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## Mental Health and the Effects of Stress and Violence on Migrant Farmworker Communities During the COVID-19 Pandemic

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“Mental Health and the Effects of Stress and Violence on Migrant Farmworker Communities  
During the COVID-19 Pandemic”

by

Russell Rice Manzano

A dissertation submitted in partial fulfillment  
of the requirements for the degree of  
Doctor of Philosophy  
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College of Social Sciences

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## Dedication

This dissertation is dedicated to the participants in this study and to my family for their constant support.

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## Table of Contents

Table of Contents .....	i
List of Tables .....	v
Abstract .....	vi
Chapter One: Introduction .....	1
The Setting: Apopka, Florida.....	4
Organization of the Dissertation .....	8
Chapter Two: Literature Review .....	14
Migration Studies.....	15
Terminology.....	16
Push and Pull Factors.....	19
Push Factors .....	19
Pull Factors .....	21
Immigration Policy in the United States.....	22
Im/migrant Labor .....	25
Status Matters.....	27
Law Enforcement and Policing.....	29
Deportation and Well-being.....	30
Health and Well-being .....	31
Im/migrant Health.....	31
Social Determinants of Health .....	32
Stress .....	34
Mental Health and Coping.....	35
Cycles of Trauma.....	37
COVID-19.....	38
Epidemiology .....	38
Public Health Policy and Initiatives.....	39
Public Discourse .....	40
Social Impacts .....	41
Migration and Communicable Disease .....	43
Immigrants and COVID-19 .....	45
Humanitarian Aid.....	46
Nongovernmental Organizations in the United States.....	49
Faith-Based Organizations.....	53
Harmful Humanitarian Assistance .....	55
“Good Aid” .....	56
Theoretical Considerations .....	57

Critical Medical Anthropology .....	57
Violence and Stress .....	58
Violence and Injury.....	59
Structural Violence .....	61
Everyday Violence.....	62
Symbolic Violence.....	62
Suffering .....	63
Zones of Abandonment.....	63
Emotion and Embodiment .....	65
Conclusion .....	67
Chapter Three: Methods .....	69
Introduction.....	69
Research Setting: Apopka.....	69
Research Design.....	70
Research Questions.....	71
Limitations to Research Questions .....	73
Field Sites.....	74
Participant Observation.....	74
Participants.....	75
Interviews.....	77
Data Analysis .....	78
Applied Component .....	81
Positionality .....	81
Reflexivity.....	85
Chapter Four: Nongovernmental Organizations and Humanitarian “Aid”.....	88
Introduction.....	88
Community .....	89
A History of Farmworker’s Social Movements and Nongovernmental Organizations....	93
Health Clinics.....	94
Apopka.....	95
Nongovernmental Organizations in Apopka .....	97
Hope Community Center .....	98
Farmworkers Association of Florida .....	105
Humanitarian Aid During the Pandemic.....	112
Conclusion .....	115
Chapter Five: Migration and Immigration Status .....	117
Everyday Experiences.....	117
Journeys .....	118
Arriving in Apopka.....	127
Precarious Status.....	130
Mixed-status Family Households .....	132
Discrimination and Undocumented Status.....	136
Deferred Action for Childhood Arrivals.....	140

Deportation and Separation.....	144
Legal Status and Employment .....	146
Work .....	148
Working in a Pandemic.....	151
Gender.....	155
Children.....	156
Gentrification .....	158
Stress.....	160
Stress before the Pandemic .....	162
Stress during the Pandemic.....	165
Vaccinations.....	169
Coping Mechanisms.....	171
Gender.....	172
Conclusion .....	177
Chapter Six: Discussion.....	179
Introduction.....	179
Lived experiences .....	180
Discrimination and Racism.....	180
Illegality .....	183
Violence .....	186
Prior to Arrival.....	187
Direct Violence .....	188
Structural Violence .....	188
Everyday Violence.....	191
Symbolic Violence.....	192
Mobility and Symbolic Violence.....	193
Gentrification and Symbolic Violence.....	193
Zones of Abandonment.....	196
Embodiment and Emotion .....	199
Health outcomes.....	201
NGOs and Mitigating Harm.....	203
Policy implications.....	205
Conclusion .....	206
Chapter Seven: Recommendations and Conclusion .....	207
The United States and Beyond.....	207
Deservingness .....	208
Violence .....	208
Health Interventions and Vaccines .....	211
Recommendations for NGO Policies and Practices.....	212
Nongovernmental Organizations .....	212
Immigration Policy .....	213
Applied Outcomes .....	214
Theoretical Contributions .....	215
Future Research Directions.....	216

Conclusion .....	217
References .....	220
Appendices .....	252
Appendix A: United States Immigration Policy .....	253
Appendix B: IRB Approval Letter .....	254
Appendix C: Participant Informed Consent Form .....	255
Appendix D: Assent of Children to Participate in Research .....	259
Appendix E: Recruitment Flyer .....	262

## List of Tables

Table 1: Social Factors that affect Migrant Health.....	34
Table 2: Role in the Community.....	75
Table 3: Gender.....	76
Table 4: Nationality .....	76
Table 5: Legal Status .....	76
Table 6: Research Questions and Methodology .....	80

## Abstract

Immigrants encounter numerous vulnerabilities during the migration process and after arrival due to stressors and violence that they may experience. Many also face dangerous labor conditions, discrimination, violence, and aggressive immigration tactics in the United States. The prolonged exposure to these stressors can create suffering for these vulnerable populations, continuing to exacerbate existing inequalities.

Since the beginning of the COVID-19 pandemic in 2020, immigrants have also faced new challenges that often perpetuate inequities that already existed in society. Immigrants often suffer from inadequate access to healthcare, marginalization due to legal status, and fear, which was worsened during the height of the pandemic and continues to plague immigrant communities. These factors, coupled with existing marginalization, reinforce the inequalities felt in the immigrant community. Therefore, it is critical to explore how these social issues create stress in the lives of immigrants and how that stress affects mental health.

Thus, this research examines prior social factors that marginalize immigrant populations are affected by the COVID-19 pandemic, and how the pandemic has highlighted these factors. Specifically, I examine how immigrants in Apopka, Florida are affected by stress before and during the pandemic. This dissertation research explores the effects of social factors such as violence, injury, and stress, and how these factors affect the mental health and well-being of immigrant communities. Additionally, this research seeks to understand how nongovernmental organizations (NGO) provide services to immigrants during the pandemic and evaluating the impact that they make within the community. While Apopka has a rich and unique history, it is

also emblematic of many immigrant communities throughout the United States where immigrants encounter stress, injury, and violence that continues to marginalize the population, particularly during the pandemic.

This research contributes to the overall scholarship on immigration in the United States and the farmworker population. Through a careful examination of health and well-being, this research also contributes to scholarship concerning mental health and how immigrants cope with stress. Further, this research seeks to analyze how violence, in its many forms, affects mental health, thereby building upon existing theories of immigration and violence.

## Chapter One: Introduction

Immigrants experience a host of vulnerabilities due to the stressors and violence associated with the migration process itself, as well as structural conditions including dangerous labor conditions, discrimination, everyday violence, and aggressive immigration policies in the United States. In some cases, they encounter prolonged exposure to physical and psychological stressors that may persist after arrival, and many live in mixed-status households, where families have multiple forms of legal immigration status, and experience daily stress and violence due to inequality, oppression, and other social factors resulting from immigration status (Castañeda 2019a). This is particularly true in Florida, where many immigrants live in mixed-status family households.

In the past two years, in addition to marginalization after arrival, migrants have faced challenges due to the COVID-19 pandemic, including adequate access to healthcare and basic supplies, marginalization due to legal status, mobility restrictions, stigma, and fear (Devakumar et al 2020; Duncan and Horton 2020; Durrenberger 2020; Kluge et al 2020; Page et al. 2020). This new marginalization is not static and is affected by local social and economic disparities (Gray, Himmelgreen, and Romero-Daza 2020). Further, refugees living in Tampa reported a loss of income, which is also the case among many other immigrant communities (Mahoney et al. 2020). Another factor that leads to increased marginalization is vaccine distribution where marginalized communities encounter disparities in the distribution of vaccines (Gray, Romero-Daza, and Himmelgreen 2021). Additionally, when Congress passed the Coronavirus Aid,

Relief, and Economic Security Act (CARES Act) it was only aimed at providing relief to residents and citizens, excluding undocumented immigrants from economic assistance (Flores Morales and Farago 2021). These factors are compounded by preexisting forms of marginalization such as language barriers, access to public health information, food, health care, housing, and employment (Mahoney et al. 2020). In Italy, research demonstrates that refugee and immigrant populations are the most vulnerable to COVID-19 due to structural vulnerability (Krause and Bressan 2020). Thus, it is imperative to examine how these social issues are affected by the pandemic. I explore how prior disparities and marginalization are affected by the pandemic in immigrant populations. Specifically, this research looks at how immigrants in Apopka are affected by stress both before and during the COVID-19 pandemic.

Since the start of the COVID-19 pandemic in 2020, there has been a plethora of misinformation and confusion about the virus, testing, and vaccines. Manderson and Levine (2020) urge medical anthropologists to examine the social impacts of COVID-19 to understand the issues affecting marginalized populations from an anthropological perspective to uncover inequities related to the pandemic. Due to the dearth of knowledge about COVID-19 and its impacts on mental health, especially, there is an immediate need for anthropological scholarship that is specifically focused on the pandemic and its effects on marginalized populations (Beyer 2020; Duncan and Horton 2020; Manderson and Levine 2020). Further, the United States Surgeon General warned that the pandemic has led to a mental health crisis among youth, exasperating underlying issues concerning mental health (HHS 2021). Anthropologist Mark Nichter (2020) argues that due to extensive misinformation and confusion, it is imperative that medical anthropologists provide insight into social issues of the pandemic.

This dissertation research therefore seeks to understand the effects of social factors such as violence, injury, and stress, and how these factors affect the mental health and well-being of immigrant populations amidst the COVID-19 pandemic. Further, I explore how nongovernmental organizations (NGOs) attempt to ameliorate this harm, creating positive change in the lives of immigrants living in Apopka, Florida.

This research examines the lived experiences of immigrants living in Apopka, one of many rural farmworker communities across the US. It examines how violence—physical, psychological, and structural—is embodied and affects mental health outcomes, especially during and due to the COVID-19 pandemic. It also traces the experiences of organizations that seek to address these issues, outlining their histories, differing philosophical underpinnings, and activities during the pandemic. While Apopka has its own unique history, it is also emblematic of other migrant farmworker communities throughout the United States where migrants are subjected to structural violence and vulnerabilities through harmful working conditions, inability to access healthcare, and other inequalities that contribute to negative health consequences and emotions.

These issues are important to consider because they specifically relate to the COVID-19 pandemic, indicating the needs of immigrant populations in global pandemics. It was important to document how the pandemic affected immigrant populations in various ways, thus affecting their overall well-being. While it provides a unique insight into exactly how immigrants experienced the COVID-19 pandemic, the examination of this global disaster only represents one of many effects that can occur to affect immigrant vulnerabilities. For example, natural disasters may heighten experiences with inequality and violence. Further, political movements such as the Trump administration that promoted anti-immigrant rhetoric and policies had similar effects as

the pandemic as it heightened and worsened existing issues among immigrant populations. For example, when the Trump administration rescinded DACA, many immigrants experienced forms of violence that already existed but were worsened due to these policies. Thus, while this research is unique in that it highlights this specific time and place in history, the findings in this study are also applicable to other events that affect immigrant populations, specifically concerning violence and inequality. This is also true for the NGOs operating during the pandemic—the changes that they had to make were unique to the pandemic, yet at the same time they were emblematic of other crises that immigrant populations could experience. Thus, this research both documents the affects of the COVID-19 pandemic in Apopka, yet it also sheds light on how existing vulnerabilities are worsened during “crises” of different forms.

### **The Setting: Apopka, Florida**

The setting for this research is Apopka, Florida, a small town of approximately 53,000 residents (U.S. Census 2021). Apopka is an exurb located north of Orlando and varies in its economy; rather than a tourist economy, Apopka’s economy has thrived for years on agricultural work (Kline and Newcomb 2013). Its economy is mainly based on farm work, both in fields and greenhouses, but it is rapidly changing to housing subdivisions shifting many jobs to construction. The dramatic increase in the overall population in Apopka has necessitated new housing developments in the area. Thus, while much of this research focuses on the needs and mental health of farmworkers, immigrants living in Apopka are employed in a variety of sectors relating to housing developments in the area.

Apopka is still informally segregated by railroad tracks that run through the community, creating divisions of “North Apopka,” where most white people live, and “South Apopka,” where most minority groups live. Indeed, from 1937 to 1968 Apopka laws prevented African

Americans from living or owning a business north of the railroad tracks that divided the community (Slongwhite 2014). This segregation has created long-lasting intergenerational effects on individuals living in South Apopka. For example, during my time in Apopka, I observed that property value is much lower in South Apopka, the local elementary school is in poor condition, and the neighborhood has higher rates of violent crime.

While much of the current economy thrives on indoor house plants, Apopka has historically depended on agriculture from farms surrounding Lake Apopka. Beginning in the 1940s, “muck farms” were created to farm for vegetables, resulting in runoff of the chemicals used for agriculture (Christopher 2011). These farms changed overtime, as did the farmworker population. As discussed in Chapter Three, farmworker populations in Apopka were typically African American until juice plants moved into the area. The population then shifted and more immigrants, including Latin American and Haitian immigrants. The practices that marginalized these populations produced vast amounts of pollution that greatly impacted not only the ecology in the area, but also the long-term health of farmworkers. Anthropologists Nolan Kline and Rachel Newcomb (2013) show how pesticide use has negatively impacted the health of farmworkers in Apopka. Specifically, farmworkers were exposed to toxic levels of dichlorodiphenyltrichloroethane (DDT), a chemical and endocrine disrupter that was widely used between the 1940s and 1970s (Longnecker, Rogan, and Lucier 1997). High levels of exposure to DDT resulted in numerous diseases, including cancer, immunologic disorders, neurological abnormalities, respiratory disorders, liver disorders, and other chronic diseases and disorders (Longnecker, Rogan and Lucier 1997). For example, cases of lupus are higher in areas surrounding Lake Apopka, where farmworkers who were exposed to pesticides live (Associated Press 2001). Specifically, African American women were exposed at significant rates because

they largely worked on the farms, causing numerous health problems, including for reproductive health (Saville and Adams 2021). Thus, farmworkers in Apopka were subjected to forms of violence through workplace abuse that caused health conditions later in life.

Despite the need to address health concerns for farmworkers, public health services are inadequate to provide access to care and address the underlying issue of pesticide use (Kline and Newcomb 2013). After attention was brought to light about pesticide use in the 1970s, efforts were made to clean up the pollution in Lake Apopka. In 1985, the state government passed the Lake Apopka Restoration Act, as well as the Florida's Surface Water Improvement and Management Act of 1987, in an effort to reduce the pollution in Lake Apopka and the surrounding area (Saville and Adams 2021). However, despite the efforts to clean up the area, they did not adequately address reduce the amount of pollution in the lake, leading the government to determine that the only way to clean up Lake Apopka was by stopping all agriculture along the lake and the government buy out of the land (Saville and Adams 2021). Indeed, when the last of the farms surrounding Lake Apopka closed in 1998, approximately 2,000 farmworkers were left unemployed, which constituted 10% of the farmworkers in Orange and Lake County (Saville and Adams 2021). This left many farmworkers without homes if they lived in the company-owned labor camps (Slongwhite 2014).

In addition to effects on humans, in 1998-1999 over one thousand migratory birds died on the shore of Lake Apopka and in 2000 it was determined that the birds died from DDT, toxaphene, and dieldrin; yet despite the need to study health effects for farmworkers, the health of farmworkers was largely ignored. (Slongwhite 2014). Due to the death of the migratory birds, many advocates for farmworkers attempted to obtain a community health study to determine the health effects on farmworkers but these efforts never materialized and were largely ignored by

local and state government (Slongwhite 2014). Indeed, funding for a health clinic in South Apopka was vetoed in 2011 by Rick Scott (Slongwhite 2014). Since then, several actors have tried to help the farmworkers of Lake Apopka, including community organizations and social justice advocates. Further, due to the lack of government support, farmworkers were left to organize themselves to fight for their rights, creating projects like the Lake Apopka Farmworker Memorial Quilt Project that memorialized farmworkers who worked on the muck farms (Slongwhite 2014).

However, as Apopka has grown over the years, so has the housing industry as discussed in Chapter Five. This has resulted in a shift from agricultural jobs to construction jobs due to the rapid development in the area. Thus, although Apopka is emblematic of many farmworker communities throughout the United States, it is also unique in that it is a rapidly changing community due to its vicinity to Orlando. As mentioned, Apopka is a growing exurb of Orlando, making the area quickly growing commuter community, necessitating a greater demand for housing. Thus, the local economy, although still focused on the agricultural sector, has rapidly changed to construction work, a sector where many of the participants in this research worked. Further, the Apopka community is unique due to the grassroots level organizing led by former farmworkers in the area, increasing their agency and ability to work against disparities for farmworkers. Therefore, this research is distinctive from other research about farmworker communities due to various social and economic factors surrounding the history of Apopka.

There are two major organizations that provide services to immigrant communities in Apopka: The Hope Community Center (HCC) and The Farmworkers Association of Florida (FWAF). Both provide services such as classes, activities, and food distribution. I conducted research and volunteered at both locations to understand immigrants' everyday experiences.

Although these organizations differ in their mission—HCC is a service learning and humanitarian organization while FWAF is a social justice organization—the essentially provide the same services, lessening the importance of this demarcation. This was further compounded during the pandemic when both organizations conducted similar events and services to meet the needs of the community due to the pandemic. Despite their differences in mission and aim, both FWAF and HCC began as grassroots organizations that helped the farmworker community to organize itself and have grown into larger organizations that continue to benefit the immigrant and farmworker communities through direct aid and social justice efforts.

### **Organization of the Dissertation**

In this dissertation, I argue that migrants living in Apopka have been exposed to multiple forms of injury, stress, and violence before the COVID-19 pandemic, which were further exacerbated by the pandemic, making the mental health concerns for this population greater than other populations. This research demonstrates how violence and stress contribute to poor mental health during the pandemic and how they affect immigrants' lived experiences. These stressors range from biological to various social factors that constrain immigrants' agency. While these negative outcomes are common within the community, treatment for mental health conditions is not. Immigrants often reported that their religion aided in coping with embodied stress and violence, yet most of the time mental health issues remained untreated.

In communities where immigrants already experience marginalization, such as Apopka, it is important to attempt to address not only physical health but also mental health. While there are healthcare programs that support the immigrant population in Apopka, they do not address the mental health needs of the community. The pandemic has worsened these conditions by limiting the number of services that local nongovernmental organizations (NGO) can provide to

community members. For example, previously, FWAF was able to provide free counseling, however this program had to be stopped due to the pandemic. Thus, immigrants are not only affected by biological and social factors resulting from conditions during the pandemic, but they are also negatively impacted by the ways that the pandemic has limited their potential involvement with NGOs.

In this dissertation, I begin by providing an in-depth review of the literature relevant to immigrants and the pandemic. I outline the scholarship related to immigrant experiences and mental health. I review humanitarian aid efforts and the history of nongovernmental organizations (NGOs) in the United States, including faith-based organizations. I also explore how humanitarian assistance can be harmful and negatively impact the populations that they serve. In addition to these topics relating to migration, I highlight theoretical considerations for this research, specifically frameworks of violence, zones of abandonment, and embodiment, and how these aid in the understanding of lived experiences of stress and mental health.

I then delineate the methods for this project in Chapter Three, which included participant observation and interviews with 38 participants to attempt to gain data that allows for an analysis of embodied stress and violence. I triangulated data between the immigrant community and NGO workers to provide an in-depth analysis of the issues that affected the immigrant population in Apopka before and during the pandemic. This allowed for both a bottom-up and top-down approach to critically analyze stress and mental health. Therefore, the methods for this research take a critical stance by examining the larger structural forces that affect immigrant populations. I review my research questions and how I conduct research to obtain the data to answer the questions. In this chapter, I also expand on the context of Apopka and the social issues that affect the population for this research. I also explain the applied component of this project, which

consists of creating a history of one of the NGOs as a formal written document. Finally, in Chapter Three, I evaluate my own positionality and reflexivity for this research to try to better understand my own biases and subjectivity.

Chapter Four examines two Nongovernmental Organizations (NGO) in Apopka, the Farmworkers Association of Florida (FWAF) and the Hope Community Center (HCC), that seek to provide social justice and humanitarian aid services to immigrant populations in Apopka. First, I interrogate ideas of community, noting that communities are not homogenous entities and should be examined through multiple means of understanding issues within a particular population. I also explore the history of farmworkers social movements in the United States, focusing mainly on health clinics. I then transition to the local organizations that I examined for this research: HCC and FWAF. I examine the efficacy of these organizations and how they provide assistance to immigrants. I outline and evaluate the services provided to the immigrant and farmworker population in Apopka by FWAF and HCC. While these two organizations aim to provide different services—FWAF is a social justice organization and HCC is a direct aid and service-learning organization—they ultimately provide the same services to this vulnerable population, addressing the direct needs of the community. Chapter Four also explores humanitarian aid during the COVID-19 pandemic and how it was distributed and organized to assist the local community. These findings further demonstrate how the two organizations seek to provide different services but ultimately distribute similar types of humanitarian aid and perform similar activities. While much of this dissertation focuses on health, it is important to first examine the services that immigrants receive in the community surrounding various issues of their everyday lived experiences.

While the previous chapter focuses on NGOs and their services, Chapter Five centers on immigrants' lived experiences and how they contribute to health outcomes. Chapter Five explores findings relating to issues that affect immigrants living in Apopka and the stress that they experience as a result of external factors such as discrimination, precarious legal status, and aggressive policing in the area. First, I examine immigrants' everyday experiences and how they are affected by social issues. I also highlight other events such as migrant journeys, utilizing a vignette from a recently arrived Venezuelan family and compare it to similar stories of border crossings. I discuss the conditions for immigrants after they arrive in Apopka, noting that they often experience marginalization. Further, I examine various legal statuses and the effects of these precarious statuses on immigrant populations, ranging from undocumented to citizens. I explore how these forms of precarious status affects deportation and employment. Employment was a topic that came up often in this research, which is also addressed in Chapter Four, particularly relating to working during the pandemic. I then discuss many facets of stress, both before the pandemic and during the pandemic. In addition to stress about everyday issues, I also examine stress about vaccinations within the immigrant community in Apopka. I also address coping mechanisms and explain how immigrants cope with the stress that they described in their interviews. These findings reveal the challenges that immigrants in Apopka faced due to the COVID-19 pandemic that created new problems while exacerbating existing issues faced by the community.

Lastly, in Chapter Six I provide a discussion of how these findings relate to current scholarship, informing the current literature on immigrants and the COVID-19 pandemic. In this chapter, I examine the findings from Chapters Four and Five and provide an anthropological analysis and discussion of these findings. I begin by discussing the lived experiences of

discrimination and illegality, issues that affect immigrants of varying legal status. I also examine how violence, in multiple forms, affects the lives of immigrants living in Apopka. For example, this research examines both direct violence, everyday violence, symbolic violence, and structural violence to encapsulate the multiple ways that immigrants experience violence. I also address other issues that affect immigrants through structural violence such as gentrification and marginalization. I then turn to theoretical concepts of zones of abandonment and embodiment to examine the experiences of immigrants. This chapter also examines the health outcomes of immigrants due to social issues and explores how these issues are compounded by the pandemic. I also analyze how local NGOs, HCC and FWAF, attempt to mitigate harm to these communities and how their approaches have changed due to the pandemic. Lastly, I discuss policy implications to provide a holistic understanding of how structural forces affect the lived experiences of immigrants.

