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Im/migration, Work, and Health: Anthropology and the Occupational Health of Labor Im/migrants

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Introduction

From Rudolf Virchow's groundbreaking investigation of typhus among coal miners in 1848 (Brown and Fee 2006) through the World Health Organization's adoption of the social determinants of health (WHO 2008) paradigm in 2008, the relationship between work and health has been fundamental to the development of a social approach to health and well-being found in anthropology today (Abrams 2001; Brown and Fee 2006; Farmer et al. 2006; Singer et al. 1992). Concurrently, the working conditions of im/migrants figured prominently in the early studies and events establishing occupational health as a field in the United States (Abrams 2001).¹ For example, the first publication on the relationship between work and health in the United States, written by Benjamin McReady in 1837, focused on Irish im/migrants working on the canal and rail systems connecting the Eastern seaboard with the Great Lakes (Abrams 2001). A historic turning point in the effort to securing safer working conditions in the United States occurred in New York City in 1911 when im/migrant women made up the majority of workers killed in the fire at the Triangle Shirtwaist Company. In the same time period, Dr. Alice Hamilton, the founder of occupational medicine in the United States, spent much of her early career studying and treating work-related diseases and conditions of im/migrant workers she met through her association with Jane Addams at the Hull-House in Chicago (Abrams 2001).

Over time, occupational safety and health evolved into a more technical and applied field (Peckham et al. 2017) guided largely by the biomedical model of health (Farmer et al. 2006).

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The findings and conclusions in this article are those of the author and do not necessarily represent the views of the National Institute for Occupational Safety and Health.

¹Population movement is a complex phenomenon that involves multiple variables, such as different settlement intentions (permanent vs. temporary), legal immigration status (legal resident, temporary work permit, undocumented, etc.), mobility (seasonal movement vs. residence in one location), and political borders (internal domestic vs. international movement). There is no universal consensus, especially across disciplines, on the use of words such as "migrant" and "immigrant." The authors in this special issue use the terms "migrant," "immigrant," and "im/migrant," at times interchangeably, to refer to the general phenomenon of population movement. The term "im/migration" is increasingly being used, especially by anthropologists, as a general term which also acknowledges the complexity and diversity that accompany human movement. In an effort to be inclusive, this paper follows this practice.

However, larger structural changes, such as the changing nature of work, together with advances in occupational health, such as the adoption of the social determinants of health paradigm, and a growing awareness of the inequitable distribution of occupational injuries across social groups have contributed to the recognition for a more holistic approach to the relationship between work and health (Ahonen et al. 2018; Schulte and Vainio 2010; Wright 2018). At the same time, the recent wave of im/migrants from Latin America to the United States has rejuvenated interest in im/migrant workers among anthropologists, and their increased rates of occupational injuries have drawn the attention of occupational safety and health researchers.

Researchers acknowledge work (Bambra 2011) and, more recently, im/migration (Castañeda et al. 2015) as social determinants of health; however, we often study them independently. The historical examples from social medicine and occupational health suggest that the nexus of im/migration, work, and health provides a rich topic for both academic and applied anthropological exploration as well as a growing number of opportunities for collaboration with occupational health researchers to advance our understanding of the social aspects of occupational health.

This special issue of the *Anthropology of Work Review*, the first of its kind dedicated to the occupational health of im/migrant workers, reminds us of these common roots in social medicine and the potential that the intersection of im/migration, work, and health offers collaborative opportunities for anthropologists and occupational safety and health professionals and researchers. The articles herein demonstrate the value that anthropological theories (e.g., structural vulnerability), ethnographic methods (e.g., participant observation), and intersectional approaches (e.g., “studying-up”) add to our understanding of the ways everyday experiences are structured by individual positionality within broader socioeconomic processes. By rooting occupational injury in the social context and lived experiences of im/migrant workers, the authors account for complex social, political, and economic interactions that contribute to occupational health inequity for im/migrant workers. In so doing, they expand and complement the reductionist view of cause and effect by accounting for those interactions that contribute to occupational health inequity for im/migrant workers. The articles in this special issue suggest that the topic of occupational health is a powerful lens through which to understand the im/migrant experience and move us toward an anthropology of im/migration, work, and health.

