

Theorizing Cross Border Interventions: The California-Mexico Health Initiative

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This paper discusses the four-year-old California-Mexico Health Initiative; located at the California Policy Research Center, part of the University of California's Office of the President. The Initiative has organized three sets of activities. Binational Health Week, a political and educational "fiesta" that focuses on migrant health issues that entails the mobilization of community and government resources to improve migrants' health in the United States as well as that of their families in Mexico. Secondly, the Initiative sponsors scholarly forums that present state of the art research findings on migration and health issues by scholars from both countries and rotates the sites between Mexico and the United States. Third, the Initiative has formed institutional collaborations between the Mexican and Californian health administrations. Funding for these activities comes from a variety of private and university sources as well as the United States-Mexico Border Health Commission.¹ Levitt and de la Dehesa (2003) suggest that costliness and lack of resources are key limitations to the establishment of state policies that integrate migrant subjects. We suggest that an additional challenge exists in the transnational travel of concepts regarding health care delivery between Mexico and the United States as well as the politics of collaboration between the two countries.

We situated our analysis within a theoretical framework developed at the University of California, Santa Cruz called "Hemispheric Dialogues." The framework, as Jonathon Fox summarizes, "recognizes difference in order to bring people together" (2004). Sonia Alvarez elaborates on this perspective: "The central premise of this analytical focus is that more productive hemispheric dialogues can only be fostered through sustained processes of cultural, political and disciplinary translation . . . A more deliberate focus on the recognition of different frameworks will help to overcome both linguistic differences (which remain a major issue) and to address *conceptual* translation needs that are often ignored or underestimated."² Within this transnational framework, we examine, binational health activism, a pressing need by migrants and a part of contending political agendas.

In "Illegal Status and Social Citizenship: Thoughts on Mexican Immigrants in a Postnational World," Adelaida Del Castillo highlights the role of women migrants in the adaptation process who both utilize and contribute to the resources and benefits usually associated with legal citizenship. In the practice of daily life through activities such as setting up small businesses, working for wages, finding day care, or enrolling their children in schools,

migrants construct social citizenship benefits denied to those unauthorized to live in the United States.

There is a long history of the Mexican nation's attempts to work with Mexicans in the United States, going back to the Echeverría administration when he reached out to leading Chicano political and intellectual figures although not to migrants.³ Since then, in tandem with increased migration to the United States, politics and policies have shifted in Mexico. Jorge Durand (2004: 3) suggests that a new phase in Mexico's emigration policy was formulated in 2000 with the toppling of the Partido Revolucionario Institucional and the transition to semi-democratic reform under President Vicente Fox of the Partido Acción Nacional. Fox's government designed a detailed, aggressive policy based on principles that saw the migration question over the long term and proposed talks with the United States based on "shared responsibility."

Drawing on participant observation, this paper illustrates the challenges facing participants on both sides of the border who seek binational collaboration on health care access. We argue that the California Mexico Health Initiative contains an implicit theoretical model about region and policy that reconfigures and "translates" two radically different national approaches to health care delivery for migrants in the United States in an effort to realize this notion of shared responsibility. Further, the California Mexico Health Initiative practices a form of social citizenship regarding migrant health.

The translation of health care delivery has been a challenging enterprise since the two countries have such different approaches to health care delivery. In official Mexican discourse, health care is seen as a human right. And even though there are not enough resources for full health care delivery, there is a general philosophy that everyone should have subsidized health care access. In the United States, health care is seen as a service delivered by the private sector unless individuals are in special circumstances such as being disabled or elderly; then the state should support health care access. Migrants from other countries, particularly those who are unauthorized, experience formidable barriers to accessing health care in the United States. These include disproportionately low rates of medical insurance, especially for children, as well as language use (either predominantly Spanish or indigenous languages), and lack of transportation (Valdez 2003). In addition, some undocumented may have the misperception that in post-

Proposition 187 California, they do not have the right to seek health care except in emergency situations (Castañeda and Zavella 2003).