I conclude the dissertation by providing an in-depth summary of the issues discussed and how they affect immigrants living in Apopka. I also compare the findings from this research to scholarship in other regions of the United States, as well as other countries around the world. This section also includes recommendations for policies and practices of NGOs and how they can better assist immigrant populations. Lastly, I address the contributions to theory, and how this research builds upon existing social theories concerning immigrants and health.

The Apopka immigrant community is emblematic of many farmworker communities throughout the United States, making it an important site for research about the social and health impacts of the COVID-19 pandemic. However, even though Apopka has similarities to other studies about farmworker communities, it is unique in that it is rapidly developing as an exurb of Orlando, drastically changing the overall economy. Thus, this research provides greater insight

into the experiences of immigrants and farmworkers during the COVID-19 pandemic due to the unique nature of Apopka and its population. This research contributes to the overall anthropological scholarship on the social and health effects of the pandemic in immigrant populations that is in its infancy. Long-term research is needed to continue to assess the effects of the pandemic on immigrant populations in Apopka and the effectiveness of NGO efforts to ameliorate social and health issues.

## Chapter Two: Literature Review

In this literature review I examine issues affecting im/migrants and how they are affected by stress. I begin by exploring scholarship related to broad issues in migration studies. I examine topics such as terminology, push and pull factors, chain migration, and social networks. I then turn to immigration policies in the United States that affect immigrants' daily lives. This section also explores concepts such as immigrant labor in the United States. I also address issues related to immigration status such as DACA and how it affects other aspects of immigrants' lives. I explore issues of policing and deportation and how it affects immigrants' well-being. I then turn to topics related to immigrant health. I review the social determinants of health and how these social issues can affect immigrant populations. I also examine literature concerning stress in general and issues related to mental health and coping. Factors such as cultural differences are important to consider when addressing mental health and how individuals cope with stress.

Scholarship about COVID-19 and the social impacts of the pandemic is still in its infancy. This research seeks to build upon this emerging scholarship by exploring how violence, stress, and suffering are embodied and affected immigrants' experiences during the pandemic. In this review, I highlight the main factors regarding immigrants and the COVID-19 pandemic, including public discourse, financial barriers, and increased marginalization of "essential workers." I briefly review information surrounding the novel coronavirus disease, including biological as well as social factors that contribute to health outcomes. While it is important to focus research on biological effects of the virus, scholars must also explore social effects that result from inequalities and forms of stress. As stated above, in this chapter, I interrogate a range of scholarship on mental health and well-being as it relates to immigrant populations, including

diagnoses and treatment. I then ultimately bring these two literatures together to frame the current study.

Since this research centers on underserved populations, it is important to consider how humanitarian aid is conceptualized, distributed, and perceived. Next, I turn to examine the concept of NGOs by tracing the history of these organizations in the United States, beginning with the colonial period. I interrogate ideas of humanitarian assistance to distinguish between harmful and beneficial humanitarian aid.

Lastly, I demonstrate how this research relates to larger social theories beginning with the theoretical lens for the study, critical medical anthropology. I also address how other theoretical concepts such as violence, suffering, zones of abandonment, and embodiment are relevant to the larger theoretical underpinnings of this research. Finally, I explore concepts related to emotion and embodiment to better understand immigrants' everyday lived experiences.

## **Migration Studies**

There are many factors to consider when researching migration. In this section, I outline some of the major issues affecting immigrants living in the United States today. I interrogate major topics in migration studies, showing how they apply to the research presented here, including terminology, immigration status, push and pull factors, immigration policy, and immigrant labor. I begin by delineating the terminology and forms of immigration status that the participants in this study have, demonstrating that they occupy a liminal immigration status with no pathway to citizenship. I then examine other major themes in migration studies, including push and pull factors, chain migration, social networks, immigration policy, and migrant labor. Although immigration policies prior to the 20<sup>th</sup> century affected migrants traveling to the United States, here I will outline migration issues beginning with the 20<sup>th</sup> century.

## *Terminology*

The terminology that anthropologists use to discuss migration studies and immigrant populations is important to consider because it not only has legal implications but social as well. Scholars caution against certain terms in migration studies that can misrepresent and reproduce inequalities and create negative connotations about the individual the terms describe (De Genova 2002; Willen 2007; Ngai 2014; De Genova and Peutz 2010). For example, the terms migrant, migrant worker, and farmworker have been used to indicate undocumented status as well as social class designation (Holmes 2015). Additionally, undocumented immigrants do not exist as a homogenous group, rather they interact with individuals of varying citizenship on a daily basis and their undocumented status may only become problematic in certain occasions (De Genova 2002). Further, researchers must seek to use terminology and language that does not modify the individual or migration in general (De Genova 2002). Further, scholars should be conscious of the policy implications of language and how the classification of people as policy problems creates new categories of people such as asylum-seekers and economic migrants (Wedel et al. 2005). Nevertheless, researchers must define their concepts so that there is a clear understanding of the topics in question; below, I outline the terminology used in this dissertation, while also interrogating the ideas behind these words.

Throughout this dissertation, I mainly refer to participants as “immigrants,” which has connotations to imply (more or less permanent) residence in the United States. The term itself implies that people have migrated to stay in the host country (Ngai 2004). Although “migrants” can be used as an overarching term for people who move from one place to another, temporary and permanent, it often has connotations of people who live somewhere temporarily. As one participant explained, “When people say migrant, it sounds like we don’t live here.” Since most

of the participants in my study live in Apopka permanently, I will use their preferred term of “immigrant.”

Further, I use the term “undocumented” to refer to immigrants who do not have legal status to be in the United States. This term is important for immigrants because some people use the pejorative term “illegal” to refer to immigrants that do not have legal status. As Holmes (2015) argues, the term “illegal” is dehumanizing and modifies the individual as if it were a characteristic of them rather than a person. Further, the concept of “illegality” and “illegal aliens” demonstrates how the categories of im/migrants has changed over time, creating a process that makes im/migrants “illegal” and “legal” (Ngai 2004). A variety of media, public discourse, and other sources represent undocumented immigrants as illegal, labeling them as threats to society based on issues such as crime, displacement of United States workers, and overpopulation, among others (Inda 2008). Yet, I do not eliminate the term “illegal” or “illegality” from this dissertation because these terms can have powerful significance in the daily lives of immigrants. Indeed, concepts of illegality are used widely in host countries and are important to consider when conducting research with undocumented immigrants (Willen 2007). I return to the discussion on illegality in Chapter Six.

“Farmworker” is also a critical term to consider because the nature of farm work has changed over time. For example, although the term was previously applied to African American workers in Apopka, it now implies individuals from Latin American countries. Further, “farmworker” also has implications for class and race; the term almost always applies only to the individual who harvest food by hand (Holmes 2015). Thus, the owners of the farms are not classified as “farmworkers” even though they also work on the farm.

Other terms to consider for this research are refugee and asylum-seeker, not because it is the status that participants received, but because it is the status many are denied, excluding a Venezuelan family I discuss in the findings section who were allowed to claim asylum. As outlined by the United Nations High Commissioner for Refugees (UNHCR 1951), a refugee is anyone who is outside of their home country for reasons of fear of persecution due to race, religion, nationality, membership in a social group, or political opinion, and is unable to return to their home country. Asylum-seekers are similar in that they have a fear of persecution, but the main difference is the location where the application was processed. For example, those who travel to a receiving country may apply for asylum once they arrive. However, refugees often apply for protection from a host country while they are outside of that host country, typically while living in UNHCR refugee camps. These categories place refugees as the pure victim, differing from a migrant, demonstrating the deservingness of that persons reasons for migrating (De Genova, Tazzioli, and Álvarez-Velasco 2016). Further, the term refugee also gives migrants legitimacy in certain situations such as social services and also denotes that the host country will protect this specific category of migrants (Yarris and Castañeda 2015). This legitimacy is also confirmed by international law as discussed above (Yarris and Castañeda 2015).

This is directly opposed from the idea of economic and voluntary migrants. Many migrants who have political reasons for fleeing their home country are not considered refugees or asylum-seekers based the thought that they are “economic migrants” despite the political upheaval that may have caused the conditions that forced them to leave (Holmes 2015). Further, migrants are often viewed as voluntarily leaving their home country, making them undeserving of social or political assistance (Yarris and Castañeda 2015). This is true for many participants in this study, who seem as though they are voluntarily leaving their country but instead are fleeing

larger structural forces and violence. The only participants in this research who were able to apply for asylum were the family from Venezuela. Although many others should qualify for asylum or refugee status, the participants in this research were often denied asylum or did not apply.

### *Push and Pull Factors*

There are many reasons that immigrants leave their homes such as war, poverty, persecution, and other reasons. One concept to consider when examining the complexities of migration are the “push” and “pull” factors that cause people to leave their home country (Roth and Hartnett 2018). This concept is important to consider because it examines the decision-making factors for migrants as they travel to new countries (Kanayo, Stiegler, and Anjofui 2019). Yet, the simplification of migrants’ motivations for leaving their homes into push and pull factors often signifies that these can easily be separated, when they often fall along a spectrum (Yarris and Castañeda 2015), and it also implies that labor migration is economic and voluntary (Holmes 2013). While not all immigrants in the population for this study were labor migrants, the same line of thought applies to migrants who left their country for other reasons. Thus, I will be careful not to oversimplify migrant’s reasons for leaving their country while still discussing what factors prompt migrants to leave their country. I also do not associate push and pull factors with ideas about whether immigrants “choose” to leave or whether they are “forced” as this often leads to common misconceptions of who is deserving of receiving services (Yarris and Castañeda 2015).

### *Push Factors*

Push factors cause migrants to leave their homes in search of better conditions by highlighting the conditions in the home country that force migrants to leave. While many push

factors can be economic, they also include other elements such as authoritarian governments, wars, and natural disasters (Rosenblum and Brick 2011). This is the case in much of Latin America, where migration resulted from various factors including violence and economics and are carefully planned strategies to improve economic standing (Xiuhtecutli 2015). While people often leave in search for a better life, this does not address the underlying factors that cause individuals to need to search for a better life. Yet, experiences of push factors range from a variety of reasons and are often complex and complicated.

Other push factors, such as violence, are clearer to recognize than those who appear to leave for solely “economic” reasons. For example, more immigrants from Central America have been arriving in Apopka due to extreme violence. A major push factor for Guatemalans is the political instability after a 36-year civil war that included the genocide of the Maya population by the Guatemalan government (Chumil 2009). Further, violence is high in El Salvador with the largest number of gang members per capita and the highest homicide rate in the world (Roth and Hartnett 2018). Although there was a change in the government to a democracy in 1992 in El Salvador, instability has left civic institutions underdeveloped with little assistance from the international community (Roth and Hartnett 2018). Despite the violence that migrants experience in El Salvador, this is still not a reason for them to apply for asylum even though many obtain Temporary Protective Status (TPS), a special legal immigration status for individuals from certain countries. Indeed, although many El Salvadorians are given TPS status, in 2019, approximately 37,300 Salvadorians were repatriated from the United States and Mexico (Plewa 2021). Thus, even though many migrants may face similar conditions to refugees and asylum seekers, they are typically denied this status based on their country of nationality.

## Pull Factors

While there are many factors that cause immigrants to flee their home countries, there are also factors that influence migrants to travel to a country—pull factors. Generally, there are institutional, cultural, and historical ties between the home country and the host country (Beverelli 2021). Further, (Mohamed and Abdul-Talib) argue that motivational factors that attract migrants to a country include economic, psychological, and situational, with economic and psychological as the primary pull factors for migration. More specifically, pull factors often consist of the promise of economic benefits and obtaining employment and family reunification that attract migrants to move to locations with better economies and living conditions (Kanayo, Stiegler, and Anjofui 2019). Migration for family unification is particularly high in women migrant populations (Kanayo, Stiegler, and Anjofui 2019). These patterns of family reunification are also true for migrant women in Apopka, who often traveled because they had other family members living in the United States.

However, it is important not to oversimplify migrants' reasons for traveling to a country based on pull factors as they are diverse and complex. While many migrants travel to the United States for one primary reason, it is typically not the only factor that influences their decisions. For example, an individual may travel based on violence, economic conditions, and family reunification. Thus, it is imperative to consider the multifaceted pull factors that attract migrants to the United States and not oversimplify migrants' reasons for leaving their home countries. Further, there are other factors to consider when examining immigration such as chain migration and social networks that I return to in Chapter Five

## *Immigration Policy in the United States*

Immigration policy in the United States is fluid and changes based on the political and economic climate during the time. Due to the everchanging nature of immigration policy, it is complex and constantly revised. In this section I highlight major immigration policies that have affected immigrants from Latin America to the United States. The table in Appendix A shows the timeline of these policies in the United States.

In the beginning of the 20<sup>th</sup> century, the ethnicity of immigrants began to shift to immigrants from Central, Eastern and Southern Europe and the number of immigrants increased; in 1907 approximately 1.3 million immigrants entered the United States (Stockman 2019). While immigrants from Mexico were largely exempt from strict immigration laws, rising anti-immigrant sentiment grew during the 1920s, that resulted in a tougher screening of Mexican visa applications that reduced migration from Mexico by 75 percent from 1928 to 1929 (Rosenblum and Brick 2011). Indeed, nativism and xenophobia contributed to the Johnson Reed Immigration Act of 1924 that allowed more immigrants from Southern and Eastern Europe, while preventing more immigrants from Asia and Africa from migrating to the United States (Zolberg 2006). This policy limited immigration through an established quota system that was based on racial and national hierarchies (Messias et al. 2015). Thus, the policy established influenced the language that was used to describe these racial hierarchies, reinforcing inequality.

Prior to WWII, migration between Latin America mainly consisted of short-term seasonal migration, particularly migration patterns between the United States and Mexico (Rosenblum and Brick 2011). However, growing labor shortages during the war led to immigration policies that encouraged migration from Mexico. In 1942, Mexico and the United States signed an agreement to create the Bracero Program that increased the guest workers and improved the

working conditions for immigrants in the United States (Rosenblum and Brick 2011). Yet, in 1964, the Kennedy administration suspended the Bracero program even though migration had become structurally embedded in the political economy of both countries (Fussell 2014; Rosenblum and Brick 2011). Another change in immigration policy at this time was the Immigration and Nationality Act of 1952, or the McCarran-Walter Act. This policy increased the exclusionary criteria from nationality to include undesirable political, moral, or health issues (Messias et al. 2015). While many of the policies were more restrictive and created challenges for immigrant communities the United States enacted certain laws and policies that attempted to address many of these issues. For example, the Migrant Health Act of 1962 provided grants to community organizations that provide social and medical services to migrant farmworkers (Culp 2004).

After the Civil Rights movement, immigration policy changed again. Despite the restrictive nature of the previous policies, immigration, including guest workers, increased in the United States following the 1965 Immigration and Nationality Act (Rosenblum and Brick 2011). The Immigration and Nationality Act of 1965 gave preference to migrants with family members living in the United States over the previous quota system (Murata 2006). This new quota system eliminated racial quotas outlined in the 1924 immigration policy, placing a new emphasis on nationality rather than race (Rosenblum and Brick 2011). This law also changed the number of immigrants from the Western hemisphere to 120,000 with 20,000 limits for each country, which in turn increased the number of immigrants arriving from Caribbean countries such as Jamaica (Murata 2006).

In 1986, the Immigration Reform and Control Act was passed that created programs for people who had entered the United States prior to 1982, as well as increased border patrol

funding and immigration reform issues (Rosenblum and Brick 2011). As immigration from Latin America increased, so did stricter immigration policies. For example, the Immigration Reform and Control Act of 1986 attempted to control undocumented employment in the United States, while also including increased border control (Chumil 2009). Congress passed The Immigration Act of 1990, another immigration bill that increased spending at the border and increased the number of work visas and later the Illegal Immigration Reform and Immigrant Policy Act of 1996 that included a myriad of new enforcement policies (Rosenblum and Brick 2011). This policy prevented irregular migrants from accessing Social Security Benefits, limited public assistance, and limited driver's licenses (Chumil 2009).

After the events of September 11, 2001, the United States passed a series of measures restricting immigration. The Bush administration passed six additional laws concerning immigration between 2002 and 2006 that focused on stricter immigration enforcement (Rosenblum and Brick 2011). For example, in 2002, the Homeland Security Act was passed that aimed to prevent terrorism, control the borders, and administer immigration laws among others (Messias et al. 2015). In 2006, the United States passed the Secure Fence Act that gave the Department of Homeland Security control over land and maritime borders to prevent undocumented immigration, as well as increased fencing and security (Messias et al. 2015). Further, deportations also increased during this time; the Clinton administration deported approximately 900,000 noncitizens, compared to two million during George W. Bush's time in office, and three million during the Obama administration (Hing 2018). These policies also highly influenced the public discourse within the United States at the time, leading to increased xenophobia and discrimination.

The Trump administration saw even stricter policies on immigration and border patrol. Prior to being elected, Trump ran his campaign on tough border patrol and anti-immigrant sentiment, and the creation of a larger border wall. After winning the election, this sentiment became clear in the policies the administration issued, beginning with the ban on immigrants from Muslim countries at the beginning of Trump's presidency in January of 2017. The language used by the Trump administration greatly influenced the ways that people viewed immigrants, specifically Latin American immigrants. The administration repeatedly vilified Hispanic immigrants calling them "bad hombres", implying that most immigrants are bad and violent people. Despite the real need for international assistance, this language greatly influences public opinion which also influences policy.

### *Im/migrant Labor*

Immigrants often find work in the agricultural setting. Immigrants' employment in the agricultural setting can be tied to factors associated with farm work in the United States. For example, Holmes (2013) argues that the North American Free Trade Agreement (NAFTA) led to subsidies in the United States for food production, and reduced support from the Mexican government to Mexican farmworkers led to the increase in migration of Mexican farmers to the United States in search of work. This creates a push factor that forces farmers to leave their home due to economic reasons created by larger structural forces such as NAFTA and government policies.

Other economic pull factors create incentives for migrants to travel to the United States in search of work (Kanayo, Stiegler, and Anjofui 2019). The presence of a strong economy and agricultural sector attracts migrants, and especially rural farmers, to the local economies. Indeed, immigrants have historically worked in agricultural settings where they were often placed in

labor markets such as cotton, sugar beets, fruits and vegetable harvesting and other labor (Clark 2017). Employers often work with smuggling networks to entice migrants from Mexico and Central America to immigrate to United States for agricultural work and other forms of labor (Izcara Palacios and Yamamoto 2017). Yet, once immigrants arrive in the United States, they do not always encounter the working conditions they expected. This is particularly true for undocumented migrants who are often kept in low paying farmworker jobs with little occupational mobility (Pena 2010). Thus, despite poor working conditions and low pay, employment in the United States is often a pull factor for immigrants either by choice or coercion.

As discussed above, although the Bracero Program did not provide sufficient recourse for farmworkers if the conditions were unsafe, the conditions for farmworkers only worsened throughout the years. In the United States, more than 85 percent of the fruits and vegetables produced must be picked by hand, which places farmworkers at a greater risk for pesticide exposure (Culp 2004). Such abuses led to health concerns such as skin problems, lupus, and thyroid problems, among others (Kline and Newcomb 2013). Farmworkers might have an immediate reaction to the chemicals or suffer health consequences as a result of low-level exposure over extended periods of time, resulting in neurological, reproductive, and fertility problems, and cancer (Culp 2004). This is true in Apopka, the site of this study, where DDT was regularly sprayed on the farms while the farmworkers were harvesting crops.

In addition to unsafe working conditions, immigrant workers are often viewed by their employers as a cheap source of labor that is manageable and hardworking (Karjanen 2008). Thus, although wider societal views on immigration shifted throughout the years, farm owners consistently viewed farmworkers as a cheap and dispensable labor source. As (Cobb, King, and

Rodriguez 2009) demonstrate, undocumented immigrants often work in poor conditions where labor laws are violated and are limited to certain industries such as domestic work, street vending, construction, and formwork. This is also true for immigrants living in Apopka who are often trapped in cycles of exploitation due to poor working conditions and low socioeconomic mobility.

### *Status Matters*

DACA, or Deferred Action for Childhood Arrivals, is a program that was created during the Obama administration in 2012. This program outlined deferred action for those who were brought to the United States as children and are eligible based on certain guidelines (USCIS 2021). This program created policies for young immigrants that allowed them to have work permits, temporary legal presence, and Social Security numbers, yet it does not provide a pathway to citizenship or permanent legal status (Gonzales, Terriquez, and Ruszczyk 2014a; Aranda, Vaquera, and Castañeda 2021). Individuals with DACA could postpone deportation and possibly renew their status every two years as long as they submit biometric information and pay the processing fees (Aranda, Vaquera, and Castañeda 2021). While Trump rescinded the program in 2017, the Supreme Court of the United States decided that the program would be upheld in 2020 (Aranda, Vaquera, and Castañeda 2021). Research demonstrates that in the short term, DACA ameliorates challenges that undocumented immigrants experience such as economic and social incorporation as well as improving educational opportunities and greater access to community resources (Gonzales, Terriquez, and Ruszczyk 2014a). Further, many immigrants temporarily benefit from DACA in everyday experiences that have profound effects in their lives such as work permits leading to greater mobility (Abrego 2018). While not all immigrants have equal access to DACA, the program provides economic opportunities that allow

immigrants to legally work, open bank accounts, build credit, increase income, and make large purchases such as homes (Aranda, Vaquera, and Castañeda 2021). These factors can positively contribute to the overall wellbeing of immigrants living in Apopka.

Although DACA provides substantial benefits, it does not provide a stable immigration status. It is important to note that DACA does not offer legal immigration status (USCIS 2021). DACA is a precarious status because immigrants are allowed to be legally present in the United States, they were still deportable and at risk for losing these rights (Castañeda 2019). Although beneficial to those who obtain this status, DACA is still a liminal status because it does not offer a path to citizenship. Instead, immigrants with DACA are still limited in what they can and cannot do. This precarious legal status negatively impacts immigrants' emotional well-being based on the uncertainty associated with this status due to the unpredictability of DACA, indicating a need for a pathway to citizenship (Daftary 2020). Indeed, DACA is a form of temporary legality that prevents long-term residency, creating a new type of inequality based on vulnerability (Aranda, Vaquera, and Castañeda 2021).

Undocumented immigrants often face even greater challenges than those with DACA, asylum, or those with legal immigration status. These include restrictions on driving, employment, and access to healthcare and other services. Even though undocumented migrants often fall into "essential workers" category, they typically work in unsafe and inequitable work environments with little recourse about their treatment. Thus, undocumented immigrants are at greater risk for marginalization. Indeed, the absence of immigration policies that allow immigrants to adjust their immigration status, the criminalization of clandestine border crossing, and the increase in processing undocumented immigrants keeps them in a perpetual state of illegality (Sarabia 2012).

### *Law Enforcement and Policing*

Law enforcement and the policing of immigrants often leads to fear and negatively affects immigrants' fear through federal policies such as the Secure Communities Program and section 287(g) of the Immigration and Nationality Act of 1996 (Kline 2017). Combined, these programs allowed for intense policing of immigrants across the country. The Secure Communities Program gave local police the ability to enforce immigration laws (Kline 2017; Brabeck, Lykes, and Hunter 2014). Section 287(g) goes even further by allowing local law enforcement to be deputized as federal immigration agents, similar to ICE agents (Kline 2017). For example, policies enacted in California in 2010 allowed police officers to cooperate and inform ICE to check the immigration status of individuals driving without a license, creating fear within the immigrant community (Valdivia 2019). After the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, detention and deportation increased drastically, leading to an increase in fear of profiling and deportation among immigrant populations (Hacker et al. 2011). Further, other legislation such as the REAL ID Act of 2005 targets immigrants by creating certain standards for issuing driver's licenses, preventing undocumented immigrants from acquiring a driver's license because they are unable to provide the required documents (Kline and Castañeda 2020).

