cayó en la cárcel. Se los llevaron a la cárcel a todos...

Mary Alice: ¿a todos?

Kari: A todos, sí. Con el coordinador, él como comandante, porque era según primer comandante, según. Y todos cayeron ahí. Y de ese entonces que llego... estuvo ahí... desde que entro ahí, demoró diez años adentro. Sí.

Kari: and after the 11 [years that he worked in the police], umm, he had a problem with all... that is to say, the whole group, you could say. He had a problem and landed in prison. They took all of them to prison...

Mary Alice: All of them?

Kari: All of them, yes. With the coordinator, the like commander, because he was supposedly the first commander, supposedly. And they all landed there. And because of that, then he arrived...he was there...since he entered there, he stayed 10 years inside. Yes.

For the 10 years that her husband was in prison, Kari managed the household and cared for the children. When he was released from prison, he left to work in a Mexican border city. He could no longer work near the community due to the issue that arose during his time with the judicial police. Therefore, Kari has dealt with two different kinds of absences/migrations – one forced by law (when her husband was sent to prison) and the other forced by social circumstances (when her husband could not return to the

community due to the stigma associated with his incarceration). Here I discuss both of these absences.

Kari lives with two of her children (a son aged 15 and a daughter aged 10). She also has two older children who no longer live in the household. Her husband was able to buy some land during the time he worked with the judicial police. When he went to prison, Kari's brother became administrator of the land. Kari did have some income from the sugar cane and corn that they grow on the land, but Kari says that it is not enough even to eat. When Kari's husband was in prison, life was difficult for her. She and her children could only visit him once a year because of limited economic resources. The prison was several hours away from the community, and bus tickets for 5 people were prohibitively expensive. Kari had to take care of everything herself. Although she did have some economic assistance from the government due to the fact that her husband was in prison, she had to sell many different items such as food and clothing to make ends meet. She would rotate the kinds of items that she sold depending on the demand that existed at a particular time.

De los diez años me dediqué a vender tamales, bueno aprendí ¿no? Mejor dicho, aprendí a hacer dulces. Después pasó el tiempo ya me aburrí de los dulces, aprendí a hacer tamales. Después de los tamales hice... pues aprende uno ya la vida más diferente. Me puse a vender ropa, cortinas, juegos de sábanas, luego dejé el tiempo porque pues no siempre está uno con el mismo producto ¿no? Me puse a vender...perfumes...avon también una temporada, pero pues también eso no me dejaba tampoco porque casi trabajaba más para la empresa que para mí...Sí, porque no deja, o sea, prácticamente vi, como ya había manejado yo otros recursos, como que ya eso lo vi que no, pues no, para mí no era ganancia. Entonces ya ahí donde me metí a vender, este, plásticos, trabajaba lo propio ¿no? Lo mío, poquito... no una inversión grande, poquita ¿no? Modestamente para que me fuera dejando para comer para mis hijos. Porque tenía yo ¿Qué? Dos. Dos muchachas en la secundaria. Después ingresaron al TEBA y otro en primaria y otro niño en el kínder. Si fue muy... mi vida bastante difícil. Demasiado dura y pues a veces difícil y dura.

Starting in those 10 years, I dedicated myself to selling tamales, well, I learned, right? Better said, I learned to make sweets (candies). Then time passed and I got bored selling sweets, I learned to make tamales. After the tamales I did...well one learns a different life. I set myself to selling clothes, curtains, sets of sheets, then, I left that for a time because well, ones isn't always selling the same product, right? I set myself to selling...perfumes...Avon also for a while, but well, that didn't leave me with anything because I almost was working more for the company than for me. Yes, because it doesn't leave, that is to say, practically I say, like I was having to handle other resources, like that already I say that it didn't, well, for me it wasn't earning. Then from there I started to sell, umm, plastics, I was working for myself, right? For myself, a little bit...it wasn't a big investment, a little one, right? Modestly so that I could go about being able to feed my kids. Because I had, what? Two. Two daughters in secondary school. Then they went to high school, and the other one in primary school, and the other

one in kindergarten. It was very...my life was very difficult. Too hard and, well, sometimes difficult and hard.

She was working when her children were very young, the youngest of them born just at the time that her husband went to prison. Food cost more for the younger children because although she was breastfeeding, she also had to buy milk and special food for her youngest child. She managed to make ends meet by selling a variety of products, changing them when they stopped making money or when she felt that the company she was working for was not leaving her any earnings.

Now, she remains the sole caregiver in her household, but for a different reason. Her husband was released from prison and works in a Mexican border city. However, she does not see much difference between the two situations. She said, “pues casi viene siendo igual, en el sentido de que estoy con mis hijos. Es lo mismo ¿no? Por lo mismo, porque... ¿Cómo explicarte? Pues sí, porque me es lo mismo, me sigo quedando sola.” (Well, it is almost the same, in the sense that I am with my children. It’s the same, right? For the same reason, because...how do I explain it to you? Well, yes, because it is the same for me, I am still alone.) The main responsibility that Kari has had since her husband left the first time is caregiving. Her children have been central to her daily life regardless of why her husband was absent from the house. However, the economic situation has improved since her husband was released from prison because he is now able to work in a factory and send money to the family.

De que [m]‘amá yo... de que siguen todavía ellos conmigo ¿no? No que este su papá que digan: papá esto, papá lo otro ¿no? Sigo estando, claro, ahí. Aunque en lo económico no, porque pues ya él da el dinero ¿no? Ya es diferente ¿no? En lo económico no, pero podría decirse que...¿en qué?...que en el...¿ay cómo se lo diría? ¿Cómo se diría?...Pues casi es la misma responsabilidad igual; ante mis hijos, es la misma responsabilidad, aunque ya en lo económico no tanto pero, sí ¿no? Al estar sola sigo siendo lo mismo, por decirle así.

So it’s that Mom, I...that they still follow me, right? Not that their Dad is there so that they say: Dad, this; Dad, that, right? I am still there, of course. Even though economically I’m not because now he gives the money, right? Now it’s different, right? Economically no, but you could say that...in what?...in the...oh, how can I say it? How would one say it?...Well, it’s almost the same responsibility; to my kids, it’s the same responsibility, even though now economically not so much, but yes, right? Being alone, I am still the same, to tell you that way.

Kari recognizes that her responsibilities have changed in terms of providing for the family economically, but her conception of taking care of her children remains the same. She doesn’t have to sell products anymore. However, she is still alone. She still has the responsibility for her children.

On the other hand, some women experience the withdrawal of resources from husbands, which changes their perspectives on caregiving. No longer can women rely even partially on remittances even when they were able to at an earlier time. This was the case for Teresa. Teresa reports that her husband used to send money to her, and it was

with that money that they built their house. Those remittances provided her with a stability that she had not experienced before. However, he has recently stopped sending much money. He told Teresa that it was because he doesn't have work right now, but Teresa suspects that he has gotten married to another woman in the United States.

Since her husband no longer sent money very often or in very large amounts, Teresa was left to try to make enough money for her family by herself. She has been sewing and selling clothes for a year and a half to generate income, since remittances have stopped coming from her husband. However, this business was difficult. Clothing sales in the community are often on credit. Clients pay little by little when they have some extra money. However, the clothing vendor has to continue to buy clothes whether clients have fully paid or not. As Teresa mentioned, the money that she makes selling the clothes has to be saved to buy more clothes. There is not much left over for her family. Therefore, Teresa has moved from one unreliable source of income (remittances) to another (her clothing sales). The difference here is that she now feels this responsibility alone since her husband has stopped sending money.

Remittances, then, do not have one clear effect on women's care work. In some ways, remittances allow women to provide food, shelter, clothing, and other necessities to their household. On the other hand, remittances are unreliable, and some women do not change their understanding of shouldering a difficult caregiving burden, as Kari demonstrated. Remittances could additionally cease at any moment, increasing women's burdens of care and further contributing to the strains of a triple day, as was the case with Teresa. This instability of remittances is part of a larger process of militarization of the U.S.-Mexico border (discussed in Chapter 6) through which women's well being is affected negatively. What women hope to achieve through their labor and through the effective utilization of remittances is an end to their movement towards the bottom, or at least a way out of such a journey for their children.

Para Que Salgan Adelante: Giving Children More Than They Had

Many women expressed concerns that their children live better lives than they had lived, whether that meant a bathroom inside the house with a flushing toilet, good food, or, most often, an education. This idea of "getting ahead" (becoming prosperous and achieving upward class mobility) emerged in almost every conversation I had with women about their children. Migration was perceived as one of the only, if not the only, way of providing this better life. Women thought ahead to the future lives of their children, imagining ones in which they would not have to suffer transnational lives by either becoming single mothers while husbands traveled to the United States or by being migrants themselves because of lack of work at home.

This notion of getting ahead, of having a better life, can be viewed through the lens of health and well being. Mothers are concerned both about the present material conditions of their children's lives that have an effect on their physical health, both now and in the future (for example, the ability to buy fruits, vegetables, and pasteurized milk for their children to consume) and on their more general well-being in the case of providing an education for children. Education is viewed as a route to a higher standard of living and a more secure income. Mothers do not want their children to have to worry about such issues as buying healthy food, building a solid house with a concrete (rather than dirt) floor, and going to the doctor when they or their own children become ill.

However, providing for their children often means neglect of their own health and well being.

For example, when I asked Hermelinda how she used remittances, she told me that she was using the income to finish her house. She said that was a very important thing. I asked her why it was important, and she responded,

Por el baño, por los niños. Porque ya no quiero que ellos anden echando en la tierra, como nosotros echábamos, que hacíamos un hoyito, lo tapábamos. O sea, son cosas que yo sufrí, y no quiero que ellos sufran. Por eso.

For the bathroom, for the children. Because I don't want them to go around going to the bathroom on the ground, like we did, that we would make a little hole and then we would cover it. That is to say, those are things I suffered, and I don't want them to suffer. That's why.

Without her own home, Hermelinda lives with her sister, a widow whose husband committed suicide, her sister's two teenaged children, and her own two young children. She and her sister also care for their aging parents who live several blocks away. Because Hermelinda chooses to invest a major portion of the remittances her husband sends in building the house, she cannot spend those resources in other ways, such as paying for assistance in the care of her mother and father or renting her own home. Therefore, Hermelinda spends much of her time doing care work. In fact, she told me she did not have time for anything else. Although in the future, her children may be better off than she was as a child, Hermelinda herself will likely continue to struggle with the burden of her care work.

Other women considered education to be an essential part of upward class mobility. When I asked Petra about the future and what she hoped for herself and her family, she said that she wanted her three children – two daughters and a son – to study at the university “para que tengan lo que yo no tuve.” (So they have what I didn't have.) She contrasted her own educational experience with that of her children. She went to school in flip-flops with a plastic bag to carry her books and supplies. Her children, in part because they have merit scholarships and Oportunidades, are able to go to school with good shoes and clothes. Similarly, Nayeli only attended school through the second year of primary school. Since she was very young, she started working in the house. However, she wants a different life for her children. “Para que ellos se defiendan,” she said, “van a la escuela.” (So they can defend themselves, they go to school.) In talking about her children being able to defend themselves, she is referring to a specific kind of power that comes with greater education. They will be able to read and write, and therefore not be misled due to their lack of ability to read documents or to write for themselves. They also will have wider job opportunities and not have to rely on either transnational migration or sugar cane production, neither of which provide a safe or stable source of income.

Zenia used a large portion of the remittances from her husband to send her oldest daughter to school in San Pedro, the municipal seat. She and her husband agreed that they would spend the money in this way because of their daughter's desire to “get ahead.” However, spending more money on education means spending less on other necessities, such as food. Zenia explains,

Pero pues la verdad, el dinero no nos alcanza. El dinero no te alcanza. Porque imagínate ahora como está todo, bien caro. Y pues, a esta, como yo le digo, si ustedes quieren seguir estudiando hay que apretarnos un poquito el estomago. Dice si, mamá. Bueno ella. Es la que quiere estudiar.

But the truth is, the money doesn't last. The money doesn't last you. Because imagine now how everything is, really expensive. And well, to her, how can I tell you, [as if speaking to her children] if you all want to continue studying, you have to squeeze your stomach a little bit. She says, yes mom. Well, she does [referring to oldest daughter]. She is the one who wants to study.

Education now means hope for a better future, but everyone in the household suffers from the lack of resources for a healthy diet. For Zenia, this was a continuation of a lifelong experience of limited resources. The hope for Zenia, her husband, and her children is that in the future, this education will ultimately provide the resources the family needs to be well. In this way, Zenia and other women justify their own self-exploitation through the hope for a healthy future. Grandmothers similarly expressed the desire for their grandchildren to prosper even though they struggled with caring for them.

“Estoy muy vieja para esto”: Grandmothers Becoming Mothers Again

“Estoy muy vieja para esto,” (I’m too old for this) said Patricia as she sat on the couch and looked around her house filled with four grandchildren who were crying, fighting, running, and yelling. The house is small and packed with gifts from Patricia’s daughter who is working in Ciudad Juárez² and her son who is working in the United States. The living room houses an entertainment center with a large TV, a DVD player, and a stereo; furniture including a small couch, two overstuffed chairs, a rocking chair, and a coffee table; and a motorcycle that Patricia recently bought with money that her son sent. The motorcycle sits in one corner of the room underneath a hammock that Patricia often uses to rock her youngest granddaughters to sleep. As the grandchildren loudly maneuvered through the living room and out the door, Patricia ran her hands down her face and sighed. She felt “acabada” – used up – but had no alternatives and little social support. Although Patricia experienced a significant increase in material possessions through gifts from her daughter and son, she, like other grandmothers in Los Cañales, also experienced an intensification of care work.

In spite of, or perhaps because of, this normalization of women as caregivers, grandmothers sometimes feel that they are inadequate to the task of mothering because they are too old or too ill to take care of children. Grandmothers also judge themselves against a notion of motherhood that they are unable to fulfill. Migrant mothers cannot fulfill it because of distance from their children. For grandmothers, it is fatigue, the potential for health crisis, and pain in particular that limited their abilities to take care of

² By the end of my research, Patricia’s daughter had returned to the community and was living in Patricia’s house helping to take care of Patricia (who had increasingly severe complications from her diabetes), Patricia’s younger daughter (who suffered from kidney failure and was on home dialysis), and all four of Patricia’s grandchildren – her own two daughters and her sister’s son and daughter.

their grandchildren. This tension draws energy away from grandmothers' self-care, whether that be through preparing their diet in the way the doctor recommends, attending appointments in the health clinic, or simply getting enough sleep at night.

However, grandmothers also resist the idea of being inadequate mothers in multiple, although partial, ways. They point out their poor health conditions as unavoidable limitations to mothering and refuse to blame themselves for their poor health. They point to fathers and grandfathers as passive participants in the construction of their inadequate mothering because they leave the care work to grandmothers and do not offer much, if any, assistance. This resistance to the notion that women should accept the consequences of care work, no matter what the cost, is only partial, and perhaps necessarily so, because in the end women do not have the power to shift the burden of care to someone else. The lack of economic resources grandmothers and their families experience leaves them little option but to send some family members away to work while others remain in the community to fill in for the absent laborers. Women's longstanding relationships with their husbands in which the women were the primary caregivers throughout their lives leaves little practical or strategic way for women to shift some of the responsibility onto their husbands.

With these limits to negotiation of care work burdens in mind, I next explain the three groups of women I will discuss in this section. The first is women whose general health is worsened in the context of caring for grandchildren. These women describe fatigue, generalized physical pain, and fear of worsening illness that they do not recall feeling when they raised their own children. This increased sense of poor health is not only due to the normal aging process, it is also due to the ways in which intensified burdens of care work exacerbate chronic health conditions. The second group of women I discuss are those whose chronic health conditions, such as diabetes, asthma, and depression, limit their ability to care for their grandchildren the way that they would like to. Conversely, their caregiving responsibilities limit their ability to care for their own health needs, leading to fear of worsening health conditions.

Finally, as a contrast to women who take on new roles of caregiving due to migration or within the context of migration, I turn to two stories of women whose relationships with their grandchildren were not related to or due to the migration of the parents. In telling these two stories, I show the differences between these women's lives and those previously discussed. In these two cases, grandmothers find joy and comfort in their grandchildren and do not provide primary care for them. Therefore, their discussions about their grandchildren are overwhelmingly positive and do not focus on the difficulties of caring for them.

Fatigue, Pain, and Fear of Illness: When Taking Care of Grandchildren is Not Like Taking Care of One's Own Children

Several grandmothers in my research spoke about the greater difficulties of raising grandchildren compared to raising their own children. They often connected their older age to these issues. Tamara, for example, spoke of having more energy to care for children when she was younger. Tamara is 44 years old. She has three children, one of whom sometimes lives at home. Tamara's oldest daughter moved several times during the course of my fieldwork. At first, she was living in her mother-in-law's house with her husband and new baby. Then, she and her husband migrated to Veracruz, leaving the

baby in Tamara's (and Ingrid's) care.³ When her husband left for the United States at the end of my fieldwork, Tamara's daughter returned to the community to live with her mother-in-law and resume primary care of her daughter. Tamara's other daughter lived in Veracruz with her husband and had a baby two months before the end of my fieldwork. The baby stayed in Veracruz with the parents, although Tamara frequently traveled to the city to assist in the childcare. Tamara's son, the youngest, was intermittently working in Veracruz and living in Tamara's house. He is unmarried and has no children.

At the time of our first interviews, Tamara's daughter and son-in-law lived in the city of Veracruz. Although they were within a day's trip from the community, they left their one-year-old daughter in the care of grandparents. Tamara shared responsibility for taking care of her granddaughter (with Ingrid). When her granddaughter stayed with her (which was generally several days each week), she had to wake up throughout the night to feed her, change her, or comfort her. Tamara didn't remember raising her own children being as difficult as raising her granddaughter had been. She had her two younger children one right after the other, and she was able to take care of them and have time to do everything. She talked with me about being in her twenties when her two daughters were young. She would carry one on her hip and have the other one clinging to her leg while she was cleaning up the house or preparing food. Yet she had the energy to carry them around with her as she completed all her housework for the day and the energy to play with them when she was finished working. She didn't have the same energy to take care of her one grandchild that she had before with her two older children. She felt very old.

Additionally, Tamara's husband had recently been unable to get out of bed. She told me that it was like he was paralyzed. This had happened before, and when his back went out, she had to help him do everything. When he was sick like this, she told me, he was like a child himself. He wanted her to be at his feet all the time, ready to help. The caregiving responsibilities she had for these two "children" made her feel fatigued. Her body hurt, and she had *nervios*.⁴ Tamara often expressed her difficulties in caretaking through talking about the pain she felt in her back and legs. For example, when I visited her, she would regularly tell me that she could not even pick up her granddaughter because her back was hurting so badly. Tamara was not relieved of caregiving when she was in pain, unlike her husband who, she said, could not even take care of himself when his back was hurting. In this example, which Tamara pointed out to me, one can see clearly the gendering of caregiving and the increased burdens placed on women as a result.

Jesica similarly deals with generalized pain that leaves her exhausted. However, like Tamara, she has limited options for relieving herself of the burden of childcare to take care of her own body. Jesica is 62 years old and lives in a part of the community that is newer and separated from the main center by cane fields. The walk into the main part of town is approximately one kilometer. She lives with her husband, her son (who is

³ Ingrid is Tamara's daughter's mother-in-law and will be discussed further below.

⁴ *Nervios* in this context is a chronic illness often characterized by anxiety, headaches, and high blood pressure (Davis and Low 1989) brought on by continual life stresses (see Baer et al. 2003). Low (1989) and others (Doyal 1995; Jenkins 1996) have argued that this idiom of distress expresses confrontation with social, political, and economic exploitation and violence.

deaf), and two of her grandchildren. Her husband has an unidentified illness that doctors have said seems to be a type of dementia. Her grandson has developmental disabilities. Jessica's two daughters have both migrated at one time or another. Both are currently in Veracruz, but one was in Canada working for several years. She would like to go back to Canada, an idea about which Jessica feels ambivalent.

Jessica tells me that she feels tired all the time because of the caregiving that she has to do and because she feels a lot of pain in one of her legs. When I ask her what things would be like if her daughters were here and not in Veracruz, she says that she would not work so much. However, she would also not have the economic resources that she has now. Her daughters send her money for things like her refrigerator and her husband's medical bills. For this reason Jessica cannot say with clarity whether she wants her children to come back to the community or not.

Jessica's health issues are intertwined with her extensive caregiving. She has experienced the pain in her leg for more than 30 years and although it is reduced now with treatment from herbalists and medicine from the IMSS clinic, when she works a lot the pain returns. However, she cannot rest.

Jessica: bueno, antes si me dolía bastante porque yo no podía caminar, era un piquete un sufrimiento...yo hacía mis quehaceres ya porque ni modo, pues quien esperaba yo?...y así este muchos años crecieron mis hijos y yo enferma

Mary Alice: entonces cuantos años tiene con eso?

Jessica: Uh, ya de eso tiene como más de 30 años...

Jessica: Well, before, yes, it hurt quite a lot because I couldn't walk. It was a sting, a suffering...I did my daily chores because it doesn't matter, well, who was I waiting for?...and, like that many years I raised my children and I was sick...

Mary Alice: Then, how many years have you had that?

Jessica: Uh, I've had it like more than 30 years.

Jessica had no one to assist her in the daily work of care that she must engage in her household even though her adult son lived in the house with her, and her husband had never migrated. That her son or her husband could be of assistance was in many ways inconceivable, reflecting the normalization of this work as women's work. Jessica has multiple care responsibilities. In the case of her grandson, his mother is no longer living. Therefore Jessica has taken on a mothering role for the grandson. In addition, she is taking care of her granddaughter, whose mother is living in Veracruz. Her husband's dementia requires significant care, which has become Jessica's responsibility in their home. His symptoms as Jessica described them include incontinence, insomnia, confusion, and inability to communicate. Jessica is often kept awake at night trying to help him get to sleep or to keep him in the house. She has to frequently wash his clothes (without the help of a washing machine). She also has to assist him in getting dressed, eating, and

going to the bathroom. She tells me that even when she is in pain with her leg problem and is tired from taking care of her husband, she has to do all the housework every day and take care of her grandchildren. She doesn't have anyone else who can do that for her.

She has a particularly heavy burden in caring for her developmentally disabled grandson, who is not allowed to go to school. There are no special classrooms or special schools in town for children with developmental disabilities. He does, at 11 years old, work for part of the day cutting cane during harvest season, but he spends most of his days playing near the house. I lived in front of Jessica for part of my fieldwork and frequently heard her yelling out the door for her grandson to come home, for him to go buy her something, for him to help her in the house. During our interviews, he was a consistent presence, requesting food or entering into our conversation. An often exasperated Jessica would scold him harshly, punish him by making him stay in the house, or yell in general at him and at her granddaughter.

Jessica often commented to me that she was tired and that the pain in her leg was bothering her after a full day of work in the house. At moments during our interviews, Jessica's head would begin to nod as I took notes or as she was thinking about how to answer a question I had asked. She would stand up and busy herself with making food or washing dishes to wake herself up. Limping, she would continue to answer my questions as she moved slowly around the kitchen.

Ingrid was also a caregiver in spite of health issues that limit her ability to care. Her two sons were in the United States. Ingrid is 48 years old and lives in a house built by Habitat for Humanity. Although the house has only three rooms – two bedrooms and a kitchen – eight people live there. Ingrid's husband is a farmer, but does not have his own land. Therefore, he works intermittently on other people's land. Ingrid works as an auxiliary nurse and makes bread. Her 18-year-old daughter makes and sells piñatas. At the time of our interviews, she was the full-time caregiver for one granddaughter and a part-time caregiver for another. She shared the care of this second granddaughter with Tamara (discussed above). Ingrid had asthma and had had two heart attacks. She felt that she could not be alone in the house or alone with her young granddaughters (ages three years and six months) because of her fear that an emergency situation relating to her health could arise.

Ingrid lamented that she could not take care of her granddaughters the way that she would like to take care of them. Her poor health would not allow her to do everything she would like to do and placed burdens on others (her two daughters) in the household to assist her with the care. However, in her discussions of the ways that her poor health limited the care work she was able to perform, she did not talk about the ways in which the care work responsibilities she did maintain limited her ability to take care of herself. She did, however, argue that her son's migration had made it impossible to fulfill parenting duties that she saw as his responsibility. For example, when I asked Ingrid about the effects of her sons' migration, she pointed to her three-year-old granddaughter and said, "This child needs her father. She wants juice, milk, bread, candy. He needs to take care of her." Ingrid was the only woman I interviewed who directly placed responsibility on the child's father, rather than simply worrying about her inability to perform her increased caregiving responsibilities.

The analysis of Tamara, Jessica, and Ingrid's situations regarding their intensified care work after the migration of their children reveals the ways in which grandmothers

specifically struggle with this burden. They recognize that their older bodies cannot do what they could when they were younger and even argue that they should receive more assistance than they do. Their health issues, however, are not simply a manifestation of the aging process. As will be seen more specifically in the following section, grandmothers substitute care for themselves with care work for others.