The presidential administration of Vicente Fox marked a turning point in binational relations. While a presidential candidate, Vicente Fox made several highly publicized trips to campaign in the United States.⁴ Early in his administration in 2000, Fox negotiated lower rates for emigrants sending money home. He created a short-lived Presidential Office for Mexicans Abroad, which was closed in 2002, headed by Juan Hernández, a scholar who teaches Chicano Literature at the University of Houston and is fully bilingual and supported the Initiative. Fox has also promulgated a discourse about migrants and their U.S.-born children being “heroes to the nation” that, while controversial, shifted how Mexicans regard those who live in the United States. Accompanying these political shifts, remittances continue to grow and in 2003 became the highest single source of income for Mexico (Orozco, 2003). Under the Fox administration, the Mexican government increased funding to hometown associations that channeled U.S.-based resources in economic development projects in Mexico called “three for one.”⁵

Concurrently, the Bush administration promulgated a vision of “compassionate conservatism” that suggested there should be some sort of guest worker program for Mexicans as well as possible amnesty. After 9/11, the promising talks between George Bush and Vicente Fox broke down.

The California Mexico Health Initiative was forged in this complex binational context. Within weeks of 9/11, the first Binational Health week took place in California. The planning had long been in place and the activities proceeded to great success. Xóchitl Castañeda (my collaborator) conceived of the California-Mexico Health Initiative, wrote the original grant proposal, and now serves as the Project Director.⁶ The CMHI has three target populations: migrant workers and their families, health care providers and researchers, and policy makers and decision makers.

The concept for the Binational Health Week was built upon Mexico’s highly successful immunization crusades that began in 1993, when the Mexican Ministry of Health implemented three nationwide health weeks a year designed to improve the health of underserved populations through festive social mobilization (Castañeda et al. 2004). Binational Health Week has six priority health topics based on disease incidence levels among the Latin population in California: these include 1) mental health, including domestic violence and alcohol and substance abuse; 2)

nutrition, including the relationship between diet and diabetes, hypertension, high cholesterol, and obesity; 3) infectious diseases, including HIV/AIDS, tuberculosis, hepatitis, and sexually transmitted infections; 4) occupational health and injury prevention, especially issues relevant to adolescent agricultural workers; 5) women's health, including issues related to cervical and breast cancer, gender issues, and reproductive health; and 6) oral health, especially dental care and prevention of tooth decay. These provide insight into the range of health problems facing migrants. Binational Health Week relies on existing partnerships and networks that include clinics, county-based organizations, university research programs, Mexican hometown associations, and the participation of Mexico's Ministry of Health and Foreign Affairs. It has facilitated dialogue among migrants, Latino legislators, philanthropic organization, medical insurance corporations, Mexican and California government officials, and social activists.

Despite such an ambitious agenda, the outcomes have been impressive. The number of people who participated in Binational Health Week in California and in Mexico grew by 350 percent, from almost 19,000 in 2001 to almost 87,000 in 2004. The number of health care interventions grew by over 300 percent, from 37,000 to 150,000 between 2001 and 2004. More than a million pieces of printed material were distributed to the general public during 2004 alone. Finally, the number of participating agencies grew from 115 in 2001 to 390 in 2004 (Castañeda et al. 2004:5).

While it is tempting to celebrate the many accomplishments, our analysis points to challenges that are recognized by the organizers of this project (Castañeda et al. 2004: 2): "This diverse resource of volunteer power, however mighty when mobilized, is also an area of potential weakness for CMHI. The Initiative must depend on the dedication, good will and follow-through of all these politicians, academics, public and private health professionals, community groups, press and individuals continuing to make this commitment of time and energy year after year." Clearly the many activities need to be institutionalized permanently, as the organizers recognize: The "long-term strategy is to bring together the people who are working on migrant and/or health issues in both California and Mexico, give them an opportunity to meet and learn from one another, make connections, and then be able to use one another as resources for collaborative projects in the future" (Castañeda 2004: 21).

In addition to Binational Health Week, the California Mexico Health Initiative has created a program called *ventanillas de salud*, which are health stations within Mexican

consulates. A binational epidemiological surveillance system pilot project has been established as well as a special call for research proposals on migration and health. A database and on-line directory on migrant health services and programs is now in place, as is a clearinghouse of health education materials in both Spanish and English. Finally, a program at the University of California coordinates the training for health care professionals and medical students and includes spending time in Mexico. While the initial activities have focused on California, there is hope that these programs could be replicated in other states with migrant populations. Next year the Binational Health Week will be held in Chicago, where representatives of 45 Consulates and the Mexican Embassy will be in attendance.