Toward a Biosocial Approach to Occupational Safety and Health—What Anthropology Offers OSH

Social medicine—the study of how social and economic conditions affect health, disease, and the practice of medicine—was developed in response to increased levels of disease and poverty among workers in the industrial revolution. Despite its shared concern with social medicine through the relationship between work and health, the field of occupational health evolved largely into a technical and applied field dedicated to identifying and eliminating the physical, chemical, and biological hazards found at the workplace (Peckham et al. 2017). This evolution fits with a larger trend that Farmer (2002) calls the “desocialization” of

scientific inquiry or “the tendency to ask only biological questions about what are in fact biosocial phenomena” (Farmer et al. 2006, 1686).

The evolution of occupational health has also been guided by the bureaucratization of regulatory structure that developed a system for identifying specific hazards as work-related and assigning legal responsibility for the injuries and illnesses that result from exposure to these hazards. This approach has contributed to significant reductions in occupational injury and illness. Since the Occupational Safety and Health Act was passed in 1970, worker deaths in the United States have dropped from a daily average of 38 in 1970 to just over an average of 14 in 2016 (OSHA 2018). Still the number of nonfatal occupational illnesses and injuries, 2.9 million in 2016, is quite large but difficult to measure completely (BLS 2017).

However, the increasing reliance on precarious employment arrangements, the growing demographic diversity and inequitable distribution of occupational injuries, and the decline in union representation and government oversight (Siqueira et al. 2014) have led some to argue that the occupational safety and health field is in the midst of a significant transformation (Peckham et al. 2017). They argue that these challenges fundamentally change the nature of our understanding of risk and argue for a more holistic, public health-oriented approach to worker health. Ongoing efforts to complement current methods with social approaches to health and well-being are essential to this transformation.

The distinction between work-related and nonwork-related exposures, injuries, and illnesses serves as a line of demarcation between occupational safety and health and other disciplines within public health, such as community health. However, the adoption of the social determinants of health paradigm has led to a growing recognition that one’s job or career exerts a significant influence over other aspects of life that contribute or detract from workers’ health and that of their families (Bambra 2011; WHO 2007). This is part of a larger trend toward a more holistic and nuanced perspective on work and its impact on population health (Ahonen et al. 2018; Schulte and Vainio 2010). These new approaches, together with societal changes such as the restructuring of the employer–employee relationship, are making the historical distinction between work and nonwork-related exposures “artificial and less useful in understanding risks and developing effective public health intervention models” (Peckham et al. 2017, 3). As the boundaries between work-related/nonwork-related exposures blur, the need to complement traditional approaches with new conceptual and methodological perspectives becomes increasingly evident. Inherent in this transformation is the need to complement biomedical approaches (Engel 1977) to occupational health with biosocial approaches (Farmer et al. 2006) to worker health.

An anthropology of im/migration, work, and health seems uniquely positioned to bridge the divide between occupational and community health by reinserting work into the lived experiences of workers, their families, and their communities. The occupational safety and health literature focuses largely on injury events and how to prevent them; not on the lives of injured workers. As a result, the injury experience of im/migrant workers is largely decontextualized or removed from its geographical, historical, and social contexts (Leong et al. 2014).