Exacerbation of Chronic Illness through Intensive Burdens of Care

Other grandmothers experienced, perhaps more directly, the exacerbation of biomedical illnesses through the need to provide care to grandchildren when parents migrated out of the community. These grandmothers all deal with chronic illness such as diabetes and asthma. In the context of poor households where resources are limited and assistance is sporadic, grandmothers often have to make a choice between their own health needs and those of their grandchildren. For grandmothers, the choice appears to be obvious. In all cases, grandmothers prioritized the care needs of their grandchildren over their own health needs. This prioritization jeopardizes grandmothers' health. Grandmothers do recognize the injustice of the need to make such choices and, like the grandmothers discussed above, express such injustice through complaints about their own health and the lack of assistance they receive from other family members.

Alicia is 57 years old and lives in a house near the highway going out of town. She lives with her husband Alonso, one of her sons, and one of her granddaughters who is 12 years old. Her other son (the father of her granddaughter) is working in the United States. Another of this son's daughters was living for a short time with Alicia, but she got pregnant and decided to return to the United States to have the baby. Both granddaughters originally had gone to the United States with their parents. Due to the parents' fears that their children were being exposed to negative influences in the United States, however, they sent the children back to live with Alicia and her husband in Los Cañales. Although for many women this might mean an additional economic contribution to the household, at the time of my interviews, her son and his wife were unable to send any money at all to assist in the care of the granddaughter. The son was sick and unable to work. His wife was working, but it was only enough to pay their expenses in the United States. Therefore, Alicia and her husband were responsible for all the costs associated with raising their granddaughter.

Alicia and her husband struggle to earn sufficient resources for their household because her husband has problems with his knees that make it impossible for him to continue working as a bricklayer – a job he had done for much of his life. At the time of my interviews with Alicia, her husband was selling candy from a cart in front of the primary school. She contributes economically by selling chickens because they do not earn enough income with his work alone. She particularly has to find ways to bring in additional income during school vacations because at that time her husband cannot work at all.

The connection between Alicia's care for her granddaughter and her own health is perhaps more indirect than that of some of the other grandmothers because her granddaughter is older. However, the health effects are real. Alicia has severe diabetes. When I asked her about her illness, she said:

No tengo miedo a la muerte. ¿Sabe a que me tengo miedo? A dejar a mis hijos. Yo sé que ellos me quieren mucho, ¿no? Nos quieren...nos quieren

a los dos. Pero mas piensan en mi por esta enfermedad que tengo. El, no le digo que está bien de la salud. También está enfermo, pero va más, más lenta esa enfermedad. En mí, me siento que me va avanzando muy rápido. Y me dice la doctora que eso es que pienso mucho. Eso que pienso mucho y en eso tengo que cuidarme porque la enfermedad va avanzando. Ahorita ya bajé otros kilos, ahorita he de pesar como 49. Y llegué a pesar 53 y medio. Todavía hace poquito y ahorita peso como 49. Mire, todo lo que ya bajé...no lo puedo controlar, ya que me siento mal como que me agarra temblor, me da temblor. Si. Y es por la misma enfermedad esa del azúcar. Me ha dicho el doctor...

I am not afraid of death. Do you know what I am afraid of? Leaving my children. I know they love me a lot, right? They love us... they love both of us. But they think more about me because of this illness that I have. Him, I can't tell you that he is in good health. He is also sick, but it goes more, more slowly, that illness. In me, I feel like it is advancing very quickly. And the doctor tells me that that is because I think a lot. It's that I think a lot and in that I have to take care of myself because the illness is advancing. Recently I lost more kilos, now I probably weigh about 49 (about 108 pounds). And I did get to weighing 53 and a half (about 118 pounds). That wasn't very long ago and right now I weigh about 49. Look, all that I have lost...I can't control it. I already feel badly, like trembling grabs me, it makes me tremble. Yes. And it's because of the same illness, sugar, the doctor has told me...

In this context, she is also worried about providing for her family, including her granddaughter. Her sons are unable to send her money currently due to their illnesses and difficulty finding work in the United States. They leave Alicia and her husband with the burden of feeding themselves and providing education, food, clothing, and health care for their granddaughter. When her granddaughter recently became ill with dengue fever, Alicia was even more concerned with their economic situation. Dengue comes often with the rain and the increase in mosquitoes that grow in the stagnant water that remains. Also, with the rain come greater difficulties in selling the candy that is now the main source of income for the family. Fewer children are able to get to school when heavy rains partially wash out roads, and sometimes Alonso cannot get his cart out of the neighborhood where they live because of washed out roads.

Speaking of her advancing illness, we had the following conversation:

Mary Alice: Y está avanzando porque Ud. piensa mucho en...

Alicia: Si, pienso.

Mary Alice: ¿En que? ¿En sus hijos o ...?

Alicia: Sí, en mis hijos y ahorita este problema de que casi no hemos vendido. Como la semana pasada nada mas vendimos dos veces en la semana. ¿Verdad, Alonso? Porque llovió mucho. Llovió mucho. Se acuerda que feo la semana pasada, que frío... y aparte de eso llueve muy

feo allá donde el pasa. Y ahora aquí nos complica, ya no se puede así. Porque se hace un lodacero que no podía salir con su triciclo. Sí, no podía salir. Siquiera podía salir aquí y allá si todo eso es puro barro. Feo se pone allá en toda la salida y no íbamos a vender, nomás dos veces. Mas que ahorita esta semana un poquito...vendimos más. Y ahorita ya nos quedamos sin dinero, pero lo bueno es que a veces sacamos aquí en las tiendas... que nos fian a veces que el jabón o algo que necesite. Ya cuando ya vamos a vender ya pagamos, pero poquito. Porque, sé que, hasta donde me da mi sueldo pido, porque pa' que pueda yo pagar. ¿me entiende? ¿eh?

Mary Alice: And it is advancing because you think a lot about...

Alicia: Yes, I think.

Mary Alice: About what? About your children or...

Alicia: Yes, about my children and right now this problem that we have almost not gone to sell. Like last week we only sold two times during the week. Right, Alonso? Because it rained a lot. It rained a lot. You remember how bad it was last week, how cold... and apart from that it rains really badly where he crosses. And now here it gets complicated, one can't do it anymore like this. Because it gets really muddy and he couldn't get out with his tricycle. Yes, he couldn't get out. He couldn't even get out here, and there it is completely mud. It gets really bad there the whole way out and we didn't go sell, just twice. More, right now this week a little more, we sold more. And right now we are left without money, but the good thing is that sometimes we take out from here in the stores...they give us on credit sometimes soap or something that we might need. Then when we go to sell, we pay, but a little bit. Because, I know that, to where will they give me my salary I ask, because how can I pay? Do you understand? Eh?

Alicia worries about providing for her family in these situations. She is concerned that even though she can ask for store items on credit, there are limits. She has to be able to pay back this loan at some point, and during the rainy season, sales are not guaranteed. If Alicia is concerned about buying soap for the family, she is even more concerned about what happens when someone becomes ill. When her granddaughter contracted dengue fever, Alicia and Alonso took her to the doctor, but the only medicine they could give her was paracetamol (a pain reliever) for the pain and juice to drink. When I asked who took care of the granddaughter when she was sick, Alicia responded that she did. Alonso protested, saying that he also helped to take care of her because he bought her the juice and medicine that helped her to get better. Alicia agreed. "El le compraba de lo poquito que vendíamos su jugo, y ya el paracetamol." (He bought her juice and then the paracetamol with the little that we sold.)

While it is always difficult for Alicia and Alonso to scrape together enough money for food and other basic necessities, an illness such as that of their granddaughter makes getting by significantly more difficult. When Alicia and Alonso were younger and

not dealing with the chronic illnesses they now experience, they were in a better position to seek out higher paying work, at least for Alonso. Now, in addition to being unable to work because of illness, they are also financially responsible for their granddaughter. Thinking about these issues – about the lack of money, about her sons' or her granddaughter's illnesses – exacerbates Alicia's diabetes and drives her to think about her own imminent death as she sees her condition deteriorating.

Part of the burden of care work for women is the worry that they feel about their families, particularly in situations of poverty. This is not to say that Alonso does not also worry about his family, but the responsibility for direct care remains Alicia's. Alicia understands herself to be the primary caregiver, not her husband, as was reflected in the exchange between the two of them in response to my question about caring for their granddaughter. This burden of care leads her to think about and fear her own early death due to complications of diabetes brought on by the worry and stress of providing care with limited resources. In this way, her story is a kind of bridge between the two groups of women I discuss here who are caring for grandchildren because of family member migration. She experiences the fear that her illness will worsen, and that fear itself along with the worry she feels about her family actually causes her diabetes to advance more rapidly.

Similarly, Patricia often spoke of caregiving as a particularly difficult burden for her. Patricia, who was mentioned at the beginning of this chapter, is 55 years old, has type II diabetes, and cares for her two young granddaughters whose parents are working in Ciudad Juárez. Although the parents send money to help with expenses for the granddaughters, it is not always enough. For example, the older granddaughter has started kindergarten, and her mother says she will pay all the educational expenses. However, expenses cannot always be estimated accurately:

Pero hay cosas que ella no logra pagar y nosotros la ayudamos. Como ahorita, lo que lleva a la escuela, su comida, que lo tengo que poner, yo lo pongo. Y es diario... un jugo, este, un paquetito de esos que no... se va como 10 pesos. Mas o menos 10 baros. 10 pesos es lo que se lleva.

But there are things that she is not able to pay, and we help her. Like right now, what she [the granddaughter] takes to school, her food. What I have to put in, I put in. And it's daily... a juice, a packet of those things that don't... about 10 pesos goes. More or less 10 pesos. 10 pesos is what she takes.

There are frequently daily expenses, like snacks for school or school supplies needed for a specific project, that are not calculated in the remittance the children's mother sends. To pay for all the expenses of the household, including those of the granddaughters, Patricia makes candies, empanadas, garnachas, sandwiches – whatever she thinks people will buy – and sells them. Her husband also recently got a job as a security guard, which pays less than what the family needs to move out of a situation of poverty, but does provide a more stable source of income than many families are able to obtain.

In addition to her concern about daily finances, and what seemed to be more of a concern to her in our conversations, was her inability to take care of her own body and health due to her caregiving responsibilities.

Ya le di [a mi hija] que ya venga porque le voy a entregar sus hijas. ¿No ves que estoy muy acabada? Me acabé mucho... porque imagina, tengo que criarlas a ellas... que lavarle, que guisarle, que darle de comer a todos ellos. Y [mis hijos] se casaron y hicieron su vida, yo me quedé aquí con mi viejo y [es como] si estuviera recién casada. Y ahora mal de la salud.

I told [my daughter] that she should come back because I am going to give back her daughters. Can't you see that I am worn out? I wore myself out a lot... because imagine, I have to raise them... to wash for them, cook for them, give them food to eat to all of them. And [my children] got married and made their lives. I stayed here with my old man and [it's] as if I were recently married. And now in bad health.

Patricia feels acutely the multiple effects of her poor health on her daily life, particularly in her relationship with her husband, and feels that her health condition is in part due to the care work responsibilities she has taken on. One day she told me, broom in hand, that she was too exhausted to even sweep the floor. She sat down on the couch rubbing the knee that gives her so much pain and told me she was used up. She was exhausted from the daily caretaking duties involving not only her two granddaughters whose parents were not living in the community, but also two other grandchildren whose mother was ill with a kidney disease that often left her unable to get up from her chair.

However, Patricia also did not feel that she had a choice in whether to take care of her grandchildren or not. Day care centers did exist in Ciudad Juárez, but they were expensive. Patricia additionally felt that placing the children in a day care center would constitute neglect because she did not trust the child care facilities in the city. She feared for the well being of her grandchildren if they were to be placed in such a facility. She recounts a conversation with her daughter:

Pero ella me dijo, 'mamá, ¿me las cuida? Y yo le dije que si, no puedo que a fuerza, no quiero que las tenga en guardaría... mas bien conmigo con su abuelita que por allá. Te las roban, le hacen las cosas que ella... y no, le digo, mejor que estén conmigo también... aquí están conmigo, que nada mas con su abuelita, ¿no?

But she told me, 'Mom, will you take care of them for me?' And I told her yes. I can't force, I don't want her to put them in daycare... better with me, with their grandmother than there. They rob them from you, they do things that she... and no, I tell her, better that they are with me... here they are with me, nothing more than with their grandmother, no?

Rather than place her grandchildren in the care of people unknown to her, in a place about which she had heard frightening stories, she preferred to take care of her grandchildren herself.

However, Patricia's diabetes was getting worse. The doctor had recently told her that it could no longer be controlled with diet and exercise alone. She would have to start insulin treatments, and this would add to the long list of medications she was already taking for hypertension, high cholesterol, and asthma. Patricia was also having increased trouble with the pain in her knee. However, in order to get an appointment at the Centro

de Salud, she would have to arrive at the clinic before 5am to wait in line. She might get an appointment to see the doctor, but appointments are first come, first served, and few are available each day. She wondered aloud if it was worth it to drag the four children with her that early in the morning when there was no guarantee that she would even get in to see the doctor. There was equally little guarantee that if she did see the doctor, the medicine she needed to take would be available in the clinic pharmacy.

Patricia directly related her caregiving responsibilities to the deterioration of her own health and indirectly suggested that it was unjust for her to have these responsibilities at this point in her life. However, she did not refuse to take care of her grandchildren. Even further, she took in her adult daughter who was suffering from kidney disease in order to care for her and her two children. She did this despite the fact that her daughter's husband had not left the community. His responsibility was to provide economically for the family, not to assist in the daily care work of home dialysis and childcare.

Jomi's situation is somewhat different from that of other grandmothers with migrant children. Jomi is 53 years old and lives with her son, Jorge, and her grandson. Jorge's wife left him and their son early in their marriage. She has no contact with the family now. Jorge left soon after that experience for the United States, leaving his son in Jomi's care. Jorge began to drink heavily while in the United States and was unable to make enough money to support himself there. He returned to Los Cañales to live with his mother and his son. Jomi tells me that although her son is in the household, he does not take responsibility for caring for his son. Jomi has this responsibility. She has taken over the role of mother. She does not even call her grandson her grandson. She calls him her son.

Jomi's situation is quite difficult for her to handle. Her son limits her ability to live her life in the way that she would like to. For example, when I asked her about whether or not they had parties in their home for birthdays, Christmas, New Year's Day or other holidays, she replied,

Casi no lo hago. No porque, pues, este, mi situación a veces, este, bastante...pues, este, como decirle, pues, a veces, no, este, no lo hago porque pues, este, no me siento, este, por decir, no quiero hacerlo porque pues, mi muchacho a veces, no, no le gusta la fiesta. No le gusta hacer, convivir con...no le gusta convivir. Entonces, pues, yo, a veces, (inaudible) ya me quitó de todo. Sí, la verdad.⁵

I almost don't do it. No, because, well, umm, my situation sometimes, umm, it's very...well, umm, how can I tell you, well, sometimes, no, umm, I don't do it because well, umm, I don't feel, umm, I should say, I don't want to do it because, well, my son sometimes, he doesn't, he doesn't like parties. He doesn't like to have them, to get together with...he

⁵ Jomi uses phrases such as "este," "pues," and "por decir" as "filler" words. They don't have a specific meaning in the context of her discussion. I translate them here because in her case more than in any other, she paused in what seemed to me like a struggle to explain her situation.

doesn't like to get together [with family and friends]. So, well...he has taken everything away from me. Yes, that's the truth.

As is evident in her words above, each time we talk, Jomi seems nervous. Her voice shakes, she fiddles constantly with her glasses, she speaks quickly. She experiences various physical issues related to what she says is a strong depression related to this feeling that her son has taken everything from her.

Me he sentido muy mal... le digo al doctor, "Mire, yo siento como un cansancio, agotamiento pero de pies a cabeza. Pero a veces," le digo, "no me dan ganas ni de hacer mi quehacer, para nada," ...A veces voy...y me da mas tratamiento y mas tratamiento y yo estoy en las mismas, le digo. Pero a veces empieza a preguntar, este, "como se siente?" ...y la verdad yo me siento, pues, muy mal. Casi mas o menos, mi enfermedad es este que yo no descanso en mi cama ...No me quiero ni parar el cansancio total que siento. Entonces el doctor me hizo una pregunta. Dice, bueno, ¿como vive en su casa?...Bueno, la verdad, sí doctor. Tengo muchos problemas en mi casa, muchisimos por mi hijo que toma mucho, bastante...Entonces dice el doctor que casi, mas bien que casi todo eso, por eso viene mi problema. Que quizás [es la] angustia, la presión que me agoto todo eso...Entonces yo digo al doctor, este, es una angustia que yo no puedo [hacer nada].

I have felt very badly... I tell the doctor, "Look, I feel like an exhaustion, I feel worn out but from my feet to my head. But sometimes," I tell him, "I don't feel like even doing my daily chores, not for anything," ...Sometimes I go...and he gives me more treatment and more treatment and I am in the same situation, I tell him. But sometimes he starts to ask, umm, "How do you feel?" ...and truth be told, I feel, well, very badly. Almost, more or less, my illness is this that I can't rest in my bed...I don't want to stand up, the complete exhaustion I feel...So the doctor asked me a question. He says, well, "How do you live in your house?" Well, truth be told Doctor, yes, I have a lot of problems in my house, a whole lot because my son drinks a lot, too much...So the doctor says almost, that is to say, almost all that, my problem comes because of that. That maybe [it's] the anxiety...the pressure wears me out. So, I say to the doctor, ummm, it's an anxiety that I can't [do anything].

She has talked to the doctor about how her body feels, and he has told her that this depression comes out of the issues she is dealing with now in her home. She said that she feels a lot of stress as well. Her grandson also has similar symptoms due to his father's issues and, according to the doctor, Jomi's depression.

Her grandson reflects the relationship Jorge (Jomi's son) has with Jomi and "tells her things," the same kinds of things that she hears from Jorge. Hearing these abusive comments from both her son and her grandson does not help her to deal with her own depression. The doctor has told her that both she and her grandson need to go to psychological therapy. However, she cannot go because she cannot afford private care, and this therapy is not offered as a part of the Seguro Social. Her grandson, on the other hand, did attend therapy because she was able to obtain assistance from the municipal

government to pay for his therapy sessions. Jomi, however, decided to stop sending him to therapy because the situation in her household was not changing. She felt that it was pointless to continue to send him to therapy if he was going to arrive home to the same situation that is causing him to need to go to therapy. Taking her grandson to therapy sessions in the municipal center was a time-consuming endeavor that ultimately did not solve the problems in her house and did not help her to better take care of her grandson.

Jomi feels responsible for raising her grandson. However, she also feels inadequate to take care of both her own health and his. She feels no support from her son who spends much of his time drinking and being angry with her. Although she does not blame his drinking on his migration, she wonders if he would have developed this problem had he stayed in Los Cañales. In Jomi's case, her illness began long before she began to deal with her son's problems with alcohol and the care of her young grandson. Jomi also related to me that she had been physically and emotionally abused by her own husband before he died, likely due to alcohol-related issues. Jomi, in a sense, is reliving these experiences with her own son and worries that her grandson will develop further issues related to the situation. However, Jomi has no recourse to remedy her own health problems. As she said, she could seek counseling services, but that does not change the situation in her household nor does it give her the power to do so.

Isabel has similarly taken on responsibility for a young child even though the child's mother is living in the community. She is a sort of fictive grandmother because the child is not her granddaughter, but rather her niece. Isabel is 48 years old and lives with her 10-year-old niece, Grecia, in the back of her store in the center of town. The back of the store has a small bed and a sink in an area separated from the store by a wall that extends halfway up to the ceiling. Although Isabel has a house in town, she does not like living there alone without her husband and son. She also keeps the store open as much as she can to make enough money for herself and Grecia.

Grecia came to live with Isabel because she said that her mother scolded her and hit her frequently. Additionally, her older sister had just attempted suicide by taking pills apparently because her mother did not take her, as she usually does, to Mexico City when she had to go. Grecia's father is in the United States, and Grecia has said that she does not want to go back home until her father returns from the United States in 7 months. This is his scheduled return, but returns are not certain. Isabel would prefer that Grecia go back home with her mother because it is better for a daughter to be with her mother, and she has plenty of problems as it is. However, since she refuses to go home, Isabel allows her to stay with her until her father comes home.

Grecia chose Isabel as her refuge because Isabel is like a second mother to her. Grecia was raised by Isabel until she was 4 years old, when she went back to her mother. Isabel was vague about the reasons that she raised Grecia, but it had to do with problems in Grecia's mother's household. Isabel was careful about what she said about Grecia's situation because Grecia's mother is her sister, and she didn't want to enter into problems with her. She pointed out that Grecia and Grecia's mother say two different things about what is going on in the household at the moment. Isabel isn't sure who to believe.

Isabel has high blood pressure that is under control with medication. However, she has to take care of herself by ensuring that she does not get *coraje* or *nervios* – these would drive her illness out of control. Grecia provides her with some comfort just by the fact of her presence as a companion for Isabel. However, Isabel told me that in her

current situation with her worry about her son and the increased pressures of caring for Grecia, she is concerned that she will not be able to keep her blood pressure under control. The threat of advancing illness for which there is no complete cure, only continued treatment, concerns Isabel, who has worked diligently to keep her illness under control. As multiple pressures mount, Isabel is caught in what seems to her an impossible situation. She cannot do everything that she needs to do in order to manage her *coraje* and *nervios*. The situation is not under her control. She is powerless to help her son, who is not in communication with her, and she does not feel that she can deny her niece refuge in her house due to the problems she is experiencing with her mother.

Grandmothers Without the Burdens of Childcare

Not all grandmothers dealt with such impossible situations in their relationships with their grandchildren. Grandmothers who did not have the pressure of caring for grandchildren in the absence of migrant family members talked about children differently. All grandmothers I spoke with played some role in the care of children, but care takes a drastically different form when the primary burden of care is on someone else. These grandmothers found joy, companionship, and protection in their grandchildren.

Iris is 66 years old and has been a widow for 12 years. She works in a store attached to her house in which she sells snacks and basic foods like milk and pasta. Two of Iris's daughters live within a few blocks of her house, and her grandsons often spend the night with her to keep her company. One of her grandsons effectively lives in the house with her although he does frequently visit his parents' house a few blocks away. Iris needs this companionship to keep from being alone in the house, particularly because she has developed several health problems since her husband died. She has high blood pressure that is currently under control, but could worsen if she gets *susto* (a fright) – something that would be more likely to happen if she were alone all the time.

Her fear of *susto* became more prevalent towards the end of my fieldwork when I found Iris standing in her store crying and talking with a neighbor. She told me that one of her daughters had just been beaten up by her husband again. This abuse had been going on since her daughter got married, and she has been unable to do anything about it. She had heard that her daughter was hiding from her husband, and she wanted to go see her. But her neighbor told her not to go, that it would only make her feel worse, because everyone knew that she was going to go back to her husband. She does every time.

Iris struggles with *nervios* that makes her head hurt and gives her a feeling of desperation. When she has *nervios*, she has difficulty sleeping and develops a headache the next day. She told me that *nervios* is something that one produces in oneself. Therefore, she asks God to help her not think about the things that she lacks and about the fact that she is alone. It is better to distract herself, she says. She has to get herself going by herself. I wondered if the lack of companionship worsened the illnesses with which she is already struggling. Her family, however, repeatedly mentioned that they need to spend a lot of time with her so that she isn't alone and so that she doesn't become ill.

Iris's daughter and her husband frequently discussed which of their children would be staying with Iris at night or how many days it had been since the entire family had spent time at Iris's house. These discussions became more intense after the incident with one of the other daughters being abused by her husband. The family took it upon

themselves to resolve the matter and reassure Iris that her daughter was alright. During this time, it was even more important that Iris not be alone at night. The family knew that she would be struggling with her *nervios* and did not want her to deal with that alone. She would sleep better with the grandchildren in the house with her. Iris felt a sense of comfort and protection when her grandchildren stayed with her. She did not have to worry about her illness or about being alone.

Ximena, whose description of the burden of reproductive labor opens this dissertation, asserted that it was her grandchildren who gave her joy in the midst of her struggles. As mentioned earlier, her husband has advanced prostate cancer and requires essentially 24-hour care. In addition, her daughter and three grandchildren recently returned to her household after her daughter's husband was killed in a highway accident. Maintaining the household required Ximena's entrance into the informal labor sector through her tamale sales. After we had discussed at length Ximena's reproductive and informal labor, I asked her what gave her happiness. She said, "The children. They make us laugh. They help us get through the difficult times." ("Los niños. Hacen que nosotros nos riamos, que hacen pasar los malos momentos de uno.") At that moment, Ximena's three grandchildren were running around in the backyard playing with their cousins (also Ximena's grandchildren). They were laughing, shrieking as they were tagged, snaking through and around the palm shelter where Ximena, her daughter, and her daughter-in-law were taking turns with the labor of making tamales.

