SUFFERING IN THE SHADOWS: "UNDOCUMENTED" LATIN AMERICAN IMMIGRANTS, INEQUALITY, EMBODIMENT AND HEALTH

BY

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DISSERTATION

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ABSTRACT

This study utilizes the idea of embodiment to examine the social processes that "undocumented" Latin American migrants undergo and how these social processes affect their health. Embodiment refers to how our bodies and minds literally incorporate, from conception to death, the material and social world in which we live (Krieger, 2001b). The study uses a critical intersectional lens and an adapted grounded theory approach to analyze 31 original qualitative in-depth interviews with nationally diverse "undocumented" Latin American migrants from the Washington, D.C. metropolitan area in order to create a theoretical framework that addresses: (1) how "undocumented" Latin American migrants experience structural violence and inequality through various pathways (e.g. labor exploitation, detention and deportation, gender based violence, racialized nativism, discrimination and othering, fragmentation of social ties, and internalized suffering), which results in differential exposure and susceptibility to poor health outcomes; (2) how "undocumented" Latino/a migrants respond to and contend with inequality; and (3) how structural violence and inequality becomes deleterious physical and mental health outcomes through multilevel pathways of embodiment.

To Juanita and Nestor

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CHAPTER 1: INTRODUCTION

> "I believe that the life of an immigrant changes notably by having papers. [Having papers] is like coming out of the shadow into benevolence. Because, by having papers, you walk securely. But when you don't have papers, you think all the time someone is following you, someone is chasing you… you have a shadow behind you. But by coming out of the shadow, you become secure as a person, secure in this country, secure in your family… Having papers would give your family more security. You can go see your family, and by reuniting with your family, you come back more nourished, you come back more positive, you work with strength. You won't get sick as much… Simply the biggest benefit, and it sounds so simple… you are happy. Because when you are here in the shadow, you are not happy. […] Because by not having papers, you only work like a robot. You come back to your house, you go back to work, you go back home… [With papers] it is no longer a monotonous life. Now you feel free, you can go there, or you can go over there... so [if I had papers] my life would change, notably." - Lucia

Many different terms and phrases have been used to designate the experience of living in the margins of society in the United States due to immigration status, a socially-constructed and ascribed status. These phrases vary from those that emphasize technicality, such as "unauthorized" or "undocumented," to more pejorative terms that serve ideological and political functions, such as "illegal aliens," "illegals," and "wetbacks." None of these terms, however, express the immensity and totality of the lived experiences of the people who come to inhabit these categories, nor do they reflect the socio-historical context and social structures that relegate people to the margins of society. Illustrated by the words of Lucia, an interviewee from this study quoted above, not being able to have "papers" affects every facet of an individual's life, inclusive of working conditions, social connections, feelings of safety, security, and even happiness. Given the pervasiveness of being "undocumented" and its impact on social conditions and access to resources, "undocumentedness" has profound implications for an individual's health. By being positioned along the margins of society in multiple ways, "undocumented" individuals experience increased exposure and vulnerability to conditions which predispose illness and poor health.

Numerous scholars have pointed to the importance of "undocumented" immigration status as a central dimension of social stratification in U.S. society (Gee & Ford, 2011; Massey, 2007; Menjívar, 2010). However, the health implications of immigration status have received considerably less attention by public health and health policy researchers (Gee & Ford, 2011). The lack of understanding the complex ways in which "undocumented" immigration status impacts health results in the invisibility of the inequality experienced by these populations and the suffering of "undocumented" migrants[1] to continue unabated and unchallenged.

The goal of this study is to explore the lived experiences of the people who occupy the margins of society created and exacerbated by "undocumented" immigration status and to develop a more comprehensive theoretical framework that begins to address how the categorization of "undocumented" and its concomitant social position can impact the mental and physical health of these individuals. The development of a theoretical framework of the relationship between "undocumented" status and health serves several functions: (1) to emphasize the importance of "undocumented" immigration status for health and wellbeing; (2) to encourage further research into the linkages between immigration policy and health policy; and (3) to inform interventions aimed at improving the health and wellbeing of "undocumented" migrants.

Notes on Terminology

Although some scholars argue for the use of the term "illegality" due to its ethnographic significance (Quesada, 2012), this study will generally use the term "undocumented" rather than "illegal" or "illegality" in order to both avoid reifying the notion that migrants are inherently illegal or criminal; and to reflect the perspectives and rights of the interviewees from this study

who find the term "illegal" pejorative, even if deployed in an analytic or ethnographic context.

It should be acknowledged, however, that the term "undocumented" is still problematic. Therefore, I will consistently use "undocumented" with quotes in order to engage in "a general analytic practice" to denaturalize the concept (De Genova, 2002). One of the interviewees from this study, Sara, elucidated the issues with both terms:

> I wish that in the future, that term ["illegal"] would be completely abolished, because we are not "undocumented." We all have legal documents. We all have a birth certificate, but we are here and arrive to a country of laws, where we have to follow the laws while we are here. Unfortunately, if we want to accomplish something we have to do this. But, that term should be abolished. Not only here, but in all of the borders around the world. It should be an open world - a world for everyone.

Background: Immigration Status and Health

Current estimates place the number of "undocumented" people living in the United States at approximately 11.7 million (Passel, Cohn & Gonzalez-Barrera, 2013). Recently, the United States' Senate passed the Border Security, Economic Opportunity and Immigration Modernization Act of 2013 (S.744). If enacted, it would comprise the largest-scale overhaul of the United States' immigration system in more than 25 years (National Immigration Law Center, 2013). While the bill may provide some pathways by which "undocumented" migrants could obtain legalized immigration status, provisions in the bill would increase border militarization, model national detention and deportation practices after controversial Arizona state laws, and ramp up workplace enforcement through electronic employment eligibility verification systems. The bill also places several restrictions to prevent migrants from accessing federal public benefit programs, including the Affordable Care Act and other resources for health. In order to become authorized, the bill requires migrants to pay fines and learn English. Consequently, provisions in the reform bill may lead to increased racial profiling, excessive use of force by immigration

authorities, increased exploitation by employers, and significant roadblocks to authorized status due to the high cost of fines and significant barriers to be able to access resources necessary to learn English, especially among low income "undocumented" migrants (National Immigration Law Center, 2013). In addition to the bill's profound drawbacks, recent news reports suggest that it is very unlikely that Congress will pass any reform this year that would address the immigration status of people who are considered "undocumented" (Weisman, 2014; Elliot, 2014; Chadbourn, 2014).

Notwithstanding potential immigration reform, "undocumented" migrants in the United States continue to face institutionally and ideologically entrenched structural inequalities. In particular, the recent deep economic recession and increases in unemployment in the United States renewed the debate over the social and economic effects of immigration and have fueled debates over migrant "deservingness" (Sargent, 2012; Willen, 2012).

Building on the border militarization enacted by the George W. Bush Administration, the Obama Administration has emphasized "Secure Communities" partnerships between the Department of Homeland Security and local law enforcement agencies in order to identify and deport "undocumented" migrants, resulting in almost double the number of deportations in 2010 compared with 2000 (Jones-Correa, 2012). Furthermore, states such as Alabama, Arizona, Georgia, Indiana, and South Carolina have passed sweeping legislation targeting "undocumented" migrants. Arizona's SB 1070, partly limited by the Supreme Court in June 2012, requires state and local police officers to determine the immigration status of any stopped person if "reasonable suspicion" exists that the person is unlawfully present in the United States. In addition to state-level policy, at least a dozen municipalities have attempted to pass local ordinances restricting "undocumented" migrants' access to housing and employment (Jones-

Correa, 2012).

The most recently released data indicates that the number of deportations in 2012 reached a record high of over 400,000 migrants deported and that the Obama Administration has now deported 1.6 million migrants between 2009 and 2012 (Gonzalez-Barrera, 2014).The majority of those deported are Latin American migrants. Between 1993 and 2011 there has been a 10-fold increase in the number of Mexican deportees and a 12-fold increase in the number of Central American deportees (Golash-Boza & Hondagneu-Sotelo, 2013).The most recent data from 2012 demonstrates that 73% of all deportees during that year were Mexican, followed by the next largest national groups - 9% from Guatemala, 8% from Honduras and 4% from El Salvador (Department of Homeland Security, 2012).

Controversial state and local policies aimed at massive detention and deportation, continued exclusion from healthcare reform, and hostile attitudes towards racialized migrant groups have intensified the fear, stress, instability, and social marginalization that "undocumented" migrants experience. Yet little research exists on how the complexity of immigration affects the health and well-being of U.S. migrant communities (Hacker et al., 2011).

Most national data systems in the United States do not routinely report and analyze health statistics by migrant status. Any systematic monitoring of health, mortality, and disease patterns among U.S. migrant populations remains uncommon. Even among datasets that incorporate nativity – whether an individual was born in the United States – no national data systems, including the National Health Interview Survey (NHIS), the National Health and Nutrition Examination Survey (NHANES), and the National Linked Birth and Infant Death Files, collect information on migrant legal status (Singh, Rodriguez-Lainz & Kogan, 2013).

Moreover, no large-scale studies of health have comprehensively examined the influence of complex immigration-related factors including: documentation status, liminal legality (e.g. uncertain or temporary documented status), pre-migration trauma and stressors, traumatic migration experiences, transnational relationships, the impact of local and state immigration policies, social marginalization, discrimination based on anti-migrant climates, and the intersectionality of "undocumented" status with other factors.

Despite the lack of a critical analysis of immigration and health, especially for "undocumented" migrants, the dominant theoretical approach to "immigrant health" converges around cultural explanations for health outcomes, especially on the concept of acculturation (Viruell-Fuentes, Miranda & Abdulrahim, 2012). Culture-focused approached to immigrant health ignore the socio-historical contexts of migration, migrants' experiences of social and economic inequalities, racialization processes, social marginalization, and discrimination (Hunt, Schneider & Comer, 2004; Viruell-Fuentes, 2007).

In addition to an overemphasis on culture, the field of "immigrant health" tends to be further dominated by discussion around the "immigrant health paradox," a concept promoted by some studies which have found migrants to have better health outcomes than expected, given their low socioeconomic status. This pattern is most evident among Latin American migrants compared with US-born Latinos, and is not generalizable within or across Latino subgroups (Acevedo-Garcia & Bates, 2008). Most studies demonstrate this finding with Mexican immigrants compared with US-born Mexicans for certain health outcomes (Viruell-Fuentes & Schulz, 2009). However, other studies have found poorer health outcomes among recent Mexican migrants when compared with longer-term Mexican immigrants and US-born Mexicans (Williams & Mohammed, 2008).

The "paradox" remains controversial and largely unexplained. Several plausible hypotheses have been proposed for the "paradox." One explanation is the existence of methodological issues in the studies that report this finding, including the underreporting of deaths and illness, the use of proxy measures, the use of cross-sectional as opposed to longitudinal designs, and poor quality data (Franzini, Ribble & Keddie, 2001; Eschbach, Yong-Fang & Goodwin; Smith & Bradshaw, 2006). Another proposed explanation is that migrants represent a healthier subset of the host country population due to the cost of migration (Palloni & Arias, 2004; Jasso et al. 2004). Another explanation is the return migration or "salmon" hypothesis, in which sick migrants return to their home country (Palloni & Arias, 2004).

In addition to non-cultural explanations of the proposed "paradox," several researchers have pointed to issues with the concept. One of the most significant problems is that the framing of the paradox focuses on a perceived health advantage for recent immigrants (and why this advantage may exist), but does not generally acknowledge or seek to understand why over time this health advantage is lost and migrants' health worsens (Antecol & Bedard, 2006; McDonald & Kennedy 2004). Indeed, Williams et al. (2010) argue that if a health advantage exists for recent migrants, longitudinally, migrant health is likely to decline more rapidly due to disparities in socioeconomic status over time. In addition, existing evidence still demonstrates a disparity, given that if recent migrants did not experience disproportionate poverty and low socioeconomic status, their health outcomes would be better than they are currently (Hummer & Chin, 2011). Finally, a focus on the "paradox" draws attention away from the racialization processes and other structural issues that immigrants experience (Gee et al., 2006). However, most relevant to this discussion is that studies that demonstrate the "paradox" finding are often drawn from large existing datasets, which, as aforementioned, do not include variables on immigration status or

other factors related to "undocumentedness." In other words, the proposed health advantage, if it exists, does not appear to apply to "undocumented" or to liminally documented migrants.

The small amount of available research that does examine "undocumented" migrant health demonstrates that "undocumented" migrants represent a vulnerable population at higher risk for disease and injury than either documented migrants or native-born U.S. citizens (Nandi et al., 2008; Marshall et al., 2005; Walter et al., 2002). "Undocumented" migrants experience multiple concurrent stressors (Chávez, 2012) that have clear implications for health (Sullivan & Rehm, 2005). Evidence indicates that the recent anti-migrant climate affects the health and wellbeing of documented and "undocumented" migrants through increased levels of fear, feelings of marginalization, and stress (Hacker et al., 2011; Hacker et al., 2012). Recent immigration policies have also been linked to restricted mobility and decreased trust of officials (Hardy et al., 2012). In addition, "undocumented" youth experience unique health risks owing to their prolonged exposure to harmful social processes over their life course, their greater potential exposures to othering and discrimination, and the experience of moving from inclusion in society as youth to exclusion from society in the transition to adulthood (Gonzales, 2011; Gonzales, Suarez-Orozco & Dedios-Sanguineti, 2013; Viruell-Fuentes, 2007).

The promise of the recent work on "undocumented" migrant health is extremely influential and a vast improvement of the existing culture-focused approaches to migrant health that largely ignore "undocumented" migrants. However, recent studies are still limited in that they are relatively few in number, tend to focus on mental health outcomes, tend to sample mostly Mexican migrants, and may not incorporate factors that illustrate the complexity of the migrant experience.

In order to address some of the gaps in the literature, this study utilizes the idea of embodiment to examine the social processes that "undocumented" Latin American[2] migrants undergo and how these social processes affect health. Embodiment refers to how our bodies and minds literally incorporate, from conception to death, the material and social world in which we live (Krieger, 2001b). The study uses 31 original qualitative in-depth interviews to understand how "undocumented" Latin American migrants experience structural violence and inequality and how this inequality becomes expressed as stress, physical, and mental health outcomes.

This study examines immigration status specifically within the context of Latin American migrants for two main reasons. First, the proportion of "undocumented" migrants who are from Latin America is demographically significant, with migrants from Mexico, El Salvador, Guatemala, and Honduras making up the highest estimated migrant population groups, in that order (Hoefer, Rytina & Baker, 2012). Second, racialized nativism is often directed at Latin American migrants, especially Mexican migrants, who are often portrayed as the "quintessential" or stereotypical "illegal" (Inda, 2000; Chávez, 2008).

It is important to note that the experience of migrants from other countries and regions is also significant and research on "undocumented" migrants from other countries and regions should be encouraged and explored. While it is unlikely the theory developed from this data applies equally or evenly to all "undocumented" migrants, many core concepts from this work may indeed be relevant.

Study Data

Interviews were conducted with Spanish-speaking migrants from Latin America during the summers of 2012 and 2013 in Washington, D.C. and Maryland. Interviewees lived and

worked in the Washington, D.C. metropolitan area, including Maryland, the District of Columbia, and Virginia.

The Washington, D.C. metropolitan area was chosen as the study site for several reasons. First, very little is known about the general health status of the growing Latin American migrant population in this area (Shankar, Gutierrez-Mohamed, & Alberg, 2000). In addition, the Washington, D.C. area has a large proportion of Central American migrants (US Census Bureau, 2012) who may not be included in studies of other regions. Finally, the very small number of existing studies on Latin American migrant health in this area (Hochhausen, Perry, & Le, 2010) have exclusively taken an acculturation framework[3] that largely ignores structural inequalities.

A total of forty Latin American migrants were interviewed for the study. Thirty-one interviewees were included in the final analysis. Six interviewees were excluded due to their documentation status, as they currently had some form of "documented" immigration status.[4] Three interviews were excluded due to technical problems, such as poor audio recording quality or the interview being cut short.

Recruitment of interviewees utilized snowball sampling and a variety of social networks and institutional gatekeepers to maximize participant diversity, including: informal social networks – such as day labor gathering areas, restaurant kitchen workplaces, and construction area workplaces – as well as local organizations that serve the "undocumented" Latin American migrant community, which included local churches, faith-based social service centers, and a federally-qualified health clinic that serves the Latin America migrant community.[5] Numerous other relevant organizations and groups were contacted but did not respond or declined to partner in the study.

Interviewees varied in age from 19 to 65 years, with a mean age of 38 years and a median age of 37 years.[6] Nineteen interviewees (61%) were women and twelve interviewees (39%) were men.[7]

The interviewees represented a diverse national-origin sample of "undocumented" migrants from several Latin American countries: eight interviewees from El Salvador, six interviewees from Mexico, five interviewees from Honduras, four interviewees from Guatemala, two interviewees from the Dominican Republic, two interviewees from Colombia, and one interviewee each from Bolivia, Venezuela, Ecuador, and Peru. Please see Table 1 for a representation of interviewees by home country by count and percent.

Interviewees worked in the following industries: restaurants and food service, construction, cleaning, childcare, peer health education, and others. Some interviewees were employed in a slightly more stable job in which they had a regular employer, such as in restaurants or construction. Other interviewees worked informally as temporary workers or "day laborers" by taking different jobs with different employers daily. In addition, other interviewees were self-employed and provided services (e.g. cleaning services) or goods (e.g. making and selling food). While interviewees did have varying levels of education and job experience in their home countries, in this study, no trends with regards to country of origin and occupation or social class in the United States were found.

Study Methodology

The study utilized a qualitative methods approach adapted from grounded theory when designing, conducting, and analyzing interview data. Originally developed by Glaser and Strauss (1967), grounded theory involves systematic analysis of qualitative data in order to generate

theories which are "grounded" in the data themselves (Charmaz, 2006). The intent of a grounded theory study is to move beyond description and to generate an abstract analytical schema of a process experienced by all interviewees (Strauss & Corbin, 1998). For these purposes, a theory is defined as a set of well-developed categories, themes, or concepts which are systematically interrelated through statements of relationship to form a theoretical framework that explains some phenomenon. Theorizing is interpretive and involves condensing raw data into concepts and arranging concepts into a logical, systematic explanatory scheme (Corbin and Strauss, 2008). The development of a theory using grounded theory methods may help provide a framework for further research (Creswell, 2007).

The method of analytic induction, first developed by Florian Znaniecki, proposes incorporating the use of "troublesome" or negative cases into systemic research analysis by examining all of the cases, and re-defining the hypothesis or theory of the phenomena of interest to incorporate explanation of these negative or "troublesome" cases, or, alternatively re-defining the phenomena so that it excludes these cases (Robinson, 1951). The analytic induction method was particularly useful in developing a sufficiently complex theory to address the complexity of discrimination experienced by "undocumented" Latin American migrants described in chapter four, and how and why a few interviewees in this study described their health as "normal" despite experiencing health conditions and health symptoms, which is further explored in chapter five.

Analysis, or the process of generating, developing, and verifying concepts, began from the collection of the first pieces of data (Corbin & Strauss, 2008). Qualitative coding is the process of categorizing segments of data with labels that simultaneously summarizes and accounts for each piece of data. In grounded theory research, codes are created from and defined

by the data, as opposed to the application of preconceived categories (Charmaz, 2006).

Coding of data for this study was conducted in two general phases. First, the qualitative interview data was reviewed and open coded line-by-line for analysis of recurring themes. Short memos were written by the researcher to help categorize and organize these themes. In the second round of coding, the data was coded using focused or selective coding by reviewing the data for specific significant and frequent themes identified during open coding (Charmaz, 2006). The researcher utilized memos to integrate these themes into a more structured theoretical framework and selected several key quotes to represent these themes in the following chapters.

Interviews were qualitative and semi-structured. An interview guide that was constantly refined after each interview was used in order to better address study concepts and to incorporate and investigate recurring themes. Please see the appendix for a version of the interview guide. All of the interviews were conducted in Spanish and audio recorded with the informed consent of the interviewees. No identifying information was collected or recorded. For the purposes of the analysis, interviewees have been assigned random gender-conforming pseudonyms that in no way are associated with their true identities.

The Spanish language audio recordings of the interviews were transcribed by the researcher and a group of volunteers who are native Latin American Spanish speakers. The transcripts were then checked for accuracy by a different native Latin American Spanish speaker. Finally, the volunteers and the researcher translated the transcripts into English for coding and analysis.

Additionally, although the primary mode of data collection was qualitative interviews, the researcher also wrote field notes regarding observations and other important contextual

information. The interviews themselves took place in a location of the participant's choosing and included sites such as day labor gathering areas, restaurant kitchens, construction sites, church back rooms, in the clinic, coffee shops, and at interviewees' homes. This allowed for a more immersive interview experience and the recording of important observations.

In the following chapters, the results of the analysis of the study will be presented using excerpts from the interviews whenever possible.

Chapter Outline and Summary

The inequalities experienced by "undocumented" migrants in the United States are multi-faceted, pervasive, substantial, and largely accepted by, and indeed in many cases, beneficial to broader U.S. society. The complexity and profundity of the harm caused to people living in the United States as "undocumented" migrants needs to be brought to light, especially in regards to their health and wellbeing. This study uses data from qualitative in-depth interviews to provide a deep, grounded contextual understanding of how "undocumented" Latin American migrants traverse social structures and processes and how this may influence their health. The ultimate goal of this study is to develop a theoretical framework to explain the ways in which being "undocumented" affects the mental and physical health of Latin American migrants. Below are summaries of the subsequent chapters.

In chapter two, relevant theories on social determinants of health and the role of social structure and social processes in health are presented in order to provide a foundation for considering social conditions as important in shaping health outcomes. Since both bodies of literature on social class inequality and health and race inequality and health fundamentally deal with the health effects of marginalized populations, they are briefly reviewed. In chapter three

provides a brief discussion of the social-historical context of immigration and "illegality." New understandings of "undocumentedness" derived from the study data are introduced. Chapter four utilizes the study data to bring to light the ways in which "undocumented" migrants experience embodied structural inequality through differential exposure and susceptibility to harmful social processes. These include issues such as working conditions, discrimination and othering, trauma and stress related to migration, detention and deportation, social isolation and fragmented social ties, poor neighborhood and housing conditions, internalized suffering, and intersectional experiences.

In chapter five, the health conditions and illness experiences recounted by the interviewees are presented. Several themes that trace pathways of embodiment for "undocumented" migrants are introduced, such as the outcomes for undocumented migrants who become significantly ill or injured, the barriers to healthcare access and the impacts they have on health status, and significant experiences of stress and poor physical and mental health outcomes. Chapter six reports some of the strategies used by "undocumented" migrants to resist, cope with, and exercise agency against social harm. Chapter seven synthesizes these findings to develop a more comprehensive theoretical framework for the role of "undocumentedness" as a social determinant of health and calls for further research to incorporate and interrogate immigration status as a significant axis of health inequality.

CHAPTER 2: THE SOCIAL NATURE OF HEALTH

This chapter provides a brief review of the literature on the social nature of health, an important foundational concept to addressing "undocumented" immigration status as a major social determinant of health and immigration policy as health policy.

A Brief History of the Social Determinants of Health

Rudolph Virchow, one of the founders of the European social medicine movement in the 19th century, has been credited with stating, "Medicine is a social science, and politics is nothing else but medicine on a large scale. Medicine, as a social science, as the science of human beings, has the obligation to point out problems and to attempt their theoretical solution […]*"* (Nichter, 2008, p.153).

Unfortunately, modern medicine has strayed from its early connections with social science, and has become increasingly technocratic and hyperfocused on biomedical individualism, privileging proximal individual-level health-influencing factors, especially physiological, psychological and behavioral factors, and obscuring more distal structural-level factors, such as social marginalization, inequality, segregation, and discrimination (Krieger, 1994). Due to the commonplace acceptance of medicine as merely a biological and individual enterprise, it is necessary to undertake a brief review of the literature in order to emphasize the importance of social conditions for health.

The social determinants of health refer to the social processes and conditions which affect health and can be altered by informed action (Berkman & Kawachi, 2000; Krieger, 2001a). A social determinants approach is critical for understanding health and wellbeing for numerous reasons. First, social factors contribute to the production of disease and illness. Narrowly-defined

and individualized biomedical or technical interventions alone are often not adequate to prevent or treat illness. This is evidenced by the effectiveness of medical interventions that incorporate factors beyond physical and chemical treatments (Sobel, 1994). It is further evidenced by the limitations of health interventions that focus solely on an individualized conception of disease, which model individual behavior as "free" and "rational" choice (Fee & Krieger, 1993) as well as the limitations of interventions aimed at changing behaviors that are powerfully influenced by unacknowledged social factors (Link, Phelan & Tehranifar, 2010). Second, by failing to appreciate the social dimensions of health, significant health inequities among socially defined groups are at risk of being ignored. Furthermore, framing health as a social phenomenon more broadly emphasizes health as a topic of social justice (Solar & Irwin, 2010).

The theory of the social determinants of health is by no means a new concept. Since the inception of population based studies of health, it has been acknowledged that social conditions shape the patterning of illness and disease. Historically, numerous prominent figures in public health and medicine throughout the world have drawn attention to the social dimensions of health. In the seventeenth century, Bernardino Ramazzini, the founder of occupational health, identified the damaging effects of environmental and occupational chemicals on the health of workers (Benatar & Brock, 2011). In the late nineteenth century, during the turbulence of industrialization and urbanization in Europe, Friedrich Engels and Rudolf Virchow pointed to the capitalist system of production and lack of political representation as underlying causes of illness (Benatar & Brock, 2011). Engels and Virchow noted that the patterning of disease was a consequence of social organization, in that disease was socially produced (Scambler, 2012). In the 1930s, Salvador Allende illustrated the impact of capitalist imperialism and underdevelopment on health and was greatly influential in solidifying the role of political and

economic structures in health policy and planning in Latin America (Waitzkin, 2007).

Social and Health Inequality: Understanding Social Class and Race

In the mid-20th century, sociologists contributed to the development of the framework of "social epidemiology," which proposed the marriage of sociological frameworks to epidemiological inquiry (Krieger, 2001b). The development of social epidemiology and medical sociology over the last half of the 20th century assisted in focusing attention back on the significance of social, psychological, and behavioral factors for physical health and illness, as opposed to biological processes and medical care (House, 2002). The importance of social processes in health was also increasingly supported by research that linked social factors such as social networks (e.g. community and family ties) and psychosocial stress (e.g. chronic stress and "stressful life events") with health (Conrad, 2005). However, there was still a need to develop an understanding of large scale causal relationships and the patterning of risk (House, 2002).

The need to understand health inequalities spurred sociologists to expand beyond epidemiology and develop complex multi-level explanations for the relationships between social structures, social relations, and health (Williams, 2003). In particular, studies of the relationships of health to social class, operationalized as socioeconomic status (SES) or socioeconomic position (SEP), and to race/ethnicity helped to draw attention to social structures more broadly (House, 2002). The rise of critical medical anthropology in the 1970s applied the tools of political economy to the study of biomedicine and the effects of capitalism on patterns of health and illness, and also began to turn to the study of health inequalities (Levin & Browner, 2005). It should also be noted that since race and class are systems of social stratification, the ways in which these social systems affect the health of subordinated and marginalized populations can

provide some guidance with regards to how social inequalities result in poor health outcomes for "undocumented" migrants.

Social Class and Health: A Case Study Illustrating the Importance of Social Conditions

Social class and poverty have been among the most widely studied social determinants of health status (Feinstein, 1993; Marmot et al., 1997; Williams, 1990; Williams and Collins, 1995). The literature on social class and health has grown to become voluminous, international, and heterogeneous, pointing to biological, psychological, social, cultural, spatial, symbolic, and material mechanisms (Scambler, 2012). According to Williams (2003), materialist/structuralist explanations for social class differences in health were postulated by Blane (1985) and supported by Whitehead (1987). Marmot et al.'s (1991) seminal work in the Whitehall studies provided strong evidence for the effect on social class and health among British civil servants. Later work emphasized the importance of economic and social conditions in the patterning of behavior, stress, social support, material conditions, and numerous other resources important for both communicable and non-communicable diseases (Wilkinson & Marmot, 1998; Wilkinson & Marmot, 2003). Researchers have also drawn attention to the impact of income inequality and social cohesion on population health (Balfour et al., 1996; Kawachi et al., 1997; Kawachi & Kennedy, 1997; Kawachi & Kennedy, 1999; Wilkinson, 1998). Living in communities, neighborhoods, and societies with high levels of income inequality have a profound impact on health owing to breakdowns in social cohesion, erosion of social capital, underinvestment in social goods, harmful psychosocial effects, as well as deficiencies in autonomy, empowerment, and participation (Kawachi & Kennedy, 1999; Marmot, 2006).

Social class has been theorized to influence health through physical and social

environments that affect the likelihood of individuals' exposure to both health-damaging conditions and health-protecting resources in multiple environments, including at home, at school, and at work. These health-damaging exposures can be expressed as psychosocial and behavioral factors at the individual level (Adler & Rehkopf, 2008). In addition, mechanisms of social class also operate at the household-level and neighborhood-level (Krieger, Williams, & Moss, 1997). Health-damaging exposures within these pathways can include: early life conditions, inadequate nutrition, poor housing, exposure to lead and other toxins, inadequate health care, unsafe working conditions, uncontrollable stressors, social exclusion, and discrimination (Adler & Rehkopf, 2008). Theories of the relationship between social class and health have also drawn attention to the relationship between the social-environment and physiological responses such as allostatic load, central nervous system, and endocrine responses (Adler & Ostrove, 1999).

While studies examining the mechanisms of embodiment for social class into poor physical and psychological health outcomes at the micro and individual level is indeed important, it is also key to reiterate that social class is an intentional, dynamic process enacted by specific segments and institutions of society and governed by policies and practices (Coburn, 2000; Coburn, 2004; Muntaner & Lynch, 1999).

Race and Health: Drawing Attention the Root Causes of Inequality

Similar to social class, the relationship between race[8] and health has been well documented. Racial inequalities are clearly evident in the distribution and severity of disease and illness. Racial inequalities also condition access to the resources necessary for wellbeing (Smedley, Stith, & Nelson, 2003; Williams and Collins, 1995). The causal mechanisms of the

relationship between race and health relate not to individual personal race attributes but to the relative positions that racialized individuals occupy within the racial hierarchy of society (Harawa & Ford, 2009). Consequently, it is also important to note the historical and continued involvement of medicine, public health, and science in producing and reproducing race as a biologically and socially meaningful category (Chowkwanyun, 2011).

Race maintains an important relationship with health for several reasons. Racial stratification is a significant expression of power and status inequalities. Race is regulated by rigid cultural, institutional, political, and economic forces and conditions social interactions and social networks via in-group favoritism and out-group discrimination (Williams, 1997). Krieger et al. (1993) contend that racism plays a major role in health inequalities due to people of color being disproportionately concentrated among the poor, the unemployed, in low-paying and hazardous jobs, and without access to health insurance. The conditions associated with poverty, unemployment, and menial labor affect health adversely and are aggravated by a lack of health care. Similarly, Jones (2000) draws attention to three forms of racism and their impact on health: institutionalized, personally mediated, and internalized racism.

Race affects health through multiple mechanisms such as residential segregation, differential access to goods and services, discrimination, and other stressors (Williams & Mohammed, 2009), racial bias in medical care and the acceptance of the societal stigma of inferiority (Williams, 1999), and disproportionate environmental exposures (Morello-Frosch, 2002). Several studies demonstrate that race conditions access to, quality of, and experiences with health care, through provider-level, institutional, and policy-level factors (Benkert & Peters, 2005; Dovidio, et al. 2008; Klonoff, 2009; Malat et al., 2010; Sabin et al., 2009; Smedley, Stith & Nelson, 2003; Taylor et al., 2006; Van Ryn et al., 2011; White-Means et al., 2009).

Minority stress theory posits that individuals from stigmatized social categories, such as racialized populations, experience additional stress and negative life events because of their minority status (Cox et al., 2011). Perceived discrimination is one of the major pathways in which racism affects health and has been studied with regard to its impact on several types of health effects (Paradies, 2006; Pascoe and Richman, 2009; Williams and Mohammed, 2009). Accordingly, minority stress theory suggests that perceived discrimination and other negative life events may cause acute and chronic psychosocial stress, which in turn, may result directly and immediately in poorer mental and physical health (Ahmed, Mohammed, & Williams, 2007). Thus, racial inequalities in health are hypothesized to result from differential exposure to psychosocial adversities moderated by inadequate access to and control over essential material, psychological, social, and health care resources over time (Myers, 2009).

Research on racism and health have examined the effects of discrimination on physiological systems, especially between exposure and biological and behavioral outcomes, such physiological outcomes and psychophysiological pathways (Clark, 2000; Fang & Myers, 2001; Guyll et al., 2001; Harrell et al., 2011; McNeilly et al., 1995; Richman et al., 2007; Tull et al., 2005); engagement in risky health behaviors such as smoking and substance use (Borrell et al., 2007; Landrine & Klonoff, 2000); lower use of preventive services (Hausmann et al., 2008; Trivedi & Ayanian, 2006); and medical non-adherence (Casagrande et al., 2007). Some studies have found an association between perceived discrimination and the physiologic outcome of elevated blood pressure or hypertension (Brondolo et al., 2003; Harrell et al., 2003; Wyatt et al., 2003).

Strong and consistent associations have been reported between perceived discrimination and general level of mental health or psychological distress, depression, anxiety, obsessive

compulsive symptoms, negative affect, psychosis, and satisfaction with or quality of life (Paradies, 2005). Most studies of the impact of discrimination focus on African Americans and have not studied Latinos/Latinas or immigrants (Ahmed, Mohammed, & Williams, 2007). Moreover, while the body of literature on discrimination and health outcomes is invaluable, Gee & Ford (2011) argue that it still locates the experiences of racism at the individual level and encourage studies of inequalities to more seriously consider the multiple dimensions of structural racism, such as social segregation, including segregation of social networks and immigration policy.

The literature on race and health reflects important conceptual advances with regard to theories of embodiment. While noting the problematic conflation with evidence of racial health inequalities with the notion that race is biological, Gravlee (2009) asserts that the sociocultural reality of race and racism has biological consequences for racially defined groups.

In studying racial inequalities in health, Williams (1997) argues that fundamental basic causes such as racism, the political and legal system, economics, and geographic origins are obscured by traditional public health and medical models' focus on "surface causes" such as health practices, stress, psychosocial resources, and medical care that are shaped by larger societal forces. Chae et al. (2011) emphasize the etiologic role of social inequalities and highlight their impact on psychological, behavioral, and biological disease processes. They advance several important themes, including: the importance of social processes in generating psychological, behavioral, and biological vulnerabilities involved in processes of embodiment; directionality, in which social inequalities generate unjust patterns in disease distribution; and the need for historical contextualization.

"Undocumented" Migrants are Racialized, Classed, and Gendered

As "undocumented" Latin American migrants are positioned in United States society along lines of class, race, immigration, gender, and others, some of the previous mechanisms identified by this literature are likely to come into play. Many of the aforementioned mechanisms are likely to be relevant for the health of "undocumented" migrants, including health-damaging exposures such as inadequate nutrition, poor housing, occupational exposures, inadequate health care, unsafe working conditions, uncontrollable stressors, social exclusion, discrimination, differential access to goods and services, internalized stigma, healthcare provider bias, conditions associated with poverty, unemployment, and menial labor, and others. The relevance of the mechanisms described in the race and class literatures to the social position of "undocumented" migrants' points to two issues. First, the experience of "undocumented" migrants is likely to be highly intersectional, demonstrating potentially unique and multiplicative inequalities. Secondly, this provides further confirmation of the need to attend to the larger-scale social forces, structures, and actors that create and maintain inequality through varied mechanisms and for varied populations.

Moving From Individual Social Determinants to Social Structures and Processes

The literature on health inequalities with regards to social class and race points to the need to examine macro-level social structure as a fundamental cause of disease. Indeed, when incorporated into most public health or medical models, social determinants of health often remain closely bound to behavioral models of prevention that focus on changing individual behavior rather than addressing social structural disease etiology (Porter, 2006). In short, it is not enough to consider individual social factors for their importance in shaping illness and injury,

but attention must also be drawn to large scale social structures, social processes, and the institutions and actors that perpetuate them.

It is the inherently structural forces that create, enforce, and perpetuate political, economic, and social privilege and inequality through established institutions that are the root causes of health inequality. Solar and Irwin (2010) clarify structural forces as those that generate stratification and that define an individual's social position within hierarchies of power, prestige, and access to resources. These structural forces are rooted in the key institutions and processes of the socioeconomic and political context. For instance, drawing attention to what may often be seen as distal social factors, Link and Phelan (1995) argue for a "fundamental causes of disease" perspective positing that certain social conditions put individuals at "risk of risks," owing to the effect of these conditions on multiple health outcomes through varying intervening mechanisms. Link and Phelan (1995) contribute the concept that while the intermediate mechanisms and/or the specific health outcomes may shift over time, the inherent social causes of disease remain the same. Their conceptualization points to how social inequality, whether it is along lines of race, class, gender, or immigration, can systematically disadvantage certain social groups while privileging others. Similarly, Navarro (2009) has pointed to the need to incorporate the role of power and how power is produced and reproduced in political institutions, whether it is exercised through class, gender, race, or nation, into a social determinants approach of health.