An ethnographic approach to occupational injuries among im/migrant workers is an invaluable tool to recontextualize these events (Saxton and Stuesse—this issue). For example, Unterberger’s (this issue) use of *Life Course Theory* roots occupational injury in the lives of Mexican migrants and the communities in Mexico to which they return. This approach permits an exploration of the impact of these workplace injuries on the well-being of the individual and the community over time and place. This leads Unterberger (this issue) to use the notion of syndemic (synergistic epidemic)—a conceptual model from medical anthropology used to describe a set of linked health problems that interact to create an excess burden of disease among a group of people in a specific place and time—(Singer and Claire 2003) to show the relationships between workplace injuries and other harmful health behaviors and outcomes in the community. Unterberger shows how lack of access to workers’ compensation benefits for Mexican im/migrants can lead to long-term disability, contributing to changes in gender-based social roles, depression, self-medication with alcohol, and increased burdens for family members. These changes in gender roles can exacerbate the negative emotional consequences of a disabling occupational injury leading to worse physical, mental, and emotional health outcomes for the injured worker and their families.

Traditional occupational health approaches focus on the immediate injury and would likely not classify alcoholism, lower self-esteem, and subsequent health complications as work related. As a result, the domain of work is underutilized in current efforts to understand and improve im/migrant health (Flynn and Wickramage 2017). However, the inclusion of the injury experience in the life and social context of the injured worker allows for a more comprehensive understanding of its impact and the clustering of subsequent health problems (i.e., syndemics) that result from the injury. This approach dovetails with calls in the OSH literature for a more comprehensive model for assessing the burden of work-related injuries and illnesses (Schulte et al. 2017). This ethnographic approach provides a more comprehensive understanding of the relationship between im/migration, work, and health, and fits comfortably in the largely unacknowledged domain between occupational and community health.

Likewise, the social determinants of health paradigm highlight the need to account for the influence larger social structures (e.g., race, class, nativity, gender), job characteristics (e.g., nonstandard work arrangements, salary and benefits, shift work), and organizational/industry factors (e.g., business size, outsourcing, competitive bidding) have on occupational health inequities (NIOSH 2018). The occupational health literature often is limited to only identifying workers (e.g., im/migrants, small business employees, temporary workers) who are at increased risk for occupational injury. While these epidemiological studies are essential in identifying the inequitable distribution of occupational injury, more OSH research is needed to understand *how* structural vulnerabilities materialize in the lives of these workers (Flynn et al. 2015).

A central challenge of securing occupational health equity is that the same social structures (race, class, nativity, etc.) that contribute to worker vulnerability and higher rates of occupational injury and illness also operate within occupational safety and health organizations (NIOSH 2018). Policies, practices, and partnerships of these organizations are

designed from the perspective of the majority group and therefore may not fully account for the experiences and perspectives of socially marginalized groups such as im/migrants (Nader 1972). As a result, workers from historically marginalized groups at times have been excluded from institutional efforts to document and prevent workplace illness and injury (Flynn and Eggerth 2014; NIOSH 2018; Souza et al. 2010).

Anthropology provides the theoretical perspectives and methodology to “study up” (Nader 1972) these organizations and identify how these social structures are codified in occupational safety and health organizations and internalized by the professionals who staff them. This approach can identify how current practices and policies are rooted in the majority experience and exclude, often inadvertently, workers from other groups. In this issue, Stuesse conducts a legal and economic analysis of workers’ compensation to place the occupational injury and care-seeking experiences of im/migrant poultry workers in their social context. This approach reveals a more textured and detailed understanding of the systemic policy barriers im/migrant workers face in accessing the workers’ compensation system and how these barriers materialize in their lives. Castillo (this issue) explores how the majority perspective can bias medical professionals creating additional barriers for im/migrants to access workers’ compensation benefits and suggests how current practices could be revised or augmented to ensure they are more inclusive and accessible to minority populations.