This was not the only time that grandchildren caused laughter and a momentary pause in interviews that focused heavily on what women described as their suffering. This example from my fieldnotes illustrates:

Teresita [Patricia's youngest granddaughter] has been playing with a large, heavy chain all morning. The chain looks like it would be used to lock up a fence or a motorcycle. Patricia has repeatedly told Teresita to leave the chain alone because she could hurt herself with it. She has not obeyed. Patricia's attention now is not on Teresita, but on Jose [her grandson]. Jose has been stamping himself with ink from an ink pad. He now has stamps on his arms, legs, and face. Patricia scolds him and asks him to go ask the man who sells motorcycles about the motorcycle he is fixing for them because it is urgent that she get it back. Jose doesn't respond and doesn't get up to run the errand. Patricia tells me that she feels very tired. Her head keeps nodding. She wakes up and says that Andrea [her oldest granddaughter] and Jose are making it impossible for her to get better. They hurt the younger ones and tease them. She can't get better because there is no peace and quiet here. Patricia rubs her knee and calls to Teresita not to go outside. Teresita obeys and comes into the living room dragging her chain. Patricia tells her again to leave the chain alone. "But," says Teresita, "it's my little dog." Patricia looks surprised and laughs. "Are you crazy?" she asks. "No," says Teresita. "It's my imaginary dog." Patricia begins to laugh heartily, and I join her. Teresita looks pleased with herself for making such a good joke. When I look at Patricia, I see relief on her face, relaxation, a rare smile.

These are moments that sustain grandmothers. As Ximena said, happiness comes in the form of children sometimes. They make us laugh. They help us get through the bad moments. It is important, therefore, to think not only of the burdens of care work, but also its joys.

All the grandmothers discussed in this section experience health consequences of care work burdens through the development of health issues such as generalized pain or through the inability to treat existing health conditions. However, none of them has the support necessary to relieve them of such caregiving burdens. Therefore, their only recourse was to take on the burdens of care themselves. This is not to say that grandmothers do not love their grandchildren or that they do not enjoy being with them. However, for women who struggle with life situations complicated by migration and chronic health conditions, the intensification of care work leads to diminishing well-being beyond that which might be associated with aging alone.

Conclusion

Gendered notions of care – who should give what kinds of care, and who is competent to provide that care – place strains on women when they have to move beyond the roles they feel competent to fulfill, particularly in the context of poverty and labor migration. Taking on new roles (ones which they have no real option but to engage) creates worry, stress, and fear for their own well being and that of their children and grandchildren. The health consequences of the resulting tensions are at some times more obvious than at others; however the consequences are real. The women featured in this chapter all tell us stories of these consequences within a context of a global process of transferring care work burdens increasingly onto women, particularly women who are left to struggle with the challenges of giving care and living in poverty. These issues are compounded by labor migration. Women are already in positions of vulnerability due to their poverty and the unreliability of their husbands' economic contributions. At the intersection of care work responsibilities, vulnerability, and the effects of migration sit women for whom these situations have the potential to create long-term health issues.

An intersectional perspective highlights several processes that are important in understanding the complex production of power in the stories presented here. First, while migration has the potential to increase class status significantly by providing a larger flow of income and more material possessions, it also places women in vulnerable positions. In these cases, rising class status does not necessarily mean a reduction in oppression or a significantly *less* marginalized position when taking into consideration the ways that women become targets of robbery and sexual assault. This production of vulnerability arises in the context of understanding women as sexualized beings who are unable (and perhaps unwilling) to protect themselves. Additionally, vulnerability in terms of health consequences is important in this analysis. Mothers and grandmothers often neglect their own health and well being in order to invest in the future of their children and grandchildren. Part of this investment is adapting their lives to the realities of transnational migration.

Second, a focus on the fear of losing income from transnational migration highlights the ways in which relationships of nationality, gender, and sexuality position women in marginalized ways. Loss of income might result from men leaving their wives to create new families in the United States. This particular gendered relationship of power

in which men *could* leave women with complete responsibility for the household and the family raises the potential not only for temporary loss of income, but for long term threats to household survival. Migrants, as marginalized national subjects, also constantly face the possibility of deportation and exploitative working conditions. Their family members, therefore, also face the potential of loss of income due to the loss of a job or expulsion from the United States. The next chapter further explores the ways in which transnational migration, as a process that situates certain subjects in marginalized positions of nationality, has particular intersectional effects on women's daily lives.

Chapter Six: “Aquí No Hay Trabajo”: The Construction of Illegality and Deportability as a Threat to Women’s Well Being

Introduction

In a recent review of research on the U.S.-Mexico border, Lynn Stephen (2009: 268) argues, “we need to take the concept of borderlands studies, which has traditionally focused on the geographic borderlands of the United States and Mexico, and extend it both geographically and metaphorically to include all of the United States and Mexico.” In particular, she contends that gender should be central in the documentation of U.S.-Mexico integration in “daily life through kinship, work, parenting, sexuality, risk, and violence, and through cultural representations” (Stephen 2009: 268). Anthropologists’ interest in borderlands now has a significant history (see Anzaldúa 1987 for example). The borderlands concept is used both as a metaphor and as a way to examine regional practices “characterized by conflict and contradiction, material and ideational” (Alvarez 1995: 448). The U.S.-Mexico border has become a paradigmatic case through which to understand borders as fluid and fluctuating sites (Alvarez 1995).¹ In this chapter, I continue this examination of the border and borderlands not only centralizing gender, but also other dimensions of power. In particular, I take up Stephen’s recommendation² to extend the geographic and metaphoric concepts of borderlands as a way to explore the complexities of the co-construction of nationality, gender, and class. I do so through a discussion of the ways in which the production of illegality and deportability among Mexican migrants in the United States shapes female family members’ well being and the care work in which they engage.

As discussed in Chapter 3, people leave Los Cañales for Mexican cities, the United States, and Canada because “aquí no hay trabajo.” The lack of decently paid work means that people in Los Cañales must seek income elsewhere. Often this search leads people to the U.S.-Mexico border, generally without documentation. In this way, the border becomes a tangible part of women’s lives although they carry out their daily activities far from the geographical border. Women who remain in communities of origin fear for the safety and, ultimately, the lives of their family members who attempt to cross the U.S.-Mexico border for work.

Crossing a treacherous border (one that has become more risky as militarization of the border increases) is a process during which migrants become illegal and expendable. This marginal position leaves migrants open to mistreatment and possibly death. The meaning of the border and the dangers faced by migrants shift with changes to

¹ Alvarez (1995: 451) argues that the U.S.-Mexico border is so important in the literature because it is one of the most dramatic examples of First World meeting Third World. “No other border in the world exhibits the inequality of power, economics, and the human condition as does this one.” It is therefore an important site at which to examine “how nation-states negotiate, marginalize, and influence people’s ever-shifting local behavior.” Although the point is arguable given current global geopolitical situations, the inequalities Alvarez notes are striking and will be a focus of this chapter.

² Her argument echoes similar arguments made by Anzaldúa (1987). Anzaldúa argued that borderlands are zones of transition where inequalities and oppression are laid bare. The U.S.-Mexico border, for Anzaldúa (1987: 3) “es una herida abierta [an open wound] where the Third World grates against the first and bleeds.”

immigration policy and public sentiment about migrants, particularly those the public recognizes as Mexican.

As the implementation of restrictive immigration policies in the United States in the current political climate has shifted to the Department of Homeland Security, immigration has become (re)construed as a national security issue in the United States. As such, there has also been a shift in conceptualizations of globalization from a process of creating a “borderless world” to controlling borders as a part of “a new and expanding ‘war on terrorism.’” In this shift, migration and trade become potential security issues (Andreas 2003: 1). Although the events of September 11, 2001 intensified efforts to control the border, the notion of Mexicans as a threat to the nation has been used as a justification for the militarization of the southern border since long before 2001 (Chavez 2008; Inda 2006).

People in Los Cañales recognize the dangers that migrants face through stories they hear on the news and from others who have attempted border crossings or from their own personal experiences. These stories and experiences perpetuate a fear that migrants may not make it across the border because of the multiple dangers of crossing including environmental hazards, kidnappers, and vigilante groups (discussed further below). Even if they do manage to survive these dangers, they face the possibility of being deported before they can even make enough money to pay off the debts they incurred in crossing. This fear leaves women anxious about the futures of their families because the migrant is often the only major source of income that women have. Women’s socioeconomic class and nationality positions them, along with their family members, to follow extreme measures in order to survive. Risking one’s life through crossing a physical border into a hostile United States and a symbolic border through which migrants become illegal and deportable is one of these measures.

This chapter traces historical changes in immigration policy and reform in order to show the ways in which Mexican migrants have become quintessential “illegal aliens.” By their deportability, they become expendable workers in the United States economy. It also shows the ways in which the border has become increasingly dangerous for those who seek to cross without papers. It then moves into a discussion of the fears and anxiety that women in Los Cañales experience when family members leave for the United States and connects these fears and anxieties to women’s overall health and well being. In particular, the chapter focuses on the ways in which women understand fear and anxiety to provoke new illness and to exacerbate existing illness. In addition, it examines the ways in which such fear and anxiety produce limits to well being in more general ways such as inability to sleep.

Recent History of Border Control and Enforcement at the U.S.-Mexico Border

In the early 20th century, border controls at the U.S.-Mexico border were essentially non-existent. Before 1924, Mexicans could feasibly cross into the United States to live and work without much fear of deportation. The creation of the Border Patrol in 1924 and the passage of laws prohibiting certain types of immigrants from entering the United States began the slow process of “illegalizing” the unauthorized immigrant, a process that depended on the growth of the state apparatus to control the border (Nevins 2002). During the Great Depression of the 1930s, many Mexicans *and* Mexican Americans were deported or “repatriated” without attention to legal residence or

U.S. citizenship (De Genova 2004). In 1940, the Immigration and Naturalization Service moved from the Department of Labor to the Department of Justice, solidifying the role of the Border Patrol as a security force that joined with the military during the Second World War (Nevins 2002). However, at this time the Bracero Program was initiated to actively recruit Mexican workers. The Border Patrol essentially opened the border and participated in recruiting undocumented migrants (De Genova 2002). During the 1960s and 1970s political discourse about unauthorized immigrants as a security and economic threat to the nation began to emerge (Nevins 2002) and there was a second mass deportation at the end of the Bracero Program (De Genova 2004). However, until the 1980s, border controls were inconsistent and contradictory, particularly regarding unauthorized *Mexican* migrants (Nevins 2002).

The birth of the “war on drugs” during the Reagan administration combined with efforts to control unauthorized immigration in the border region transformed both the nature and the scale of border control (Nevins 2002: 67). The focus on drug enforcement also led to militarization of the border including “cross-designating” border patrol as DEA and Customs agents, the development of the multiagency Alien Border Control Committee within the Department of Justice, the Border Patrol joining the Southwest Border Drug Task Force, and joint Border Patrol/local police foot patrols at the border (Nevins 2002: 68). Additionally, funds for the INS between 1978 and 1980 were increased by 24 percent (Rosenblum 2000). Nevins (2002: 69) argues

Rather than being merely a temporary phenomenon, the boundary militarization that began in the late 1970s, and the thinking that informed it, marked the beginning of a trajectory, one that significantly intensified another process begun in the mid-1800s – namely, the pacification of the border region and the making of the U.S.-Mexico boundary.

As a part of this process of pacification of the border region and the creation of the boundary at the U.S.-Mexico border, Congress passed several laws in the 1980s and 1990s that have influenced the lives of unauthorized migrants in varying ways. A brief review of these laws is helpful to understand the ways in which migrants’ lives (and therefore the lives of their family members) are shaped by the state.

The Immigration Reform and Control Act of 1986 (IRCA) was the first immigration law passed in the United States that was explicitly aimed at eradicating undocumented immigration through legalization (Coleman 2005; De Genova 2004). The law included sanctions against employers who knowingly employed undocumented workers. However, it was relatively simple for employers to comply with the letter of the law without drastically changing their hiring practices. In order to avoid fines, employers (who were typically notified prior to inspection) would fire or temporarily discharge known undocumented workers (De Genova 2004). The Act also increased funding to strengthen penalties against migrant smugglers (Rosenblum 2000). Key to this process was the amnesty that was offered to migrants who could show that they had been working in agriculture in the United States for the last five years.

In addition to legislating an employer sanctions program, an amnesty program, and increased funding for border control and migrant detention, it also lifted some restrictions on military groups participating in domestic policing. Coleman (2005: 191) explains, “By 1989, for example, the U.S. Department of Defense, under INS

jurisdiction, was awarded direct surveillance, inspection, pursuit, and all-important construction duties in the U.S. Southwest including the erection of security fences and border lighting.”

In the years following IRCA, discourse concerning undocumented migration increasingly constructed migrants as “criminal aliens” who were “a threat to public safety and mobility, as well as a drain on sparse criminal justice resources” (Coleman 2005: 191; see also Chavez 2008; DeGenova 2005; Heyman 1999). Indeed, this was the basis of the Clinton administration’s justification for making border enforcement a priority and implementing 1990s operations discussed below (Coleman 2005). This discourse was reinforced by several incidents. These incidents included the 1993 bombing of the World Trade Center and the killing of two CIA employees that were linked in part to people who had received amnesty or who overstayed visas and the attempt by the Golden Venture boat to bring several hundred unauthorized Chinese into the U.S. In addition, several laws were passed that reduced access to resources for migrants and further criminalized them.

The 1990 Immigration Act, which increased the number of Border Patrol agents along the U.S. southwest border, expanded the list of felonies that could lead to deportation, and streamlined deportation processes. The 1994 Violent Crime Control and Law Enforcement Act, which was a domestic crime bill that focused on narcotics trafficking and established a “criminal alien” tracking center, again expanded the list of felonies that could lead to deportation, and authorized two-thirds of a billion dollars for border enforcement, particularly in El Paso, Texas (Coleman 2005). The 1996 Antiterrorism and Effective Death Penalty Act added even more felonies to the list of deportable crimes and authorized funding for 5000 new Border Patrol agents, \$12 million for fencing in the San Diego-Tijuana region, and funds for vehicles and technology (Coleman 2005).

In an effort to “secure” the border, the Illegal Immigrant Responsibility and Immigration Reform Act of 1996 (IIRIRA) approved hundreds of millions of dollars for an additional 1000 Border Patrol agents and 300 new support staff each year for 5 years (Ackleson 2005; Rosenblum 2000). The act also streamlined deportation procedures, making the removal of undocumented migrants quicker and easier, sometimes without a hearing at all (Rosenblum 2000). It also denied social programs such as Social Security, subsidized housing assistance, and food stamps to both illegal and to legal immigrants who did not meet minimum household income required for sponsorship (Rosenblum 2000). This law, along with the Personal Responsibility and Work Opportunity Reconciliation Act (1996 Welfare Reform Act), effectively barred noncitizen immigrants (both legal and undocumented) from receiving federal and state benefits and raised the income threshold for immigrants who sought to sponsor the authorization of relatives (Durand 1999: 532). IIRIRA and the Welfare Reform Act both reflected the anti-immigrant sentiment that had been growing in the United States as immigrants, particularly those from Mexico, were blamed for issues ranging from drug trafficking to underfunded social services.

“Prevention Through Deterrence”: A Failed Border Control Strategy?

In the midst of the passage of these laws in the late 1980s and early 1990s, the Clinton administration announced a new “concentrated border enforcement” policy in

response to increasing anti-immigrant sentiment such as that which fueled the development of and support for Proposition 187 in California (Cornelius 2001) and the discourse about undocumented migration and the border as chaotic, disorderly, and lawless (Ackleson 2005). This new policy was a “prevention through deterrence” policy that focused on preventing illegal entries rather than on apprehension on the border or in the country’s interior. The deterrence measures were focused in four areas of the United States southwest border that were considered “main gates” for undocumented migrants entering the United States (Cornelius 2001; Inda 2006). Deterrence measures included the use of thousands of additional Border Patrol agents stationed at these gates, high-intensity lighting, 76 miles of ten-foot-high steel fencing, infrared night scopes and thermal imaging devices, motion sensors, remote video surveillance systems, new road construction for greater Border Patrol access, and biometric scanning of detained migrants (Cornelius 2001). Additionally, the military played an increasingly central role in border enforcement during this time. Members of the military performed such operations as using night scopes and other surveillance and communication equipment and building and maintaining roads and fences (Andreas 1998). A series of four operations were instituted from 1993 to 1999, with an extension of one operation in 2004 (see Table 6.1).

Table 6.1: Border Patrol Operations at the U.S.-Mexico Border 1993-2004

Operation	Date Instituted	Location	Strategies
Hold-the-Line ³	September 1993	El Paso metropolitan area	24-hour, 7-day per week intensive surveillance using military technology along 20 miles of the border
Gatekeeper	October 1994	San Diego to Yuma, Arizona	Implemented in three stages, each extending the operation further until reaching Yuma with the express purpose of driving migrants to more dangerous crossing areas where they may reconsider their crossing
Safeguard	1994 ⁴	Arizona	Extended the “prevention by deterrence” policies of Operation Gatekeeper through 300 additional miles along the Arizona border
Rio Grande	1997	South Rio Grande Valley, Texas	Implementation of Gatekeeper and Safeguard policies in Texas
Arizona Border Control Initiative	2004	Arizona	\$23 million augmentation of Operation Safeguard

*Data sources: Ackelson 2005; Cornelius 2001, 2005; Nevins 2002

The Border Patrol considered these operations successful because apprehensions rose by 68 percent between 1994 and 2000. 2001 saw a 25 percent decline in apprehensions, which the Border Patrol interpreted as a sign that deterrence was working and fewer migrants were making the attempt. However, many scholars consider these numbers highly unreliable as a support for the effectiveness of border control strategies.⁵ First, the Border Patrol counts the total number of *apprehensions* by its officers. This strategy does not account for multiple attempts at crossing by the same person. The number of apprehensions, therefore, is not an accurate reflection of actual number of *migrants* who

³ Operation Hold-the-Line was first called Operation Blockade, but because of opposition to the name from the Mexican government the name was changed.

⁴ Operation Safeguard did not receive significant resources until 1999.

⁵ Andreas (2003: 3) calls the Border Patrol’s efforts a “politically successful policy failure” because the operations merely redirected the flows of both drugs and migrants into the United States. However, the border crackdown created an image of greater control through apprehension numbers. As Inda (2006) has pointed out, these apprehension numbers are an indication of the total number of border crossing attempts. Because many migrants make multiple attempts over the course of a few days, apprehension numbers actually significantly overestimate the number of border crossers.

cross the border (Cornelius 2001; Inda 2006). Second, it is impossible to know if there was an increase in the number of people attempting to enter the United States during 1994 to 2000 or if stronger enforcement led to increased apprehensions (Cornelius 2001). The 2001 decrease in apprehensions could have been because fewer migrants went home for the holidays because the cost and risk of crossing back into the United States was increasing or because they were trying to get legalization (Andreas 1998; Cornelius 2001). In other words, this number is not evidence that undocumented immigration had declined (Andreas 1998). Fewer apprehensions in 2001 could also have to do with optimism about economic and social progress in Mexico under the Vicente Fox administration (which began in 2000), the US economic slowdown, and/or fears of bioterrorism and increased border security because of the terrorist attacks of September 11, 2001 (Cornelius 2001). In other words, it is far from clear that “prevention through deterrence” has actually worked to deter undocumented immigration.

Some scholars take the argument farther. They argue that the developers of the “prevention through deterrence” policies knew well that migrants would continue to attempt crossing the border. Their hope was that the harsher environments through which they would be forced to enter the United States would keep them from making the attempt. However, there is much evidence that shows that migrants have not been deterred. They are taking greater risks to cross the border into the United States through these harsh environments (Andreas 2003). Additionally, migrant smuggling groups became more sophisticated “creating a more serious organized crime problem along and across the border” (Andreas 2003: 3). The strategy developed during the implementation of these operations in the 1990s has not significantly changed in recent years. The number of Border Patrol agents has increased from 4000 in 1993 to 11,000 in 2006. In the 1990s, 86.5 miles of walls were constructed on the border in places where there was high migrant traffic.

In this way, “prevention through deterrence” is more than a failure. It is a tool of structural violence. Increasing violence by vigilante groups against migrants along the border is fueled by anti-immigrant racism. This kind of violence is increasingly institutionalized. Several researchers argue that the operations of the 1990s constitute a strategy of low intensity conflict (or warfare) that is maintained both by political structures and the actions of the Border Patrol (Alonso Meneses 2005; Nagengast 2002).

Las circunstancias que actualmente rodean a esta frontera y el control de los flujos de migración indocumentada responden a una forma despótica y violenta de las autoridades estadounidenses de ver el mundo y relacionarse con él, al abusar de su derecho a vigilar sus fronteras, salvaguardar su soberanía y decidir-con-violencia quién no entra en su territorio. Esta “tolerancia cero” hacia la inmigración clandestina se manifiesta en la estrategia de disuasión agresiva y brutal que provoca y causa la muerte de inmigrantes “inocentes,” por lo general nada peligrosos (Alonso Meneses 2005: 116).⁶

⁶ The circumstances that now surround this border and the control of undocumented migration flows are a result of the despotic and violent way that the United States authorities see the world and relate to it, abuse their right to monitor their borders, safeguard their sovereignty and decide-with-violence who will not enter their territory. This “zero tolerance” towards clandestine immigration manifests in the strategy of

This structural violence in addition to causing fear, injury, and even death also contributes to the breakdown of social networks that in the past have included information about how to cross the border safely for those new migrants who make the attempt. Increased border enforcement has encouraged many migrants to cease to return to their home communities for visits because of fears that they will be unable to cross the border again. The information and other assistance that they once were able to provide to new migrants is not transmitted as easily. These new migrants, therefore, do not benefit from the knowledge of reliable *coyotes* (human smugglers) or safer crossing points (Alonso Meneses 2005).

The Post 9/11 Border: A New Age of Border Control?

Since September 11, 2001 the United States government has shifted policy and discourse about immigration from an economic to a safety context. Yet, the roots of criminalizing undocumented immigrants and increasing surveillance along the border lie in the policies and discourse that began in the 1970s. The U.S.A. P.A.T.R.I.O.T. Act and the 2002 Enhanced border security and Visa Reform Act, for example, grant the Departments of Justice and Homeland security “vast new powers of alien arrest and detention without disclosure” (Coleman 2005: 194). Although these new powers are based in earlier laws that supported expedited alien removal, the changes are significant. National Guard units work with the regular INS and Treasury officials at border crossings signifying a “new willingness to engage the military” along the border (Ackleson 2005: 178). In addition, police in some states are becoming part of internal security efforts through becoming immigration agents themselves. The Department of Homeland Security also gave Customs and Border Protection officers the power of “expedited removal,” which allows for the deportation without hearing of undocumented workers detained within 100 miles of the international border (Ackleson 2005). The border enforcement solutions supported by the new laws are in line with the tracking systems and technologies supported by previous laws. However, after September 11, 2001 both the northern and southern U.S. borders have been re-cast as a national security threat and brought together fears of terrorism with anti-immigrant activity and enhanced militarization of the border (Ackleson 2005). This recasting supports and enhances notions of the Mexican migrant as the quintessential illegal alien, a conceptualization that began much earlier.

The Mexican Migrant as Quintessential Illegal Alien

Immigration reforms of the 1920s created hierarchies of desirable immigrants through national origin quotas. Mexicans and other Latin Americans were among the least desirable. The Border Patrol was created during this time, thereby creating a new subject – the “illegal alien” who managed to bypass border patrol and enter the nation (Chavez 2008). The image of the “illegal alien” again rose to prominence in the later 1960s and 1970s after the end of the Bracero Program in the form of a comparison to Quebec - just as the French-speaking province of Quebec pushed for sovereignty and

aggressive and brutal dissuasion that provokes and causes the death of “innocent” immigrants, in general not at all dangerous.

separation from English speaking provinces, Mexican immigrants (because they did not assimilate) would begin to organize to do the same in the United States. This notion was called the “reconquista.” This conceptualization continued into the 1980s. This invasion theme would repeat itself in many different forms up to the present, focusing on Mexicans as the quintessential “illegal alien” (Chavez 2008).

Although George W. Bush’s immigration reform plan of the early 2000s would have legalized many Mexican undocumented immigrants and would have instituted a new guest worker program, this move did not signify a shift away from anti-immigrant sentiment overall in the United States. Particularly after the events of September 11, 2001, a new kind of perceived threat arose concerning the U.S.-Mexico border – terrorists could potentially enter there. The notion that terrorists could enter through the U.S.-Mexico border (although none involved in the September 11, 2001 events actually did) reframes “illegality” to now include multiple threats and to elide the differences between “illegal aliens” and “terrorists”. The heightened fear of terrorist attacks because of weakly enforced border control resulted in the passage of a bill to build a seven-hundred-mile fence along the U.S.-Mexico border and contributed to the idea of the border as a “war zone” (Nagengast 2002) that has seen increasing levels of militarization and at times has had surveillance conducted by the National Guard and military personnel (Chavez 2008).

The Minuteman Project: A “Civil” Informal Military Has International Effects

One particular manifestation of not only the increasing militarization of the border, but also the increasing perception that the U.S. is being invaded by “illegal aliens” who wish to undermine U.S. institutions and engage in a “reconquista” particularly in the U.S. southwest, is the Minuteman Project. Although there have certainly been other projects and events that illustrate this point, I use the Minuteman Project as an example because people in Los Cañales had heard of this project and were particularly fearful of the notion that ordinary men (not just the official Border Patrol) could carry weapons and patrol the border.