A related perspective is that of "structural violence." In applying a structural violence approach to health, Farmer et al. (2006) point to the injurious social-structural arrangements, including economic, political, legal, religious, and cultural structures, which put individuals and populations "in harm's way." Structural violence constrains personal agency and contributes to unjust health disparities (Hixon et al., 2013). Farmer et al. (2006) add several important concepts

with this approach. First, these harmful social forces are deeply embedded in the political and economic organization of our social world, and as such are often ubiquitous, normalized and appear invisible. Second, despite the pervasiveness of social violence and social injustice, it is possible to address and make actionable interventions that impact disease distribution at multiple levels from the distal to the proximal.

Finally, Krieger (1994) adds to these perspectives to posit that there is need for an "ecosocial" epidemiological theory that truly integrates both the social and biological dimensions of health and rejects the underlying assumptions of biomedical individualism without discarding biology. To this end, she proposes the concept of embodiment, or how individuals literally incorporate, biologically from conception to death, the material and social world in which they live (Krieger, 2001b). Moreover, an ecosocial approach would draw attention to the pathways of embodiment, structured simultaneously by: societal arrangements of power and property and contingent patterns of production, consumption, and reproduction, and trajectories of biological and social development. She contends that there is a cumulative interplay between exposure, susceptibility, and resistance to disease at multiple levels varying from individual to transnational and in multiple domains (e.g. work, school, home, etc.) This interplay is expressed in pathways of embodiment, which, by their nature, are multi-level pathways linking expressions of social inequality and their biological embodiment across the life course (Krieger, 2001b; Krieger, 2005).

Given this body of literature, there is substantial evidence that there exists a compelling historical and theoretical foundation for the importance of social forces, social organization, and social structure in health. In order to fully appreciate the social dimension of health, we must expand our view to incorporate structural arrangements, the actors that create these

arrangements, and how these forces become embodied over time through various multilevel and interrelated mechanisms. However, despite the significant amount of literature dedicated to understanding health inequality from a class or race based perspective, the relationship between of migration or immigration status and health inequality has not been well explored.

CHAPTER 3: UNDERSTANDING "UNDOCUMENTEDNESS"

This chapter places immigration policy in its socio-historical context, traces the ideological and institutional meanings of "illegal" immigration, and how "undocumented" migrants come to inhabit this category in the United States.

The Context of Immigration and the Social Construction of "Illegality"

It is an often repeated axiom that the United States is a "nation of immigrants." Setting aside for a moment the ways in which this characterization obscures the violent history and continued legacy of genocide, colonization, and slavery that is central to the founding of this nation, the axiom does little to elucidate the history of immigration and inherent function of immigration as an axis of inequality for socially-defined groups. Moreover, the idealized mythology of the "immigrant coming-to-America" ignores the reality that the inclusivity of immigration policies is conditional and has historically been defined by race (Masuoka & Junn, 2013).

Immigration policy unfolds within a highly politically-charged socio-historical context that includes economic, geopolitical, and social interests. At the international level, the United States' foreign and economic policy impacts who is allowed "legal" entry and who is denied "legal" entry (Garcia, 2007; Horton, 2004), as well as the transnational neoliberal economic forces that influence migration (Green, 2011; Hamilton & Chinchilla, 1996; Massey, 2009).

For the past twenty years, regulation of the US-Mexico border has been significantly influenced by neoliberal economic globalization, such as the North American Free Trade Agreement (NAFTA), which purports promotion of the free flow of goods while aiming to decrease migration across national borders (DeChaine, 2012). Immigration policy can be tied to

a complex set of global economic doctrines and geopolitical practices that produce socially-marginalized "nobodies" in the global south, create low wage dangerous and exploitative jobs in the United States, and force the migration of Latin Americans with little opportunities for survival, while simultaneously enforcing punitive immigration practices and a militarized US-Mexico border that encourages commodification of migrant bodies and endangers migrant lives (Green, 2008; Green, 2011).

Moreover, immigration policies criminalize "undocumented" migrants through the construction of "illegality," which frames the individuals forced by global economic forces and geopolitical doctrines to migrate without accessible "legal" pathways, as inherent lawbreakers, people who have flagrantly violated US immigration laws and are, by definition, criminals (Inda 2006). It is important to denaturalize the concept of "illegality" as a social construction that works historically and currently as a racial project and a mechanism of profound social inequality. "Illegality" or "undocumentedness" is socially-constructed, in the sense that the distinctions between "legal" migrants and "illegal" migrants have significantly changed over time (Donato & Armenta 2011; Ngai 2004) in accordance with the state of the economy, the labor demands of industry, the construction and maintenance of socially-defined racial groups, and global hierarchies of difference that favor some migrants over others. In short, while the "illegality" of certain migrants is often seen as a social fact, it is instead a representation created by social institutions to serve explicit political and economic purposes (Massey, Durand & Malone, 2002). For instance, up until the 1920s, the United States tended to maintain "soft" borders with Mexico. Beginning with the Great Depression, however, high unemployment resulted in a drastic change in the dominant attitude towards Mexican immigration. Mexicans were subject to increased racial hostility, increased apprehensions and deportations. Mexicans

were effectively made "illegal" migrants, and were excluded from amnesty programs offered to European and Canadian migrants (Ngai, 2004).

Given the social construction of "illegality" and the making of "undocumented" as a socio-historical process, is should also be understood that this study draws attention to the social processes that position certain individuals at the intersections of immigration and other axes of inequality, as opposed to viewing "undocumented" migrants as a particular social group or as an object of study (De Genova, 2002). In other words, the social processes of "illegalization" or "undocumentedness" essentially prove more useful in understanding health outcomes than static ascriptions of "legal" or "illegal" immigration status (Quesada, 2012).

Racialization, Immigration and Racialized Nativism

Within the nation, immigration policies have historically functioned and continue to function at both ideological and material levels in order to define integration or exclusion for migrant populations (Gee & Ford, 2011; Viruell-Fuentes, Miranda & Abdulrahim, 2012).

Ideologically, immigration policies often converge with the prevailing racial order to define national belonging along racial/ethnic lines, especially for African, Latin American, and Asian migrants, who are often selectively racialized compared with migrants who may fit in with normative definitions of "white." Dominant representations of migrants in the United States are racialized in two primary ways. First, the constructed image of "migrant" in popular discourse has a distinct non-white racial-ethnic identity (Chávez, 2001). Second, certain racial-ethnic populations are represented by default as migrants, despite their actual nativity or immigration status. Racialized nativism in the United States is directed towards these selectively racialized migrants, especially Latin Americans migrants, who may not easily fit into the black/white racial

paradigm.

Although xenophobic fears of migrants' "taking jobs" from citizens is not a new phenomenon, racialized nativism in the United States is marked by the confluence of racism and nativism and is characterized by concern over the purported drain of public resources by racialized migrants, especially with regards to welfare, education and health care services, as well as the fear of racialized migrants taking advantage of race-based affirmative action policies (Sánchez, 1997). In addition, racialized nativism is also characterized by concern over a loss of a nebulous and idealized dominant white "culture" or "way of life," such as the supremacy of the English language or concerns over the growing size of migrant populations. Social inclusion for migrants and the receptivity of immigration policies have in turn been shaped by racialized nativism, with the vast majority of policies and practices tending towards hostility, exclusion, criminalization, and efforts at removal (Jones-Correa, 2012).

The historical construction of "illegal immigration" has become so deeply embedded and intertwined with race and racism that the quintessential "illegal migrant" is now a racialized subject. Latin American migrants, especially Mexican migrants are often the target of racialized nativism (Inda, 2000; Chávez, 2008).

Health Implications of Racialized Nativism

Racialized migrants are often represented as social, biological and economic threats to society. Racialized nativism for Latin American migrants has consequences for health, in that it marks migrants as unworthy of social support and healthcare. In specifically examining the discourse emerging from organ transplants and other medical treatments as a privilege of citizenship, Chávez (2008) asserts that the anti-migrant public discourse results in

representations of migrants as criminals and thus illegitimate members of society undeserving of social benefits, including health care. Moreover, representations of Latin American migrants as biological threats are a key component of racialized nativism. Latin American migrants are often homogenized as being "Mexican" despite their actual nationality, and Mexican migrants are often the direct target of racialized nativism that constructs them as the quintessential illegal migrant. For instance, during the 2009 H1N1 influenza or "swine flu" pandemic, Mexicans migrants and agricultural workers were stigmatized and associated with carrying the disease (Schoch-Spana et al., 2010). Representation of Latin American migrants as biological carriers of disease is especially problematic, as it places a double burden on "undocumented" migrants, who already experience barriers in access to care, substandard living and working conditions, limited resources, and other health conditions, which may put them at risk for contracting infectious diseases such as the H1N1 influenza.

Consequently, Quesada, Hart, and Bourgois (2011) contend that the vulnerability of Latin American migrants is exacerbated by their interactions as economically disenfranchised laborers in a society that regards them as criminals and devalues their individual and cultural worth. Moreover, Quesada (2012) asserts that the exclusion, criminalization and indifference that Latin American migrants experience are compounded as they move among the various contexts – hostile territories, institutional webs, unregulated labor markets, and inhospitable social and legal environments.

The far-reaching implications of immigration policies are such that migrant legal status and citizenship have become central dimensions of stratification in U.S. society (Gee & Ford, 2011; Massey, 2007; Menjívar, 2010). The imposition of "undocumented" or "illegal" status on certain migrants has significant health consequences (Cartwright, 2011; Willen, 2012) and has

been demonstrated to contribute to a wide variety of health risks for "undocumented" migrants (Berk et al., 2000; Heyman et al., 2009; Holmes, 2007; Horton and Barker, 2010; McGuire and Georges, 2003; Quesada et al., 2011; Sargent & Larchanché, 2011; Walter et al., 2004). Healthcare for migrants has been directly challenged and institutionally restricted (Galarneau, 2011; Zimmerman, 2011).

Beyond healthcare access, restrictive immigration policies and practices, in particular, have clear implications for the social determinants of health by increasing stress (Arbona et al., 2010; Chávez, 2012; Nalini, 2011), increasing fear, fostering mistrust, and restricting mobility for documented and "undocumented" migrants alike (Hacker et al., 2011; Hacker et al., 2012; Hardy et al., 2012). Recent evidence suggests that a direct relationship exists between anti-immigration policies and access to health services, as well as mental health outcomes, including depression, anxiety, and post-traumatic stress disorder (Martinez et al., 2013).

While little research has been conducted with regard to how racialized representations of migrants affect health (Viruell Fuentes et al., 2012), there is evidence that the representations of migrants as "undeserving" and the discrimination and othering experienced by migrants is important for their wellbeing (Quesada, 2012; Viruell-Fuentes, 2007; Viruell-Fuentes, 2011).

Defining "Undocumentedness"

This study posits that "undocumentedness," is a major social determinant of health. Similar to other sociological master statuses, "undocumentedness" is a social status that pervades all spheres of an individual's life. It is a means of causing differential exposure to deleterious social conditions and creating and exacerbating vulnerability to the effects of those social conditions. "Undocumentedness" is a widely accepted social process that simultaneously creates

and enforces a negative representation of a socially-defined group and utilizes that representation as justification for their inferior social position. As such, "undocumentedness" can be thought of as a racial project (Omi & Winant, 1994).

Unlike other legal issues, migrant "illegality" or "undocumentedness" is constructed in such a way as to be an existential condition, in that the existence of people themselves is thought of as "illegal." As legally-defined noncitizens, "undocumented" migrants may face removal proceedings for engaging in conduct (e.g. crossing the border) or for simply lacking immigration status due to a variety of reasons. The idea of "illegal people" results in the creation of a substantial social underclass or "shadow population" which legitimizes their subsequent marginalization (Menjívar & Kanstroom, 2013).

The Complexity of "Undocumented" Status

In defining "undocumentedness," it must be understood that "undocumentedness" is not a discrete, all-or-nothing phenomenon. There is often not a clear delineation between who is a documented migrant and who is "undocumented." The complexity of immigration policy in the United States has created "undocumentedness" as fundamentally amorphous and uncertain form of existence. Indeed, Menjívar and Kanstroom (2013) argue that the binary categories of "documented" and "undocumented" are problematic in that they do not reflect lived experiences. Instead, they point to experiences of "liminal legality" (Menjívar, 2006) or permanent temporariness that reflect the blurring, in-between, gray zones that grow out of politicized immigration policies. For example, various forms of discretionary relief and temporary authorization, including the Violence Against Women Act (VAWA) – which is of particular importance for the interviewees in this study who are survivors of gender based violence[9] -

among others, continue to blur these lines and position individuals within liminal legality (Menjívar, 2006). In addition to a multitude of in-between statuses, immigration policies affect family members of "undocumented" migrants, especially citizen children, and expand beyond migrants to construct "illegality" as a racialized category (Menjívar & Kanstroom, 2013). "Undocumented" individuals are often members of families where their children, parents, siblings, and/or others have documented status.

Despite their current position in the immigration system, however, "undocumentedness" continues to define "undocumented" migrants' existence in profound and inescapable ways. In fact, "undocumentedness" is so powerful that individuals who were interviewed for this study with relatively stable authorized immigration status commonly spoke about their fear of becoming "undocumented" or being mistaken for being "undocumented" as one of their most significant stressors in their lives. While "documented" interviewees have been excluded from the final analysis, it is important to note that "undocumentedness" is ubiquitous and pervasive to the extent that it also significantly affects the lives of individuals with relatively stable and "legal" documented status.

Additionally, it should be noted that the ways in which people experience being "undocumented" can vary widely based on how they have come to inhabit some form of "undocumentedness." Important "social cleavages" that define the experiences of "illegality" include gender, age, and the physical context in which migrants live (Menjívar & Kanstroom, 2013). For the "undocumented" migrants in this study, gender significantly conditioned their experiences. For "undocumented" women, the intersections of immigration and gender inequality impacted their lives in meaningful ways through experiences of workplace discrimination and abuse, institutionalized gender discrimination, the burdens of the gendered

expectations of childcare, exposure to gender-based violence, and denial of resources to survivors of gender-based violence due to their immigration status. The intersectionality of gender and immigration for "undocumented women" is explored at the end of chapter six.

Finally, migrants may become "undocumented" through various mechanisms, including: young people who are brought by their parents as children; people who have work authorization and lose it due to being laid off, injury or other circumstances; people who are brought into the country against their will, which may happen due to abusive partners or in the case of human trafficking; people who physically cross borders by land into the United States, some of whom may have had to cross multiple national borders; and people who come on a temporary visa and remain in the country past that visa's expiration. Migrants' experiences of "undocumentedness" likely vary with regard to state/local immigration policies, proximity to the U.S.-Mexico border, as well as the existence of established co-national and/or co-ethnic migrant communities and neighborhoods.

The experiences of the interviewees in this study demonstrate how people who are "undocumented" differ in their reasons for migration, their time in the United States, how they came to be "undocumented," their family structure, and their need to support others. Some examples are provided below of how some of the interviewees came to inhabit the category of "undocumented."

Clara had been in the U.S. for six years and migrating by walking from Guatemala with her abusive former partner. She had two small children who were born in the U.S. and a daughter back in Guatemala. Santiago had been living in the U.S. for nineteen years. He originally travelled from El Salvador and obtained a work permit, but it expired once the company he

worked for shut down and the owner moved out of state. He found that without immigration authorization, he had a great deal of trouble finding work and ended up working as a day laborer and living in a homeless shelter:

> I have suffered since my permit expired. People without papers suffer here because many people are starting to ask for papers and many can't find a job. […]Immigration is charging me $1,300. They are charging me a fine for two years. I can't collect the $2,000 they are asking me. I come to look for work here [in this parking lot]. God always blesses me with work. I sometimes do small jobs for ten dollars an hour.

Lucia, who has been in the U.S. for fourteen years, was fleeing persecution in Ecuador for her previous work as a journalist as well as an abusive relationship with her husband:

> I am a journalist. I used to work in a TV channel. I worked for the Colombian chain. I made a documentary, which was unfortunately exposed to broad daylight, and I had to come to this country as… as an exile, of which I cannot do it legally, because nobody told me that after a year I could apply to have a way to legalize my situation. I thought that I was coming to work on the same [level] that I worked in my country, which was not like that. […] But unfortunately, eh, I had to leave due to work problems… oh… by making a report that was published in television therefore my life was at risk. I had to leave my house, my family, my country, and establish myself in this country, of which I may not return, because I would put my family at risk… eh… and also my life.

Martina had been in the U.S. for eight years and came with her adult son, Felipe, from Honduras after a hurricane resulted in her family's loss of the majority of their material possessions:

> We are working people, my mom, my dad, humble people, but very hardworking, very honorable, and very decent. They always indoctrinated us to study, right. To survive in the best possible way. I made the decision to come here because in my country there was a hurricane and we lost many things, almost the house. That is why we came here, but yes I did work in my country, I had my job.

Alma, an indigenous Guatemalan woman and survivor of the civil war and genocide against indigenous peoples in Guatemala, had been in the U.S. for three years and traveled to find work in order to provide for her three children, who remain in Guatemala. Mateo had to cross multiple borders from El Salvador two years ago, originally arriving in Nebraska, and then coming to Washington, D.C. In addition to sending remittances to support three children, his wife, his parents, and his three siblings, he told me that he was still working to pay off his extensive debt

due to migration costs.

Life Course View

A related concept to consider in "undocumentedness" is to understand how "undocumentedness" functions as a determinant of an individual's life trajectory. The predominant way that scholars have approached "undocumented" migrants, and migrants in general, seems to assume that their life begins upon entrance to this country. In reality, "undocumentedness" is a process that begins prior to migration, and continues to affect an individual, and often, their children and family members' life trajectories post-migration. In order to appreciate the immensity of "undocumentedness," the following, at least, must be taken into consideration: an individual's pre-migration histories and life experiences, especially those of trauma and deprivation; an individual's motivation to migrate and how those motivations may change and/or persist over time; an individual's actual migration experience, especially in light of increased militarization of the Mexico-United States border and the dangers of migration (Andreas, 2000; Coleman & Kocher, 2011; Inda, 2011); and transnational flows and pressures between an individual and their family, friends, and social network in their home country.

On "Comparative" Suffering

Many of the people who migrate to the United States have experienced some form of suffering in their home countries. This has led a few to question, what makes the structural violence experienced by these individuals as "undocumented" migrants in the United States different than life in their home countries? A few even go as far as to reason that life in the United States must be "better" than life in these individual's home countries, concluding that "undocumented" migrants should be happier and healthier here in the United States.

One of the interviewees in this study, Alma, an indigenous single mother from Guatemala who was working as a restaurant cook to provide for her children, spoke about the trauma she experienced in her home country:

> I see the suffering of the children because I don't have any education. I grew up in the fields. I have suffered much from the war [in Guatemala]. There have been many murders in our country. […] There are many problems. Well, many people died. There are children who are left without a mother or father. Why? Because of the war, there were many murders. And so… there are children left without clothing, without housing, without eating… […]At the least, I didn't know my own father because no one knows if he lived or died. It is not known. It is very difficult, this case, you understand?

As a follow up to her description of life in her home country, she was asked if she thought the conditions were better here in the United States and she immediately responded:

> Here the conditions are better when there is work. But when there is not work, it is very difficult. Because here, you pay rent, you pay for everything. And so… someone without papers… You understand very well that we are working. We are immigrants! We don't have papers and sometimes we get scared because immigration might grab us. We become afraid because we have suffered from the war. And so, it is very difficult for us, but we are always trying to move forward.

Alma's experience illustrates that for many "undocumented" migrants, having had the experience of significant trauma in their home country does not necessarily mean that their lives in the United States are "better." Alma still suffers due to the high cost of living in the United States, the poor wages she receives, and her fear of detention and deportation. Moreover, there are several reasons why the suffering experienced by "undocumented" migrants in the United States is significant, even when compared to genocide, war, violence, and poverty in their home countries. First, suffering can have an additive and cumulative effect. The fact that an individual is experiencing comparatively "less" suffering at the current time does not necessarily erase the impacts of her/his current or past suffering and may actually exacerbate the effects. Indeed, Alma's perspective illustrates the case where the trauma she experienced in Guatemala increases her fear of immigration authorities, police, and deportation in the United States.

Second, while many individuals are forced to migrate due to dire circumstances, migration still has a heavy economic, physical, emotional, and social cost. This is reflected, not only in individual's traumatic migration experiences, but also their strong desire to be free to return to their home country, a desire expressed by many of the interviewees in this study. Another interviewee, Daniel, an "undocumented" migrant from El Salvador who was working as a day labor, illustrates the cost of migration and the fact that he was reluctant to undertake migration but was forced to out of circumstance. He told me:

> I am sad because I left my family back home, my life partner, my children, my mother, my brothers and sisters, and the rest of my family. But at the same time I have to keep in mind… I need to work, I have to give it my all, so that I can help my family to overcome our struggles, to prosper and move forward. Then someday I can be with them, because when one makes this trip it is not because you want to, it is because the need, it obligates you to leave in order to work, to do something for your family.

Daniel's comments illustrate that migration is undertaken due to need and has a significant cost. Many "undocumented migrants" find that despite leaving their family, undertaking a dangerous journey and paying a high financial, social, physical and emotional cost, life in the United States is also a struggle, one that they may not have been prepared for. In addition, the cost of migration is reflected in the demands of the Mexican "right to stay home" movement, in which local communities are demanding the right not to migrate and for alternatives to forced migration; they have identified the policies and practices of transnational market reforms and free trade agreements as linked to the displacement of people and their subsequent migration to and criminalization in the United States (Bacon, 2013).[10] The cost of migration for "undocumented" migrants is further discussed at the end of chapter four.

Moreover, the idea that life in the United States must be preferably to life in an migrant's home country, is often rooted in racialized representations of the United States as a country of opportunity and affluence, and the corollary, that migrant home countries are a disastrous and

destitute “third world” characterized by widespread violence and poverty. While crime, violence, and poverty do exist in many migrant home countries, these representations fail to recognize that life in the margins of society in any country, even the United States, can be a life filled with poverty, violence, deprivation, victimization, and suffering.

Indeed, the widespread representation of the United States as a country of unlimited opportunity – the so called “American Dream” – was damaging to many of the “undocumented” migrants interviewed in this study. Many of the interviewees described how their experiences of life in the United States were not commensurate with the ideas and representations they had of what their life would be like after they migrated. Moreover, keeping in mind that many “undocumented” migrants support families or others and often have external social pressures to succeed, it is no surprise that often “undocumented” migrants must contend with an internalization of the structural inequalities that have prevented them from achieving what is expected of them, resulting in deep feelings of failure, shame, and guilt. This phenomenon is explored in greater detail in chapter 4.

Furthermore, while migrants may have experienced suffering in their home countries, at some base level, some form of social and community resources may have been available to them compared with a lack of these same resources in the United States. Some interviewees have described that while they may have been very poor or fearful of violence in their home countries, they had some support in that they were in an environment in which they may have spoken the dominant language, have established social networks through family or friends, and may have been familiar with navigating social structures and surroundings. This speaks to the relationship between exposure and vulnerability, in that while they may have been exposed to harmful social conditions in their home country, their vulnerability or susceptibility to the effects of those

harmful social conditions may have been mitigated by social resources, which may not be available to them in the United States as "undocumented" migrants.

How "Undocumentedness" Affects Health

The next two chapters will review how being "undocumented" affects health by documenting differential exposure and susceptibility to harmful social processes, including issues such as, working conditions, discrimination and othering, trauma and stress related to migration, detention and deportation, social isolation and fragmented social ties, poor neighborhood and housing conditions, internalized suffering and intersectionality. Chapter five will trace specific embodiment pathways, such as outcomes for severely ill "undocumented" migrants, healthcare access barriers, as well as stress, and poor physical and mental health outcomes. Chapter six reviews some of the resistance and coping strategies "undocumented" migrants may use, and chapter seven proposes a theoretical framework to understand the pathways by which social-structural forces become poor health outcomes for "undocumented" migrants.

CHAPTER 4: "UNDOCUMENTED" MIGRANTS' DIFFERENTIAL EXPOSURE AND SUSCEPTIBILITY

"Undocumentedness" affects multiple aspects of the eco-social environment, which condition health and wellbeing. This chapter presents several of the significant ways in which "undocumentedness" results in differential exposure and susceptibility to deleterious health outcomes, including: working conditions, discrimination and othering, trauma and stress related to migration, the effects of detention and deportation, social isolation and fragmented social ties, poor neighborhood and housing conditions, internalized suffering, and intersectionality.

"We, the undocumented, are being exploited": Intersections of Class and Immigration Status

One of the most significant motivations for many "undocumented" migrants to leave their home country and come to the United States is the potential wages that can be earned in the United States. Work in the United States, however, is not without its own set of perils. Many industries capitalize on "undocumented" migrants' need to work and exploit their vulnerability. The result is often that "undocumented" migrants are subject to extreme or poor working conditions, labor exploitation, discrimination at work, and a lack of control and stability in their work. In addition, "undocumented" migrants often find that while their wages may be higher than in their home country, the high cost of living in the United States results in material deprivation and increased stress. Furthermore, the implications of work for "undocumented" migrants extends beyond the workplace, placing extreme limits on the ability of "undocumented" migrants to receive an education, to learn English, to make meaningful social connections, as well as increasing their levels of psychosocial stress.

The need to work for many "undocumented" migrants is often their central concern. Not only do employers realize this and utilize "undocumented" migrants' need to work as leverage to take advantage of them, but the labor system in the United States has been historically built around an exploitable and vulnerable labor supply. "Undocumented" migrants are aware that they are being overworked and are at the maximum or beyond the maximum of their physical and mental capacity. However, "undocumented" migrants frequently try to maintain this workload for as long as possible due to the need to support family and friends, the internalized pressure not to fail, and the need to survive. The fact that jobs are difficult to obtain and that poor working conditions are widespread throughout employers and industries also makes it unlikely that changing jobs would better their situation. One of the interviewees, Rodrigo, reflected on how his constant work in the United States has changed him:

> What is the thing that worries me most? That things don't change and that they just keep staying the same. I [have] been here three years and I have never seen a change. It is always the same… the same. That is the way it is going to stay, I guess. […] I used to think I was a very joyful person. But your life changes, I came here just to work and now I'm a different person. I just came here to work and to work and to work.

Rodrigo's comments point to a central fact of "undocumented" migrant life, a feeling of desperation and the sense that their work has consumed them.

It would be inaccurate to assume that migrants are choosing, as rational actors with the ability to control their situation, to work long hours without breaks, or choosing dangerous or harmful work environments. It would also be a mischaracterization that only some employers take advantage of "undocumented" migrants. Poor working conditions for migrants are the norm throughout multiple industries and from multiple employers. Two of every five low-wage migrant workers are "undocumented" (Capps et al, 2003). The United States as a whole benefits from official and unofficial low wage-labor industry that primarily recruits Mexican, Central,

South American, and other Latin American migrant workers (Massey & Zenteno, 2000). Migrant workers are often hired in precarious jobs with poverty-level wages and experience more serious abuse and exploitation in the workplace; they also experience social exclusion and fear of reprisal for demanding better working conditions (Benach et al., 2010). Employers favor migrants due to their vulnerable legal status and susceptibility to exploitation (Bloomekatz, 2007). According to Saucedo (2006), newly arrived Latin American migrants, termed "brown collar" workers in the sociological literature, typically perform the least desirable jobs in the most unstable conditions in the United States economy. Moreover, the overrepresentation of Latin American migrants in these undesirable low-wage positions is not coincidental, but the result of specific social, political, and economic contexts and dynamic class relationships. In particular, employers take advantage of the social conditions that make brown collar workers exploitable and "subservient" and further workers' subservience through specific practices such as setting substandard workplace conditions and pay rates (Saucedo, 2006).

"Undocumented" migrants in particular are vulnerable to discrimination, harassment, and labor exploitation. In addition, "undocumented" migrant women are further subject to routine sexual harassment and exploitation (Eggerth et al., 2012). Moreover, "undocumented" workers are less likely to make claims on workplace protection, owing to fear of deportation and pragmatic understanding of their work conditions as temporary and thus endurable (Gleeson, 2010). It has been reported that low-wage "undocumented" workers in construction, day labor, domestic and service work in the Washington DC metropolitan area are subject to systemic labor exploitation through wage theft, pay below minimum wage, and no overtime pay (CASA of Maryland, 2007).

Difficulty Finding Work

Firstly, for "undocumented" migrants, finding work can be a laborious and time consuming process. Many of the interviewees described poor working conditions but difficulty finding work as well, especially given the economic recession. Mateo commented on the centrality of having documented status to finding a stable job, explaining, "As an immigrant? The difficulties... a big one here is the documents. Because a person here that has legal documents has obstacles disappear for them. Living with a stable job here is different. All doors open." Similarly, Daniel disclosed, "Well the biggest difficulty for me, is finding work. It's a big struggle, and I don't know when I'm going to overcome it because the truth is, like I tell you, here we are and we don't if we have permission to be here because sometimes we find work, sometimes we don't."

In addition to contending with their "undocumented" status, Latin American migrants must also contend with racialized nativism and discrimination when searching for work. Clara recounted her trouble finding a job and connected difficulty finding work with potential discrimination:

> It cost me to find a job. […] Because I was unemployed for two months. I went to look and there wasn't any [work]. I don't know if it was because of my height or because I couldn't speak English. Perhaps it was because of that. […] It is very difficult because they treat one bad where one goes. For example, if one tries to find a job, they don't get the job. Or in other places, one doesn't know why they don't give [you work.] It is difficult. They don't want immigrants here, perhaps they want us to leave.

Mateo also pointed to racial discrimination as a reason why jobs are difficult to find,

> Like I said that are people here that have appreciation for the work we do but there are people that do not even look at us and just because we are Latinos and they do not think we don't deserve a job. They look at us and they say, "No, no, we are not going to give it to you." It is part of racial discrimination.

In the same vein, Laura connected difficulty finding work with discrimination and lower wages

for “undocumented” migrants:

> The lack of… work, the lack of documents and whatnot- there are moments when you know how to do the work but you can’t do it because we are discriminated because if we don’t have documents, how can we look for jobs? If what they do is if someone has documents they pay them - if it’s five dollars, they pay you two.

Difficulties in finding a job for “undocumented” migrants also make them less likely to leave a current job, even if the working conditions are poor or the job is unstable. Paula discussed how she was reluctant to leave her current job due to the difficult finding another one without documented status:

> [Being an immigrant] affects you every day. How do I tell you, I work in a place, and for example, my friends tell me to find another place, how am I going to find another place of employment if I don’t have papers? Being an immigrant is difficult. Right now, for example, I have worked in a [daycare] company for 7 years, why? Because in that company, my daughter goes free [to daycare], I don’t have to pay. They don’t know I don’t have papers, so I stay there for that reason. Every time a center closes, I have to move to another center so they won’t fire me. Because I’m always thinking, is this one going to close? What am I going to do, where will I go? I can apply to another place but… they realize I’m illegal and then I can’t, so that is an everyday worry. One worries, what am I going to do tomorrow, what is going to happen when it closes, how will I be, I don’t have health insurance … every day is effected by being an immigrant and without papers.

Paula’s reluctance to leave her current job to the difficulty of finding work as an “undocumented” migrant resulted in a state of perpetual instability that increases her stress. She also expresses concerns about what would potentially happen to her and her family if she is without a source of income because she doesn’t have health insurance in case of medical emergency.

Juana drew on associations between her difficultly finding a job, high cost of living and her health and wellbeing:

> Sometimes I feel alone and I want to drown because I begin to think how or how I don’t have a job because I don’t have papers or a permission to work. I don’t have it. And to renew my apartment [pay my rent]. It’s what makes me sick, sometimes. Now I am living in that, but how am I going to do it? And if I go look for a job, they ask me for my social

> security number and I don't have it.

Juana's experience, especially her feelings of "wanting to drown" and her affirmation that these stressors "make me sick" points to the relationship between the high cost of living, difficulty finding a job, stress and mental health.

Labor Exploitation

When "undocumented" migrants do find work, they are often subject to several forms of labor exploitation, including: violation of labor rights, working long hours without breaks, rest or days off, wage theft or non-payment of wages, dangerous working conditions, occupational injuries, extremely low wages, extensive control over migrants' lives beyond work, such as employer control over social interactions and housing, sexual harassment and assault, and discrimination and othering interactions in the workplace that serve to reinforce and internalize negative perceptions of being "undocumented." Graciela spoke about how her employers in the cleaning industry knew about her need to work and forced poor working conditions on her because of her immigration status and need to work:

> I had employers before, always of cleaning, therefore they demanded from one there, you have to work from seven in the morning, until twelve at night, and sometimes they don't give you not even… they only give you the hour for lunch, if one is hungry for dinner, I mean, they don't even care about that. Therefore another company that also exploits, they give you, and give you, and give you work, and they don't even care if one can finish the job or not… they demand, you have to do it, because you have to do it… and they don't care.

Likewise, Ana also discussed her inability to control her own work schedule without being threatened with losing her job owing to her immigration status:

> [The employers] they think that "Oh, she doesn't have legal documents," so they take advantage of that. They pay little, and they take advantage with the work schedules. So, if you say that this Saturday you cannot work, and don't show up to work, forget it. Don't come back again. So, they abuse a bit, in regards to this.

Gerardo recounted how his previous employer attempted to exploit him:

> I got a job from someone from Bolivia, someone who paid me very cheaply and wanted to exploit me. So I told him that I couldn't work for him anymore because he was the type of person that wanted to double my workload while only paying one person.[…] He wanted me to work…He didn't want to pay for extra hours. He didn't want to pay for eight straight hours. And that just couldn't be.

"Undocumented" migrants also have to contend with ideological representations of their work being less valuable and employers offering them lower wages because they are "undocumented." Luis explained that his low wages as being tied to the perception of "undocumented" migrants as worthless, stating:

> In this country, we, the "undocumented," are being exploited. Exploited. The [employers] want the jobs [done] for free… we need a president that evaluates our work, the work of the "undocumented," so that we can have a little more access economically. […] Today, the people don't want to pay us. They look at us like we are not worth anything.

"Undocumented" migrants feel pressured into accepting lower wages due to competition and high cost of living. Mateo discussed the low wages he received due to his "undocumented" status:

> Well, roofing is a very tough job that sometimes is not paid well. Because they take advantage of certain people because they know of your need. They know that if it's not one person willing, it will be another. Sometimes you have the rent and telephone cost on top of you, so you will do the job. They do not know the worth of a job. They work for the minimum.

Similarly, Carlos described how he was forced to accept poor treatment by employers in order to continue working, "It is the requirement to work when…. When one has a bad salary… And the [employers] require more than… Than one can provide them… Because according to the salary, that's what one has to work…. To serve to the job. You get me."

Like a few of the "undocumented" migrants interviewed for this study, Gabriela had higher education and professional credentials, but still found that she was exploited by her employers in that she received lower wages and experienced discriminatory treatment because

she is “undocumented”:

> I got [a Child Development Associate credential] and I was presented with the opportunity to work in an education center, daycare. Well what happened there, there aren’t any benefits, they exploit you, they don’t pay you the hours that they have to pay you as a professional, because I am a professional in my country. I studied in a university, but here … […] Aha, and apart from exploiting you, they paid you when they wanted to, discrimination, abuse of power. There were so many things I had to tolerate there because I don’t have documents. A lot of opportunities are presented to me, I exceeded intellectually, besides being a teacher, I have been prepared in health, I have studied a lot, for 6 years, but because I don’t have opportunities, I don’t have papers, I can’t work in other parts.

Labor exploitation for “undocumented” migrants can affect health in numerous ways. Reduced wages and wage theft can limit access to material needs for health. Harsh working conditions and pressure to meet employer demands can directly result in physical injury or illness, while lack of proper rest and breaks can predispose “undocumented” migrants to illness. Labor exploitation can also increase stress, which can lead to poor health outcomes.

Furthermore, in addition to low wages and poor working conditions, many of the “undocumented” migrants in this study experienced discrimination, harassment, or abuse in the workplace (described in the next section) and a few of the interviewees experienced violence. Mateo, for instance, recounted an incident where a co-worker attempted to attack him on the job:

> Yes, [my work] it is also dangerous. Just today, I was working with a person, who even followed me to the roof with a hammer, wanting to hit me with it. It was due to someone else, but the discrimination that he did to me... I felt badly, so I took off my harness and left him to work alone.

Beyond difficulty finding work, low wages, poor working conditions, and discrimination, harassment and abuse in the workplace, “undocumented” migrants can experience intrusions into their social lives from employers that extend beyond the workplace. In accordance with the interviews, the researcher’s observations about the workplace of Alma, Rodrigo, and Javier also illustrate some of the ways in which “undocumented” migrants are exploited as well as the

workplace messages they receive about being "undocumented."