Toward an Anthropology of Im/migration, Work, and Health—What Occupational Health Offers Anthropology

While work is a principal driver of current international im/migration (ILO 2015) and can lead to improved access to resources, many im/migrant workers occupy vulnerable social positions characterized by exploitative labor arrangements, discrimination, family separation, and declining health outcomes (Quesada et al. 2011). The strong link between the search for employment and im/migration suggests that im/migration can be understood as part of a career path that exerts a significant influence over aspects of life, both inside and outside the workplace (Flynn et al. 2014). These influences can contribute or detract from im/migrant workers’ health and that of their families (Castañeda et al. 2015; Davies et al. 2010). As a result, the workplace represents a convergence of the forces of the global macroeconomic structure and policy with the pursuit of survival and well-being for labor im/migrants, their families, and their communities (Flynn 2010).

The past two decades have seen a renewed interest among anthropologists in im/migrant workers and the dangerous working conditions that these workers often encounter. Occupational injury has played a central role in the conceptualization of foreign-born workers as “discardable” (Chavez 1992), “disposable” (Stuesse 2016), and as “renewable energy” (Smith-Nonini 2011). Others have documented how employers promote worker vulnerability through enforcement efforts (DeGenova 2002; Gomberg-Muñoz and Nassbaum-Barberena 2011; Horton 2016) or by leveraging racial divisions (Holmes 2013; Stuesse 2016).

Studies exploring the agency of Latino im/migrants suggest that sometimes efforts to secure a competitive advantage in the labor market (Gomberg-Muñoz 2010) or reaffirm their masculinity and self-worth (Horton 2016; Walter et al. 2004) may lead im/migrant workers to take additional risks on the job (Walter et al. 2002), such as not using the provided safety equipment (Ramirez 2011). These studies provide a nuanced understanding of how structural vulnerability materializes in the lives of im/migrant workers, a perspective not often found in the OSH literature. While occupational safety and health are often not the central focus of these particular studies, they advance our theoretical perspective on the role of labor im/migration in the global economy and highlight the value of OSH as a lens for anthropologists studying im/migration, work, and health in the global economy.

The articles in this special issue focus on occupational health, with studies on the long-term impact of occupational injury on the individual and the community (Unterberger—this issue), structural barriers to accessing the workers' compensation system (Stuesse—this issue), the bias of legal and health care professionals (Castillo—this issue), and conceptualizing occupational injury in light of the grounded models of the relationship between environment and health (Saxton and Stuesse—this issue). These articles explore the long-term physical, emotional, and social consequences of occupational injury, using occupational injury as a way to examine how structural exclusion materializes in organizational policies and programs as well as the attitudes of individual actors within these organizations.

Engaged Anthropology and Occupational Safety and Health

While anthropology historically engages with issues of public concern, recently, the importance of engagement has been reemphasized. While there are numerous models of engagement with ongoing debate on what engagement should look like, there is no question that there is an increasingly fluid boundary between applied and scholarly research in anthropology (Low and Merry 2010). This renewed emphasis on engagement also fits well with the inherently applied focus of occupational safety and health. The occupational health of im/migrants offers some practical advantages that not only encourage an engaged approach to research but also facilitate anthropological research's impact on the lived experiences of the communities and institutions they work with.

Unlike many other health-related issues, there is a legal framework and a regulatory structure aimed at preventing, treating, and providing compensation for work-related injuries. The articles in this issue examine how barriers can arise in accessing this structure (Castillo—this issue; Saxton and Stuesse—this issue; Stuesse—this issue; Unterberger—this issue); it does provide additional potential avenues to resources and remedies for injured individuals not available for other public health issues. Anthropological research that identifies barriers to accessing medical treatment and compensation that injured im/migrant workers may be entitled to, and finding ways to overcome these barriers, would result in direct benefits to these injured workers. Anthropological research can also inform policy supporting im/migrant workers through an emic perspective of issues related to work and health that complement the etic perspective generally found among external analysts and policymakers (Arcury 2017).

Im/migrant workers often do not have access to basic health and safety information in a language and format that they can understand. Currently, there is growing recognition within the OSH community of the need for culturally tailored safety training (Brunette 2005; O'Connor et al. 2014) and research methods (Flynn and Eggerth 2014) that are inclusive of the growing diversity in the workforce. In this issue, Stuesse further highlights the need for long-term policy changes as well as immediate, concrete solutions that can help protect workers while they, together with their allies, advocate for structural change.