In April of 2005, the Minuteman Project gathered people, mostly former soldiers, to “patrol” the border at a stretch of land in Arizona, known to be a heavy-traffic zone for undocumented crossing. These soldiers-cum-civilians saw themselves as protectors of the nation. The event was essentially a protest of the government’s ineffectiveness in keeping “illegal” immigrants out of the country. Although its organizers emphasized that it was a peaceful protest, many of the participants carried guns because it is legal to do so in the state of Arizona. The purpose of this project was to raise national awareness about border control issues in a particular way. It emphasized the idea of invasion by “illegal” people who were potentially dangerous and threatened to undermine the rights and privileges of U.S. citizenship for those who were “legally” in the country (including native-born U.S. citizens) (Chavez 2008).

As I noted above, it even created international awareness. People in Los Cañales were frightened by the existence of groups like the Minutemen. They were convinced that these groups did carry guns and were willing to shoot and kill Mexicans attempting to cross the border, an act for which they would not be punished. This notion is not completely misguided as Chavez illustrates in an image of a Minuteman volunteer in Arizona. The volunteer wears a T-shirt that says, “Some people are alive simply because

it's illegal to kill them" (Chavez 2008: 141). Chavez argues that this kind of cowboy mentality reflects an earlier history of Texas Rangers and border vigilantes who fought and killed "Mexican bandits, Indians, and outlaws" (Chavez 2008: 139; see also Limón 1994).

Producing Illegality and Deportability: "Revolving Door" US Immigration Policies

The focus of the Minuteman and other similar projects is deportation and defense of borders. However, U.S. government policies on immigration have never been simply a means to justify deportations or to keep people out. In combination with trade and other border-related policies, they have also produced a "revolving door" – a regulation of the flow of migration, particularly migration from Mexico into the United States (Cockcroft 1986 cited in De Genova 2005). For example, Ackleson (2005: 167) argues, "NAFTA and globalization themselves have created a transnational economic structure that serves the interests of large multinational firms such as agribusinesses. Such neoliberal economic interests actually tend to *favor* the existence of illegal immigration because labor is generally more valuable when it is cheap and undocumented." What this revolving door produces, then, is a legally vulnerable group of people who are "illegal" and thus "deportable," whether or not deportation actually takes place (De Genova 2005).

In addition, as discussed above, migrants have become constructed as a "security problem" as their illegality is intertwined with other border-related issues such as terrorism and transnational criminal networks that smuggle both humans and drugs across borders (Ackleson 2005). Although undocumented migrants largely have a peaceful intention (to find work), they are criminalized because of their lack of documents – a process that gives rise to the business of immigrant trafficking. Alonso Meneses (2003: 269) argues that such a process has shifted "peaceful labor migration" into "a business in the hands of mafioso rings and middlemen." Ultimately, then, criminalization increases the vulnerability of undocumented migrants (Alonso Meneses 2003). Jonathan Inda (2006) calls the policies and techniques that create this "illegal" subject "anti-citizenship technologies" that are part of an "ethopolitics" that produces unethical, in this case "illegal," subjects.

This conceptualization is not lost on either migrants or their families in Los Cañales. During my research, I was repeatedly asked the quite pointed question: How are people treating you here in Los Cañales? My truthful answer was always that people treated me very well. They were willing to receive me in their homes, participate in my research, and help and support me in numerous other ways. The follow-up question is the key one: Why, then, do you all treat us so badly in the United States? What followed was often a conversation about racism in the U.S. because of this very idea that Mexicans in the United States are inherently "illegal" criminals, and thus unwelcome and ultimately "deportable." In the space of the interview, migrants and their family members had the opportunity to air their grievances to someone implicated in the process of illegality by her membership in the US nation. They recognized that as a researcher, I had to listen. These conversations opened a space to talk further about the connections between the United States and Mexico particularly as the economic crisis loomed toward the end of the research.

On a return trip in August 2009 to visit the women who participated in my research, many told me that their family members in the United States were thinking

seriously about coming home because there was no work in the United States. Harieta's husband, who migrated with a work contract, had actually returned home because he was released from his contract due to the lack of work. This is not to say that people are no longer considering migration as part of an economic strategy. The economic crisis has caused some to consider coming home and others to actually return, but many continue to make the attempt to cross the border to find work. Others postpone their return, even in the face of limited job opportunities, because of increased border surveillance and, thus, increased risk for the migrant who makes an attempt to return to the U.S. to work (Ackleson 2005).

Beyond the Production of Illegality and Deportability: The Geopolitics of Economic Value

Border crossing, in addition to producing illegal deportable subjects, moderates unequal exchange of economic value (Kearney 2004).⁷ This unequal exchange happens at the moment of labor migration from the Mexican (sending) to the US (receiving) side of the border. It signifies a broad geopolitical context in which some labor and, thus, some people as well as some regions or nation-states (here the United States) are constructed as more economically valuable than others (here Mexico and other Latin American and Caribbean countries) (Kearney 2004). In other words, labor migrants become "disposable." Their value does not lie in their abilities, but in their "illegality." They are exploitable (and highly exploited) because they are "deportable." The intersection of their economic vulnerability and their illegality and deportability produce a subject that can be disposed of at any time by actually being deported.

As Andreas (1998: 593) argues, a contradictory trend has emerged at the U.S.-Mexico border, particularly in the wake of NAFTA.

The trend, it seems, is toward increasingly restrictive controls over unauthorized immigrant labor flows in the context of a general loosening of controls over cross-border economic activity. Even as the North American Free Trade Agreement (NAFTA) promotes a de-territorialization of the economy, U.S. border control initiatives reinforce state claims to territorial authority. Thus, the apparent paradox of U.S.-Mexico integration is that a barricaded border and a borderless economy are being created simultaneously.

This paradox explains why border policing has more to do with managing an image of border control than actually deterring undocumented migration. The image of the border is one of security and order, but this appearance belies the fact that border control campaigns have not significantly reduced undocumented immigration. However, the mere threat of deportation is enough to maintain undocumented migrants in a vulnerable, exploitable position.

⁷ Kearney's (2004) discussion distinguishes between two different kinds of class, one being produced by this unequal exchange of economic value, and the other referring to identities that comprise social class. For the purposes of this paper, I focus on the notion of class as produced by unequal exchange of economic value.

The Production of Fear: Being “Classified” Extends Beyond the Border

Increasing militarization of the U.S.-Mexico border and the reinforced production of “illegality” has led to, at the least, the perception of increased deportations, news of mistreatment of undocumented people, and increasing deaths at the border. For example, in May 2001, 14 undocumented migrants from the state of Veracruz died in the desert near Yuma, Arizona during border crossing (Alonso Meneses 2003). This news quickly reaches the communities that the migrants have left. The threat made tangible by these stories frightens migrants’ family members. “They have already kicked out a lot of people. Stores are closed,” said Nayeli referring to stores in the United States that have a largely Mexican clientele. They can no longer stay open because the U.S. government is deporting so many Mexican people. Nayeli was recalling the same news story that I had seen on the evening news a few nights before. Yadira also told me a story she had seen on the news about a group of men who went to the US on contract to pick tomatoes. When they had worked for some period of time, the company refused to distribute their paychecks arguing that the men still had to pay for their passage to the US. That arrangement had not been part of the contract they made. As a result, they were paid very little for picking the tomatoes. The men, making the equivalent of 30-40 pesos a day, didn’t even have enough for their food. Yadira wondered how they would send money back to their families.

The stories people told were not only ones that happened to people unconnected to the community. Yadira and her daughter additionally reported an incident that had recently occurred with a group of migrants from Los Cañales. A month before they told the story to me, this group of migrants had paid a coyote to take them across the border. The coyote led them across, but the Border Patrol sighted them. The coyote ran away, leaving the migrants to fend for themselves. They happened to be near a ranch, into which they entered in order to hide. The owners of the ranch, instead of helping the migrants, kidnapped them and demanded that they contact their families for ransom money. Yadira and her daughter quickly pointed out to me that these ranchers were *also* Mexican and that it was an affront that they would do something like that to their *paisanos*. The families had to gather the money and deposit it all at once into a bank account identified by the ranchers/kidnappers. When the money was transferred, the ranchers let the migrants go. However, the Border Patrol showed up immediately upon their release. Apparently, an anonymous call had been made to the Border Patrol about this particular group of migrants. Some of the group managed to escape the Border Patrol and remain in the United States. Others were caught and deported. Some of those made a second, successful crossing attempt, but some decided to come home. In all cases, families were left with double or triple the original debt they had incurred to pay the coyote the first time the group attempted to cross. Particularly for those would-be migrants who returned home, the debts will be extremely difficult to repay.

That migrants may face death when attempting to cross the border is also well known to people in Los Cañales. Eschbach et al. (1999: 431) have described particularly well the risks of death that migrants take on in their journeys across the border.

They cross the Rio Grande and other swift-moving waterways under the cover of darkness. They travel in sealed and poorly ventilated freight compartments of trains or trucks. They hike through the parched terrain of the American southwest. Some scale fences and other steel barriers

erected by the United States government to seal the border. Endeavoring to overcome these multiple barriers, migrants often rely on the assistance of a *coyote*, exposing themselves to a criminal underworld. Tragically these dangers sometimes lead to fatal consequences.

They additionally face potential long treks through the desert that could leave them vulnerable to dehydration, hyperthermia, or other potentially fatal situations. Their vulnerability often leaves them in the hands of *coyotes*, as in the case discussed above. These *coyotes*, as Eschbach et al. (1999) point out, are a part of a “criminal underworld” that also include *bajadores* or *asaltapollos*, who commit violent acts against undocumented immigrants including robbing, assaulting, and raping them. Their activities are often planned in coordination with *coyotes* (Alonso Meneses 2005).

In a conversation with Adriana about her husband’s multiple trips across the border, she related a story of his near death in the desert. He and a few others in his group were separated from the rest of the group when they ran from the *migra* just after crossing the border into the desert of Arizona. The coyote, who was to lead them to a safe place where they could rest and eat before continuing on their journeys, was with the other part of the group. Adriana’s husband and several others wandered through the desert for approximately three days. Their only source of water was from a shallow pond they discovered from which they refilled their water bottles. The water was green and a cow lay dead near the edge of the pond. No one wanted to drink the water, but they had no choice. They would have died of thirst otherwise. Unfortunately, drinking this water left Adriana’s husband with long-term gastrointestinal issues that he has not been able to resolve. Luckily, a sympathetic man found them and brought them to his house to recover before they set off again to meet family members and find work in Arizona. Although this experience made him more hesitant to cross again years later, it did not stop him from making the attempt. He did so with the knowledge that something like that could happen again, and he might not be as lucky as he was the first time. Adriana, also, lived with the fear that her husband would again find himself in a potentially fatal situation at the border.

In March of 2008, Adriana’s husband decided, with his brother, to again attempt to cross the U.S.-Mexico border into the United States. Adriana’s husband left for the United States on a Monday afternoon. He called on Tuesday night from the border and was waiting with his brother to cross. Adriana took her three children with her that night to mass to ask God to protect her husband and his brother. The next day, she left around noon while her children were in school. I did not see Adriana again until about ten o’clock that night. She had been gone all day, waiting at her mother-in-law’s house for a call from her husband. He did call to tell her that he had still not crossed the border. Adriana told me that she was feeling very anxious about his crossing and was exhausted. She had gotten home late two nights in a row and had not been eating very much due to her anxiety.

The next day, I saw Adriana in her yard and stopped to talk with her. Although her husband had only been gone a few days, she began reminiscing about what it was like when he was there. When he was here, she said, he would say things like “Let’s work on this,” or “let’s fix this thing that we have been wanting to fix on the house.” And she would enjoy doing that with him. Now that he had left, she didn’t feel motivated to do

any of it. “I don’t have the desire to do anything,”⁸ she said. She didn’t feel like raking the yard, cleaning the house, or doing anything else. She and her children were quieter than normal. Usually they were full of smiles, laughter, and amusing tricks. That day, they looked sad.

A week later, Adriana left for Mexico City with her sister-in-law to pick up their husbands, who were coming back from the border after two unsuccessful attempts to cross. The problem was not border patrol, but the fear that Adriana’s brother-in-law had about crossing. He remembered all too well their previous near-death experience and would feel faint and begin talking about how he was going to die every time they prepared to cross. Adriana and her sister-in-law took a bus overnight and arrived the next morning at the bus station but her husband and his brother had not yet arrived. They had to wait until the middle of the night that night for them because of traffic coming down from the border. They were prepared to return on a bus early the next morning, but Adriana’s brother-in-law was suffering from severe anxiety and was convinced that he would die on the bus trip back home. They had to wait a full day for him to calm down in order to get him onto a bus. They stayed for a little while with some acquaintances in the city, then got on an overnight bus back home. They arrived at six the next morning. Adriana had not slept in three days. She was obviously exhausted, and was experiencing significant pain around her Achilles tendon, which was a dark purple color and swollen. She thought it was from standing for so many hours over the last few days.

About a week later, Adriana’s husband, fully rested from his previous border crossing attempts, decided suddenly to try again. I was at Adriana’s house when suddenly the entire family left to take her husband to the bus station and send him off. The next morning, she told me that she was awakened at two in the morning because she very clearly heard her husband calling her name. It wasn’t him. He was on his way to the border. It was just in her head or in her dream, but she said that it made her heart beat very quickly and she felt desperation. She wanted to cry, but held it in “afuerza” (by force). She instead took a shower to calm herself down to go back to bed.

Adriana and other women with migrant family members understood the dangers of “illegality” on multiple levels. They understood the anti-immigrant racism that fueled violence at the border and knew that they could lose their family members to death or disappearance. They also knew that work in the United States was increasingly exploitative and difficult to find. Remittances, never a reliable source of income, are even more unreliable in this context.

Responsibility for Reproduction: Denial of State Services and Burdens on Mexican Households

Additionally, and key to this research, the recent changes in United States legislation through IIRIRA and the 1996 Welfare Reform Act have removed all state responsibility to secure the conditions of reproduction of households and laborers. The responsibility then falls on the migrants and their Mexican households in multiple ways that have profound impacts on women’s daily lives and the intensification of their labor. One key example of this responsibility for reproduction can be seen in Bertha’s experience.

⁸ No tengo ganas de hacer nada.

Bertha's husband had migrated to the United States three years before my first interview with her. At the time of our interview, he had called her to advise her that he was coming home. He had injured his shoulder on a construction job and had been unable to obtain medical care. He was concerned that if he went to a US clinic, they would ask for his papers. Since he was undocumented, he would be turned over to immigration officials and deported. His injury, however, left him unable to work. Without any source of income himself, he was borrowing money from family members who worked and lived with him. They could not continue to support him if he was unable to return to work because they needed to send their money back to their households in Los Cañales. The injury, however, was worsening.

During the time of my research, Bertha's husband did return to Los Cañales. He visited the public health clinic to treat his injured shoulder. He was sent to a specialist. The consultations and treatment were free, but the frequent trips to the clinic were not. There are no specialists in Los Cañales; therefore to seek the kind of treatment Bertha's husband needed required substantial resources. Since Bertha accompanied her husband to his medical appointments, they paid for two round-trip bus tickets and at least two meals. In addition, the time Bertha lost in making these trips reduced her own income from selling cosmetics door-to-door. Bertha and her husband used all that they had saved when he was able to send remittances in order to treat his shoulder. When I left Los Cañales, he was still unable to work due to the injury, and he and Bertha were living with his mother and father.

The responsibility of reproduction in this case was squarely on Bertha's household. Her husband could not seek care in the United States for fear of deportation. This fear is not unjustified given the increasing connections between the Department of Homeland Security and other state institutions like public health clinics and the denial of state services to certain categories of immigrants. In the end, Bertha and her family spent all their savings to seek treatment for her husband leaving them with no safety net. The family will, for the foreseeable future, have to rely on Bertha's informal labor for survival.

Conclusion

Stories on the news, from family members in the United States, and from those who have been deported or faced dangerous crossing situations reflect the militarization of the border that anthropologists have argued represents both structural and physical violence against undocumented workers (Nagengast 2002; Sutton and Novkov 2008). Sutton and Novkov (2008), for example, characterize the United States as a "warrior state," given the consistent militarization of the nation throughout its history. I would also argue that this "warrior state" produces far reaching structural violence. This structural violence extends beyond those who attempt to cross the border to the family members who depend on migrant remittances for survival. In this case, government institutions, military institutions, civilian projects, and restrictive immigration policies constitute a set of "anti-citizenship technologies" that produces "illegal" and deportable subjects whose vulnerability results at the least in fear of being deported and losing the only source of income that allows for survival. At the worst, these fears become realized in injury or death of migrants at the border, their actual deportation, or their inability to gain access to the United States.

To leave the analysis at labeling structural violence, however, limits the possibilities of understanding the complexity of the production of illegality. The effects of illegality include the production of particular gendered and classed social positions. This production is particularly clear in the transformation of Bertha's life into one in which she was the sole income-earner *and* caregiver. Her husband's nationalized marginal position resulted in his inability to seek medical care in the United States. His return to Los Cañales not only erased the income he was sending home in the form of remittances and propelled Bertha into the informal labor market, it also increased Bertha's burden of care, particularly because they had to negotiate care in an underfunded public health care system, the subject of the next chapter.

Chapter Seven: El Enfermo Se Me Muere: The Neoliberalization of Health Care Systems and the Underfunding of Public Resources

Introduction

The threat of deportation is not the only threat that converges on women's bodies to undermine health and well being. Additionally, the privatization of health care and the importation of managed care from the United States to Mexico underfunds public health services that women currently find inadequate. The health of Mexico's citizens is ostensibly the responsibility of the state; the Mexican Constitution guarantees health protection for all Mexican citizens (Laurell 2001). However, the realities of health care for the women in my research reveal that this responsibility of the state is less than fulfilled. Neoliberal reforms after the peso crisis of 1994 included "reforms"¹ in the health care system that continue to be implemented.

The ideological influence of neoliberalism frequently emerges from international financial institutions, such as the World Bank, which increasingly engage in health policy changes in Latin America. These changes particularly affect the public health care system through development of market-driven practices, such as privatization of social security, implementation of fee-for-service policies in previously free-of-charge programs, and a general shift towards US-style managed care systems (Armada et al. 2001; Berlinguer 1999; Laurell 2001). These practices reduce access to care for those who rely on this system for their health care (Laurell 2001). When people have reduced access to health care, they have to resort to other strategies to maintain their health. One of the major strategies used is care in the home, a strategy that disproportionately burdens women (Browner and Leslie 1996; Laurell 2001). This burden on women is often realized in care work as discussed in Chapters 4-6.

The Mexican Health Care System(s)

In order to explain the consequences of recent reforms to the health care system, it is important to understand the segmentation of that system because the structure creates unequal access to adequate health care across the population. The formal Mexican health care system has essentially three parts – private institutions, social security institutions, and public health institutions. I focus on formal health care resources because these are the resources women tend to utilize. One midwife still lives and works in the community, but few use her services. People do use bonesetters when they have sprains and pulled muscles, but rarely use them for broken bones. There are no *curanderos* or naturopaths who permanently live and work in the community although some visiting practitioners do travel through town several times a year. The community's last *curandero* was terminally ill at the time of my fieldwork and was no longer practicing. People do intermittently utilize these resources when they are available but for the most part did not either because of a perception that biomedicine was more effective or because these alternative methods were too expensive.

¹ As will be discussed later in this chapter, there is contention over whether the reforms to the health care system actually constitute fundamental changes and whether they improve the health of the general population.

The services of private institutions are paid for through private health insurance or out of pocket. Therefore, the majority of the poor do not have regular access to these services. However, they do use the services and may go into significant debt in order to do so, as I found in Los Cañales. Social security institutions provide lower-cost (than private insurance) health insurance for those who work in the government, are part of an *ejido*, or work in a government-owned industry. Workers pay a fee at the beginning of the year that allows them and their families to utilize social security services without limits for the year. Finally, the public health sector is free for those who have enrolled in *Seguro Popular*, discussed below.

One of the main neoliberal implementations has been the development of managed care in Mexico. This managed care system is a market-driven system rather than one driven by goals for health of the population. Therefore, health becomes a commodity rather than a human right in this system (Berlinguer 1999; Iriart et al. 2001; Waitzkin and Iriart 2000). Rather than improving health, then, many argue that the managed care system contributes to increasing health inequalities (Berlinger 1999; Waitzkin and Iriart 2000). Laurell (2001) also predicts a continuing increase in inequalities rather than a stabilization of them. Waitzkin and Iriart (2000) and Berlinguer (1999) have identified various factors that contribute to these increasing inequalities: the implementation of co-payments and user fees, reductions in public health spending, and increasing burdens on public hospitals and clinics as greater proportions of the population have to rely on them because they cannot afford private services.

Statistical Data on Health in Mexico

To understand the influence of health care sector reforms in Mexico (and specifically in Veracruz), it is important to paint a broad picture of health issues and health sector concerns. The World Health Organization (2010) tracks several core health indicators for member countries. These statistics indicate that Mexico falls below the indicators for the United States and for industrialized countries with universal health care access (see Table 7.1).

Table 7.1: Core Health Indicators

Country	Infant Mortality Rate (per 1000 live births)	Maternal Mortality Rate (per 100,000 live births)*	Male Life Expectancy (at birth)	Female Life Expectancy (at birth)	Male Healthy Life Expectancy (at birth)	Female Healthy Life Expectancy (at birth)
Mexico	29	60	72	77	63	68
United States	7	11	75	80	67	71
France	4	8	77	84	69	75

*The latest data for maternal mortality are from the year 2005.

Mexico falls significantly below the United States and France on all the core indicators listed in Table 1. In 2000, the Pan American Health Organization published a report on the health situation of countries in the Americas, highlighting on-average improvements in health and living conditions across the board. Yet, in the introduction to the report, the authors note that health inequalities remain a major impediment to further improvement in health indicators (Pan American Health Organization 2000). Health inequalities have

not improved along with the average. Thus, the data I presented above are deceptive because they obscure health inequalities within countries. The Pan American Health Organization, recognizing the need to establish reliable measures of health inequalities, recently embarked on a project to develop such measures. One of their findings is that health needs vary drastically by state in Mexico. States in the southern part of Mexico, including Guerrero, Oaxaca, Chiapas, Veracruz, Puebla, and Hidalgo, constitute those states with the most unmet health needs. Those states bordering the United States have fewer unmet needs.

For example, according to 2002 data from Mexico's Ministry of Health (Secretaría de Salud 2004), life expectancy at birth in Veracruz is approximately one year lower for both men and women than the national average – 71.7 for men and 76.9 for women. Chiapas maintains the lowest life expectancy at birth for both men (70.9 years) and women (76.2 years). Baja California and the Federal District have the highest life expectancy, approximately 74 years for men and almost 79 years for women. Infant mortality rates show similar gaps. Veracruz, in this case, actually falls below the national average of 18.4 for males and 14.5 for females (per 1000 births). Veracruz's rates are 18.0 for males and 13.4 for females.² The state of Puebla far exceeds the national average and is the state with the worst outcomes in this area, with infant mortality rates of 31.0 for males and 25.1 for females. States farther north in the country tend to have much lower infant mortality rates. For example, Sinaloa's rates are 6.7 for males and 4.6 for females. Finally, the Ministry of Health data shows wide disparities in maternal mortality among states. Their national average for 2002 is lower than that of the World Health Organization at 62.6 deaths per 100,000 live births, yet it is still far above the national average for the United States. At 78.1 deaths per 100,000 live births, Veracruz has maternal mortality rates well in excess of this average. However, it is far from the high rate of 103.2 in Chiapas and from the low rate of 15.9 in Nuevo León (Secretaría de Salud 2004).

Critiquing Neoliberal Arguments for Privatized Health Care

The neoliberalization of the public health care sector that has characterized recent reform in Mexico has the potential to further increase health inequalities in the country. The neoliberal argument for privatized care is that market forces lower the cost of medical care and provide more effective care than the public sector (Armada et al. 2001; Homedes and Ugalde 2005). Proponents of neoliberal policy argue that less state control means more efficient services. More state control, including a strong welfare system, hinders economic growth (Armada and Mutaner 2004). Multiple strategies for the privatization of health services have been proposed including: separating financing from provision of health care and promoting provider competition, cost recovery or user fees, autonomous (decentralized) hospital and service administration, privatized health services, and government-funded subsidies to private health insurance (Armada et al. 2001, 2004; Homedes and Ugalde 2005). Thus, privatized care is driven by economic goals rather than health quality or access goals (Armada et al. 2001; Rylko-Bauer and Farmer 2002; Waitzkin and Iriart 2000).

² It should be noted here that the infant mortality rates and life expectancy could be skewed for Veracruz given that they do not capture the effects of recent trends in transnational migration.

