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The *Other* Mayan Route: Migration and Health

Narrative Final Report
THE *OTHER* MAYAN ROUTE: MIGRATION AND HEALTH

Introduction

The objective of this research report is to contribute information on the migratory process between Mexico and the United States and the health problems that Mayan migrants from the state of Yucatán (Mexico) confront, both "those who go", and "those who stay behind" in the places of origin. Also, it explores how the mass communications media, especially radio broadcasts in the Mayan language, could constitute an option that would enhance contact between indigenous migrants in the U.S. and *those who stay* in Mexico, as the radio and other media are nodal points for social networks that, in the case of migrants who journey to the U.S., are not only local, but also regional and even international in scope.

Here, the challenge is to develop informative and didactic messages that will allow men and women migrants to create communication processes and social solidarity networks capable of providing mutual support when they face violence, be it structural –eg., conditions of poverty, job insecurity, lack of access to health care– or symbolic, such as discrimination and racism, that they experience precisely because of their condition as immigrants.

Non-violent communication practices within the family, in the community of origin or in so-called transnational communities, in addition to forms generated by the mass media, especially radio capsules broadcast in Mayan, would play an important role in the search for the integral wellbeing (for example, in relation to poverty, exclusion and health care) of Mayan migrants from Yucatán.

According to the 2005 Census by Mexico's National Institute of Statistics, Geography and Informatics (INEGI, 2005), indigenous peoples make up one-tenth of the nation's inhabitants; in absolute terms, the largest Indian population in America. It is important to note that of Mexico's 62 ethnic groups, the ones with the largest indices of migration are the Purépechas, Mixtecas, Otomíes, Nahuas, Totonacas, Mazahuas and Choles. Four of Mexico's 32 states –Chiapas, Oaxaca, Veracruz and Yucatán– account for 47 percent of the national indigenous population. The National Population Council (CONAPO) indicates that the communities of origin of these Indian groups are characterized by high birth rates, the absence of health services and potable water, overcrowded housing, dwellings with dirt floors, illiteracy or low educational levels (primary school unfinished) and even non-

attendance by children. There are also land conflicts, often involving zones that have been proclaimed natural reserves, and high indices of work-related migration. Life expectancy in those places is 7 years less than the national average, leading some to say that in Mexico the Indians are the "poorest of the poor" (Embriz *et al*., 1998:160-162).

Approximately 1,200,000 indigenous people live In Yucatán (*Proyección de indices demográficos* 1990-2030, CONAPO, 2005), a figure that represents almost 65 percent of the state's total population. According to INDEMAYA (Institute for the Development of the Mayan Culture in the State of Yucatán), 45 percent of peasants have emigrated to Cancún, Isla Mujeres, Cozumel or Mérida in search of work and the urban area of Mérida has an important Indian population. As in other regions of the country, this migratory phenomenon emerges from the conditions of scarce employment opportunities and the limited development of rural areas, a situation that contrasts with the purchasing power that seems to characterize the large cities.

Recent emigrants face several problems; for example, they often live in shantytowns (*asentamientos irregulares*), experience sub-employment, earn low wages, have low-quality housing, and so on. Aside from Mérida, other municipalities with a high indigenous presence are Valladolid, Tizimín and Izamal. International migration takes these people primarily to the U.S. and Canada (INDEMAYA, 2005, <www.indemaya.gob.mx>).

Municipalities in Yucatán like Muna, Dzan, Oxkutzcab and Peto have high indices of migrants of Mayan origin, especially in the sector of young males. Peto, home to the indigenous radio station, *La Voz de los Mayas* (Voice of the Mayas, XEPET), sponsored by the National Commission for the Development of Indigenous Peoples (CDI), is a locality where the majority of inhabitants are indigenous: over 70 percent of people there are Mayan-speakers (*Acciones* 2003-2004, Programas de la CDI, <www.cdi.gob.mx>).

Migration by this indigenous population is nothing new in Mexico's history, but it has increased markedly in recent years, especially since the 1980s. The south-southeastern region –with the highest concentration of indigenous people in the Mexican Republic– has emerged as a significant new migrant-sending area, as people from there have come to establish a significant presence in North American cities like Los Angeles and San Francisco, California. As studies of this demographic phenomenon continue to confirm these tendencies, this recent migratory phenomenon has begun to receive special attention in conceptual frameworks and a higher priority in social research.

The social history of Mexico and the institutional inflexibility of its governmental programs have left indigenous migrants facing a double discriminatory process: historically, they have existed as a subordinated Indian population; while more recently they have been marginalized due to their status as migrants. These conditions must be reversed and Indian migrant must be reconceptualized as a high-priority target for public policies in this area.

Migration from Yucatán began during the *Bracero* Program –1942-1964– but in the 1990s a new and larger scale migratory movement emerged at the national and international levels, when –primarily– young Mayan men from the state came to be increasingly attracted by the illusion of the "American dream".

According to Abigaíl Uc Canché, INDEMAYA'S Director, in 2007 the population of Yucatecans in the U.S. was 160,000; in 2008, it grew to 170,000; and in 2009 hovered around 165,000, as some 5,000 migrants returned home due to the difficult economic conditions to look for work and find ways to support themselves and their families. Uc Canché also mentions that 3,000 Yucatecans migrated to the U.S. in 2007; 2,000 in 2008 and 1,000 more in 2009, indicating people's declining interest in going to the U.S. due to concerns about both employment and the racism they face (*Tribuna*, 02/11/10, <www.tribunayucatan.com.mx>).