Applied anthropologists have the skill set to ensure that research designs, data collection instruments, and interventions are culturally tailored and appropriate for specific groups of im/migrant workers (Arcury et al. 2017; Quandt and Arcury 2017; Arcury et al. 2012). Ethnographic research on occupational health can inform the design and content of interventions tailored for im/migrant workers (Quandt and Arcury 2017). These studies can also produce evidence aimed at influencing policymakers. Taken together, engaged anthropology is uniquely positioned to contribute to both immediate and long-term interventions to promote the occupational health of im/migrants.

Structural analysis can also help identify leverage points in the system to guide more effective advocacy. For example, Unterberger (this issue) mentions Florida's Fair Food Program, which focuses its advocacy efforts to encourage large corporations to create the necessary market conditions to support responsible growers. This strategy was echoed at the 2017 Understanding Small Enterprises Conference (USE 2017), which brought OSH researchers and practitioners together to better understand the unique needs of small businesses and share strategies on how to effectively advance OSH research and impact given the challenges small businesses face. Much of the discussion focused on how the restructuring of the economy (Weil 2014) reinforces the economic insecurity small businesses face and circumscribes their decisions regarding safety. The USE participants and the Florida's Fair Food Program both concluded that changing the subcontracting practices of large corporations was key to providing market conditions that would improve the occupational health of small business employees and im/migrant workers.

The workplace often represents one of the few sites of sustained interaction between individuals from foreign-born and native-born communities. Workers from both of these groups often share workplace safety concerns and face similar economic vulnerabilities such as precarious work arrangements. The International Labor Organization has long recognized that "lack of labor protection for migrant workers undermines protection generally for all workers" (ILO 2017). As Stuesse (2016) documented, the workplace offers an excellent location to study cultural variations on how structural vulnerability materializes in the lives of workers and how they respond to it. It also provides an opportunity to study issues of inclusion and exclusion and how social divisions can be leveraged to divide workers or how these divisions can be overcome for a common goal like safer working conditions. Work and, specifically, occupational health are topics that can bridge social divides between im/migrant and native-born communities and workers (Flynn and Wickramage 2017).

In her review of Horton, Saxton (this issue) discusses the benefits of having anthropology students study topics and populations that are relevant to their own lives. The occupational

health of im/migrant workers is one such topic. These workers make products and provide services familiar to the general population, but the conditions under which they are produced are not so familiar. Studying the occupational health of im/migrant workers is not only relevant because of geographic proximity and familiarity of what is produced, studying their working conditions also provides insight into how work is being restructured in the global economy for all workers.

With roughly 20 percent of all U.S. workers employed in nonstandard work arrangements (Howard 2017), one can see how anthropology students, whether preparing for a job in academia or in another field, could relate to some of the economic insecurities that many im/migrant workers face as a result of their nonstandard employment arrangements. Thus, the intersection of im/migration, work, and health may not only seem more relevant to anthropology students but could also create spaces for fruitful interdisciplinary collaborations involving the workers and local communities affected by occupational injuries and hazards.

Conclusion

The intersection of im/migration, work, and health represents an important, yet understudied, topic of anthropological research. Anthropology offers theories and methods that can help contextualize occupational injuries; more fully account for the relationships among im/migration, work, and health; and make both immediate and long-term interventions relevant for im/migrant workers, their families, communities, and allies. This special issue comes amid significant changes to the social context that circumscribes both work and the im/migrant experience. It also comes at a time of growing interest by anthropologists in the working conditions of labor im/migrants and a growing recognition by the occupational safety and health community of the social aspects of occupational injuries among im/migrant workers. The articles contained within represent examples of the complementary nature of these two disciplines and offer a path toward greater collaboration between these two fields that share common roots. This issue could not have come at a better time.

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