The researcher received permission from the manager of a restaurant to interview some of the kitchen staff in an Asian-themed restaurant kitchen near Baltimore, Maryland. However, when the researcher went to meet the staff, the researcher was told to conduct the interviews in the kitchen because the kitchen staff "were not allowed to go out" into the restaurant seating area because they were "illegal" and he did not want them being seen by potential customers. This policy created a clear division between the "hidden" "undocumented" Latin American migrant kitchen staff and the presumably documented, or at least less suspicious, "front end" staff who were Asian, African American and white. This policy established a clear race-immigration status hierarchy in the workplace, similar to the "ethnicity-citizenship labor" hierarchy described by Holmes (2007) in an agricultural setting. Moreover, these types of discriminatory policies in the workplace reinforced messages about the inherent criminality, undesirableness, vulnerability, and lower worth of "undocumented" workers and racialized their "undocumentedness" by their perceived Latino/Latina appearance. Rodrigo commented on how he felt he was treated at work:

> I think that yes, I am treated a little unjustly in my job. For example, there are times when people don't treat you with respect or something like that, they treat you like you are less, you know? And you think that there are people from different nationalities and they may treat you in a very different way. Here they treat you like you don't exist sometimes.

In addition, since this was an established workplace policy, it also made the "undocumented" workers more vulnerable by disclosing their immigration status to the entire restaurant staff. In addition to this discriminatory workplace policy, the researcher learned that Alma, Rodrigo, and Javier also lived in an apartment rented to them by their employer. They shared rooms with other restaurant employees and paid rent to their employer at the restaurant. Thus, their employer controlled not only their working conditions, but also their living conditions, a situation that left them without the ability to advocate for better pay or housing

quality without risking one or the other. Finally, several months after the interviews with Alma, Rodrigo and Javier, the manager had quit the restaurant and was considering reporting the restaurant to Immigrations and Customs Enforcement (ICE) as a form of retribution against the owner of the restaurant. He reasoned that deportation wouldn't cause that much harm to the employees, because "they would just come back across the border again." The case of Alma, Rodrigo, and Javier emphasizes how criminalization of "undocumented" migrants leaves them vulnerable to exploitation from their employers and co-workers. Their lives are unstable and their resources limited. Employers often exercise unprecedented control over "undocumented" migrant employees that extends beyond the workplace.

Workplace Discrimination, Harassment, and Abuse

Many of the interviewees described experiences with discrimination and harassment at work enacted by coworkers and employers. Isaac described how his coworkers sometimes treated him different due to the length of time he had been in the United States:

> Sometimes in the form of my job there are some people that have more time [here], more experience, and sometimes there are things that we need to get done and I know how to do them but I don't have the experience or practice. They tell me that I cannot and that I'm useless. Or things like that.

Gender-based discrimination, sexual abuse and sexual harassment at work, in particular, are significant concerns for "undocumented" migrants, who may targeted as vulnerable due to their migrant status. Graciela described the widespread occurrence of sexual harassment at work for "undocumented" women:

> Sometimes the bosses take advantage at work, the supervisors... they take advantage that… that the women does not have any papers, therefore they harass her. Sometimes they force her to get involved with them, to have relationships with them. They threaten her that if they don't have relationships with them, that they will take her out of the job, or will tell their boss, or well. So there is always that discrimination, also that violence

towards women.

In addition to mental trauma and stress, harassment at work can lead to wage theft and job loss. Martina recounted her own experience of harassment at work:

> I have had bad experiences. As a woman, single, an immigrant. It's happened to me, a while ago. In the beginning, I went to work to clean the kitchens and I had bad experiences, because sometimes, the very Latino is against the Latino. Sometimes they don't show respect to a woman. Sometimes you have to leave work…

Harassment at work can exacerbate stress for "undocumented" women who are already overburdened with other issues. Ana describes how as an "undocumented" woman, she experience multiple sources of stress from sexual harassment at work while battling for custody of her children:

> I had an experience, with the boss. He was harassing me, but […] So, yes, it was a rather hard situation, because I was in the process of custody of my children, in custody court. So on top of that, this harassment... knowing that I also had to go to a court for this, was horrible. I lost 65 pounds. I was extremely thin, and there came a moment when I was scared of getting an illness from which I could not recover. And I have three children, so I had to battle with this a lot in order to recover. But, it is very difficult when these situations of harassment or abuse occur, where men take advantage of you for being a woman, and knowing that you are alone. Then, they think that maybe by offering us some money, or some form of help, we would allow them to do this.

Gabriela pointed out how the need to work for her resulted in labor exploitation and sexual harassment at work:

> Eh, cooking in McDonald's, cleaning, and um, it was hard for me because they exploited me. I would clean almost 38 toilets in four hours being part time at night. And besides exploiting me … sexually, and they mistreated me. One deals with it because we don't have papers, and what are we going to do? How is one, how is one going to pay bills, who would if I don't have anyone here. I had to go along with what they gave me, no? And I would say "Wow, what am I going to do?" I have to help my son in Honduras move forward. My son, I am a single mother and so it was hard for me, and I moved forward like that, cleaning in McDonald's.

It should be noted that sexual harassment is not limited to women. A coworker at Pablo's workplace disclosed that Pablo, who lived and worked in the building owned by a construction company, had complained that one of the men who owned the company often

attempted to give him alcohol and would sexually harass Pablo, potentially aiming to pressure Pablo due to his status as "undocumented," his social isolation, and his employer's control over his work and living arrangements.

Volatility and Lack of Control

Overall, "undocumented" migrants may not be as well protected by labor laws and subject to greater manipulation and exploitation by employers. Their ability to obtain work and be paid is largely out of their control, both in cases of self-employment and employment by others. Lucia reflected on the stress of not having a stable job, "The stress is also when one is working and trusts that he has a stable job, and from night to day, he no longer has a job. Therefore that is worse and generates more stress."

Day laborers and self-employed "undocumented" migrants appear to have little short-term stability with regard to income, but may have more control over working conditions, as they can sometimes choose to leave or to not take a job if they find the working conditions extreme or dangerous. Yet, many of the interviewees who were working as day laborers were still looking for employment due to the volatility of job availability. Luis, who was working as a day laborer commented on the lack of steady income, "Every single one of us [day laborers], what worries us the most is the economy. The knowledge that tomorrow is coming and maybe we won't have even [enough money] for a bottle of water. Knowing that tomorrow is coming, and perhaps we won't even have enough to buy wings at the 7/11."

Several "undocumented" migrants in this study had decided to provide goods or services on their own. Many of these individuals chose this avenue due to the difficulty in finding employment but also because they were able to avoid poor treatment by employers. However,

self-employment carries the perils of instability in earnings as well as criminalization by authorities who may utilize local laws to "crack down" on informal service or good providers. For instance, Laura was self-employed and cooked and delivered food in order to make money. She emphasized the lack of stability and also the criminalization of her service as major stressors in her life, remarking, "I work. I deliver food but it is not a stable job. For me, that frustrates me. It's like when I say I am going to take food. It does sell, and then it doesn't, and the police find me. That is worse for me mentally, to live a frustration like that."

"Undocumented" migrant employees may have slightly more short-term stability in their income in that they have relatively steady employment compared with day laborers and self-employed migrants. However, "undocumented" migrants who are employees have less control over their working conditions. They may also be subject to threats of deportation from co-workers and employers, as well as workplace raids. Javier, for instance, worked at a restaurant where a workplace raid had occurred once and a former employee later threatened to report the restaurant owner to ICE a second time. Javier remarked on the continued lack of stability at his job in the restaurant:

> What worries me… what worries me is the situation, the economic situation and how to move forward. Like I told you before… We don't know on what day.… We don't know how many months… We don't know. Here, we are not very secure, you understand? You know we can have a whole mountain of plans but… If God wants us not to be here we won't be in this area anymore…

The chronic stress caused by volatility and low control in workplace environments is significant and likely has important health consequences.

High Cost of Living

In addition to volatility, poor working conditions, exploitation, and difficulty finding

work, “undocumented” migrants often have to contend with the high cost of living in the United States. “Undocumented” migrants are often stressed by balancing the cost of living for themselves in the United States with remittances and/or care of co-living family. It is often a choice of living in poverty and material deprivation in the United States in order to send money home. For instance, Lola commented on the strain between supporting her family through remittances and paying for her living expenses, “[Having to support my family] affects me because… the income is at times not much and one has to deal with the costs of living and personal costs, which causes one to be very constrained.” In the same manner, Luis also discussed being caught between paying for his living expenses or sending money home to his family:

> [I send money home] when I can. Because here… life in the United States, it seems that day by day it is becoming a lot more expensive. […] The very little that we make is maybe for our food, for our water, for the rent, because if we don’t pay the rent in this country, the owners of the house or the owners of the apartments, in three days, [they] are throwing your bags in the streets. […] For example, I have my family in Honduras, if I send $100 a week, I have to decide to suffer hunger myself here in this country, so that my family doesn’t have to do so poorly over there.

Likewise, Sara explained how the high cost of living is exacerbating by sending remittances home to support essentially two families:

> The work days for a Latino, are extremely difficult, because we have to cover other necessities, like education, health, and one that we don't have, rights. It is two families that we are supporting. Us here, and the one over there. And a lot of other things, which is why many people have two or three jobs.

Consequently, the high cost of living in the United States is a significant source of stress for “undocumented” migrants. Laura described how the high cost of living in the United States increased her levels of stress and affected her mental health:

> The high cost of life, that one does not have medical insurance, all those factors are included [and provoke my stress]. […] The majority of the time what I do is shut myself up and cry in my house. That is what I have to do … one does not go out. One encloses

> themselves and does not want to go outside and you think that things are normal but they are not.

The high cost of living exposes "undocumented" migrants to a lack of material resources need to maintain their health and increases their stress. Moreover, despite the high costs of living in the United States, "undocumented" migrants often point out that their living conditions are poor quality, including unsafe, crowded and poor quality housing, unsafe neighborhoods, and unhealthy food, all of which have strong linkages with health outcomes.

In fact, cost and time were the most significant factors in dietary changes to fast food or unhealthy options reported by the interviewees. Magdalena, a peer health educator trained in nutrition, pointed out how the high cost of living in the United States leads to stress and to a poor diet for "undocumented" migrants, contrary to her awareness and desire to eat healthy foods:

> Here [in the United States], the stress. The fact that you don't earn that much. I cannot afford to buy many fruit and vegetables because it is very expensive. So you buy eggs and let's say more tortillas, or French bread, rice, whatever fills you up. There isn't good nutrition. Like we teach, I teach nutrition and I do not do what I say, because sometimes I have [good food and] sometimes I don't have. So then there it becomes unbalanced. What you eat and how you don't eat properly here and to fill yourself up you eat more. Or eat something that you shouldn't eat.

Likewise, Gabriela related the high cost of living and the time and energy involved in maintaining multiple jobs as contributing to her eating of unhealthy food:

> And of course arriving to this country there is no time, you have to work hard, two or three jobs… In my house I had three jobs to begin with so I could pay my loans from the university in Honduras, everything I studied to pay my bills here. I worked in McDonald's where I would eat their food because sometimes I didn't have money to buy myself healthy food.

Contrary to commonly held ideas about dietary behavior based on privileged conceptions about choice and resource availability, unhealthy diet for "undocumented" migrants is grounded in structural constraints including cost, availability, and time.

In addition, high cost is also a major factor in lack of access to healthcare and health

insurance. Alma found that she specifically avoided the additional costs she would incur if she sought medical care due to her need to support her family and pay for her other living expenses in the United States:

> [If I needed medical care] I think that I would go to a clinic. But they say that here they charge a lot. And so, well, it gives me fear to go because you know very well that I pay a lot here for the rent, the telephone, I send money to my kids and I don't have enough money…

Cost and other barriers to accessing healthcare for "undocumented" migrants are discussed in chapter five.

Barriers to Education

In addition to the aforementioned issues, the high cost of education and need to work make obtaining education for "undocumented" migrants incredibly difficult, thereby trapping them in low-wage or "uneducated" jobs. Ashley stated about her difficulties in trying to get an education, "First, if you don't have papers, if you don't have papers you can't find a good job. If you can't find a good job, you can't go to university. Because you can't how would you pay for it?" Likewise, Felipe commented on his unfulfilled desire to continue his education:

> [Life in Honduras] was much more tranquil than here. Less stressful. I was preparing to go to college. I still have not attended because I was working. But that is something that I regret because by now, I should've been done. Because here, you have to work from the moment you arrive and it is extremely expensive to study here. A short career or four years for a bachelor's is extremely complicated. […] I aspire to study, to go to a university; I would love to study a career. But at the moment, I am in a state of limbo, especially economically because I have not found a job. After a year of this, I have thought of moving but it is complicated. It will take a minimum of two to three thousand dollars and my savings are depleting. And the truth is that I do not know what to do anymore.

Barriers to education are important for health in that they affect the life trajectories of "undocumented" migrants and their children, predisposing them to a continued legacy of social exclusion, limited social mobility and lack of access to the social resources needed to be healthy.

Barriers to English Language Skills

Many interviewees describe their lack of English skills as a barrier for them economically and socially. Migrants may feel that English language skills would provide them with greater social capital in a society in which English is not only a dominant language, but the ability to speak English is a marker of higher social status even among Spanish speakers. Countering the conservative representations of Latin American migrants as being "unwilling to assimilate," many interviewees mentioned their desires to learn English. However, the lack of English language skills for "undocumented" migrants is linked to the structural barriers that prevent "undocumented" migrants from learning the language.

These structural barriers are directly related to their employment. First, low wages and the high cost of living prevent "undocumented" migrants from being able to afford the cost of English classes. Second, overworked "undocumented" migrants with low control and power in their jobs have difficulty making time to consistently attend English language classes. Finally, increased social isolation and concern over disclosure prevent migrants from searching for English language instruction. Magdalena commented how she has tried to learn English but due to her need to work, the high cost of living and the need to send remittances to her daughter, had been dropped from English language programs:

> If I had more money I could go to learn something and if I don't know English that also stops me. That is not an excuse you can go. But like in my case for trying to find money here and here and here and not having a full time job that I know they will pay me for example $2000. I take that into account, I could go somewhere else to do something else. But I have to get money from everywhere. I go to a school but they take me out of there because they say you missed school 3 or 4 times already. And I have to have money to pay my rent, food, to send to my daughter. So that puts me behind in my English.

Likewise, Mateo also described the connection between being unable to learn English and his need to work, stating:

> My great difficulty sometimes is English. Due to being too dedicated to work, you do not go to try to learn English. Something that is important in order to work with Americans. I have to learn at least the basics in order to be able to communicate. Because you have debts, as we call it, and due to having to pay those debts, you forget to go to school. But it is something special and important to learn English.

Barriers to English language skills for "undocumented" migrants is important for health in that it limits social networks and employment opportunities, provides a target for discrimination and othering, and limits access to and quality of healthcare.

Work and Health

The hallmark Whitehall studies examining social class and health have demonstrated that low control and injustice in the workplace is associated with negative health effects, including cardiovascular disease (Marmot et al., 1997) and psychiatric morbidity (Ferrie et al., 2006). In fact, the impact of working conditions and job characteristics on health has become an entire field of study, with evidence demonstrating the relationship between health and job stressors such as high effort-low gain conditions at work (De Jonge et al., 2000), job strain, and job insecurity (Stansfeld & Candy, 2006). Importantly, Siegrist and Marmot (2004) argue that the psychosocial environment of work is responsible for sustained stress reactions with negative long-term consequences for health and that health effects of exposure to a stressful psychosocial environment on health are higher for lower status groups due to their increased vulnerability.

Not only do "undocumented" migrants face often extreme workplace conditions and workplace psychosocial stressors, the impacts of work reaches farther into the social sphere across multiples levels for "undocumented" migrants than they do for other social groups. The result of economic and labor-based exploitation for "undocumented" migrants is pervasive "structural vulnerability" or a social positionality that imposes physical and mental suffering (Quesada, Hart & Bourgois, 2011). Mechanisms related to employment including material

deprivation, economic inequality, exploitation, domination, and discrimination are important for health inequalities (Benach et al., 2010).

Paula underlined the centrality of employment and wages to "undocumented" migrants' health, asserting that:

> [As "undocumented" immigrants] we need … strong employment… because economically everything in this country is expensive, if people don't have health insurance, they have to pay, and so a way for them to have health service and be able to study about their health and exercise, is to have good employment, have stability economically and to be able to pay all the expenses that need to be paid, have psychological help and have a primary care physician to guide them and be able to be free of these illnesses.

Paula connects not only having work, but the quality of work for "undocumented" migrants, to multiple factors that impact health including: the ability to pay the costs associated with healthcare and health-beneficial material goods, the ability to purchase health insurance, the ability to learn about health and health-promoting behaviors, to have stability and to have access to both primary care and psychological services.

In sum, difficulty finding work, labor exploitation, volatility and lack of control, the high cost of living, barriers to education, barriers to English language skills and workplace discrimination affect health in multiple ways such as limiting wages and decreasing access to material conditions that "undocumented" migrants need to be healthy, causing "undocumented" migrants to be more vulnerable to poor working conditions, decreasing healthcare utilization, decreasing social capital, changing health-related behaviors, and increasing stress.

"Drunkards, Criminals, Womanizers": Discrimination, Racialized Nativism, and Othering

Discrimination refers to the differential or unfair treatment of a member of a socially defined group due to their membership in that social group (Krieger, 2001a). This unfair or

differential treatment is socially structured and sanctioned, justified by ideologies of innate superiority/inferiority, difference, and deviance and expressed in both institutional and individual interactions which are intended to maintain privileges for members of dominant groups at the cost of deprivation for the subjugated group (Krieger, 1999). Structural discrimination denotes the entirety of processes by which societies foster discrimination. Institutional discrimination consists of discriminatory policies and practices enacted by public and private institutions. Interpersonal discrimination refers to directly perceived discriminatory interactions between individuals, including those in institutional roles, such as employer/employee, and public or private individuals (Krieger, 1999).

Sociologically, discrimination can be conceptualized as a complex system of social relations that produces intergroup inequities in social outcomes. In addition, a sociological definition draws attention not only to direct discrimination enacted on the basis of perceived membership in a social group, but also indirect discrimination in which a perpetuation of manifestation of the original inequality is generated often through the use of proxy mechanisms (Pettigrew & Taylor, 2001). This conceptualization helps to place interpersonal discrimination or micro-interactions in context and to draw attention to the causal chain linking unjust outcomes to institutionalized policies.

However, it is vitally important to consider how social groups come to be constructed and to not take social groupings as a priori legitimatized categories. Whereas discrimination refers to the process and practices that produce intergroup inequities, "othering" refers to the ways in which difference is essentialized and a social group is established as the "other." The other is not merely different but is socially positioned in subordinate categories of hierarchical system by both individual and institutions (Viruell-Fuentes, 2007). At its core, othering is a process that

creates a social distinction between us/them. It defines and secures a dominant group identity by distancing and stigmatizing the "other" in order to reinforce notions of the dominant group's "normality" and perpetuate a representation of the other as deviant. The othered group is subject to marginalization, disempowerment, and social exclusion (Grove & Zwi, 2006). For Latin American migrants and other people of color, othering is often a process of racialization, resulting in their differential location within the U.S. racial-ethnic structure (Viruell Fuentes, 2011). An interviewee from this study, Ana, commented on how she perceived that Latinos/as are racialized and stereotyped:

> First, when they see we are Latinos, they classify us as Mexican. Latinos: Mexicans. And, due to how Mexicans are perceived: as drunkards, criminals, womanizers. They think we are all the same, and that is not how it is, that is not true. First of all, that being Latino does not mean we are all Mexican. We all come from a different place.

Furthermore, for migrants, discrimination and othering take on added dimensions in addition to race-ethnicity and includes differential treatment and othering messages based on language and citizenship status (Gee et al., 2009; Yoo, Gee, & Takeuchi, 2009). For "undocumented" migrants from Latin America, discrimination and othering processes are complex and refer to their social positioning both along axes of race-ethnicity and of immigration. "Undocumented" Latin American migrants tend to be racialized in three ways: (1) as non-white, (2) as foreigners[11], and (3) as criminals or as "illegal." Especially for Latin American migrants, the ideology of racialized nativism produces them as more threatening or problematic than racially white migrants (Inda, 2000). Moreover, "undocumented" migrants are inherently defined as "illegal," as lawbreakers, and as criminals (Inda, 2006).

The confluence of these axes positions "undocumented" migrants subordinately to several dominant social groups, including whites, the US-born (including other people of color and US-born Latinos/as), and "legal" migrants. Consequently, "undocumented" migrants are

likely to experience discrimination from several groups and in several contexts.

Given the complexity and insidiousness of discrimination experienced by "undocumented" Latin American migrants, it should come as no surprise that discriminatory experiences can be difficult to explain and hard to untangle. Moreover, migrants may be reluctant to use words like "discrimination" or "unfair treatment" to describe their experiences; and further these experiences are often subtle and part of their social environments in a way that may not be well captured by quantitative studies (Viruell-Fuentes, 2007).

Additionally, for some Latin American migrants the term "discrimination" signifies a more narrowly defined and/or extreme interaction. For example, Luis seemed to equate "discrimination" with being physically assaulted or beaten by police but accepted being racially profiled by the police as the norm:

> [O]n part of the police, I have never been discriminated [against]. I have never… it is true as authorities, they have the right to stop people and anyone, being American, being an American citizen, resident, "undocumented", like we are, they have the authority to do it, right? Um... thank God, they have never hit me. They have simply asked for my documents and all of that. Um… then they let me go. So I have not had [discrimination].

Thus, it is likely that discriminatory experiences are underreported by "undocumented" Latin American migrants. According to Viruell-Fuentes (2007), discrimination and its effect on health may be underestimated among Latinos and migrants. This fact points to the discrimination and othering experiences described by the interviewees as merely "the tip of the iceberg" and represent only a small portion of the widespread and pervasive discrimination and othering in various contexts enacted by numerous actors against "undocumented" Latin American migrants.

Interpersonal Discrimination

Despite the possibility of underreporting, the majority of interviewees described

numerous and significant experiences of discrimination and othering. For instance, Mateo, who was working as a day laborer recounted an incident, in which he received othering messages from a white stranger while taking public transport:

> There are people who do not even turn to look at you and they give us bad looks including when we go to work... one time a brunette told me to shower. Where I have to work, there is concrete, or we have to dig holes, and we do it, so that people will pay us. Since we do not have private transport, we have to use public transport and a brunette once told me to take a shower. "Shower," she told me. I do not know much English, but I understand a little. So, you have to look like that, due to not having your own transport. You have to use the public buses and there is discrimination. You don't want to be dirty, but sometimes, since you are not able to carry bags around, you don't have clothes to change into. Here, you cannot change clothes in a public place. You fear the possible arrest from the police. [Laughs.] So, these are things one has to be aware of.

It should be emphasized that Mateo draws attention to the lack of resources, including a lack of private transportation, lack of changing facilities at work, fear of authorities who may racially profile him, and the physical nature of his job, that contributed to this woman's discriminatory perception of him as "dirty." Essentially, othering messages such as the one experienced by Mateo serve to reinforce and internalize a sense of shame or worthlessness for "undocumented" migrants' position in society by masking structural conditions, and bolstering the illusion that "undocumented" migrants such as Mateo are personally responsible for their circumstances.

Similarly, Magdalena illustrates how discrimination and othering can also be perceived nonverbally, in an encounter with a white stranger, in which she felt not only othered, but perceived what she described as immense and irrational hatred towards her:

> I took the elevator. So when I was there an American came in. Well, all of them are Americans, but he was born here. So, when he walked in and he saw me, he felt like repulsed by me. I felt his negative feelings. And I said this man can even… I felt like he even wanted to beat me. The vibe, and the way he looked at me with strange eyes. But I didn't tell him anything. Maybe he saw me and felt rejection, repulse. I don't know what he felt. Thanks to God we only went down on the elevator and it was fast. But I did feel horrible and he was looking at me and how I don't know that much English. And I didn't

> know what to press and I asked him. And he only stared at me and he didn't answer me. So I said "Okay"… But, without him telling me anything I could feel how much repulsion he felt against me. For being Hispanic.

Magdalena identifies being targeted both because she is seen as Hispanic and also because she is not able to speak English fluently, pointing to racialized nativist representation in which she was likely perceived/racialized as non-white, foreign, and criminal/illegal by this white stranger, for no other reason than that she was in his vicinity during an elevator ride.

Another interviewee, Paula, who had studied at a university in Bolivia and was studying for a childcare credential in Virginia despite being "undocumented," recounted her experiences of being racially stereotyped by others as uneducated:

> Of course [the girls in college], they stare at you and they stare, and they ignore you and turn around and that also provokes stress because you don't know how to deal with them, and … I always tell everyone, I say, you have to work every day the same even if it is the last day… We have to continue working but it is stressful working with people that don't understand and they all think that because you are Latina you don't have an education, but we do. It is terrible.

The experiences recounted by these interviewees point to the daily messages that "undocumented" migrants receive about their undesirableness and low worth, such as being "dirty" or "uneducated," as well as how othering messages can be perceived nonverbally.

Santiago described how discrimination and anti-migrant sentiment can also be environmental, as opposed to interpersonal, and is reproduced by institutions such as media:

> There are some that don't want us. In many parts, they don't want us because they say we are taking their jobs. You see it in the news that they say that we are taking their jobs away. Sometimes, the contractors take immigrants and some Americans look bad at us. They feel some kind of hate. They say, "What are these people doing here? They should go to their countries."

The discrimination and othering experienced by interviewees was often so widespread, that it was almost considered a "fact of life" by some "undocumented" migrants. Felipe pointed to discrimination by a variety of institutional actors who constantly questioned his legitimacy in

various spheres such as transportation, employment, and language ability:

> [P]eople question why you are here. They look at you, from top to bottom. They question if you speak English, if you have an accent. They question if you have a car, if you have a license. What types of jobs do you do? I had a lot of expectations from my workplace. They asked me if I had friends. Because many times people think that because you are young, you have the same status as them. But it is not like this. They exclude you, and you have a barrier.

In the same vein, Javier also described how he was constantly questioned, "[Discrimination] happens in various places. If I go to get medical services, to buy something… something expensive, they will ask for my passport or they ask for my bank funds… Something like that." Emmanuel mentioned, "They don't allow you to enter just anywhere. If you are not white you will not enter. One always has difficulties. For the reason being that you don't have papers." Rodrigo also discussed the commonplace discrimination he experienced in everyday life:

> There are many ways that it affects me. If I go to a shopping center to buy something… Many white people keep looking at me and it is very difficult because when you go and you enter, they will look at you differently than other people. […] You take note because it changes the way that they refer to another person and the way that they refer to you, it is not the same. It's not necessary that they treat you equally but it is necessary that they treat you with respect.

Rodrigo's desire to be treated with a basic level of respect but without necessarily equality points to the complexity of discriminatory or unfair treatment for "undocumented" migrants. Discrimination and othering is so commonplace that "undocumented" migrants may internalize messages about their inherent criminality or deviance; they may come to believe that they should accept some "penalty" for being "the other." However, despite the widespread experience of discrimination, it is still injurious and difficult to endure and they still desire to be treated with respect.

On a related note, many of the interviewees in this study were careful not to generalize

their experience of discrimination and often made sure to point out positive experiences or to ascribe discriminatory treatment to certain "uneducated," "ignorant," or "racist" individuals or a subset of the population. Focusing on positive experiences and minimizing discriminatory treatment may be a coping strategy for "undocumented" migrants. Isaac illustrated this phenomenon by stating,

> I think there are really good people. Americans that are good people, they appreciate you because you come to work in an honest way. Jobs that they cannot do, we do it. Then, there are other Americans that do not value anything. Just because they see you as Hispanic, they already see you with racist eyes. Only for being Hispanic.

Similarly, Luis commented, "Not all, not all Americans, as I tell you, not all people look at us like animals, but there are some people that I recognize that appreciate our job, they like our work, because we work with a great deal of spirit, and they pay us very willingly."

Furthermore, some interviewees pointed to how convoluted discrimination and othering is for "undocumented" Latin American migrants by elaborating on the treatment they receive from multiple sources, including African Americans, other Latinos, and other migrants. Felipe illustrated this point when he told me:

> [T]o be honest I have had all types of experiences. There are people that discriminate you for your origins. Even the Latino people because I am from Honduras and there are stereotypes about you. There are people that, African Americans, whom do not like your presence because they say that you are stealing their jobs.

Intragroup Othering

Felipe's comments point to a highly significant theme among "undocumented" Latin American migrants - the prevalence of othering and discrimination within both the migrant and the Latino community. In many ways, this was described as the most hurtful or impactful form of discrimination because it limited opportunities for social interaction and support within existing

social groups.

Intragroup discrimination was widely reported among migrants, who may establish hierarchies based on their documentation status or the amount of time they have been in the country. For example, Luis related:

> Of course [I have been threatened because I am an immigrant]. From people who are already American citizens. One is just calm, and they look at… but this happens between the same… between the same people that have maybe come "undocumented" and have been able to get their papers, and now they feel like *gringos* [whites]. Umm…. […] So umm, yes I felt discriminated but that is because, there are persons who get papers in this country and they see you as small, and all of that, right?

Similarly, Isaac described his experience with intragroup othering at home and at work:

> There are problems here where I live. Sometimes there are Latino people that instead of giving care for each other, they look at me like if was inferior or something because they have been living here for more years. Or how can I explain it… they have more time here. They feel superior, their own ignorance… [Laughs]. More [superior], more than the others that just got here.

Correspondingly, Laura discussed discrimination from documented migrants and U.S.-born Latinos against "undocumented" migrants, saying:

> Even if we are Latinos, immigrants, don't have papers, we see people that don't have documents like the minority and it should not be like that […] When you have your documents or what… from your country… the [Latinos] that are born here they see the one that comes from another country like garbage. I speak English, and they talk to you in English and they make fun of you knowing that you don't know English. They try to do a lot of stuff to you because you are "undocumented" because you don't have rights in this country and they call the police on you because you don't have rights.

Another interviewee, Juana described how once people obtain documents, they may cut social ties with "undocumented" migrants, "I know people from Mexico that are… that they have gotten their papers and they go and come. And well they feel like they have so much power. So sometimes people stop talking to you just because of that. It starts like a discrimination and that… is not good."

Intragroup othering may occur due to increased competition between "undocumented" migrants, anger and frustration with limitations to progress and goals, as well as an internalized acceptance of othering messages and the desire within Latin American migrants to distance oneself from the "truly" undesirable and/or "undocumented" migrants. Paula provided an explanation for intragroup othering, focusing on how the competition for power becomes stronger among individuals who are otherwise marginalized by society and have suffered as migrants in the United States. She commented:

> It shames me to say it, but our same race, when we come to this country with a little bit of power… we discriminate [against] our own people. When we [came] into this system, we arrived kneeling, dragging ourselves … However, we came to acquire a little bit of power. But we no longer see behind us, we only see forward, and we are bad with our own people. We do not want them to arrive where we easily went. We want them to arrive like we arrived. Kneeling, dragging themselves, with broken knees, broken arms. But we do not want for a person that has a little bit more knowledge to arrive more rapidly. No, we put our feet in their way, we damage them, we are selfish, we are bad, we are selfish… but we do not allow the people to progress. Sadly we suffer discrimination from our own immigrant people.

In sum, intragroup othering and discrimination is particularly impactful for "undocumented" migrants who are often targeted by multiple outside groups and by peers. Intragroup othering may be seen as more damaging than discrimination or othering by other groups, as it limits in-group social networks and social support, both of which are critical for promoting good mental and physical health and can serve as a source of resilience or mitigation for other health-damaging social conditions. However, intragroup othering needs to be understood within the larger context as a potential coping strategy used by some migrants and/or Latinos/as to mitigate the impact of other damaging social conditions, such as institutionalized discrimination and discrimination and othering enacted by "outside" social groups. Intragroup discrimination may be seen as a maladaptive coping mechanism, which aims to protect certain individuals by distancing and distinguishing themselves from the "truly undesirable" by

reinforcing and internalizing harmful notions of the "other."

Institutionalized Discrimination

In addition to interpersonal discrimination, several "undocumented" migrants pointed to institutionalized discrimination, especially their lack of rights and freedom as a form of discrimination. These practices included restrictions placed on their mobility, ability to find work, to drive, to socialize, and to have their voices and opinions valued in the same way as others. For example, Mateo described the focus on immigration reform for "undocumented" students but the lack of progress for other "undocumented" migrants as a form of discrimination:

> Really, there is discrimination because President Obama had promised an immigration reform when he began his campaign and as you can see, his period is almost over and we are still waiting for that reform. Nothing happened. He is trying to do things for the students but for us, the workers that have been here a while, there is nothing.

Rodrigo also described the lack of rights for "undocumented" migrants, especially the lack of credibility as a form of discrimination. "Well, it can affect you a little because you think sometimes that if you do anything you have fear that you don't have any rights here. You can't talk. You can't respond for yourself because they won't listen to you, they only listen to the people from here."

As aforementioned in the previous section, "undocumented" migrants are particularly subject to discrimination in the workplace, where they may receive lower wages, have greater work demands, and be subject to differential treatment and abuse.

In addition, healthcare provider bias and discriminatory treatment can also be viewed as a form of institutional discrimination. Experiences with discrimination in healthcare and their effects are further explored in chapter five.

Generational Effects

Discrimination is also important for its generational effects. Lola pointed to how racialization and discrimination affects her children:

> It has an effect in many ways. The fight is for our children as well. The children, when they very pronounced Hispanic traits, are discriminated and treated differently from other children without Hispanic traits who are born here. That is also a difficult part that we must face, for those of us who are mothers and have children who are starting school and have to deal a lot with that. Sometimes other children, because they see the Hispanic traits, do not treat them equally.

Similarly, Laura also drew attention to how discrimination in the United States impacts her children due to their racialization and also their parents' "undocumented" status:

> In the park when you go, your kids, my kids can't play with others. Why? Because they undervalue them. Because they are immigrants. Because they have color. The color defines. You are from Africa, you are from El Salvador, you are from Honduras, you are from whatever country. They discriminate and discrimination is what puts us in a depressive state. If you say, oh my God if I am going to go out ah my kid can't go to the park, be careful because if my child goes out ah because someone because of the discrimination can beat them, or they treat him badly, in reality we live emotionally sick lives. Only because we are "undocumented," because we are from another world, another planet. We are not from another planet. We are immigrants because the United States is not ours.

Laura points to both the effects of discrimination on herself and on her children. Her declaration that "we live emotionally sick lives" points to how discrimination, othering and exclusion can impact feelings of mental wellbeing.

The generational effects of discrimination and othering are particularly important in light of the finding that children of migrants may experience a more pervasive and cumulative exposure to othering than first generation migrants and that othering and discrimination act as potential pathways through which the health of migrants and their descendants erodes (Viruell-Fuentes, 2007). The generational effects of discrimination and other for the children of "undocumented" migrants further underline the importance of a life course perspective in

addressing the relationship between "undocumentedness" and health. While this study was limited to "undocumented" adults, the potential health implications of growing up as the child with "undocumented" parent(s), as well as growing up as an "undocumented" youth should not be ignored. In addition to othering and discrimination, "undocumented" youth must traverse social transitions that result in their "learning to be illegal" due to the dramatic limitations to their social and economic mobility as "undocumented adults" (Gonzales, 2011). The conflicting and confusing experiences of inclusion and exclusion have significant impacts on "undocumented" youth's mental health (Gonzales, Suarez-Orozco & Dedios-Sanguineti, 2013).

Discrimination, Othering and Health

When discussing their experiences of discrimination and othering, many interviewees described a deeply personal impact, which affected their feelings of worth, left them feeling powerless or out of control and as a consequence elevated their levels of stress. Emmanuel described the anti-migrant sentiment he felt as a feeling of personal rejection that affected him psychologically. In order to cope, he had to "learn to live with it." He stated:

> Oh definitely [I feel that people don't like immigrants or don't want them here]…when you're walking down the street they turn and look at you like this [facial expression]. You can tell by the look they give you. It affects you. Psychologically, it affects you. One tries to… A person's rejection is one of the worst things. It affects you psychologically. But, one learns to live with it.

Similarly, Daniel noted his sadness and desperation, stating, "But it's sad when people look at you like you're not wanted here, and one feels…desperate, without consolation of any kind, only God with you." Martina described how experiences of discrimination affected her feeling of safety or security, "[Due to discrimination] not always does one feel safe in whatever place […]" Another interviewee, Mateo, described how discrimination and criminalization of "undocumented" migrants made him feel like "a bad person":

> In these areas there is discrimination. Yes, when someone does not have good social security number, some people make you feel like a bad person, even if you are a good person, due to the fact that you are not legally registered with the government, so they make you feel like a bad person...even if you are not one. That's how they treat you. This is discrimination.