Historically, immigration enforcement has largely been managed by the federal government but recently, state and local governments have become more involved in policing immigrant communities (Theodore and Habans 2016). For example, while borders are typically the location where immigration policies are enforced, immigration policing has recently shifted to include cities and streets, increasing the policing of immigrant communities (Waslin 2013). These policies are not only important to consider regarding stress and fear, but also health

outcomes. For example, recent immigration enforcement policies have can have negative effects for the health and well-being of immigrant populations and their families (Kline and Castañeda 2020).

### *Deportation and Well-being*

One result of aggressive police tactics is the increased deportation of undocumented immigrants. Deportation has increased in recent years with the Obama administration repatriating approximately 400,000 undocumented immigrants per year (Brabeck, Lykes, and Hunter 2014). Importantly, deportation can have long-lasting effects on immigrant health. Certain policies affect undocumented immigrants' health and well-being by creating a sense of fear that keeps immigrants from seeking out healthcare services (Kline 2017). Fear of deportation and immigration status contributes to emotional problems and overall health outcomes (Cavazos-Rehg, Zayas, and Spitznagel 2007). Further, both documented and undocumented immigrants reported a fear of deportation that led to increased stress that negatively impacts their emotional well-being (Hacker et al. 2011). Moreover, the fear of deportation often negatively affects undocumented immigrants overall well-being, including psychological, emotional, and physical health (Lopez et al. 2017). The stress experienced about deportation can often create other risk factors for health that include risks for obesity, higher pulse pressure, and is a cardiovascular risk factor for many immigrants living in the United States (Torres et al. 2018). Additionally, the fear of deportation can cause farmworkers to postpone seeking medical care, including seeking treatment for injuries, vaccines, and other health related services (Alexander and Fernandez 2014).

Deportation also affects resident and citizen family members who remain in the United States. It is estimated that almost five and a half million children in the United States have at

least one undocumented parent and approximately three quarters are United States citizens (Salas, Ayón, and Gurrola 2013). The detention and deportation of a parent can result in negative effects on overall well-being of the children of undocumented immigrants, including social and emotional problems later in life, especially when it is compounded by other factors such as poverty and inequality (Brabeck, Lykes, and Hunter 2014). Additionally, children suffer from emotional problems related to the deportation of men in particular, often resulting in their father's deportation and negatively impacting overall well-being of those left behind (Dreby 2015). Indeed, traumatic immigration enforcement policies in the United States often create stressors in the lives of children of undocumented immigrants, negatively impacting their overall mental health (Delva et al. 2013).

### **Health and Well-being**

In this section I review selected health scholarship related to immigrant populations, paying careful attention to experiences of stress, violence, and trauma. Anthropological research provides an in-depth examination of immigrants' lived experiences, and ethnographic methods provide data that may be overlooked from a solely "top-down" approach.

#### *Im/migrant Health*

It is important to examine im/migrant health broadly when considering their overall well-being, specifically because health policy impacts immigrants differently in certain cases depending on legal status and cultural factors. For example, differences in cultural factors and understandings of biomedicine that often prevents healthcare providers from properly assessing the patient and evaluating their healthcare needs (Holmes 2012). If healthcare providers do not understand cultural differences in the populations that they treat, they cannot assess the well-being of their patients and how their experiences impact their health. Further, barriers to

healthcare created by these conditions can often lead to healthcare providers to blame their patients for medical conditions based on their biology and behavior (Holmes 2012). However, Giordano (2014) reveals how ethnopsychiatry can assist migrants who may have vastly different understandings of health and medical practices by using anthropological approaches to health that include both biomedical treatment and culturally appropriate practices that include a holistic picture of healing.

Access to healthcare is often difficult for immigrants depending on their legal immigration status. Often, families with varying legal statuses must resort to multiple healthcare opportunities due to their mixed-status family household (Castañeda 2019). Further, the legal immigration status of some individuals in mixed-status households can also affect the access to healthcare among citizen children due to fear of the deportation of undocumented family members (Castañeda 2019). To ameliorate these issues policy changes are needed to expand healthcare to immigrants of any status, delay the deportation of individuals who are receiving medical care, regularize the status of undocumented immigrants, and provide further rights to healthcare (Hacker et al. 2015).

### *Social Determinants of Health*

Theories about social determinants of health can aid in the examination of violence and mental health. Castañeda et al. (2015) argue that there is a need for the application of social determinants of health among migrant populations and that not only do poverty and inequality affect health, but also the process of migration can alter certain social factors that negatively affect health. Similarly, Fleischman et al. (2015) argue that migrant status is a social determinant of health that can negatively affect the healthcare and well-being of migrants in Israel. Since migrants already face challenges that negatively impact their health, it is necessary to consider

prior marginalization and health outcomes in addition to more immediate issues that may affect migrants' health. Therefore, this research examines how immigration status and other experiences act as social determinants of health for immigrants living in Apopka as outlined below.

Another challenge that immigrants face with respect to healthcare is the inequality that results in various healthcare problems as discussed in the next section. Current literature focuses largely on structural vulnerabilities based on structural racism (Bloss et al. 2021). Immigrant populations face dire health inequities such as infectious diseases, diabetes, pesticide poisoning, as well as injuries from unsafe labor practices (Arcury et al. 2013). Xin and Menno (2021) demonstrate decreased well-being and mental health in the Netherlands due to factors such as financial issues, social isolation, racism, and distrust of COVID-19 information. Additionally, misconceptions and discrimination often create structural inequalities that lead immigrants to be vulnerable to poor health outcomes (Quesada, Hart, and Bourgois 2011). Similarly, immigrants in Apopka experience the same deleterious factors that contribute to negative health outcomes. This research seeks to examine how COVID-19 not only affects health directly, but also how stress and violence, of varying degrees, that immigrants experience during the pandemic contributes to social determinants of health.

An anthropological examination of migrant health must account for multiple social determinants that affect health. In addition to clear factors such as violence and labor conditions, other more insidious factors also contribute to immigrant health. Such factors shown in Table One, directly contribute to negative outcomes for both physical and mental health.

*Table 1: Social Factors that affect Migrant Health*

<b>Social Factor</b>
Migration
Racism/ Discrimination
Violence
Stress
Labor conditions
Structural inequities
Prior marginalization

However, it is important to note that not all migrants undergo the same stressors that affect health; rather they are exposed in a myriad of ways to these social factors and may not have negative experiences. While much of the scholarship in migration studies focuses negative health consequences and barriers to health care, it is important to consider the experiences of immigrants despite the level of trauma that they experienced.

### *Stress*

I examine “stress” to include a variety of stressors an individual may experience, such as poverty, war, or extreme temperatures. I use this term in a broad sense so that it encompasses a wider variety of conditions and experiences that vary in effect based on individual lived experiences. Although migration does not always include responses to stress, im/migrants often undergo stressful circumstances in their home country, in transit, and after arriving in Apopka.

Im/migrants often experience stress and trauma both in their home country, time in-transit, and after arriving in host countries. Im/migrants encounter many obstacles after fleeing their home countries, often subjecting migrants to violence and stress for prolonged periods of time. As Sarah Willen (2007) notes, while not all migrants have negative experiences, suffering and distress are often part of migrants’ experiences in various settings. In some cases, individuals experience prolonged exposure to physical and psychological stressors that may persist the immediate threat is removed. Through her research with combat veterans with post-traumatic

stress disorder (PTSD), anthropologist Erin Finley (2011) demonstrates how cultural and biological elements of medical issues are entangled and inseparable (Finley 2011). There are multiple ways that individuals internalize, react to, and experience trauma, and often immediate threats can heighten neurobiological processes that allow the brain to function specifically on surviving the threat, which can often persist when individuals return to a low stress environment (Finley 2011). While PTSD is not a universal response to trauma or violence, an examination of biological responses to stress can provide depth to the ethnographic analysis of how migrants experience and psychological injury and stress.

### *Mental Health and Coping*

Scholarship concerning mental health often focuses on predetermined conceptions of health and illness and how to treat certain conditions and disorders. However, the focus of efforts to provide health care assistance to migrants are often based on universal interpretations of mental illness and treatment, even though different cultures often understand and experience health and emotion in vastly different ways. Thus, the classification of illnesses that is often based on ideas of biomedicine, that can exclude responses to stress and trauma that are not typically associated with other traditions (Lock and Nguyen 2018). When assessing the mental health needs of im/migrants, medical professionals should be careful when identifying what they see as symptoms of a particular illness. For example, Beneduce (2019) cautions against universal psychiatric diagnostic categories of distress that are dominated by biomedical models of health, illness, and care. Thus, an examination of mental health must be holistic concerning how illnesses are classified and treated, especially when conducting research with populations who have had traumatic experiences. While some health care professionals attempt to include cultural backgrounds, many individuals that might be diagnosed as traumatized do not identify as

experiencing trauma and suffering, particularly in im/migrant populations with individuals that have a variety of backgrounds (Goździak 2004). Symptoms of mental illness such as ideas of possession that are vastly different from Western ideas about trauma and suffering, not only reflect different ideas about mental health, but also different perceptions about experience and interactions with the world (Beneduce 2019).

A thorough assessment of an illness should include the cultural backgrounds of im/migrants, since a person's worldview may vastly affect how they react to stress, violence, and trauma. Further, biomedical models for treating experiences of violence and trauma often label symptoms as post-traumatic stress disorder (PTSD) or depression, without considering different understandings of mental health. However, treatment for mental health concerning trauma and violence must also include individual and collective history, along with other moral considerations (Beneduce 2016). According to Byron Good (1994), anthropologists should examine how illness is understood in other cultures, showing that local interpretations of illness, family ties, economic standing, and social settings affect the ways that people think about and react to illness. Thus, mental healthcare for immigrants in host countries should examine individuals' lived experiences and how violence and stress has shaped their way of "being" in the world.

In some cases, social workers, psychiatrists, and anthropologists use ethnopsychiatry to better understand how to treat mental health illnesses and trauma. Anthropologist Cristiana Giordano (2010) demonstrates that methods in ethnopsychiatry that include migrants' own cultural background and lived experiences can ameliorate difficulties in mental health care. Since responses to stress, trauma, and violence are not universal, it is critical to understand the individual's own background and experiences so that their mental health concerns are treated in a

culturally appropriate manner. Since there can be a level of distrust among migrants and health care workers, it is imperative to consider other approaches to healthcare beyond the traditional biomedical model.

Due to the complex nature of identifying and treating mental illness as it relates to culture, historic memory, and experience, anthropology has the potential to show unique insights into mental health. Anthropology provides an in-depth examination of the lived experiences of individuals and how they experience and react to suffering. Ethnographic methods allow for a rich description of how suffering and cultural elements affect experiences with health that are difficult to understand through methods that utilize a broad lens to analyze mental health. Byron Good (1994) emphasizes that medical anthropologists need to account for and consider how to represent other forms of medical knowledge other than biomedicine. This is particularly relevant to cultural representations of belief that inform medical knowledge within various communities and cultures.

### Cycles of Trauma

Another concept to consider when addressing immigrant mental health are cycles of trauma. Indeed, research demonstrates that immigrants that report traumatic events throughout the migration process experience increased depression, anxiety, and PTSD, linking trauma and mental health (Cleary et al. 2018). Immigrants often experience forms of trauma in their home countries, during their journey, and navigating stressors in the host country (Goodman et al. 2017). There are many different ways that people experience trauma. Additionally, immigrants from countries with a history of political violence often report multiple traumatic experiences that also affect their mental health needs after arrival in the host country (Fortuna, Porche, and Alegria 2008). However, despite the classification of migrant experiences as a form of trauma,

injury that often results in trauma should be examined through various angles that also represent cultural factors. In this dissertation, I refer to trauma as a response to injury as discussed below in the section on violence and injury.

## **COVID-19**

### *Epidemiology*

Microbiologists Wu et al. (2020) outline the initial outbreak that occurred when 41 people contracted the virus at a local market in Wuhan, China in December of 2019, after which it quickly spread to Thailand, Republic of Korea, Japan, Italy, the United States, The Philippines, and Vietnam. In March of 2020, the World Health Organization (WHO) designated severe acute respiratory syndrome coronavirus-2 a pandemic that results in the novel coronavirus, COVID-19 (Saxena et al. 2020). The virus emerged from a zoonotic disease that rapidly spread through human-to-human contact (Saxena et al. 2020). After a zoonotic virus such as COVID-19 is transmitted from its natural host to another host, it undergoes three stages that affect transmission: pathogen pressure on the host, survival of the virus outside the natural host, and the behavior of humans and vector (Yadav and Saxena 2020). This study therefore seeks to explore the social impact of COVID-19 and how it affects immigrants' lived experiences.

Although it now has numerous variants, COVID-19 is an airborne virus that spreads through person to person contact. Although the incubation period varies based on the variant of the virus, the median incubation period of COVID-19 is four days, although symptoms can appear two-14 days after initial exposure to the virus (Sharma et al. 2020). While close contact with an individual during the infectious period can result in contraction of the virus, the certainty about infection is still unpredictable (Siordia 2020). Pathogen pressure is also a factor in the transmission of the virus—the longer period of time a person is exposed to an infected individual

the more likely the virus will spread (Yadav and Saxena 2020). Symptoms of COVID-19 typically include fever, fatigue, dry cough, difficulty breathing, loss of taste and smell, and gastrointestinal issues, depending on the variant (Sharma et al. 2020). However, it is important to note that new variants such as Omicron bring new symptoms such as a sore throat, congestion, headache, and fever.

Although it was originally reported that the virus mostly affected elderly populations, research demonstrates that it affects all ages from little to no symptoms to critical status (Bulut and Kato 2020). Further, patients are also at risk for acute respiratory distress syndrome (ARDS) that results in an uncontrollable inflammation in the respiratory system (Saxena et al. 2020). Although vaccines have been developed, many people remain vaccine hesitant, which is often the case with immigrants living in Apopka as reported by participants in this study. The delta variant brings additional concerns about the severity of the illness and the rapid spread of the variant throughout schools (Torjesen 2021). Further, as Omicron begins to spread rapidly across the United States with resistance to vaccines and increased rate of infection, the challenges that people face continue to worsen.

### *Public Health Policy and Initiatives*

There have been a wide variety of public health policies and initiatives to address COVID-19 across the world. Initial efforts to control and prevent the spread of the virus to and within the United States included immigration control, travel bans, and travel screenings (Rothan and Byrareddy 2020). Yet measures that restricted mobility across borders failed to account for other factors that contributed to the lack of preparedness for the pandemic. In 2014, the Obama administration created the Global Health Security Agenda that oversaw the CDC involvement with treatment for Ebola in West Africa that sought to prepare the United States for a global

pandemic, yet this effort was abandoned by the Trump administration, leaving the country unprepared for the pandemic (McKenna 2019). With these precautionary measures dismantled, the United States was not prepared to manage a global pandemic. Rather, in the case of COVID-19, the initial management of positive cases was mainly based on isolation of patients since there was no known vaccine (Rothan and Byrareddy 2020). Treatment included the use of broad spectrum antiviral medications to target the virus, while researchers developed comprehensive treatments and vaccines that directly target this virus strain (Rothan and Byrareddy 2020).

Desjardins, Hohl, and Delmelle (2020) show that virus surveillance methods and tracking can help identify and track clusters of COVID-19 to help direct resources for public health initiatives and policies. Better surveillance of virus clusters allows government officials to make better policy decisions based on estimates of clusters and health workers are better prepared for outbreaks when they occur (Desjardins, Hohl, and Delmelle 2020). Additionally, Rothan and Gyrareddy (2020) note that many unanswered questions remain and recommend further measures to control the virus that include monitoring routes of transmission, further analysis of testing statistics, monitoring the virus for mutations, and understanding how animals transmit the virus to humans.

### *Public Discourse*

While there is much research currently focusing on COVID-19, public and political discourse, and the media have flooded the news with misinformation about the virus. Anthropologist Judith Beyer (2020) notes the wide variety of academic and media sources for information about COVID-19, and that much of the current knowledge presents only estimates and probabilities rather than concrete facts. Manderson and Levine (2020) show how the panic that ensued at the beginning of the pandemic left those who are most vulnerable exposed to the

stress and violence of the outbreak. Since the data on COVID-19 is continuously changing, it is difficult to track all of the information from the wide variety of disciplines currently researching the virus (Beyer 2020). This is especially dangerous when this information is spread by those in power, such as when public officials questioned the efficacy of public health initiatives and vaccines.

One narrative in public discourse relates to the idea that poor choices lead to negative consequences (and by contrast, hard work leads to prosperity), which is engrained in many aspects of American society. Anthropologist Paul Durrenberger (2020) argues that COVID-19 is problematic to this dominant narrative in the United States—that poor choices lead to negative consequences. For example, contracting the virus is not always linked to poor decisions, but rather correlated with work in unsafe conditions where people are exposed to the virus, placing individuals already facing socioeconomic inequities and inequality at even greater risk (Durrenberger 2020). This is also the case in Apopka, where immigrants are often subjected to unsafe working and living conditions. To help resolve this misinformation, Manderson and Levine (2020) note that medical anthropologists have helped determine the social impact of various pandemics and call on anthropologists to explore COVID-19.

### *Social Impacts*

While the primary focus of COVID-19 is medical research to treat and prevent the virus, medical anthropologists should also explore the social factors that contribute to inequities in the challenges that marginalized populations encounter. African American and Hispanic communities are also at greater risk for increased health complications. New data show that African Americans are affected by COVID-19 at disproportionate rates compared to white populations based on other social factors (BET 2020). Fear, anxiety, and stigma can create

psychological violence and stress, negatively contributing to the mental health of individuals. Further, the decline in health outcomes disproportionately affects populations from different racialized groups. For example, changes in overall well-being have been noted in all groups, however, communities of color, particularly Hispanic communities have been impacted at greater rates than white communities (Wozniak 2020). To determine how people experience vulnerability, it is important to collect data surrounding epidemics that demonstrate that marginalized groups suffer disproportionately from epidemics that other racialized groups. Yet, Reed (2020) cautions scholars to include contextual data so as not to perpetuate harmful myths and stereotypes such as biological factors or social and behavior patterns. These stereotypes can defer the blame of the disease from unavoidable social factors to other factors that individuals choose, making their health outcomes a matter of choice and not due to social impacts from the disease.

It is imperative that anthropologists not only explore the social impact of COVID-19, but also its impacts on more vulnerable populations. Indeed, individuals who are already experience structural violence are more intensely affected by the social impacts of COVID-19 because they encounter increased challenges obtaining basic resources and safe homes (Manderson and Levine 2020). (Swaziek and Wozniak 2020) show declines in mental health and well-being during the pandemic among a variety of populations, providing evidence that the pandemic has worsened pre-existing mental health concerns that result from social factors such as income loss, food insecurity, and personal health symptoms. This is especially true for immigrant populations who experience poor access to healthcare, affordable housing, and financial resources at greater rates than other populations (Watson et al. 2020). These populations, particularly Latin American immigrants, experience inequality from preexisting policies and practices that are worsened to create inequities in health outcomes, cancer outcomes, and unnecessary loss of life (Martínez, Nodora, and Carvajal-Carmona 2021). Based on these experiences with inequality, immigrants

experience inequities in education, policing and health care. This is particularly important for Latin American immigrants in Central Florida, specifically Apopka, since many immigrants work in marginalized jobs such as farm work and construction. This research therefore seeks to understand how these preexisting social factors have affected immigrants living in Apopka during the COVID-19 pandemic.

### *Migration and Communicable Disease*

It is important to examine communicable disease through the lens of migration to understand how social factors related to immigration affect health and infectious disease. In many instances im/migrant communities do not have the resources to guard against certain diseases, as Suarez et al. (2019) demonstrate with their research with Venezuelan migrants. Venezuelan migrants living in host countries in South America do not have adequate access to healthcare for both infectious disease and chronic conditions that develop into more serious conditions after arriving in host countries (Suárez et al. 2019). Further, access to education about vaccinations can also be a barrier to receiving vaccinations on time. In Minnesota, children born with at least one immigrant parent were less likely to receive their vaccinations on time, leaving them more susceptible to communicable disease than children with United States citizen parents (Leeds and Muscoplat 2017). However, other studies show that immigrants are more likely to vaccinate their children than individuals born in the United States. For example, some immigrant populations are eager to vaccinate their children and recognize the importance of vaccines, yet language barriers continue to make the process difficult for immigrants living in the Netherlands (Harmsen et al. 2015). Similarly, in Apopka, there are many barriers to the vaccination for immigrants, including education about the vaccine, language barriers, and access to vaccination sites.

Other factors also contribute to immigrants and the rates at which they contract infectious diseases. For example, Kentikelenis et al. (2015) demonstrate that among other factors, infectious disease among migrants is also affected by social factors such as politics and structural inequalities. These structural inequalities negatively impact both physical and mental health to create poor outcomes for immigrant populations. Further, (Sadarangani et al. 2017) examine migrant workers in Singapore, noting that there is a higher rate in infectious disease among migrant workers. They attribute this rate to a variety of factors that include individual health in the host country, working and living conditions, and access to healthcare (Sadarangani et al. 2017). This is not only true in Singapore; living conditions for migrants are often overcrowded and do not allow migrants to social distance, increasing their vulnerability to communicable diseases (Kluge et al 2020). For example, in Apopka, migrant farmworkers often live in overcrowded housing near the farms where they work, making them more susceptible to infectious disease. While there is much scholarship concerning immigrants *bringing* infectious disease that perpetuates stereotypes of migrants as the dangerous “other,” there is a need for scholarship that addresses how communicable diseases impact existing immigrant communities. This is particularly important for the COVID-19 vaccine because there is a high level of distrust between community members and healthcare providers in Apopka concerning the vaccine. Since the vaccine is new, it is important to continue to educate people in culturally appropriate ways about the vaccine. This research seeks to understand why immigrants are more susceptible to distrust about the COVID-19 vaccination than other vaccinations, which I return to in Chapter Five.

## *Immigrants and COVID-19*

Anthropologists Whitney Duncan and Sarah Horton (2020) examine how COVID-19 affects migrant populations, noting the barriers to care that many individuals face due to their legal status. Such barriers can include structural violence and inability to access basic supplies and health services (Devakumar et al 2020; Kluge et al 2020; Duncan and Horton 2020). For example, restrictions placed on immigration not only hinder the mobility of im/migrants, but also help to spread fear about immigrant populations (Kluge et al. 2020). The naming of the virus as the “Chinese virus” by Trump contributes to xenophobia, yet it is not limited to Chinese Americans, but also immigrants from a variety of backgrounds. This xenophobic rhetoric often creates distrust among migrant populations that can be difficult to mitigate by organizations that assist migrants (Duncan and Horton 2020). Thus, immigration status coupled with xenophobic discourse restricts the social services that migrants typically receive because it creates distrust towards organizations that can be difficult to overcome.

Migrants are often affected by income insecurity, language barriers, and immigration status issues (Kluge et al 2020). For example, undocumented immigrants may be less likely to get tested or seek treatment if infected due to fears about deportation (Duncan and Horton 2020). Immigrants are often employed in work that is considered essential, particularly farmworkers, as is the case in Apopka. Yet, the protections for essential workers during the pandemic are not sufficient and place immigrants at further risk for negative health outcomes. For example, many immigrants work in dangerous working conditions, unstable employment, and poor living conditions (Reid, Rhonda-Perez, and Schenker 2021). Although undocumented farmworkers greatly contribute to the United States economy, they are at a greater risk for catching COVID-19 based on situational factors such as employment and legal status, as well as poor working and

living conditions (Matthew, Monaghan, and Luque 2021). Further, undocumented immigrants are likely to be affected by economic factors such as losing their job during the pandemic, yet they do not qualify for financial assistance or stimulus money (Page et al. 2020). Humanitarian aid organizations that provide assistance to migrants are also forced to restrict their level of involvement with marginalized populations due to the need for self-isolation and social distancing (Kluge et al 2020). Thus, migration and the lived experiences of being a migrant affect the health outcomes for the COVID-19 pandemic.