The *Asociación Mayab*,[1] however, sustains that there are only 10,000 Yucatecan migrants in the U.S., a figure that contradicts INDEMAYA'S data and suggests that there are also contradictions in the findings, as well as in both the governmental and institutional practices that target the Yucatecan population north of the border.

1. Empirical information[2]

Empirical information was gathered through a quota-based, non-probabilistic sample (Padua, 1983) of sixty interviews with residents of the municipalities of Oxkutzcab, Muna, Peto, Dzan (in Yucatán), and in San Francisco, California. In terms of education, interviewees had not progressed beyond primary school. Their ages ranged from nineteen to sixty-plus, they came originally from southern Yucatán, and had either direct or indirect experience with migration. Of the 60 people consulted, 26 had migrated to San Francisco or San Rafael (California), or to Portland or Estacada in the state of Oregon. The migrants (18 males, 8 females) have all lived for at least a year in the U.S. (range, 1-10 years), where they held unskilled, low-paying jobs. Almost all were undocumented and their employment was concentrated, with a few exceptions, in menial, service sector jobs (dishwashers, busboys, waiters). On the other hand, 34 interviewees (18 males, 16 females) were living in the aforementioned municipalities in Yucatán. Most respondents speak, or at least understand, Mayan.[3] In Yucatán, Mayan-speakers are referred to as *Mayeros*.

It seems that migrants tend to be the youngest, most able and healthiest individuals. The interviewees came from extended family structures (father, mother, brothers, brothers/sisters-in-law, nephews/nieces), characterized by shared residence and religious beliefs and practices; in some cases Catholic, in others Protestant (mainly Pentecostal or Presbyterian). Most attend church regularly, emphasize their desire to progress and improve their lot in life, and their intention to achieve personal freedom and justify their self-imposed migration as an attempt to improve the precarious economic conditions in which they live in their places of origin in Oxkutzcab, Peto, Muna or Dzan. Though the other members of their families, those who stay behind, share in this project that seeks progress and future wellbeing, they also suffer the pain and sadness that come from separation, not to mention the onerous burden of the debt that migrants incur to finance their journey north.[4] In some cases, the absent member is the head of the household (patriarch), while in others those who leave are sons or husbands.

Interviews were conducted in both the places of origin (southern Yucatán) and in the migrants' destinations (San Francisco), so the version of events can be understood as a unit constructed from two angles: the vision of the people "who go", and the perspective of "those who stay behind". For purposes of description in this report, the first group ("those who go"; *i*.e., those with firsthand experience of migration) is examined independently from the second ("those who remain behind"; *i*.e., those whose experience is indirect), though both narratives reflect the same level of interlocution with respect to migrants' practices and experiences.

[1] Established in 2003 to aid the victims of hurricane Isidoro and, later, to assist the organization of Yucatecan migrants in California.
[2] See the Appendix on Methodology.
[3] Self-recognition as a Yucatecan Mayan was used as the indicator of ethnic adscription, regardless of whether or not the individual spoke the Mayan language.
[4] See the section, "The decision to leave".

Basic data

This section presents an account of the most salient basic data on the municipalities where interviewees live, including: total population, Mayan-speaking population, health services and the economically active population (EAP).

The municipality of Oxkutzcab, which means "the land of *zapotes, ramón* and honey", has 29 localities. The towns we visited were: Oxkutzcab (the municipality's administrative center), Yaxhachen, Xohuayan, Emiliano Zapata and Xul. In terms of health services, the *Anuario Estadístico del Estado de Yucatán* (INEGI, 2000) indicates that there are two first-level health clinics, one operated by the *Instituto Mexicano de Seguro Social* (IMSS), and one by the *Instituto de Seguridad y Servicios Sociales para los Trabajadors del Estado* (ISSSTE), as well as four units run by other institutions. The EAP includes 8,139 individuals: 39.50% of them active in the primary sector (agriculture, livestock, hunting); 16.27% in the secondary sector (manufacturing, construction, electricity); 43.26% in the tertiary sector (commerce, tourism, services); and 0.97% in "others" (INEGI, 2000).

Peto –"Crown of the Moon"– has 74 localities, the most important of which are Peto (the administrative center), Xoy, Yaxcopil, Tixhualatun and Progresito. It also has two first-level health clinics (IMSS, ISSSTE), but has five additional medical centers operated by different institutions. The EAP includes 6,268 people, who work in the primary (42.55%); secondary (22.33%); and tertiary sectors (34.21%), and in "others" (0.91%) (INEGI, 2000).

The municipality of Muna, "place of soft, gentle waters", has 18 localities, the most significant of which are: Muna (administrative center), San José Tipech, Yaxha, Choyob and Lázaro Cárdenas. There are two first-level health clinics, one operated by the IMSS and one by the ISSSTE. The EAP shows 4,074 people, classified as follows: primary sector, 42.66%; secondary sector, 21.20%; tertiary sector, 34.91%; and "others", 1.3% (INEGI 2000).

Dzan, which means "here one sinks, submerges, gets wet or goes under", has 4 localities (*comisarías*). The most important town is Dzan (again, the administrative center). There is only one first-level health clinic. Dzan´s EAP includes 1,335 people in the following sectors: primary, 67.14%; secondary, 12.83%; tertiary, 19.43%; and "others" 0.60% (INEGI, 2000).