Every step in the creation of these programs have entailed delicate negotiation to ensure that all participants are recognized and have their input and there is always simultaneous translations between English and Spanish. The conceptual translations occur between a State with the largest settlement of undocumented migrants and a country that increasingly recognizes the value of those living abroad. Not surprisingly, the politics of binational collaboration continue to affect the California-Mexico Health Initiative. For example, in his welcoming remarks that opened the Binational Health Week on October 12, 2004, President Vicente Fox addressed how Mexican migrants are regarded in the United States directly. He asserted: "The identity card issued by the Mexican consulates are being questioned again. However, we will defend ourselves to the bitter end because our countrymen are neither gang members nor terrorists; they are people with dignity; they are workers who contribute much to the North American economy" (quoted in Zacarías 2004).⁷ It is only recently that Bush and Fox have resumed discussion of a binational agreement about migration from Mexico and thus far no concrete proposals have emerged although the indications are worrisome.⁸

In conclusion, the California Mexico Health Initiative contains an implicit political ecology in which the stakes are high and may well provide a model for binational collaboration. Yet much like the undocumented that they serve, the Initiative is politically vulnerable. As Congress debates such volatile binational issues as possible guest worker programs, whether to deny citizenship to the children of the undocumented, or further militarization of the border, the provision of health in the United States, while not seen as a human right, increasingly is much more than a service.⁹ Health care access is being practiced as a form of social citizenship in the

United States. At the same time, health care provision to migrants is seen in Mexico as something that meets the interests of the Mexican government as well as its citizens.

Notes

¹ The CMHI receives funding from The California Endowment, the California HealthCare Foundation, The University of California Institute on Mexico and the United States (UC MEXUS), the California Policy Research Center's California Program on Access to Care, the Universitywide AIDS Research Program, the California Department of Health Services, Health Net, PacifiCare, AltaMed Inc., Blue Cross of California, and the United States-Mexico Border Health Commission.

² Sonia E. Alvarez, Jonathan Fox, Manuel Pastor, Juan Poblete and Patricia Zavella, *Hemispheric Dialogues 2: Bridging Latin American and Latino/a Studies Through Curricular Innovation and Action-Research Partnerships*, Annual Narrative Report to the Ford Foundation, June 2001.

³ According to Durand (2004), until the 1940s, Mexico fostered a policy of attracting home its citizens who remained in the territories "annexed" by the United States that included California, Texas, New Mexico, Arizona, Nevada and Utah. During this time emigrants from Mexico were often considered traitors to the homeland for working and thereby strengthening their northern neighbor.

⁴ The Fox campaign issued telephone calling cards to emigrants so they could phone families to urge support for him (Levitt and de la Dehesa 2003:604).

⁵ The Fox administration has been criticized for a number of issues. One of the most glaring was the U.S. Supreme Court ruling in March 2002 that denied undocumented migrants the right to receive compensation or back payment if they are unjustly fired. Many saw President Fox's response, working through the embassy in Washington, as too timid. The Legislature called on Fox to condemn the ruling more strongly and to file a case against the United States with the International Labor Organization (Levitt and de la Dehesa 2003: 600).

⁶ Castañeda and I received a fellowship from the Hemispheric Dialogues 2 project after she had launched the California-Mexico Health Initiative so that we could work on our collaborative research project. I served on the original Advisory Board for the first Scholarly Forum and continue to serve on the Monterey County Advisory Board.

⁷ La matrícula consular nuevamente está siendo cuestionada, pero la defenderemos a capa y espada porque Nuestros paisanos allá ni son delincuentes ni son terrorista, son gente con dignidad, son trabajadores que en mucho contribuyen a la economía norteamericana.

⁸ In September 2003, Congress discussed two proposals: the Border Security and Migration Law (HR2899) would have legalized undocumented workers in residing in the United States. The AgJobs bill proposes an agricultural workers program (Durand 2004) and is pending.

⁹ In 2003, after two years of delay because of the terrorist attacks of 9/11/01, President Bush proposed a new contract labor program (Bumiller 2004). Bush's program would give three-year renewable work visas to millions of undocumented migrants inside the United States and to those who wish to enter and could prove that have been offered a job (Gold 2004). He did not offer amnesty, but rumors of amnesty were so widespread that the number of apprehensions along the U.S.-Mexico border had increased significantly with deadly consequences for migrants.

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