This marketization of health care requires an ideological shift in “common sense” such that health is no longer viewed as a human right, but rather as a commodity. Thus, health is no longer a public good (Iriart et al. 2001; Laurell 2003); it is an individual responsibility and choice (Iriart et al. 2001; Maskovsky 2000). Maskovsky (2000) argues that the transformation of health care into a commodity has particular effects on the poor. It places responsibility on the individual to maintain his or her own health, leading directly to disciplining the poor through health policy to eliminate their “dependency” on the system. This disciplining of the poor is clear in the stories of women I discuss below.

Many scholars find that health inequalities increase as a result of neoliberal policies regarding health and health care (Armada et al. 2001; Berlinguer 1999; Maskovsky 2000; Rylko-Bauer and Farmer 2002; Waitzkin and Iriart 2000) and predict that these inequalities will continue to rise (Laurell 2001). Several variables contribute to this process of increasing health inequalities. Co-payments and user fees required for the use of medical services in many privatized care plans present barriers to the poor (Armada et al. 2001; Waitzkin and Iriart 2000). The public health model of primary care is undermined through reductions in spending on public health services (Berlinguer 1999) and dismantling of ministries of health (Armada et al. 2001). Without a strong primary care system, the poor have reduced access to basic health services. Public clinics and hospitals experience greater strain because they are burdened with a growing population that is unable to pay for the health services provided by private clinics (Waitzkin and Iriart 2000). The implementation of privatized care thus leads to the institutionalization of lack of access to care (Armada et al. 2001).

Managed Care in the United States: Does it Improve the Health of the Poor?

These critiques of market-driven health care are not just predictions for the future. Many have noted the failure of such policies in the United States (Armada et al. 2001; Maskovsky 2000; Waitzkin and Iriart 2000). For example, Rylko-Bauer and Farmer (2002) argue that the development of privatization of health care through health management organizations (HMOs) and managed care organizations (MCOs) supports an increased focus on profit making and explicit rationing of services for cost reduction, neither of which increase access to health care. In the United States, which already has a weak public health and primary care structure, further reductions in access to health care for the poor emerge because the health care safety net is increasingly strained in the market context.

One large study of Medicaid managed care (MMC) in New Mexico exemplifies the negative effects that market-based medicine can impose on poor populations. The researchers in this study focused on the implications of Medicaid managed care for the health care safety net in both rural and urban New Mexico (Horton 2004). They found that Medicaid managed care in general did not improve access to health care for the poor for multiple reasons. A detailed description of this research project is beyond the scope of this paper. Here I provide one example of the strain on safety net health care organizations that further limits their ability to provide care to the poor.

Market-based health insurance is based in a logic of profit and limits the services for which it will pay. In New Mexico, this gatekeeping added layers of bureaucracy that increased administrative responsibilities for clinics providing care under Medicaid. Staff were required to submit additional forms, place more phone calls and faxes, and

adjudicate an increased number of contested payments. Greater staff responsibilities mean that the staff cannot tailor practices to the individual needs of clients. This stress on the safety net institution facilitates a shift in the labor of health care to the patient. According to Louise Lamphere (2005:8), “Under MMC, patients are asked to take over much of the work of gaining access to the system, enrolling themselves, and finding their way through the bureaucracy so that they can obtain direct services.” One consequence of this change was that New Mexico’s immunization rate fell from number 30 among the states of the United States to number 51 (including the District of Columbia) after the implementation of Medicaid managed care (Lamphere 2005). This study highlights increased complexity in gaining access to health care through Medicaid managed care, particularly for rural populations where there are fewer health care providers (Lamphere 2005).

Nancy Nelson (2005: 104) argues that this project does not merely describe a very particular local response to Medicaid managed care, but rather “focuses on the very specific local conditions . . . and then contextualizes them within larger regional, state, national, and international aid dynamics.” By moving among these multiple levels, this type of project illuminates patterns in neoliberal processes of health care reform. This analysis lends itself to critiques of market-based medicine, showing that health cannot depend on market forces because the market is not concerned with inequality, and health does not function like a commodity. The health care market is, thus, an imperfect market. Given the failure of managed care in the United States, why is this model being “exported” to developing countries like Mexico? To answer this question, I next discuss the growing number of actors involved in the implementation of market-driven health policies in Latin America, following Nelson’s suggestion that studies of managed care need to focus on multiple levels.

MNCs, IFIs, the WHO and the State: Who is Responsible for the Health of the Poor?

The role of multinational corporations (MNCs) and international financial institutions (IFIs) in health care is increasing, which means that privatization of health care is rapidly expanding in developing countries (Armada et al. 2001; Waitzkin and Iriart 2001). Millen et al. (2000) contend that MNCs have become the dominant institutions of our time, and their growth has given them immense power in terms of their abilities to shape national and international policies to support their increasing profit. In regard to specifically health-related MNCs, Millen et al. (2000:220) note, “large pharmaceutical, biotechnology, for-profit health-care providers, and health insurance corporations have played an enormous role in the corporatization and commodification of health.” While they may have the potential to increase the world’s health status, they are in fact shifting the focus from public health to commercial concerns (Navarro 2002). Health businesses create new markets for their products often through collaboration with global institutions such as the World Bank to encourage a shift from public and community health to private and individual health concerns (Millen et al. 2000).

According to Homedes and Ugalde (2005), the World Bank is now the leading international agency in lending money for the development of health sectors in poorer countries. IFIs like the World Bank exert strong pressure on debtor countries to conform to neoliberal ideas about moving the health sector towards privatization (Armada and Mutaner 2004). Economic globalization facilitates the involvement of these institutions

(Waitzkin and Iriart 2001), and structural adjustment has been a major part of such globalization in developing countries (Armada et al. 2001; Laurell 2001). Structural adjustment programs (SAPs) included health care systems in their recommendations for reduction of expenditure on social services (Armada et al. 2001; Berlinguer 1999; Waitzkin and Iriart 2000). These SAPs advocated “narrower interventions envisioned as effective in contributing to economic growth” but ignored the larger social and political picture, particularly the issue of poverty, in which health issues develop (Paluzzi 2004:65).

In Latin America, the influence of SAPs dramatically affected the constitution of health care systems particularly because just as these countries were beginning to implement the goals of health care for all presented in the Declaration of Alma Ata in 1978, economic crises befell many of them. Thus, efforts to improve primary health care and disease prevention for the poor were undermined just as they started (Homedes and Ugalde 2005). Additionally, the World Bank’s World Development Report from 1993, entitled *Investing in Health*, states that investments in health should be guided by analysis of their cost effectiveness (Gonzalez Block et al. 2001). These processes constitute a shift in political leadership concerning global health from intergovernmental health organizations, such as the World Health Organization, to IFIs (Berlinguer 1999). A corresponding shift from a focus on primary health care to a focus on cost-effectiveness follows. According to Armada and Mutaner (2004: 33) intergovernmental health organizations support private health care financing and provision. This connection between international health agencies and IFIs “jeopardize[s] the independence of international agencies in policy evaluation and design, technical cooperation, research and assessment of the social and health impact of economic policies” (Armada and Mutaner 2004:34).

The Neoliberalization of Health Care in Mexico

Armada and Mutaner (2004:32) find that the health care reforms supported by loans from the World Bank and other IFIs are supposed to extend health coverage to the poor, but instead usually “favor the private financing and provision of health care over the former public financing and provision of services that had predominated in most Latin American countries.” This privatization usually has a negative impact on the poor in terms of access to health care (Armada and Mutaner 2004). Neoliberal health and social policies in Latin America exacerbate existing health inequalities because they lead to dismantling of the welfare state and the commodification of health services (Armada and Mutaner 2004). The overall negative effects of health care reforms in Latin America can also be found in the Mexican case. Mexico’s health care reform plan is modeled on United States privatized care (Laurell 2001). Historically, the structure of the Mexican health care system focused on public institutions – the social security system and the Ministry of Health. The Ministry of Health provided health care to the “open” population (those not covered by the social security system or private care); and the social security system provided health care to urban and rural formal sector workers and their families (Frenk 1994; Laurell 2001). The private sector included health care providers (both biomedical and traditional) who work on a for-profit basis (Frenk 1994).

While this system ideally provided health care to the entire population of Mexico, in reality many of the poor did not have consistent access to care through the Ministry of

Health (Laurell 2001). Additionally, Frenk (1994) argues that although the constitutional right to health protection required a broad reaching health care system, segmentation of the system left large gaps in service for various populations. However it was the Mexican Social Security Institute, which ostensibly provided care to almost half of the Mexican population, that was the first to be targeted by neoliberal health care policies.

Mexico has undergone several processes of reform of the health sector in the last fifty years. The first reforms occurred in 1943 with the formation of the Ministry of Health, the Mexican Institute for Social Security (IMSS), and the Children's Hospital (Frenk et al. 2003). This reform was a response to industrialization and opportunities for better health care afforded by technological progress and economic development. However, health care was, then as now, less available to the poor than to the wealthy. In the late 1960s, the health care system reached a crisis due to rising costs of care and increasingly limited health care access for the poor (Frenk et al. 2003).

The second reforms began in the late 1970s and coincided with austerity measures implemented by the federal administration in an attempt to stem the national economic crisis. This second reform encouraged decentralization of health services for the uninsured from the federal government to the states. It also introduced a constitutional amendment in 1983 that guaranteed health protection as a right for all citizens. In this second reform, the states that participated had to increase their contributions to the public health sector although they were already strained to provide enough resources for other social sectors. Additionally, the government decentralized responsibility for public health care, but not control of decision-making regarding health care programs. The ideals of transforming vertical programs into horizontal primary health care programs were not realized. Without the necessary funds and decision-making power to establish quality primary care programs in every state, the reform increased health inequalities and reduced health service quality (Homedes and Ugalde 2005).

The third reform began in 1994 during another economic crisis and the inauguration of a new government (Frenk et al. 2003; Homedes and Ugalde 2005). According to Frenk, the Minister of Health under President Vicente Fox, the goals of this reform were to improve quality of care and increase citizen participation in their own care. These reforms embraced neoliberal solutions such as the separation of financing from the provision of services and the development of cost-effective benefit packages (Frenk et al. 2003). In 1996, the federal government presented its Program of Health Sector Reform, which like the World Bank's publication *Investing in Health*, "establishes a market-driven system for those who are covered by health insurance through mandatory social security or payment and a decentralized system of minimum services for the 'uninsurable' – that is, the poor" (Laurell 2001: 303). Between 1997 and 1999, all states were required to sign the Decentralization Agreements (Homedes and Ugalde 2005). The Mexican government's program proposed the dismantling of the social security system, replacing it with a "dual policy of market commodities and poor relief," meaning that the private sector would be increasingly involved in the provision of care (Laurell 2001: 299).

These reforms reflected the problems of the second reforms in that the central government still ceded little control over the development of health care programs and the dispersion of funding. They increased inequality in health outcomes both within states and among states. When this policy was implemented, increased privatization actually

decreased the number of primary health care services delivered. This result can be seen as a retraction of the constitutional right to health protection that was established in the early 1980s (Laurell 2001). Frenk et al. (2003), however, argue that these reforms succeeded in supporting the Ministry of Health in providing care to the poor by allowing it to focus on stewardship rather than health care provision and financing. They also strengthened the financial basis of the Mexican Social Security Institute and extended basic health-care packages to targeted rural, poor populations.

The Fox administration, in its National Health Program 2001-2006, targeted several challenges facing the Mexican health system – equity, quality, and financial protection (Frenk 2003). One of the primary ways the administration sought to achieve these goals was through a legislative reform that established a federal system called Social Protection in Health, which includes the Popular Health Insurance Plan (*Seguro Popular*). Social Protection in Health has been continued under the present Calderón administration. The goal of this system, according to the Catálogo Universal de Servicios de Salud, is to “provide integrated access to public health services for all Mexicans regardless of social, economic, or labor conditions, reducing out-of-pocket payments or payments at the moment of receipt of medical attention, which has the goal of diminishing and eliminating the yearly number of families who become poor because of health expenditures”³ (Secretaría de Salud 2008: 4). The Seguro Popular subsidizes a set of health interventions with federal and state funding and contributions from families enrolled in the plan. Funding is progressive, meaning that families pay more as their income increases (Fineberg 2006). The poorest 20% of families receive the health insurance at no cost (Frenk 2006). The point of the health reform is universal coverage, fulfilling the constitutional human right to health care, although the number of services that fall under the new insurance scheme is limited (Fineberg 2006).

Seguro Popular provides coverage for approximately 250 health interventions at both primary and secondary levels of care (Frenk 2006). These interventions are grouped into six categories:

1. *Public Health*, including vaccinations, detection of diabetes, arterial hypertension and tuberculosis, addictions detection and treatment, detection of abnormal hygienic and dietary conduct, and attention to family and sexual violence
2. *General and Specialist Medical Consultation*, including diagnosis, treatment and rehabilitation for infectious and chronic illnesses in children and adults at both the primary and secondary levels of care
3. *Dentistry*, including prevention and elimination of cavities and periodontal disease, elimination of infections and abscesses, and tooth extraction
4. *Urgent or Emergency Care*, including stabilization, diagnosis, and treatment of life-threatening illnesses and traumatic events in emergency rooms

³ Original Spanish reads: “procura el acceso integral a los servicios públicos de salud para todos los mexicanos sin distinción de condiciones sociales, económicas o laborales, disminuyendo el pago de bolsillo o desembolso al momento de recibir la atención de su salud, lo que tiene como meta disminuir y eliminar el número de familias que se empobrecen anualmente al enfrentar gastos en salud”

5. *Hospitalization* for specialist treatment to control and stabilize illness
6. *General Surgery* for the most frequently occurring surgeries (Secretaría de Salud 2008).

Based on the list of services provided through Seguro Popular, the program covers a broad range of illnesses at multiple levels of care. Ideally, this program would significantly improve health and health care access for those who could previously not afford it. However, as will be seen below, actual access to those services often falls short of promises.

The program's pilot phase was completed in 2003 during which time over 500,000 families were enrolled (Frenk et al. 2003). The program officially began in 2004 and is planned to cover the entire previously uninsured population by 2010 (Fineberg 2006). The likelihood of universal coverage, however, has been challenged. The program is offered on a sliding scale fee basis, with the poorest (including all participants in Los Cañales) receiving free insurance. To remain in the program, people are required to take the preventive measures outlined on health cards (with gender and life-course perspectives) (Frenk 2006). While little data currently exists about the effects (and effectiveness) of this popular insurance program, some suggest that the program will reduce the amount of resources funneled directly to the state health ministries (Homedes and Ugalde 2005). Thus, the ministries will increasingly contract with private companies to provide the services covered by popular insurance.

Laurell (2007) scathingly critiques the health care reforms that center on the Seguro Popular. She argues that these reforms are a continuation of past reforms and are a "part of the structural adjustment process, the neoliberal agenda, and the social reform of the state that was initiated after the debt crisis of 1983" (Laurell 2007: 516). For example, structural adjustment policies in the 1980s meant dramatic decreases in public health expenditures. Although expenditures have since risen, they are still below pre-crisis levels. "This lengthy period of budget restrictions caused a process of institutional deterioration that included almost all aspects of the institutions – from physical deterioration to labor devaluation, from decreased salaries to deteriorated working conditions" (Laurell 2007: 516). Therefore, although a health package has been instituted at low or no cost to members of the Seguro Popular, the deficiencies in health infrastructure make it difficult to deliver, especially in poor states and regions because most taxes in Mexico are federal taxes and the poorest states have far less tax-based income than wealthier states (Laurell 2007).

One of the possible consequences of privatization of care is that fewer resources are funneled to public health care systems and clinics. Women in my research often complained that the resources in the public health clinics – including appointments, medicines, and specialist referrals – were inadequate to the point of being worthless. If women had the money, they would almost all choose private practitioners, particularly specialists. The neoliberalization of health care has reached them in two ways. First, they in some sense buy into the notion that health care is a commodity rather than a right. However, they are also frustrated with the lack of adequate care that should be available in public clinics. Therefore, while women acquiesce to a market-driven model of care, they only do so because they have no other option. Public care is underfunded and inadequate. Health care becomes not the responsibility of the state, but the responsibility

of individuals. Because one must pay for adequate health care, those women with migrant family members often used part of the remittance dollars sent to them to pay for health care, particularly for their children. The threat of deportation, then, becomes very specifically about the denial of health care for families.

Seguro Popular and IMSS in Los Cañales

Women in Los Cañales have varying access to several different clinics that provide biomedical health care: a centro de salud (public health center) that offers services to women with Seguro Popular (Popular Health Insurance); the Instituto Mexicano del Seguro Social (Mexican Social Security Institute clinic or IMSS); and several private clinics and pharmacies. In the public health center, both consultations and medicines are free. In the IMSS clinic, cane growers pay approximately 6000 pesos per year for insurance, which allows them unlimited visits for consultations and medications from the clinic pharmacy. Cane cutters receive free care during the cane-cutting season (December to May). The private clinics are located both in the community and in the municipal seat located about an hour away by bus. They range in price from 20 pesos to over 1000 pesos for a consultation.⁴ For women who often scramble to locate 10 pesos to buy a few eggs for a meal, even 20 pesos can be prohibitive.

Almost all of the research participants in this study used either the public health center or the IMSS clinic (Table 7.2).

Table 7.2: Research Participants’ Use of Health Services

Health Service Utilized	Public Health Center	IMSS Clinic	Private Health Care	Other/Not Reported
Number of Research Participants*	40	25	18	2

*The total number is greater than the 72 participants included because several used multiple sources of care. 4 used both IMSS and private care; 4 used both Seguro Popular and private care; 4 used both Seguro Popular and IMSS; and 1 used all three types of services. Use of multiple sources was often related to household member eligibility and the need for a variety of types of services.

Those who used the public health center usually, but not always, had Seguro Popular. Some participants had access to both clinics even though technically those with Seguro Social should not be enrolled in the Seguro Popular program since this program was designed to cover the 50% of the population without any health insurance.

Most women reported that they would use private clinics if they could afford to do so. They considered the public health clinic and the IMSS clinic to provide inadequate health care for several reasons. Women were most concerned with their inability to

⁴ The 20 peso consultation is at a clinic that opened in town just at the end of my fieldwork. It is part of a chain of pharmacies with clinics attached called Farmacia Similar. These pharmacies and clinics cater to lower income people because the consultations are cheap, and the medicine in the pharmacy is significantly cheaper than medicine in other pharmacies. Although I will not go into detail about this new pharmacy here, it was viewed with skepticism by several of the women who were familiar with the clinic because of the low prices of the medication. On a return trip in August 2009, I learned that the pharmacy had closed for two reasons. First, it lost a significant amount of inventory during a flood. Second, the owners of the franchise were not making as much money as they had hoped to make. They relocated to another town.

schedule appointments with the clinic doctors. Most appointments were reserved for people in one of several “control programs” including prenatal care, diabetes control, tuberculosis surveillance, weight control, and a well-child program. They were also concerned with the availability of medicines and other medical supplies, the professional abilities of the providers (particularly because many were young doctors and nurses doing a residency), and the distance to secondary and tertiary care clinics located a minimum of an hour away. Although not all women were dissatisfied with the services provided by the clinics, even those who were not cited a desire to utilize private care when possible.

Getting In to See the Doctor

Obtaining an appointment with a doctor requires long waits often of an entire day or more. During my fieldwork, I took a regular walk around 6:30 in the morning before the heat set in. Each morning I noted the number of people waiting outside the public health clinic for appointments. There were regularly about 15 people waiting in line for an appointment. These appointments were given on a first come, first served basis, deterring many from even attempting to get one.

Carolina, for example, had an abnormal pap result and was told in the public health center that it was a problem with her uterus. She needed more analyses to evaluate her problem, but at the time of our interviews she had been unable to secure an appointment. Since appointments are made daily on a first come, first served basis, one must arrive at 4 or 5am to get on the list. Carolina lives a little over a mile from the health clinic and has to walk there in the dark early in the morning by herself or, because she is afraid to go alone, arrive at the clinic the day before to be registered for an appointment. She has gone three times to try to get an appointment and has not yet received one. The nurse at the clinic is aware of her illness, but says she has to continue to wait in line. The inability to address her illness angers Carolina. She believes that by the time she gets an appointment, she will be dying already. She would go to a private doctor, but she does not have the money. Her husband works as a driver for a cement company that has an office in town. They have four sons, all of whom are in school. Between paying for their children’s education and their daily expenses, there is no money left over to pay for a private doctor, which Carolina estimates would cost thousands of pesos.

Ingrid, a woman who lives on the other side of town, concurs. “We couldn’t say that [the services] are excellent, no - you are going to get up really early at five for an appointment, and if not, they won’t attend to you, because it is a small clinic”.⁵ Ingrid has chronic health problems that necessitate the use of oxygen for her asthma. She also has a history of heart attacks, having had two in the last several years. Ingrid’s and Carolina’s views of the public health center services are not only simple complaints. They also reflect a fear that they will be unable to get services when they desperately need them in a crisis situation.

Availability of Medicine and Other Medical Supplies

Women also discussed the lack of medicine and other medical supplies necessary to treat their illnesses. Heidi has diabetes and is supposed to get her blood sugar checked

⁵ Que digamos que estén excelente, no - vas a madrugar a las cinco para cita y si no, o se atienden, porque es una clinica chiquita.

regularly at the public health center. On the day before one of my interviews with her, Heidi had gone to the clinic to get her blood sugar checked, but the clinic did not have the necessary supplies. They gave her a referral to the municipal center (an hour away). However, this trip is costly in terms of finances and time. Since she has been directed to have a blood sugar analysis within two or three days of each appointment, she was instead planning to wait until the next month's appointment at which time the supplies might be available in the clinic. At the time of our interview, she did not know how she was doing. "I don't know if I am high or low"⁶, she said referring to her blood sugar level. For Heidi, the risk of waiting was less costly than going to the municipal center.

As another result of the clinic having limited supplies, Heidi often has to buy her own medicine. Although the clinic stocks the medicine, supplies run out quickly and new shipments frequently arrive late. Heidi and several other women in my research would go without the diabetes medicine that they understand they are supposed to take every day because the medicine was too expensive to buy in the private pharmacies. Women understood that their disease would progress more rapidly and that they may die of diabetes-related complications as a result.

Similarly, during observation in the waiting room of the IMSS clinic, I regularly saw women turned away who were seeking immunizations for their young children. The vaccination campaigns run out of the IMSS clinic several times a year indicate that vaccinations are an important part of the IMSS preventive health program. However, the vaccine is often not available at other times when women need it for their children. Additionally, the flu vaccine often does not arrive or arrives in only small batches and runs out quickly, leaving both the young and the old without a vaccination that they view as important. When vaccine was unavailable, the nurses would ask people to return in a week to see if the vaccine had been shipped. There was no guarantee that it would have arrived, however, and many people had long distances to travel in order to arrive at the clinic. Managing to make the trip twice in a week may be impossible for many women.

"Incompetent" Pasantes and Disgruntled Nurses

Women also frequently commented on the youth of the doctors in the public health clinic and the disrespectful treatment they received from nurses in both the public health clinic and the IMSS clinic. In the public health clinic, one of the three doctors is a pasante, or medical resident completing his/her social service before receiving the final medical certification. Each pasante works for approximately one year in the clinic, many with the hope of finding jobs in larger clinics in larger cities. As one pasante reported to me, living in Los Cañales was difficult in many ways. The resources are limited, pasantes are far from their families and home communities, and they work long hours for almost no pay. While women to some extent understand the situation of the pasantes, they still distrusted the abilities of these health care professionals to provide adequate and respectful care. For example, Tania experienced misdiagnosis in the public health center. What was thought to be gastritis turned out to be appendicitis. Said Tania of this experience, "Sometimes the doctor doesn't even know what [a patient] has." She is referring to a specific doctor in the clinic – the pasante who was working there during the

⁶ No sé si ando baja o alta.

majority of my fieldwork. Tania was quite disgusted by this misdiagnosis and would attend a private doctor if she had the resources in order to avoid such treatment.

Similarly, many women referred to the changing moods of the nurses, which affected their ability to see the doctor. Nurses acted as gatekeepers – they made the appointments and made decisions about whether a case was urgent enough to be moved up in line. As Sandra explained referring to the nurses in the public health center, “When they are in a good mood, they do attend to us. But sometimes they are in a bad mood.”⁷ She implies here that under the latter circumstances, they do not attend to patients. Some women thought that it was better to stay home and self-treat an illness rather than confront the uncomfortable environment of a clinic in which doctors may be incompetent, at least in the view of the women who seek their care, and nurses may be in bad moods.

The Long Road to Critical Care

If a patient needs care at a secondary or tertiary care clinic either because of the complication of the illness or resources are simply not available in the clinics in Los Cañales, he or she must travel to one of several other nearby cities to receive such care. In addition, in order to receive care at one of these clinics, a referral from a doctor at one of the local clinics is required, as was seen in the case of Heidi. This referral only provides a place in line at the out-of-town clinics, not a guarantee of an appointment. Women often must take an entire day or more to make the trip to the clinic and wait for a possible appointment, sometimes having to return another day in order to be seen. The IMSS clinic does provide partial reimbursement for trips to secondary and tertiary care clinics. Women frequently reported that even with this assistance, they could not get the money together to make the trip, nor could they leave their responsibilities at home for an entire day or more. Therefore, in these cases, health care is not free. Women who do not receive a steady income such as that from remittances often cannot obtain this care.