It can also be difficult for people to articulate how discrimination made them feel, Rodrigo, for example, had a difficult time describing how he felt, but characterized it as feeling "strange" and "bad," stating, "[T]here are many people who look at you differently and you don't feel good because you think, like, you're strange… they're looking at you like... I don't know... you feel bad."

For "undocumented" migrants without English language skills, the experience of discrimination may be worsened as they may feel that they are not able to defend themselves. Sara pointed out that the combination of discrimination and the language barriers she experienced exacerbated the impacts, as well as the importance of place and existing Spanish-speaking communities:

> It is horrible. When you feel discriminated, you feel impotent. When you do not know the language, because... well, for whatever reason, the impotence that you feel is even worse- the frustration that you feel. I have had the opportunity to live in different parts of this country and I have known parts where there are really no Hispanics. And the discrimination is extremely huge. I have been to places where they tell me "We don't speak Spanish here, we are in America," and things like that where I have had to leave with my head to the ground, because I feel impotent because I do not know the language.

Othering and discrimination among numerous groups have been identified for its association with significant health consequences including hypertension, infant mortality, shorter life expectancy, depression, stress responses, and access barriers to health (Johnson, Bottorff, Browne, et al., 2004). For racialized migrant groups, such as Latinos/as, "becoming American" involves contending racialization processes that assign them minority status, as well as the stigmatized meanings that the racialized society imputes to their racial group (Viruell-Fuentes, 2007; Viruell-Fuentes, 2011). Day-to-day othering practices serve to assign privilege to some

groups and strip others from health-promoting resources (Viruell-Fuentes, Miranda, & Abdulrahim, 2012).

There is growing evidence that perceived discrimination is associated with health outcomes among Latin American migrants, such as associations of discrimination with worse measures of physical health (McClure et al., 2010a; McClure et al., 2010b; Otiniano and Gee, 2012; Ryan, Gee, & Laflamme, 2006). Discrimination among Latin American migrants is also associated with worse measures of mental health (Cook et al., 2009; Gee, Ryan, & Laflamme, 2006; Ornelas & Perreira, 2011); poor access to quality health care (Perez, Sribney, & Rodriguez, 2009); and health-risking behaviors (Ornelas, Eng, & Perreira, 2011; Tran, Lee, & Burgess, 2010).

The discrimination and othering that "undocumented" migrants experience impacts health by limiting access to goods and services needed to be healthy (e.g. safe housing and neighborhoods, quality healthcare) through institutional discrimination, whereas decreasing social ties and limiting social support are enacted through intragroup discrimination. Interpersonal discrimination further impacts health by decreasing feelings of personal self-worth and increasing stress.

"I always go with fear": The Effects of Immigration Policy, Border Militarization, Detention and Deportation

For "undocumented" migrants, the practices of immigration authorities result in several conditions that affect their health, including: migration trauma, the direct and indirect impacts of detention and deportation, increased mistrust, increased vulnerability, and stress due to the threat of deportation, fear of treatment by immigration authorities, restriction of migrant rights and

freedoms, and fear of seeking support services.

Migration Trauma

"Undocumented" migrants that must cross physical borders are at risk for physical and emotional trauma. The increasing danger of border crossing is directly related to border militarization and commodification. According to Vogt (2013), Central American migrants are at significant risk of physically and mentally agonizing migration experiences, as they often have to cross multiple national borders to reach the United States. In recent years, violence and exploitation for Central American migrants crossing across Mexico has become far more intense, systematic, and inescapable. Exploitation of Central American migrants is a source of organized profit-making through kidnapping, smuggling, and extortion that essentially commodifies Central American migrants. Moreover, immigration laws and policies that govern unauthorized migration from a perspective of national security rather than human rights coproduce vulnerability and violence (Vogt, 2013).

One of the interviewees for this study, Daniel, passed through multiple borders on his journey from El Salvador. He discussed the difficulties he encountered, including the extreme physical environment and the anguish he experienced having to leave others behind, which likely meant their death:

> Well, I came here by paying. I paid it with a man who often brings people. […] When you come, only God is with you. You walk in deserted places, where you see nothing but coyotes, scavengers, deer, and snakes, but…thanks to God nothing bad happened to me. Of course, I had some scratches and bruises on my arms and back, because sometimes you have to pass through mountains, sometimes you have to run, and … During the trip, Sometimes you have to withstand thirst, there were days when I felt like I was dying and the truth is you have to keep walking even when you're hungry and tired […] Well the truth is no, [I don't want to bring my family here]. The thing is just no. For many reasons, like I told you, the trip is dangerous and I suffered. The trips, not all trips are the same. On my trip there was a young boy of seventeen, was left [him] behind and only

> God know if he lived or died. He couldn't walk any longer, we wanted to carry him on our backs the rest of the way, but how could we? We were only half way there and all just as exhausted, hungry, and thirsty and he kept lagging behind. What could we do? And I don't want that for my kids.

Similarly, another interviewee, Clara, who made the trip from Guatemala, described the physical difficulty in crossing the border and how she felt lucky that she was not assaulted or worse:

> Yeah [coming to the United States] was very hard because we passed through torment. We climbed mountains night and day. I had bruises, I was covered with thorns and had to withstand hunger. We came here… it was very hard to come. A lot of things happened but thanks to God we arrived. And no, nothing bad happened to me just bruises but nothing bad happened to us thank God.

In addition to the physical and mental difficulties of the actual journey, border crossings are also made dangerous by increasing crime and violence enacted on border-crossers by organized crime. Luis, who also had to cross multiple borders from Honduras, was kidnapped and held for ransom by his abductors for eighty-four days before being returned back to Honduras and having to make the trek back to the United States again:

> I also entered this country in 2004, and I was kidnapped by a mafia from Los Zetas [a Mexican crime syndicate] in 2004. I was kidnapped in a tunnel. Eighty-four days. Eighty-four days kidnapped. I had to pay a sum of 7,500 dollars. I was left in the streets in Honduras. […] Any advice that I give as a *mojado* [border crosser], as any human being, that if you're going to do something like that, that you think it though well, because not all of us have the same luck, especially in the [journey] from Mexico.

Women may be at increased risk for assault and abuse while migrating. Ana did not have personal experience but she reported that sexual assault and exploitation was common among other "undocumented" women she had met who had to physically cross the border:

> I have heard of many experiences of women who come, cross the border, and who at times are abused. Others don't have a choice. They must offer themselves to the smuggler, the person who brings immigrants inside this country. Due to their fear. They think that by allowing the situation to happen, they will be protected and will arrive faster and more safe to the country.

Lola, who came from El Salvador, described her own personal experiences with sexual

assault while crossing the border:

> [Sexual abuse while crossing the border] that happened to me. I crossed to get here, but it is very difficult because when you enter, you are sometimes assaulted. They ask for money, take your clothes, they search everything and it is very hard, very difficult coming here like that.

In the same vein, Gabriela, who journeyed from Honduras, described her migration experience as traumatic due to the physical and emotional difficulties, as well as the kidnapping she experienced once she arrived in the United States:

> [I had a] terrible, hard experience [when] I crossed. I came to the United States without knowing what it was like, everything to me was painted as rose colored, I didn't come prepared, I didn't know what cold was, that I had to come with good shoes because if I didn't I would lose my [toe]nails, that I wouldn't be able to walk. I crossed the desert in three days, three nights, without eating, without sleeping in the bush […] my knees hurt and the coyotes were going to leave me and I would cry and cry, but because I am Catholic I stopped and everyone would lay down but me, if I laid down I wouldn't get back up […] We jumped many walls very fast, without eating, and then they pick you up in a car and take you, and the most terrible part is that when they kidnap you, they enclose you, that was the cruelest, it affects you emotionally, a lot psychologically. Imagine … that they kidnapped me [took me to] a house where there were 65 or 67 people. There was everything there, sleeping on the floor, eating by little bits, and then they take a group out and take them to a mobile home […] we were there for like ten days, ten or 8 days there, then we crossed the desert 3 days, 3 nights. We were kidnapped in Houston, eh like 13 days … kidnapped in a closed cellar, dark, the only light that you could see was from a television. It was terrible sleeping on the floor and sick, without clothes, without anything, it is terrible, and then they have one in a van without eating, without sleeping, without anything. 19 people came in a van, without bathing, without anything, that is terrible, it is terrible, then to come to this state and come to sleep on the floor without having family, without anything, it is a raw experience but real, and it is hard and one has to overcome that trauma.

These migration experiences are exacerbated by the failure of others to recognize these experiences as deeply painful, the denial of resources and support for survivors of trauma, and the constant and omnipresent threat of detention and deportation by immigration authorities once migrants have made it into the country.

In addition to exposing "undocumented" migrants to significant physical and mental trauma, which can have lasting effects on stress and mental health, the difficulties and potential

for violence and death serve as barriers that prevent migrants from visiting with or bringing their family members, and thus increase their vulnerability to health-damaging conditions by limiting their social support and psychosocial resources and increasing stress.

Detention and deportation

Detention and deportation in itself is a physically and mentally damaging experience involving criminalizing of individuals, who just by their physical presence in this country can be detained and deported. Deportees are subject to incarceration, treated as dangerous criminals, and often face discriminatory and unjust treatment in privatized prison facilities isolated from the rest of the world. Families and friends of deportees are often left in perpetual uncertainty, as they are unable to determine what has happened or where a deported individual is. Díaz (2011) argues that the contemporary policy shift towards detention and deportation is aimed at purging society of mostly migrants of color through the rise of private "for profit" migrant detention centers, like the Prison Industrial Complex, which ultimately serves as a mechanism to institutionalize the criminalization of migrants.

Fear of capture, detention and deportation by immigration authorities is widespread and affects daily life among "undocumented" migrants. Javier described his daily fear, "Yes, normally we have fear because we don't know, any day they could come here. Or we don't know the law. There is a law that says to the migrants that if you're working and you don't have papers… they might send you back to your own country…" Clara was fearful about what would happen to her children, who had U.S. citizenship, "I also still can't think about that [detention and deportation] because sometimes… I get really scared thinking in that. It's really scary. Perhaps other times they can deport us and our children. If they deport us we should bring our

children along, not leave them here." Camila who had been living in the U.S. as "undocumented" for over ten years described her daily fear of deportation:

> Well, I worry sometimes because you see in the news to never go alone or immigrations raids or something else. But you try to go out like an ordinary person. And now they are talking about immigration reform but there has not been any progress. There are deportations and you feel like they can arrest you in any corner. That is the fear in general.

Along the same lines, Isaac described how he feels less and less secure and how his fear is always with him:

> The way that it affects my life, is that I don't feel secure here. It seems like if you are happy right now, but each time that are making more laws. One goes to work in the morning, but does not know if one will get back home. […] I always go with fear. Always with fear. When I go to work in the morning I always say to God that I must return. Whenever I go to any place.

Ashley linked her fear of immigration with stress, stating, "The fact that you don't have papers. You know that you feel from somewhere else, being called illegal, you know you are going against the law. And that anytime a police officer can pass by, or stop you, or they can knock at your door. That generates a lot of stress." Laura also associated deportation fear with increased stress, loss of material possessions, and concern over going back to a violent or uncertain situation in her home country:

> The fear one has to be deported, that gives a lot of stress. That one says, "Oh, I have my bed, my chair and tomorrow they deport me and all that stays." […] The fear if they deport me to my country, all the crimes, all the things, the violence is worse in our countries and that is the fear that causes a lot of stress...

Lucia expounded on how the constant stress and concerns over being deported results in an exhausting vigilance that affects one's health:

> If you are an immigrant it affects the health… in every aspect it affects you a lot, because the same fact of not having legal stability, of hiding, of going cautious about everything. Watching… if you drive, drive without a license, watching through the back mirror, watching through the mirrors, watching everywhere. You always go with a constant stress, pretty much if one has to give 100%, well you have to give 105% because one has

> to go with their satellites on all the time. Therefore [it affects] the mental health and the physical health completely.

Fear of detention and deportation is exacerbated by "undocumented" migrants' experiences of deportations of co-workers, neighbors, friends, and relatives. Maria described her son's deportation and incarceration and the stress that was caused to her by not knowing what happened to him or how long he would be held in custody:

> My son was here in the country working, as God intended. He learned to work, not to rob. And because of bad, bad, luck, he was captured by [Immigration and Customs Enforcement] ICE. We, the parents suffer. I am diabetic. My son, I thought after a day or two, maybe he is with his friends? But a month passed, and then another month and I was inventing things, thinking of where my son was. I didn't know who had him or where he was. My son was imprisoned and it was unfair for them to do so. If they are going to be deported, they should send them to their country immediately […] My son was imprisoned in Michigan. They had him there for four months. Only they know what they do in those prisons. Only they know how they are abused […]

Magdalena described how her neighbors were deported incidentally and how this intensified her own fears:

> The huge stress you have on the streets because… let's say, I have the neighbor that… immigration came, not looking for her, but looking for another person that had that address. The problem is that they don't take the person that they are looking for but to the person that is there. […] So, you open the door and they take who is there. That pressure you feel, even though they are not my family, they are my neighbors. But it is the same because it is the impression I hear. I feel they [may] come for me.

In addition to the fear of being deported back home, "undocumented" migrants must also contend with the fear of how they will be treated by immigration authorities or others while in detention. For instance, Martina commented, "I think that... the treatment [from the immigration authorities that] I would receive if they get me, that would affect me. That's like if you were a delinquent. Prosecution of that type is as if you were a delinquent." Similarly, Alma described her concerns that immigration authorities or the police might attack her and her fears over going to prison, "[What causes my stress is] the immigration authorities, the police… Sometimes someone might attack you… To be without papers, to go to prison… things like that."

Luis, who had been detained and deported after giving himself up, described his own experience at the hands of immigration authorities, as well as the experiences of his brothers' detention and deportation as traumatic:

> Even though I gave myself up in in 2004, I was discriminated [against] on behalf of immigration. Um… Just like my two brothers were discriminated [against] […] Houston immigration got them, and they were imprisoned for four months. […] They say that not even in death, nor tied up, will they come back to this country. Because what happened to them […] the authorities of immigration, as it seems they treated them very badly. They had them for two months in a cold room. In a cold room, they were purple, without a coat or anything. But, thank God, they were able to get out of there alive and… and not only them, all of the people that get trapped by immigration, they suffer even worse than in a jail. Because what they throw them to eat there is a piece of bread or a sandwich and all ruined there, because they have it prepared from a day beforehand. […] So, no one will go on for four months without eating in a jail cell, right. So we have to eat it, but immigration is very bad, bad, bad.

Thus, detention and deportation creates an environment of fear and chronic stress among "undocumented" migrants and also limits their social interactions, and consequently social support, all of which have important health implications.

Social Mistrust and Deportation as a Weapon

The fear that "undocumented" migrants have of deportation and detention leads to increased social isolation owing to concerns over being reported and their subsequent mistrust of others. Mateo, for instance, was concerned about the people in his neighborhood and how he may be incidentally deported due to others' actions:

> Really, there are sometimes when I feel unsafe because the people fight a lot [in my neighborhood] they argue and call the police and it [makes me afraid] that one day a racist police officer will come and see us without our documents and will take us back to the other country.

Mistrust of social environments for "undocumented" migrants is, unfortunately, well founded. Disclosure of an individual's immigration status and reporting "undocumented" migrants to ICE is common, both against an individual person and as "collateral" or incidental in

order to seek retaliation against a group, a household, or a workplace. Rodrigo described how a previous raid on his workplace, a restaurant kitchen, was enacted by a vengeful partner of one of the workers:

> Before [I came to work here] there was the person here who worked and she was from Japan or something like that. I don't know, but she had a husband was Latino and they fought with each other and one time she called immigration. And immigration came and deported everybody that worked here.

As aforementioned, several months after the interview with Rodrigo, the former manager threatened to report the restaurant again to ICE, just to get back at the restaurant's owner. Similar threats by former employees were also made regarding Pablo's workplace at a construction company.

In the same vein, Magdalena described an incident in which an angry neighbor called ICE and had a housemate of hers deported because he had damaged his car:

> There was a boy who was learning to drive. And he went out. The three of us were living there. He went out and when the time came, yes it is true that person that was making him drive had a license of course. He passed by and scratched a car. The owner saw and told him, "I will call the police." [The boy] He said, "No, I will pay you. Look it is not big. It is only a small scratch." And [the car owner] he said, "No. I'll call the police." And he called the police. The police detained [the boy] and deported him. I feel like it was not such a big deal. He got deported because he said that he was driving illegally. And it was not a big collision. He was just parking because they were teaching him. But come on, the other Hispanic [car owner] that did that, why did he not take the money? So, he would not harm him. They could have fixed with the money he was going to give him and that was it. But no he wanted to harm him as well so he called the police. It was obvious that [the boy] he could come out clean of this. It is true, he was doing things he shouldn't have done and he got deported. And he left his wife and child there. Imagine, and then there is nothing you can do all the pain you cause to the wife and to the four month old child. There was nowhere to get money. They had to pay the rent. It is horrible. He was in jail for 3 months.

Restriction of Rights and Denial of Freedom

In addition to social mistrust and fear, "undocumented" migrants often feel as though they are limited, restricted, or less free. Pablo described how he felt more freedom in his home

country, compared with being "undocumented" in the U.S.:

> Over there you earn just a little. But over there, there is more liberty. You feel more… And you can be in the street, just normally. But here you are in the street with fear… Or… It depends on what exactly. But in our own countries, everything is normal. […] Because over there [in my home country] you feel free, imagine being able to go to a park, or being alone. You can't do that here. You go somewhere… where in your country you go for a walk, you rest, there's more freedom.

Camila further explained the restriction of rights that "undocumented" migrant's experience, referring to the limitations on resources and how it generates stress:

> [Being "undocumented"] it affects [one] a lot because one is limited for everything. You can't open a bank account because they ask you for documents or you can't enter government building. It is very limited. Well, it affects your health because of the stress. You can't go to a specific place or you can't do something and you do not know that to do. You worry how you can live in this country with all these limitations.

Mateo described how being "undocumented" places limits on job stability and access to transportation, "Someone without legal documents does not have the access [to a stable job]. The only thing you have is a phone. From there, if you want a car, a license, it hurts you. It would be nice to have permission to have a license." The restriction of rights and freedoms for "undocumented" immigrants is important for health in that it increases their vulnerability to health-damaging social conditions by limiting their resources and strategies for stress reduction and coping.

Fear Impacts Health and Seeking Services

In particular, the activities of immigration authorities and the fear that they generate "undocumented" migrants also impacts health by directly limiting "undocumented" migrants from reaching out to health and social support services. Laura identified fear as a key reason why "undocumented" migrants experience worsening health over time in the United States:

> You know why [our health] worsens? Because us immigrants have fear to go [to a health

> provider] like to become exposed. Because in the occasion that we are exposed you say, "Oh, if I go to the doctor they can ask me for my papers, they can deport me." The person does not go to the doctor. Sometimes they have any sickness they self-medicate themselves. […] One comes from their country with a calm mind, mentally healthy, physically healthy, but when they come here the problems from here deteriorate […] That is the fear and that is why "undocumented" people become weak, we get sick, we deteriorate - because of fear.

Laura argues that not only does fear of disclosure impact health care access for "undocumented" migrants, but the cumulative stress generated from that fear results in weakness, sickness and deteriorating health outcomes for "undocumented" migrants. Likewise, Carla explained how being "undocumented" prevents people from looking for help or resources, "Many times we don't dare to do something because of lack of documents. We don't dare to look. In whichever agency we do cannot, we don't want to risk ourselves, to look out of fear. Insecurity of not having documents."

Health Impacts of Immigration Policies

In sum, the effects of immigration policy, border militarization, and detention and deportation on "undocumented" migrant health are numerous. Migration trauma places "undocumented" migrants in direct and institutionalized physical and psychological danger and the psychological aftereffects of these experiences continue to impact migrants after they have reached the U.S. For many migrants, the dangers of crossing the border directly limit their access to the social and emotional resources needed to be healthy by limiting access to their family and preventing visitation. Detention and deportation activities limit social interaction, decrease community ties, make "undocumented" migrants less likely to seek needed healthcare and social services, and significantly increase chronic stress. Treatment by immigration authorities may also place "undocumented" migrants directly in harm's way. Furthermore, the restriction of rights and denial of freedoms also increases "undocumented" migrants' stress, reduces their

ability to cope with stress, and limits their access to material goods and services needed to be healthy.

"You can't count on anyone": Fragmented Family, Social, and Community Ties

Overall, the social environment for "undocumented" migrants is characterized by decreased social support, a lack of meaningful relationships, a sense of detachment from the community, and a lowered sense of worth. Fragmentation of social ties is due to several factors, including a lack of time and energy for socializing due to the need to work extensive hours, concerns over exploitation within social networks, fear of disclosure of their "undocumented" immigration status, stigmatization and rejection by others due to being "undocumented," concerns over straining existing social ties, as well as physical and linguistic isolation.

Smaller and Lower Quality Networks

The overwhelming majority of the interviewees reported smaller and lower quality social networks compared with their previous social networks in their home countries. For instance, Paula commented, "With my friendships, I have a reduced circle of friends." Likewise, Mateo reflected, "[I have] let's say 'friends,' acquaintances and friends. There is truly only God here with you." Felipe also affirmed, "[I have] people that I know, but 'friends'? … Friends, no, not really." Similarly, Carlos told me, "There aren't friends here."

In explaining the loss of social ties, Camila reflected on her attention to work and a feeling of living in a "separate world":

> Of friends I have very few. There are acquaintances but there are no special friends. Everyone is working and living in a separate world. It is difficult to have a friendship that is worthwhile. Perhaps because of the environment you are occupied about working and in your own things and you forget about the rest of the world.

Likewise, Lucia pointed to her hectic work schedule:

> The social circle for me is limited. Totally limited because you work 23 hours and if you work from 8 to 8 at night, it is 8 at night. A friend of yours came out at 7 in the afternoon, has kids, and has a husband… she has to attend to her children, she has to attend to her husband. You have Fridays free, she has Saturday free… you can never meet to share… to do something.

Graciela also stated, "Well, it is difficult making friends, because one maintains oneself working all the time, there is no time left of giving oneself the luxury of having friends." Similarly, Ana compared her social life as an "undocumented" migrant with that in her home country, noting:

> It is different. This country changes people a lot. The routine... […] They get out of work and only want to get to their homes and sleep. Stay in bed and do nothing else, because you become exhausted. So, there is not much social life. On the other hand, over there, it is different. Over there, friends get together. Always finding any reason to get together and share anything in a group. Here, it is not like that. You lose a lot of that.

Lola referred to the loss of family, the poorer quality of her social relationships, and her social isolation in the United States:

> One is alone here, without family or anything. You live in a house, rent a room, and nobody even talks to you. So, you get to your room after work and are alone. In your country, you have your family. So whatever problems arise, you can count on your family. However, here you can't count on anyone.

In addition to the need to work, limitations on social interaction, the "uprooting" of the migration process, and a loss of social networks in their home country, "undocumented" migrants are often othered and stigmatized even within migrant or Latino communities (as aforementioned in the discussion of intragroup othering earlier in this chapter) and have their social interactions limited by that stigma. Laura pointed to how her "undocumented" status limited her social relationships, "We want to have friends and sometimes there are people that don't want us as friends because […] because I don't have those papers that take us places." In particular, the stigma of being "undocumented" is problematic for dating and romantic

relationships. Laura explained further:

> Because of the lack of documents, sometimes people are scared to sacrifice a little they say, "Ah, she only wants papers," and "She's looking for papers." One tends to lose people that maybe they wanted […] So you get someone that you fall in love with but the friend says be careful when they only want papers, yes just that. That happens.

Distrust, Fear of Social Interaction

Further weakening of social ties is due to distrust and fear of social interaction for "undocumented" migrants, who are concerned about exploitation and disclosure. Sara declared, "For me it has been difficult. Umm…I distrust people a bit, because you don't know who they are or where they come from, and as you learn more, it is more surprising. […] You don't have much of a social life." Gabriela explained how negative social experiences had caused her to become more cautious and wary:

> Coming to this country, I thought everything was the same [as my country.] Rose-colored. I was quiet and all and sincere, that's how everyone was. I lived bad experiences, a lot of betrayals, lies and so now … What I have learned and am going to do is know how to select my friendships, better for there to be quality not quantity. That's my point of view.

Similarly, Laura communicated her fear and lack of trust for others as socially isolated:

> Well for me, I don't have friends. […] I don't associate because I am afraid. […] You can't trust no one here. No one for nothing. The people show you a hand like that and when you don't know they turn it against you. In my country it is different. And here people don't trust you. Nothing, for nothing, very different.

Javier commented on how fear of social interaction among "undocumented" migrants is common:

> Normally… in truth, it isn't like the country I am from, where you go and visit people. Every time that people look at you they have fear. Well, it is normal. You look at somebody and you have fear because… you don't know what they could do. The same for me, if I saw somebody that is close to me and that says things…

Family Separation

A significant stressor reported by the vast majority of interviewees was family separation. "Undocumented" migrants' journey to the United States often exacts a high financial, social, physical, and emotional cost. This means that the most vulnerable family members, especially young children, older parents, and family members with health conditions are left behind. This increases stress for the "undocumented" migrants residing and working in the U.S. as they are pressured to support these vulnerable family members and they are often concerned over their family members' wellbeing. Moreover, returning to one's home country may prevent "undocumented" migrants from coming back to the United States and erode the gains they have made. This often resulted in long term family separation, where "undocumented" migrants in the United States had not seen their family members in person for years. Relationships with family members, especially children, may also be strained over conflicting feelings of abandonment, longing and loss and the need or desire to receive continued financial support.

Mateo described being away from his children, "In the beginning, it was very hard. When I talked to them tears came out of my eyes and my heart really hurt because I felt awful and I felt a knot on my throat... but these are things that throughout time we get used to."

Lucia described her experience with stress and feelings of entrapment after coming to the U.S. and leaving her family:

> My parents are sick, a lot of preoccupation comes, a lot of stress comes, the desire to go see them comes, but [I am] not able. Because in this country if you leave you cannot enter again, because you are not legal in this country. Therefore you get really stressed, you get really frustrated, your defenses lower, because you live two worlds, or a lot of times three. You have three families, because by emigrating into this country you leave your children, maybe being taken care of by your family.

Alma had made arrangements to pay a non-family member to watch over her children in

Guatemala. She wished to be with her children, but the cost of migration was too high, "I'm here and my children are in Guatemala. My children also need me. Perhaps, I would bring my children here but it is already very difficult. You know very well that to go through the desert… well, it is very difficult."

Camila experience stress owing to worrying about her family's status, "Well, [being apart from my family] affects my health in the sense that I have stress in thinking if they are alright...the preoccupations of knowing if they are doing good or not."

Ashley related her separation from her family to her health, "Living far from my family has mmm… implied many sad times for me. Mm… I can notice that I've loosing hair a lot. Um… I always have an eating anxiety. It is like, like, like I am trying to substitute, those moments, that affection, for food."

Separation from family may also make migrants more susceptible to stress because they do not have family support as a buffer. Isaac remarked, "Stress is something that affects one when there are a lot of problems. […] Sometimes you are here alone, and you want to have your family close. Maybe you might have friends that have their parents here, their families here, and when you see that you get stressed." Likewise, Gerardo commented, "Ooh, yes I would be delighted if I could have my parents…to have them…, all of them close to me. It's very important and just to have that support, physical support along with the psychological support."

Tension within Social Networks

Some "undocumented" migrants experience tensions due to their desire to return to their home country countered by their family member's reliance on the wages they receive or the support they provide. Magdalena, for instance, reflected, "Sometimes, I say I'll leave soon, I'll

leave soon. But my sister tells me no, wait don't leave wait don't leave. Resist a little bit more, wait."

In some cases, "undocumented" migrants are reluctant to rely on existing social networks because they are concerned that they may overuse or strain these connections. Santiago, who had been living in a homeless shelter for two years, refused his brother's assistance. He stated, "My brother lives in Baltimore. He works in a company. He tells me that if something happens, my house will always be available. But I don't want to depend on him; I'm old enough to support myself and with God's help I can do it."

In other cases, "undocumented" migrants find that they are treated badly or exploited by family members and others in their existing social networks. Magdalena recounted:

> Who treated me badly was my own brother in-law. So when I came here I didn't have a job. They hired me as a… Well the one that does everything in the house. But he always wanted to use me [my services] on Saturdays and Sundays. He didn't want to give me a free day. So, that made me feel even worse because we were family.

The Impact of Social Ties on Health

Social support is a significant protective and interceding factor in health outcomes. In general, social ties are heavily influenced by having "undocumented status" (Chavez, 1998; Menjívar, 2000) and the processes of migration and settlement place strain on social ties for migrants and result in a vulnerability to social isolation (Viruell-Fuentes & Schulz, 2009). For "undocumented" migrants, social support is severely limited by fragmented family, social and community ties. Consequently, the health of "undocumented" migrants is affected through multiple mechanisms, including, difficulty in obtaining material and psychosocial resources through social networks, social isolation, increased stress and a decreased ability to cope with stress owing to smaller and lower quality social networks, distrust, fear and tension within social

networks, and family separation.

"Here everything is dangerous": Neighborhood, Housing and Vulnerability

Due to their enforced "illegality," "undocumented" migrants are often barred from obtaining housing through legitimate channels and are forced to reside in marginal neighborhoods and utilize informal accommodations. As such, some interviewees characterized their living situation as contending with crime, victimization, poor neighborhood, and housing quality, as well as physical and social isolation.

Crime, Victimization and Homelessness

One of the interviewees, Pablo, lived in a decrepit trailer on the grounds of the office building and construction worksite owned by his employer in a predominately African American Washington, D.C. neighborhood. Part of his job description was to "ward off" potential break-ins at the building. Due to the lack of separation between work and home, Pablo felt he was always on call and had to be available on demand to his employers "from five in the morning to the hour of eight or nine at night." He told me, "[I am at work] permanently. If they want me to work Saturdays, okay. If they have a job to do on Sunday, than I am here. You understand, that permanently I am working." Furthermore, he did not have any access to private transportation and he avoided going out into the surrounding neighborhood due to his perception that, as migrant Latino, he would be targeted by the African American residents and that he would also be seen as a criminal by the authorities. As a consequence, he was profoundly socially and physically isolated. He reported feeling restricted, fatigued, stressed, and anxious, as well as utilizing alcohol to cope with his feelings.

Another interviewee, Santiago, who sought employment as a day laborer, had been living in a homeless shelter for two years. He told me, "I don't have a home because I live in a shelter. Do you know the shelters? Where people go if they don't have a home or stable job. I'm living there right now. [It is very difficult.] I have been living there for two years." "Undocumented" migrants who are homeless experience additional stressors and dangers beyond other homeless populations, in that they are at increased risk for victimization, denial of services and resources, and may even be targeted[12] for detention and deportation if they utilize homeless shelters. Despite the significance of homelessness for "undocumented" migrants, it appears very little scholarship has been dedicated to this issue in the United States.

Isaac, who lived in a pre-dominantly Latino neighborhood in Maryland, perceived his neighborhood to be dangerous due to crime. He commented on the dangers, "Here umm… everything is very dangerous. Here in [this neighborhood] everything is dangerous. We have to walk very carefully and know… know what type of friends you have. Because here there is too much delinquency."

The physical environment also affects social interaction. Mateo reflected on how his social interaction is limited due to the poor quality of his neighborhood:

> [I live in] an apartment. It is bad. Because that is what I pay for. I do not really have the luxury to get a nicer house or anything because my salary is not good. Right now, I pay $275 for a little room. [I found it] through my pastor […] [The landlords] [Laughs]. Hmm, well, here love ceases to exist. Here people only love their rent money, which is why you pay it, otherwise, there is no love for anyone. I live by myself, thank God... In my room, but in my apartment there are... [many people]. It is in a marginal neighborhood. A low one, a poor one. With old apartments, with many bugs and pests that really... in my country I was poor, but there wasn't any of that. My interaction is that I go from my work, to my room, to church […] [Laughs]. Yes, the least amount of interaction.

Poor Housing Quality

Other interviewees may have felt that their neighborhoods were safer, but pointed to issues with their housing quality. Luis described the housing available as resembling a "municipal crematorium," being prone to fires, and decried a lack of regulation, saying:

> There are no authorities, there's nothing. There could be an authority that would go checking house by house here in the United States, which house is in trashy conditions, […] and if there is any stove, or any refrigerator that is bad, well that they throw it away. But, that is why there are fires, […] you're going to see there all of the rotted tubing, what is of the gas, and all of that, and that is why there is a provocation of fires here in the United States to an excess.

Mateo related his poor housing quality to his low wages, "[My apartment] is bad. Because that is what I pay for. I do not really have the luxury to get a nicer house or anything because my salary is not good." Martina, who lived in shared apartment in Maryland with her adult son, who was also "undocumented," described her housing quality as poor due to discriminatory treatment on behalf on the landlords:

> For example, sometimes... you have a problem in the apartment. It could be there are animals, that too much light goes out...that the window broke, the gas doesn't work or the heating [is broken]. A month passes, another passes and no [solution], but the rent is wanted monthly...yes...there yes, and since we are Latinos [that is how they treat us].

Similarly, Clara mentioned how her landlord is unresponsive, "[I live] in an apartment. [The quality] is not really good because sometimes… sometimes there are things that get ruined and nobody fixes them." She reported that her and her partner were trying to find another apartment but were having trouble because other landlords ask for check stubs and her partner is paid in cash. Clara's difficulties illustrate some of the ways in which finding housing is difficult for "undocumented" migrants and how working conditions and requirements to obtain good quality housing combine to indirectly discriminate against "undocumented" migrants.

Crowded conditions are also an issue many "undocumented" migrants contend with, as

their low wages, high cost of living, and need to support family result in sharing bedrooms with others. For instance, Javier reported living two people to a bedroom in an apartment rented to him by his employer. Isaac also reported sharing a rented bedroom with two other people in an apartment. Mateo also described living in an apartment with "many people."

The subletting of illegal interior and basement rooms, which often do not have access to emergency exits like windows or doors, is a commonplace practice for "undocumented" migrants who have limited social and economic resources. Magdalena described how the substandard living conditions in one of these rooms in Washington D.C. affected her mental wellbeing:

> What happens sometimes is that we have to sleep in little rooms. Me, over there in El Salvador, it is true I didn't have money, but I had a little house. Here I sleep in one room. That stresses me to an extreme. I come [home] from work… […] and the fact is that I go to stay in a basement; that depresses me, you don't have idea how much. […] There is a very small window, half of that window, it's very small. So, I feel like I am entering into a cave and that depresses me.

To place the interviews from this study in context, a recent study examining housing and neighborhood for "undocumented" migrants, found that "undocumented" migrants are far less likely to be homeowners than documented migrants, live in more crowded homes, report greater structural deficiencies with their dwellings, and express greater concern about the quality of public services and environmental conditions in their neighborhoods (Hall & Greenman, 2013).

Neighborhood, Housing and Health

Living in poor quality neighborhoods directly exposes "undocumented" migrants to violence, injury, hazardous environmental exposures, unsafe living conditions, infectious diseases in overcrowded situations, limited access to exercise and physical activity, and increased stress. Homelessness is a significant and extreme concern for "undocumented"

migrants who may not even be afforded the limited resources provided to the homeless and who may be at increased risk for crime, victimization, environmental exposure, and stress – all of which have health implications.

"I feel guilty because I am here": Internalized Suffering

Perhaps one of the most significant themes encountered in this study is the amount of silent and internalized suffering experienced by "undocumented" migrants. This often due to the process of internalizing the difficulties, struggles, and barriers encountered by "undocumented" migrants and feelings of guilt or shame due to the belief that they have personally failed despite the significant structural limitations placed on them.

The American Dream as Nightmare

Many migrants describe a phenomenon termed here as the "American dream as nightmare" in which the messages they have received and the representations of life in the United States that have been presented to them prior to their migration are found not to be in accordance with the reality of living in the margins of U.S. society. As a result, "undocumented" migrants may become angry, frustrated, sad, or feel guilty or shameful that they have been deceived or that they have not achieved more.

Isaac described the experience of representations not equating with reality, "When I arrived here it was very hard for me because everything was completely different from my country. It was not what I imagined in my country. Nothing, everything was different." Similarly, Santiago compared representations of migrant life with the suffering he experiences:

> Over there [in El Salvador] many people think that you can make a lot of money. No, [my cousin] she told me, over here you are not going to pick up money with brooms and

> stuff them into your luggage. Here you have to work hard and suffer. […] She told me life here is not like what people in El Salvador describe it. […] Here I discovered that people here suffer and work hard to survive.

In the same vein, Gerardo explained how life in the United States was presented as more positive than it truly is:

> Life in my country was a life that was very calm, a life that was sometimes swayed when someone would say "Oh! America's a beauty of a country. You can live fine. You can have that." No, that's a lie. A lot of people came back telling of the marvels of this country, when it wasn't true.

Felipe described how he learned that he had to constantly struggle without the social resources he had back home:

> I thought that this experience [coming to the United States] would be more enriching. But the truth is that you have to fight a lot, you have to work constantly, it is a different world and you do not have the comfort of your home and family, of your mom, and you have to be constantly fighting.