### **Humanitarian Aid**

NGOs are important to examine when researching marginalized communities. NGOs have been defined in different ways, one of which notes that they are driven by humanitarian concerns to alleviate suffering in various forms rather than commercial issues (Werker and Ahmed 2008). NGOs engage in a myriad of activities but can generally be described as nonstate actors rather than for-profit businesses (Lewis and Schuller 2017). As the findings of this dissertation demonstrate, NGOs vary based on the ways that they provide services to the community. For example, the motivation for physicians who work with NGOs ranges from human rights concepts to humanitarian aid, yet, as this research demonstrates, it is not always easy to categorize these organizations (Castaneda 2011).

Some NGOs provide direct assistance such as food aid and language classes, while others work for social justice issues that address the root cause of inequalities. Many NGOs in the United States include social movements and activists to organize and legitimize their community organization activities (Carrington 2020). Thus, some NGOs take a human rights approach to advocacy. These organizations center on universal entitlement whereas other NGOs focus on providing direct humanitarian aid based on moral needs (Castaneda 2011). A major motivation

for physicians in Germany to volunteer with NGOs as a political commitment since they felt that the state had failed to provide human rights (Castaneda 2011).

Humanitarian aid NGOs are primary actors that provide direct humanitarian aid to migrants concerning a variety of issues such as food assistance, social services, and financial assistance. NGOs often fill gaps in services to immigrants living in the United States, such as food, social services, and employment assistance, as well as health issues in underserved immigrant communities. Although they have come to provide similar services recently, these two types of NGO—the social justice organization and the humanitarian assistance organization—are framed completely different. For example, humanitarian based NGOs often serve as alternatives to state healthcare, providing services that the state does not (Gottlieb, Filc, and Davidovitch 2012). Alternatively, human rights organizations attempt to advocate for im/migrants' rights, yet they often show a certain perspective about the right to healthcare that can hinder social justice reform (Gottlieb, Filc, and Davidovitch 2012). Thus, it is important to critically examine NGOs and humanitarian assistance.

As anthropologist William Fisher (1997) notes, NGOs provide a variety of services including social welfare services, development, social justice, legal, research, and other issues. However, the term NGO did not exist until 1945 when the United Nations charter distinguished between the public and private sector, specifically on an international scale (Grown 2006). Yet this classification is also important for smaller grassroots organizations that are discussed below. NGOs in the United States have replaced public sectors and institutions and provide services related to housing, food, childcare, and employment (Carrington 2020). This is largely due to neoliberal policies that promote private enterprise over public ventures. NGOs are also important for changing people's opinions and attitudes about a particular issue (Keck and Sikkink 1998).

Thus, while it seems as though NGOs should be easy to define, there are various aspects of NGOs that affect a working definition for non-governmental organizations.

NGOs are often involved in international development in poor countries, and work both independently and in conjunction with other organizations and structures (Werker and Ahmed 2008). Yet even though NGOs should be autonomous agencies, they are often connected with the government in both cooperative and contentious manners (Fisher 1997). In this way, NGOs are often connected with the state despite their classification as non-governmental. Fisher (1997) notes that NGOs that work with development can be an extension of state power or offer alternatives to the state. This is a major challenge for immigration and refugee NGOs that are connected to state agencies, limiting their ability to make autonomous decisions about the organization. For example, some NGOs that help immigrant populations rely on government policies for the type of assistance that they can provide. This lack of autonomy greatly restricts the programs and services that an organization can offer both based on funding as well as policy restrictions. Despite some immigrant advocacy groups' affiliations with state agencies, HCC and FWAF are independent NGOs that operate separately from the United States government. Since these organizations are not connected with USCIS or the Office of Refugee Resettlement, or other similar government agencies, they are not subject to changes in funding and policies that would affect the organization.

NGOs can vary greatly in size and scope, ranging from a small individual organization to a complex organization with large revenues; from grants for small programs to organizations that work with development projects (Edwards and Hulme 1996; Werker and Ahmed 2008). For example, some NGOs operate at the grassroots level with almost no employees while others are multi-billion-dollar foundations and institutions (Hall 2010). In the United States, NGOs are

distinguished from corporations through their 501(c)3 and 501(c)4 tax status that designates the organization as tax exempt (Hall 2010).

### *Nongovernmental Organizations in the United States*

Although there are various definitions and aspects of NGOs, the history of these organizations is important to investigate because they are entangled with almost every aspect of life in the United States. The structures of NGOs can be traced back to the colonial time period in the United States, with many civic organizations operated by private citizens to do public works jobs such as road maintenance and other public activities (Hall 2010). In the 18<sup>th</sup> century, American institutions changed due to increased contact with England and other countries, as well as population growth and economic development (Hall 2010). During this time, there were growing clubs and beneficial associations, yet they were somewhat limited in scope, finances, and employees (Hammock 2002). Many charitable organizations began to form that aided in public and social services (Norris-Tirrell 2014). This transformed many aspects of American life including social, economic, political, and religious changes (Hall 2010). Indeed, many public social institutions such as the Sons of Liberty and the Committees of Correspondence contributed to the American Revolution (Hall 2010). Further, many religious institutions developed at this time and churches functioned as early nonprofit organizations that provided charitable services (Norris-Tirrell 2014). Indeed, the religious institutions of the time helped form early nonprofit associations (Hammock 2002).

In the 1800s, corporations and volunteer groups began to increase in the United States yet most NGO activity was entangled with the church (Hammock 2002). Many states encouraged the development of public organizations. States and government institutions began to place more power in the hands of NGOs than previously (Hammock 2002). By the 1820s, these

organizations were protected by legal reforms that protected them from liability and increased the types of investments the organizations could make, creating strong cultural institutions such as colleges, libraries, and museums (Hall 1982). Although many early nonprofit organizations had altruistic motivations, others were created to limit the rights of women and maintain slavery (Hammock 2002). During this time, NGOs began to increase in the United States to assist with many forms of philanthropic activities. In some regions, many public activities were changing due to new volunteer organizations, such as volunteer fire departments, yet traditional philanthropy also continued to thrive (Hall 2010). NGOs were also involved in the Civil War with both the Union and the Confederacy, such as the United States Sanitary Commission, The United States Christian Commission, and other NGOs that organized to help in the war efforts (Hall 2010). After the Civil War, many educational institutions began to expand throughout the country that became a place where philanthropists could make donations at universities such as Harvard (Hall 2010). The Reconstruction period saw the advent of new organizations that promoted teaching and reform (Norris-Tirrell 2014). Yet, the Civil War and Reconstruction also spurred the creation of hate groups such as the Ku Klux Klan (KKK) that has terrorized minority groups throughout history, including individuals living in Apopka (Hall 2010). Thus, while NGOs seem as though they should be separate altruistic organizations, they are not always as such.

After the Reconstruction period, NGOs continued to grow in the United States. One of the main sectors that saw growth in NGO development was the healthcare sector during the tuberculosis epidemic in the beginning of the 20<sup>th</sup> century that helped spur the idea of mass fundraising for nonprofit organizations, one of which was the Rockefeller Foundation (Zunz 2011). This also led to the growth of other large funding institutions and certain wealthy business

owners began developing and investing in large foundations. This new expansion of large donations changed the direction of philanthropy; rather than relying on small donations and local organizing, NGOs could now work with specialized fundraising agencies (Zunz 2011).

Andrew Carnegie argued that philanthropy had the potential to alleviate many of the root causes of society's problems as well as sustain the continued progress of ameliorating social problems (Hall 2010). Carnegie rapidly changed the face of NGOs during the time; large donations from wealthy businessmen became more common as Carnegie advocated for organized foundations to promote social welfare (Hall 2010). Other wealthy philanthropists that began donating money to social organizations included John D. Rockefeller created a 100-million-dollar foundation in 1913 to address the root causes of social issues (Hall 2010). This brought forth the advent of large corporations creating grantmaking foundations for social causes that influenced much of the philanthropy in the 20<sup>th</sup> century, creating organizations such as the National Institutes of Health, National Science Foundation, National Endowment for the Arts, National Endowment for the Humanities, and other similar institutions (Hall 2010).

Yet, NGOs at the beginning of the 20<sup>th</sup> century were not limited to wealthy donors and foundations. During World War I (WWI) charitable organizations such as the Red Cross developed in conjunction with government efforts in the war (Zunz 2011). WWI saw the advent of many aid agencies that supported a range of issues from assisting prisoners of war to government bonds (Zunz 2011). Further, during the Great Depression, many nonprofit organizations were small, grassroots organizations (Norris-Tirrell 2014). Additionally, a variety of business affiliated charitable organizations began to develop at this time, including Rotary, Kiwanis, Lions, and other groups (Hall 2010). Reform movements that also grew during this period fought against the racism at the time such as the National Association for the

Advancement of Colored People (NAACP). Thus, the beginning of the 20<sup>th</sup> century saw the diversification of NGOs to serve a variety of purposes, mainly with motivations to ameliorate societal problems.

In the second half of the 20<sup>th</sup> century, the presence of NGOs grew even more, touching almost every aspect of life, from small grassroots movements to large development projects. Illustrative of this point. Large foundations that allowed certain families to demonstrate their wealth and promote philanthropic projects became common among NGOs. Another aspect that affected NGOs in the second half of the 20<sup>th</sup> century is the fact that although the nonprofit sector continued to grow after WWII, the public government sector did not grow at the same rate; in fact, the number of federal civilian employees did not increase between 1950 and 2000 (Hall 2010). The rapid growth in nonprofit organizations during this time allowed governments to outsource many of their humanitarian aid activities to NGOs (Werker and Ahmed 2008). For example, programs such as *The Responsibility and Work Opportunity Reconciliation Act* of 1996 and the 2009 *American Recovery and Reinvestment Act* directed services such as job placement, childcare, work readiness, and other social programs to nonprofit organizations (Norris-Tirrell 2014). Additionally, refugee resettlement programs often outsource many government services creating an “informalization” of resettlement and social services, which places the burden of humanitarian aid on private institutions and nonprofit organizations (Mahoney et al. 2020). Further, NGOs have become increasingly complex and entangled with each other, government agencies, social movements, international agencies, and others, creating a major impact on globalization individual experiences (Fisher 1997).

### *Faith-Based Organizations*

Faith-based organizations are one of the oldest forms of NGOs. While there are many different types of faith-based organizations, particularly divided by religion, for the purposes of this dissertation, I will provide context to Christian organizations since this is the religion associated with the faith-based NGO in this research. The activities of the Catholic Church and other religious organizations have a rich history of humanitarian aid work. As discussed above, many of the early nonprofit organizations in the United States were affiliated with the church. The involvement of NGOs with religious institutions has a long and entangled history that is present today. Many of the organizations that provide services to migrants today are faith-based, such as Lutheran Services Florida and Catholic Charities, two of the largest NGOs in Florida that assist refugees and immigrants. This also the case for HCC, which was founded by a group of Catholic nuns to assist the farmworker population in Apopka.

Although major faith-based NGOs are churches and religious institutions, other religious organizations such as the Young Men's Christian Association (YMCA), an evangelical organization founded in London in 1844, began to grow and later spread to the United States (Zald and Denton 1963). Despite the secular nature of the organization today, it began as a movement related to religious revivals, prayer meetings, Bible study groups and other evangelical activities (Zald and Denton 1963). While NGOs were primarily supported by liberal groups, after the 1960s, many conservative organizations began to create their own institutions for advocacy organizations and foundations (Hall 2010). These organizations helped to spur many conservative Christian organizations that were concerned about issues such as school prayer and abortion (Hall 2010).

The history of faith-based NGOs assisting migrants goes back far in American history. In the 1830s when immigrants from Germany and Ireland displaced by war began to come to the United States, the Catholic Church created schools, orphanages, and social welfare organizations to assist these populations (Hall 2010). Today, faith-based NGOs in the United States account for 40 percent of the nonprofit organizations and two-thirds of all volunteers and donations, while also providing services for secular activities (Hall 2010). This is also the case for HCC, which although it is a faith-based organization, they also support secular activities and policies. For example, while some of the activities at HCC are religious, they also support secular legislation through protests to support a legal path to citizenship. Indeed, during my time in AmeriCorps, I attended several of these protests in support of migrants and undocumented immigrants. The organization has continued these activities for many years and recently attended a protest in Washington D.C. for immigrant rights for Deferred Action for Childhood Arrivals (DACA) recipients.

Many faith-based NGOs throughout the United States operate to provide humanitarian aid to migrant communities. Two of the largest organizations that help immigrants and refugees in Florida are Lutheran Services and Catholic Charities, both faith-based NGOs. Yet smaller NGOs such as HCC also provide services to immigrant communities in Florida. Such NGOs share certain aspects such as a cohesive goal of ameliorating immigration problems, serving immigrant communities, and expressing concerns to lawmakers to positively affect change (Martin 2011). Despite the differences in size, these organizations have similar goals and provide similar services; they all aim to provide assistance to immigrant populations living in Florida.

### *Harmful Humanitarian Assistance*

Humanitarian aid has been problematized by scholars in recent years to address issues of “disaster capitalism” and crisis chasing; nongovernmental organizations often disguise their motivations for providing assistance behind altruistic motives that are not always true (Fisher 1997; Manzano et al 2018; Schuller and Maldonado 2016). Humanitarian assistance and care for those in need is often ineffective and even viewed as harmful in certain cases where attempts to ameliorate a public health issue prove harmful (Stevenson 2014). The implementation of humanitarian aid often ignores the experiences of migrants, including psychological violence. As Carrington (2020) argues, NGOs can no longer be seen as simple altruistic organizations that work for social justice, rather they can often reproduce power and racial hierarchies that promote either national exclusion or inclusion. Thus, it is imperative to interrogate conceptualizations of NGOs to examine the motivations and practices of the organization.

A major focus for harmful humanitarian aid is the policies that came about in the 1970s and 1980s and the effects on the economy overall. One aspect to consider when examining the growth of NGOs in the second half of the 20th century is the neoliberal efforts by conservative groups to dismantle many government and social service programs. Neoliberalism emerged in the 1970s as a response to certain economic policies, particularly related to the state, and has encouraged the growth of free markets and private property rights that also emphasizes individualism (Harvey 2006). Although neoliberalism is often associated with corporations, the emergence of private organizations to replace government programs became an agenda for conservative groups in the 1980s. These neoliberal policies allowed for privatized social services of which the benefits are unclear. For example, neoliberal policies promote the privatization of forest management in poorer countries; structural adjustment programs that are administered by

the International Monetary Fund (IMF) have worsened these conditions by reducing the amount of money that these countries have to put into forest management (Harvey 2007). This was also worsened by the increased competition between nonprofit organizations and for-profit corporations that grew in the 1990s (Hall 2010). Further, neoliberalism has contributed to the connection of NGOs to state power (Carrington 2020). For example, Biehl (2005) examines the effects of neoliberalism on the healthcare system in Brazil and the care provided by the state to poor individuals, noting that these processes do not address the needs of those with mental illness. Biehl shows how health conditions are worsened by the inadequate and often deleterious healthcare provided to the urban poor populations. These neoliberal policies and practices can create further harm to marginalized populations. Indeed, many organizations that assist migrants throughout the world operate as a private business that do not address the needs of migrants (Manzano et al. 2018).

### *“Good Aid”*

While there are many challenges for NGOs to provide humanitarian assistance, there are NGOs that provide “good aid” (Manzano, Mishtal, and Harris 2018). Although many NGOs operate as a for profit business, some organizations, particularly those operating at the grass-roots level, distribute humanitarian aid in a manner that creates positive effects for the community. This type of assistance benefits the population that the organization serves through altruistic motives that are often lacking in some NGOs. This can be achieved in a myriad of ways, but community empowerment and education are often major factors that can ameliorate social problems. Indeed, when organizations create programs that increase the social and cultural capital of migrants, their potential for socioeconomic improvement increases (Manzano, Mishtal, and Harris 2018).

Despite the importance of examining the nature and structure of NGOs and how they assist immigrant populations, there is little anthropological literature on that examines the full scope of NGO policies and practices and how they affect immigrants. Yet the increase in the number of NGOs both in the United States and worldwide creates a major impact on anthropological research. Therefore, this study attempts to provide a deeper understanding of the ways that NGOs provide services to immigrants, evaluating the impact of these services on their daily lives.

### **Theoretical Considerations**

In this section I outline the theoretical considerations for this project. First, I begin by delineating the overarching theories of critical medical anthropology. I also interrogate ideas of violence, including violence and injury, structural violence, everyday violence, and symbolic violence. I then explore suffering and how it affects lived experiences. Next, I explore zones of abandonment, showing that immigrants occupy zones of abandonment through multiple forms. Lastly, I examine concepts relating to emotion and embodiment, which are relevant to immigrants' mental health and overall experiences of well-being.

#### *Critical Medical Anthropology*

One important theoretical lens to consider for this research is critical medical anthropology. Critical medical anthropology should begin by understanding that illness is often affected by experience, necessitating a need for social medicine (Scheper-Hughes 1990). Critical medical anthropology differs from traditional medical anthropology in that it incorporates political and economic forces that shape health, disease, illness, experience, and health care (Singer and Baer 2018). As Singer (1996) demonstrates, ecological models for traditional medical anthropology do not account for issues in political economy that shapes the ways that

humans adapt to their environment. Further, critical medical anthropology can provide a deeper understanding of poverty and economic systems, and how public policy can influence social relations (Pfeiffer and Nichter 2008). This theory is particularly important for research during the COVID-19 pandemic because it allows for an examination of the social determinants of health in the pandemic (Gamlin et al. 2021).

Critical medical anthropology is important to consider with immigrant communities in Apopka because it examines the larger structural forces that affect immigrants' everyday experiences, which were often worsened by the pandemic. Critical medical anthropology allows for an analysis of structural vulnerabilities, similar to structural violence, to examine how certain factors affect health (Cartwright and Manderson 2011). Indeed, critical medical anthropologists can seek to examine theoretical frameworks such as illegality, in its multiple forms, and how it affects health vulnerabilities and deservingness (Willen, Mulligan, and Castañeda 2011). Since this research examines how these vulnerabilities relate to the immigrant community in Apopka, I chose to use a critical medical anthropology framework to analyze and discuss these findings.

### *Violence and Stress*

Violence is an important concept relating to the lived experiences of immigrants and is a critical word to define, as it has multiple meanings. Scholars have conceptualized violence in different forms such as political, structural, state violence, or everyday violence that target marginalized populations (Das 2001). I will discuss violence as it relates to physical violence, but also psychological, structural, and suffering. Immigrants often experience physical violence in their home country and time in transit, yet they also experience psychological violence and social suffering, thus, it is critical to examine how violence is experienced. Although trauma is experienced differently, for the purposes of this dissertation, I will use the term "trauma" to refer

to long-term psychological disturbances. Physical and psychological violence often result in forms of trauma and problems associated with mental health. In this instance, I am referring to an experience that may vary widely in intent, effect, and form.

The significance of categorizing and naming emotions and illnesses risks for trauma can create homogenous depictions of how violence is related to mental health that is not representative of multiple perspectives and worldviews. Thus, simply naming violence is also problematic because it involves other social factors such as politics, as well as if it is experienced collectively or individually (Das 2007). Yet, these categories are often needed to discuss psychological responses to violence and injury. However, as (Beneduce 2019) argues, this process risks the misrepresentation of mental health in non-Western populations, specifically concerning psychiatry and biomedicine. Thus, while I will refrain from culturally specific terms such as PTSD, I will use the terms violence, injury, suffering, and trauma to attempt to classify aspects of migrants' experiences that impact their mental health.

### Violence and Injury

Violence has been analyzed by anthropologists in a variety of contexts. In cases where there is extreme violence such as genocide, war, or mass murder, anthropologists must take extra precautions to understand violence and its meaning to the biological and social body. Extreme physical violence has been examined by numerous scholars, including Das, (2007) who examines violence through the lens of periods of violence in India where violence becomes engrained in everyday life. This occurs both through collective violence and individual violence that shapes a person's experiences. In this sense, extreme violence not only includes biological life but also its symbolic meaning (Fassin and Wilhelm-Solomon 2017). This symbolic meaning can result from many larger structural forces such as religion or politics, that often includes a

targeted action of violence from the state or armed factions. Beneduce (2008) relates extreme violence against women in cases in West Africa to Victor Turner's theories of liminality; violence also has a liminal state whereby reality and the natural order of things is suspended and often marked by practices that use violence to create horror for the victim. Intense physical violence is often part of immigrants' stories, although their experiences vary widely.

The term "injury" is also helpful when examining violence and trauma because it does not assume contributing factors or effect. Ralph (2014) demonstrates how violence is contextualized in Chicago communities by showing not only the specific medical conditions that negatively affect this population, but also the social organization that impacted the lives of individuals in this community. In this sense, injury is conceptualized as separate from the cause. It is what remains after violence. Thus, injury is applicable to a wider range of experiences; the effect is not always linked to a predetermined cause. When injury is compounded with biopolitical control and zones of political and social abandonment, individuals often experience further harm (Biehl 2005).

Physical and psychological injury are often embodied and result in forms of trauma and problems associated with mental health. For example, my previous research with migrants in Italy shows that psychological disturbances varied in behavior from prolonged sleeping periods, depression, suicidal thoughts, emotional outbursts, arguments and physical fights with other migrants and NGO workers; some individuals' behavior changed drastically from day to day (Manzano 2017). Social processes in the community must be considered in conjunction with health programs and examines what approaches create positive benefits for the local community. Thus, I will examine how injury, violence, and trauma are embodied in immigrants living in Apopka to provide further insight concerning how immigrants navigate mental health concerns.

## Structural Violence

I use the term structural violence to describe structures that oppress and marginalize individuals through institutions and policies. This form of violence can occur at larger scales, such as dangerous immigration policies, as well as a small scale. Anthropologist Paul Farmer (1996) argues that large scale social and economic forces create suffering that is structured by larger social forces, restricting the agency of individuals. Systems of structural violence appear in many forms as a result of social, political, and economic exploitation (Farmer 2004).

Anthropologist Peter Van Arsdale (2006) argues that structural violence operates under the premise that structures within society produce inequalities that are legitimized by elites, and that create oppressive conditions for populations. Kostelny (2016) argues that structural violence, rather than physical violence, is a main cause of psychological risk factors for children living in Somalia after the war. In Myanmar, Rohingya Muslims are exposed to structural violence due to the government abandonment of human rights (Shireen, Sidra, and Tuba 2019). These hegemonic systems reproduce structural violence, creating a continuum of violence that indirectly affects individuals' daily lives and experiences.

Thus, immigrants experience violence at multiple levels, including hidden structural violence in increasingly dangerous zones of abandonment. Structural violence, interconnected with structural inequality, appears in the form of everyday issues faced by the oppressed, creating suffering for those with the least power. Push factors that drive many migrants to flee are the result of suffering, or the fear of suffering, in the form of persecution (Van Arsdale 2006). However, once migrants flee one system of structural violence, they may also face other oppressive systems within the receiving country.

## Everyday Violence

Another form of violence that is important to consider for this research is the concept of everyday violence. Everyday violence is different from other forms of violence in that it occurs in the smaller aspects of everyday life, in routines and hegemony, and realities that confront the daily lives of marginalized populations (Scheper-Hughes 1993). Everyday violence is connected with structural violence, discussed above, through poverty, marginalization, and exclusion, as well as the routine everyday violence that occurs on the streets, homes, and schools in the United States (Scheper-Hughes 2014). Further, the concept of everyday violence opposes ideas about violence that blame victims for self-destructive behaviors (Bourgois, Prince, and Moss 2004). Thus, it is necessary to discuss everyday violence in the context of structural violence because they are entangled together based on the effects of structural violence in the daily lives of individuals, particularly marginalized groups such as immigrant populations in Apopka.