It is important to emphasize that according to the aforementioned *Comisión para la Atención de los Pueblos Indígenas* (CDI)[5], these municipalities are classified as "highly marginalized" –*i.e.*, places where a significant number of men of productive age are forced to leave their hometowns– and, therefore, have higher numbers of migrants.

MUNICIPALITIES	TOTAL POPULATION	% OF MAYAN-SPEAKERS
Dzan	4,587	70%
Maní	4,867	77%
Muna	11,763	45%
Oxkuztcab	27,084	60%
Peto	22,386	59%

SOURCE: by the authors, with data from the INEGI (2005).

[5] "Informe sobre Desarrollo Humano de los pueblos indígenas de México", 2006. Consulted on the Internet at www.cdi.gob.mx.

II. *RESEARCH FINDINGS*

1. The migratory process

To analyze the migratory process of Yucatecan Mayans from Oxkutzcab, Muna, Peto and Dzan (in southern Yucatán) to San Francisco, we distinguished the following stages in this process: the decision to leave; crossing the border (usually without documents); the journey; and insertion into the U.S. Also examined are the health conditions in which those migrants live while in San Francisco.

The Mayans who migrated to San Francisco said that members of their families promised them some type of support, or provided the economic resources needed to make the journey northwards (airline ticket, *coyote*).[6] All interviewees had some knowledge of their job prospects in San Francisco, and today work in –or seek employment in– the service sector, especially in restaurants where they are hired as waiters, cooks, food preparers, busboys, waiters' helpers, dishwashers or cleaners. In general, before migrating from their hometowns they lived in their parent's home. Most had no children, worked in agriculture in family-owned orchards (cultivating citrus fruits like oranges, limes, tangerines and grapefruit), or in the cornfields.

The women we interviewed had left for the U.S. between the ages of twenty and thirty; most were married and had one child, though one mentioned that she had four. Two women said that their children were living with them in San Francisco, while the others had left their offspring with their grandmothers so that they could travel more easily. They also work in restaurants, or look for work as waitresses or kitchen helpers. Others dedicate their time to preparing Yucatecan dishes that they sell to other migrants. However, two of these women work in a prestigious cafeteria as the cashier and assistant manager, respectively. In most cases, before leaving they were homemakers who did sewing (embroidery) or small-scale commerce to earn money. Only two of the female interviewees are professionals: one is a schoolteacher, the other has a B.A. in tourism. Though most of the women migrated because their husbands were already living in the U.S., others went on their own account. Despite the perils involved in crossing the border, the idea of being reunited with their husbands, accompanying them and assuring that they take responsibility for their children, or the chalenge of finding work, were the factors that pushed these women to migrate. Their average time of residence in the U.S. is almost a decade, and most have not returned to their places of origin since going north.

The decision to go

The reasons that people most often mention for migrating refer to economic motives and young men's need for independence ("now I have my house, but I told my Mom and Dad that I need to go, to earn my own money and be on my own"; Antonio, monolingual Mayan, 25 years old). In every case, young men cited the impossibility of finding other employment options than that of emigrating and personally confronting the challenges of independence, progress, self-improvement; all of this in an attempt to resolve their families' marginal conditions and satisfy their needs. Respondents declared that they made the decision to migrate on their own ("there came a time when the field just didn't produce… the rains didn't come and the government gave no aid… well… only a little. I felt obliged to go and work, maybe I forced myself to go"; Imer, bilingual, 24 years old). The impossibility of obtaining higher wages ("you can't earn enough to build a house"), led them to turn to networks of friends (*amicales*) or family to obtain the money required to migrate. Most already had brothers, relatives or friends living in the U.S. Some of them stated that they felt that

[6] *Coyote* refers to men who, for a price, help migrants cross the border. Today, that price varies from $45,000 to $50,000 Mexican pesos (approximately $4,000 USD).

education was a waste of time, saying: "what's the point" of staying in school if your destiny is to go to the U.S., just like your brother, uncles or other close relatives?

The young unmarried men we interviewed plan a temporary migration that will allow them to achieve certain concrete goals. They leave home and stay in the U.S. for reasons such as the following: to purchase agricultural fields (*parcelas*), to buy a pick-up truck, to build their own house (generally on a large lot shared by the entire family) with all the commodities and services (potable water, sewer, kitchen, bathroom, several rooms, electrical installations); *i.e.*, "a two-storey house or one like those in the U.S." These young men leave the parental house at the age of 15 to 17; most are single and not yet engaged to be married.

In contrast to the findings of other studies (Poggio-Woo, 2000), the women we interviewed look to their direct relatives (husband, brothers, nephews) for sustenance and the funds they need to undertake the journey to the U.S.

Social networks (based on family, friends or religion)

Most of those who chose to migrate did so with the support of family members or friends who were already living in the U.S. In many cases, those people provided the money required for the trip, a place to stay, and financial support at the beginning to help the recently arrived migrant get established in the U.S. In others, the migrant "pawns his deed"; *i.e.*, turns his title that permits the purchase/sale of his *ejidal* plot over to a usurer in exchange for a cash loan to finance his trip. Both family networks and those based on religious affiliation help prospective migrants resolve the logistics of the trip and develop strategies for adapting to, and settling into, their new reality.