Maria pointed to how "undocumented" migrants are socially marginalized and criminalized, "It hurts me to say it but… that is why we emigrated from where we were born…to find a better life and we came to find a more difficult one because we are terrorists to them."

Several interviewees expressed how they would not want their family to migrate to the United States, owing to the suffering they experienced. Luis expressed how he felt his life in the United States was dominated by suffering, deprivation and the constant need for money, and how he missed the accessibility of recreational and stress-relief activities in his home country:

> I would not like to bring my family [to the US], so they can maybe suffer over here. Because for me, it is not like I am a millionaire in Honduras but, um... at least over there, my daily bread has never been missing. And I think that there is no necessity for my family to come here. To suffer what I have suffered… They... I would not like to see anyone from my family to go through what I have been through, right. […] There are people who don't know how it is over here. Maybe some think that one comes here to pick up the money, and it is not like that. […] Because here if there is no money, one is nobody. […] in Honduras, […] over there I am more relaxed. […] Here I cannot do the same, because right here there are no beaches to go to enjoy […] Over there everything is different, if you would like to eat a *patastio cosido*, a potato, or all of that, you just go

> and cut it in the *huerta*, in the field, because over there one works [the field.] […] Not here, here everything is money, right.

Some "undocumented" migrants feel betrayed by family members or friends that have encouraged them to come to the United States without disclosing the realities of being "undocumented." Paula explained:

> They don't tell the truth. If I knew that I needed legal papers in this country, needed social security to work, I wouldn't have, I would have looked for that first before coming, because my own brother, my own brother didn't tell me that I needed that. He didn't tell me, he didn't tell me that if you're going to come here, you need to have a social security, we need to find a husband to help you, and give you papers so you can stay in this country. […] When I arrived here I went to live with my brother and my brother tells me, "Oh , you need to work," yes I tell him but how, what do I have to do, so he tells me, you don't have papers here, why didn't you tell me. I had to live with him four months in his house, tolerating my sister-in-law, and my sister-in-law was bad. I couldn't even sleep or eat, nothing. It was difficult. I think they were the most traumatic 4 months I had.

Low Social Status

Magdalena points to an interrelated aspect of internalized suffering, the ascription of low social status in the United States, which is enforced through limitation to undesirable, low wage jobs, interpersonal and institutional discrimination, as well as lack of freedoms and rights. She describes how she came to learn that life in the United States was not what was represented to her and meant a lower social status and working in low-wage menial jobs:

> When a person comes from there [El Salvador] and hears that the people say that they come and bring money, that send boxes with things. And then one doesn't even know what on earth people do here. You don't even think about it. When one comes here... if you had a job, like being a secretary, then you spend time there typing. But, if you come here, you are not going to come to do that. What do you have to do? Clean houses. Take care of kids. To do something else... So I was babysitting…

As aforementioned, "undocumented" migrants are heterogeneous, come from multiple countries, and as such have diverse life experiences and pre-migration histories. Some "undocumented" migrants may have had access to education, may have held middle class or upper class jobs and may have come from middle class or upper class backgrounds in their home

countries. However, once these individuals become "undocumented," they often find that their social position as "undocumented" overrides any previous education or social capital they may have had and that "undocumented" migrants almost universally occupy one of the lowest social strata in the United States. Carla connected the representation of "undocumented" migrants as worthless with their assignment to low wage or unskilled jobs despite their education, previous work experience, or credentials:

> They don't recognize one, they don't recognize that we have the same rights as all of them. […] So I have seen those who don't have documents they are seen - even though they are medics, even though they are architects, engineers - they have nothing more than to clean bathrooms, wash dishes, clean floors […]

Similarly, Isabel affirmed that her own experience was one of frustration with her lowered social status:

> I could not aspire to any other thing except to work by cleaning or working in a restaurant. One [reason is because of] the language, the other the [immigration] papers. And even though I already had a profession, it served me nothing here. Nothing. Because here I had to start from zero. So one feels frustrated because there are no resources.

Laura described how "undocumented" migrants are given the undesirable and worse jobs and are represented as "criminals":

> Washing dishes, mopping restaurants, throwing away the garbage- like many people think that we do not have value, well they give us the worst. Those that have papers, those that are studying well they are given the better jobs, they offer them much more, they are more in demand and for us in reality we have to do what other people don't want to do. […] For me it's because the better jobs they give it only to- sometime we have the capacity to take those jobs but lack of documentation doesn't let us, so a company that does not accept it- because for them we are basically criminals- we are not welcomed in a company and there are many occasions where people have papers and they are terrible and a lot more are criminals than we people that don't have any [papers].

Magdalena explained how her daughter did not want to come to the United States because she would lose her social status:

> "I tell [my daughter], "Do you want to come? I will pay for you to come [to the United States]." But [she says] "No. I want to study. There I will not have the opportunity to

> study because if I go there, I will go to work: babysitting, cleaning." And she tells me, "I was not born for that. I was born to study and I want to do it. I want to be different." She tells me. And I tell her, "You are totally right."

Moreover, low social status affects both migrants who may have held a middle or upper class status prior to migration, and also migrants who may have been poorer or lacked the ability to achieve an education in their home country, since the low status ascribed to "undocumented" migrants is combined with othering messages that reinforce ideological perceptions about the invisibility, disposability, worthlessness, and criminality of "undocumented" migrants in U.S. society. Graciela summed up the messages she received about being "undocumented" as, "Someone that does not have papers feels like they are in a hole, like in non-existence, like someone… well, does not take notice of them."

Guilt and Shame

In addition to the stresses of living in the margins of US society, many "undocumented" migrants are afraid that they may fail to provide for family or others that they are supporting back home through remittances. There is an immense pressure for them to make financial gains in the United States. As such, some "undocumented" migrants may view deportation as shameful, because it would signify failure when they are returned to their home country. Laura discussed how if she had to return to her country with her children, she would feel embarrassed and ashamed:

> In my case I have three children and if I leave, they have to leave because they are under me. Like they don't notice because they are my children; they spend their time playing but when I see them, I see my house, I say "Ah, God if I have to leave from here like to my country what an embarrassment, to go back to…"... [Other people saying] "Yes. Imagine her. It's been seven years since she's been here, she has her kids here and if it's difficult here…" [You would] go [back] to your country to die.

Likewise, Mateo described how he was not happy living in the United States but his

children would be disappointed if he was deported before he was able to make enough gains:

> In reality we are not happy here, in this country, but the little we do make, we share with our kids and if we have to leave before we have completed our dream, our kids would be disappointed if they had to see us back after being deported. It's not like you want to leave of your own choosing, if things are going according to plan. One is not happy living here...but you are making the effort to keep yourself here. You have to survive.

"Undocumented" migrants can also experience guilt at having to leave their families behind. Sara disclosed how she felt guilty and powerless being separated from her family and how she would see having to leave after so many years in the U.S. as a failure:

> I feel guilty because I am here. I feel impotent because I can't go over there. All of the time it affects my health, because I believe something is going to happen to them and how am I going to go there? After being here for so long to try to get the documents, having to leave....

Similarly, Magdalena commented on how she feels guilty for leaving her daughter behind and how her daughter felt hurt and continues to feel alone:

> I tell my daughter, I came here and I feel guilty. For leaving you when you were 17 years old. It is the worse stage [of her life]. But okay, if I don't leave how could I have maintained you? Because your father left us. Because at the beginning, she tells me, "I felt rage, anger because you had left." Now, she has matured, she tells me, "I know the sacrifice you are doing." However, she told me, "I feel lonely."

Daniel pointed to how he felt accomplished when he was able to send remittances but how his feelings changed when he was unable to find work, "I feel happy when I have some work and I can send them a little money. I send them money for food. I send them for…for them to have for whatever they may need. But when there's no work, I feel bad."

The Health Cost of Migration

Bhugra (2004) points to how all phases of the migration process are stressful for migrants. Pre-migration may be stressful owing to the context and social factors that cause an individual to begin migration. During the migration experience, migrants may experience a loss

of their social support networks. Furthermore, the post-migration experience may be characterized by stressors such as discrimination, material and economic difficulties, rootlessness and adaptation stress.

The cost of migration for "undocumented" migrants is often threefold. First, they must leave behind their lives and social resources in their home country. Second, they may experience significant trauma and stress as a result of migration journey itself. Third, migrants find themselves positioned in margins of U.S. society and experience suffering that they may not expect or be prepared for. The high cost of migration for "undocumented" migrants serves to exacerbate their internalized feelings of failure, guilt, shame, or frustration when they are unable to make the gains that they envisioned.

Gabriela, who experienced significant migration trauma owing to extreme physical conditions and kidnapping, highlights the case that after her difficult experience crossing the border, to experience discrimination once she arrived was an added harm, "[Crossing the border] is a painful experience, raw, and our family suffers because they don't know if they killed us, or what's going on, it is… Then, you come to this country where you will be discriminated because of the language, because you don't have documents, because, wow, it is terrible."

Contrary to visions of social mobility and "the American Dream," Mateo described his life in the United States as a sacrifice he needs to endure, referring to discrimination he experienced, "This sacrifice for me to be here because... Well... Here, it isn't easy for an immigrant due to the racial discrimination that occurs, but we do it for the love we have for our family, our children, so that they do not suffer what we have truly suffered."

Internalized suffering for "undocumented" migrants enacts a high health cost by

compounding the material inequality migrants experience with negative feelings of guilt, shame, frustration, anger, and significantly increasing their levels of psychosocial stress. Pearlin et al. (2005) have argued that negative self-concepts, or the internalized negative and distressfully self-evaluations derived from living within constrained opportunity structures, affect disadvantaged social groups through hierarchical social statuses and add to the burden of adversity by diminishing health and well-being.

"[We have to be] a lot stronger than what we were in our country": Intersectionality among "Undocumented" Migrants

Intersectionality theory was developed by feminists of color who challenged the hegemony of feminisms constructed based on the experiences and perspectives of white middle-class women (Collins, 2000; Zinn & Dill, 1996). As a theoretical framework, intersectionality views societal inequities as the result of intersections of differences in race, class, gender, sexuality, and other dimensions of inequality (Kelly, 2009). Intersectionality theory posits that analyses that focus on a single lens, such as gender, race, or class, are insufficient because these social positions are experienced simultaneously (Viruell-Fuentes, Miranda & Abdulrahim, 2012).

The main premise of intersectionality theory is that any particular form of inequality or oppression is modified by its interaction with other forms of inequality or oppression (Taket, 2009). Indeed, three major tenets of an intersectionality perspective include: no social group is homogenous; individuals must be located in terms of social structures that capture the power relations implied by those structures; and there are unique, non-additive effects of belonging to more than one social grouping (Mahalingam et al., 2008). Despite intersectionality being heralded as a major theoretical development in the social sciences and a significant amount of

research focusing on multiply-oppressed populations, public health studies that incorporate intersectionality are still rare (Bowleg, 2012).

Intersectionality is an especially important perspective among "undocumented" migrants. While being "undocumented" can often be the salient or central feature defining these migrants' lives, "undocumentedness" intersects with many other social identities and categories, often conditioning "undocumented" migrants' experiences of inequality, suffering, and vulnerability along other lines including, gender, sexuality, race/ethnicity, indigeneity, having a chronic and/or stigmatizing illness, and surviving trauma, war and/or abuse, among other identities and social groupings.

"Undocumentedness" often affects the struggles experienced by people who inhabit these categories in multiple ways. In her work examining migration processes as gendered, Pedraza (1991) draws attention to four main interactions between gender and immigration: how gender conditions the decision to migrate; how gender shapes settlement; how gender conditions migrant worker incorporation into labor relations and how the process of migration alters gender relationships. Luibheid (2004) extends and revises Pedraza's four interactions to the study of sexuality and immigration, in order to assess what is known and what remains unknown about the intersections between sexuality and immigration.

In addition to these intersections, several additional processes should be considered. First, how the intersection of marginalized social categories (e.g. women, queer/LGBT migrants, etc.) with "undocumented" immigration status renders these populations as invisible and as doubly stigmatized, especially when compared to U.S.-born or "documented" migrants in the same social groupings. Invisibility has several implications including the unintentional or intentional

denial of resources. Furthermore, in addition to being unable to or barred from accessing resources, "undocumented" migrants who inhabit other marginalized social categories may need to contend with heightened isolation, discrimination, and institutional inequality by U.S. society broadly as well as within migrant, Latino/Latina, and co-identity communities. In addition, "undocumentedness" concurrent with other marginalized social categories may result in targeting for exploitation, abuse, and crime.

Based on the results of this study, three cases are discussed where an intersectional lens is especially critical for understanding "undocumented" migrants' experiences: (1) among "undocumented" women; (2) among "undocumented" survivors of trauma, war and abuse; and (3) among "undocumented" queer or lesbian, gay, bisexual and transgender (LGBT) migrants.

"Undocumented" Women

Despite the proliferation of immigration studies in recent years, a gendered perspective of immigration is largely absent in immigration scholarship. Foundational understandings of gender, sex, power, privilege, gender-based discrimination, and intersectionality are largely missing from the immigration discourse (Hondagneu-Sotelo, 2013). Existing work on gender and immigration scholarship, however, has identified several important areas of study of the interaction between gender and migration, such as migration as a gendered process; women's migration, domestic work and family care work; sexualities and immigration, including issues such as heteronormativity, compulsory heterosexuality, and immigration policies affected queer/LGBT migrants; sex trafficking and migrant women in sex work; and borderlands, identity, and hybridity influenced by socialist feminist thought (Hondagneu-Sotelo, 2013).

The social positionality of "undocumented" women with relation to gender, race-

ethnicity and immigration status has been identified as subjecting "undocumented" women to heightened border risks, being tracked into and performing lower level public "reproductive work," such as cooking, serving food, cleaning rooms, and caring for the elderly and children, difficulties securing childcare as working women, and being burdened by their concerns with separation from their children if detained and deported (Toro-Morn, 2013). Rather than the simplistic view of migration as "liberating women," migrant women often find that migration replaces some forms of oppression with others (Toro-Morn, Guevarra, & Flores-González 2013).

The intersection of gender and immigration was clearly reflected in the experiences of the interviewees in this study. For "undocumented" women, gender discrimination often results in lower pay and tracking into employment in childcare, cleaning services, and cooking despite their previous education and work experience. Lucia commented on the institutionalized gender discrimination which continues to persist in the "first world" United States:

> ["Undocumented" women are] more underpaid. We are not considered equal to the man, because the male is superior, and the woman has to be relegated [to be inferior]. Supposedly in a first world country, [it is more equal.] For me it is not. So one has to learn to be strong, to value oneself to keep going forward, and demonstrate well that women are not the weak sex, rather, a strong sex.

Similarly, Ana referred to differences in wages for "undocumented" men and women as an important mechanism of gender discrimination, "At work, for example, due to being a woman, you don't have the same pay as a man, even doing the same job."

Paralleling the experiences of the interviewees, other studies of have shown that migrant women in low wage occupations earn substantially lower wages than either migrant men or US-born women (Capps et al., 2003). Lower wages for migrant women is in keeping with the historical subjugation and inequality experienced by women of color in the United States, who still have the lowest earnings among women.[13]

In addition to institutionalized discrimination, gender roles place additional pressures on women, who are likely supporting children or other family members. Lucia also commented on gender roles and the need for "undocumented" women to be "strong":

> Tremendously rough [are] the steps that one must take, and that we [as women] must take, myself included. Because, we have to, first in this country, be strong. – a lot stronger than what we were in our country. A lot of people don't have a family. They are alone in this country; therefore they have to be strong for their children, for their husband, for the family that they left in their country. So this country makes ones stronger: "yes" or "yes." I mean, for us, there is not a "no." It is only "yes" or "yes."

Similarly, Ashley pointed to the conflict between the work demands of long hours for "undocumented" migrants and the expectation that women will manage childcare:

> At work if you are "undocumented" they can discriminated more if you are woman, being a Latina woman. Because what is that they want? Long hours of work, with a lot of strength, and a lot of things. […] On the other hand women have children, I don't know, so they can't work for long working hours. That is when they experience some of discrimination. I prefer to take a man that is doing to work, like, fourteen hours in a day than taking you that can all of the sudden tell me "Ay, my kid is sick, I have to leave."

It is important to note that while the provision of family support is common among "undocumented" migrants, all of the "undocumented" women interviewed for this study, with one exception, were supporting children either in this country or children who had remained behind in their home country. By contrast, while the "undocumented" men interviewed often supported parents, siblings, or other family, they had a far greater likelihood to be single and were far less likely to support children or a partner.

In addition to institutionalized discrimination and the widespread need to support family, "undocumented" women are almost constantly subject to the threat of gender-based violence (GBV)[14], exploitation, and abuse by in male-dominated spaces. "Undocumented" women face multiplicative vulnerabilities that put them at increased risk of GBV and prevent them from seeking help, including social isolation, fear of deportation, limited access to social services,

limited host-language skills, lack of access to dignified jobs, uncertain legal statuses, and experiences with authorities in their origin countries (Adams & Campbell, 2012; Menjívar & Salcido, 2002).

Some women experienced violence enacted by their partners, employers, coworkers, authorities, and others, and/or may have a history of past abuse. In Alma's case, her migration separated her from an abusive partner, "I had a lot of problems with my boyfriend in Guatemala, he was a drunk and he hit me a lot. I hurt very much. I had… well I always felt very sick. But after I got here… Well now, I was single. And now everything is good." In contrast, Juana experienced migrated with an abusive partner and continued to experience this abuse in the United States, despite her hopes that the situation would change:

> I came because I wanted to change my life because over there I married when I was 16 years old and my husband mistreated me and I spent six years with him over there in Mexico. And so he told me to go with him. He was going to come alone. He said, "Let's go." And well I thought I'll go that way we can separate, change for everyone. And so that was sort of a dream for me. I thought it but I didn't tell him, because I heard in this country you couldn't mistreat women and well like that he will change or I don't know. But he kept doing the same. We came here and all was mistreating me.

Gender based violence from partners in the United States is also severely impactful because it complicates the experiences of "undocumented" women, intensifies their day-to-day struggles, and negatively impacts their health. Clara migrated with her former partner from Guatemala and experienced abuse from her partner and health effects as a consequence of the abuse:

> When I started my relationship with the father of my children I started to get sick. He really didn't have a really good life either. Sometimes we fought, argued, and he always got on my nerves and I would sometimes visit the hospital for that. Um I met him over here. Um I only lived with him for two years but because of his drinking and fighting, he would sometimes leave me with no food. Then one day he hit me and they took him. They deported him.

Isabel recounted how her experience with an abusive partner was complicated by her

internal conflict with reporting the violence because it would result in her partner's deportation, and the health effects she experienced as a result of the stress:

> I suffered domestic violence and I had to keep quiet because my partner did not have documents. So if I denounced him there and ran the risk that they would deport him. So I had to stay quiet, depression began to enter and I saw everything black. […] I had to go to the doctor. Because the stress went to my head that I was starting to lose memory.

In addition to experiencing the trauma of abuse, "undocumented" women who report abuse may end up having to disclose their own immigration status and being negatively impacted by state and local immigration policies due to their immigration status. Ana separated from her partner due to abuse, but due to her "undocumented" status and restrictive local immigration policies, she now suffers from a loss of mobility:

> I came with the father of my children because we had plans to have a family and a life. Now, I am in a situation in which I cannot go anywhere, because I have three children. That is another thing that greatly frustrates me. I can go anywhere in Virginia. I can move anywhere in Virginia. But, if I want to leave Virginia, I have to follow court procedure. […] It is a very stressful thing. I always say "I live in my gold cage, in which I can move around in, but cannot leave." That is a thing that sometimes leaves me feeling unwell, because I want to leave and I cannot.

Gabriela recounted her fears over potentially being deported if she reported her abuser:

> For example, I had the experience, the fear is a big factor. The fear of denouncing the person who assaults you because it is okay, if I tell the police that he beats me, they send him to jail, they deport him, they will ask me about the immigration status, how I am, and I could also get deported. The fear, the fear, a ton of questions that they ask one, also that one isn't very well informed, the ignorance, we're also not informed, I lived that.

On a related note, "undocumented" women often feel as though they are seen as having less credibility and ignored by police and other authorities and receive discriminatory treatment when they report abusive partners. Paula reflected:

> When the father of my daughter threw me on the street in pajamas I went to the police … and when we arrived to the house he told them, "I didn't do anything to her, she hasn't had a job in four months, that is why she is acting like this," and the police never believed me, the police didn't do anything, and after he said that, go to sleep and find a job, so I said never again believe in the police since that time, never again. And I said okay and he

> would harass me, he would tell me, "If you go to the police, the police won't believe you, they will arrest you when you go to court," […] So it was difficult, nobody believes you, you have to go to court.

Gabriela also pointed to how "undocumented" women, who are often working several jobs, are excluded from resources and support services for survivors of gender-based violence:

> The problem is that these [domestic violence support] places work from Monday to Friday, there are women, for example like myself, who works from 9-5, I can't go to places, I would like to, but I can't. I could do it on the weekends but that can't happen either because the institutions don't work like that […] I understand that these institutions don't have money, don't have the funds, but it is not something that the government is helping, and they know there is domestic violence, but they don't do anything to help. There are priorities for them but domestic violence isn't a priority for them […] I have to come from Virginia all the way here [to Washington, D.C.], because in Virginia I don't know any place where I can get help, and there isn't much information either.

The structural limitations placed on "undocumented" women who seek help and the treatment described by the interviewees points to, at the very least, institutionalized reluctance to assist "undocumented" women survivors. Berger (2009) argues that the Violence Against Women Act (VAWA) which allows pathways to citizenship for survivors of domestic abuse creates a dichotomy between "worthy" and "unworthy" survivors, in which worthiness is defined by being abused and powerless but willing to undergo "cultural reconstruction" into a self-reliant head-of-household, whereas unworthiness is linked to state dependency and criminality.

In sum, "undocumented" women are subject to increased vulnerability and exposure to health-damaging conditions through a variety of mechanisms. Institutionalized gender discrimination further exacerbates material deprivations and stress through lower wages for women. Expectations that "undocumented" women must support and care for children increase stress and further dwindle material resources. Widespread exposure to gender based violence in the workplace, during border crossing and in the home, as well as their differential treatment and access to resources compared with non-migrant survivors directly causes physical and mental illness and diminishes wellbeing for "undocumented" women while increasing their levels of

stress.

"Undocumented" Survivors of Trauma, Abuse and War

"Undocumented" migrants who are survivors of trauma, abuse, or war in their home country experience several additional problems. Often, they are not acknowledged as a survivor or given refugee status despite experiencing some of the most horrific conditions imaginable, including torture, imprisonment, rape, abuse, or genocide. Not only are "undocumented" survivors not identified, they are criminalized as "illegal" and are subject to discriminatory and potentially abusive treatment, including detention, imprisonment, and deportation. "Undocumented" survivors likely have heightened fears of authorities and also heightened fears of deportation. Alma expressed how her experience of violence and war in Guatemala continued to impact her today and how her fear is exacerbated by her previous experiences:

> [Concern over deportation] affects us very much. We have a lot of fear because we don't have papers. And like I told you before… we have a lot of fear because we don't want to go back to Guatemala yet, because we want to make a life ourselves, you understand? Regain our things that we lost in the war. And so, of fear, yes. We come… You know very well that when someone is here, it is because of necessity. When they come to say that they're going to take us away, that's when the fear comes because… what can happen to us? Because our fear, it began with the war in Guatemala… It is bad.

In the same vein, Paula asserted that the experiences of migrants prior to their migration to the United States as well as trauma during their migration has a lasting effect throughout their lives:

> Personally for me, I say because of experience, to get out of this process, of all these situations, of all these traumas that we carry of our countries from infancy, we need help, psychological, professional help, that is the truth, I say it from personal, because it is a heavy burden that one cannot approach by themselves.

Due to differential exposure to health-damaging conditions in the United States combined with their past experience, "undocumented" survivors are likely to experience exacerbated

vulnerability to the health effects of fear and social mistrust and may be contending with direct physical or mental injuries or illness from their pre-migration exposure to traumatic conditions.

"Undocumented" Queer/Lesbian, Gay, Bisexual and Transgender (LGBT) Migrants

Intersectionality is also important for "undocumented" queer or lesbian, gay, bisexual, and transgender (LGBT) migrants[15], who exist at the intersection of (at least) two marginalized groups and experience employment insecurities, wage and income disparities, and health inequities (Burns, Garcia & Wolgin, 2013). "Undocumented" queer or LGBT migrants may face unique and multiplicative inequality. For instance, Hazeldean and Singla (2002) contend that "undocumented" queer or LGBT youth are more likely to face violence, be rejected by their families, end up homeless, be deported, and have difficulties obtaining permanent residency. Health effects for "undocumented" queer or LGBT migrants are likely exacerbated by their increased vulnerability to social exclusion and discrimination/othering.

Furthermore, there is the need to problematize the colonialist and racist narrative that portrays queer or LGBT migrants as leaving repressive national contexts for "first world" freedom in the United States. While some migrants may have experienced discrimination, violence, and oppression in their home countries owing to their sexuality, this simplistic narrative significantly understates the discrimination endured by queer or LGBT people in the United States and also ignores the transnational roles the United States plays in its support of oppressive regimes and discriminatory practices in other countries (Luibheid, 2004). A more nuanced and complex understanding of the role of heteronormativity, homophobia, and oppression based on sexuality internationally and within the United States for "undocumented" queer or LGBT migrants needs to address the intersectionality of their experiences conditioned

by their positionality with regards to race-ethnicity, class, gender, sexuality, as well as the social processes that they must negotiate residing at the intersections of these identities and social groupings.

Despite outreach efforts, no self-identified queer or lesbian, gay, bisexual, or transgender migrants were interviewed for this study. However, a brief meeting was conducted with a queer/LGBT support group and several advocates for "undocumented" queer/LGBT migrants. Strikingly, an advocate strongly asserted of "undocumented" queer/LGBT migrants, "Yes, they do exist." This statement highlights the seriousness of invisibility for "undocumented" queer/LGBT populations.

LGBT or queer-identified "undocumented" youth have been challenging being made invisible by engaging at activism forefront of "undocumented" migrant youth activism for the rights of young people who would benefit from the Development, Relief, and Education for Alien Minors (DREAM) act and have coined the term "undocuqueer" to describe their social movement (Gutierrez, 2012; Salgado, 2011).

CHAPTER 5: TRACING PATHWAYS OF EMBODIMENT: HOW "UNDOCUMENTEDNESS" BECOMES ILLNESS

The previous chapter reviewed the way in which "undocumentedness" results in differential exposure and susceptibility to social conditions that are associated with poor health outcomes through a variety of mechanisms. This chapter will specifically trace several of the multilevel pathways that result in embodiment of illness and injury among "undocumented" migrants.

How Differential Exposures and Susceptibility Become Embodied as Poor Mental and Physical Health

"Undocumented" migrants are targeted by numerous social processes that result in their differential exposure and susceptibility to health-harming conditions, such as labor exploitation, othering/discrimination, immigration policies, fragmented social ties, poor neighborhood and housing conditions, and internalized suffering. These conditions can become embodied as deleterious health outcomes in a variety of ways.

First, differential exposure and susceptibility to social conditions may directly result in illness and injury. For instance, hazardous working conditions, poor quality housing, migration trauma, and crime, abuse or violence may directly cause injury or illness for "undocumented" migrants. Second, differential exposure and susceptibility to social conditions may limit psychosocial resources needed to be healthy. For instance, living in an unsafe neighborhood or living in substandard housing, being overworked, and stress can affect "undocumented" migrants' ability to obtain good quality sleep and thus impact one's wellbeing. Working conditions and lack of material resources can limit "undocumented" migrants' ability to obtain

adequate and healthy nutrition and make them vulnerable to illness. The need to work and poor quality neighborhoods may limit opportunities for physical activity and exercise. Third, differential exposure and susceptibility to social conditions may result in behavior changes related to health. For instance, in order to cope with stress and survive given limited material and social resources, "undocumented" migrants may begin to utilize maladaptive behaviors, eat unhealthy foods, or engage in substance use. Fourth, differential susceptibility for "undocumented" migrants may exacerbate poor health outcomes due to limited social support, barriers to healthcare access, and increased stress.

Finally, the significant chronic stress that "undocumented" migrants experience may result in psychological and physiological changes. Chronic psychosocial stress has been linked to changes in neuroendocrine, autonomic, and immune systems (Tsigos et al., 2002). The allostatic load model emphasizes the effects of chronic stress and asserts that the body does not simply reestablish homeostasis after experiencing a stress-induced disturbance, but with repeated exposures it may shift the set points for the endocrine, metabolic, cardiovascular, and immune systems involved in the stress response. Although the body may be in balance, the systems become burdened and dis-regulated by the costs of the repeated adaptation cycles (Adler & Rehkopt, 2008). Studies have shown that psychosocial stress is associated with health measures such as: elevated systolic and diastolic blood pressure (James, Lovato, & Khoo 1994; Williams, Neighbors, & Jackson, 2003), increased body fat, and higher fasting glucose levels (De Vogli, Brunner, & Marmot, 2009). In addition, high allostatic load is associated with the metabolic syndrome, and predicts mortality, cardiovascular disease incidence, and decline in cognitive and physical function (Ahmed et al., 2007).

"Getting sick is a luxury": Issues Affecting Health Status

When assessing health among "undocumented" migrants, it is important to note several issues. The significant cost of migration and the need to work may provide a "threshold" effect in which "undocumented" migrants must maintain some level of physical or mental health to make the journey to the United States as well as to remain in the country. As such, there may also be a recalibration process, in which what is considered "good" or "fair" health for "undocumented" migrants may be considered as "poor" health by others with greater access to resources and the social privileges afforded by their relative position in society. For instance, Lucia voiced the overwhelming pressure to work for "undocumented" migrants and described becoming ill as a luxury that they cannot afford:

> Therefore that is frustrating, that sickens you, that tires you, but since you came with a goal, you have to do it, because you have to do it. In this country, for me, getting sick is a luxury. I cannot give myself the luxury or the vanity or having flu. Because if I have a flu, with some, what do I know, some 104 degrees of temperature I cannot go to work, they do not allow me to go to work because I can transmit it to the others. Unfortunately here you have to take care yes or yes, or you have to heal yourself mentally, psychologically you have to be 100% well, because you have to work, and you have to generate.

Outcomes for Severely Ill or Injured Migrants

Daniel pointed to the reality that for many "undocumented" migrants, sickness or ill health would mean devastation and failure. He declared:

> Thanks to the Lord, I haven't gotten sick, of anything serious because when one gets sick here, well…it's sad. So I feel good, because like I said, I haven't been sick so I haven't had to worry about that, and hopefully I never do get sick. Because only God knows what I'd do without a visa.

When interviewees were asked what they would do if they became sick enough that they couldn't work, many often seemed overwhelmed when presented with this potential situation. As Lucia explained, "Without health in this country, you can't do anything."

An examination of the pathways for "undocumented" migrants with severely ill health

conditions helps to elucidate how a severe, debilitating illness or injury can mean devastation. For "undocumented" migrants with severe health conditions, the potential outcomes are threefold.

First, "undocumented" migrants may try to obtain healthcare in the United States. However, anything beyond the most basic care often cannot be provided by safety net organizations (if they exist and are accessible) and healthcare costs for "undocumented" migrants are out-of-pocket, expensive, and cause significant economic hardship. If they are unable to work, these individuals must also rely on some source of social and economic support to stay in the United States; social support for "undocumented" migrants, as aforementioned in Chapter 4, is strained at best for many. Given the significant barriers described by the interviewees in obtaining care in the United States and their concerns over debt (addressed in the forthcoming section), this outcome is the least likely option.

Second, severely ill "undocumented" migrants may return to their home country to initialize or to continue healthcare, if they are unable to work. This was the most likely scenario described by the interviewees.

Third, if "undocumented" migrants are injured or ill to the extent that they require life-saving emergency care, they may be deported to their home country via "medical repatriation" – a practice undertaken by private hospitals and healthcare facilities without any legal framework or government consultation (Pitt, 2013). Medical repatriation is unregulated and often leaves migrants at risk for death and disability. More than 800 cases of attempted or actual medical deportations have been documented in recent years. These cases include a 19-year-old girl who died after being transferred to Mexico; a car crash victim who died after being left on the tarmac

at Guatemalan an airport; and a young man with catastrophic brain injury who remains bed-ridden after being forcibly deported to his elderly mother's hilltop home in Guatemala. The incidence of medical deportations has been predicted to increase due to dramatic funding cutbacks under the Affordable Care Act for safety net hospitals (New York Lawyers for the Public Interest, 2012).

It should be noted that due to the likelihood of the most severely ill and injured "undocumented" migrants returning or being forcible deported, any cross-sectional data on the of health status of "undocumented" migrants is likely missing the individuals with the poorest health, and thus may be presenting a misleadingly "better" assessment of health status. In short, the immigration system in the United States is set up to import healthy "undocumented" migrants to perform the lowest paid, most dangerous jobs and to export these same "undocumented" migrants once they become unhealthy.

"Normalizing" of Poor Health

As aforementioned, the need to work to remain in the United States for "undocumented" migrants may result in a "recalibration" of what is considering "good" versus "fair" versus "poor" health. "Undocumented" migrants may see health symptoms and conditions that are not severe or significant enough to prevent them from working as "normal," or they may see these conditions as abnormal but are forced to de-prioritize their physical and mental health due to work conditions, the high cost of living, and the need to support family or friends. Thus, there is a need to disentangle complex understandings and definitions of health among "undocumented" migrants. This potential phenomenon is illustrated by interviewee Gerardo's comments about his experience with appendicitis as being commonplace, "Oh, I think last year I got sick. I came

down with appendicitis, but that's common." In another case, Pablo described his health both as "slightly bad" and "normal." This phenomenon points to potential issues with quantitative data collected on the health status of "undocumented" migrants that does not incorporate strategies to define and anchor health status definitions.

In sum, before assessing the health status of "undocumented" migrants, it is important to understand how outcomes for severely ill or injured migrants may exclude the sickest "undocumented" migrants, and how the potential normalizing of poor health status may lead "undocumented" migrants to represent their health as "normal" or "good" despite meaningful health concerns.

Overall, however, "undocumented" migrants are exposed to numerous powerful health-harming social conditions described in the previous chapter. In addition, "undocumented" migrants experience significant barriers to healthcare access (e.g. cost, discrimination, and fear of disclosure) which leads to uncertainty about their health status, self-treatment and potential worsening of health conditions. Furthermore, "undocumented" migrants also experience a wide variety of deleterious health outcomes, especially with regard to physical and mental experiences of stress and numerous health conditions.

"If you don't have money, you can't buy anything": Healthcare Access Barriers

The high cost of healthcare, combined with the high cost of living and the need to continue working, was the most significant barrier to obtaining healthcare discussed by the interviewees. Interviewees also mentioned concerns over being asked for identity documentation, not having health insurance, fear over being reported to immigration authorities, and lack of information about available services.

Santiago pointed to the central issue of cost both in seeing a healthcare provider and obtaining any necessary medication, "But if one does not work and become sick, how are you going to pay for the doctor? You have to work to buy medicine or to go to see a doctor. If you don't have money, you can't buy anything." Likewise, Mateo described cost and being asked for documentation as barriers to receiving care:

> To start with, a doctor is expensive. You have to pay bills and get out of debts, if you go to a doctor... Well, the first thing they will ask for, is your social security card and that you count with insurance, otherwise, sincerely, I do not have the access. Or the information. I do not have the access to the proper information, which I should have...but I don't.

Ana emphasized the issue that for many "undocumented" migrants, there are no known sources of primary care and that any hospital care they receive is extremely expensive:

> Right now, that I do not have the clinic where I used to go, if something happens to me, the last place I want to go is the hospital... because, not due to not wanting to be checked on, but due to the large bill I will get, which I will not be able to pay. So, there is not a lot of opportunity to access medical services.

Laura pointed out that the healthcare system is designed to exclude "undocumented" migrants, push them into the emergency room - the most expensive source of care, and specifically place limits on non-emergency care, "When you go to the emergency room they don't say give me a passport, give me nothing because you have an emergency. But if you go to check yourself because you feel something that is not an emergency - no emergency, there they ask you for your documents."

Alma was aware of the need to obtain preventative care, such as a Pap smear, and also described symptoms of a potential skin condition, but could not afford to get care due to the high cost, "I want to go to the doctor because I need to get a Pap smear. And sometimes I get spots here [on my arm]. They said that they want to do some blood tests. But they said that they need a lot of money and so I'm thinking should I do it or should I not do it?"