## Symbolic Violence

Symbolic violence is also important to consider in this population because immigrants are subjected to multiple forms of violence in their everyday lives. Through symbolic violence, individuals are subordinated to the dominant group creating an inequality that reproduces itself (Bourdieu 2000). Further, symbolic violence is meant to be seen as common occurrences that reproduce within society (Bourgois and Schonberg 2009). Violence is not always direct and can occur when social power is not visible (Kleinman 2000). Indeed, the normalcy of everyday life can make symbolic violence invisible and ordinary, yet also legitimizes other forms of violence (Morgan and Björkert 2006). Symbolic violence is important to consider for immigrants living in Apopka because it affects their daily lives, reinforcing aspects of structural violence that affect

their lived experiences. Thus, symbolic violence allows for a deeper understanding of suffering and emotion as discussed below.

### *Suffering*

If violence, stress, and trauma are experienced for prolonged periods of time, people often experience social suffering. In their book, *Social Suffering*, Kleinman, Das, and Lock (1997) examine injuries and structural forces that affect individual lived experiences, arguing that suffering results from external factors such as political and economic, and how these factors affect social issues. Suffering can exist in multiple forms, including individual and collective, resulting in pain and trauma (Kleinman, Das, and Lock 1997). Social work professor Tova Band-Winterstein (2015) demonstrates through her work with intimate partner violence that elderly women continue to experience violence and suffering as if they are occurring in the present.

### *Zones of Abandonment*

Throughout history, populations that experience high levels of oppression and marginalization are often disregarded in society as the “other,” creating a sense of isolation for these individuals. After fleeing their home countries, migrants in-transit encounter social and geopolitical zones of abandonment that create physical and psychological violence, resulting negative impacts on mental health. The implementation of humanitarian aid often ignores the experiences of migrants, including psychological violence. Agamben (2000) argues that biopolitical control creates “states of exception” where people become subject to the state, and then abandoned to anonymous forms of violence. João Biehl (2005) shows how the body becomes a representation of social and political isolation through “zones of abandonment” by exploring the lived experiences of individuals. Further, Reyes-Foster (2018) demonstrates how these zones of abandonment affect mentally ill patients in Mexico where individuals remain in an

undetermined state of liminality that further marginalizes this population. Similarly, Biehl (2005) shows how individuals labeled as mentally ill were forced to live in isolation from society, becoming subjective to the state through biopolitical control.

An analysis of zones of abandonment should include aspects concerning the connection between mental illness, subjectivity, and larger structural forces that contribute to violence. Zones of abandonment, whether they are social, geographical, or political, are often a result of states exerting biopolitical control over the “undesirable” population, in this case immigrants. Immigrants’ lives after arriving are controlled through political forces that restrict their access to healthcare. Although NGOs operate to provide assistance to migrant populations, the state often implements programs that create further harm in marginalized communities. The biopolitical control that exists in zones of abandonment in Apopka fulfills the need to keep migrants alive biologically, but often compounds issues related to mental health and injury.

Examining how stress and injury are entangled with biopolitics and zones of abandonment, enables anthropologists better understand how other patterns may be associated with mental health that lie outside of the natural world, such as political conflict. This type of analysis in migration studies would also consider how multiple factors effect and shape illness and injury experienced by the community. Demonstrating how these various natural and cultural elements of medical issues are entangled and inseparable, a similar approach would be useful for research with migrants in Apopka because there are multiple ways that people internalize, react to, and experience injury.

Since mental health and well-being can be difficult to assess, it is important to examine theoretical framework in psychological anthropology to better understand how to analyze mental health and trauma. Thus, theoretical frameworks in psychological anthropology aim to

understand how people experience, interpret, and understand violence, trauma, and suffering because it provides a better examination of individual lived experiences. The examination of how violence and trauma are embodied through lived experiences also reveals the ways that health care professionals can provide more effective treatment. By understanding the lived experiences of immigrants, mental health care professionals can account for variations in subjectivities that affect their specific needs for treatment. Representations of the medicalization of the body and illness often result from state control and power that separates biological life from social life (Agamben 2000). Reyes-Foster (2019) demonstrates, for instance, how local interpretations of mental illness in Mexico affect lived experiences; conceptualizations of mental illness are entangled with ideas of self. Thus, it is critical to examine the social aspects of life and how culture shapes mental health, particularly during the COVID-19 pandemic.

### *Emotion and Embodiment*

Anthropological research concerning emotion has grown to be a line of inquiry for anthropologists. As Scheper-Hughes and Lock (1987) explain, anthropologists have often separated the examination of emotion into formal events as opposed to the everyday lived experiences that people encounter in their personal and private lives. Yet, these experiences are important to consider because they shape a person's worldview. As Scheper-Hughes and Lock (1987) demonstrate, the body is the first place that social issues are manifested and that illness is not isolated, rather it should be looked at in conjunction with social issues that individuals experience. A main point of concern is the departure from conceptualizing emotions as universal, as well as understanding emotions from a non-Western perspective (Csordas 1990; Lock 1993a; Nguyen and Lock 2010; Lock and Nguyen 2010; Martin 1987; Scheper-Hughes and Lock 1987; Tapias 2006). Since emotion can affect mental health, particularly emotional responses to

trauma, it is important to consider how emotions are interpreted and experienced based on cultural knowledge, beliefs, and traditions. Anthropologist Unni Wikan (1991) argues that ideas of culture must include emotion to understand experiences and cultural symbols. Tapias (2006) argues that an embodied approach to understanding emotion helps to provide a holistic understanding of emotion, including how emotions interact with social and political factors. Yet, Wikan (1991) cautions that too much emphasis on the emotion continues to place emphasis on Western ideas of emotion. This is demonstrated through the work of Margaret Lock (1993b) in her work with Japanese women and menopause, showing that emotion and biological concepts and symptoms of menopause in the West are not experienced the same by Japanese women.

Scholars should be cautious not to place their own preconceptions about emotion when conducting research, especially with non-Western populations. However, reflexive ethnographic methods can ameliorate problems with preconceived ideas of emotion. For example, Cassaniti (2015) illustrates how religious concepts in Buddhism such as impermanence shape individuals' everyday experiences and emotions, responding to loss and change vastly different than many Western cultures. After ethnographic interviews did not allow yield data about concepts in Buddhism, Cassaniti (2015) altered her methods and used more informal approaches to understand how concepts such as impermanence are embodied.

In addition to social and cultural factors that affect migrant health, biological processes are entangled with culture, emotion, and social interactions. Representations of the medicalization of the body and illness often result from state control and power that separates biological life from social life (Agamben 2000). State control and violence are expressed through the body and physiological reactions that become embodied. As demonstrated by Schepers-Hughes (1993), everyday interactions and knowledge are embodied, showing how people

“think” with their body. Further, Scheper-Hughes and Lock (1987) demonstrate how to conceptualize the anthropological analysis of the body through three perspectives that include individual lived experiences of the body, a social body, how the body represents social and political control.

Csordas (1993:137) provides an overview of approaches to examine embodied experiences and highlights the importance of the examination of “perceptual consciousness and collective practice.” He contends that embodiment does not need to be tied with early theories of phenomenology that examine individual experience; rather embodiment should also examine collective experiences and practices. Concepts such as “local biologies” and relations to inequality demonstrate inequality and economic factors that affect the body (Lock and Nguyen 2016). The body is entangled with social relations, including suffering, that continuously interact and shape each other (Kleinman 1997). Further, Moniruzzaman (2019) demonstrates how the experiences with organ trade create embodied suffering, in which individuals due to conceptualizations of spirituality and the body. Moreover, Tapias (2006) shows that embodiment of emotional, political, and economic suffering is inter-generational and affects how individuals perceive not only their own health concerns, but also those of their children.

## **Conclusion**

In this literature review I have sought to highlight the major contributions to migration studies, health and well-being, COVID-19, humanitarian aid, as well as theoretical considerations for this research. In an effort to review concepts related to this research, I discuss the major factors that affect immigrants in the United States, including how policies and practices affect the overall health and well-being of immigrant populations. For example, I demonstrate how immigration status results in aggressive police tactics that affect the overall

health of immigrants and their families. Further, this review seeks to illustrate concepts that relate to health in general to show how these ideas can be applied to immigrant populations. Indeed, social factors must be considered when assessing health and well-being, particularly relating to stress and mental health. Further, since this research examines the impact of the COVID-19 pandemic on immigrant populations in Apopka, I have brought together the literature concerning broad factors of the pandemic that affect immigrants in the United States. NGOs play a major role in filling gaps in services to marginalized populations, including immigrants. However, they do not always achieve their goals, thereby necessitating a discussion of how these organizations provide services and how these services ameliorate problems within marginalized communities. Thus, in this review I have addressed factors relating to this research that contribute to the understanding of how immigrants are affected by social factors that in turn affect the stress that they experience in their everyday lives and their mental health.

I also outlined multiple theoretical concerns relating to this research. To understand lived experiences as well as larger structural forces and to further examine how immigrants are affected by these issues, I utilize theories concerning violence and suffering. I also explore concepts such as zones of abandonment and how they relate to immigrant populations. These zones of abandonment keep immigrant populations in a liminal space in multiple aspects of everyday life including legal status and deportations. These concepts then point towards how emotion concerning stress and violence are embodied, affecting the everyday lived experiences of immigrants living in Apopka. Therefore, it is important to understand how these concepts are entangled to affect immigrants' experiences.

## Chapter Three: Methods

### **Introduction**

Research with vulnerable populations is often difficult to navigate because anthropologists must be careful not to recreate harm through poorly constructed methodology. Methods that may be used for some populations can have a completely different effect on the overall well-being of other participants. Thus, it is imperative to consider how the methodology chosen for ethnographic research with vulnerable populations could create further problems with, for instance, mental health or interpersonal dynamics. One way to mitigate harm and ensure that research is ethical for the population is for the researcher to continuously reflect upon subjectivity, positionality, and power relations, among other concepts, to create a reflexive approach to ethnographic research.

In this chapter I delineate the methods for this research project. I begin by reviewing the research setting, Apopka, Florida. I then explain my overall research design, including the research questions, field sites, participant observation, participants, and interviews. I also explain the methods for data analysis that I used in this project. Lastly, I consider how positionality and reflexivity can be used throughout the research process to evaluate the effectiveness of both harm reduction and the data collection methods. It is imperative that anthropologists employ reflexivity to continue to question biases and the effects of research on the population.

### **Research Setting: Apopka**

As discussed in Chapter One, Apopka is a small agricultural community with a large immigrant population. The demographic makeup of the community is 44% white, 21% African American, and 30% Hispanic (U.S. Census). Based on prior work at Apopka Middle School and

HCC, I observed that most immigrants were from Mexico, the Dominican Republic, and Haiti. Many families that I met as an AmeriCorps volunteer in 2011 were first-generation immigrants living in mixed-status family households. Various factors led many of these families from Mexico and Central America to migrate to the United States, mainly in search of work, fleeing violence, and family reunification. Yet, after arriving, many immigrants face precarious statuses that keep them in poor working conditions and limit their ability to access social services and healthcare.

Apopka has a long history of marginalization. While many Hispanic families are new to Apopka, and the harsh conditions of agricultural work in the city, African Americans have historically worked in agriculture in the area where they faced racial violence and poor health conditions. Many of the African American families that I worked with while I was in AmeriCorps were related to individuals who had worked in the farms surrounding Lake Apopka, where they were exposed to harsh working conditions, including pesticides as discussed in Chapter One. These issues still exist in the community, yet now undocumented immigrants have largely replaced this population to work in agricultural settings in Apopka. As I witnessed during my time spent in Apopka, from 2010-2012, nurseries and farms exploit undocumented workers by paying little money and placing workers in hazardous conditions. Indeed, as discussed in Chapter Two, there are multiple pull and push factors that lead to immigrants working in agricultural settings, where they are often exploited for their labor.

### **Research Design**

To understand violence and mental health through the lens of embodiment and emotion, I utilized ethnographic methods that examined the lived experiences of individuals as well as the structural forces that affect their daily lives. In this section, I outline the methodology, including

research questions, data sources and sampling. I also delineate how the research questions for this research link with theoretical and analytical considerations.

### *Research Questions*

I initially formulated four main research questions to examine migrant experiences with violence, stress, and mental health in Apopka. An in-depth analysis of violence, injury, and trauma helps inform the direction of this research and to understand multiple forms of violence that migrants are exposed to along their journey and after arriving in the United States. Further, the COVID-19 pandemic created additional stress on this vulnerable community that worsened the overall well-being of migrants living in Apopka. Various social factors such as discrimination, policies, and finances create additional structural violence that impacts the everyday experiences of migrants. Thus, a study concerning violence and mental health must use methods that focus on individual lived experiences, as well as larger structural forces that affect migrants' mental health. Yet limitations arose due to the pandemic that restricted the amount of participant observation that I conducted since the organizations were closed for part of 2020 and had limited access in 2021. Further, since the offices were limited to the public, many of the interviews I conducted were with NGO workers that revealed information about immigrants through second-hand information. Therefore, I restructured my interview questions so that I could obtain more open-ended information from immigrants and NGO workers.

These research questions examine how multiple forms of violence affect migrants' everyday lives. By examining physical, psychological, and structural violence framed by theories in psychological anthropology, these research questions allow for an in-depth analysis of how migrants experience violence and indications for mental health care. Thus, the first three research questions focus on how these different forms of violence are experienced and embodied.

The fourth question follows calls for a critical approach that includes the analysis of larger structural forces.

**RQ1: How do immigrants living in Apopka experience violence?**

- a. Injury
- b. Structural violence
- c. Everyday violence
- d. Symbolic violence

**RQ 2: How does violence—physical, psychological, and social—affect perceived well-being among migrants in Apopka during the COVID-19 pandemic?**

- a. How is violence experienced in-transit?
- b. How is violence experienced after arriving in Apopka?
- c. How do the experiences of this violence affect the mental health of migrants?

**RQ 3: How are additional stressors due to the pandemic, such as constrained access to healthcare and social services, income loss, and stigma, experienced among migrants in Apopka?**

- a. How do these factors contribute to embodied violence?
- b. How do the additional stressors of COVID-19 affect contribute to embodied violence for marginalized communities?
- c. How do these stressors and embodied violence affect migrants' mental health?

**RQ 4: How is state violence experienced during the COVID-19 pandemic?**

- a. What are the negative impacts of international and state policies on migrant communities?
- b. How do these policies affect access to healthcare?

- c. How does state violence effect the mental health of migrants during the COVID-19 pandemic?

### Limitations to Research Questions

Due to the COVID-19 pandemic there were several limitations to the methods for this study. First, this research began in the summer of 2020 when many businesses and organizations were still closed. In fact, HCC stayed closed to the public until January 2021. Even in the spring of 2021, both HCC and FWAFF had limited services available to the general public. This greatly reduced the number of people that frequented both organizations, limiting my ability to conduct participant observation with the immigrant population. Therefore, I tried to compensate for the decrease in participant observation with open-ended interviews. This interview structure allowed me to gain insight into the daily lives of the participants in this research. However, this did affect the research questions in this study and my ability to answer the questions adequately. The pandemic made it difficult to examine immigrants' lived experience through the lens of critical phenomenology and gather experience-near data due to the limited participant observation that I was able to conduct at the beginning of the pandemic. For example, it was difficult to examine concepts of embodiment in this instance due to my limited contact with the wider immigrant community and inability to conduct in-depth participant observation. However, I was able to gain limited information about embodiment and mental health. Further, since all participant observation was conducted at the NGOs due to the pandemic, this research examines issues related to NGOs that were not originally in the research questions but produced useful results. Based on these factors, as well as language barriers, many of the people who participated in this study are NGO workers who helped provide information about the organization and accounts of how they see stress affecting the clients that they serve. Therefore, although I did not examine all

aspects of these research due to constraints from the pandemic, yet I did find other interesting and meaningful results.

### *Field Sites*

The field sites for this research were the Farmworkers Association of Florida (FWAF) and the Hope Community Center (HCC) in Apopka, Florida. First, I began research at HCC due to previous professional connections with the center and my continued volunteer work. The center has two locations, one in North Apopka and one in South Apopka. These two locations provide similar services but have only been open for limited access due to the pandemic. After spending some time in the community, I was able to contact individuals who work with FWAF about conducting research with their organization. FWAF is a well-established NGO with locations throughout Florida that provide services to farmworker communities. However, for the purposes of this research, I worked solely with the FWAF Apopka office.

### *Participant Observation*

Participant observation consisted of visiting the migrant advocacy groups, as well as volunteer work with the organizations to help develop rapport. Physical distancing requirements due to the pandemic meant that I conducted in-person participant observation only when it was safe, based on the recommendations by the CDC. Thus, the beginning of this research in September of 2020 consisted largely of assisting with online programs, such as the HCC citizenship classes. As the both centers started to reopen to the public in January of 2021, I began in-person participant observation while taking the appropriate safety precautions such as wearing a mask and physical distancing. I typically visited the centers twice a week, as well as additional days if there was a special event or volunteer opportunity. I helped with program development and volunteered with several programs at HCC, including a support group for mothers,

citizenship classes, and food donation drives. I also volunteered with FWAF at events such as food drives and fundraisers to develop rapport with NGO workers and meet community members for recruitment.

I also attended meetings with migrant advocacy groups to observe how they discuss the larger structural forces that shape migrants’ experiences with mental health. Despite the inability to conduct traditional field work due to the pandemic, Beyer (2020) calls on anthropologists to “observe diligently” the events surrounding the virus to examine varying narratives about the pandemic and its effects on multiple populations. I continued participant observation with the organizations through July of 2021.

*Participants*

The population for this research was n=38 and consisted of immigrants living in Apopka and NGO workers affiliated with HCC or FWAF. I used theoretical sampling and snowball sampling to recruit participants for interviews. The tables below show the demographics of the population for this study. To further protect the anonymity of the participants in this research, I also created composite narratives that combined elements from one individual’s story with another participant. This allowed me to write about people who otherwise might be easily identifiable at the NGO or within the community.

*Table 2: Role in the Community*

Community member	NGO workers and volunteers
23	15
	<b>38</b>

Table 3: Gender

men	women
14	24
	<b>38</b>

Table 4: Nationality

Mexico	El Salvador	Honduras	Colombia	Guatemala	United States	Venezuela	
15	2	2	3	2	8	6	
							<b>38</b>

Table 5: Legal Status

undocumented	DACA	Asylum	resident	citizen
13	3	9	4	9
				<b>38</b>

Table Two shows the number of NGO workers compared to community members. There is overlap within these groups, yet it is important to note their role within the community. As illustrated in Table Three, women comprised a majority of the participants. Table Four shows the stated nationalities of participants, with Mexico being the dominant home country for immigrants in this study. Lastly, Table Five shows the status of participants in this study. While many participants were undocumented, others had forms of legal status such as DACA, asylum, residency, and citizen.

## *Interviews*

In addition to participant observation, I examined the lived experiences of migrants pertaining to violence and mental health through sections of a semi-structured interview protocol designed to elicit emic health and illness narratives concerning stress and the COVID-19 pandemic. Although this interview protocol was semi-structured in nature, it contained open-ended questions that allowed participants to direct the flow of the interview and share what information they deem relevant to their own lived experiences. Open-ended interviews were included to compensate for the inability to conduct more extensive participant observation during the pandemic. I also used participant driven questions and probes to elicit person-centered data (Lecy and Hollan 2015). These types of methods can be used to examine issues with mental health. For example, as Levy and Hollan (2015) explain, person-centered interviews can be used to explore mental health issues by including questions not only about mental health directly, but also concerning how stress and anxiety are experienced every day. Therefore, the structure of the interview questions seeks to compensate for issues related to participant observation that were caused by the pandemic, allowing for a deeper understanding of the mental health of immigrants during the pandemic.

The length of the interview ranged from 30-90 minutes. Based on Bernard's (2006) guidelines and prior research, I directed interviews through the use of an interview guide with semi-structured and open-ended questions so that I could obtain reliable qualitative data. As explained above, I utilized open-ended questions and probes to obtain person-centered data. I also met individuals while conducting participant observation through time spent at the center, volunteer work, and events. Initially I used the "big-net" approach of interacting with as many individuals as possible to obtain general information and then theoretical sampling to select

individuals for the study based on the research questions (Fetterman 2010). After establishing rapport and a basic level of trust, I explained my research with individuals in further detail to screen who might be eligible to participate. I also circulated flyers that provide a basic explanation of the research and my contact information.

In an effort to carefully select participants to include in the study, I used the following inclusion and exclusion criteria to determine if participants were eligible for interviews. Inclusion groups consisted of migrants living in Apopka over the age of 12; staff and volunteers at reception centers; policy makers; and healthcare professionals. Exclusion criteria included migrants living outside of Apopka; minors under the age of 12; and unaccompanied minors who do not have a legal guardian to provide consent.

The interview protocol also included sections that allowed me to “study up” (Nader 1972:5) and examine larger structural forces that affect migrants’ mental health during the pandemic. Thus, I also utilized a specific protocol for NGO workers to implore a top-down approach to examine how political economy and biopolitics affect migrants’ experiences with violence and mental health.

### *Data Analysis*

I utilized a grounded theory approach for data analysis. Grounded theory allows for an inductive approach to data analysis where the researcher becomes grounded in the data, creating in-depth accounts of the topic for research (Wutich et al. 2015). Theoretical sampling also helped me to determine emerging themes as they arose during the research process. The main goal of grounded theory is to analyze data so that it can provide a deeper understanding of social theories, although scholars often present their findings in various ways, including concepts and connections among themes (Wutich et al. 2015). Further, grounded theory offers a method for

conducting research to build social theories and provide an abstract understanding of the key issues discussed in the study; grounded theory allows for the focus of analysis to reveal itself throughout the data analysis process rather than determined before the research begins (Charmaz and Thornberg 2021). Therefore, I carefully analyzed the data using memos throughout the research process to better identify emerging codes within the existing data. Following the principles of grounded theory, I incorporated themes from the initial analysis to help conduct participant observation and interviews. This allowed me to determine what topics that I needed to focus on through the interviews to better understand the answers to my research questions.

I coded the transcripts and my field notes using both predetermined codes based on interview guides, as well as codes that emerged from patterns in the data after I began the analysis (DeWalt and DeWalt 2011). The coding process began with open coding to determine concepts and categories for further examination (Strauss and Corbin 1998). I then identified major themes and subthemes that emerged from the coding process. I used other forms of coding outlined by Strauss and Corbin (1998), including axial coding (relating categories to subcategories), selective coding (develop theoretical concepts), and coding for process (examine structural processes). Throughout the coding process, I maintained a codebook to list and define both predetermined and emergent codes used in the analysis of the data. (DeWalt and DeWalt 2011). Other methods included triangulation to obtain multiple perspectives concerning migrant health as well as reflexive writing to consider my own biases and subjectivity (Fetterman 2010).

Throughout the data analysis, I utilized concepts in grounded theory to analyze participants' experiences to understand deeper meanings behind interviews and actions and build upon existing social theory (Wutich et al. 2015). I coded the transcripts and my field notes using both predetermined codes based on interview guides, as well as codes that emerge from patterns

in the data after I begin the analysis (DeWalt and DeWalt 2011). I then connected patterns determined from the coding process to existing research to examine how prolonged exposure to stress is embodied, affecting the lived experiences of migrants. I coded data based on predetermined themes that examine patterns concerning violence, stress, and mental health. I also identified patterns that are emergent through further coding.

As outlined above, this research utilized critical medical anthropology as a methodological framework because it accounts for individual lived experiences as well as the structural forces that affect people. Table Six, below, shows the connections between each research question, the theoretical approach, methods used, and analysis of the data. For each question, I have outlined the approach used to attempt to answer the question. Although some of these methods proved challenging due to the pandemic, Table Six outlines the methodology that I undertook to examine these questions.