Many of the interviewees settled in the Mission District, a San Francisco neighborhood whose Latin population includes Central Americans, South Americans and people of Mexican origin. This area is home to most of the Yucatecan migrants. Misión Dolores, Potrero Hill, Valencia, Van Ness, Guerrero and 13th, 14th, 15th, 16th, 18th, 20th and 24th Streets, among others, are the places most frequented by migrants from Oxkutzcab, Yaxhachén, Xul, Yotholin, Dzan and other places in Yucatán. Their usual modes of transit are *Muni* buses and the *Bart* railway system, which has stations on Mission Street at 16th and 24th. There, at dusk, one sees many young men seated at the exit of the *Bart* station wearing different colored baseball caps – mostly white– wide, dark pants and thick-soled running shoes (also usually white), and loose-fitting t-shirts, smiling and chatting in Yucatecan Maya, while others just stand around watching the passersby.

In the words of one interviewee, at midnight Mission Street takes on a whole different appearance, as gangs from the north (characterized by red baseball caps) and south (blue caps) come out. The latter tend to hang around 16th Street, while the former frequent 24th. All carry knives and guns, assault individuals and steal. As Ricky told us: "You can't go within half a block of the 'southerners' or 'northerners', they'll kill you and rob you if you don't give them money. Over there, it's only by bus, yeah, they'll kill you there. Anything goes after midnight".

According to several authors, from the 1940s to the 1960s a large number of Mexicans came to reside in that zone, but it was not until the 80s and 90s that Yucatecans began to become more visible. Some Yucatecans, however, opt to live in the downtown area of San Francisco ("I've never lived in the Mission neighborhood 'cause the place is filthy, I don't like it, there's drugs, beer; I prefer to live downtown where they don't rob you… they watch out for you").

Respondents mentioned living in dwellings shared by five to eight people, usually men, most of whom were either relatives or people from their hometown: "Six of us live there, in

two rooms, each pays $250". Unlike the situation back home, in San Francisco men have to perform domestic chores such as preparing meals, cleaning the house or apartment and taking their clothes to the laundromat on their day off. In one way or another, their lives have been transformed, as they have become the main providers of their own subsistence and are also responsible for the wellbeing of those who stay behind in their communities of origin. They soon find their way around the city, get jobs and learn to manage their wages so that they can pay their bills (telephone, water, electricity, rent, laundromat, food), and still have money left over to send home to their families (remittances) ("from $200 to $400 to build the house, it'll cost me around $150,000 or $160,000 pesos"). Many work seven days a week, earning between $10.50 and $12.00 USD per hour, which gives them a biweekly income of $1,100 to $1,200 dollars, an amount almost unimaginable in Yucatán.

Clearly, the experience of living in the U.S. means that these migrants undergo important changes in many aspects of their lives: in particular, they come to feel more highly-valued as individuals, have contact with people from different backgrounds (Afroamericans, Asians, South Americans, Central Americans), strengthen their ability to adapt, and learn to be more self-sufficient and to use technological gadgets (cell phones, computers, etc…). Also, they develop new skills, learn to operate in other cultural codes, help others –their nuclear families– improve their standard of living, and come to recognize and value more highly the family relationships they left behind in Mexico.

In synthesis, for both men and women migration appears to propitiate personal and social transformations that translate into "self-sufficiency and self-esteem", products of their insertion into labor markets and the economic improvement they experience while living in the U.S. However, as the following section shows, international migration also brings problems in the areas of health and illness for both those who go and those who stay; an aspect that affects migrants' mental and psychological wellbeing.

2. The health of *those who go* and *those who stay*

Most of the research conducted over the past 20 years shows that the health of Mexicans living in the U.S. deteriorates with the advance of the acculturation process. This means that while adapting to, and adopting, the 'American Way of Life', certain aspects of Mexican culture linked to health (eg. traditional medicine), are gradually lost and, as a consequence, their wellbeing suffers (Waldstein 2008). According to data from CONAPO-*Iniciativa de salud de las Américas* (Health Initiative in the Americas), nine out of every ten Mexican migrants in the U.S. are teenagers or young adults. Similarly, statistics show that Hispanic immigrants, especially Mexicans, enjoy better health conditions than other sectors of the population; for example, lower prevalences of cardiovascular disease, diabetes and cancer. But this image of their state of health is probably misleading, as the real indices of these illnesses is surely higher than those recorded in statistical reports (CONAPO-HIA, 2008).

It is also clear that U.S.- born Hispanics are less healthy than migrants and that, as one might expect, their condition tends to worsen during their period of residence in 'the north' (Cornelius, Fitzgerald and Lewin, 2008).[7] It should be pointed out, however, that respondents in Muna, Peto, Oxkutzcab and Dzan do not express or perceive that their health has declined as a result of migration. Instead, they stress the "chance to make things better for the family". It seems that they do not link their decision to migrate with the possible deterioration of their health condition.

[7] Indeed, in the case of Tunkaseño migrants from Yucatán, studies have proven that emigrants from that locality are less healthy than those who stay behind. Indices of diabetes, hypertension and cholesterol are significantly higher among Tunkaseños who have migrated; see Prelat and Masiel, cited in Cornelius *et al*., 2008:213).