Even safety net providers such as mobile clinics, charity-run clinics, and others continue to pose significant barriers for "undocumented" migrants. Felipe utilized health services through a safety net provider but found that cost was still significant to the point where he could not continue care:

> Last year, yes, they did something to my leg because I developed an infection, an abscess. But this is one of the problems that I have had because at the place where I went, they were supposedly going to charge me one hundred dollars or two hundred, at this [center]. But I could not keep going because at a certain point, they had tested me for HIV and it came out negative. And they did it again to be sure, but then they charged me one hundred dollars and another hundred and now every time I go, they charge me forty dollars. And well, not having a job becomes a problem and to this day, I am trying to see how I can treat it because the biopsy has closed. But I don't know, I need a job to be able to buy health insurance because I prefer to go to a private doctor. But even so, it is very complicated.

Ana highlighted another issue with safety net providers, the burden of constant documentation to be provided treatment:

> Now, in my condition, I don't have any medical insurance and they will treat me in a clinic. But that clinic ends every six months and you have to renew it again, and that is also very uncomfortable. I do not have that service and right now, I do not even have the time to go take the papers necessary to apply again.

Experiences of Discrimination and Poor Treatment Lead to Mistrust

Discrimination from healthcare providers was also described by the interviewees. For instance, Lucia shared, "If you go to a clinic or health department that is paid by the government, the people that work in those departments think that it belongs to them, that it is an entity to themselves, for they are rude, they're abusive, they treat you as is you are worth nothing; they violate one's rights." Martina also described discriminatory treatment, stating:

> When ones goes to solicit healthcare, for example, no sometimes no, it's not within one's reach and if you don't have documents you don't qualify and by not qualifying you are being rejected. […] They don't give adequate service. Always you see that they focus on that, you are not… that you are an immigrant.

Sara described how her experiences with the healthcare system have led her to mistrust

health providers, "I do not think that the healthcare system is good at all here. I think that there are not even good doctors. They take advantage of you. […] The attention is so impersonal. Very impersonal. There is not a human warmth, there is not that doctor-patient contact."

In a similar vein, Ana described how she felt that healthcare providers were trying to take advantage of her after a provider missed her son's hearing problems and told her that he was just developmentally delayed:

> I insisted that she refer me to a specialist. Only like this, perhaps if I had not had that concern, my son might still not speak. My son had to even be operated on because he could not hear well, which meant he could not speak well. So, if I had not been so insistent on it, I would have remained frustrated that my son did not speak well, and listening to the doctor telling me that "No, all children do not develop at the same time." I think that there are a lot of professional ethics missing. […] They take advantage of everything. They even charge you for stepping on their floor and they send you to do everything. At times the attention there isn't good either, even having insurance.

Health Status is Uncertain Due to Lack of Access

The majority of "undocumented" migrants interviewed in this study did not have or know of a way to access healthcare.[16] While many described health issues and symptoms, the widespread lack of healthcare access for "undocumented" migrants results in an uncertainty and a lack of knowledge about their current health status. For instance, Juana communicated, "Well I think… I think [my health] is good but in reality, I don't know." Similarly, Pablo said, "My health? Slightly bad. My blood pressure has risen a little bit, a lot of worrying about home. The normal. Nothing hurts, I don't feel anything, but one starts to think. I've never had a medical checkup." A lack of knowledge about one's health status is especially important for "silent" or asymptomatic health conditions, which may not manifest as obvious signs or symptoms but still cause significant damage, such as hypertension (high blood pressure) and hyperlipidemia (high cholesterol and/or high triglyceride levels).

Healthcare Barriers Can Lead to Self-Treatment

Due to their exclusion from healthcare providers due to cost, concern over documentation disclosure, their need to continue working and other barriers, "undocumented" migrants may turn to self-treatment. Magdalena described the reasons for her self-treatment strategy of obtaining prescription medications from family in her home country due to high cost and gaps in the healthcare system:

> First, I don't have documents. Second, I don't have insurance. So, third, I have to find a way to pay, to go to the doctor. That is the reason why a person doesn't go [to the doctor] and prescribes [medicine for] himself. I prescribe myself. I know this is not right. […] An appointment with a particular doctor is $75 plus the medication. I have gone to the mobile aid. That are the [mobile clinics] that go on the street for $40 but sometimes they don't give you the medication that you need. What they give you… it is like momentary and it gets complicated because then you never get cured. […] So I ask [someone] to bring me it [the medicine] from El Salvador.

Similarly, Ana explained, "We cannot go to the doctor, nobody can diagnose us, we do not know what to take, or how to take care of ourselves… we auto-medicate. We auto-medicate because... [We can't miss work]."

Self-treatment can significantly affect "undocumented" migrants' health in that it can be dangerous both by not adequately treating existing health conditions, which may worsen, and self-treatment may cause additional and unnecessary damage, if improper medications or dosages are used.

"The stress is not normal": Deleterious Health Outcomes among "Undocumented" Migrants

Notwithstanding the aforementioned potential threshold effect, "undocumented" migrants are at increased risk for poor health outcomes owing to the inequalities they experience. In

particular, "undocumented" migrants may experience high levels of psychosocial stress, acute illness, or injury and the development of "silent" mental health conditions, as well as other deleterious physical and mental health outcomes.

Health Status, Symptoms, and Conditions

While cursory or surface examinations may represent "undocumented" migrant health as a generalized health status, when interviewees were asked more specific questions about major "health domains" (Dowd and Todd 2011), such as their experiences with pain, sleep, mobility, memory, shortness of breath, depression, anxiety, and fatigue, the vast majority described experiencing significant problems in one or more domains. In Table 3, the symptoms and health conditions reported by the interviewees are listed. Symptoms and health conditions have been separately distinguished since the majority of the interviewees could only describe how they felt (symptoms) and did not have a diagnosis of what caused their symptoms since they experienced significant barriers to accessing healthcare.

Unpacking Stress and its Relationship to Health

The vast majority of the interviewees described experiencing significant levels of stress and tied their experiences of stress with multiple physical and mental health conditions. However, the experience of stress varies widely and merely stating that "undocumented" migrants experience stress does little to illustrate the severity and totality of their experience. Thus, there is a need to "unpack" stress to demonstrate what people experience when they feel stressed and how this experience affects their lives daily. For instance, Pablo connected high blood pressure to stress and discussed his problems with sleep:

> My blood pressure showed [as high] and [the doctor] he asked, "What are you always thinking about?" My family, what they're doing … any little thing…a worry makes everything accelerate. Sometimes I'm lying down … I wake up and I can't sleep anymore, it's a stress. I carry the stress, for any little thing, you think of that. You can rest, but your mind is not at rest.

Similarly, Ashley also connected her problems with stress with high blood pressure and overeating:

> When you enter this system [in the United States] and you see that you have to have long work days and the relationship you have with your family […] it starts to generate stress and from the stress you start developing many other things. Because the stress is the first thing you get and because of the stress, you get [health problems]. I became a person… with high [blood] pressure. I mean, I have high [blood] pressure and I take daily pills just because of the stress. So, then [the stress] starts generating, you know, a physical condition. The fact that you eat anything, at any time, also starts affecting your nutrition directly. I mean, I think [the stress due to being "undocumented"] it affects [health] a lot.

In a similar fashion, Mateo described his stress as problems with fatigue and sleep and directly related the stress he feels to his social position in the United States:

> In my life there is a lot of stress because, really, I go to sleep at eleven at night and at five in the morning, I have to be by the phone to see if any sort of job arises. I do not sleep enough and am always deeply tired, which is very visible in the eyes. It is a stress that I think would only go away after leaving this country. I think that the stress is not normal. It is not normal... because back at home I used to sleep eight or nine hours...and here I do not. Here you sleep less and work more.

Martina described her stress as resulting in trouble with feeling physically "worn out," having hypertension, and getting migraine headaches, "The stress wears you out physically. I can get hypertension. I can get...sicknesses...uh....I suffer from migraines. If I have a strong worry. Because the migraines are two things, if I have a strong worry or if I eat greasy. Number one is stress. And I'm like that because of the migraine." Ashley disclosed that she was stressed because of her inability to find work, her uncertainty about the future, and described problems with sleep and her hair falling out:

> [I don't have what I need to be healthy] because I don't have papers to work in this country […] because I don't know what it is going to happen tomorrow. I think so much that my hair is falling off. I can't sleep of so much thinking. Um, eh…, no, I don't think I

have it all. I think I still have a long way to go.

Paula described the relationship between stress and numerous health issues, including problems with pain and gastrointestinal upset:

> I have also been affected a lot by the problem of diarrhea, a lot of stomach problems, headaches, and neck pain, in the back. That is terrible stress, and I also noticed that every time my menstrual cycle came, a terrible pain that I couldn't even walk and I couldn't last sitting down a long time.

Ana recounted her recent experience with mastitis, an infection in the breast, due to stress, "The accumulation of stress, tension, not sleeping, not eating… caused a mass to appear in my breast. I thought it was cancer, which was horrible. Horrible because if I already had enough depression with what was happening to me, on top of that, this."

Sara shared her experience with breast cancer and her belief that stress and lack of social support were major factors in the development of her cancer:

> [Lack of social support] affects health horribly. For me, in particular, I got cancer, that I am now convinced, from all I have investigated from one place to another, that cancer is caused by stress. I had breast cancer and I have to greatly take care of myself because of that. I also have to work. I am still the same. My children are over there, I am here. All of my family is here but for me it is not enough, because my children are over there. So, my health keeps deteriorating and I have to look for the resources.

Many of the interviewees also described a relationship between stress and mental health symptoms, especially depression and anxiety. Juana, for example, recounted a recent episode:

> I do not know if it's stress or if it is… how do you say it? … I was getting depressed. I do not know if it's the same. […] [It was] over a week ago, that I did not want to do anything. I didn't want to go forward, I felt lonely, that no one loved me. I wanted to… I mean… and so I until that… I would cry but I did not come out of my room […]

Ana discussed the relationship between stress, her emotions and a somaticized experience of allergies:

> A lot of the time, solitude leads to sadness. One falls into depression. So, in my case for example, I have suffered a lot from allergies. I had never had trouble with this before.

> But then, I realized that my allergies were due to emotional reasons. So, when I am not doing well: I have problems, I am sad, or I miss my family a lot…I sneeze all day, I can't breathe well, and no matter what medicine I take, it does not work for me. I have had to battle this a lot, and work with myself to try to feel well, and not let those types of things affect me.

Seeing Embodiment in Experiences of Illness

Several of the interviewees described significant experiences of illness that clearly illustrate the results of multilevel pathways of embodiment. For example, Mateo's experience with persistent urinary incontinence, which can be the result of prostatitis, enlarged prostate, prostate cancer, bladder cancer, neurological disorders, urinary tract obstruction, or another condition, illustrates how "undocumented" migrants, even when faced with an embarrassing and potentially serious health concern, may not be able to obtain a diagnosis, access care, and receive treatment. He also identified denial of proper bathroom facilities owing to his informal work as a day laborer as potentially contributing to his health condition. He described his condition as:

> Something important is that I have not really been to a doctor here before because I do not have the access. In the past I urinated properly, nowadays I can't urinate, or if I have to urinate, I urinate in my pants. Before I did not have this. It's something due to the force of it, but here you cannot go to the bathroom in any place, you have to hold your bladder. I think the bladder stretches and I believe that I have a problem and it might or it might not be serious, but I do not know because I do not have access to a doctor.

Occupational illness due to exposures to unhealthy work conditions are a significant concern for "undocumented" migrants. Luis described how he used to get recurrent influenza-like symptoms, likely due to toxic occupational-environmental exposure while working in a garbage facility, "In the past I was working in a trash company, and every day I would have flu, due to the bad smell." While Luis' condition was not diagnosed or evaluated by a physician, the fact that he experienced symptoms daily after being exposed to hazardous work conditions in a garbage facility likely illustrates the relationship between poor working conditions, occupational exposures and the development of deleterious outcomes.

In another case, Clara, who was several months' pregnant described problems with pain, shortness of breath and noted that she gets sick more now that she is in the United States:

> [My health before coming here] it was different… it wasn't the same. It was more… um… I didn't get sick as often as I do now. I have back pain… um… on this side. I have been to the emergency room but they don't tell me if I have anything. I don't know what it is but I don't feel good. The back pain and sometimes I feel like I can't breathe. I don't know why… because of the pregnancy… I don't know… or because… perhaps I'm not strong enough for this… because of tiredness, that's why it's difficult…sometimes it's difficult to breathe.

Clara's experience reflects multiple symptoms in different health domains and illustrates a lack of quality healthcare and communication about her condition from her healthcare providers. Her reflection that maybe she is "not strong enough for this" may point to internalized feelings of failure or not being "strong enough" to meet the challenges she experiences as an "undocumented" migrant and may indicate symptoms associated with diminished mental wellbeing.

Maria described how the stress she experienced after her son was detained and deported impacted her health by causing her blood sugar to rise:

> It was very terrible for me because my sugar increased. My doctor would ask why is this happening to your body, and I couldn't speak, I couldn't speak, I couldn't speak because….eh…. they try to silence us about everything. […] Stress is also another illness that, that is silent but destructive. That along with the deportation of my son, of course it destroyed me twice. Why? Because my elevated blood sugar and then the stress is what destroyed me, it lowered my defense systems and I couldn't walk.

In Maria's case, her exposure to the stress of the detention and deportation of her son exacerbated an existing health condition.

Camila's story of illness illustrates how health for migrants can erodes over time due to working conditions, stress, and differential exposure. She identifies working over her maximum capacity as responsible for her poor health:

> I have 13 years working cleaning houses and I overdid my work. It began to be a routine. Until there was a moment where I collapsed and have been in repose for a month without been able to work. Now I am trying to go back to work but now I am more careful because it is my health. My health is at risk. Yes [I have stress], with the fact that I have been one month without work. I have not been able to contribute anything. The debts are rising, the utilities, and the help to my family. When I have stress it puts me nervous, anxious, my head hurts, and I am in a bad mood. I'll like to scream and run and go to my country [Laughs] to disappear. For me, it was because I overworked myself and my hands started to ache. Then, my joints started aching also. And then I started asking myself "What is happening to me"? I have always been a very active person, very hard-working. I don't smoke, drink, or do drugs. And I fell ill. One day, I could not lift myself up the bed and I called my husband to help me. My legs started cramping. That was a month ago. The doctor told me I needed repose because I was too young to develop arthritis but he did not know exactly what the problem was. He told me to take the medications and to come back next Tuesday to see what the problem is. If it's because my pace of work or something else.

As an "undocumented" migrant, Camila was exposed to difficult working conditions and pushed to work at her maximum physical and emotional capacity until her body literally broke down. Now that she is limited in her capacity to work, Camila's health condition "feeds back" into increased stress and mental distress because she is not able to meet the demands placed upon her by her social position as an "undocumented" woman. Camila's experience also points to how "undocumented" migrants' health erodes over time in the United States.

Explanations for "Undocumented" Migrants' Erosion of Health over Time

Some studies of migrant health have noted the potential for the decline in health over time for migrants (McDonald & Kennedy 2004). When interviewees were asked about the potential for migrant health decline, none of the interviewees were surprised. They often expressed their awareness that living in this country can be harmful to their health and pointed to issues such as working conditions and overwork, stress, lack of material and social resources, and how their health behavior has changed due to structural constraints as mechanisms contributing to health decline.

Many of the interviewees cited the overriding need to work and their stress about

working as both a major stressor and as a leading cause of illness. Rodrigo, who was among the youngest people interviewed, felt stressed by the amount of time he was working and that he didn't have enough time off:

> I have a little bit of stress because of so much work. I almost don't have a lot of time to rest for myself. I have time off on Sunday and then after I have Sunday off then I am stuck here 12 hours a day. I come here on Saturday to work 13 hours a day. All I have is Sunday, just one day off.

Similarly, Camila, who had to reduce working due to a severe arthritis-like condition, explained how the need to work overrode her concerns about her health, "[My job] it has been important until I became sick. It was too important for me. I took too much importance on it that I neglected myself."

Ana pointed to several ways that the need to work impacts health, including lack of sleep, poor diet and cost of obtaining care:

> The thing is that, because of that routine, of going from one job to another, you don't eat well, or get enough hours of sleep, so, that's when you begin to get sick…of different things. […] Sometimes there is not enough money to go to a doctor, because we don't have health insurance. So, we leave that to the side.

Sara also pointed to stress and to the resistance to obtain health care because people cannot stop working:

> I'll give you an example. You don't notice, precisely because of what I told you: we do not have access to medical services, so we do not want to notice that we are getting sick; That we feel the need to visit a doctor, or get a check-up. We are resistant to that. I cannot get sick, I cannot stop working, I cannot stop sending [money]. And we begin to accumulate and accumulate. So, it is a permanent stress. They are emotions found permanently, of pressure, anguish, fatigue- of everything.

Likewise, Ana also described barriers to healthcare and the need to keep working as exacerbating health conditions:

> [Immigrant health gets worse] due to the inability to access medical care. I think it is true. In my country, I was not a person who would get sick all of the time. Here, I have

> suffered from many things and allergies are one that kills me, for example. And it is always everything. A pain here, a pain there, and sometimes there are pains we keep quiet about and bear due to [needing to work]…

Graciela clearly explained how "undocumented" migrants are working in a system that perpetuates an exchange between some temporary financial gains and stress and poor health:

> If one is… one can be good economically, but if one maintains stress… well one poisons his mind. […] Someone over there [in their home country], even though they may be humble, one lives in tranquility in one's country, there is not a lot of pressure as in this country. Here well, if one works, one does not pay rent, and if one does not pay rent, well they throw you out. Therefore… and one can come healthy from one's country, but here as time passes, the type of life here, the stress, the preoccupations, and all of that, is like the body starts to get sick more and more as time goes on, therefore and when one comes to look, well that's it, one is already sick, one has all of the sicknesses in the world.

Luis also pointed to stressful conditions in the United States as generating illness over time:

> Here I all the other Hondurans, they are here ten, twelve, eight years in this country, and they are all one hundred and twenty [percent] on stress, stressed out, bitter… with high cholesterol, high blood sugar, all of that, high. Because there is a great deal of stress here, and life here is too fast and when someone comes to this country everything is different, nothing is how, how maybe people think it is.

Lucia connected working conditions, stress, lack of sleep and poor nutrition to a decline in "undocumented" migrant health over time in the United States, stating:

> You forget about your health, you forget about the medicine, you forget about everything because you only think about work, work, work, because you have to work, because one has to pay rent, because one has to pay the mortgage, because one has to pay the light, water and phone […] Therefore obviously your health will start to deteriorate. The nutrition is not good; it is not good as one's country where the nourishments are fresh. Here we have frozen foods, and you know, 100 years old, and we eat them. We eat fast food, we don't have [time] to cook at home. Obviously one's health will deteriorate. And here as you work, there are a lot of people that have to work 12, 13, 14, 15, hours a day, obviously we have few hours to sleep. And to sleep is to conceal all of the things that one has. And if you don't sleep, you will never be good.

Mental Health Outcomes versus Physical Health Outcomes

As discussed in this chapter, it is evident that the interviewees in this study experienced

both significant physical health symptoms and significant mental health symptoms. Although social conditions can utilize different pathways to alternatively affect mental health outcomes versus physical outcomes, addressing which social conditions may result in mental health outcomes versus physical health outcomes for "undocumented" migrants, or whether "undocumented" migrants experience qualitatively or quantitatively more physical or mental health symptoms is outside of the scope of this study.

Furthermore, the concepts of "fundamental causes" and "mechanism demise and death" proposed by Link and Phelan (2010) are integral to understanding that as social conditions, policies, and institutions change over time, both the flexible resources that privileged groups use to avoid illness in widely divergent circumstances and the mechanisms that produce health inequalities change and are replaced. As a result, the specific negative health outcomes caused by social conditions are variable and multiple (Link and Phelan 1995). Socially marginalized groups such as "undocumented" migrants are likely to experience poor health outcomes that include both physical and mental health outcomes. "Undocumentedness" as a fundamental social cause of disease maintains associations with poor health outcomes even when intervening mechanisms and/or the specific health outcomes affected may change.

CHAPTER 6: RESISTANCE, COPING, AND AGENCY

In order to adapt and survive in the margins of U.S. society, "undocumented" migrants utilize a variety of coping mechanisms and find numerous ways to assert their agency within disempowering social structures. Strategies that were utilized by some of the interviewees in this study included reliance on faith and religion[17], valorization of "good" behaviors and avoidance of deviance, focusing on positive experiences, use of safety net resources, planning to return to their home country, entrepreneurship and establishing work within the informal economy, emphasis on commonality and effective social connections, as well as advocacy, activism, and assertion of their rights and value as human beings. Some of these coping strategies are adaptive, in that individuals are able to avoid deleterious social processes and better their health, whereas others can be considered maladaptive, in that they may lessen the impact of harmful social processes at the cost of exchanging that harm for another type of harm. Four of these strategies are discussed below.

"If you are treated badly, it's because you were looking for trouble": Valorizing Good Behavior

Some of the interviewees described one of their strategies to avoid discrimination, unfair treatment, detention, and deportation as avoiding being marked as "deviant" by following the laws or maintaining "good" behavior. For instance, Pablo claimed of discrimination, "[It] depends on how one behaves. I say, if I'm Latino and I'm doing bad things, people will notice, but if I'm a Latino acting normally, they won't even notice you. It depends on the person." Similarly, Gerardo declared, "Sometimes [migrants may be treated differently]…it depends on how one acts, that is how you are treated. If you treat other people well, they will treat you well."

In the same vein, Daniel explained, "Well I really think that in general here, if you are treated badly, it's because you were looking for trouble, if you come here determined to work humbly, I don't think that'll happen to you."

The valorization of good behavior can give some hope or comfort to "undocumented" migrants by supporting the notion that maybe, if they are able to behave in the right way, they may be able to avoid social harm due to discrimination, poor treatment, or capture by immigration authorities. However, the valorization of good behavior can also be a maladaptive strategy in that it internalizes responsibility for discrimination, legitimizes poor treatment of "undocumented" migrants who are considered "deviant" and may also lead to intragroup othering and discrimination.

"We are brothers": Emphasizing Commonality in Specific Social Contexts

For many "undocumented" migrants, the fragmentation of social ties and loss of social support is a central problem with which they must contend. Many of the interviewees, when they found connections and created positive relationships with others, worked to preserve these relationships by emphasizing commonality and harmony with others in this specific context. This occurred in various scenarios, including among co-workers, among day laborers, and among formalized migrant support groups offered by a health clinic.

For instance, Luis emphasized his bonds with of a subset of day laborers that gathered in the same spaces looking for jobs, knew each other, and shared information about people who had refused to pay or otherwise cheated others in the past. He told me, "The [day laborers] here, the group of people that are working, we see each other as brothers, right? That is right." Gerardo, also a day laborer, maintained the bonds between day laborers, "Over here we all get along well.

We are all brothers. We all know we are here for a purpose: get a home, have a good job, help one another so that no one is left without anything because if one doesn't support one another then he will waste away." Mateo also demonstrated this commonality among day laborers, claiming, "We get along well. With the other workers, we are all well. Here, we are all acquaintances, so we get along well between us. We help each other out. If someone is in need, we send him to work, to replenish that need."

Similarly, Rodrigo underlined his bonds with his coworkers at the restaurant, who also shared the housing their employer rented to them, "Well, [my coworkers and I] we get along well. All of us are from Central America... well, they are from Guatemala and I am from Mexico, but we always get along well."

"We have hearts like anyone else": Asserting "Undocumented" Migrants' Humanity and Human Rights

"Undocumented" migrants often feel the need to assert their humanity and their commonality with other groups in U.S. society due to consistent messages they receive about their inherent criminality and undesirableness. For instance, Gerardo claimed his and other migrants' authenticity as true "Americans" due to their difficulty journey, sacrifice and hard work:

> Yes, there are a lot of people that are very racist and don't want immigrants, when this country belongs to everyone. This country is our own and we're even more American than just any person because some of us have arrived walking to this country while other people arrive by airplane or boats. We are Americans.

Laura argued for several things needed for "undocumented" migrants to be healthy and emphasized her rights as a human being:

> I think we all have the same rights. Even if we have papers or no, we are all humans and we all deserve… all of us. Like I don't think that, that we should underestimate a human being because they have papers or don't […] First off give us papers, approve the reform. Secondly to stop treating us like if we are not serviceable people, to stop underestimating us like human beings, and to support us- support us because we come here not to steal or kill.

Gabriela asserted her rights and her ability to voice her perspectives as a human being, "Even if I am undocumented, I will speak for my rights, I will voice my right, and from the beginning, I will be respected. Even if I don't have documents, but as a person, as a human, they have to respect me, and we have a right for that." In the same vein, Graciela challenged the messages she received about her worthlessness and asserted her value as a human being:

> Well… they see… they see us like… nothing. Well… I mean they see you as an insignificant thing. They are discriminative to one in such a way that they see you are an insignificant thing… As if one is worth nothing. We are all human beings, we all are worth the same… therefore and it is unfortunate that, I mean, they see you like that…

Laura also asserted her humanity, "But we are human beings. Human beings. We have hearts like anyone else. One paper, one document does not define a human being, it is simply a legal status but it does not define better or worse."

Camila stated, "[The term 'illegal migrant'] is an insult. Because the fact that that we do not have documents doesn't exclude us from being humans. We do not have documents but documents do not work, we do."

Moreover, Gabriela, who had also experienced sexual abuse at work found ways to utilize resources and support to leave the situation: "There came a day when I no longer tolerated it and I said, "I am illegal, yes, but I will no longer tolerate this anymore."

"We should unite in order to have strength": Migrant Activism and Volunteerism

Another strategy employed by "undocumented" migrants was to participate in activist

events such as pro-migrant rights rallies, marches and demonstrations. Camila described her experience participating with her family in a pro-migrant rights rally:

> Well, there is hope. After many years and be able to talk again about the reform and legalize 11 million ["undocumented" immigrants] there exists how you say it…anxiety to see what happens. […]Yes [I participated in an immigrant rights event.] The last one I went to was in April through my son's school. There was a person in the school that organized the parents to go. Oh, yes in fact my son was impacted because he never imagined how many people were like this. He was walking with a sign that said "We are the children of immigrants but we are not criminals". And that is hard for him to experience this after 10 years He already is starting to understand what the situation is around here. He goes to my country every year because he has the fortune of being able to go. But when…now he knows why I can't go. It's sad.

Magdalena had also participated in an migrant rights event, she recounted her experience:

> Well, it feels good. Because one thinks that you are supporting something that you want. And, and, and, how a Salvadorian president once said. "United, the people will never be defeated." If there is a group of people there is power. By ourselves we won't do anything. So, even if we are a small group they see the group, the masses. But if only one or three go, they are going to say "ok these"… Nothing will be done. And because there are more against than for, so we need to support. I feel that, I like to help. And it is not a question of whether it is only for one's self, but for a lot of people. It is good. It is good.

Gerardo felt bolstered by the pro-migrant rights demonstrations and the hope for immigration reform:

> Only…at this point in time they say President Obama is going to pass an immigration reform so that people can attain their work permit and more help will be giving to immigrants. Well, for all the protest demonstrations that they're doing, I think it's touching his heart so that he'll give the help that he's promised.

A related strategy to activism is volunteerism. For instance, Paula described how serving others as a peer health promoter and through other volunteer opportunities with organizations serving the Latino/Latina community were beneficial:

> I have worked hard, always hard, but at the same time I have volunteered with many organizations from here, [in] Washington D.C. I started here in the community clinic a year and a half ago as a [health] promoter and that's how I have been with many organizations as a volunteer and the biggest satisfaction I have is that I have a lot of experience and I have helped the community a lot, a lot and it gives me a lot of satisfaction because I see many people and they tell me "Thank you, thank you. Because of you I have come out of the storm," and that gives me satisfaction.

Similarly, Carla found agency by volunteering as a peer health promoter, "I found… becoming a part of the clinic here because I am a promoter of health here in the clinic. Finding a way to serve better our health problems, physical, and also emotional. And I have helped myself and I have had the opportunity to help many." Likewise, Maria also volunteered and described her experience working with the community as constructive:

> I have thanks to God because I classify myself by the volunteer work that I do and my volunteer work is to help in everything I can and I can help my community and not just my community but I also invite others and I share what I find and I always tell them that we should unite in order to have strength to be more stable. And to support one another because we're all suffering here.

Lucia also volunteered with Latino community organizations and specifically with a domestic violence support group. She noted that in addition to being helpful, it can also be stressful and frustrating to see the struggles others are going through, "First, I work with the Latino community. A lot of times I do volunteer work in the powerhouse for domestic violence, and it stresses me, because I see that a lot of the times we are violated in our rights."

Given the pervasiveness and immensity of the harm experienced by "undocumented" migrants given their social position, their strategies for resistance are especially important and powerful. They point to not only the desire for "undocumented" migrants to survive in the face of often insurmountable odds but also suggest potential avenues for intervention.

CHAPTER 7: CONCLUSION

This chapter summarizes the theory developed through this study and presents several recommendations for further research.

Theorizing About "Undocumentedness" and Health

Figure one presents a graphic representation of the theoretical framework developed from this study. This theory aims to draw from the themes presented in these interviews in order to trace the multilevel pathways of embodiment from macro-level social structure to individual level health outcomes for "undocumented" Latin American migrants in the United States. This theory draws attention to the fundamental social causes of poor health outcomes for "undocumented" migrants.

The theoretical model developed for this study synthesizes several concepts. First, the social production of disease model developed by Diderichsen, Evans and Whitehead (2001) centralizes social position as a mechanism of health inequality. The model emphasizes how social contexts create social stratification and assign individuals to different social positions, which in turn, engenders differential exposure to health-damaging conditions and differential vulnerability due to resource availability. The World Health Organization (2007) expanded the Diderichsen et al. (2001) model in four major ways: by identifying macroeconomic policies, social policies, public policies, and societal "culture" or ideology as part of the social context that generates the processes and pathways of health inequality; by drawing attention to stratification by gender, race-ethnicity, income and other factors as shaping social position; by noting that illness can "feedback" into an individual's given social position by compromising economic, social and political resources; and by enumerated individual material circumstances,

behavior, biological factors and psychosocial factors as "downstream" determinants which are affected by social position. Finally, Krieger (2001b) argues for a reconceptualization of the social production of disease model towards an ecosocial perspective that would move examine pathways of embodiment at multiple levels (e.g. individual, neighborhood, community, national, and transnational) and multiple domains (e.g. home, school, and work) as a cumulative interplay between exposure, susceptibility, and resistance.

As discussed in chapter five, differential exposures and susceptibilities to health-damaging conditions can affect the health of "undocumented" migrants via multiple pathways and at multiple levels. The literature on stress and health has demonstrated that psychosocial stress may act as an intermediary between differential exposure to health-damaging conditions and individual determinants such as behavior as well as psychological and physiological changes (Ahmed et al. 2007; Tsigos et al., 2002). Taylor, Repetti and Seeman (1997) propose that differential social conditions can directly affect mental health or mental distress (e.g. through sustained depression, anxiety or anger) and/or directly affect physiological functioning (e.g. through coronary artery disease, essential hypertension, susceptibility to infectious disease). They also contend that differential social conditions can result in chronic stress which affects health outcomes; and that coping strategies may be able to mitigate vulnerability to stressful experiences and unhealthy social conditions.

In order to fully address how "undocumentedness" results in poor health outcomes, it is vital to trace the social inequality experienced by "undocumented" migrants to their structural roots and to place migration itself in context. The theoretical model presented in figure one acknowledges the production of social inequalities (shown in the gray arrow in figure one) through the interaction between the macro social environment (show in the gray column on the

left in figure one) and institutions (shown in the adjacent blue column in figure one). Social forces such as the historical and global context of immigration, power distribution within and between nations, ideologies of immigration, race, class, gender and sexuality, and transnational economic and political policies are incorporated under the macro environment that governs "undocumentedness." Many of these forces, especially the global context of immigration, transnational actors and policies that foster conditions that force migration, as well as racial, class, gender and sexuality ideologies that have historically shaped immigration policies, such as racialization processes and racialized nativism, were outlined in chapter three. A combination of these macro scale social forces with multiple institutions, such as transnational actors such as multinational corporations, national governments, employment/labor systems, healthcare systems, education systems, political systems, and judicial/legal systems, to generate and reinforce large scale social inequalities along the axes of immigration, social class, race, gender, and sexuality. Immigration inequality is centralized in the study of "undocumentedness," however; it also interacts with and is intertwined with inequalities based on class, race, gender and sexuality as evidenced by the intersectionality issues described in chapter four.

The inequality generated by the interactions between these institutions and the macro environment position "undocumented" migrants at the margins of society, often among several of these axes. The social position of "undocumented" migrants is centralized in this theoretical model (shown as the blue box in the center of figure one). Owing to this social position, "undocumented" migrants are exposed to and made vulnerable by the numerous multilevel social conditions described by interviewees in chapter four, including labor exploitation, criminalization of "undocumented" migrants, lack of control and labor volatility, the high cost of living and high cost of education, multiple forms of institutional discrimination/othering, poor

quality housing and unsafe neighborhood conditions, gender-based violence, restriction of rights and freedoms, fragmented social ties, family separation, fear, social mistrust and social tension, intergroup discrimination and othering, detention and deportation, occupational exposures, low wages, crime and victimization, interpersonal discrimination/othering, migration trauma and internalized suffering. (Multilevel differences in exposure and susceptibility are represented by the purple column in figure one.) It should be noted that these processes often occur simultaneously at multiple levels and in multiple domains and that this is not an exhaustive list of the social conditions that "undocumented" migrants experience but serves as a representation of the myriad ways in which "undocumented" migrants experience differential exposure and vulnerability to health-harming conditions. As Krieger (2001) posits in her development of ecosocial theory, these pathways are often discrete, yet entangled, and occur as multilevel expressions of the biological embodiment of social inequality for "undocumented" migrants across the life course. Thus, as represented graphically in figure one, differences in exposure and susceptibility are multi-level (e.g. institutional, community and interpersonal) and multi-domain (e.g. home, work, community) and are entangled in that they "feedback" into each other, can interact to increase exposure and vulnerability, and can alter an individual's social position.

Finally, differences in exposure and susceptibility determined by the social position of "undocumented" migrants affect individual mechanisms of health (the red column in figure one), either directly, in that they may alter health behavior, healthcare utilization, and result in physiological and psychological changes, or exposure and susceptibility may affect these individual mechanisms through levels of and experiences of stress. These individual mechanisms, in turn, result in deleterious mental and physical health outcomes for "undocumented" migrants. An individual's resistance and coping strategies - discussed in

chapter six - may be able to mitigate both stress and the direct effects of social conditions.

Interventions and Prescriptions: Improving "Undocumented" Health

This study has presented several ways in which "undocumentedness" leads to poor mental and physical health for migrants along various pathways that both expose migrant to health-damaging effects and make them more susceptible to those effects. However, as Farmer et al. (2006) argues, structural interventions can have great impact on structural violence and improve the health of those affected.

Foremost, public health, sociology of health, and social determinant of health discourses must acknowledge "undocumentedness" as a major structural determinant of health on par with race or class. This would require incorporating "undocumentedness," "immigrant status" and other related factors into existing theory, research and practice related to social determinants and health inequality. Concurrently, the current literature on immigrant health needs to begin collecting data on "immigration status" and other variables that reflect the complexity of "undocumentedness," to incorporate structural factors into "immigrant health," to acknowledge the limitations of existing research and its often inapplicability to "undocumented" migrants, and also need to fully address the complexity of "undocumentedness" with issues such as liminal legality, mixed-status families and many of the other factors mentioned in chapter three.

Furthermore, the current literature on "immigrant health" is dominated by an individualistic biomedical model overly focused on "cultural difference" and needs to acknowledge the macro-level context of migration, especially the historical and global context of migration, power distributions, transnational economic and political policies, ideologies of race, class, gender and sexuality and how various intersecting inequalities impact migration. More

research that centralizes "undocumentedness" and explores "undocumentedness" as a critical intersectional social determinant of health is needed in both the critical public health/medical sociology literature and in the immigrant health literature.

At the policy level, strengthening and supporting safety net resource for "undocumented" migrants such as health clinics and charity organizations that offer their services to "undocumented" migrants is an important starting point and short-term intervention. However, it should be acknowledged that this is a stop-gap measure. An understanding of "undocumentedness" should also be integrated into all other public health interventions and social services. For instance, when public health resources are provided for survivors of gender based violence or queer/LGBT-identified individuals, are those resources provided in a way that is open, accessible and equal to "undocumented" individuals? Are there any unacknowledged provider-biases, policies, or practices that potentially disproportionately affect "undocumented" people?

When addressing the health and social needs of "undocumented" migrants, understanding how "undocumented" migrants resist social harm and exert agency is especially important to build on existing adaptive strategies and enhance strengths. Commonality, assertion of rights, immigrant activism should be supported as health-benefiting interventions. Interventions should be directed at addressing structural causes of exposure and susceptibility to health-damaging conditions at multiple levels and in multiple domains and should not focus on perceived "cultural difference." An understanding of how "undocumented" migrants are being exposed to and made susceptible to poor health generates areas for interventions to target, such as labor exploitation, poor housing and neighborhood conditions, access to education, high cost of living, gender-based violence, and the many conditions explored in chapter four. These areas should be

foremost in health interventions that address structural issues. It is not sufficient or acceptable for interventions to focus only on the individual level and ignore the roles of institutions – for example, providing nutrition education or job safety training to "undocumented" migrants, instead of ensuring access to affordable, healthy food or enforcing fair and safe labor practices. Using structural interventions can make a real impact on the lives and mitigate the suffering of "undocumented" individuals.