For example, Reina’s daughter suffers from lupus, an illness that cannot be treated in Los Cañales. Reina’s husband had been in the United States but came home because it was impossible for Reina to manage the care of their daughter by herself. The family had to make the difficult decision to end the only steady source of income that could pay for their daughter’s health care and turn to family for support. Reina’s husband now works as a day laborer and accompanies his daughter to Mexico City for her quarterly appointments. Mexico City is approximately 8 hours from Los Cañales, and the trip costs the family about 1700 pesos. In addition, they have to pay for her consultations and medicines because her rare and complicated illness is not covered through the Seguro Popular insurance. Each quarterly visit also means spending 400-500 pesos on analyses, 40 pesos on a consultation, and nearly 1000 pesos for medicines. When they cannot gather enough money from their family members, they have to take out loans.

Reina’s husband was not even considering returning to the United States to work even though the family was falling more deeply into debt. He was concerned about his own safety given his past negative experiences and about what would happen to his family if something were to happen to him. He also did not want to leave his ill daughter without his support. The situation remained teetering on the edge when I left the field.

⁷ Cuando están de buena, si nos atienden. A veces están de mala.

The amount of debt the family could support was nearing the limit, and family members were less able to provide relief. Reina herself was suffering from gastritis, which left her unable to sleep at night. However, there was no consideration of seeking medical care for her own illness because they were using all of their money to take care of their daughter. The cost of seeking secondary and tertiary care was taking its toll on both Reina and her family. The only potential option to extricate themselves from this situation was labor migration that had become too risky to consider.

For Quality Health Care, One Has to Pay

Private doctors, in Carolina's opinion and in that of many other women, provide better care because they are paid directly. This payment is considered to be a near guarantee of correct diagnosis, appropriate prescriptions, respect for the patient, and timely care. For example, Jeidi and Iris both had the means to choose a private doctor for surgery, in part because of the migration of family members. Jeidi said that one can "take money and right away they attend to you." Therefore, she prefers a private doctor when she can afford one because it is quicker than going to the public health center. Tamara imagined what it would be like to attend a private clinic. "I imagine that fewer patients come and they attend to you better...because you are going to pay, they attend to you as it should be."⁸ Sonia, like other women, also explained that private clinics were better because the medicine is better in private clinics. "Sometimes," said Sonia, "the medicine in the IMSS clinic doesn't relieve the symptoms. A private doctor has better medicine."

Women contest the inadequacy of health care in these clinics. They are in this case, however, repeating the neoliberal argument for privatized health care. The private market provides the highest quality health services. Whether these services are, in fact, higher quality is debatable and is beyond the scope of the present research. The point here is that women contrast this perception of high quality services with the care that most can actually receive.

Inadequate Health Care is a Matter of Life and Death

Not only did women understand the services to be significantly better in private clinics, they viewed the lack of adequate services in the public health and the IMSS clinics as potentially fatal. Like Carolina, many women talked about how one could die waiting to get into the clinics or waiting to be seen by the doctor. Iris, for example, said, "Sometimes I look in other places, I don't know, I don't feel well. I have to look for a private doctor. They give me better attention and medicine. Here in the Social Security Institute clinic [the services are] very delayed."⁹ It was better to borrow the money to get private care than to go to the Social Security Institute clinic because there they would wait until you were really doing poorly before scheduling you for surgery. It is better to go ahead and have the surgery with a private doctor who would do it more rapidly. In Iris's case, she needed to have an operation and decided to go to the hospital in Veracruz. She was admitted for two weeks. It cost \$15,000 pesos. Her daughters had to sell most of their animals in order to pay for the surgery and hospital stay.

⁸ Me imagino llegan menos pacientes y se atienden mejor...como vas a pagar se atiende como debe de ser.

⁹ A veces busco otro lado, no se, no me siento bien. Tengo que buscar particular. Me dan mejores atenciones y medicina. Aquí en el Seguro es muy tardado.

Julia also said that if she had the money, she would go to a private doctor because in the public health clinic, “I am waiting and [my] sick [child] will die on me.”¹⁰ According to Marcela, this fear of death while waiting for medical care is not just a fear, it is an actuality. In explaining that the IMSS clinic gives inadequate care, she whispered to me that one young man had gone to the clinic with a high fever, likely related to his leukemia. “He died because there was no [medical] attention.”¹¹ Although this young man may have died even with the best of care, his death is a symbolic reminder that inadequate health care can be a matter of life and death. Women express a fear of helplessly watching loved ones die while they are waiting at public health clinics. For immediate and urgent treatment, in other words, one must pay for health care.

Remittances as an Avenue to Adequate Health Care

For many women in my research, migrant remittances were one of the only ways to gather enough resources for quality health care in a private clinic. Ursula, for example, had a young son suffering from a kidney problem. She said that although she has Seguro Popular, or popular health insurance that gives her free access to the public health clinic, she did not want to take him there. “In the public health clinic,” she said, “it takes a long time to get an appointment.” Instead, “I took him to a private doctor because he was doing very badly, he already had calcium in his urine... and he looked really sick.”¹² At the time of our interview, Ursula had spent thousands of pesos on the care of her son. When asked how she paid for it, she responded hesitatingly that she used the money that her husband sent from the United States, even though they intended to use that money to finish constructing their house. She would have tried to find the money in other ways had her husband not been in the United States. However, the options are few. Borrowing money from a professional lender often means putting a house up for collateral and paying 20% interest. Borrowing thousands of pesos from family members may be impossible. One of the few sources of income that can pay for medical care such as that required for Ursula’s son is migrant remittances.

Chata also chose private health care services for her own health issues. Although she did not have family members in the United States who could send remittances to help, the outcome of borrowing money to pay for care incited her son to begin making plans to migrate to the U.S. for work. Chata has had multiple surgeries – removal of her gall bladder and appendix, two cesarean sections, and the removal of a cyst in an ovary and in the uterus (matriz). For some of these operations, she has gone to a private doctor. To pay for them, her husband had to borrow money at 20% interest, with their house as collateral. They almost lost their house because they were having difficulty paying off the debt with the day labor that her 70-year-old husband was able to do in the sugar cane fields of other farmers. Because of the fear that the debt cannot be paid, Chata’s son plans to quit high school (bachillerato) and go to the United States to work to help his family.

¹⁰ Estoy esperando y el enfermo se me muere.

¹¹ “Se murió porque no hay atención.”

¹² “En el Seguro [Popular] se tarda para que venga la cita y todo eso, le llevé a particular porque estaba muy malo, ya tenía calcio, ya, este, en la orina, la tenía ese, ya se veía muy mal.”

Lack of Resources to Pay for Care Leaves Women with Heavy Burdens of Care

Like Chata, other women who do not receive remittances struggle to afford health care even when they receive assistance from other sources. When they cannot pay for health care, the burden of care often falls on them. For example, as was mentioned in the introduction to this dissertation, Ximena's husband has prostate cancer and can no longer work. He receives a 1600 peso pension every month, and Ximena works making and selling tamales in town. Ximena's sons work as cane growers in the community, and her daughter sells tamales with her. Ximena told me that her husband's tumor is very large, and it is so advanced that the doctors do not want to operate. Ximena's husband had been having difficulty urinating and was in substantial pain.

She took him to the IMSS clinic in a larger town about an hour away by bus for analyses. However, as she preferred to see a private doctor, she asked for help from the municipal president, who was from her town, to pay for the consultations. She was referred to a federal government office that paid for the consultations. Ximena and her husband did, however, have to pay for transportation to the doctor's office in the city of Veracruz, which cost them approximately 500 pesos each trip. When I spoke with Ximena, they had missed their last two appointments because they could not pay for the bus tickets. Missing appointments meant that her husband had been unable to receive treatment or obtain medications that could help with the pain and reduce Ximena's burden of caregiving.

Ximena has the major responsibility for taking care of her husband. She gives him his medicine at 6:00 am, 2:00 pm, and 10:00 pm. She also has to wake up a lot at night to help him. She told me that these things are difficult because one doesn't have the resources and therefore suffers. At the time of our interview, Ximena was also caring for her daughter who had bone pain and the flu. Since her daughter was sick, Ximena had to also make and sell all the tamales herself. On the morning of our interview, she was awake by 5am making tamales. She then went out to sell them. She told me that she has to do this even though, "my body wants to rest. All this is very hard work". She repeated several times that she felt tired. "What I feel is that my body is very worn out. My feet hurt. I am tired."¹³ Ximena's experience of caring for family members in the absence of accessible health care was echoed by many of the women in my research who did not receive remittances from husbands or other family members.

Conclusion

Women feel that in order to receive adequate health care, they have to pay for it. People view the services provided by the public health clinic and the IMSS clinic as inadequate, even negligent. They often have to rely on resources outside of those they are able to gather in the community to pay for such care. Migrant remittances are one of the few ways that women can gather enough money to pay for private health care that they perceive as significantly better in quality than public health care. However, the process of undocumented migration, in which families must engage to receive remittances, is fraught with danger for migrants and fear for their family members. Remittances are unstable, unreliable, and at any time may cease to arrive (see Chapter 4). Private health

¹³ Mi cuerpo quiere descansar. Todo esto es muy duro...Lo que siento es agotada. Me duelen mis pies. Estoy cansada.

care in this case would become unavailable. In the absence of access to adequate health care, the burden of care falls on women, who provide care at home. Health care, after all, is a personal responsibility in the market-based models that guide recent health care reforms in Mexico.

An intersectionality framework here encompasses an examination of the constant threat of deportation that arises through the production of subjects that are “illegal,” “expendable,” and “deportable” and the neoliberal idea that health care is a personal responsibility. It highlights the ways in which these structures of inequality work together, in this case to perpetuate unequal relations of power in which poor Mexican women experience “injustice and brutality” in multiple ways, including diminished access to adequate health care and the burden of caring for the sick themselves often at the expense of their own needs for health care.

Chapter Eight: Conclusion

I saw Ximena almost every day during my research. Each morning she walked through the community with a bucket of tamales making sales and taking orders for the next day. Her steps were slow, and she stopped often lowering her bucket to rest. She might make 100 pesos in sales on a good day. Many days, however, she returned home with tamales still in the bucket, her meager earnings barely enough to buy supplies for the next morning's tamales. Each time I saw Ximena lowering her bucket to the ground and reaching around to massage her lower back, I was reminded of her words. Ximena and the other women in this research have a sense of the structural violence to which they are subject. They recognize that their social location exposes them to such violence. Yet, they must still navigate their lives in an attempt to obtain health and well being for themselves and their households.

In this dissertation, I have explored the meaning of Ximena's words – "Todo este trabajo se va acumulando en el cuerpo, y la mujer se va pa'bajo." (All this work accumulates in your body, and the woman heads towards the bottom.). I have argued that Ximena is referring to the extra work that is concentrated in poor women due to both global and local processes. There are particular reasons that particular women are saddled with the burdens of this extra work, and that these extra burdens send women towards the bottom. It is important to note that Ximena is part of a group of poor women living in the global South, whose complex lives play out in the context of multiple unequal relationships of power and structures of inequality. To analyze the factors that converge in particular women's bodies, it is essential to frame analysis using intersectionality. The intent of this perspective is to attend to the complexities of social life, particularly as it is lived by people in marginalized social locations. Rather than separating different dimensions of power such as gender, nationality, and class, this perspective allows for an analysis of the transformative effects of multiple dimensions of power as they are simultaneously and interconnectedly produced. Each of the chapters in this study build on each other to develop an ever more complex understanding of women's lives and the reasons that their work accumulates in their bodies, causing them to head towards the bottom.

First, I argued in Chapters 4 and 5 that poor women's reproductive labor becomes intensified in particular ways in the context of global economic crisis and the removal of state social supports. Chapter 4 outlined Mercedes González de la Rocha's concept of the "poverty of resources" in which poor women in the global South have decreasing access to resources for household survival. Because women are often charged with the responsibility for household survival through their reproductive labor, the "poverty of resources" they experience intensifies the need for informal labor and undermines their social networks of support.

In this research, the dissolution of social networks of support was key to understanding the influences on women's well being. The reduction in resources necessary to maintain relationships of reciprocity diminished women's ability to rely on such networks in moments of crisis. The structural antecedents to such dissolution ranged from local organizations such as the water company to broader state processes such as the privatization of the sugar cane industry. I argued that the distrust, jealousy and gossip that women experienced were directly related to these structural processes in which women

lived increasingly in a “poverty of resources.” The global and the state, in this case, intersect in women’s lives to increase their reproductive labor burdens, but to decrease access to resources of support on which women could previously rely. This intensification of labor that one has to do “alone” contributes to the process of women heading towards the bottom.

However, this is not merely a process of gendered differentiation. By comparing different case studies, it became possible to see the ways in which class process complicated gendered relationships within the household and the ways that gendered relationships shaped class process. A higher class status, as in Harieta’s case, can lead to greater flexibility in and relief from gendered responsibilities for reproductive labor. On the other hand, in Adriana’s case, particular gendered notions about who is responsible for reproductive labor can result in an economic movement towards the bottom as women are removed from the formal labor force. Additionally, political and economic institutions must be taken into consideration when analyzing women’s responses to a “poverty of resources.” These institutions shape the ways in which gender, class, and nationality play out in women’s daily lives, including in the ways they negotiate assistance, jealousy, and distrust.

Chapter 5 focused on care work as a central part of women’s reproductive labor. In particular, when women deal with the transnational migration of family members, their care work intensifies. Mothers had to address the need to be both mother and father in the sense of caring for their children. In some cases, this care did not include providing economically for the households because husbands sent remittances regularly. In other cases, however, remittances were unreliable. In these cases, women had to increase their participation in informal labor. In both cases, women took on responsibilities to protect their children and their households. Women had increased feelings of fear and worry that they would be unable to do so successfully, resulting in diminished emotional well being.

I also argued that grandmothers who take care of grandchildren whose parents have migrated out of the community experience intensifications of reproductive labor. They become “mothers” again when they feel that they are too old to engage in such labor. Their care for their grandchildren often leaves them exhausted and with a lack of resources to address their own health concerns. Many grandmothers experience the worsening of chronic health conditions like diabetes because they do not have the physical, emotional, or financial resources to address illness complications.

The intensification of reproductive labor in these cases is imbued with a neoliberal logic that undermines social programs and concentrates capital in the hands of the owners of enterprises. Some have to leave the community to find work that pays enough for family survival. When they leave, women are burdened with intensified reproductive labor largely because they lack the social networks of support on which they could formerly rely.

In Chapter 5, I highlighted the way in which women’s vulnerability is produced through particular configurations of class and gender. Women’s (perceived) higher class status *and* (perceived) inability to protect themselves produces their vulnerability to robbery and sexual assault in the community. Men’s position as deportable subjects due to their particular nationality (and perceived undocumented status), as well as the potential for them to end responsibility for their households in Mexico, constituted women’s fears about losing income. While both men and women are marginalized by the

“illegality” of migrants in this case, women are also situated in marginalized positions in relation to gendered relationships of power. Women do not see themselves as being able to influence men’s sense of responsibility to the household.

To fully understand the consequences of transnational migration on reproductive labor, I focused in Chapter 6 on the specific ways in which migration is shaped by state and global processes. Most of the migrants from Los Cañales migrate to the United States without documents. Border crossing for them is a dangerous endeavor that can result in deportation, injury, or death. In any of these cases, those who maintain households in Los Cañales would be left without remittances by which they ensure household survival. Women who “stay behind” live with constant fear and worry that family members will not return or will be left with no ability to send remittances.

This fear is compounded by growing anti-immigrant sentiment in the United States and increasing militarization of the US-Mexico border. Anti-immigrant sentiment and militarization is fueled by a notion of “illegality” that understands undocumented migrants as equivalent to criminals, particularly in the context of the recent United States-led “wars” on drugs and terrorism. When remittances cease, women must shoulder alone the burden of providing economic resources for the household. As formal labor opportunities are largely unavailable, women often must increase their informal – therefore, low-paid and unreliable – labor activities. Additionally, the threat of the loss of a family member has negative consequences for women’s physical and emotional well-being.

As we saw in Bertha’s situation, the marginalization of women can only be understood in the context of class and nationality. Mexican men, particularly those without documents, avoid medical care in the United States because they are labeled as “illegal.” If they return home to address their health issues, women often increase their own paid labor to cover household expenses *and* may have to take care of men at home. An underfunded public health care system, on which many people living in poverty must rely, is not adequate to address health care needs.

To further understand the effects of the public health institution, Chapter 7 focused on the effects of the neoliberalization of public health care on the services provided in Los Cañales. The public health care system has suffered from long-term underfunding that has resulted in the deterioration of infrastructure and a lack of personnel in the system. The Fox and Calderón administrations have developed a program designed to provide health insurance to the 50% of the Mexican population that was previously without insurance. This program is free to the poorest populations in the country. Yet, thus far, the public health care system has been unable to support the provision of the services promised by the program.

Although there were multiple modalities of care available in the community, women tended to rely on biomedical services. Free biomedical services were available through the Seguro Popular program and the public health center, but women felt that in order to receive adequate health care, they had to pay for private services. People view the services provided by the public health clinic and the IMSS clinic as inadequate, even negligent. This inadequacy at least in part stems from underfunding of public institutions, leaving clinics without sufficient numbers of health care professionals, adequately stocked pharmacies, or the services and equipment necessary to treat complicated illness. However, private health care is often prohibitively expensive. Women often have to rely

on resources outside of those they are able to gather in the community to pay for such care. This lack of services leaves women unable to address the health issues that arise in the process of heading towards the bottom that was described above.

Migrant remittances are one of the few ways that women can gather enough money to pay for private health care that they perceive as significantly better in quality than public health care. Yet, remittances are increasingly threatened in the context of the anti-immigrant sentiment and militarization of the US-Mexico border described above. In the absence of access to adequate health care, the burden of care falls on women, often providing care at home. Their health and well being, therefore, often continues to worsen.

Through describing the intensification of women's reproductive labor, the production of illegal deportable subjects at the U.S.-Mexico border, and by tracing the history of neoliberal reforms in Mexico's public health sector, I have explained the complexities of lives in which poor, rural, Mexican women must navigate insults to their health and well-being. The institutional production of illegality, deportability, and personal responsibility for health care limits women's abilities to obtain quality health care that does not undermine their well being. This structural violence at the hands of both United States and Mexican institutions can only be thoroughly understood through examining the ways in which gender, class, and regional location produce marginalized social positions that often leave women little room to maneuver.

Contributions of the Research

This research makes three significant contributions to anthropological theory and methodology. First, Chapter 6 contributes to the anthropological literature on borderlands and transnational migration by "extending the border" to examine the ways in which it materializes in daily lives far from the geographical border. A considerable amount of important research focuses on migrants and the geographical border region, but there has been limited analysis of the linkages among migrants, the border, and migrants' family members in communities of origin. In particular, there is a dearth of literature that examines the ways in which the production of "illegality" at the border transforms the daily lives of those who do not cross the border but are connected to migration through social and kin networks. By widening the lens in analysis of "illegality" and border crossing, anthropologists not only deepen theoretical perspectives on borders, we also usefully contribute to immigration policy discussions and participate in a public anthropology that helps inform people in the United States about the complexity of border issues.

Second, Chapter 7 examines the influence of neoliberal policy and ideology on the public health sector in Mexico. The aims of the reforms to the health sector are in some ways contradictory to their implementation. They strive for 100% coverage of the Mexican population, regardless of ability to pay, through a largely publicly-funded health insurance program. Additionally, it is poor women who largely use the *Seguro Popular* program in Los Cañales – raising the possibility that such a program (partly due to its connection with *Oportunidades*) could shift gendered and classed relations of power by opening increased access to health care for a traditionally underserved population. However, the structure of the program is largely market driven – focusing on privatization, decentralization, and cost efficiency. Although it is not discussed in depth in the chapter, further analysis of this new *Seguro Popular* program could lead to new

understandings of the complexities of health care systems and particularly open the possibility for understanding *Seguro Popular* as a realization of the call for “health care for all” (World Health Organization 1978).

Finally, and perhaps most importantly, this research addresses some of the challenges to *doing* intersectionality. By utilizing an intersectionality perspective at all phases and levels of the research – in framing research questions, in participant selection, in the use of ethnographic methods, in incorporating researcher positionality into the analysis, in all stages of data analysis, and in the writing of the ethnography – this study moves intersectionality research forward. It presents an example of one way in which intersectionality can be operationalized and contributes to a growing discussion and debate about the future of intersectionality research. It also highlights the importance of continuing to grapple with the difficulties of using an intersectionality perspective in feminist social science research because it highlights key moments in which women’s lives are clearly not only about being women. They are about the intersections of multiple dimensions of power, all of which create specific social locations (albeit not permanent), some aspects of which are shared across dimensions and other of which are not. Ignoring the complexity of women’s situations would limit our ability to understand what Ximena and many other women articulated about the material effects of marginality on their daily lives.

References Cited

- Ackleson, Jason
2005 Constructing Security on the US-Mexico Border. *Political Geography* 24(2): 165-184.
- Adelson, Naomi
2000 'Being Alive Well': Health and the Politics of Cree Well-Being. Toronto: University of Toronto Press.
- Agamben, Giorgio
2005 *State of Exception*. Kevin Attell, trans. Chicago: The University of Chicago Press.
- Agar, Michael H.
1980 *The Professional Stranger: An Informal Introduction to Ethnography*. New York: Academic Press.
- Aguilar, Delia and Anne Lacsamana, eds.
2004 *Women and Globalization*. Amherst, New York: Humanity Books.
- Aguirre, Beltrán, Gonzalo
1946 *La Población Negra de México, 1519-1810: Estudio Etno-Histórico*. México, D.F.: Ediciones Fuente Cultural.
- Alarcón-González, Diana and Terry McKinley
1999 The Adverse Effects of Structural Adjustment on Working Women in Mexico. *Latin American Perspectives* 26(3): 103-117.
- Alicea, Marixsa
1997 "A Chambered Nautilus": The Contradictory Nature of Puerto Rican Women's Role in the Social Construction of a Transnational Community. *Gender and Society* 11(5): 597-626.
- Alonso Meneses, Guillermo
2003 Human Rights and Undocumented Migration Along the Mexican-US Border. *UCLA Law Review* 51: 267-281.
- 2005 Violencias asociadas al cruce indocumentado de la frontera México-Estados Unidos. *Nueva Antropología, Revista de Ciencias Sociales* 20(065): 113-129.
- Alvarez, Robert R. Jr.
1995 The Mexican-US Border: The Making of an Anthropology of Borderlands. *Annual Review of Anthropology* 24: 447-470.

- Andreas, Peter
 1998 The Escalation of US Immigration Control in the Post-NAFTA Era. *Political Science Quarterly* 113(4): 591-615.
-
- 2003 A Tale of Two Borders: The US-Mexico and US-Canada Lines after 9-11. Center for US-Mexican Studies, electronic document, <http://escholarship.org/uc/item/63r8f039>, accessed September 11, 2009.
- Anglin, Mary K.
 1998 Feminist Perspectives on Structural Violence. *Identities* 5(2): 145-151.
- Anglin, Mary and Louise Lamphere
 2007 Complex Negotiations: Gender, Capitalism, and Relations of Power. *In The Gender of Globalization: Women Navigating Cultural and Economic Marginalities*. Nandini Gunewardena and Ann Kingsolver, eds. Pp. 279-286. Santa Fe: School of Advanced Research Press.
- Anguiano Téllez, María Eugenia and Alma Paola Trejo Peña
 2007 Vigilancia y Control en la Frontera México-Estados Unidos: Efectos en las Rutas del Flujo Migratorio Internacional. *Papeles de Población* 051: 45-75.
- Anzaldúa, Gloria
 1987 *Borderlands/La Frontera: The New Mestiza*. San Francisco: Aunt Lute Books.
- Appadurai, Arjun
 2000 Grassroots Globalization and the Research Imagination. *Public Culture* 12(1):1-19.
- Appendini, Kirsten
 1998 Changing Agrarian Institutions: Interpreting the Contradictions. *In The Transformation of Rural Mexico: Reforming the Ejido Sector*. Wayne A. Cornelius and David Myhre, eds. Pp. 25-38. La Jolla: Center for U.S.-Mexican Studies, University of California San Diego.
- Aranda, Elizabeth M.
 2003 Global Care Work and Gendered Constraints: The Case of Puerto Rican Transmigrants. *Gender and Society* 17(4): 609-626.
- Aretxaga, Begona
 2003 Maddening States. *Annual Review of Anthropology* 32: 393-410.