Official institutions report on circumstances related to the health and illness of Yucatán's inhabitants and on the number of people who have some kind of health insurance. Their data show that despite the existence of local medical clinics much of the population lacks access to health care and medical attention in either government-run centers or private establishments. According to the INEGI (2005), the total population of Yucatán is 1,818,948, but 44.8 percent (815,207) of residents are not registered as rights-holders to subsidized health care. This hardship is reflected in the following statistics from Oxkutzcab, Peto, Muna and Dzan

Population with no access to subsidized health care services in municipalities in Yucatán

Municipality	*Total population*	*Without rights*	*Percentage of population without rights*
Oxkutzcab	27,084	24,113	89 %
Peto	22,386	20,202	90%
Muna	11,449	8,635	75%
Dzan	4,587	4,229	92%

SOURCE: elaborated by the authors, with data from the INEGI (2005).

In the municipalities studied, people's most serious health problem is the limited access to health care: over 75 percent of the population lacks this service. Moreover, residents are suspicious and distrustful of the medical care provided by state-run institutions because "they take a long time to give you the results and service. Some doctors arrive at 8 or 9 in the morning [but] you have to line up by 6 or 7 a.m.…" Indeed, one interviewee stated that "nobody in the [Social Security clinic] cures anyone; none of the doctors is any good".

What makes this situation even more difficult is that few people have enough money to turn to the private medical services that are available. When questioned about health care, respondents acknowledged that they prefer private medical attention: "I go to a [private] doctor if there's enough money, if not, I go to the IMSS"; this despite the fact that, as they told us, private consultations are very expensive: "I spend $800 to $1,000 pesos at the San Miguel Clinic". It seems that people's preference for private health care arises from their belief that paying a doctor for her/his service "assures" better attention. Margarita, a 36-year-old woman, put it this way: "There's a difference in the service, 'cause over there you pay, you usually don't get some cranky nurse that bawls you out all the time".

However, given their limited resources, many interviewees are often forced to put up with the public sector service. They say, "when there's no money, it's back to the Social Security hospital". But even there, one has to take *some* money, because "if you don't take any money, they won't examine you". Another factor that complicates access to health care is that the medical personnel rarely speak Mayan, so diagnoses and instructions are not explained in that language.

In synthesis, these findings show that a large part of the Mayan population of Yucatán (in the municipalities we analyzed) have no access to public health care clinics and only a limited possibility of acceding to private medical attention. In these circumstances, the void is filled by traditional medicine and its practitioners: healers, midwives, herbalists, among others.

What about San Francisco, California?

Generally speaking, the problems mentioned above recur in an accentuated form in San Francisco: migrants from the municipalities under study tend not to accede to professional medical services while, of course, they lack access to public health care in the U.S. because they do not have their legal papers. Moreover, migrants' low educational levels and

undocumented status make it easy for employers to evade this mandatory work benefit.[8] As one respondent pointed out: "If you want to go to a clinic here, you need papers, or social security… if you don't have papers, they won't see you, they'll just let you die". What's more, we were also told that a private medical examination can cost up to fifty dollars, while medicines may cost eighty dollars more. These are amounts that severely affect their already precarious economic resources. For this reason, they avoid going to the doctor, or postpone doing so for as long as possible, to the detriment of their wellbeing.

Many respondents lack any kind of health coverage. The few who do were obliged to obtain it because of the severity of their circumstances. They approached public programs such as low-cost or community-based clinics that provide health care to low-income people. Moisés, a 54-year-old man, narrated his experience in these terms:

> My leg swelled up over there, it got like this big, the doctors said I had a blood clot here (…) We went to the general hospital [and] they asked me where I worked. 'You don't cash paychecks?' No, because up there they check those things and I don't cash paychecks, I work on the street, sometimes three days a week… 'and the other days?' Well, truth is, it's no shame, I carry this big nylon bag and go along the street picking up plastic bottles and aluminum cans… that gets me food and what I earn during the week I send to my family. 'So why don't you go back?' 'Cause I like the streets. [He] just looked at me, grabbed the paper and tore it up: 'You don't owe anything, go on home, take these forms, fill them out and bring them back to me, or send them by mail'. (…) my leg flared up twice and both times they examined me with no charge.

As undocumented workers with scarce economic resources, migrants need to figure out ways to get ahead; thus they tend to tolerate aches and pains without going to a doctor. Some respondents, like Isaías, took the following option: "When I worked as a garbageman, [it] was always really dusty. I don't know if that affected me. I´d be real tired but still went to work. I'd take Tylenol… three pills, 'cause if I took just one it didn't do anything. I could hardly stand the pain in my feet, and sometimes couldn't move them [so] I'd help myself with my hands". Orlando, meanwhile, said: "… I used to eat three times a day, 'cause I worked in a carpet store, well the work was pretty hard, so the owner, the guy in charge there, always had some pills, I think they were Tylenol and, yeah, we used to take them 'cause [our] backs always hurt…"

Self-medicating by immigrants is a reality that has been documented in earlier works that also speak of the predominant use of traditional medicine. A study done in Athens, Georgia (Waldstein, 2008), highlights the important role that women play in using traditional medicine to care for the health of their family members. Women are entrusted with the task of obtaining effective home remedies to treat some illnesses. Waldstein points out that the World Health Organization has recognized the importance of traditional medicine worldwide as a viable resource that protects people's health. One concern among people interested in this topic is that immigrants' knowledge of this kind of medicine tends to decline as the acculturation process advances; hence, they emphasize that it is necessary to design strategies to help migrants preserve that knowledge despite the long periods of time they spend away from home in the U.S. (*Ibid*., 2008).