It should be cautioned, however, that "undocumentedness" is not a single policy or a single institution. "Undocumentedness" extends beyond "Secure Communities" or the actions of Immigration and Customs Enforcement (ICE). "Undocumentedness," much like race, is a social construction governed by deeply entrenched ideologies of race and class, enacted by multiple institutions, and fueled by the historical demands of industry, and the needs of global capitalism. While supporting the rollback of restrictive immigration policies, encouraging small but incredibly solid positive gains such legal drivers' licenses or in-state tuition for some "undocumented" migrants today is undeniably urgent and necessary, addressing a single policy is not sufficient. Immigration "reform" is also not sufficient as many of the proposed "pathways to citizenship" are highly restrictive and would pose significant barriers to "undocumented" migrants who are structurally barred from accessing basic resources. Even the tremendously unlikely potential for giving blanket amnesty to "undocumented" migrants already in the United States would not address the economic and political conditions that necessitate migration in home countries (often with the United States involvement), the demand for cheap and exploitable labor by numerous industries, the commodification of migrant bodies along migration routes, the racialization processes and social marginalization enacted against Latin American migrants, or the trauma they have already experienced. In short, it must be acknowledged that there are

substantial, significant and crucial actions that can work to counter the social harms caused by "undocumentedness" but the totality and pervasiveness of "undocumentedness" must also be recognized. Addressing the root causes of "undocumentedness" necessitates challenging the macro level social forces that create immigration inequality, especially immigration/race/class ideologies, the global context of immigration, transnational economic and political policies and the numerous institutions that enact policies and practices related to immigration.

Study Limitations and Further Research

Some important subpopulations of "undocumented" migrants were not well represented in this study, but likely face unique and challenging health concerns. These populations include: "undocumented" queer/LGBT migrants, "undocumented" migrants from regions other than Latin America, homeless migrants, migrants who are chronic disease suffers, and indigenous migrants. An intersectionality perspective is important for understanding the experience and health needs of many of these populations. Furthermore, there is a need to examine the experiences of younger "undocumented" migrants to explore how migrating at a young age affect health. Generation and age at migration has been shown to be important to how "undocumented" migrant status affects mental and emotional health (Gonzales, Suarez-Orozco & Dedios-Sanguineti, 2013).

Moreover, while this study provides deep contextual data on the experiences of "undocumented" migrants, further research is needed to provide a better assessment of health status, especially given that the majority of the interviewees could not access healthcare and experienced uncertainty about their health status. Future research should include assessment and screening for multiple areas and domains of both physical and mental health, use of diagnostic

measures, biomarkers of stress, and gene expression. Further research is also needed for designing and assessing interventions that address structural issues in order to better health outcomes for “undocumented” migrants.

REFERENCES

Acevedo-García, D., & Bates, L. (2008). Latino health paradoxes: empirical evidence, explanations, future research, and implications. In H. Rodriguez, R. Saenz & C. Menjívar (Eds.), *Latino/as in the United States: Changing the Face of America* (pp. 101-113). New York: Springer.

Adams, M. E., & Campbell, J. (2012). Being Undocumented & Intimate Partner Violence (IPV): Multiple Vulnerabilities Through the Lens of Feminist Intersectionality. *Women's Health & Urban Life, 11*(1), 15-34.

Adler, N. E., & Ostrove, J. M. (1999). Socioeconomic status and health: what we know and what we don't. *Annals of the New York Academy of Sciences, 896*, 3-15.

Adler, N. E., & Rehkopf, D. H. (2008). U.S. Disparities in Health: Descriptions, Causes, and Mechanisms. *Annual Review of Public Health, 29*(1), 235-252. doi:10.1146/annurev.publhealth.29.020907.090852

Ahmed, A. T., Mohammed, S. A., & Williams, D. R. (2007). Racial discrimination & health: Pathways & evidence. *Indian Journal of Medical Research, 126*(4), 318-327.

Andreas, P. (2000). *Border games: policing the U.S.-Mexico divide*. Ithaca: Cornell University Press.

Antecol, H., & Bedard, K. (2006). Unhealthy assimilation: Why do immigrants converge to American health status levels? Demography, 43(2), 337-360. doi:10.1353/dem.2006.0011

Arbona, C., Olvera, N., Rodriguez, N., Hagan, J., Linares, A., & Wiesner, M. (2010). Acculturative Stress Among Documented and Undocumented Latino Migrants in the

United States. *Hispanic Journal of Behavioral Sciences, 32*(3), 362-384. doi:10.1177/0739986310373210

Bacon, D. (2013). The right to stay home: how US policy drives Mexican migration. Boston, MA: Beacon Press.

Balfour, J. L., Cohen, R. D., Kaplan, G. A., Lynch, J. W., & Pamuk, E. R. (1996). Inequality in income and mortality in the United States: analysis of mortality and potential pathways. *BMJ, 312*(7037), 999+.

Benach, J., Muntaner, C., Chung, H., & Benavides, F. G. (2010). Immigration, Employment Relations, and Health: Developing a Research Agenda. *American Journal of Industrial Medicine, 53*(4), 338-343. doi:10.1002/ajim.20717

Benach, J., Solar, O., Santana, V., Castedo, A., Chung, H., Muntaner, C., & EMCONET Network. (2010). A Micro-Level Model of Employment Relations and Health Inequalities. *International Journal of Health Services, 40*(2), 223-227. doi:10.2190/HS.40.2.d

Benatar, S. R., & Brock, G. (2011). *Global health and global health ethics*. Cambridge; New York: Cambridge University Press.

Benkert, R., & Peters, R. M. (2005). African American Women's Coping with Health Care Prejudice. *Western Journal of Nursing Research, 27*(7), 863-889. doi:10.1177/0193945905278588

Berger, S. (2009). (Un) worthy: Latina battered migrants under VAWA and the construction of neoliberal subjects. *Citizenship Studies, 13*(3), 201-217.

Berk, M. L., Schur, C. L., Chavez, L. R., & Frankel, M.Health Care Use Among Undocumented Latino Migrants. *Health Affairs, 19*(4), 51.

Berkman, L. F., & Kawachi, I. (2000). A Historical Framework for Social Epidemiology. In L. F. Berkman, & I. Kawachi (Eds.), *Social Epidemiology* (pp. 3-12). New York: Oxford University Press.

Bhugra, D. (2004). Review article Migration and mental health. *Acta Psychiatrica Scandinavica, 109*(4), 243-258. doi:10.1046/j.0001-690X.2003.00246.x

Blane, D. (1985). An assessment of the Black Report's explanations of health inequalities. *Sociology of Health & Illness, 7*(3), 423-445. doi:10.1111/1467-9566.ep10832355

Bloomekatz, R. (2007). Rethinking immigration status discrimination and exploitation in the low-wage workplace. *UCLA Law Review, 54*(6), 1963-2010.

Borrell, L. N., Jacobs Jr., D. R., Williams, D. R., Pletcher, M. J., Houston, T. K., Williams, D. R., & Kiefe, C. I. (2007). Self-reported racial discrimination and substance use in the coronary artery risk development in adults study. *American Journal of Epidemiology, 166*(9), 1068-1079.

Bowleg, L. (2012). The problem with the phrase women and minorities: Intersectionality-an important theoretical framework for public health. *American Journal of Public Health, 102*(7), 1267-1273.

Brondolo, E., Rieppi, R., Kelly, K. P., & Gerin, W. (2003). Perceived racism and blood pressure: A review of the literature and conceptual and methodological critique. *Annals of Behavioral Medicine, 25*(1), 55-65.

Burns, C., Garcia, A., & Wolgin, P. E. (2013). *Living in Dual Shadows: LGBT Undocumented Migrants.* Washington, D.C.: Center for American Progress.

Capps, R., Fix, M. E., Passel, J. S., Ost, J., & Perez-Lopez, D. (2003). *A Profile of the Low-Wage Migrant Workforce.* Washington, D.C.: Urban Institute.

Carter-Pokras, O., & Bethune, L. (2009). Defining and measuring acculturation: A systematic review of public health studies with Hispanic populations in the United States. A commentary on Thomson and Hoffman-Goetz. *Social Science & Medicine, 69*(7), 992-995. doi:10.1016/j.socscimed.2009.06.042

Cartwright, E. (2011). Migrant dreams: Legal pathologies and structural vulnerabilities along the immigration continuum. *Medical Anthropology: Cross Cultural Studies in Health and Illness, 30*(5), 475-495.

CASA of Maryland. (2007). WAGE THEFT: How Maryland Fails to Protect the Rights of Low-Wage Workers. Hyattsville, MD: CASA of Maryland.

Casagrande, S. S., Gary, T. L., LaVeist, T. A., Gaskin, D. J., & Cooper, L. A. (2007). Perceived discrimination and adherence to medical care in a racially integrated community. *Journal of General Internal Medicine, 22*(3), 389-395.

Chadbourn, M. (2014, February 2). U.S. immigration bill 'in doubt' this year, Republican Ryan says. *Reuters.* Retrieved from http://www.reuters.com/article/2014/02/02/us-usa-immigration-republicans-idUSBREA110GU20140202

Chae, D. H., Nuru-Jeter, A. M., Lincoln, K. D., & Francis, D. D. (2011). Conceptualizing Racial Disparities in Health: Advancement of a Socio-Psychobiological Approach. *Du Bois*

Review: Social Science Research on Race, 8(1), 63-77.

Charmaz, K. (2006). Constructing grounded theory : a practical guide through qualitative analysis. London; Thousand Oaks: SAGE.

Chávez, L. R. (1998). Shadowed Lives: Undocumented Migrants in American Society. Fort Worth, TX: Harcourt Brace.

Chávez, L. R. (2001). Developing a Visual Discourse on Immigration. *Covering immigration: popular images and the politics of the nation* (pp. 19-33). Berkeley: University of California Press.

Chávez, L. R. (2008). The Latino threat: constructing migrants, citizens, and the nation. Stanford, CA: Stanford University Press.

Chávez, L. R. (2012). Undocumented migrants and their use of medical services in Orange County, California. *Social Science and Medicine, 74*(6), 887-893.

Chowkwanyun, M. (2011). The Strange Disappearance of History from Racial Health Disparities Research. *Du Bois Review: Social Science Research on Race, 8*(1), 253-270.

Clark, R. (2000). Perceptions of interethnic group racism predict increased vascular reactivity to a laboratory challenge in college women. *Annals of Behavioral Medicine, 22*(3), 214-222.

Coburn, D. (2000). Income inequality, social cohesion and the health status of populations: The role of neo-liberalism. *Social Science and Medicine, 51*(1), 135-146. doi:10.1016/S0277-9536(99)00445-1

Coburn, D. (2004). Beyond the income inequality hypothesis: Class, neo-liberalism, and health

inequalities. *Social Science and Medicine, 58*(1), 41-56. doi:10.1016/S0277-9536(03)00159-X

Coleman, M., & Kocher, A. (2011). Detention, deportation, devolution and migrant incapacitation in the US, post 9/11. *Geographical Journal, 177*(3), 228-237.

Collins, P. H. (2000). Gender, Black Feminism, and Black Political Economy. *The Annals of the American Academy of Political and Social Science, 568*(1), 41-53. doi:10.1177/000271620056800105

Conrad, P. (2005). *The sociology of health & illness: critical perspectives* (7th ed.). New York: Worth Publishers.

Cook, B., Alegría, M., Lin, J., & Guo, J. (2009). Pathways and correlates connecting Latinos' mental health with exposure to the United States. *American Journal of Public Health, 99*(12), 2247-2254.

Corbin, J. M., & Strauss, A. L. (2008). *Basics of qualitative research: techniques and procedures for developing grounded theory* (3rd ed.). Los Angeles, CA: Sage Publications, Inc.

Cox, N., Dewaele, A., van Houtte, M., & Vincke, J. (2011). Stress-Related Growth, Coming Out, and Internalized Homonegativity in Lesbian, Gay, and Bisexual Youth. An Examination of Stress-Related Growth within the Minority Stress Model. *Journal of Homosexuality, 58*(1), 117-137. doi:10.1080/00918369.2011.533631

Creswell, J. W. (2007). Qualitative inquiry & research design: choosing among five approaches. Thousand Oaks, CA: Sage Publications.

De Genova, N. P. (2002). Migrant "Illegality" and Deportability in Everyday Life. Annual

Review of Anthropology, 31(1), 419-447. doi:10.1146/annurev.anthro.31.040402.085432

De Jonge, J., Bosma, H., Peter, R., & Siegrist, J. (2000). Job strain, effort-reward imbalance and employee well-being: A large- scale cross-sectional study. *Social Science and Medicine, 50*(9), 1317-1327.

De Vogli, R., Brunner, E., & Marmot, M. G. (2007). Unfairness and the social gradient of metabolic syndrome in the Whitehall II Study. *Journal of Psychosomatic Research, 63*(4), 413-419. doi:10.1016/j.jpsychores.2007.04.006

DeChaine, D. R. (2012). Introduction: For Rhetorical Border Studies. In D. R. DeChaine (Ed.), *Border rhetorics: citizenship and identity on the US-Mexico frontier* (pp. 1-18). Tuscaloosa: University of Alabama Press.

Department of Homeland Security. (2012). Yearbook of Immigration Statistics: 2012, Aliens Removed by Criminal Status and Region and Country of Nationality: Fiscal Years 2003 to 2012. Retrieved March 26, 2013, from https://www.dhs.gov/yearbook-immigration-statistics-2012-enforcement-actions

Díaz Jr., J. (2011). Immigration policy, criminalization and the growth of the immigration industrial complex: Restriction, expulsion, and eradication of the undocumented in the U.S. *Western Criminology Review, 12*(2), 35-54.

Diederichsen, F., Evans, T., & Whitehead, M. (2001). The Social Basis of Disparities in Health. In T. Evans, M. Whitehead, F. Diderichsen, A. Bhuiya & M. Wirth (Eds.), *Challenging Inequities in Health: From Ethics to Action* (pp. 12-23). Oxford: Oxford University Press.

Donato, K. M., & Armenta, A. (2011). What we know about unauthorized migration. *Annual Review of Sociology, 37*, 529-543.

Dovidio, J. F., Penner, L. A., Albrecht, T. L., Norton, W. E., Gaertner, S. L., & Shelton, J. N. (2008). Disparities and distrust: The implications of psychological processes for understanding racial disparities in health and health care. *Social Science & Medicine, 67*(3), 478-486. doi:10.1016/j.socscimed.2008.03.019

Dowd, J. B., & Todd, M. (2011). Does Self-reported Health Bias the Measurement of Health Inequalities in U.S. Adults? Evidence Using Anchoring Vignettes From the Health and Retirement Study. *Journals of Gerontology Series B: Psychological Sciences & Social Sciences, 66B*(4), 478-489.

Eggerth, D. E., DeLaney, S. C., Flynn, M. A., & Jacobson, C. J. (2012). Work Experiences of Latina Migrants: A Qualitative Study. *Journal of Career Development, 39*(1), 13-30. doi:10.1177/0894845311417130

Elliot, P. (2014, February 2). Paul Ryan: immigration legislation unlikely in '14. *Associated Press*. Retrieved from http://bigstory.ap.org/article/white-house-immigration-should-not-form-2-classes

Eschbach, K., Kuo, Y. F., & Goodwin, J. S. (2006). Ascertainment of Hispanic ethnicity on California death certificates: implications for the explanation of the Hispanic mortality advantage. *American Journal of Public Health, 96*(12), 2209-2215. doi:AJPH.2005.080721 [pii]

Fang, C. Y., & Myers, H. F. (2001). The effects of racial stressors and hostility on cardiovascular

reactivity in African American and Caucasian men. *Health Psychology, 20*(1), 64-70.

Farmer, P. E., Nizeye, B., Stulac, S., & Keshavjee, S. (2006). Structural Violence and Clinical Medicine. *PLoS Med, 3*(10), e449.

Fee, E., & Krieger, N. (1993). Understanding AIDS: historical interpretations and the limits of biomedical individualism. *Am J Public Health, 83*(10), 1477-1486. doi:10.2105/AJPH.83.10.1477

Feinstein, J. S. (1993). The relationship between socioeconomic status and health: A review of literature. *Milbank Quarterly, 71*(2), 279.

Ferrie, J. E., Head, J., Shipley, M. J., Vahtera, J., Marmot, M. G., & Kivimäki, M. (2006). Injustice at work and incidence of psychiatric morbidity: the Whitehall II study. *Occupational and Environmental Medicine, 63*(7), 443-450. doi:10.1136/oem.2005.022269

Franzini, L., Ribble, J. C., & Keddie, A. M. (2001). Understanding the Hispanic paradox. *Ethnicity & Disease, 11*(3), 496-518.

Galarneau, C. (2011). Still missing: Undocumented migrants in health care reform. *Journal of Health Care for the Poor and Underserved, 22*(2), 422-428.

Garcia, M. C. (2007). Refugees or economic migrants? : immigration from Latin America and the politics of US refugee policy. In J. Flores, & R. Rosaldo (Eds.), *A companion to Latina/o studies*. Malden, MA; Oxford: Blackwell Pub.

Gee, G. C., & Ford, C. L. (2011). Structural Racism and Health Inequities: Old Issues, New Directions. *Du Bois Review: Social Science Research on Race, 8*(1), 115-132.

Gee, G. C., Ro, A., Shariff-Marco, S., & Chae, D. (2009). Racial discrimination and health among Asian Americans: Evidence, assessment, and directions for future research. *Epidemiologic Reviews, 31*(1), 130-151.

Gee, G. C., Ryan, A., Laflamme, D. J., & Holt, J. (2006). Self-Reported Discrimination and Mental Health Status Among African Descendants, Mexican Americans, and Other Latinos in the New Hampshire REACH 2010 Initiative: The Added Dimension of Immigration. *American Journal of Public Health, 96*(10), 1821-1828.

Glaser, B. G., & Strauss, A. L. (1967). The discovery of grounded theory; strategies for qualitative research. Chicago: Aldine Pub. Co.

Gleeson, S. (2010). Labor Rights for All? The Role of Undocumented Migrant Status for Worker Claims Making. *Law and Social Inquiry-Journal of the American Bar Foundation, 35*(3), 561-602.

Golash-Boza, T., & Hondagneu-Sotelo, P. (2013). Latino migrant men and the deportation crisis: A gendered racial removal program. *Latino Stud, 11*(3), 271-292.

Gonzales, R. G. (2011). Learning to Be Illegal: Undocumented Youth and Shifting Legal Contexts in the Transition to Adulthood. *American Sociological Review, 76*(4), 602-619.

Gonzales, R. G., Suárez-Orozco, C., & Dedios-Sanguineti, M. C. (2013). No Place to Belong: Contextualizing Concepts of Mental Health among Undocumented Migrant Youth in the United States. *American Behavioral Scientist, 57*(8), 1174-1199. doi:10.1177/0002764213487349

Gonzalez-Barrera, A. (2014). *Record number of deportations in 2012.* Washington, D.C.: Pew

Research Center.

Gravlee, C. C. (2009). How Race Becomes Biology: Embodiment of Social Inequality. *American Journal of Physical Anthropology, 139*(1), 47-57. doi:10.1002/ajpa.20983

Green, L. (2008). *A wink and a nod: notes from the Arizona borderlands.* (No. 32).Springer Science & Business Media B.V. doi:10.1007/s10624-008-9048-7

Green, L. (2011). The Nobodies: Neoliberalism, violence, and migration. *Medical Anthropology, 30*(4), 366-385. doi:10.1080/01459740.2011.576726

Grove, N. J., & Zwi, A. B. (2006). Our health and theirs: Forced migration, othering, and public health. *Social Science & Medicine, 62*(8), 1931-1942. doi:http://dx.doi.org/10.1016/j.socscimed.2005.08.061

Gutierrez, J. (2012). "Coming Out" as Queer and Undocumented: A New Strategy for the Migrant and LGBTQ Rights Movements. *Syracuse Peace Council Peace Newsletter,* (815), March 23 2014.

Guyll, M., Matthews, K. A., & Bromberger, J. T. (2001). Discrimination and unfair treatment: Relationship to cardiovascular reactivity among African American and European American women. *Health Psychology, 20*(5), 315-325.

Hacker, K., Chu, J., Arsenault, L., & Marlin, R. P. (2012). Provider's perspectives on the impact of immigration and customs enforcement (ICE) activity on migrant health. *Journal of Health Care for the Poor and Underserved, 23*(2), 651-665. doi:10.1353/hpu.2012.0052

Hacker, K., Chu, J., Leung, C., Marra, R., Pirie, A., Brahimi, M., . . . Marlin, R. P. (2011). The impact of Immigration and Customs Enforcement on migrant health: Perceptions of

migrants in Everett, Massachusetts, USA. *Social Science & Medicine, 73*(4), 586-594. doi:10.1016/j.socscimed.2011.06.007

Hall, M., & Greenman, E. (2013). Housing and neighborhood quality among undocumented Mexican and Central American migrants. *Social Science Research, 42*(6), 1712-1725. doi:http://dx.doi.org.proxy2.library.illinois.edu/10.1016/j.ssresearch.2013.07.011

Hamilton, N., & Chinchilla, N. S. (1996). Global economic restructuring and international migration: Some observations based on the Mexican and Central American experience. *International Migration, 34*(2), 195-227.

Harawa, N. T., & Ford, C. L. (2009). The Foundation of Modern Racial Categories and Implications for Research on Black/white Disparities in Health. *Ethnicity & Disease, 19*(2), 209-217.

Hardy, L. J., Getrich, C. M., Quezada, J. C., Guay, A., Michalowski, R. J., & Henley, E. (2012). A Call for Further Research on the Impact of State-Level Immigration Policies on Public Health. *American Journal of Public Health, 102*(7), 1250-1254. doi:10.2105/AJPH.2011.300541

Harrell, C. J. P., Burford, T. I., Cage, B. N., Nelson, T. M., Shearon, S., Thompson, A., & Green, S. (2011). Multiple Pathways Linking Racism to Health Outcomes. *Du Bois Review: Social Science Research on Race, 8*(1), 143-157.

Harrell, J. P., Hall, S., & Taliaferro, J. (2003). Physiological responses to racism and discrimination: An assessment of the evidence. *American Journal of Public Health, 93*(2), 243-248.

Hazeldean, S., & Singla, P. (2002). Out in the Cold: The Challenges of Representing Migrant Lesbian, Gay, Bisexual, and Transgender Youth. *Bender's Immigration Bulletin, 7*(642)

Heyman, J. M., Nunez, G. G., & Talavera, V. (2009). Healthcare Access and Barriers for Unauthorized Migrants in El Paso County, Texas. *Family & Community Health, 32*(1), 4-21.

Hixon, A. L., Yamada, S., Farmer, P. E., & Maskarinec, G. G. (2013). Social justice: The heart of medical education. *Social Medicine, 7*(3), 161-168.

Hoefer, M., Rytina, N., & Baker, B. (2012). *Estimates of the Unauthorized Migrant Population Residing in the United States: January 2011.* Washington, D.C.: United States Department of Homeland Security Office of Immigration Statistics.

Holmes, S. M. (2007). "Oaxacans like to work bent over": The naturalization of social suffering among berry farm workers. *International Migration, 45*(3), 39-68. doi:10.1111/j.1468-2435.2007.00410.x

Hondagneu-Sotelo, P. (2013). New directions in gender and immigration research. In L. Oso, & N. Ribas-Mateos (Eds.), *The international handbook on gender, migration and transnationalism : global and development perspectives* (pp. 233-245). Cheltenham, UK: Edward Elgar Publishing.

Horton, S. (2004). Different subjects: The health care system's participation in the differential construction of the cultural citizenship of Cuban refugees and Mexican migrants. *Medical Anthropology Quarterly, 18*(4), 472-489.

Horton, S., & Barker, J. C. (2010). Stigmatized biologies: Examining the cumulative effects of

oral health disparities for Mexican American farmworker children. *Medical Anthropology Quarterly, 24*(2), 199-219. doi:10.1111/j.1548-1387.2010.01097.x

House, J. S. (2002). Understanding Social Factors and Inequalities in Health: 20th Century Progress and 21st Century Prospects. *Journal of Health & Social Behavior, 43*(2), 125-142.

Hummer, R. A., & Chinn, J. J. (2011). Race/Ethnicity And U.S. Adult Mortality: Progress, Prospects, and New Analyses. *Du Bois Review: Social Science Research on Race, 8*(1), 5-24.

Hunt, L. M., Schneider, S., & Comer, B. (2004). Should "acculturation" be a variable in health research? A critical review of research on US Hispanics. *Social Science & Medicine, 59*(5), 973-986. doi:10.1016/j.socscimed.2003.12.009

Inda, J. X. (2000). Foreign Bodies: Migrants, Parasites, and the Pathological Nation. *Discourse, 22*(3), 46-62.

Inda, J. X. (2006). *Targeting Migrants: Government, Technology, and Ethics*. Malden, MA: Blackwell Publishing.

Inda, J. X. (2011). Borderzones of enforcement: criminalization, workplace raids, and migrant counter-conducts. *The Contested Politics of Mobility: Borderzones and Irregularity,* 74-90.

James, K., Lovato, C., & Khoo, G. (1994). Social identity correlates of minority workers' health. *Academy of Management Journal, 37*(2), 383-396.

Jasso, G., Massey, D. S., Rosenzweig, M. R., & Smith, J. P. (2004). Migrant health: selectivity

and acculturation. In N. B. Anderson, R. A. Bulatao & R. Cohen (Eds.), *Critical Perspectives on Racial and Ethnic Differences in Health in Late Life.* (pp. 227-266). Washington, D.C.: National Academies Press.

Johnson, J. L., Bootorff, J. L., Browne, A. J., Grewal, S., Hilton, B. A., & Clarke, H. (2004). Othering and Being Othered in the Context of Health Care Services. *Health Communication, 16*(2), 253-271.

Jones, C. P. (2000). Levels of racism: A theoretic framework and a gardener's tale. *American Journal of Public Health, 90*(8), 1212-1215.

Jones-Correa, M. (2012). *Contested Ground: Immigration in the United States.* Washington, D.C.: Migration Policy Institute.

Kao, H. S., Hsu, M., & Clark, L. (2004). Conceptualizing and Critiquing Culture in Health Research. *Journal of Transcultural Nursing, 15*(4), 269-277. doi:10.1177/1043659604268963

Kawachi, I., & Kennedy, B. P. (1997). Health and social cohesion: why care about income inequality? *BMJ, 314*(7086), 1037+.

Kawachi, I., & Kennedy, B. P. (1999). Income inequality and health: Pathways and mechanisms. *Health Services Research, 34*(1 II), 215-227.

Kawachi, I., Daniels, N., & Robinson, D. E. (2005). Health disparities by race and class: Why both matter. *Health Affairs, 24*(2), 343-352. doi:10.1377/hlthaff.24.2.343

Kawachi, I., Kennedy, B. P., Lochner, K., & Prothrow-Stith, D. (1997). Social capital, income inequality, and mortality. *American Journal of Public Health, 87*(9), 1491-1498.

Kelly, U. A. (2009). Integrating intersectionality and biomedicine in health disparities research. *Advances in Nursing Science, 32*(2), E42-E56.

Kim, C. J. (2000). Bitter fruit: the politics of Black-Korean conflict in New York City. New Haven: Yale University Press.

Klonoff, E. A. (2009). Disparities in the provision of medical care: An outcome in search of an explanation. *Journal of Behavioral Medicine, 32*(1), 48-63.

Kohut, A., Wike, R., Horowitz, J. M., Simmons, K., Pushter, J., Ponce, A., . . . Mueller Gross, K. (2013). *U.S. Image Rebounds in Mexico: Fewer See Better Life North of the Border, but 35% Would Migrate.* Washington, D.C.: Pew Research Center.

Krieger, N. (1994). Epidemiology and the web of causation: Has anyone seen the spider? *Social Science & Medicine, 39*(7), 887-903. doi:10.1016/0277-9536(94)90202-X

Krieger, N. (1999). Embodying inequality: A review of concepts, measures, and methods for studying health consequences of discrimination. *International Journal of Health Services, 29*(2), 295-352. doi:10.2190/M11W-VWXE-KQM9-G97Q

Krieger, N. (2001a). A glossary for social epidemiology. *Journal of Epidemiology and Community Health, 55*(10), 693-700. doi:10.1136/jech.55.10.693

Krieger, N. (2001b). Theories for social epidemiology in the 21st century: An ecosocial perspective. *International Journal of Epidemiology, 30*(4), 668-677.

Krieger, N. (2005). Embodiment: a conceptual glossary for epidemiology. *Journal of Epidemiology & Community Health, 59*(5), 350-355. doi:10.1136/jech.2004.024562

Krieger, N. (2008). Ladders, pyramids and champagne: the iconography of health inequities. *Journal of Epidemiology and Community Health,62*(12), 1098-1104. doi:10.1136/jech.2008.079061

Krieger, N., Avery, B., Rowley, D., Herman, A., & Phillips, M. (1993). Racism, sexism, and social class: implications for studies of health, disease, and well-being. *American Journal of Preventive Medicine, 9*(6 Suppl), 82-122.

Lahman, M. K. E., Mendoza, B. M., Rodriguez, K. L., & Schwartz, J. L. (2011). Undocumented Research Participants: Ethics and Protection in a Time of Fear. *Hispanic Journal of Behavioral Sciences, 33*(3), 304-322. doi:10.1177/0739986311414162

Landrine, H., & Klonoff, E. A. (2000). Racial discrimination and cigarette smoking among Blacks: Findings from two studies. *Ethnicity and Disease, 10*(2), 195-202.

Levin, B. W., & Browner, C. H. (2005). The social production of health: Critical contributions from evolutionary, biological, and cultural anthropology. *Social Science & Medicine, 61*(4), 745-750. doi:10.1016/j.socscimed.2004.08.048

Link, B. G., & Phelan, J. C. (1995). Social conditions as fundamental causes of disease. *Journal of Health and Social Behavior, 35*, 80-94.

Luibheid, E. (2004). Heteronormativity and Immigration Scholarship: A Call for Change. *GLQ: A Journal of Lesbian and Gay Studies, 10*(2), 227-235.

Mahalingam, R., Balan, S., & Haritatos, J. (2008). Engendering Migrant Psychology: An Intersectionality Perspective. *Sex Roles, 59*(5-6), 326-336. doi:10.1007/s11199-008-9495-2

Malat, J., Clark-Hitt, R., Burgess, D. J., Friedemann-Sanchez, G., & van Ryn, M. (2010). White doctors and nurses on racial inequality in health care in the USA: Whiteness and colour-blind racial ideology. *Ethnic and Racial Studies, 33*(8), 1431-1450. doi:10.1080/01419870903501970

Marmot, M. (2006). Health in an unequal world. *The Lancet, 368*(9552), 2081-2094. doi:10.1016/S0140-6736(06)69746-8

Marmot, M. G., Bosma, H., Hemingway, H., Brunner, E., & Stansfeld, S. (1997). Contribution of job control and other risk factors to social variations in coronary heart disease incidence. *The Lancet, 350*(9073), 235-239.

Marmot, M., Ryff, C. D., Bumpass, L. L., Shipley, M., & Marks, N. F. (1997). Social inequalities in health: Next questions and converging evidence. *Social Science and Medicine, 44*(6), 901-910. doi:10.1016/S0277-9536(96)00194-3

Marmot, M., Stansfeld, S., Patel, C., North, F., Head, J., White, I., . . . Smith, G. D. (1991). Health inequalities among British civil servants: the Whitehall II study. *The Lancet, 337*(8754), 1387-1393. doi:10.1016/0140-6736(91)93068-K

Marshall, K. J., Urrutia-Rojas, X., Mas, F. S., & Coggin, C. (2005). Health status and access to health care of documented and undocumented migrant Latino women. *Health Care for Women International, 26*(10), 916-936.

Martinez, O., Wu, E., Sandfort, T., Dodge, B., Carballo-Dieguez, A., Pinto, R., . . . Chavez-Baray, S. (2013). Evaluating the Impact of Immigration Policies on Health Status among Undocumented Migrants: A Systematic Review. *Journal of Migrant and Minority*

Health, 1-24.

Massey, D. S. (2007). *Categorically unequal: the American stratification system*. New York: Russell Sage Foundation.

Massey, D. S. (2009). The political economy of migration in an era of globalization. In S. Martínez (Ed.), *International migration and human rights: the global repercussions of U.S. policy*. Berkeley: University of California Press.

Massey, D. S., Durand, J., & Malone, N. J. (2002). *Beyond smoke and mirrors: Mexican immigration in an era of economic integration*. New York: Russell Sage Foundation.

Massey, D.S., & Zenteno, R. (2000). A validation of the ethnosurvey: The case of Mexico-US migration. *International Migration Review, 34*(3), 766-793. doi:10.2307/2675944

Masuoka, N., & Junn, J. (2013). *The politics of belonging: race, public opinion, and immigration.* Chicago: University of Chicago Press.

McClure, H. H., Martinez, C. R., Snodgrass, J. J., Eddy, J. M., Jimenez, R. A., Isiordia, L. E., & McDade, T. W. (2010). Discrimination-related stress, blood pressure and Epstein-Barr virus antibodies among Latin American migrants in Oregon, US. *Journal of Biosocial Science, 42*(04), 433. doi:10.1017/S0021932010000039

McClure, H. H., Snodgrass, J. J., Martinez Jr., C. R., Eddy, J. M., Jiménez, R. A., & Isiordia, L. E. (2010). Discrimination, Psychosocial Stress, and Health among Latin American lmmigrants in Oregon. *American Journal of Human Biology*, *22*(3), 421-423. doi:10.1002/ajhb.21002

McDonald, J. T., & Kennedy, S. (2004). Insights into the 'healthy migrant effect': health status

and health service use of migrants to Canada. *Social Science & Medicine, 59*(8), 1613-1627. doi:http://dx.doi.org.proxy2.library.illinois.edu/10.1016/j.socscimed.2004.02.004

McGuire, S., & Georges, J. (2003). Undocumentedness and liminality as health variables. *Advances in Nursing Science, 26*(3), 185-195.

McNeilly, M. D., Robinson, E. L., Anderson, N. B., Pieper, C. F., Shah, A., Toth, P. S., . . . Gerin, W. (1995). Effects of Racist Provocation and Social Support on Cardiovascular Reactivity in African American Women. *International Journal of Behavioral Medicine, 2*(4), 321.

Menjívar, C. (2000). *Fragmented Ties: Salvadoran Networks in America.* Berkeley, CA: University of California.

Menjívar, C. (2006). Liminal Legality: Salvadoran and Guatemalan Migrants' Lives in the United States. *American Journal of Sociology, 111*(4), 999-1037.

Menjívar, C. (2010). Migrants, immigration, and sociology: Reflecting on the state of the discipline. *Sociological Inquiry, 80*(1), 3-27. doi:10.1111/j.1475-682X.2009.00313.x

Menjívar, C., & Kanstroom, D. (2013). *Constructing migrant "illegality": critiques, experiences, and responses*. New York: Cambridge University Press.

Menjívar, C., & Salcido, O. (2002). Migrant Women and Domestic Violence: Common Experiences in Different Countries. *Gender and Society, 16*(6), 898-920.

Molina, N. (2006). Fit to be citizens? Public health and race in Los Angeles, 1879-1939. Berkeley: University of California Press.

Morello-Frosch, R. A. (2002). Discrimination and the political economy of environmental inequality. *Environment and Planning C-Government and Policy, 20*(4), 477-496. doi:10.1068/c03r

Muntaner, C., & Lynch, J. (1999). Income inequality, social cohesion, and class relations: A critique of Wilkinson's neo-Durkheimian research program. *International Journal of Health Services, 29*(1), 59-81. doi:10.2190/G8QW-TT09-67PL-QTNC

Myers, H. F. (2009). Ethnicity- and socio-economic status-related stresses in context: An integrative review and conceptual model. *Journal of Behavioral Medicine, 32*(1), 9-19.

Nalini, J. N. (2011). Identifying Psychosocial Stressors of Well-Being and Factors Related to Substance Use Among Latino Day Laborers. *Journal of Migrant & Minority Health, 13*(4), 748-755. doi:10.1007/s10903-010-9413-x

Nandi, A., Galea, S., Lopez, G., Nandi, V., Strongarone, S., & Ompad, D. C. (2008). Access to and use of health services among undocumented Mexican migrants in a US urban area. *American Journal of Public Health, 98*(11), 2011-2020.

National Immigration Law Center. (2013). Summary & Analysis: Border Security, Economic Opportunity, and Immigration Modernization Act of 2013. Los Angeles, CA: National Immigration Law Center.

National Women's Law Center. (2013). *Closing the Wage Gap is Crucial for Women of Color and Their Families.* Washington, D.C.: National Women's Law Center.