*Table 6: Research Questions and Methodology*

Research Question	Theoretical approach	Methods	Analysis
RQ1: How do immigrants living in Apopka experience physical, psychological, and structural violence?	Critical Medical Anthropology <ul style="list-style-type: none"> <li>• Lived experiences</li> <li>• Violence</li> </ul>	<ul style="list-style-type: none"> <li>• Participant observation</li> <li>• open-ended interviews, semi-structured interviews</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Coding</li> </ul>
RQ 2: How does violence—physical, psychological, and social—affect perceived well-being among immigrants in Apopka during the COVID-19 pandemic?	Critical Medical Anthropology <ul style="list-style-type: none"> <li>• Lived experiences</li> <li>• Violence</li> <li>• Subjectivity</li> </ul>	<ul style="list-style-type: none"> <li>• Participant observation</li> <li>• open-ended interviews, semi-structured interviews</li> </ul>	<ul style="list-style-type: none"> <li>• Coding</li> </ul>

Table 6 (Continued)

RQ 3: How are additional stressors due to the pandemic, such as constrained access to healthcare and social services, income loss, and stigma, experienced among immigrants in Apopka?	Critical Medical Anthropology <ul style="list-style-type: none"> <li>• Biopower</li> <li>• Political economy</li> <li>• Lived experiences</li> </ul>	<ul style="list-style-type: none"> <li>• Participant observation</li> <li>• open-ended interviews, semi-structured interviews</li> </ul>	<ul style="list-style-type: none"> <li>• Coding</li> </ul>
RQ 4: How is state violence experienced during the COVID-19 pandemic?	Critical medical anthropology <ul style="list-style-type: none"> <li>• Structural violence</li> </ul>	<ul style="list-style-type: none"> <li>• Participant observation</li> <li>• Semi-structured interviews</li> <li>• Policy analysis</li> </ul>	<ul style="list-style-type: none"> <li>• Coding</li> </ul>

*Applied Component*

This research seeks to also benefit the community by creating a history of HCC for the organization. Currently, HCC does not have a written account of how the organization started when the founders first arrived in Apopka and the many struggles that they encountered while fighting for social justice and human rights. With the organization celebrating the 50<sup>th</sup> anniversary of their founding this year (2022), it is critical to document the history of the organization through the lens of the founding members. Therefore, at the end of this project, I will compile the information create a written history to share with HCC.

**Positionality**

It was clear that my positionality affected the research on some level. For example, I was often viewed as an outsider at community meetings and events. Initially, many immigrants and NGO workers that I spoke with, particularly at FWAf, seemed reticent to speak to me about the project and I experienced difficulties recruiting participants. Reflecting back, I think that part of these difficulties were related to my ethnic background and citizenship status—I stood out as a

researcher and a white woman with citizenship. In this respect, I could be seen as someone in a position of power based on immigrants' experiences with discrimination. Despite the reason, it was clear that the community saw me as an outsider, which made the research more challenging. In this case, my positionality made individuals reticent to participate in the study. The added power relations may contribute to the fear and stress of undocumented immigrants in the community as they do not know who they can trust. Further, at the beginning of this research, I was not fluent in Spanish, which often made conversation difficult and awkward. However even though interviews often began difficult at the beginning of this research I was able to steer the interview in a way that helped interviewees feel more comfortable by building rapport in the initial conversation. Since I have a Spanish last name, I often told participants that my husband is from Venezuela, which typically helped people to open up to me in the interview. As the research progressed and my Spanish improved, I noticed that individuals were more willing to speak with me. I not only attribute this to general understanding, but also a willingness to interact with me.

Due to the varying aspects of the COVID-19 pandemic, I must also reflect on the distinction between conducting this type of ethnography that requires different methods than traditional ethnographic methods. For example, the pandemic sets researchers apart from marginalized populations such as undocumented immigrants because we often have different experiences of the pandemic than these participants, particularly relating to risk factors such as working (Horton 2021). While I was able to remain in quarantine due to my ability to work from home during the pandemic, not all the participants in this research had the same privilege. Indeed, if anthropologists remain at home to conduct research, there must be an increase in the awareness of that privilege and how it affects ethnographic immersion (Horton 2021). In this

case, I was able to quarantine much more than the participants in this research that resulted in further inequalities and often intensified power relations. However, as the offices of the NGOs began to reopen, I was able to reduce these power relations based on the need to take similar precautions as the participants. However, it was still clear that I had a greater privilege to quarantine than many of my participants. As the pandemic continued and the government issued aid, this often reinforced power relations with the participants because it often excluded them from pandemic aid due to their undocumented status, meaning that they did not receive benefits such as unemployment assistance and were forced to continue to work in risky environments (Horton 2021). Thus, there was still a difference in the way that I was able to conduct research during the pandemic and the work that immigrant participants were forced to do based on their limited options and lack of assistance.

Many of my participants knew someone who had COVID-19, or they had it themselves. As was the case with Horton's (2021) research during the pandemic, I was able to conduct interviews over the phone or computer, further increasing my ability to quarantine and remain in a less risky environment. Yet Horton (2021) cautions ethnographers doing research during a pandemic because the anthropologist can no longer become a complete insider to understand the experiences of the population. As previously stated, the pandemic significantly reduced my ability to conduct participant observation in 2020, confirming Horton's critique. However, as explained above, I altered my interview methods to try to allow for more open-ended questions and narrative responses. Additionally, when I was able to conduct participant observation for this study, it involved NGO activities. I was not able to participate in the everyday lives of immigrants in their own community, rather it was framed by their interactions with NGOs and NGO workers. Yet, this does not discredit the data that I obtained. It simply changed the way

that I collected data, interacted with the participants, and analyzed the data. For example, as stated above, many of the findings of this research focus on the activities of the NGOs. These unplanned findings reveal information about the organization and how they both affect and perceive the stress and health of immigrants.

While not all research with migrants involves activism or applied components to research, anthropologists must consider our own positionality. Das (2007) argues that examinations of violence and trauma require that anthropologists be engaged with reflections on positionality and intersections in the research process. Specifically, I align myself with migrants as an “engaged anthropologist” within the community, confirming that my alliances are with the participants (Scheper-Hughes 1995). This type of engaged anthropology transforms the anthropologist from the objective observer to an individual morally aligned with the community (Scheper-Hughes 1995). In the instance of this research, engaged anthropology is difficult to practice because I worked with both immigrant community members as well as NGO workers. In this case, NGO workers could be seen as people in a position of power and it becomes difficult to choose exactly with whom to align. For this study, I align myself with those with the least power in this context, the immigrant population in Apopka. I tried to ensure that people felt comfortable speaking with me about their difficulties by acknowledging the issues that impact their daily lives so that they would see that I aligned with them. In this respect, I was able to create a sense of trust and develop rapport with participants throughout the research process. Thus, while something might be beneficial for an aid organization, my responsibility is to the participants in the study that are the most vulnerable, and their needs that supersede the needs of those in positions of power. Thus, due to historically structured racism, colonialism, political status, nationality, and the formal role of the “researcher,” I had to consider the power dynamics

between myself and participants for ethical research. However, I did not see this as a conflict due to the nature of the organizations; HCC and FWAF both seek to address the needs of the people that they serve, creating a sense of trust between the participants in this research and the organizations.

In addition to power relations, I must also consider my positionality concerning barriers to research such as language. I used a translator for part of this research. Other interviews were conducted in Spanish which made some interviews more difficult as my Spanish is limited in fluency. However, the participants in this research stated that they appreciated my willingness to speak in Spanish. Yet, most of the participants in this research spoke English and therefore I did not use a translator for the majority of the interviews. This did limit the sample however because I could not conduct an interview if the individual only spoke Spanish because I would not have been able to obtain robust data for analysis. Further, there are many Haitians in the Apopka community that receive services at FWAF but due to the language barriers I could not interview them because I did not use a translator. However, despite these barriers, the interviews collected for this research still contained complex and thorough interviews that provided in-depth data for analysis.

### **Reflexivity**

Reflexive writing in ethnography is a method that anthropologists can utilize while doing fieldwork and analysis to continue to question the ethics of the research, power relations, and cultural nuances. As demonstrated by anthropologist Julia Cassaniti (2010), reflexive writing that is incorporated throughout the research process can aid in research design and methodological ethics because it forces the researcher to consider their own biases and how it affects the research process. Sociologist Orla McGarry (2016) argues that knowledge of one's own biases and

positionality can aid in research and analysis because it allows researchers to consider how their presence affects the research. Thus, documenting these reactions and meanings aids in understanding of different worldviews from my own positionality.

Additionally, since all individuals retain their own subjectivities, anthropological research should always be contextualized through the dynamics among researchers and participants, which often reflects power dynamics within the research process (McGarry 2016). Sherry Ortner (2005) defines subjectivity as perspectives, thought, and emotion that shed light on psychological factors that affect lived experiences. Further, Luhrmann (2006) argues that subjectivity refers to the way individuals think and feel, their shared inner lives, as well as psychological factors that help anthropologists understand emotion and subjectivity. Therefore, a full reflection of research, particularly with vulnerable populations, should include the researcher's own positionality to understand how this may affect the research design.

Another aspect that is especially important to consider are the ethical concerns, as explained further in-depth in Chapter Two, that result from power dynamics concerning the researcher and participants, particularly due to the vulnerability of the population, as is the case with migrants. Through reflexive writing, researchers continuously question the ethics of the project throughout the study to ensure that it does not create harm to vulnerable populations. Therefore, throughout the research process, I took copious notes about my own biases and positionality to continuously examine the research process itself and how my presence affects the data collected. For example, I noticed that my ethnic background affected the research with participants early on, when one woman was hesitant to discuss racism. After this interview, I reflected on my own positionality as a white U.S. citizen, and how it could create perceived uneven power relations. Thus, I was able to change my approach to make participants feel more

at ease by sharing more with them about my own personal background and experience with immigration. I also found that when I spoke Spanish before my interviews, participants seemed to be more relaxed, indicating that my willingness to speak their first language. The context of the study and ethics of the researcher are what should guide anthropologists who work with any vulnerable populations. Thus, continuous reflexive writing while conducting fieldwork can mitigate ethical concerns that may arise and contribute to the resolution of the issue.

## Chapter Four: Nongovernmental Organizations and Humanitarian “Aid”

### **Introduction**

“We are not adverse to eating the food people pick, but are adverse to paying them for the work they do. And if people ever knew the skill that they need to do the picking themselves, I think they would treat the people more respectfully. I’m saddened by the way we claim church but don’t live it.” This was explained by Sister Gail Grimes, one of the founding members of HCC, who provided me with a rich account of Apopka during the early years of the organization. Sister Gail was not one of the first four members of the church to travel to Apopka. Rather, she came to Apopka a few years later to work with the Office of Farmworker Ministry. This short quote is emblematic of the ways that farmworkers are treated in the United States, regardless of their ethnic background, and reflects upon the ways that organizations, particularly faith-based ones, do not fully address farmworker issues.

In this chapter I examine nongovernmental organizations that assist immigrants in the United States, and specifically how these organizations affect immigrants in Apopka. I examine two centers that provide beneficial aid in Apopka—FWAF and HCC. I interrogate concept of “community” and how various conceptualizations of community affect individuals within a particular geographic region. Since NGOs claim their primary purpose is to serve a “community,” it is imperative to consider what this construct means from different perspectives. NGOs often serve a target population rather than the entire community. Further, I also provide a brief history of farmworker movements in the United States, arguing that it is critical to examine these movements to understand how they have contributed to formation of NGOs like HCC and FWAF.

This research also provides historical context about the organizations and the people that they serve by codifying their history, particularly during the COVID-19 pandemic. I explore the daily operations of the two nonprofit organizations, showing how they take different approaches to providing assistance to the same Apopka community that consists mainly of Hispanic immigrants. Whereas FWAFF frames itself as a social justice organization that works to ameliorate policy issues that affect immigrants and farmworkers, HCC is different in its organizational structure as they consider themselves to be a service learning organization that also provides direct aid to the community. However, despite these differences in philosophies, I explain below that both organizations provided similar services during the pandemic.

## **Community**

As Fisher (1997) notes, it is important to examine certain concepts such as community when looking at the effects of NGOs. Scholars have represented the concept of community in a variety of ways, as I demonstrate below, ranging from beneficial social structures to harmful systems that marginalize “the other.” In some instances, NGOs that focus on immigrants have the goal of “integrating” them into the local community, as well as local policies. Others, such as the two discussed in this chapter, focus on the direct needs of the immigrant community and how policies and practices affect them. Yet in either case, the idea of community must first be interrogated to understand how it has been studied and understood in a variety of contexts.

Migrants often experience physical and social isolation in the host community. Anthropologist Anne Grønseth (2001) argues that a sense of community is critical to their successful integration into the host society. Further, integration is also tracked through systems such as Migrant Integration Policy Index (MIPEX) that attempts to compare integration policies to determine the success of immigrant integration (Harinen et al. 2014). MIPEX tracks policies

relating to the labor market, education, family reunification, political participation, residence, anti-discrimination, and access to citizenship (Harinen et al. 2014). Yet, systems such as MIPEX are limited in how they measure integration and focus on immigrant populations as a homogenous group (Harinen et al. 2014). However, it is important to note that the issue of immigrant integration is highly contested among migration scholars today (Schinkel 2018). For example, Schinkel (2018) argues that immigrant integration actually represents their way of being immigrants that privileges society over individuals who are deemed to be problematic. Alternatively, other scholars call for a restructuring of the study of integration that provides a more critical approach that recognizes the significance in class and race as a part of integration (Abdou 2019). Similar to the situation in Apopka, the rebuilding of community occurs both within and separate from the local culture. In Norway, for example, Tamil refugees' main obstacles to resettlement are cultural differences and loss of social ties resulting from their socially separate position in the local community (Grønseth 2001). As anthropologist Faith Warner (2007), through her analysis of concepts of community among refugee women in Mexico demonstrates, individuals with larger support networks have less stress and better health. According to historian Egon (1981), finding communities that share their language and culture makes integration into the new society easier. However, if immigrants do not find support networks that who can provide assistance such as financial or emotional their instability in the local community increases (Menjívar 2000). Further, these experiences of "integration" are tied with larger aspects of social structures that can also create weak ties between community members (Granovetter 1973). Indeed, upward mobility is often based on socioeconomic class, as well as education factors, that are then reinforced through second generation children of immigrants (Haller, Portes, and Lynch 2011). Further, legal permanent residence is needed for

immigrants, particularly those who create strong social or economic connections after arriving in the United States (Massey 2013). These representations of community presume that the social structure of a community positively affects migrants, demonstrating the value of establishing social ties both with similar cultures and the host community.

While research concerning how migrants interact with the local community provides insight into their everyday experiences, anthropologists must also examine what “community” means and the assumptions included with that conceptualization. While some individuals perceive the idea of community as a positive social structure that benefits all members of a population, it may be negatively conceptualized in other examples, especially when being attentive to power relations. Different ideas of collective history and memory reveal that some narratives typically dominate other voices in narratives (Eidson 2000). While advocating for participatory research to reduce power relations and advocate for social justice, Cross, Pickering, and Hickey (2015) explain that ideas of community can often refer to various social groups, institutions, and neighborhoods, all of which may be represented by a variety of community leaders. Yet, in addition to acknowledging the variations in community, anthropologists should be attentive to power relations within groups to reduce biases in selecting participants based on who identifies as a “community leader.”

Scholarship often represents communities as homogenous “things” that include “integration” into the construction of the idea of community. This view of community as homogenous obscures the diversity within that community, ignoring the subjective experiences of community members. These ideas of community are often one-sided and privilege the perspective of dominant society, by presuming that immigrants want to assimilate into the local community and adopt cultural norms, including language, customs, religious practices, and other

aspects of the local culture. Moreover, it is increasingly important to differentiate between collective memory among populations from various perspectives and how this builds communities (Eidson 2000). For example, Edison (2000) argues that scholars such as Durkheim have often represented populations in a dualistic manner that creates an opposition between the individual and larger society. This dualistic representation of community creates a hierarchical view distinguishing between the local culture and “the other.” Kimberly LeChasseur (2014) examines how community is conceptualized from various perspectives, both geographically and socially, noting that these distinctions can represent “communities” as homogenous entities that fail to include critical examinations of power and prestige. Further, Edison (2000:599) argues that there are various perspectives of historical memory, demonstrating that single versions of a collective historical memory do not exist, and dominant narratives influence the official historical record. This concept is relevant to immigrant populations in Apopka based on the fact that there is not a single representation of historical memory for the immigrant community. Rather, there are multiple narratives within the collective memory of immigrants living in Apopka due to their varying backgrounds and perceptions of the world.

This is also the case in Apopka; while although the immigrant “community” may share many commonalities, immigrant populations living in Apopka are diverse and complex. There are different smaller communities within the larger population that the organizations serve. This is particularly true for immigrants in different employment sectors, who face different challenges through their work. For example, immigrant farmworkers often organize around topics that are specifically related to farmworkers, while other populations in Apopka are more focused on immigration legislation in general. FWAFF has recently worked with local universities and organizations on the effects of extreme heat on migrant farmworkers. While HCC also focuses

on issues that affect immigrants, their work is broader, centering on issues such as DACA and a pathway to citizenship. The difference in services affects the populations that the organizations serve. For example, people may receive services at both organizations since they provide slightly different services. HCC does provide food donations, but FWAF also provides fresh fruits and vegetables through the community garden. Further, HCC stands out as a service learning organization where many college students from across the country come to stay with immigrant families for alternate spring breaks. This is different from the services provided through FWAF, which are not necessarily focused on service learning. Thus, although these organizations provide similar services, they do not compete with one another based on the populations that they serve as well as differences in services.

### **A History of Farmworker's Social Movements and Nongovernmental Organizations**

Since NGOs do not function in isolation, they must also be examined through the lens of the population that they serve, as discussed above concerning community. In the case of this research, it is imperative to examine how NGOs are entangled with broader farmworker's rights movements in the United States. While farmworkers face many challenges due to poor working conditions and other factors, there is a long and rich history of social movements regarding farmworker justice. In 1961, Cesar Chavez, a community organizer and former farmworker in California, created the National Farm Workers Association (NFWA) to help farmworkers organize against grape growers (Hoffman 2019). Chavez was a proponent of boycotts and was able to help push grape growers to create early farming contracts (Garcia 2013), leading to the creation of labor unions for this vulnerable population (Watt 2010). During this time, the United States also saw the formation of the United Farm Workers (UFW) that organized several movements to promote the fair treatment of farmworkers in the country (Hoffman 2019).

Many of the social movements to work for farmworker rights in Apopka were inspired by the events in California. This is also true for HCC in Apopka. Indeed, Sister Ann of HCC helped organize the grape boycotts with Chavez in California, learning many of his methods and ideas, and bringing them to the Apopka community. Prior to starting the Office of Farmworker Ministry in Apopka, Sister Ann learned how to organize and mobilize farmworkers so that they could take control of their own rights and fight against injustice. Further, Sister Gail explained that although she did not organize for the grape boycott, she and her students participated in it and focused on its importance, laying the groundwork for future involvement with farmworkers' rights.

### *Health Clinics*

Several campaigns were related to the health of farmworkers and the absence of medical assistance, with Chavez advocating that clinics, union organizing, and healthcare are all entangled with one another (Hoffman 2019). In 1969, the UFW won a major victory in their efforts and a new fund, the Robert F. Kennedy Memorial Plan, was implemented to provide health assistance to farmworkers (Hoffman 2019). Chavez led the group of farmworker representatives and volunteers as to how to facilitate the medical fund, creating a healthcare plan that worked with the union (Hoffman 2019). Despite the efforts of migrant advocacy groups across the country to create better access to healthcare for migrant populations, immigrants still encounter challenges related to healthcare services. Such challenges include restrictions on access to public health and social service programs, immigration enforcement, and immigration policy that create increased barriers to healthcare for immigrants (Khullar and Chokshi 2019). For example, even though there are healthcare programs for migrants such as the federal Migrant Health Program, anthropologist Seth Holmes (2013) notes that most farmworkers still lack basic

access to healthcare services and that the program only serves approximately 13 percent of the farmworker population. Further, less than one-third of migrant women qualify for Medicaid and 30 percent of migrant workers have health insurance (Holmes 2013). Anthropologist Heide Castañeda (2019) demonstrates that many mixed-status families in the United States do not access government healthcare services based on fear for their undocumented family members. While it is often difficult, some humanitarian aid organizations are able to bridge these gaps in care through community health clinics. For example, in Arizona, a state with hostile anti-immigrant rhetoric, one community health clinic demonstrates how medical humanitarianism can help those who are excluded from health coverage due to their immigration status (Hoekstra 2021).

Similarly, in Apopka, while there are community health clinics, these are not always easily accessible for the immigrant population. One of the NGO workers at FWAFF, Kelly, was eager to talk to me about the challenges that immigrants face. Kelly is an advocate for farmworkers' rights and works with social justice as a means for humanitarian aid. She explained that "even if they do qualify, they are afraid to apply because they might have an undocumented family member at home." Thus, it is imperative to investigate how immigrants navigate accessing social services based on their immigration status, which is discussed further in Chapter Five.

### **Apopka**

Although Apopka has a long history of racism and abuse of farmworkers and other immigrant populations, as Sister Gail explained, it also has a rich history of NGOs that have attempted to provide assistance. In this section, I show how Apopka has changed over time when the Office of Farmworker Ministry (OFFM), later known as HCC, began assisting the

community. In 2005, OFFM began the process to incorporate into a separate nonprofit organization, and in 2007 they officially became the Hope CommUnity Center.

In addition to threats of physical violence, Sister Gail explained that the conditions for workers in Central Florida – often marginalized people of color – paid low wage and continue to be unsafe and inhumane. As stated, Sister Gail was one of the early members of the organization. She worked largely with the African American community because she does not speak Spanish. Although Sister Gail is now retired, she is well aware of the challenges that face the community. Sister Gail told me that at first, the African American community was subjected to unsafe conditions but as they later went to work in the local juice plants, immigrants began to take on these farmworker jobs where they were exposed to unsafe working conditions. As I learned, this is particularly true for Apopka. Lake Apopka, where much of the farmland was, has two superfund sites from the pollution from the pesticides and other chemicals that were sprayed on the crops without concern for the workers. Thus, residents living in Apopka, even those who do not work on farms, are exposed to these toxic chemicals through local pollutants from the superfund sites. Further, when the lake became too polluted for farming, the government offered to buy the farmland and equipment from the growers, as Sister Gail recounted. She explained that, at this time, the companies knew that they would not make a profit off the land anymore and then closed the farms. She said, “They told the workers, ‘No, we’re not selling.’ And then right before Thanksgiving and Christmas, they sold [the land]. And then everybody, instead of getting a bonus, got ‘this is the end of your work with us.’” This represents a form of structural violence that affected those with the least of power in the community, and largely people of color. Wealthy owners of these farms already subjected their workers to structural violence and racism through unsafe working conditions. After the closure of the farms, many farmworkers were out

of work and could not properly support their family. Thus, the marginalized farmworker population at the time experienced increased structural violence when the farms were suddenly closed.

It is also important to note that the population that made up a majority of the farmworkers in Apopka changed from African American to largely Hispanic immigrants in the 1970s and 1980s. Sister Gail explained that this was mainly due to the influx of factories that processed (orange) juice that moved into the area. Many of the African American farmworkers then started working in the juice plants, which Sister Gail explained had better conditions and pay, but still continued to marginalize the workers. After this, Hispanic and Haitian immigrants became the dominant farmworker population in the area.

### **Nongovernmental Organizations in Apopka**

NGOs can ameliorate challenges faced by migrants and refugees depending on the policies and practices of the organization (Manzano, Mishtal, and Harris 2018). Despite numerous critiques about NGOs and problematic humanitarian assistance, FWAF and HCC demonstrate that they genuinely strive to create a positive impact on the immigrant community through their focus on social justice as an underlying goal rather than simply providing one-off forms of aid. Although they both serve immigrant communities in Apopka, the specific populations that the two organizations serve are slightly different. Part of this is due to the location; HCC is located in downtown Apopka, with one location on the north side of the railroad tracks and one location on the south side. FWAF is located further on the outskirts of town, where there are more farms and nurseries. Another reason for the difference in population is the types of services that the organizations provide. HCC provides direct aid to the

community, including a more diverse population as far as their employment is concerned. FWAF, as stated in the organization name, is focused on farmworkers.