In addition to the efficacy of home remedies, migrants' destinations offer other motives that lead them to prefer traditional cures over prescription medicines: namely, the high cost of

[8] According to the *California Health Survey* ("Sondeo de Salud de California", 2005), one out of every five of the 4.8 million uninsured people were undocumented Mexican adults. Indeed, this population's degree of exclusion from health coverage becomes clear when one considers that while it represents only 4 percent of the total U.S. population, it makes up 14 percent of the unprotected population (CONAPO-HIA, 2008).

medical services, the lack of access to social security (as undocumented workers), their limited ability to speak English, and the difficulty in finding transportation to a clinic.

Language as a barrier to obtaining medical care was mentioned by the Yucatecans in this study, many of whom are monolingual Mayan-speakers or, at best, Spanish-speakers who, for this reason, require a Mayan-English or Spanish-English translator. This was one of the difficulties that don Marcelino identified: "The guy called the clinic and explained that he couldn't go for an examination because he didn't speak English. At the clinic they looked for a translator. She was a young girl from Oxkutzcab who spoke English well…I knew her uncle who was a *bracero*. She translated and asked me 'What's wrong with you?', 'What medication did you take?', 'What effect did it have?' They prescribed a different medicine and gave me an appointment for three days later…"

With respect to specific differences among interviewees' responses, many said that they have some kind of medical insurance in the workplace. They told us that "the boss takes care of it", when they suffer a work-related accident, and pointed out that they have "insurance cards" that give them access to a clinic for treatment when an accident or illness requires it. Rodolfo, a 28-year-old man, narrated the following: "I got a sore throat from carpentry work [and] they told me it was like two thousand dollars. Working with wood that's treated with chemicals… can be harmful sometimes. At the shop where I worked they gave me health insurance [so] I went and they gave me some treatments for six months".

We received many statements regarding migrants' health similar to this one. It is probable that the type of insurance they refer to is part of the workers' compensation laws,[9] which stipulate that employers must provide money and medical benefits to any worker who suffers an injury as a result of an accident or illness in the workplace. What happens is that the worker is given money in exchange for giving up the right to sue the employer. It is important to note that such references to "insurance" (*seguro*) came from interviewees who had been at their current jobs for over five years, and that their manager or boss had helped them to deal with problems, illnesses or work-related accidents in different ways; *i.e*., paying for operations, allowing them days off, or offering monetary compensation.

Some authors interested in the issue of migrant health, especially that of undocumented workers, have underlined the need to conduct research that links the deterioration of their wellbeing to the workplace and their working conditions. Benach *et al*. (2009), for example, emphasize the situations of abuse and exploitation that migrants experience and that are harmful to their health. They found that women were more exposed to such abuses, as most of them work in informal labor markets at unskilled jobs or in unregulated sectors of the economy (*Ibid*., 31). The undocumented condition of the vast majority of migrants makes them easy targets for exploitation by employers. Because they do not have legal papers, they dare not denounce the perilous working conditions in which they are forced to labor, much less the abuses they suffer: first, they are afraid of losing their job; and, second, they fear that employers could take reprisals against them and have them deported. On the other hand, there are also judicial barriers that deny undocumented migrants access to health services and thus leave them in an even more vulnerable position. Although our research did not present any cases that pointed in this direction, this does not mean that they are not be found. This is a topic that must remain open for future inquiry.

Continuing with the situation of women, some mothers pointed out that they received a monetary benefit that they called "Wica" or WIC (for its initials in English),[10] a nutritional, alimentary, educational and information program that helps pregnant women and families that are having difficulties taking care of small children.

[9] Cornell University Law School, <law.cornell.edu>.
[10] FNS USDA, at www.fns.usda.gov/wic.

Finally, though during their interviews respondents mentioned both "insurance provided by employers" and the WIC, no one knew that the first of those elements is a legally established right of *all* workers, or that the second is a social assistance program to which *all* women with babies born in the U.S. have access.

Depression/anxiety

Many studies of health issues among immigrants also focus on psychological afflictions. In a project conducted among migrants in Huelva, Spain, Carlos Ruiz-Frutos (n.d.), for example, found that those who enter the country illegally are more prone to suffer post-traumatic stress syndrome and to manifest symptoms of anxiety, depression and insomnia; conditions that lead them to ingest more medicines. One of the most common health problems that we found among the Yucatecans that we studied is, precisely, depression. Previous studies have argued that many immigrants report an increase in depressive feelings during their first stay in the U.S. This was attested to by Ricky, a 19-year-old who arrived in the Golden Gate city when he was just 15. He spoke to us of the anxiety he felt while living in San Francisco: "When I came here (I was just 15) I wasn't used to it, I wanted to go back to Mexico. After fifteen days here, I didn't like it, I wanted to leave. *I wasn't working, at home I just slept, alone at home in two rooms, four walls, you can't go out like at home*. Life here is hard, but after six [or] seven months you get used to the [surroundings]" (emphasis added).