- Armada, Francisco, Carlos Mutaner, and Vicente Navarro
 2001 Health and Social Security Reforms in Latin America: The Convergence of the World Health Organization, the World Bank, and Transnational Corporations. *International Journal of Health Services* 31(4): 729-768.
- Armada, Francisco and Carlos Mutaner
 2004 The Visible Fist of the Market: Health Reforms in Latin America. *In Unhealthy Health Policy: A Critical Anthropological Examination*. Arachu Castro and Merrill Singer, eds. Pp. 29-42. Walnut Creek, California: AltaMira Press.
- Asad, Talal
 2004 Where are the Margins of the State? *In Anthropology in the Margins of the State*. Veena Das and Deborah Poole, eds. Pp. 279-288. Santa Fe: School of American Research Press.
- Asis, Maruja Milagros B., Shirlena Huang, and Brenda S.A. Yeoh
 2004 When the Light of Home is Abroad: Unskilled Female Migration and the Filipino Family. *Singapore Journal of Tropical Geography* 25(2): 198-215.
- Baer, Roberta, Susan C. Weller, Javier Garcia de Alba Garcia, Mark Glazer, Robert Trotter, Lee Pachter, and Robert E. Klein
 2003 A Cross-Cultural Approach to the Study of the Folk Illness Nervios. *Culture, Medicine, and Psychiatry* 27(3): 315-337.
- Benería, Lourdes
 2003 Gender, Development, and Globalization: Economics as if All People Mattered. New York: Routledge.
- Benería, Lourdes, and Shelley Feldman, eds.
 1992 Unequal Burden: Economic Crisis, Persistent Poverty, and Women's Work. Boulder, Colorado: Westview Press.
- Berkman, Lisa F., and Thomas Glass
 2000 Social Integration, Social Networks, Social Support, and Health. *In Social Epidemiology*. L.F. Berkman and I. Kawachi, eds. Pp. 137-173. New York: Oxford University Press.
- Berlinguer, Giovanni
 1999 Globalization and Global Health. *International Journal of Health Services* 29(3): 579-595.
- Bernard, H. Russell
 2002 Research Methods in Anthropology: Qualitative and Quantitative Approaches, Third Edition. Lanham, Maryland: AltaMira Press.

- Bossart, Rita
 2003 "In the City, Everybody Only Cares for Himself": Social Relations and Illness in Abidjan, Cote d'Ivoire. *Anthropology and Medicine* 10(3):343-359.
- Bourgois, Philippe, and Nancy Scheper-Hughes
 2004 *Comments on An Anthropology of Structural Violence*. *Current Anthropology* 45(3):317-318.
- Brah, Avtar and Ann Phoenix
 2004 Ain't I A Woman? Revisiting Intersectionality. *Journal of International Women's Studies* 5(3): 75-86.
- Brown, Peter
 1997 Institutions, Inequalities, and the Impact of Agrarian Reform on Rural Mexican Communities. *Human Organization* 56(1): 102-110.
- Browner, Carole H. and Joanne Leslie
 1996 Women, Work, and Household: Health in the Context of Development. *In Gender and Health: An International Perspective*. Carolyn F. Sargent and Caroline B. Brettell, eds. pp. 260-277. Upper Saddle River, New Jersey: Prentice Hall.
- Bruhn, Kathleen
 1996 Social Spending and Political Support: The "Lessons" of the National Solidarity Program in Mexico. *Comparative Politics* 28(2): 151-177.
- Bryceson, Deborah and Ulla Vuorela, eds.
 2002 *The Transnational Family: New European Frontiers and Global Networks*. Oxford: Berg.
- Bubeck, Diemut Grace
 2002 Justice and the Labor of Care. *In The Subject of Care: Feminist Perspectives on Dependency*. Eva Feder Kittay and Ellen K. Feder, eds. Pp. 160-185. Lanham, Massachusetts: Rowman & Littlefield Publishers, Inc.
- Burman, Erica
 2004 From Difference to Intersectionality: Challenges and Resources. *European Journal of Psychotherapy, Counselling & Health* 6(4): 293-308.
- Campero, Lourdes, Cecilia García, Carmen Díaz, Olivia Ortiz, Sofia Reynoso, and Ana Langer
 1998 "Alone, I Wouldn't Have Known What to Do": A Qualitative Study on Social Support During Labor and Delivery in Mexico. *Social Science and Medicine* 47(3): 395-403.

- Canales, Alejandro I.
 2003 Mexican Labour Migration to the United States in the Age of Globalisation. *Journal of Ethnic and Migration Studies* 29(4): 741-761.
- Carey, James W.
 1988 The Significance of Informal Social Support Networks for Rural Household Health in the Andes. *Michigan Discussions in Anthropology* 8: 119-136.
- Chant, Sylvia
 1994 Women, Work, and Household Survival Strategies in Mexico: 1982-1992: Past Trends, Current Tendencies and Future Research. *Bulletin of Latin American Research* 13(2): 203-233.

 1997 Women-Headed Households: Diversity and Dynamics in the Developing World. New York: St. Martin's Press, Inc.
- Charmaz, Kathy
 2000 Grounded Theory: Objectivist and Constructivist Methods. *In Handbook of Qualitative Research, Second Edition*. Norman K. Denzin and Yvonna S. Lincoln, eds. Pp. 509-536. Thousand Oaks, California: Sage Publications.
- Chavez, Leo R.
 2008 *The Latino Threat: Constructing Immigrants, Citizens, and the Nation*. Stanford, California: Stanford University Press.
- Cohen, Jeffrey H.
 2004 *The Culture of Migration in Southern Mexico*. Austin: University of Texas Press.
- Cole, Elizabeth R.
 2008 Coalitions as a Model for Intersectionality: From Practice to Theory. *Sex Roles* 59(5-6): 443-453.

 2009 Intersectionality and Research in Psychology. *American Psychologist* 64(3): 170-180.
- Coleman, Michael
 2005 US Statecraft and the US-Mexico Border as Security/Economy Nexus. *Political Geography* 24(2): 185-209.
- Collins, Patricia Hill
 1991 *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. New York: Routledge.

 2000 Gender, Black Feminism, and Black Political Economy. *The Annals of the American Academy of Political and Social Science* 568: 41-53.

-
- 2005 Black Sexual Politics: African Americans, Gender, and the New Racism. New York and London: Routledge.
- CompartmosBanco
 2010 Nuestros clients. <http://www.compartamos.com/>, accessed January 6, 2010.
- Compassion International
 2009a About Us. <http://www.compassion.com/about/aboutus.htm>, accessed January 10, 2010.
 2009b Mexico Facts. <http://www.compassion.com/about/where/mexico.htm>, accessed January 10, 2010.
- Consejo Nacional de Poblacion (CONAPO)
 2009 Veracruz, Indicadores demográficos 1990-2030.
http://www.conapo.gob.mx/index.php?option=com_content&view=article&id=125&Itemid=193,
 accessed January 14, 2010.
- Cornelius, Wayne A.
 1998 Ejido Reform: Stimulus or Alternative to Migration? *In* The Transformation of Rural Mexico: Reforming the Ejido Sector. Wayne A. Cornelius and David Myhre, eds. Pp. 229-246. La Jolla: Center for U.S.-Mexican Studies, University of California San Diego.
-
- 2001 Death at the Border: Efficacy and Unintended Consequences of US Immigration Control Policy. *Population and Development Review* 27(4): 661-685.
-
- 2005 Controlling 'Unwanted' Immigration: Lessons from the United States, 1993-2004. *Journal of Ethnic and Migration Studies* 31(4): 775-794.
- Cornelius, Wayne A., Ann L. Craig, and Jonathan Fox, eds.
 1994 Transforming State-Society Relations in Mexico: The National Solidarity Strategy. La Jolla: Center for U.S.-Mexican Studies, University of California, San Diego.
- Christian, Barbara
 1990 The Race for Theory. *In* Making Face, Making Soul/Haciendo Caras: Creative and Critical Perspectives by Women of Color. Gloria Anzaldúa, ed. Pp. 335-345. San Francisco: Aunt Lute Books.
- Crenshaw, Kimberlé
 1989 Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. *University of Chicago Legal Forum* 1989: 139-167.

-
- 1992 Race, Gender, and Sexual Harassment. *Southern California Law Review* 65(3): 1467-1476.
- Cunningham, Hilary
 2004 Nations Rebound?: Crossing Borders in a Gated Globe. *Identities: Global Studies in Culture and Power* 11(3):329-350.
- Das, Veena
 2004 The Signature of the State: The Paradox of Illegality. *In Anthropology in the Margins of the State*. Veena Das and Deborah Poole, eds. Pp. 225-252. Santa Fe: School of American Research Press.
- Das, Veena and Deborah Poole
 2004 State and Its Margins: Comparative Ethnographies. *In Anthropology in the Margins of the State*. Veena Das and Deborah Poole, eds. Pp. 3-33. Santa Fe: School of American Research Press.
- Davis, Angela Y.
 1981 *Women, Race, and Class*. New York: Random House.
- Davis, Dona L. and Setha M. Low, eds.
 1989 *Gender, Health, and Illness: The Case of Nerves*. New York: Hemisphere Publishing Corporation.
- Davis, Kathy
 2008 Intersectionality as Buzzword: A Sociology of Science Perspective on What Makes a Feminist Theory Successful. *Feminist Theory* 9(1): 67-85.
- Deere, Carmen Diana and Magdalena León
 2001 Institutional Reform of Agriculture Under Neoliberalism: The Impact of the Women's and Indigenous Movements. *Latin American Research Review* 36(2): 31-63.
-
- 2003 The Gender Asset Gap: Land in Latin America. *World Development* 31(6): 925-947.
- De Genova, Nicholas P.
 2002 Migrant "Illegality" and Deportability in Everyday Life. *Annual Review of Anthropology* 31: 419-447.
-
- 2004 The Legal Production of Mexican/Migrant "Illegality". *Latino Studies* 2(2): 160-185.
-
- 2005 *Working the Boundaries: Race, Space, and "Illegality" in Mexican Chicago*. Durham, North Carolina: Duke University Press.

- de los Angeles Crummett, María
 2001 A Gendered Economic History of Rural Households: Calvillo, Aguascalientes, Mexico, 1982-1991. *Frontiers* 22(1): 105-125.
- Denzin, Norman K.
 2000 The Practices and Politics of Interpretation. *In Handbook of Qualitative Research*. Norman K. Denzin and Yvonna S. Lincoln, eds. Pp. 897-922. Thousand Oaks, California: Sage Publications.
- DeWalt, Kathleen M. and Billie R. DeWalt
 2002 Participant Observation. Walnut Creek, California: AltaMira Press.
- Di Leonardo, Micaela
 1991 Introduction: Gender, Culture, and Political Economy: Feminist Anthropology in Historical Perspective. *In Gender at the Crossroads of Knowledge: Feminist Anthropology in the Postmodern Era*. M. Di Leonardo, ed. Pp. 1-47. Berkeley: University of California Press.
- Doyal, Lesley
 1995 What Makes Women Sick: Gender and the Political Economy of Health. New Brunswick, New Jersey: Rutgers University Press.
-
- 2009 Challenges in Researching Life with HIV/AIDS: An Intersectional Analysis of Black African Migrants in London. *Culture, Health & Sexuality* 11(2): 173-188.
- Dresser, Denise
 1991 Neopopulist Solutions to Neoliberal Problems: Mexico's National Solidarity Program. La Jolla: Center for U.S.-Mexican Studies, University of California, San Diego.
- Durand, Jorge and Douglas S. Massey
 1992 Mexican Migration to the United States: A Critical Review. *Latin American Research Review* 27(2): 3-42.
- Durand, Jorge and Douglas S. Massey, eds.
 2004 *Crossing the Border: Research from the Mexican Migration Project*. New York: Russell Sage Foundation.
- Durand, Jorge, Douglas S. Massey, and Emiliano A. Parrado
 1999 The New Era of Mexican Migration to the United States. *The Journal of American History* 86(2): 518-536.

- Dworkin, Shari L.
 2005 Who is Epidemiologically Fathomable in the HIV/AIDS Epidemic? Gender, Sexuality, and Intersectionality in Public Health. *Culture, Health & Sexuality* 7(6): 615-623.
- Emerson, Robert M., Rachel I. Fretz, and Linda L. Shaw
 1995 Writing Ethnographic Fieldnotes. Chicago: University of Chicago Press.
- Enciclopedia de los Municipios de México
 2005 Estado de Veracruz de Ignacio de la Llave. Instituto Nacional para el Federalismo y el Desarrollo Municipal, Gobierno del Estado de Veracruz, <http://www.e-local.gob.mx/work/templates/enciclo/veracruz/municipios/30143a.htm>, accessed January 12, 2010.
- Enloe, Cynthia
 2007 Globalization and Militarism: Feminists Make the Link. Lanham, Massachusetts: Roman & Littlefield Publishers, Inc.
- Eschbach, Karl, Jacqueline Hagan, Nestor Rodríguez, Ruben Hernández-León, and Stanley Bailey
 1999 Death at the Border. *International Migration Review* 33(2): 430-454.
- Farmer, Paul
 2003 Pathologies of Power: Health, Human Rights, and the New War on the Poor. Berkeley: University of California Press.

 2004 An Anthropology of Structural Violence. *Current Anthropology* 45(3):305-317.
- Feder, Ellen K. and Eva Feder Kittay
 2002 Introduction. *In* The Subject of Care: Feminist Perspectives on Dependency. Ellen K. Feder and Eva Feder Kittay, eds. 1-12. Lanham, Massachusetts: Rowman & Littlefield Publishers, Inc.
- Feierman, Steven and John M. Janzen
 1992 Introduction. *In* The Social Basis of Health and Healing in Africa. Steven Feierman and John M. Janzen, eds. Pp. 1-23. Berkeley: University of California Press.
- Feldman, Allen
 2004 Deterritorialized Wars of Public Safety. *In* State, Sovereignty, War: Civil Violence in Emerging Global Realities. Bruce Kapferer, ed. Pp. 16-28. New York: Berghahn Books.
- Ferguson, James and Akhil Gupta
 2002 Spatializing States: Toward an Ethnography of Neoliberal Governmentality. *American Ethnologist* 29(4): 981-1002.

- Fine, Michelle, Lois Weis, Susan Weseen, and Loonmun Wong
2000 For Whom? Qualitative Research, Representations, and Social Responsibilities. *In Handbook of Qualitative Research*, 2nd Edition, 107-132. Thousand Oaks, California: Sage Publications.
- Fineberg, Harvey V.
2006 Health Reform in Mexico: A Work in Progress. *The Lancet* 368(9549): 1755-1756.
- Folbre, Nancy
2000 *The Invisible Heart, Economics and Family Values*. New York: The New Press.
- Foucault, Michel
1978 *The History of Sexuality, Volume 1*. New York: Pantheon.
- Fox, Jonathan and Julio Moguel
1995 Pluralism and Anti-Poverty Policy: Mexico's National Solidarity Program and Left Opposition Municipal Governments. *In Opposition Government in Mexico*. Victoria E. Rodríguez and Peter M. Ward, eds. Pp. 189-204. Albuquerque: University of New Mexico Press.
- Freidenberg, Judith and Muriel Hammer
1998 Social Networks and Health Care: The Case of Elderly Latinos in East Harlem. *Urban Anthropology* 27(1):49-85.
- Frenk, Julio
2006 Bridging the Divide: Global Lessons from Evidence-based Health Policy in Mexico. *The Lancet* 368(9539): 954-961.
- Frenk, Julio, Octavio Gómez-Dantés, Carlos Cruz, Fernando Chacón, Patricia Hernández, and Phyllis Freeman
1994 Consequences of the North American Free Trade Agreement for Health Services: A Perspective from Mexico. *American Journal of Public Health* 84(10): 1591-1597.
- Frenk, Julio, Jaime Sepúlveda, Octavio Gómez-Dantés, and Felicia Knaul
2003 Evidence-based Health Policy: Three Generations of Reform in Mexico. *The Lancet* 362: 1667-1671.
- Friedman, Jonathan
2003a Introduction. *In Globalization, the State, and Violence*. Jonathan Friedman, ed. Pp. vii-xv. Walnut Creek, California: AltaMira Press.

- 2003b Globalization, Dis-integration, Re-organization: The Transformations of Violence. *In* Globalization, the State, and Violence. Jonathan Friedman, ed. Pp. 1-34. Walnut Creek, California: AltaMira Press.
- Galtung, Johan
 1969 Violence, Peace, and Peace Research. *Journal of Peace Research* 6(3): 167-191.
- Geronimus, Arline T.
 1994 The Weathering Hypothesis and the Health of African-American Women and Infants: Implications for Reproductive Strategies and Policy Analysis. *In* Power and Decision: The Social Control of Reproduction. Gita Sen and Rachel C. Snow, eds. Pp. 77-100. Boston: Harvard University Press.
- 2001 Understanding and Eliminating Racial Inequalities in Women's Health in the United States: The Role of the Weathering Conceptual Framework. *Journal of the American Medical Women's Association* 56(4):133-137.
- 2003 Damned if You Do: Culture, Identity, Privilege, and Teenage Childbearing in the United States. *Social Science and Medicine* 57(5): 881-893.
- Gershman, John and Alec Irwin
 2000 Getting a Grip on the Global Economy. *In* Dying for Growth: Global Inequality and the Health of the Poor. Jim Yong Kim, Joyce V. Millen, Alec Irwin, and John Gershman, eds. Pp. 22-43. Monroe, Maine: Common Courage Press.
- Glick Schiller, Nina, and Georges Fouron
 1998 Transnational Lives and National Identities: The Identity Politics of Haitian Immigrants. *In* Transnationalism from Below. L.E. Guarnizo and M.P. Smith, eds. Pp. 130-161. *Comparative Urban and Community Research*, Vol. 6. Piscataway, New Jersey: Transaction Publishers.
- 2003 Killing Me Softly: Violence, Globalization, and the Apparent State. *In* Globalization, the State, and Violence. Jonathan Friedman, ed. Pp. 203-248. Walnut Creek, California: AltaMira Press.
- Goldring, Luin
 1998 Having your Cake and Eating It Too: Selective Appropriation of Ejido Reform in Michoacán. *In* The Transformation of Rural Mexico: Reforming the Ejido Sector. Wayne A. Cornelius and David Myhre, eds. Pp. 145-172. La Jolla: Center for U.S.-Mexican Studies, University of California San Diego.

- González Block, Miguel Angel, Peter Sandiford, José Arturo Ruiz, and Joan Rovira
 2001 Beyond Health Gain: The Range of Health Systems Benefits Expressed by Social Groups in Mexico and Central America. *Social Science and Medicine* 52: 1537-1550.
- González de la Rocha, Mercedes
 1991 Family Well-Being, Food Consumption, and Survival Strategies during Mexico's Economic Crisis. *In Social Responses to Mexico's Economic Crisis of the 1980s*. Mercedes González de la Rocha and Agustín Escobar Latapí, eds. Pp. 116-127. San Diego: Center for U.S.-Mexican Studies, University of California, San Diego.
-
- 1994 *The Resources of Poverty: Women and Survival in a Mexican City*. Oxford: Blackwell.
-
- 2001 From the Resources of Poverty to the Poverty of Resources? The Erosion of a Survival Model. *Latin American Perspectives* 28(4): 72-100.
- González-Montagut, Renée
 1999 Factors that Contributed to the Expansion of Cattle Ranching in Veracruz, Mexico. *Mexican Studies-Estudios Mexicanos* 15(1): 101-130.
- Green, Linda
 1999 *Fear as a Way of Life: Mayan Widows in Rural Guatemala*. New York: Columbia University Press.
- Gross, Toomas
 2003 Protestantism and Modernity: The Implications of Religious Change in Contemporary Rural Oaxaca. *Sociology of Religion* 64(4): 479-498.
- Guevara S., Sergio, Javier Laborde D., and Graciela Sánchez-Ríos
 2004 *Los Tuxtlas: El paisaje de la sierra*. Instituto de Ecología, A.C.: Veracruz, Mexico.
- Gunewardena, Nandini and Ann Kingsolver, eds.
 2007 *The Gender of Globalization: Women Navigating Cultural and Economic Marginalities*. Santa Fe: School of Advanced Research Press.
- Hancock, Ange-Marie
 2007 Intersectionality as a Normative and Empirical Paradigm. *Politics & Gender* 3(2): 248-254.

Hankivsky, Olena, Colleen Reid, Renee Cormier, Colleen Varcoe, Natalie Clark, Cecilia Benoit, and Shari Brotman

- 2010 Exploring the Promises of Intersectionality for Advancing Women's Health Research. *International Journal for Equity in Health* 9(5): 1-15.

Hansen, Thomas Blom and Finn Stepputat

- 2005 Introduction. *In Sovereign Bodies: Citizens, Migrants, and States in a Postcolonial World*. Thomas Blom Hansen and Finn Stepputat, eds. Pp. 1-36. Princeton: Princeton University Press.

Harrison, Faye V.

- 1997 The Gendered Politics and Violence of Structural Adjustment: A View from Jamaica. *In Situated Lives: Gender and Culture in Everyday Life*. Louise Lamphere, Helena Ragoné, and Patricia Zavella, eds. pp. 451-468. New York: Routledge.

- 2007 Feminist Methodology as a Tool for Ethnographic Inquiry on Globalization. *In The Gender of Globalization: Women Navigating Cultural and Economic Marginalities*. Nandini Gunewardena and Ann Kingsolver, eds. Pp. 23-31. Santa Fe: School for Advanced Research Press.

Hartwig, Werner A.

- 1980 La Industria Petrolera y la Integración Indígena en Tabasco y Veracruz. *Serie Antropológica* 29: 105-116.

Hernández Albújar, Yolanda

- 2004 Transferred Motherhood: Life Experiences of Latin American Mothers in Italy. M.A. Thesis, Department of Anthropology, University of Florida.

Harvey, David

- 1996 Justice, Nature and the Geography of Difference. Malden, Massachusetts: Blackwell Publishing.

- 2001 Spaces of Hope. Berkeley: University of California Press.

Heyman, Josiah McC.

- 2001 Class and Classification at the U.S.-Mexico Border. *Human Organization* 60(2):128-140.

Heyman, Josiah McC., ed.

- 1999 States and Illegal Practices. Oxford: Berg.

Homedes, Nuria and Antonio Ugalde

- 2005 Neoliberal Reforms in Health Services in Latin America: A Critical View from Two Case Studies. *Revista Panamericana de Salud Pública-Pan American Journal of Public Health* 17(3): 210-220.

- Hondagneu-Sotelo, Pierette and Ernestine Avila
 1997 "I'm Here, but I'm There": The Meanings of Latina Transnational Motherhood. *Gender and Society* 11(5): 548-571.
- Horton, Sarah
 2004 Land and Rural New Mexican Hispanics's Mistrust of Federal Programs: The Unintended Consequences of Medicaid Eligibility Rules. *In Unhealthy Health Policy: A Critical Anthropological Examination*. Arachu Castro and Merrill Singer, eds. Pp. 235-245. Walnut Creek, California: AltaMira Press.
- Hull, Gloria T., Patricia Bell Scott and Barbara Smith
 1982 *All the Women are White, All the Blacks are Men, But Some of Us are Brave: Black Women's Studies*. Old Westbury, New York: Feminist Press.
- Inda, Jonathan Xavier
 2006 *Targeting Immigrants: Government, Technology, and Ethics*. Malden, Massachusetts: Wiley-Blackwell.
- Inda, Jonathan Xavier and Renato Rosaldo
 2002 Introduction: A World in Motion. *In The Anthropology of Globalization: A Reader*. Jonathan Xavier Inda and Renato Rosaldo, eds. Pp. 1-34. Malden, Massachusetts: Blackwell Publishing.
- Instituto Nacional de Estadística, Geografía, e Informática (INEGI)
 1990 Censo General de Población y Vivienda 1990, <http://www.inegi.org.mx>, accessed January 10, 2010.

 1995 Censo de Población y Vivienda 1995, <http://www.inegi.org.mx>, accessed January 10, 2010.

 2000 Censo General de Población y Vivienda 2000, <http://www.inegi.org.mx>, accessed January 10, 2010.

 2005 Censo de Población y Vivienda 2005, <http://www.inegi.org.mx>, accessed January 10, 2010.

 2009 Información Sobre el Flujo Migratorio Internacional de México. Aguascalientes, Aguascalientes.
- Iriart, Celia, Emerson Elías Merhy, and Howard Waitzkin
 2001 Managed Care in Latin America: The New Common Sense in Health Policy Reform. *Social Science and Medicine* 52(8):1243-1253.
- Izquierdo, Carolina
 2005 When "Health" is Not Enough: Societal, Individual and Biomedical

Assessments of Well-Being Among the Matsigenka of the Peruvian Amazon.
Social Science and Medicine 61(4): 767-783.

Jeganathan, Pradeep

2004 Checkpoint: Anthropology, Identity, and the State. *In Anthropology in the Margins of the State*. Veena Das and Deborah Poole, eds. Pp. 67-80. Santa Fe: School of American Research Press.

Jenkins, Janis H.

1996 The Impress of Extremity: Women's Experience of Trauma and Political Violence. *In Gender and Health: An International Perspective*. Carolyn F. Sargent and Caroline B. Brettell, eds. Pp. 278-291. Upper Saddle River, New Jersey: Prentice Hall.

Kapferer, Bruce and Bjorn Enge Bertelsen

2009 Introduction: The Crisis of Power and Reformations of the State in Globalizing Realities. *In Crisis of the State: War and Social Upheaval*. Bruce Kapferer and Bjorn Enge Bertelsen, eds. Pp. 1-26. New York: Berghahn Books.