### **Hope Community Center**

HCC mainly serves the Hispanic population in Apopka. This grassroot and community-based organization was founded to meet the needs of farmworkers and immigrants in Central Florida (HCC 2021). Formerly known as the Office for Farmworker Ministry, the organization was founded in 1971 by a group of nuns in the Sisters of Notre Dame de Namur (HCC 2021). This small group, including Sisters Ann Kendrick, and Cathy Gorman, and later Gail Grimes, was called by the Orlando bishop to come to Apopka to work with the farmworker community. As there was a growing number of farmworkers in the area, the bishop thought that there was a need to provide humanitarian aid to the community. As discussed in Chapter Two, Sister Ann Kendrick and others had been working with the wine and lettuce boycotts in California prior to this, and then transitioned to working for farmworkers' rights in Apopka. During this time, the four original nuns that moved to Apopka started the OFFM, an extension of the Diocese in Orlando.

In an interview, Sister Gail explained to me the complicated history of the OFFM and how she and the original members came to Apopka in 1971. One of the major problems during this time was that there were many reports of the KKK harassing the African American community, which became one of the Sisters' first efforts of community organization. As Sister Gail explained in 2011, the organization worked with African American families in Apopka to help them purchase homes. These families were threatened by the KKK when they began to move into the community. I learned more information about this program and the racism experienced during an interview in 2021, including how the KKK attempted to halt projects that

provided assistance to people of color. For example, Sister Gail told me that when they first started a program called “Homes in Partnership” in Ocoee, they encountered many obstacles from the local community. She explained:

The very first housing project that we had was in Ocoee, and it was self-help for housing and a lot of people were working on their houses in the evening. Some people there thought that [African Americans] were going to be living there and not just working there began breaking all the pipes—they threw dead fish heads on the property and caused a whole lot of extra money to be spent because they didn’t want them moving. We would have two cars out on the property every night. One car when we saw other people coming would call the police and go to the police department because every time, we reported they said they couldn’t find the property. So, the other one stayed on the property to document all the things that were done. And Ocoee which is where it was when Ann and them first came. There was a sign that it was a “sundown city.” In sundown cities, any Blacks found in a sundown city after dark opened themselves to beatings, killings, etc. and there was a big sign that said the n word, “don’t let the sun set on you.”

Sister Gail’s recounting of the racism that occurred during the time is not limited to this singular project in Ocoee. Rather, it represents a larger system of structural racism that existed throughout Central Florida, including Apopka. Sister Gail also explained the meaning of a “sundown” city, which I had not heard of before, explaining that they were racist cities where white residents said that Black residents “better not let the sun go down while they were out, or they would get beaten or murdered.”

In 2005, the organization split from the Catholic Church to become its own nonprofit organization, HCC, and expanded the population with which they work to include immigrants and low-income individuals (HCC 2021). Throughout the years, HCC has helped to create six nonprofit organizations in Apopka to help with literacy, access to healthcare, and economic justice (HCC 2021). HCC also describes itself as a “service learning” organization that attempts to empower the community to organize around social justice issues (HCC 2021). Kara, the volunteer coordinator at HCC provided me with information about these programs. Kara has been working for the center for approximately 15 years. She explained that she first became affiliated with the organization through volunteer work where she tutored youth in the community.

As Kara explained:

We have many programs that serve the community. We have English classes, citizenship classes, programs for tutoring, and other things that people need. We also have a youth group that helps many undocumented young people in the community. We try to provide services based on what the community needs, and this often changes.

In this way, HCC provides direct assistance to the population that they serve. While they also focus on legislation that impacts immigrants, most of the work that the organization does on a day-today basis directly serves the community to create a positive impact.

HCC also sponsors health clinics to help community members who cannot access health services. When I questioned Kara about healthcare policies and practices, she explained how the health clinics fill the gap in services, particularly for undocumented immigrants.

I think that because we have the health clinic here and we are partnered with different healthcare agencies that we are able to get our folks in if they need to get in or find resources for them. I think in the community there are probably a lot of people who cannot access healthcare because they do not qualify for the same things we do. The policies, I think that folks that are undocumented there is no policy because they cannot get Medicaid and just don't qualify for anything. The Sisters founded the community health center and so we have a good partnership there, but we have also been looking to partner with other folks and we have been successful.

Similar to many of the programs at HCC, the organization saw a need for healthcare in the community and attempted to address it through services at the center. First, the group of nuns that began OFFM helped to open a community health clinic in Apopka. In 1973, Sisters Cathy Gorman, Ann Kendrick, Teresa McElwee, and Gail Grimes founded the Apopka Farmworker Clinic to provide the community with access to health care that included a nurse's aide, a medical director, and an administrative director (Community Health Centers 2021). As they saw that there was still a need for healthcare, they continued to seek partnerships with organizations that could help further, such as the community health clinic, a Federally Qualified Health Center (FQHC). They also partner with universities to conduct mobile healthcare clinics to provide the community with the most care that they can at these clinics.

In addition to the services described by Kara, HCC also hosts an AmeriCorps program that brings together approximately 30 volunteers from across the country to work directly with the community in places such as schools and with HCC programs. Kara explained that the new goal of HCC's AmeriCorps program is to try to promote more community involvement. "We are

trying to target members of the Apopka community to become AmeriCorps volunteers [themselves] so that the change comes from within the community.” Although many AmeriCorps members are young college graduates from out of state, HCC has been able to successfully grow the number of local community members in the program.

While most of what HCC does to serve the community involves direct aid, the center also organizes the community around political issues. For example, in 2011, I traveled with a group of community members and AmeriCorps to Tallahassee to protest restrictive immigration policies and promote a pathway to citizenship for undocumented immigrants. While many immigrants receive DACA, which will be discussed further in Chapter Five, they still do not have a clear pathway to citizenship. Therefore, HCC continues to organize around immigration policy issues that are important for the populations they serve. In September of 2021, they organized a group of community members to travel to Washington D.C. to promote legislation that would lead to a pathway to citizenship for undocumented immigrants and individuals with DACA. The group marched as part of a larger protest to raise awareness of issues for immigrant rights.

HCC serves a wide variety of community members. Beginning with the African American community in Apopka, HCC attempted to address the needs of farmworkers in the community. Yet, as the demographics of Apopka changed, so did the ethnicity of farmworkers; most farmworkers are now Hispanic immigrants. As Sister Gail explained, many of the farmworkers in the 1970s shifted from African Americans to Hispanic and Haitian immigrant populations. Indeed, the farmworker population in the Eastern United States shifted to largely Hispanic populations in the 1990s (Arcury and Mora 2020). However, it is important not to generalize the immigrant farmworker population as it varies widely with many immigrants

coming from indigenous populations and non-Hispanic populations (Arcury and Mora 2020). Despite much of the immigrant community working as farmworkers, the population is also diverse in their employment; the participants in this study reported in interviews that men mostly worked in construction, while women often worked in the nurseries or cleaning houses. While most of the population HCC serves are immigrant mixed-status family households, it also reaches out to many low-income individuals who do not need immigration assistance. For example, when the office reopened after the height of the pandemic, I would often see people in line for a variety of services including government financial assistance and healthcare applications through the Affordable Health Care Act and Marketplace insurance.

The COVID-19 pandemic led to drastic changes in the structure of the organization. While the offices were previously open to the public and typically full of people, HCC had to close its office in March of 2020. Further, some programs that were formally in person remain online to this day. They were able to re-open part time in the Spring of 2021, but services were only available by appointment and many employees worked from home. This drastically affected the organization's ability to work directly with the community. While the HCC buildings had to close due to the pandemic, the organization continued services such as citizenship classes, English classes, and other online programs to assist the immigrant community. Yet while some services transitioned online, many in-person events were simply canceled, and the participation in these online events was lower than normal in person classes and trainings with under half the normal number of individuals participating. As the office began to reopen in 2021, participation in events rose again, despite the conditions of the pandemic, leading me to conclude that although there was still a need for these services, technology often inhibited immigrants' ability to access these programs. As demonstrated, this immigrant population does not have adequate

access to technology and the internet, and often need assistance learning how to access certain websites.

The pandemic also brought other needs for the community. During my time at HCC in 2021, I volunteered with the food distribution services that the center offers. Barbara, an NGO worker at HCC, explained that while they usually help the community with food, they saw a great need for food assistance at the beginning of the pandemic. HCC was able to increase their food distribution at both locations and serve hundreds of families each week.

As the pandemic grew and the number of cases increased in 2020, HCC also changed some of their services by focusing on healthcare and community needs. For example, Linda, an NGO worker at HCC, explained that they tried to give the community additional personal protection equipment (PPE) since they did not receive it at work, and many could not afford to buy basic supplies. Further, HCC hosted testing for COVID-19, and offered vaccines after they were approved. Linda told me that vaccines were a major need in the community that the organization tried to fill.

We are trying to work with communities that don't have the resources available to them to get the vaccination. So, we are doing this mass texting about questions about the vaccine. About 200-300 people said yes. So, we are calling them back to find out what their questions are. And what we are finding out is there are a lot of undocumented people that don't know if they will qualify. They are afraid to go and have to show proof of residency, but they don't have any. So that's the biggest problem but they also have problems with transportation. People don't have the transportation to get to a site that is safe, so we put together five

volunteers and they are all doing their phone jobs finding out if there are free rides.

Thus, as Linda explained, HCC changed the services provided to the community based on the needs at the time. Many people wanted to get vaccinated, but they did not know how, and HCC helped to fill this need for marginalized communities such as this.

As more people began to get vaccinated, discussed further in-depth in Chapter Five, and cases of COVID-19 decreased in mid-2021, HCC began to offer more in-person services. The office restarted the “Adelante Caminantes” program that provided direct assistance to newly arrived immigrant children through language classes and other social service programs. This program was not in service at the height of the pandemic because it relied upon in-person activities. Additionally, HCC was able to hold its annual “Kid’s Camp” in 2021 that provides a low-cost summer program for many immigrant families. Thus, as the pandemic shaped the needs of the community at its height, it also directed the services of the organization during low points as well.

### **Farmworkers Association of Florida**

While HCC provides direct services to the community, The Farmworkers Association of Florida (FWAF) assists immigrants in different ways. Although they provide similar services, FWAF has a different scope in its mission than HCC. FWAF began in 1983 when a group of farmworkers organized to find assistance when they were out of work due to the freezing of orange groves (Unsold 2021). This movement started the Farmworker Association of Central Florida, which would eventually become FWAF, established by the farmworkers and supported by the Sisters of Notre Dame de Namur and the Office of Farmworker Ministry, located in Apopka (FWAF 2021). Since its inception, FWAF has achieved many goals towards

farmworkers rights, such as creating the Lake Apopka project to address issues that farmworkers encountered after the farms were sold, including finding new homes for farmworkers, find new jobs for farmworkers, and examine the diseases that resulted from work with pesticides (Saville and Adams 2021). Additionally, FWAF was one of the cofounders of the Florida Immigrant Coalition, a statewide organization which promotes social justice and advocacy for immigrants in Florida (FWAF 2021; Unseld 2021).

Kelly was one of the people who had worked with FWAF the longest. She is the pesticide safety and environmental health coordinator at FWAF and has been with the organization since 1995. She first became familiar with FWAF when she did an environmental justice walk to protest issues concerning pollution in the local community, and then began volunteering with the organization. As described by Kelly, “The farmworkers association is a social justice organization. We are not a service organization or a charity.” The fact that FWAF is a social justice organization rather than a service-learning organization or a humanitarian aid organization separates it from HCC. Yet even though the goals of the organizations are different, they often end up providing similar services to the community, as I discuss later.

Kelly explained that while they know there is a need for direct services, their focus is on social justice rather than direct humanitarian aid, as discussed below. This consists of grassroots community organizing, as FWAF often works with policies and laws that affect farmworkers to attempt to address the root causes of harsh working conditions and inequalities. For example, one concern is exposure to pesticides. Kelly mainly works with community health issues focusing on pesticide use and extreme heat. She explained:

[Immigrants] feel comfortable talking with us about pesticides or a rash because where they work, they spray the plants and they say there is white dust on the plant.

It has been a major concern of ours for years and the community has been greatly affected by pesticide use. There are higher rates of cancer and other diseases. We have a community member, Donna, who has been active about the use of pesticides. She used to work on the farms. [Farmers] would spray the field with pesticides while they were working. She has lupus now. So, we try to work on fighting pesticide use in the farms.

As Kelly noted, immigrants were more likely to talk about exposure to pesticides, which is particularly important because it is an issue that affects many farmworkers across the United States. African American farmworkers such as Donna were exposed to pesticides through their work, causing extreme health complications. Many former farmworkers report higher cases of lupus, cancer, and other diseases. This is now true for the immigrant community as well, who now makes up most of the farmworker population in Apopka. Since the use of pesticides is a major health concern for both former and current farmworkers, Kelly explained that it is also a major concern for FWAF in their efforts for social justice for farmworkers. In this respect, FWAF directly addresses the needs of the community through the root causes of structural violence created by the use of pesticides.

More recently, FWAF has focused on working conditions and extreme heat, often collaborating with other organizations to examine the impact of extreme heat on farmworkers in Florida and offering informational events about these dangers and the efforts to ameliorate them. Indeed, heat related illnesses are the leading cause of death among farmworkers in the United States (Horton 2016). FWAF also works with universities such as Emory University and Rollins College to conduct studies about the impact of heat on immigrant health. While climate and temperatures play a role, heat exposure for farmworkers is much more complex; other factors

that affect heat stress, or the net amount of heat a worker is exposed to farmworkers, include metabolic heat and clothing that can lead to the body's inability to cool itself, possibly causing death (Chicas et al. 2020). As Horton (2016) explains, there are multiple factors that cause and extreme exposure to heat among farmworkers such as political and symbolic power that marginalize farmworkers despite policies that were enacted to promote better working conditions. This also the case in Apopka, where workers are exposed to working conditions that can cause heat related illnesses.

Despite the focus on social justice, FWAF also provides some direct aid to the community. However, these services were limited in scope such as help filling out immigration forms, information about worker rights, and occasional health clinics. Lili, another worker at the center, explained, "We know that there is a need in the community, so we help people fill out food stamp applications, Medicaid applications, other things they are eligible for, but again, a lot of them don't qualify if they are undocumented." Indeed, I observed many immigrants coming to the office with forms and packets to be reviewed by workers at the center. They often waited long periods of time in the office due to the limited number of staff that could help them with their needs. Most of the immigrants that came into the center wanted to take care of their business at the center and then leave; even though they had to wait, most people did not speak with others that came in. Additionally, the number of people that could be in the building at one time was also limited, reducing the amount of services the organization is able to provide.

FWAF also has a community garden that is operated by community volunteers. I also visited the community garden and helped plant fruit trees with the community (as seen in Figure One). A local organization, Ideas for Us, had donated approximately 20 fruit trees that were planted at a dedication ceremony, attended by FWAF members and the local community. As

people return to tend to the community garden, everyone who helps is able to take some of the food. Further, the garden is located within the community in South Apopka where many of the marginalized populations in Apopka live, as discussed in Chapter One. This enables the target population to work more easily at the garden because it does not require driving. However, this was not always the case during the COVID-19 pandemic; community members were not able to tend the garden as usual, so many of the volunteers at FWAF stepped in to keep the garden alive.

Although many groups that manage community gardens have altruistic motives, some can be problematic because they privilege wealthy white neighborhoods and recreating inequalities concerning food security and health (Butterfield and Ramírez 2021). Further, community gardens can overlook issues of race and socioeconomic class when trying to ameliorate problems with environmental issues by excluding food justice issues, as well as the race and class of members in the community (Davenport and Mishtal 2019). While some community gardens do not function as they are planned, those who tend to the garden at FWAF receive some of the fresh fruits and vegetables it produces. This not only benefits the community by providing additional sources of food, but it also provides fresh fruits and vegetables not often included in the donations that FWAF receives. Since the community garden is easily accessible and local organizations like Ideas for Us continue to donate supplies such as the fruit trees that we planted that day, the garden is able to be successful when many community gardens may fail to thrive. As stated above, many community members were unable to tend the garden during the pandemic, which led to other volunteers such as AmeriCorps members and FWAF workers to care for the garden.

Similar to HCC, prior to the pandemic FWAF offered health clinics in the evening once a month as part of a partnership with nursing students at the University of Central Florida. Kelly

explained that they used to see hundreds of patients at these clinics. The health clinics resolved many of the challenges relating to healthcare access that immigrants face in Apopka, mainly transportation and time. The community needed health services that they could access for free and after typical business hours. These clinics also tried to address mental health, but it proved to be more challenging than physical healthcare. Kelly explained that “We offer other kinds of services like mental health, but there's a stigma of admitting mental health problems. For mental health, we've tried to offer services but there was low participation. We never had more than ten at a time. Part of it is that they don't have time and the other thing is because there is hesitation and stigma.” As Kelly explained, although FWAF provides some mental health services, many people in the community do not want to address or talk about issues related to mental health due to the stigma surrounding mental health issues. This necessitates an approach to mental health that helps to remove that stigma so that community members feel more comfortable talking about their mental health. These events eventually grew smaller due to low participation from the community. As I noted throughout my research, many participants were hesitant to discuss mental health. They were eager to discuss stress and the effects of negative health outcomes, but not mental health directly. This is also reflected in Kelly's response about mental health clinics at FWAF. Further, many NGO workers told me that most of the community members, particularly men, do not like to talk about their mental health.

Despite the claim that the organization focuses on social justice, direct humanitarian aid efforts intensified during the pandemic due to the increased challenges that the community encountered, especially a great need for food aid. For example, during my time spent with FWAF, in addition to observing everyday experiences, I observed multiple events that directly impacted the community, including food distribution, mobile consulate services, and health

clinics. I chose to observe and participate in these events because they were the main services that the organization provided to the target population during the pandemic. These events helped to mitigate negative effects from the pandemic such as loss of income, inability to visit offices, and increased health problems.

One program that especially expanded during the pandemic was the food assistance program. While FWAF had previously provided food assistance, it was not one of their main programs. However, when the organization started food assistance at the begin of the pandemic, the staff saw that there was a great need for food distribution in the community. Juan explained that FWAF feeds approximately 200-300 families each week and that they have been doing food distribution since May of 2020. Since they have been distributing food since the beginning of the pandemic, the community has come to rely on this aid. Thus, it became a weekly event that FWAF added in addition to the other services offered and was continued as a program as of August of 2021.

Further, as the development of the vaccine progressed and it was offered to the general public, FWAF filled the need of the community by offering services to distribute the vaccine. It was able to restart their health clinics with a new focus on COVID-19. The center also began to offer COVID testing and later vaccines. While I did not participate in these events due to the need to temporarily discontinue them during the pandemic, Maria and other workers at FWAF recalled the events. These free health events also provided an opportunity to educate the community about the virus and the vaccine. For example, Maria, an employee at FWAF, recounted that many community members were hesitant to get the vaccine because they did not know enough information. Maria also explained that there was a lot of misinformation in the community that prevented people from getting the vaccine. But when FWAF offered on-site

vaccinations, it is from an organization that they know and trust and are more likely to get the vaccine, as Maria told me.

FWAF has had many important contributions to farmworkers and the Apopka community as a whole. While the focus of the organization is social justice and larger policy issues, FWAF also organizes to meet the immediate needs of the population. Activities such as working in the community garden help build solidarity within the community, making it easier for the community to trust the organization and also mobilize for various events.

### **Humanitarian Aid During the Pandemic**

As previously discussed, there are two major types of NGOs that were examined during this project: those that focus on human rights and social justice, and those that are humanitarian and provide direct services. These emerged from two different philosophies of NGOs—human rights approaches imply concepts of justice and universal standards, whereas humanitarian approaches are concerned with generosity rather than human rights (Castaneda 2011). The Holocaust and World War II prompted the creation of the Declaration of Human Rights. Human rights reflect the morality and rights that people have from being human that are universal and combine all individuals from society despite their cultural background (Cohen 2008). However, it is important to note that there was a second wave of public attention to human rights in the 1960s and 1970s when the Soviet Union attempted to colonize around the world, as well as the 1970s and 1980s with the government transitions in Latin America (Cohen 2008). After the Declaration of Human Rights after World War II, topics concerning a universal set of rights centered on rights that should be given regardless of citizenship and other factors, prompting many organizations to work with undocumented migrants (Castaneda 2011).

Similarly, HCC and FWAF differ in their mission statements and overall goals—HCC is a service-learning humanitarian aid organization and FWAF is a social justice organization. However, during the COVID-19 pandemic they began to provide the same services which mostly consisted of food assistance, COVID-19 testing, and vaccine distribution. As these findings show, at the beginning of the pandemic, both organizations saw food assistance and PPE important to distribute to immigrants and so they did this to the extent of their abilities. This demonstrates that both organizations pay attention to the needs of the community and change their services based on those needs. Further, although the organizations are different in scope, this does not make as big of a difference in practice because they both provide similar services to immigrants in the community. Thus, these two organizations represent each type of NGO as described above, respectively, yet they do not differ much in structure and practice. This also demonstrates the services that other organizations are willing to provide during this time. For example, groups that wanted to promote COVID-19 testing were able to hold events at both organizations indicating that there is a desire in the greater community to provide assistance in this way. This also illustrates the benefits of the partnerships that the organizations have with businesses and healthcare providers. Since both FWAF and HCC have deep ties in the community, they are able to change the services that they provide quickly to address the needs of the population they serve.

As the pandemic grew, both organizations began to offer health clinics that consisted of COVID-19 testing. Then later, when vaccines were developed, both organizations held information sessions and clinics that offered the vaccines to community members. Indeed, Sister Ann issued a video message urging community members to get vaccinated, stating that all she wanted for her birthday was for people to get vaccinated with information on how to do so at

HCC. This proved to be beneficial to HCC's efforts to distribute vaccinations with numerous immigrants receiving the vaccine on her birthday on September 9<sup>th</sup>, 2021. She explained in a video message that was posted to Facebook, "So I want one thing for my birthday, only one thing, and that is that you all get vaccinated. If you aren't vaccinated, please give me a birthday present and that is go get vaccinated. That way you save and protect your own life and you also help the community." Sister Ann changed back and forth between English and Spanish. She went on to say,

This pandemic is terrible, people are dying. Young people are dying, old people are dying. Please, the vaccination is safe and the medicine in that will protect you. It will help you live. It will help you not die from COVID. So, please, it's my birthday, September 9<sup>th</sup> and I want one present and anyone who shows up at Hope and gets vaccinated gets a piece of cake... Don't listen the lies and the pretention—it is safe.

This is particularly important because these services functioned well because of the trust they have with the community. While there may not be a lot of trust with the community and some healthcare organizations, the people who frequent HCC trust Sister Ann, making this a powerful and far-reaching message. Both HCC and FWAF have worked for years to build rapport and trust among immigrant populations in Apopka. Juan stressed the importance of how this trust affected their ability to host these clinics for COVID-19 testing and vaccination sites at FWAF. He said, "The community already trusts us, and I think that is why they come to our clinics. They are unsure about the vaccine, but they trust the information that we give them." Thus, this basic level of trust is crucial for these health clinics that both organizations sponsor.

While both organizations provide help to the community, there often remain gaps in services. For example, as Kara explained, "There are a lot of people that need help in Apopka but

we do not see them all. We are not big enough and they do not all come here.” While FWAF and HCC want to provide humanitarian assistance to as many immigrants living in Apopka as they can, their ability to provide such services is limited by the size of the organizations as well as the community’s desire to be involved. Thus, immigrants who do not receive services from NGOs in Apopka are at greater risk for marginalization than those who do.

## **Conclusion**

In this chapter, I interrogate ideas of humanitarian aid, demonstrating that although these two NGOs vary greatly in their mission to the community, they essentially provide the same services and aid the community in very similar ways. Additionally, I provide a critique of ideas of “community” since it is a large part of ways that NGOs conceptualize their population. I also outlined the association of NGOs with farmworker rights movements in the United States, which helped lead to the creation of HCC. I then examine NGOs in Apopka, specifically FWAF and HCC, providing a detailed history of the organizations and their services. Further, I provide a brief discussion of how these organizations mobilized during the COVID-19 pandemic to provide similar services to the populations that they serve.