These reactions that are adverse to immigrants' mental health can be explained by taking into account that undocumented migrants who try to cross the border always find themselves in a situation fraught with danger. Often, they fall victim to abuse and violent assaults. Worse yet, many emigrate alone and their –long and sometimes undefined– stay in their destinations far from the nuclear or extended family is a cause of depression that is made more severe by job insecurity and the pressure to repay the debts they left behind in their hometowns. A study carried out among Yucatecan migrants from the municipality of Tunkas revealed that the stress-causing agents that most seriously affected them were: separation from their families, the ordeal of crossing the border, and loneliness (Cornelius *et al*., 2008).

But not only those who leave suffer psychological problems; those who stay behind in the towns of origin also frequently experience states of emotional distress. The decision to leave one's spouse directly affects a couple's relationship. On this point, Margarita (36) told us: "It was really painful when he went to the United States, you'd gotten used to the person, it's hard to make a marriage work [and] we still have problems, but being away from that person is really tough… he left with the hope that my operation would go well". In addition to the suffering caused by separation, people also spoke of their fear of marital breakdowns; after all, the spouse is living in 'the North' where he is involved in spaces distinct from those in Yucatán and runs the risk of becoming entangled with someone else. Thus, at the same time as wives fear that "love might be lost", they also hold the illusion of the improved economic conditions that their husbands' remittances will bring. As Gloria (41-year-old woman) said: "I feel like he loves me more, he treats me better, a lot of people say that when husbands go love vanishes, but that's not true. He spoils me from way over there. Like, y'know, in my religion [Christian] everything is God's will".

These circumstances give rise to a curious paradox: on the one hand, there is the joy of "having someone over there" who sends money and gifts; but, on the other, the head of the family is missing [and] his absence leaves a huge vacuum that cannot be filled by material goods. As Sally stated: "You might have things, but that doesn't bring your father back. My Dad used to spoil me, he bought me a computer, a *Playstation*, but he had to stay there more time, I mean, I don't want all that stuff, I want to be with him".

Alcoholism and drug addiction

Broadly speaking, Yucatán does not have severe problems of drug addiction and alcoholism, though the early age at which young people begin to drink alcohol there is certainly a cause for concern. According to the State Survey on Addictions in Yucatán (*Encuesta Estatal de Adicciones en Yucatán*, EAY, 2005), the frequency of alcohol consumption is quite similar to the national mean: 38.5 percent of men and 17.8 percent of women drink regularly. Moreover, 27.92 percent (313,661 individuals) are drinkers who range in age from 12 to 65 years. This figure is well below the national average and these percentages show that people in Yucatán begin to ingest alcohol at a younger age. With regards to the use of illegal drugs, marihuana and cocaine head the list in first and second place, respectively. In terms of the age at which people begin to consume those drugs, the survey showed that 11.5 percent had begun before the age of 14, while 28.7 percent started between 15 and 17; which indicates that a total of 40.2 percent had tried illegal drugs by the time they turned 18 (EAY, 2005).

For Yucatecan migrants, on the other hand, alcoholism and drug addiction constitute a severe problem. They mention that the social milieu in which they are inserted is a reality that can darken or threaten their time in the U.S. While the factors that explain this difficulty are largely historical, those that impinge upon Yucatecan migrants are more recent. They strongly link alcohol consumption or drug addiction to the symptoms of anxiety and depression that affect migrants who have not yet succeeded in adapting to the receiving country, or those who struggle constantly to feel accepted by the new society.

Some authors claim that the fact that migrants firmly express their goal of earning money in the U.S. and then going back to their hometowns to improve their standard of living there, leads them to restrict their consumption of alcohol and drugs; thus, it may be that these people turn to such escape mechanisms when they feel overwhelmed by feelings of depression and loneliness (Sánchez *et al.*, 2006). Other studies specifically mention that the factor which keeps migrants free from such "vices" is their strong sense of community responsibility.[11]

The findings of a study of Mexican immigrants in the U.S. in relation to alcohol and tobacco consumption conducted by López, Aravena and Hummer (2005), corroborated lower rates of use of such products among immigrants as compared to the U.S. population as a whole. Their results suggest that recently arrived adult migrants consume less alcohol than both American citizens *and* immigrants who have lived there for over 10 years. They also found a difference with respect to gender, as the percentage of women immigrants who consume alcohol in moderation or to excess was lower than the rate for North Americans and female migrants who had been living in the U.S. for over 10 years. In fact, it was below the index for recent immigrants. On the basis of these results, the authors sustain that this conduct by immigrants gives them an advantage in terms of maintaining better health conditions (Lorena, Aravena and Hummer, 2005).

The scope of our research is insufficient to justify the affirmation that Yucatecan immigrants consume less alcohol than the U.S. population as a whole, but the information gathered does indicate the factors that migrants mention as causes of drinking. In this case, those reasons are of a more 'recreational' nature: in their words: "*Vamonos de party*" ("We go partying"), which primarily serves the purposes of allowing them to evade the conditions of loneliness and isolation in which they live. "*Vamonos de party*" involves going to the store to buy two or three six-packs of beer and then drinking them in a neighbor's, friend's or *paisano's* apartment. In Moisés' words, "There's all kinds of friends, [if] there's no money they don't invite you to eat, but they'll invite you for a twelve-pack. I just drink my beer, maybe six… seven bottles, get feeling a bit dizzy, then stop". Some authors hold that the

[11] Prelat and Masiel, cited in Cornelius *et al*., 2008:221.

difficulties inherent in different lifestyles manifest themselves in anxieties and interpersonal conflict, but that alcohol serves to sooth tensions and angst, though in circumstances where uncertainty, insecurity and fear predominate, consumption tends to be excessive.