Kaufman, Robert R. and Guillermo Trejo

1997 Regionalism, Regime Transformation and PRONASOL: The Politics of the National Solidarity Programme in four Mexican States. *Journal of Latin American Studies* 29(3): 717-748.

Kearney, Michael

1995 The Local and the Global: The Anthropology of Globalization and Transnationalism. *Annual Review of Anthropology* 24:547-565.

2004 The Classifying and Value-filtering Mission of Borders. *Anthropological Theory* 4(2):131-156.

Kelman, Sander

1975 The Social Nature of the Definition Problem in Health. *International Journal of Health Services* 5(4):625-642.

Ken, Ivy

2008 Beyond the Intersection: A New Culinary Metaphor for Race-Class-Gender Studies. *Sociological Theory* 26(2); 152-172.

Kingsolver, Ann E.

2001 NAFTA Stories: Fears and Hopes in Mexico and the United States. Boulder, Colorado: Lynne Rienner Publishers.

Kleinman, Sheryl and Martha Copp

1993 Emotions and Fieldwork: Qualitative Research Methods. Newbury Park, California: Sage Publications.

- Krieger, Nancy, and Elizabeth Fee
 1994 Man-Made Medicine and Women's Health: The Biopolitics of Sex/Gender and Race/Ethnicity. *International Journal of Health Services* 24(2):265-283.
- Kumar, Corinne
 2005 South Wind: Towards a New Political Imaginary. *In Dialogue and Difference: Feminisms Challenge Globalization*. Marguerite Waller and Sylvia Marcos, eds. Pp. 165-199. New York: Palgrave Macmillan.
- Lamphere, Louise
 2005 Providers and Staff Respond to Medicaid Managed Care: The Unintended Consequences of Reform in New Mexico. *Medical Anthropology Quarterly* 19(1): 3-25.
- Lamphere, Louise, Helena Ragoné, and Patricia Zavella, eds.
 1997 *Situated Lives: Gender and Culture in Everyday Life*. New York: Routledge.
- Laurell, Asa Cristina
 1996 Social Welfare and Social Work: The Meaning of Poverty Programs in Latin America. *Scandinavian Journal of Social Welfare* 5(3): 130-134.

 2001 Health Reform in Mexico: The Promotion of Inequality. *International Journal of Health Services* 31(2):291-321.

 2003 What Does Latin American Social Medicine Do When it Governs? The Case of the Mexico City Government. *American Journal of Public Health* 93(12): 2028-2031.

 2007 Health System Reform in Mexico: A Critical Review. *International Journal of Health Services* 37(3): 515-535.
- Laurell, Asa Cristina and María Isabel Wences
 1994 Do Poverty Programs Alleviate Poverty? The Case of the Mexican National Solidarity Program. *International Journal of Health Services* 24(3): 381-401.
- Leite, Paula, Maria Adela Angoa, and Mauricio Rodríguez
 2009 Emigración mexicana a Estados Unidos: balance de las últimas décadas. *In Situación Demográfica de México*. Pp. 103-123. Mexico: Consejo Nacional de Población.
- Levin, Betty Wolder and C. H. Browner
 2005 The Social Production of Health: Critical Contributions from Evolutionary, Biological, and Cultural Anthropology. *Social Science and Medicine* 61(4):767-783.

- Limón, José E.
1994 *Dancing with the Devil: Society and Cultural Poetics in Mexican-American South Texas*. Madison: The University of Wisconsin Press.
- Litt, Jacquelyn S. and Mary K. Zimmerman
2003 *Global Perspectives on Gender and Carework: An Introduction*. *Gender and Society* 17(2): 156-165.
- Lock, Margaret and Nancy Scheper-Hughes
1996 *A Critical-Interpretive Approach in Medical Anthropology: Rituals and Routines of Discipline and Dissent*. In *Medical Anthropology: Contemporary Theory and Method, Revised Edition*. Carolyn F. Sargent and Thomas M. Johnson, eds. pp. 41-70. Westport, Connecticut: Praeger.
- Loewe, Ron and Sarah Taylor
2008 *Neoliberal Modernization at the Mexican Periphery: Gender, Generation and the Construction of a New, Flexible Workforce*. *Urban Anthropology* 37(3-4): 357-392.
- Lomnitz, Larissa
1977 *Networks and Marginality: Life in a Mexican Shantytown*. New York: Academic Press.
- López, María de la Paz and Vania Salles
2006 *El Programa Oportunidades Examinado desde el Género*. México D.F.: Colegio de México.
- Low, Setha M.
1989 *Gender, Emotion, and Nervios in Urban Guatemala*. In *Gender, Health, and Illness: The Case of Nerves*. Dona L. Davis and Setha M. Low, eds. Pp. 23-48. New York: Hemisphere Publishing Corporation.
- Lupton, Deborah
2003 *Medicine as Culture*. London: Sage Publications.
- Mahler, Sarah
1999 *Engendering Transnational Migration: A Case Study of Salvadorans*. *American Behavioral Scientist* 42: 690-719.
- Manuel, Tiffany
2006 *Envisioning the Possibilities for a Good Life: Exploring the Public Policy Implications of Intersectionality Theory*. *Journal of Women's Politics and Policy* 28(3-4): 173-203.

- Marcelli, Enrico A. and Wayne A. Cornelius
 2001 The Changing Profile of Mexican Migrants to the United States: New Evidence from California and Mexico. *Latin American Research Review* 36(3): 105-131.
- Maskovsky, Jeff
 2000 "Managing" the Poor: Neoliberalism, Medicaid HMOs and the Triumph of Consumerism among the Poor. *Medical Anthropology* 19: 121-146.
- Massey, Douglas, Luin Goldring, and Jorge Durand
 1994 Continuities in Transnational Migration: An Analysis of Nineteen Mexican Communities. *American Journal of Sociology* 99(6):1492-1533.
- McCall, Leslie
 2005 The Complexity of Intersectionality. *Signs: Journal of Women in Culture and Society* 30(3): 1771-1800.
- Menjívar, Cecilia
 1997 Immigrant Kinship Networks and the Impact of the Receiving Context: Salvadorans in San Francisco in the Early 1990s. *Social Problems* 44(1): 104-123.
- 2002 The Ties that Health: Guatemalan Immigrant Women's Networks and Medical Treatment. *International Migration Review* 36(2): 437-466.
- McClaurin, Irma
 2001 Introduction: Forging a Theory, Politics, Praxis, and Poetics of Black Feminist Anthropology. *In Black Feminist Anthropology: Theory, Politics, Praxis, and Poetics*. I. McClaurin, ed. Pp. 1-23. New Brunswick, NJ: Rutgers University Press.
- McDonald, J.H.
 1997 Privatizing the Private Family Farmer: NAFTA and the Transformation of the Mexican Dairy Sector. *Human Organization* 56(3): 321-332.
- McGuire, Thomas and Andrew Gardner
 2003 Contract Drillers and Causal Histories along the Gulf of Mexico. *Human Organization* 62(3): 218-228.
- McMichael, Celia and Lenore Manderson
 2004 Somali Women and Well-Being: Social Networks and Social Capital among Immigrant Women in Australia. *Human Organization* 63(1): 88-99.
- McMullin, Juliet
 2005 The Call to Life: Revitalizing a Healthy Hawaiian Identity. *Social Science and Medicine* 61(4): 809-820.

Merry, Sally Engle

- 2004 Changing Rights, Changing Culture. *In* Culture and Rights: Anthropological Perspectives. Jane K. Cowan, Marie-Bénédicte Dembour, and Richard A. Wilson, eds. Pp. 31-55. Cambridge: Cambridge University Press.

Mills, Mary Beth

- 2003 Gender and Inequality in the Global Labor Force. *Annual Review of Anthropology* 32:41-62.

Millen, Joyce V., Evan Lyon, and Alec Irwin

- 2000 Dying for Growth, Part II: The Political Influence of National and Transnational Corporations. *In* Dying for Growth: Global Inequality and the Health of the Poor. Jim Yong Kim, Joyce V. Millen, Alec Irwin, and John Gershman, eds. Pp. 225-244. Monroe, Maine: Common Courage Press.

Moghadam, Valentine M.

- 2005 Globalizing Women: Transnational Feminist Networks. Baltimore: The Johns Hopkins University Press.

Mohanty, Chandra Talpade

- 2003 Feminism Without Borders: Decolonizing Theory, Practicing Solidarity. Durham, North Carolina: Duke University Press.

Moran-Taylor, Michelle J.

- 2008 When Mothers and Fathers Migrate North: Caretakers, Children, and Child Rearing in Guatemala. *Latin American Perspectives* 35(4): 79-95.

Mullings, Leith

- 1997 On Our Own Terms: Race, Class, and Gender in the Lives of African American Women. New York: Routledge.

- 2002 The Sojourner Syndrome: Race, Class, and Gender in Health and Illness. *Voices* 6(1): 32-36.

Mullings, Leith and Amy J. Schulz

- 2006 Intersectionality and Health: An Introduction. *In* Gender, Race, Class & Health: Intersectional Approaches. Amy J. Schulz and Leith Mullings, eds. Pp. 3-17. San Francisco: Jossey-Bass.

Nagengast, Carole

- 2002 Inoculations of Evil in the U.S.-Mexican Border Region: Reflections on the Genocidal Potential of Symbolic Violence. *In* Annihilating Difference: The Anthropology of Genocide. Alexander L. Hinton, ed. Pp. 325-347. Berkeley: University of California Press.

- Navarro, Vicente
 2002 *The Political Economy of Social Inequalities: Consequences for Health and Quality of Life*. New York: Baywood Publishing Co.
- Nelson, Nancy
 2005 Ideologies of Aid, Practices of Power: Lessons for Medicaid Managed Care. *Medical Anthropology Quarterly* 19(1): 103-122.
- Nevins, Joseph
 2002 *Operation Gatekeeper: The Rise of the "Illegal Alien" and the Making of the U.S.-Mexico Boundary*. New York: Taylor & Francis.
- Nguyen, Vinh-Kim and Karine Peschard
 2003 Anthropology, Inequality, and Disease: A Review. *Annual Review of Anthropology* 32: 447-474.
- Nordstrom, Carolyn
 2004 Invisible Empires. *In State, Sovereignty, War: Violence in Emerging Global Realities*. Bruce Kapferer, ed. Pp. 46-55. New York: Berghahn Books.
- Nuijten, Monique
 2003 Family Property and the Limits of Intervention: The Article 27 Reforms and the PROCEDE Programme in Mexico. *Development and Change* 34(3): 475-497.
- 2004 Peasant 'Participation', Rural Property and the State in Western Mexico. *Journal of Peasant Studies* 31(2): 181-209.
- Olesen, Virginia L.
 2000 Feminisms and Qualitative Research At and Into the Millennium. *In Handbook of Qualitative Research, Second Edition*. Norman K. Denzin and Yvonna S. Lincoln, eds. pp. 215-256. Thousand Oaks, California: Sage Publications.
- Ong, Aihwa
 1999 *Flexible Citizenship: The Culture Logic of Transnationality*. Durham, North Carolina: Duke University Press.
- Paluzzi, Joan E.
 2004 Primary Health Care since Alma Ata: Los in the Bretton Woods? *In Unhealthy Health Policy: A Critical Anthropological Examination*. Arachu Castro and Merrill Singer, eds. Pp. 63-77. Walnut Creek, California: AltaMira Press.
- Pan American Health Organization
 2000 Health Situation Analysis: Annual Report of the Director. Electronic Document, <http://www.paho.org/English/D/ar2000-1.pdf>, accessed November 27, 2005.

- Parreñas, Rhacel Salazar
 2001 Mothering From a Distance: Emotions, Gender, and Intergenerational Relations in Filipino Transnational Families. *Feminist Studies* 27(2): 361-390.
- Patterson, Thomas C.
 1999 *Change and Development in the Twentieth Century*. Oxford: Berg.
- Pérez Monterosas, Mario
 2003 Las Redes Sociales en la Migración Emergente de Veracruz a los Estados Unidos. *Migraciones Internacionales* 2(1):136-166.
- Phoenix, Ann and Pamela Pattynama
 2006 Intersectionality. *European Journal of Women's Studies* 13(3): 187-192.
- Poole, Deborah
 2004 Between Threat and Guarantee: Justice and Community in the Margins of the Peruvian State. *In Anthropology in the Margins of the State*. Veena Das and Deborah Poole, eds. Pp. 35-65. Santa Fe: School for American Research Press.
- Raijman, Rebeca, Silvina Schammah-Gesser, and Adriana Kemp
 2003 International Migration, Domestic Work, and Care Work – Undocumented Latina Migrants in Israel. *Gender and Society* 17(5): 727-749.
- Reinharz, Shulamit
 1992 *Feminist Methods in Social Research*. New York: Oxford University Press.
- Roberts, Les, Riyadh Lafta, Richard Garfield, Jamal Khudhairi, and Gilbert Burnham
 2004 Mortality Before and After the 2003 Invasion of Iraq: Cluster Sample Survey. *The Lancet* 364:1857-1864.
- Rosaldo, Renato
 1993 *Culture and Truth: The Remaking of Social Analysis*. Boston: Beacon Press.
- Rosenblum, Marc R.
 2000 US Immigration Policy: Unilateral and Cooperative Responses to Undocumented Immigration. Institute on Global Conflict and Cooperation. Paper pp55.
- Rylko-Bauer, Barbara and Paul Farmer
 2002 Managed Care or Managed Inequality? A Call for Critiques of Market-Based Medicine. *Medical Anthropology Quarterly* 16(4): 476-502.
- Sampson, Steven
 2003 “Trouble Spots”: Projects, Bandits, and State Fragmentation. *In Globalization, the State, and Violence*. Jonathan Friedman, ed. Pp. 309-342. Walnut Creek, California: AltaMira Press.

Sanjek, Roger, ed.

1990 *Fieldnotes: The Makings of Anthropology*. Ithaca, New York: Cornell University Press.

Secretaría de Salud

2004 *Salud México 2004: Información Estratégica por Entidad Federativa*. Electronic document, <http://www.salud.gob.mx/unidades/evaluacion/saludmex2004/sm2004.pdf> accessed November 27, 2005.

2008 *Catálogo Universal de Servicios de Salud*. Mexico, DF: Comisión Nacional de Protección Social en Salud.

SEDESOL

2009 *Oportunidades, para vivir mejor*, http://www.oportunidades.gob.mx/Wn_Publicaciones/archivos/Oportunidades_para_vivir_mejor_espanol.pdf, accessed January 5, 2010.

2010 *¿Quiénes somos?*, http://www.oportunidades.gob.mx/Wn_Quienes_Somos/index.html, accessed January 5, 2010.

Sharma, Aradhana and Akhil Gupta

2006 Introduction: Rethinking Theories of the State in an Age of Globalization. *In* *The Anthropology of the State: A Reader*. Aradhana Sharma and Akhil Gupta, eds. Pp. 1-41. Malden, Massachusetts: Blackwell Publishing.

Shields, Stephanie A.

2008 Gender: An Intersectionality Perspective. *Sex Roles* 59(5-6): 301-311.

Simien, Evelyn

2007 Doing Intersectionality Research: From Conceptual Issues to Practical Examples. *Politics & Gender* 3(2): 264-271.

Soederberg, Susanne

2001 From Neoliberalism to Social Liberalism: Situating the National Solidarity Program Within Mexico's Passive Revolutions. *Latin American Perspectives* 28(3): 104-123.

Staunaes, Dorte

2003 Where Have All the Subjects Gone? Bringing Together the Concepts of Intersectionality and Subjectification. *NORA: Nordic Journal of Women's Studies* 11(2): 101-110.

Stephen, Lynn

2009 Expanding the Borderlands: Recent Studies on the U.S.-Mexico Border. *Latin American Research Review* 44(1): 266-277.

- Sutton, Barbara and Julie Novkov
 2008 Rethinking Security, Confronting Inequality: An Introduction. *In Security Disarmed: Critical Perspectives on Gender, Race, and Militarization*. Barbara Sutton, Sandra Morgen, and Julie Novkov, eds. Pp. 3-29. New Brunswick, New Jersey: Rutgers University Press.
- Tester, Griff
 2008 An Intersectional Analysis of Sexual Harassment in Housing. *Gender & Society* 22(3): 349-366.
- Tronto, Joan C.
 1993 *Moral Boundaries: A Political Argument for an Ethic of Care*. New York: Routledge.
- United Nations
 1948 Universal Declaration of Human Rights. Electronic document, <http://www.un.org/en/documents/udhr/>, accessed February 21, 2010.

 1979 Convention on the Elimination of All Forms of Discrimination against Women. Electronic document, <http://www.un.org/womenwatch/daw/cedaw/cedaw.htm>, accessed February 21, 2010.
- Valentine, Gill
 2007 Theorizing and Researching Intersectionality: A Challenge for Feminist Geography. *The Professional Geographer* 59(1): 10-21.
- Varley, Ann
 1996 Women Heading Households: Some More Equal than Others? *World Development* 24(3): 505-520.
- Vazquez García, Verónica
 1997 Gender and Land Rights in Mexico: A Case Study from Southern Veracruz. *Journal of Iberian and Latin American Studies* 3(1): 1-22.
- Waitzkin, Howard and Celia Iriart
 2000 How the United States Exports Managed Care to Developing Countries. *International Journal of Health Services* 31(3):495-505.
- Warner, Leah R.
 2008 A Best Practices Guide to Intersectional Approaches in Psychological Research. *Sex Roles* 59(5-6): 454-463.
- Weber, Lynn
 2004 A Conceptual Framework for Understanding Race, Class, Gender, and Sexuality. *In Feminist Perspectives on Social Research*. S.N. Hesse-Biber and M.L. Yaiser, eds. Pp. 121-139. New York: Oxford University Press.

- 2006 Reconstructing the Landscape of Health Disparities Research: Promoting Dialogue and Collaboration between Feminist Intersectional and Biomedical Paradigms. *In Gender, Race, Class & Health: Intersectional Approaches*. Amy J. Schulz and Leith Mullings, eds. Pp. 21-59. San Francisco: Jossey-Bass.

Wolcott, Harry F.

- 2005 *The Art of Fieldwork*, 2nd ed. Walnut Creek: AltaMira Press.

Wolf, Eric

- 1982 *Europe and the People without History*. Berkeley: University of California Press.

Wolf, Margery

- 1992 *A Thrice Told Tale: Feminism, Postmodernism, and Ethnographic Responsibility*. Stanford: Stanford University Press.

World Health Organization

- 1978 Declaration of Alma-Ata. Electronic document, http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf#search=%22Alma%20Ata%20Declaration%22, accessed October 4, 2006.

- 2010 World Health Organization Statistical Information System. Electronic document, <http://www.who.int/whosis/en/>, accessed January 10, 2010.

Zack, Naomi

- 2007 Can Third Wave Feminism Be Inclusive? Intersectionality, Its Problems and New Directions. *In The Blackwell Guide to Feminist Philosophy*. L.M. Alcoff and E.F. Kittay, eds. Pp. 193-207. Malden, Massachusetts: Blackwell Publishing.

Zerai, Assata

- 2000 Agents of Knowledge and Action: Selected Africana Scholars and their Contributions to the Understanding of Race, Class, and Gender Intersectionality. *Cultural Dynamics* 12(2): 182-222.

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EDUCATION

B.A. Duke University

Women's Studies, September 1999

Thesis: "Tlamacazapa (People with Fear): Working from the Core"

Director: Dr. Jean O'Barr

M.A. University of Kentucky

Anthropology, August 2007

Ph.D. University of Kentucky

Anthropology, expected in August 2010

Dissertation: "La Mujer Se Va Pa'bajo: Women's Health at the Intersections of Nationality, Class, and Gender"

Director: Dr. Mary K. Anglin

AWARDS AND FELLOWSHIPS

2009-2010 Dissertation Year Fellowship (University of Kentucky)

2009 Latin American Studies Travel Award (University of Kentucky)

2008-2009 National Science Foundation Doctoral Dissertation Improvement Grant

2007-2008 Fulbright-García Robles Research Grant

2006 Susan Abbott-Jamieson Pre-Dissertation Research Award (University of Kentucky)

2003-2006 Multi-Year Fellowship (University of Kentucky)

2003-2006 Daniel R. Reedy Quality Achievement Fellowship Award (University of Kentucky)

TEACHING EXPERIENCE

Summer 2010 Contemporary Latin American Cultures, University of Kentucky,

Department of

Anthropology, *Instructor*

Summer 2009 The iGeneration: An Anthropological Study of Youth Culture, Elon Academy (a

college access program at Elon University), *Instructor*

Spring 2009 Introduction to Anthropology, University of Kentucky, Department of Anthropology, *Instructor*

Spring 2007 Native Peoples of North America, University of Kentucky, Department of Anthropology, *Teaching Assistant*

Fall 2006 Cultural Diversity in the Modern World, University of Kentucky, Department of Anthropology, *Teaching Assistant*

RESEARCH EXPERIENCE

La Mujer Se Va Pa'bajo: Women's Health at the Intersections of Nationality, Class, and Gender: dissertation research, southern Veracruz, Mexico, July-August 2005, July-August 2006, August 2007-December 2008, August 2009
Tlamacazapa (People with Fear): Working from the Core: undergraduate thesis research, Guerrero, Mexico, February 1999-April 1999

PUBLICATIONS

- n.d. Extending the Border: Illegality, Deportability, and the Transnational Production of Illness. Manuscript in preparation.
- 2007 Medical Anthropology. *In* Encyclopedia of Epidemiology. Sarah Boslaugh, ed. Thousand Oaks, California: Sage Publications. (Co-authored with Alyson J. Anthony and Mary K. Anglin)
- 2002 Doing Small Things with Great Love. *In* Stories of the Courage to Teach: Honoring the Teacher's Heart. Sam M. Intrator, ed. Pp. 34-40. San Francisco: Jossey-Bass.
- 2001 I Do and I Understand: The Self Knowledge Symposium Model for Spiritual Exploration on Campus. *In* Transforming Campus Life: Reflections on Spirituality and Religious Pluralism. Vachel W. Miller and Merle M. Ryan, eds. Pp. 97-113. New York: Peter Lang. (Co-authored with George Buehler and Ken Felder)

INVITED PRESENTATIONS

- 2010 "Nadie me ayuda": Women's Triple Day and the Meaning of Support in the Context of Poverty and Transnational Migration. Paper accepted for presentation in Invited Session: "Gendered Economies of Carework: Global and Local Dimensions of Theory and Practice" at the American Anthropological Association Annual Meeting. New Orleans, Louisiana, November 17-21.
- 2010 Y La Mujer Se Va Pa'bajo: La Salud de la Mujer en las Interacciones de Género, de Clase Social, y de Nacionalidad. Invited presentation for the Seminario Permanente en Antropología Médica, Centro de Investigaciones y Estudios Superiores en Antropología Social. México City, March 17.
- 2008 Migrant Stories from Southern Veracruz. Invited presentation on "Humane Immigration Reform" panel co-sponsored by the Office of Multicultural Student Affairs and Women and Gender Studies, Eastern Kentucky University, October 16.

OTHER PRESENTATIONS

- 2010 Being Both Mother and Father: Mothers and Grandmothers Giving Care in the Context of Labor Migration in Southern Veracruz, Mexico. Paper presented at the Society for Applied Anthropology Annual Meeting. Mérida, Yucatan, Mexico, March 24-27.
- 2009 "Ya Han Sacado Mucha Gente": Denial of Health Care and the Threat of Deportation. Paper presented at the American Anthropological Association

- Annual Meeting. Philadelphia, Pennsylvania, December 2-6.
- 2009 Access Across Borders: Health (Care) as a Commodity in Southern Veracruz. Paper presented at the American Ethnological Society/Canadian Anthropology Society Annual Meeting. Vancouver, British Columbia, May 13-16.
- 2009 Tengo que Ser Mamá y Papá: Migration, Caregiving, and Health in Southern Veracruz, Mexico. Paper presented at the Ohio Latin Americanist Conference. Athens, Ohio, February 27-28.
- 2007 Women's Health and Illness in a Migrant Sending Community in Southern Veracruz, Mexico. Paper presented at the University of Kentucky Graduate Student Interdisciplinary Conference. Lexington, Kentucky, April 13.
- 2005 Colorectal Cancer Screening: Are Physicians Aware of Patients' Concerns? Paper presented at the Annual Meeting of the Society for Applied Anthropology. Santa Fe, New Mexico, April 9. (co-authored with April Morgan and Sarah Wackerbarth)

SERVICE

- 2009-2010 Medical Anthropology Research Group Coordinator, University of Kentucky
- 2005-2006 Anthropology Graduate Student Association President, University of Kentucky
- 2004-2005 Anthropology Graduate Student Association Vice President, University of Kentucky
- 2004-2005 Anthropology Graduate Student Faculty Liaison, University of Kentucky

PROFESSIONAL MEMBERSHIPS

American Anthropological Association/Association for Feminist Anthropology/National Association of Student Anthropologists/Seminario Permanente en Antropología Médica/Society for Applied Anthropology/Society for Medical Anthropology/Society for Latin American and Caribbean Anthropology

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