Navarro, V. (2009). What we mean by social determinants of health. *Global Health Promotion, 16*(1), 05-16. doi:10.1177/1757975908100746

New York Lawyers for the Public Interest. (2012). *Discharge, Deportation, and Dangerous Journeys: A Study On The Practice Of Medical Repatriation.* Newark, NJ: Seton Hall Law School Center for Social Justice.

Ngai, M. (2004). Impossible subjects: illegal aliens and the making of modern America. Princeton, NJ: Princeton University Press.

Nichter, M. (2008). Global health: why cultural perceptions, social representations, and biopolitics matter. Tucson: University of Arizona Press.

Omi, M., & Winant, H. (1994). Racial formation in the United States: from the 1960s to the 1990s (2nd ed.). New York: Routledge.

Ornelas, I. J., & Perreira, K. M. (2011). The role of migration in the development of depressive symptoms among Latino migrant parents in the USA. *Social Science & Medicine, 73*(8), 1169-1177. doi:10.1016/j.socscimed.2011.07.002

Ornelas, I. J., Eng, E., & Perreira, K. M. (2011). Perceived barriers to opportunity and their relation to substance use among Latino migrant men. *Journal of Behavioral Medicine, 34*(3), 182-191. doi:10.1007/s10865-010-9297-1

Otiniano, A., & Gee, G. (2012). Self-Reported Discrimination and Health-Related Quality of Life Among Whites, Blacks, Mexicans and Central Americans. *Journal of Migrant & Minority Health, 14*(2), 189-197. doi:10.1007/s10903-011-9473-6

Palloni, A., & Arias, E. (2004). Paradox Lost: Explaining the Hispanic Adult Mortality Advantage. *Demography, 41*(3), 385-415.

Paradies, Y. (2006). A systematic review of empirical research on self-reported racism and

health. *International Journal of Epidemiology, 35*(4), 888-901. doi:10.1093/ije/dyl056

Pascoe, E. A., & Richman, L. S. (2009). Perceived Discrimination and Health: A Meta-Analytic Review. *Psychological Bulletin, 135*(4), 531-554. doi:10.1037/a0016059

Passel, J. S., Cohn, D., & Gonzalez-Barrera, A. (2013). *Population Decline of Unauthorized Migrants Stalls, May Have Reversed.* Washington DC: Pew Research Center.

Pearlin, L. I., Schieman, S., Fazio, E. M., & Meersman, S. C. (2005). Stress, health, and the life course: Some conceptual perspectives. *Journal of Health and Social Behavior, 46*(2), 205-219.

Pedraza, S. (1991). Women and Migration: The Social Consequences of Gender. *Annual Review of Sociology, 17*(1), 303-325. doi:10.1146/annurev.so.17.080191.001511

Perez, D., Sribney, W., & Rodríguez, M. (2009). Perceived Discrimination and Self-Reported Quality of Care Among Latinos in the United States. *JGIM: Journal of General Internal Medicine, 24*, 548-554. doi:10.1007/s11606-009-1097-3

Pettigrew, T. F., & Taylor, M. C. (2001). Discrimination. *Encyclopedia of Sociology* (2nd ed. ed., pp. 688-695). New York: Macmillan Reference USA.

Phelan, J. C., Link, B. G., & Tehranifar, P. (2010). Social Conditions as Fundamental Causes of Health Inequalities. *Journal of Health and Social Behavior, 51*(1 suppl), S28-S40. doi:10.1177/0022146510383498

Pitt, D. (2013, April 23). U.S. Hospitals Quietly Deport Hundreds Of Undocumented Migrants. *Huffington Post.* Retrieved from http://www.huffingtonpost.com/2013/04/23/us-hospitals-deportation-migrants_n_3139272.html

Porter, D. (2006). How Did Social Medicine Evolve, and Where Is It Heading? *PLoS Medicine, 3*(10), 1667-1672. doi:10.1371/journal.pmed.0030399

Quesada, J. (2012). Special Issue Part II: Illegalization and Embodied Vulnerability in Health. *Social Science and Medicine, 74*(6), 894-896.

Quesada, J., Hart, L. K., & Bourgois, P. (2011). Structural Vulnerability and Health: Latino Migrant Laborers in the United States. *Medical Anthropology, 30*(4), 339-362. doi:10.1080/01459740.2011.576725

Reina, A. S., Maldonado, M. M., & Lohman, B. J. (2013). Undocumented Latina Networks and Responses to Domestic Violence in a New Migrant Gateway: Toward a Place-Specific Analysis. *Violence Against Women, 19*(12), 1472-1497.

Richman, L. S., Bennett, G. G., Pek, J., Siegler, I., & Williams, R. B. (2007). Discrimination, Dispositions, and Cardiovascular Responses to Stress. *Health Psychology, 26*(6), 675-683.

Robinson, W. S. (1951). The Logical Structure of Analytic Induction. *American Sociological Review, 16*(6), 812-818.

Ryan, A. M., Gee, G. C., & Laflamme, D. F. (2006). The association between self-reported discrimination, physical health and blood pressure: Findings from African Americans, Black migrants, and Latino migrants in New Hampshire. *Journal of Health Care for the Poor and Underserved, 17*(2 SUPPL.), 116-132. doi:10.1353/hpu.2006.0079

Sabin, J. A., Nosek, B. A., Greenwald, A. G., & Rivara, F. P. (2009). Physicians' Implicit and Explicit Attitudes About Race by MD Race, Ethnicity, and Gender. *Journal of Health*

Care for the Poor and Underserved, 20(3), 896-913.

Salcido, O., & Adelman, M. (2004). "He has me tied with the blessed and damned papers": Undocumented-migrant battered women in Phoenix, Arizona. *Human Organization, 63*(2), 162-172.

Salgado, J. (2011, May/June). Queer, undocumented and unafraid: Sexuality meets immigration politics in a youth-led movement for migrant rights. *Briarpatch Magazine,* Retrieved from http://briarpatchmagazine.com/articles/view/queer-undocumented-and-unafraid

Sánchez, G. J. (1997). Face the nation: Race, immigration, and the rise of nativism in late twentieth century America. *International Migration Review, 31*(4), 1009-1030.

Sanchez, M., Dillon, F., Ruffin, B., & de la Rosa, M. (2012). The Influence of Religious Coping on the Acculturative Stress of Recent Latino Migrants. *Journal of Ethnic and Cultural Diversity in Social Work, 21*(3), 171-194.

Sargent, C. (2012). Special Issue Part I: 'Deservingness' and the politics of health care. *Social Science and Medicine, 74*(6), 855-857. doi:10.1016/j.socscimed.2011.10.044

Sargent, C., & Larchanché, S. (2011). Transnational migration and global health: The production and management of risk, illness, and access to care doi:10.1146/annurev-anthro-081309-145811

Saucedo, L. M. (2006). The Employer Preference for the Subservient Worker and the Making of the Brown Collar Workplace. *Ohio State Law Journal*, 67(5), 961- 1022.

Scambler, G. (2012). Health inequalities. *Sociology of Health & Illness, 34*(1), 130-146. doi:10.1111/j.1467-9566.2011.01387.x

Schoch-Spana, M., Bouri, N., Rambhia, K. J., & Norwood, A. (2010). Stigma, health disparities, and the 2009 H1N1 influenza pandemic: How to protect Latino farmworkers in future health emergencies. *Biosecurity and Bioterrorism, 8*(3), 243-254.

Shankar, S., Gutierrez-Mohamed, M. L., & Alberg, A. J. (2000). Cigarette smoking among migrant Salvadoreans in Washington, D.C.: Behaviors, attitudes, and beliefs. *Addictive Behaviors, 25*(2), 275-281.

Siegrist, J., & Marmot, M. (2004). Health inequalities and the psychosocial environment - Two scientific challenges. *Social Science and Medicine, 58*(8), 1463-1473.

Singh, G. K., Rodriguez-Lainz, A., & Kogan, M. D. (2013). Migrant health inequalities in the United States: Use of eight major national data systems. *The Scientific World Journal, 2013*. doi:http://dx.doi.org/10.1155/2013/512313

Smedley, B. D., Stith, A. Y., & Nelson, A. R. (2003). *Unequal treatment: confronting racial and ethnic disparities in health care*. Washington, D.C. National Academy Press.

Smith, D. P., & Bradshaw, B. S. (2006). Rethinking the Hispanic paradox: death rates and life expectancy for US non-Hispanic White and Hispanic populations. *American Journal of Public Health, 96*(9), 1686-1692. doi:AJPH.2003.035378 [pii]

Sobel, D. S. (1995). Rethinking medicine: improving health outcomes with cost-effective psychosocial interventions. *Psychosomatic Medicine, 57*(3), 234-244.

Solar, O., & Irwin, A. (2010). A Conceptual Framework for Action on the Social Determinants of Health. Geneva: World Health Organization.

Stansfeld, S., & Candy, B. (2006). Psychosocial work environment and mental health - A meta-

analytic review. *Scandinavian Journal of Work, Environment and Health, 32*(6), 443-462.

Strauss, A., & Corbin, J. (1998). Basics of qualitative research: Grounded theory procedures and techniques (2nd ed.). Sage: Newbury Park, CA.

Sullivan, M., & Rehm, R. (2005). Mental health of undocumented Mexican migrants - A review of the literature. *Advances in Nursing Science, 28*(3), 240-251.

Taket, A. R. (2009). *Theorising social exclusion*. London ; New York: Routledge.

Taylor, S. E., Repetti, R. L., & Seeman, T. (1997). Health Psychology: What is an Unhealthy Environment and How Does It Get under the Skin? *Annual Review of Psychology, 48*, 411-447.

Taylor, S. L., Fremont, A., Jain, A. K., McLaughlin, R., Peterson, E., Ferguson Jr, T. B., & Lurie, N. (2006). Racial and Ethnic Disparities in Care: The Perspectives of Cardiovascular Surgeons. *The Annals of Thoracic Surgery, 81*(2), 531-536. doi:DOI: 10.1016/j.athoracsur.2005.08.004

Terhune, C., & Pérez, E. (2005). Roundup of Migrants in Shelter Reveals Rising Tensions. *Wall Street Journal - Eastern Edition, 246*(68), B1-B8.

Toro-Morn, M. (2013). Elvira Arellano and the Struggles of Low-Wage Undocumented Latina Migrant Women. In N. Flores-Gonzalez, & A. R. Guevarra (Eds.), *Migrant Women Workers in the Neoliberal Age* (pp. 38-55). Urbana, IL: University of Illinois Press.

Toro-Morn, M., Guevarra, A. R., & Flores-Gonzalez, N. (2013). Introduction: Immigration Women and Labor Disruptions. In N. Flores-Gonzalez, & A. R. Guevarra (Eds.), *Migrant*

Women Workers in the Neoliberal Age (pp. 1-16). Urbana, IL: University of Illinois Press.

Tran, A. G. T. T., Lee, R. M., & Burgess, D. J. (2010). Perceived discrimination and substance use in Hispanic/Latino, African-born Black, and Southeast Asian migrants. *Cultural Diversity and Ethnic Minority Psychology, 16*(2), 226-236. doi:10.1037/a0016344

Trivedi, A. N., & Ayanian, J. Z. (2006). Perceived Discrimination and Use of Preventive Health Services. *JGIM: Journal of General Internal Medicine, 21*(6), 553-558. doi:10.1111/j.1525-1497.2006.00413.x

Tsigos, C., & Chrousos, G. P. (2002). Hypothalamic-pituitary-adrenal axis, neuroendocrine factors and stress. *Journal of Psychosomatic Research, 53*(4), 865-871. doi:10.1016/S0022-3999(02)00429-4

Tull, E. S., Sheu, Y., Butler, C., & Cornelious, K. (2005). Relationships between perceived stress, coping behavior and cortisol secretion in women with high and low levels of internalized racism. *Journal of the National Medical Association, 97*(2), 206-212.

US Census Bureau. (2010). Profile of General Population and Housing Characteristics: 2010 Demographic Profile Data. Retrieved May 1, 2012, from http://factfinder2.census.gov

van Ryn, M., Burgess, D. J., Dovidio, J. F., Phelan, S. M., Saha, S., Malat, J., . . . Perry, S. (2011). The Impact of Racism on Clinician Cognition, Behavior, and Clinical Decision Making. *Du Bois Review: Social Science Research on Race, 8*(1), 199-218.

Viruell-Fuentes, E. A. (2007). Beyond acculturation: Immigration, discrimination, and health research among Mexicans in the United States. *Social Science and Medicine, 65*(7),

1524-1535. doi:10.1016/j.socscimed.2007.05.010

Viruell-Fuentes, E. A. (2011). "It's a lot of work": racialization processes, ethnic identity formations, and their health implications. *Du Bois Review: Social Science Research on Race, 8*(1), 37-52.

Viruell-Fuentes, E. A., Miranda, P. Y., & Abdulrahim, S. (2012). More than culture: Structural racism, intersectionality theory, and migrant health. *Social Science and Medicine, 75*(12), 2099-2106. doi:doi:10.1016/j.socscimed.2011.12.037

Viruell-Fuentes, E.A., & Schulz, A. J. (2009). Toward a Dynamic Conceptualization of Social Ties and Context: Implications for Understanding Migrant and Latino Health. *American Journal of Public Health, 99*(12), 2167-2175.

Vogt, W. A. (2013). Crossing Mexico: Structural violence and the commodification of undocumented Central American migrants. *American Ethnologist, 40*(4), 764-780.

Waitzkin, H. (2007). Political Economic Systems and the Health of Populations: Historical Thought and Current Directions. In S. Galea (Ed.), *Macrosocial determinants of population health* (pp. 105-133). New York, NY: Springer.

Walter, N., Bourgois, P., & Loinaz, H. (2004). Masculinity and undocumented labor migration: injured Latino day laborers in San Francisco. *Social Science & Medicine, 59*(6), 1159-1168. doi:10.1016/j.socscimed.2003.12.013

Walter, N., Bourgois, P., Loinaz, H. M., & Schillinger, D. (2002). Social context of work injury among undocumented day laborers in San Francisco. *Journal of General Internal Medicine, 17*(3), 221-229.

Weisman, J. (2014, Feb 6 2014). Boehner Doubts Immigration Bill Will Pass in 2014. *The New York Times*

White-Means, S., Dong, Z., Hufstader, M., & Brown, L. T. (2009). Cultural Competency, Race, and Skin Tone Bias Among Pharmacy, Nursing, and Medical Students Implications for Addressing Health Disparities. *Medical Care Research and Review, 66*(4), 436-455. doi:10.1177/1077558709333995

Wilkinson, R. (1998). What health tells us about society. *IDS Bulletin-Institute of Development Studies, 29*(1), 77-+.

Wilkinson, R., & Marmot, M. (Eds.). (1998). *Social determinants of health: the solid facts.* Copenhagen: World Health Organization.

Wilkinson, R., & Marmot, M. (Eds.). (2003). *Social determinants of health: the solid facts* (2nd ed.). Copenhagen: World Health Organization.

Willen, S. S. (2012). Migration, "illegality," and health: Mapping embodied vulnerability and debating health-related deservingness. *Social Science and Medicine, 74*(6), 805-811.

Williams, D. R. (1990). Socioeconomic Differentials in Health: A Review and Redirection. *Social Psychology Quarterly, 53*(2), 81-99.

Williams, D. R. (1997). Race and health: Basic questions, emerging directions. *Annals of Epidemiology, 7*(5), 322-333.

Williams, D. R. (1999). Race, Socioeconomic Status, and Health The Added Effects of Racism and Discrimination. *Annals of the New York Academy of Sciences, 896*(1), 173-188. doi:10.1111/j.1749-6632.1999.tb08114.x

Williams, D. R., & Collins, C. (1995). Us Socioeconomic and Racial Differences in Health: Patterns and Explanations. *Annual Review of Sociology, 21*(1), 349.

Williams, D. R., & Mohammed, S. A. (2008). Poverty, migration, and health. In A. C. Lin, & D. R. Harris (Eds.), *The Colors of Poverty: Why Racial and Ethnic Disparities Persist* (pp. 135-169). New York: Russell Sage.

Williams, D. R., & Mohammed, S. A. (2009). Discrimination and racial disparities in health: evidence and needed research. *Journal of Behavioral Medicine, 32*(1), 20-47. doi:10.1007/s10865-008-9185-0

Williams, D. R., Mohammed, S. A., Leavell, J., & Collins, C. (2010). Race, socioeconomic status, and health: Complexities, ongoing challenges, and research opportunities. *Biology of Disadvantage: Socioeconomic Status and Health, 1186,* 69-101. doi:10.1111/j.1749-6632.2009.05339.x

Williams, D. R., Neighbors, H. W., & Jackson, J. S. (2003). Racial/ethnic discrimination and health: Findings from community studies. *American Journal of Public Health, 93*(2), 200-208.

Williams, G. H. (2003). The determinants of health: structure, context and agency. *Sociology of Health & Illness, 25*(3), 131-154. doi:10.1111/1467-9566.00344

World Bank. (2009). Gender-Based Violence, Health and the role of the Health Sector. Washington, D.C.: The World Bank Group.

World Health Organization. (2007). *A Conceptual Framework for Action on the Social Determinants of Health.* Vancouver, Canada: World Health Organization.

World Health Organization. (2012). *Understanding and addressing violence against women.* Geneva, Switzerland: World Health Organization.

Wyatt, S. B., Williams, D. R., Calvin, R., Henderson, F. C., Walker, E. R., & Winters, K. P. (2003). Racism and cardiovascular disease in African Americans. *American Journal of the Medical Sciences, 325*(6), 315-331. doi:10.1097/00000441-200306000-00003

Yoo, H. C., Gee, G. C., & Takeuchi, D. (2009). Discrimination and health among Asian American migrants: Disentangling racial from language discrimination. *Social Science & Medicine, 68*(4), 726-732. doi:10.1016/j.socscimed.2008.11.013

Zambrana, R. E., & Carter-Pokras, O. (2010). Role of Acculturation Research in Advancing Science and Practice in Reducing Health Care Disparities among Latinos. *American Journal of Public Health, 100*(1), 18-23.

Zimmerman, C. (2011). Undocumented migrants, left out of health reform, likely to continue to grow as a share of the uninsured. *Findings Brief: Health Care Financing & Organization, 14*(9), 1-3.

Zinn, M. B., & Dill, B. T. (1996). Theorizing difference from multiracial feminism. *Feminist Studies, 22*(2), 321.

TABLES AND FIGURES

Table 1: Number and Percent of Interviewees by Home Country

Home Country	Number of Interviewees	Percent
El Salvador	8	26%
Mexico	6	19%
Honduras	5	16%
Guatemala	4	13%
Colombia	2	6%
Dominican Republic	2	6%
Bolivia	1	3%
Ecuador	1	3%
Peru	1	3%
Venezuela	1	3%
Total	31	100%

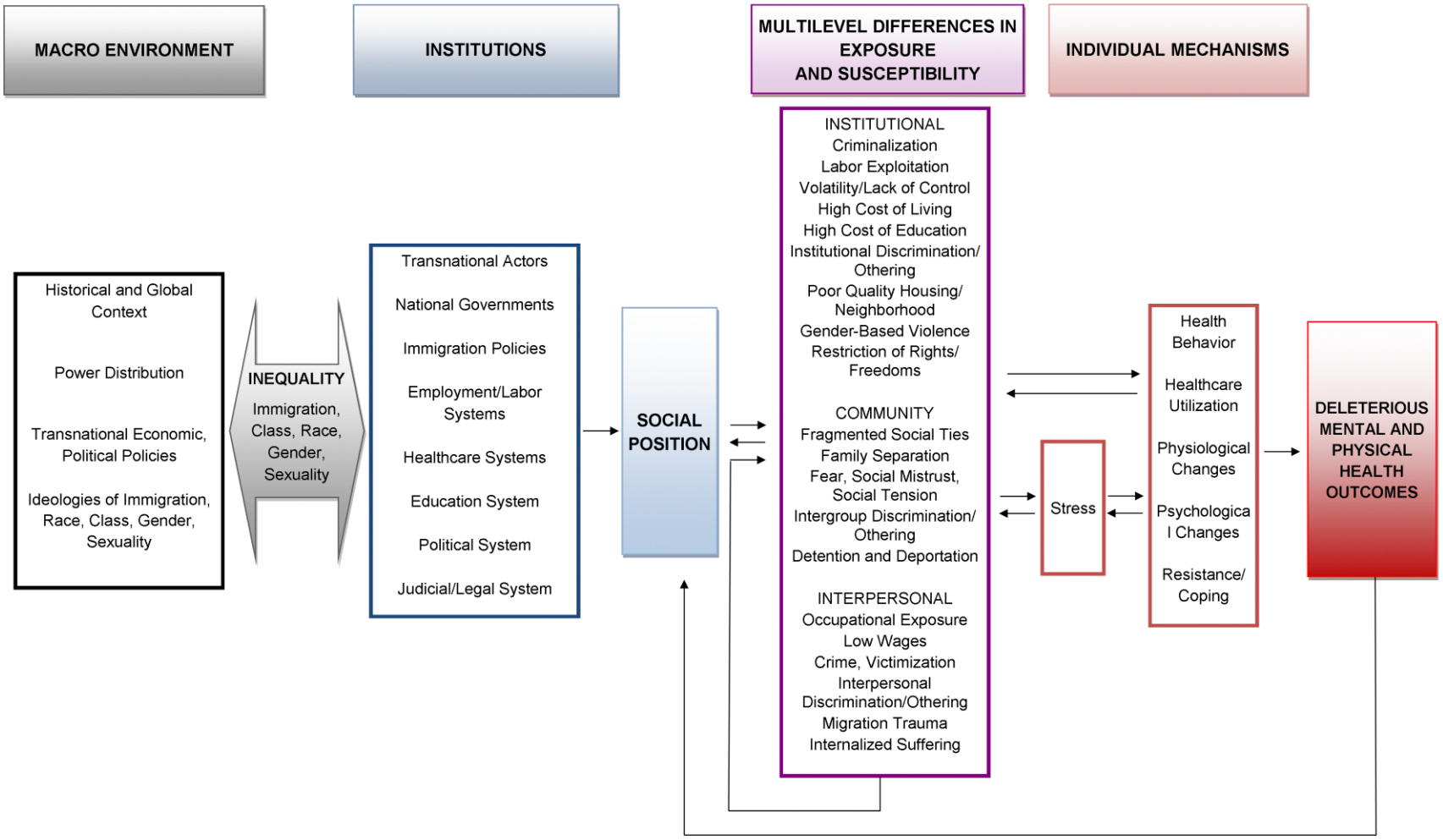
Table 2: Interviewees by Pseudonym, Gender, Age, Home Country

Pseudonym	Gender	Country	Age
Alma	Female	Guatemala	35
Ana	Female	Peru	43
Ashley	Female	Venezuela	37
Camila	Female	Colombia	40
Carla	Female	Mexico	25
Carlos	Male	Mexico	42
Clara	Female	Guatemala	25
Daniel	Male	El Salvador	38
Emmanuel	Male	Honduras	25
Felipe	Male	Honduras	29
Gabriela	Female	Honduras	41
Gerardo	Male	El Salvador	33
Graciela	Female	El Salvador	29
Isaac	Male	Guatemala	30
Isabel	Female	Mexico	55
Javier	Male	Guatemala	21
Juana	Female	Mexico	28
Julia	Female	Dominican Republic	55
Laura	Female	Dominican Republic	33
Lola	Female	El Salvador	34
Lucia	Female	Ecuador	46
Luis	Male	Honduras	29
Magdalena	Female	El Salvador	57
Maria	Female	Mexico	65
Martina	Female	Honduras	53
Mateo	Male	El Salvador	39
Pablo	Male	El Salvador	45
Paula	Female	Bolivia	32
Rodrigo	Male	Mexico	19
Santiago	Male	El Salvador	49
Sara	Female	Colombia	52

Table 3: Health Symptoms and Conditions Reported by Interviewees

Reported Health Symptoms	Reported Health Conditions
Angina	Abscess
Anxiety	Alcohol abuse
Back pain	Allergies
Blurry vision	Appendicitis
Diarrhea	Breast cancer
Difficulty sleeping	Depression
Dizziness	Diabetes
Fatigue	Hyperglycemia
Fear	Hyperlipidemia
Feeling depressed	Hypertension
Gastrointestinal distress	Mastitis
Generalized pain	Ovarian cysts
Hair falling out	Overweight/obesity
Headaches	Toxic occupational-environmental exposures
Impatience	Workplace injuries (lacerations, bruises)
Irritability	
Joint pain	
Memory loss	
Menstrual pain	
Migraines	
Muscle tension	
Muscular pain	
Nausea	
Nervousness	
Numbness in the extremities	
Overeating	
Recurring rash on extremities	
Sadness	
Shortness of breath	
Urinary incontinence	

Figure 1: Theoretical Framework for "Undocumented" Status as a Social Determinant of Health



APPENDIX: FINAL VERSION OF INTERVIEW GUIDE (ENGLISH LANGUAGE)

**Please note that the interview guide was constantly refined after each interview or set of interviews. This is not an exhaustive list of all the questions used in interviews. This is a final version of the interview guide. Interviews were semi-structured and varied considerably in the number, order and actual questions asked.*

General

- Can you tell me what country you come from and how long you have been in the United States?
- About how old are you?
- Can you tell me about your life in your country and what brought you to the United States?

Health

- How is your health?
- Do you have any problems with stress?
    - What worries do you have?
    - How do you feel when you are stressed?
- Do you have any problems with…
    - Pain?
    - Sleeping or feeling tired?
    - The ability to move around physically or to do physical activities?
    - The ability to remember things or the ability to concentrate on things?
    - Breathing (feeling shortness of breath)?
    - Feeling sad or depressed?
    - Feeling nervous or anxious?
- What parts of your life here in the United States do you think have the most negative impact on your health?
- In comparison with other things, how important for your health is your immigration status?
- What do you think is necessary for you to stay healthy?
- Have you experienced a time when you had a great change in your mental or physical health? If so, could you tell me about that?
- Have you had any changes in your health since you came to this country? If so, what happened to make you sick?
- Do you believe you have what you need in this country to stay healthy?
- How do you think your health has changed in this country?
- How do you think being an immigrant affects your health?
- What is your opinion of the health system in this country?

- Have you ever wanted to see a doctor but couldn't? If so, why?
- Do you have any concerns about seeing a doctor in this country? Why or why not?
- What happens to "undocumented" immigrants when they get very sick?
- If you were seriously ill or injured, what would you do?
- If you were so sick that you couldn't work, what would you do?
- Some studies of immigrants in this country have said that immigrants arrive very healthy, but after some time, their health gets worse. Why do you think this could be happening?
- What do you think causes immigrant health to get worse in this country?
- What parts of your life here in the United States have had the most favorable or positive impact on your health?
- What needs to change for your health to get better?
- What other questions should people be asking about your health and how to make your health better?

Immigration Status

- How do you think not having papers or being undocumented affects immigrants?
- How does it affect immigrant health?
- How does your immigration status (not having papers) affect you?
- What struggles do you have?
- Are there things you cannot do?
- How has your immigration status affected your…
    - Ability to go to the doctor or dentist?
    - Ability to Make a living or find work?
    - Your salary or your working conditions?
    - The quality and safety of your house or neighborhood?
    - Your ability to go to school or get an education?
    - Your social network?
    - Your mobility (move around in an area)?
    - Your relationship with your family?
- Has anyone ever threatened you due to your immigration status?
- Have you ever not reported a crime due to your immigration status?
- How would life be different if you had papers or a stable status? What things could you do?
- How have the activities of the immigration authorities affected you or impacted you?
- How has fear of detention and deportation impacted your life?
- What do you think of the recent debate on immigration reform? How do you think it will impact you?
- Have you participated in any demonstrations, protests, marches or other activities in support of immigrant rights? How do you think it is impacted you?

Border Crossing

- In general, how does the journey to the United States affect immigrants?
- Could you tell me about how you came to the United States?

- Could you tell me about your experience crossing borders?
    - Probe: What types of dangers did you experience?
- How do think the increasing security and monitoring of the border has affected you?
- How do think your experience of coming to this country and crossing the border has affected your stress and health?

Discrimination

- What does "being American" mean to you?
- How has coming to this country changed you?
- Has the experience been different than what you hoped? How?
    - Probe: Some people have described their experiences in the United States as a process of being turned into a "minority" or made into the "other." Have you experienced a process similar or different?
- How are Latin American immigrants treated in this country?
- Why do you think there is discrimination or unjust treatment against Latin American immigrants in this country?
- How do you think Latinos treat people without papers?
- How do you think being treated in an unjust way affects people?
- How have you been treated in this country?
- Have you ever felt that you have been treated differently in this country?
- Have you ever been treated badly, unjustly or without respect? Why?
    - How did is make you feel?
    - Why do you think those people treated you badly?
    - How did this experience affect you? What effects do you think this experience had on your health?

Representation of Immigrants

- How do you think this country represents immigrants?
- How do you think immigrants are represented on television, on the radio or in newspapers?
- Some people use the term "illegal" to describe people without papers. What do you think about this?
- In general, how do representations or stereotypes affect immigrants?
- How have negative attitudes towards immigrants affected you? In what way?

Family

- How is family important for people who migrate to this country?
- Can you tell me about your family?
- Where does your family live? Here in the United States or in another country?
    - Would you like to bring your family here? Why or why not?
    - How is it for you to be far away from your family?
    - How do you think being far away from your family affects your health?
- How does the need to support a family affect you?
- How do you think your family has been affected by your migration here to the United

States?
- How is your family important for your health?

Social Support

- What is your social circle like?
    - Why do you think it is this way?
- How do you compare your social circle here with the one in your country of origin?
- Sometimes all of us need to ask help for something. Do you have someone on whom you can depend on or confide in?
- How has your social circle affected your health?
- Have you ever felt isolated or alone in this country? Why?
- Has the feeling (of isolation or loneliness) been different than in your home country? Why?

Employment/Work

- In general, what types of jobs do you think are available for immigrants in the United States? Why do you think it is this way?
- How do you think those types of jobs affect the health of immigrants?
- What are the conditions like in your job?
- How hard or difficult is your job?
- Can you tell me about your working hours, the time you get for breaks/rest, the number of days a week you work?
- Can you tell me about if you are able to take time off to rest or if you are sick?
- Why do you think the working conditions are the way they are?
- Do you believe you are being paid justly? Why or why not?
- Do you believe that your employers treat you justly in your job? Why or why not?
- Has your employer asked you to do things differently than other employees?
- How are your coworkers? How are your interactions with them?
    - Are there any coworkers that do not treat you with respect? Can you tell me about them?
- [For women] If your employer or your coworkers are male, how are your interactions with them? Do you feel treated with respect?
- How do you feel about your work? What concerns do you have about your work?
- How do you think your work affects your stress?
- How do you think your work affects your health?
- What effects do you think your work will have long term (many years from now)?
- [If unemployed] How does not having work affect you? How has it affected your health?

Place/Location

- How did you decide to come to this area?
- How safe or welcome do you believe this area is for immigrants? How safe or welcoming has it been for you?
- Have you been to or heard of other areas in the United States that are more dangerous or

hostile for immigrants?
- How can different areas be helpful or harmful to immigrants?
- Do you think living in a certain place in the United States can be more healthy for immigrants?

Housing/Neighborhood

- How would you describe the quality of your home? Is it poor, average, good?
- What types of problems do you have with your house?
- Do you feel that you have adequate space in your house?
- How would you describe the quality of the neighborhood in which you live?
- What types of problems are there in the neighborhood?
- Do you feel safe in your neighborhood? Why or why not?
- How do you think the quality and security of your home and your neighborhood affects your health?

Intersectionality (Women)

- What struggles do immigrant women experience? What difficulties do they have?
- How is living in this country different for immigrant women?
- How do you think these additional struggles can affect health?
- What are the concerns that immigrant women have?
- What has your experience been like as an immigrant woman?
- What concerns do you have about your health as an immigrant woman?

NOTES

[1] This study will generally attempt to use the term "migrant" when referring to individuals who have migrated from Latin America, as opposed to immigrant, in order to more accurately reflect the identities, histories and status of migrants and to disrupt assimilationist notions of a unidirectional migration. Latin American migrants often must cross several international and domestic borders. They often have varied reasons for migrating and may view their migration as forced and/or temporary. Migrants also may engage in numerous transnational practices thereby contesting traditional notions of "citizenship." In addition, migrant identity is often a conflicting "borderlands" shaped as much by the individual's conceptions of self as by outward societal construction/othering/marginalization. Finally, human migration existing long before the advent of nationality, citizenship or borders and has been and continues to be a universal strategy for survival.

[2] This study will use "Latin American" when referring to the target population – "undocumented" Spanish-speaking migrants from Latin American countries – for two reasons. First, when asked about their racial or ethnic identity, the vast majority of the interviewees in this study strongly identified with their home country or national origin, choosing to identify as "Honduran" or "Guatemalan" for example. Second, although Latin American migrants may be racialized as Latino/Latina, this racial grouping can obscure important differences such as those between US-born and foreign-born populations and between different Latin American national origin groups.

[3] Several critiques have been levied in regards to the acculturation approach to migrant health, including that acculturation: assumes the existence of distinct and monolithic cultures among migrant groups; portrays an idealized white American culture as normative; ignores the socio-historical contexts of migration; ignores the social and economic inequalities, racialization processes, social marginalization and discrimination that migrants experience; and fails to acknowledge the existence of transnationalism and alternatives to cultural "assimilation" (Carter-Pokras & Bethune, 2009; Hunt, Schneider & Comer, 2004; Kao, Hsu, & Clark, 2004; Viruell-Fuentes, 2007).

[4] To minimize the potential of disclosure of documentation status of participants, this study employed the method proposed by (Lahman et al., 2011) in which sampling for research studies should avoid directly targeting "undocumented" migrants. This resulted in the collection of data for both documented and "undocumented" migrants and required the exclusion of documented migrants in the analysis stage of the study.

[5] The names of these organizations have been withheld to protect interviewee anonymity.

[6] A small number of interviewees did not give their exact age. The age of these interviewees was estimated.

[7] Efforts were made to recruit queer, lesbian, gay, bisexual and transgender interviewees through existing support organizations and groups. However, the researcher was unable to interview any interviewees who explicitly disclosed their identity as lesbian, gay, bisexual or transgender.

[8] Race is socially-constructed, as opposed to biological. It is fluid, dynamic ordering of people, which results in real material and structural consequences (Omi & Winant, 1994).

[9] Many of the interviewees in this study were in a state of liminal legality owing to attempting to gain temporary or more stable legal status through various mechanisms, but most commonly as survivors of domestic violence.

[10] Similarly, a recent Pew Research Center survey found that a majority (61%) of Mexicans say they would not move to the United States even if they had the means and opportunity to do so and that only forty-seven percent of Mexicans, a smaller percentage than a year ago, say that people from their country who move to the United States have a better life there (Kohut, Wike, Horowitz, et al., 2013).

[11] The concept of racial ordering espoused by Kim (2000) and Molina (2006) is a multidimensional conceptual field structured by at least two axes: superior/inferior and insider/foreigner. While traditionally racialization processes have been viewed as dualistically Black/white in the United States, historically "foreignness" has also served as a marker of racial otherness. In this context, foreigner, outsider and/or "immigrant" take on racialized meanings.

[12] In one such case, "undocumented" Latin American migrants were "rounded up" by U.S. Marshals after seeking sanctuary in a Red Cross shelter in Mississippi after Hurricane Katrina (Terhune & Pérez 2005).

[13] For instance, a recent report found that Latina women have the lowest wages when compared to white men, an average of 54 cents on the dollar (National Women's Law Center, 2013).

[14] Gender-Based Violence (GBV) is fundamentally due to gender inequities and includes a range of acts, typically perpetuated by men against women, such as domestic violence, intimate partner violence, physical, sexual, or

psychological harm by a current or former partner or spouse, as well as sexual harassment, sexual abuse, rape and sexual exploitation (World Bank, 2009; World Health Organization, 2012).

[15] It should be acknowledged that "queer" or "LGBT" identity may not be appropriate or endorsed by migrants who may have a differing, less binary view of sexuality. Migrants who may not identify with a queer/LGBT label may still experience discrimination, othering and other structural barriers based on how they are perceived by a homophobic and transphobic society.

[16] All interviewees were provided with a list of local resources, including health care providers at the conclusion of the interview.

[17] Many interviewees in this study invoked their religious beliefs as sources of strength, coping or resilience in the interviews. Most often, interviewees referenced their individual personal beliefs (e.g. Alma stated "I give thanks to God because all of the things that we do, we do because of God. Without him we couldn't do anything.") To a much lesser degree social engagement with a religious group or organization was cited by a few interviewees. However, due to the fact that religion as a coping strategy, especially for Latin American migrant populations, has been largely a focus of the broader and more culture-focused literature on migrant health, the discussion of this strategy in this study has been limited. Please see Sanchez et al. (2012) for an example of a recent study on the use of religious coping mechanisms in relation to mental health among Latin American migrants.