As is well known, alcohol is also an important element in life cycle rituals, from the visit to ask for a girl's hand in marriage, to the birth of a child and one's transit through different social processes and moments (Rivera, 2001; García Salgado, 2001; Medina Mora, 1999; in Berruecos, 2007). In the case of these migrants, however, drinking seems to be more closely linked to evasive behaviors than to celebratory occasions. "Let's drink 'til you get over it". they say ("*Vamos a tomar para que se te pase*").

Finally, almost all males consulted have been exposed to drugs or shared housing with habitual users. This finding shows that the migratory experience in San Francisco places them in direct contact with the drug culture and networks of users. Alberto underlined the fear he felt upon finding himself surrounded by users:

> I knew that some guys there were selling and using drugs. I never thought I'd be hanging around with them and, yeah, I was afraid because I saw that the police often stopped somebody. I mean, it wasn't the *Migra*, they don't do anything to you like kicking you out. They just stop you and frisk you. Just a routine check like if they stop me and my friend and see that my friend had something and that I'm with him. They're not gonna say: 'Okay, you can go, but your friend stays'. No, they'd haul me away too.

Moisés added:

> I only lived with them for a month, there were parties every day, they'd take out like a glass pipe, trace the lines, the mound, with a telephone card… makin' as many lines as there were people who were gonna join in, [then] grab the ball… and they'd sound like vacuum cleaners, *shshuuuum*, 'hey, hey, wow, you try it', [but I'd say]… no way, not me, I ain't into that, no weed, no coke. Okay, I'll drink a beer, but I'm not into drugs, I say. Lots of guys invited me to their apartments, and I'd go, but I only watch when they start burning those things. Hey, y'know what, I'd better get going, I'm like 'two's company but three's a crowd', but they invite me back so I stay, [though] I know they're going to snort their lines.

Interviewees mentioned that they often lived with people who consumed drugs or had users around them (especially Afroamericans and Asians, but also Hispanics: one respondent reported the following: "Guys were coming upstairs, some black ones smoking, y'know, gettin' high, right? I saw a black girl with a little spoon and a lighter. I think it was some drug that she was heatin' up").

These practices mean, on the one hand, living with the fear that the police might show up at any moment to conduct a search and, on the other, constantly worrying that living with –or close to– drug users could affect one's own health. On this point, Wilbert said there was not much danger when a policeman comes upon someone *in fraganti* smoking marihuana; but that consuming cocaine is a serious problem. "When you're working over there, after five in the afternoon the wind starts to blow and the aroma comes with it. There was the smell of marihuana and on one side there were some American girls just sitting there. The cops walked by but didn't do nothin'. But they'll grab you if you got powder, for that they'll take you in".

Furthermore, migrants are also afraid of addicts because when they are high they can pose a very real danger to their neighbors. In this regard, Victoriano recounted: "One time I went out to talk to my wife and two of them came up behind me and they say 'are you gonna call the cops? –'No, I'm not gonna call the cops, I'm calling Mexico'. 'Are ya sure?' –Yeah, yeah, I'm sure'. So off they went. Those two guys had some piece of metal. If I tried to call the police they'd have cut me".

Our research also revealed that migrants fear the police drug squads who might rough them up if they suspect they are users or traffickers, or even arrest them and then have them deported as illegal aliens. Commenting on such experiences, Alberto said: "Once I was walking with a guy, his name was Carlos, and he got a call on his cel phone, 'Don't come to the apartment, the FBI's here'. We were in the Valenciana near 54th… 'But, why?' –Oh, some anonymous call alerted them and they came to look for a kilo of cocaine here in the building, [but] we don't know which room.' When I got to the corner, to turn onto Mission, there was this huge blare of sirens, they went through everything, turned the building upside down looking for a kilo of that stuff".

Thus, while social networks help migrants find employment, it also seems that they can constitute a risk factor if members of their closest circles are consuming illegal substances. Interviewees said that they had friends, neighbors or *paisanos* who consumed drugs, mainly marihuana, cocaine, crystal (*tachas*), all of which are substances that create dependency and can damage a person's mental and physical health. As mentioned above, such consumption appears to have a direct or indirect impact on the lives of migrants, though this situation should in no way be interpreted as the beginning of an ineludible process of addiction.

We would emphasize that our work indicates that those respondents who belonged to a religion, attended church services (Evangelical, Pentecostal, Presbyterian) and participated regularly in religious activities found a kind of "containment wall" or "protective fence" that shielded them from vice, drugs and alcohol. Indeed, being active in the practices and services of some Christian church seems to serve as a buffer for their physical separation from the home and family, a rupture that often brings with it depression, homesickness and many other feelings that, in one way or another, leave migrants feeling like orphans.

Finally, interviewees mentioned that they kept in contact with their parents, brothers or children as much as they could through daily telephone calls, but that it was their religious affiliation (reading the Bible, the presence of pastors, sharing with other believers, attending services) that gave them the emotional strength they needed to face –day after day– the tensions inherent in their new existential and work situation, and the insecurity and sociocultural vulnerability that, at times, threatened to overwhelm or discourage them and that could almost naturally lead them down the path of no return… the path that leads to "vice".

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