It is important to consider the role of these organizations in the community when examining the overall well-being of a population. Although the only direct contributor to mental health access consisted of FWAF’s mobile clinics, there are other factors that indirectly affect immigrant physical and mental health. These factors are largely affected by other programs such as food distribution, parenting classes, language assistance, and other services that these organizations provide. These services indirectly impact physical health often based simply on the nutritional needs that are met through community food distribution. Yet, these factors also affect the mental health of a population, largely by reducing the stress that people experience due to

negative social issues such as language barriers. By reducing the number of stressors that the population experiences, these organizations in turn reduce the overall stress and increase the well-being of the population.

## Chapter Five: Migration and Immigration Status

In this chapter, I examine the findings relating to the effects of immigration status on participants living in Apopka generally, ending with findings specifically related to stress and immigrant health. While there are connections to the previous chapter, Chapter Five focuses on the findings related to immigration issues. I also highlight migrant journeys, showing the difficulties that immigrants encountered after leaving their home countries. I illustrate these difficulties by providing a vignette of a recent migration journey of a Venezuelan family. Although their experiences vary from previous waves of migration, they share basic similarities that create challenges in the lives of migrants as they travel to the United States. This chapter also explores life in Apopka for immigrants, and how it is impacted by the different types of status that immigrants have. I also demonstrate how precarious immigration status affects people using cases of undocumented immigrants, asylum-seekers, and DACA recipients. I outline how employment is entangled with immigration status and other factors that underscore precarious status, such as the risk of deportation. As I demonstrate, working during the pandemic brought new challenges related to precarity and also worsened existing ones. Lastly, I examine how all of these factors create stress in the lives of immigrants living in Apopka, noting the differences between perceived stress experienced prior to the pandemic and that felt during the pandemic.

### **Everyday Experiences**

Everyday experiences may seem mundane but can have powerful significance in the lives of individuals because it affects their entire view of the world and their lives. This chapter examines the everyday events in the lives of immigrants living in Apopka, necessitating an examination of the “mundane” to determine the lived experiences of this population. This

approach to understanding intersubjectivities helps to reframe concepts about immigrants.

Although the concept originally came out of philosophy, intersubjectivity has important meaning for anthropology because it demonstrates how people understand each other and their awareness of others who view the world in similar ways, creating a shared world (Duranti 2010). Further, intersubjectivity provides possibilities for creating a sharable world where we interact with other people and share certain experiences (Desjarlais and Throop 2011). For example, in Willen's (2007) work on undocumented migrants in Israel, this approach helped to conceptualize how "illegality" works through multiple modalities, including subjectivity and political structures, that allowed her to examine immigrants' lived experiences (Willen 2007).

In this chapter, I seek to demonstrate how everyday events can create intersubjectivities for immigrants living in Apopka through shared experiences. Rooted in phenomenology, the concept of intersubjectivity allows anthropologists to examine how people interact with each other to produce multiple subjective experiences and look beyond a homogenous subjectivity (Desjarlais and Throop 2011). It is within these spaces of intersubjectivity that the everyday event gains symbolic significance and may have meaning that affects how they experience and embody stress. These multiple versions of subjective experience allow for mundane events to take on valuable meaning depending on the experiences of the individual.

## **Journeys**

While migrants encounter many challenges prior to leaving their home countries, to which I turn below, they also face extreme conditions while traveling to the United States. While most of the immigrants that I interviewed had migrated years before, I also met some immigrants who had recently traveled to the United States. During my time at HCC, I met a family from Venezuela who had arrived in the United States in January of 2021. The family consisted of two

adult bothers and one adult sister, and each of their family. They came due to the conditions in Venezuela and the hope for a better life. Indeed, thousands of Venezuelans flee the political and humanitarian crisis that has gripped the country and negatively impacted the daily lives for Venezuelan citizens (Freier and Parent 2019). Despite the absence of international attention, Venezuelan displacement is similar in scale to the Syrian refugee crisis of 2015 (Freier and Parent 2019). In addition to persecution from the government, many Venezuelans encountered the collapse of the economy and increasing violence (Ellis 2017). Their story helps to illustrate several major issues for immigrants traveling from Venezuela. Julio, a father in his thirties who traveled with his wife and two young children told me the story of how they traveled from Venezuela.

We left from Venezuela because we could not live well because we are not with the government. We do not agree with the government. If you are not written down that you are a participant of their events you do not have a way to live. So, we left... But then the dream has always been to reach the United States so we decided to pay a coyote who takes people all the way from South America to the United States. So, we first paid 1000 dollars and there are around 15 of us. So, kids and adults pay the same. They took us from Panama and then we crossed Costa Rica, Nicaragua, Salvador, Honduras, and Guatemala. And then from Guatemala there were problems with the coyote we paid, they came to the house, and they said we had to pay double because there were issues at the border and that it would be 2000 dollars. We had to sleep in bus stations before getting to Mexico. It was hard because the kids had to sleep on the floor, and this is bad for them. A lot of the time the police in Mexico stopped us at the busses and if they would see a group that looked like

immigrants, they would pull them out and ask for money and we had to pay bribes.

That is where most of the money went is to bribes just to let us go. If we did not pay, we could not keep going.

Julio, one of the fathers in the family, explained why they left Venezuela and how they traveled through Central America. One reason for taking the route through Central America was because the families did not have visas to enter the United States by plane. Thus, in this instance Venezuelans occupy a different category of immigrants in the United States, *caminantes*. This term, *caminantes*, refers to migrants who do not have enough money for transportation and often walk hundreds of miles to travel to the United States (Bahar, Piccone, and Trinkunas 2018).

Although the trip was arduous, the family felt as though they had no other option. Thus, the conditions in Venezuela, such as rising inflation, government corruption, crime, and poverty became push factors for this family to migrate to the United States. Julio felt that he could not work because he was not aligned with the government of Venezuela, which left the family in impoverished conditions. Indeed, the policies of Chavez and Maduro created an economic and humanitarian crisis that was felt by Venezuelans throughout the country (Bahar, Piccone, and Trinkunas 2018). Julio explained that the same was true for his brother and sister. They could not find work either because they were not aligned with the government. With rising prices of food and other goods and services and no opportunities for work, these factors helped Julio and his family make the decision to travel to meet their family in the United States.

The hope for a better life based on an improved economic situation, as well as family members who live in the United States, serve as additional pull factors that implored the family to travel to the United States. A major pull factor that I noticed throughout my research was family. As Maria one of the Venezuelan participants explained, she came to meet her family,

who were already living in Apopka. She and her family made the difficult journey through Central America to join their family in Apopka.

The Venezuelan family's experiences fleeing their country are emblematic of other immigrants' struggles before immigrating to the United States. Therefore, it is important to understand not only the Venezuelan context for leaving, but the issues surrounding other immigrants in their home country as well. For example, Central Americans experiences in the United States are often shaped by the traumatic experiences and political violence in their home country, shaping their daily lives (Menjívar 1999). Further, the Northern Triangle in Central America that includes El Salvador, Honduras, and Guatemala is the most violent region excluding warzones (Boerman 2018). Much of the violence in the Northern Triangle is centered around gangs, yet it is important not to compare the gang violence to that in the United States; indeed in Central America the brutality of gang violence is so intense that it forces individuals to hide basic plans for their everyday lives, and is so embedded in society that gang violence directly influences government policies and practices (Boerman 2018). Thus, many Central American immigrants living in Apopka faced challenges with violence in their home countries. However, even though many immigrants from Guatemala and El Salvador were fleeing violence, they were not recognized under international refugee law and thus remained mainly as undocumented immigrants as discussed in Chapter Two (Menjívar 1999).

Sara, a young immigrant from Honduras traveled with her sister to meet her mother in Apopka. She explained:

We were very young when we left Honduras, but I remember it was to meet my mom. The reason my sister and I moved was to be reunited with my mom. My mom came here in 1998 and she came for medical reasons. She was given a humanitarian

visa and she was able to apply for TPS, but she was not able to fly back to our country. My mom, my sister, my grandma, my brother, my cousins--I have a lot of family members in Florida.

Thus, not only was family the reason that Sara immigrated to the United States, it was also the reason that many of her other family members moved to Apopka through chain migration.

Immigrants from Mexico face similar challenges yet may migrate due to different circumstances. As previously discussed, much of the immigration to the United States from Mexico in the 20<sup>th</sup> century was based on labor. For example, the Bracero program promoted the immigration of individuals from Mexico for their labor until it was terminated by the Kennedy administration. Thus, the United States and Mexico have a long history of immigration and changing policies. Yet, there are certain push and pull factors that can be determined when looking at Mexican migration. Indeed, many push factors include unemployment, low wages, poverty, political oppression, among others, create circumstances for individuals to migrate from Mexico to the United States in the 20<sup>th</sup> century (González and Fernandez 2002). Paola shared her story: “So, I have 20 years living in Apopka, I’m from Mexico. I came when I was 16 to work. [My husband and I] thought we would go for one year to work and go back. But now I have all of my family here. My mom, my husband’s parents, my sister, and of course my children are here. They came to meet us here for a better life.” Like Sara, Paola was one of the first of her family to travel to the United States and other family members followed, making Paola and her family a pull factor for other family members, but they also became pull factors for her to stay.

In addition to examining immigration based on familial ties through pull factors, it is also important to look at immigration based on family with the concept of chain migration. Chain migration is immigration that is based on ties with previous migrants who currently live in the

host country (Wilson 1994). For example, in the United States, workers are allowed to bring their families once they have obtained permanent residency or citizenship status, making formal employment a major factor in chain migration (Shah and Menon 1999). Indeed, chain migration, or family based immigration accounts for approximately two-thirds of the annual migration totals in the United States (Hing 2021). Chain migration is a factor for immigrating to the United States for many immigrants living in Apopka. For example, many of the participants in this research reported that they had family living in the United States before traveling to the United States. The same was true for the Venezuelan family that I interviewed; part of the reason that they chose to travel to Florida was because they already had family living in the area.

Social networks are related to immigrants' reasons for leaving their countries based on family as well. They are important to consider because they are a major actor in immigrants' reasons for leaving their countries and may also help function as support groups after arrival (Amit and Riss 2007). Further, social networks help immigrants obtain social capital in the host country (Amit and Riss 2007). Thus, they play an important role in analyzing immigrants' reasons for leaving their country due to family and other connections. Many of the participants in this research already had some form of social connection, which not only helped motivate them to travel to the United States, but also served as support networks after arrival. Like Paola as described above, some of the participants also were the beginning of the chain migration in their family, bringing other family members to the United States in search for a better life.

Julio continued to tell me the story of how they crossed from Mexico to the United States:

The constant search of food is hard. We have been helped by family that we have in the United States. The trip is still days of walking hours of busses and asking for

rides. It is humiliation from locals everywhere you cross. We were in Tapachula to Mexico City where we stayed until we had enough money to pay more to cross to the United States and file the claim for asylum. When we could not pay the coyote any more money, we crossed by ourselves. We crossed the river by ourselves at a low point. We got to know other migrants along the way so we got to the point where we could cross the river and turned ourselves in to the [ICE agents]. The Haitian group behind us was turned away. We went to a jail for one day and then a hotel for one week. We got food and clothes and were given COVID tests. We were released with a paper to go to court. We took the bus from Texas to Florida. Everything was just a bus. Here we took the greyhound. Part of the family is going to Pennsylvania and half of us are staying here. We already have family here. I am staying with my brother right now until I can get a job.

As Julio explained, the family could not pay any more money to smugglers, so they navigated their way to the United States with other groups of migrants. It was often difficult for them to find food and they often felt targeted by local criminals when they were crossing certain points.

Further, this journey also reveals information about the “deservingness” of migrants. Many politicians and the public are supportive of Venezuelan asylum-seekers because they represent people fleeing socialism, despite this being a misconception of their reasons for leaving as Julio explained. He told me that there were many factors that caused them to flee the country with the main reason being that the government is a totalitarian dictatorship that persecutes those who do not adhere to their principles. Indeed, Venezuela is a criminal state that is entangled with transnational crime organizations throughout society including the government, the financial sector, military, and other institutions (Maya 2018). However, public discourse has used

Venezuela as an example of “failed socialism” to instill fear into many United States citizens. This in turn, legitimizes Venezuelan’s claim for asylum for many people in the United States, who thrive on ideas of free market capitalism and neoliberalism, as well as the downfall of a “socialist” societies throughout the world. However, it is also important to look at the opposing side of the political spectrum.

This is contrasted with the group of Haitian asylum-seekers behind Julio’s family that were turned away. They traveled the same route and fled horrific conditions and treatment, only to be sent back because they are not seen as deserving. Indeed, migrants’ deservingness is often determined by their nationality. For example, Syrian asylum-seekers in Germany were seen as more deserving at the height of the “European Refugee Crisis” than asylum-seekers from sub-Saharan Africa, based on their nationality rather than the conditions that caused them to flee (Holmes and Castaneda 2016). Further, as Rachel, a mother from El Salvador explained, “I could not apply for asylum when I got here, so we are undocumented. We had to leave our country. They wanted to make my son join the gang. We left so we could be safe.” Despite the need for international protection based on certain push factors, such as threats on her son’s and family’s lives, Rachel and her family were denied asylum and now live as undocumented immigrants in Apopka. Julio and Rachel’s stories of crossing the border are not unique among migrants. Rather, they are emblematic of many immigrants’ journeys to the United States. These stories represent the experiences of many *caminantes* who travel the dangerous route through Central America.

Although the journey from South America to the United States is grueling and arduous, especially with children, the family from Venezuela still made the decision to make the journey because they felt like they had no other options. They explained:

We left because in Venezuela [the violence] has been personal, and you cannot have a job if you are not with the government, so a lot of people are obligated to pretend that they are with the system. And those that don't get beaten or killed, it depends on what your job is and the influence they had. Each person here has their claim for asylum.”

As stated, this family came through Texas and then met up with family in Florida, which was also the case for many of the participants in my study. They often already had family members living in the United States, which made it easier for immigrants to adjust to living in Apopka.

While the family from Venezuela crossed the border in Texas, migrants also take other routes. Maria explained that when she left Mexico, they came to the United States by crossing the desert. She was not sure where, but said, “It was a difficult journey because we had to cross through the desert by walking. We walked a long time and did not have enough food and water. I was not sure if we could do it, but we got here to Apopka with my family.” Like many other migrants, Maria found herself walking through an inhospitable desert climate that makes migrant journeys even more dangerous (De León 2015). Maria explained to me that there were many reasons that she left Mexico, but that the main reason was poverty and that she and her husband were in search for a better life. The poverty that Maria and her husband experienced was so extreme that it forced them to leave. Yet Maria was not able to make an asylum claim based on the legal definition of an asylum-seeker and the main push factor that prompted her to leave Mexico—poverty.

Similar to Maria, Julietta, a young mother, and her husband also left Mexico in search for a better life, but this was also due to the extreme poverty in the region as well as violence. Thus,

while many would label Julietta as an “economic” migrant who chooses to leave, it is also important to acknowledge that there were limited choices for Julietta and her family. Not only did they face extreme poverty, but they constantly were exposed to violence in their home community. This was also the case for Julio’s family, who explained, “We took the risk with everything because we just didn’t have a chance to have a better life.” Thus, as Holmes (2013) cautions, although these push factors can be represented as voluntary, there are many more reasons behind a person’s decision to leave their country. Further, migration and displacement exist on a range between forced migration and willingness to migrate, making it imperative for anthropologists to examine this continuum (Yarris and Castañeda 2015).

Another challenge that migrants faced along their journey was traveling with children. Teresa, one of the mothers in the Venezuelan family, explained, “Also, we traveled with kids so that’s an extra challenge. [When you travel with] kids it is more challenging because the *coyote* sees that vulnerability and when you have kids you do everything [for them].” Although the journey was more difficult with their children travelling with them, the family made the decision to stay together to reunite with the other family members in the United States. Teresa went on to tell me that the trip was easier on the younger children because they could pretend like it was a game. Although it would seem that this trip would traumatize the children, they seemed happy and were adjusting well to life in the United States. Instead, the journey appears to be more difficult mentally for the older children and adults.

### **Arriving in Apopka**

The challenges that immigrants face in the United States do not disappear upon arrival; rather, they simply change to affect everyday lived experiences. The Venezuelan participants, for example, explained that it was challenging to adjust to life in the United States because they did

not speak English and had difficulties finding a job. They had few alternatives and had to stay in overcrowded conditions with other family members who already lived in the United States.

Teresa explained, “We don’t want to be a burden on [the family] but we do not have anywhere else to go. It is also hard because we do not have a car and have to rely on our family for transportation.” However, since this family had applied for asylum and received permission to enter the United States, they were able to obtain work permits much easier than some of the other participants. When I checked back in with the extended family two months later, the men had jobs in construction. Julio’s family was able to buy a car, and all of the families were able to move out on their own. This Venezuelan family’s ability to navigate life in the United States proved to be easier than undocumented immigrants because although they had not officially received asylum, they still were able to obtain work permits and drivers licenses.

While the family from Venezuela had only recently arrived in the United States, other immigrants told stories of their arrival many years ago. For example, Ana, a young mother from Mexico, had been living in Apopka with her husband for 16 years. She explained how they decided to come and settle in the US:

I was 15 at the time. Like I tell my son, in another time and culture I married at 15 and my husband wanted to come here for a better living. My husband found out I was pregnant and said he wanted to come here so his child would have a better life. That is why we decided to come. Because he did not want his child to have problems. So, we came undocumented, and we have been here since. He has brothers here in Apopka, so we came to them and lived with them for a couple of years. Then thanks to God we were able to get our own house.

Ana arrived in Apopka after she was married but before she had children so that she could provide them with a better life. She and her husband both knew that they would be undocumented, but they thought that life would be easier for their children if they came to the United States. Ana's account is emblematic of many of the women's stories that I listened to about arriving in Apopka. Many came for a better life for their children because of the poor conditions in their home country. Further, it is important to note that Ana and her husband moved in with family members when they first arrived. Like elsewhere in the US, immigrants who have family living in Apopka are often able to find housing with their relatives until they can move out on their own.

However, this is not always the case. When Paola arrived with her husband, they were the first of their family to arrive. She explained:

It was hard because when we first got here, we did not know anyone and did not know where to go. We came to Apopka for work and lived near the farm with other immigrants. Then we were able to save money to move to our own house. But in the beginning it was very hard because you do not have your family, you do not have your friends, and you do not know anyone.

For Paola, moving to Apopka held different struggles than Ana. The simple fact of not knowing anyone brought a new host of challenges for Paola and her husband, most importantly housing but also isolation and loneliness. Indeed, many of needs of immigrants in the United States include strong support from groups from the same home country to provide support networks for newly arrived immigrants and refugees (Makwarimba et al. 2013). Social support can ameliorate refugees' and immigrants feelings of isolation as well as stress due to discrimination and other factors (Stewart 2014). As discussed in Chapter Two, strong social ties can lead to less stress and

better health for immigrants living in the United States (Warner 2007). Paola explained that when they first arrived, her husband got a job on a farm, and they were able to live near the farm. But they had to live in a small trailer shared with two other families. This was quite unlike the experiences of other immigrants such as Ana, who are able to stay with their family members while they search for employment and housing.

### **Precarious Status**

Precarity is an important concept to consider for migration studies because many immigrants find themselves in an unstable form of status that leaves them in a liminal state. In this section I examine how precarious statuses affect immigrants lived experiences. First, it is necessary to delineate a clear definition of precarity. As Ana Tsing (2015) writes, “precarity is the condition of being vulnerable to others.” Tsing (201) goes on to explain that precarity occurs when unpredictable events change an individual’s life to a constant state of flux.

Although not all migrants have experiences with precarity, it is relevant to migration studies because migrants of varying status live in a state of uncertainty about their future based on liminal immigration status (Manzano, Mishtal, and Harris 2018). Specifically, within migration studies, precarity should be examined through the context of larger historical shifts and social structures of precarity (Paret and Gleeson 2016). For example, in the United States, the lives of immigrants are made precarious by increases in surveillance, enforcement, criminalization, and detention, particularly those with undocumented status (Coutin et al. 2017). This is particularly due to policies such as 287(g) as discussed in Chapter Two that increases ICE’s ability to act as police and detain immigrants. Indeed, undocumented immigrants are often in precarious situations due to experiences linked with fear of deportation, as well as barriers to basic rights (Alcaraz et al. 2021). Further, concepts of precarity can also be applied to

immigrants and labor, where many non-citizens work in changing conditions and often work in low paid sectors with little recourse to report violations of labor rights (Piper and Lee 2016). This also applies to immigrants with other forms of liminal status such as DACA recipients as discussed below. These forms of lived experiences discussed below create precarity that affects immigrants' daily lives.

Immigrants living in the United States encounter many challenges after arriving due to precarious immigration status, particularly in Florida. As Kline (2021) notes, immigration policies in Florida are worsened by federal policies that allow for increased enforcement in interior regions since Florida is surrounded by international waters, making it a border state within 100 miles of the international boundary. These policies and practices associated with them lead to increased precarity for immigrant populations that are faced with the fear of deportation every day. In some cases, policies are unclear, leaving immigrants in a liminal state. For example, anthropologists Sarah Smith and Heide Castañeda (2021) demonstrate that immigrants living in Guam face increasing precarity and uncertainty about their immigration status due to local policies. Although these policies are different in Florida, immigrants often find themselves in states of precarious status, particularly relating to DACA, which is discussed later in this chapter. These various forms of liminal and precarious statuses create forms of inequality that typically affects ethnic minority groups (Smith and Castañeda 2021). Further, immigrants living in Apopka are frequently targeted by border patrol agents with tactics such as stopping work vans to search for undocumented immigrants, thereby leading them to associate all white work vans with illegality (Kline 2021).

Immigration status was a topic that came up in almost all of my interviews. Even if the interviewee had “legal” status, they knew someone who is undocumented. Others occupied

different precarious and liminal immigration statuses as asylum-seekers or DACA recipients. Many people lived in mixed-status households, where younger generations tended to have citizenship or DACA and older generations remain without papers. The challenges that arise from immigrants' legal status affected every aspect of their daily life and how they navigate living in a society where they are exploited because of the lack of documents. Maria had previously explained that she experienced anxiety on a regular basis before the pandemic, but it worsened during the pandemic, and she had to be hospitalized at one point. She explained, "I try to remain positive, but it is like an unknown feeling and uncertainty and you don't know what is going to happen with your status and what is going on, where are we heading to." For Maria, one of the primary factors for the anxiety that contributed to her hospitalization was the uncertainty surrounding the immigration status. She expressed that this uncertainty was related to finances and work. Since Maria is undocumented, she is not able to obtain a work permit or driver's license. Her status also made it difficult for her to receive proper medical care as she could not receive government benefits based on her legal status. Thus, Maria's precarious status affected every aspect of her daily life.

#### *Mixed-status Family Households*

Many participants reported living in multi-generational households where individuals were concerned about both documented and undocumented family members. These mixed-status family households exist throughout the United States, with approximately 2.3 million families with various legal immigration statuses (Castañeda et al. 2014). Further, the number of US citizen children living with at least one undocumented parent has more than doubled since 2000, with more than 4.5 million citizen children who live with undocumented parents (Amuedo-Dorantes and Lopez 2017). Indeed, children in mixed-family households often receive fewer

services despite their citizenship because of the undocumented status of other family members in the household (Castañeda 2019a). This is often due to fears of deportation of undocumented immigrants if the family seeks government services for the citizen children (Castañeda 2019a). Similarly, some participants reported that they did not seek healthcare services due to their legal status. While the scope of this study does not focus on mixed-status family households, it is important to consider since many participants were undocumented with citizen children.

Immigration status within mixed-status family households often creates barriers to healthcare services. This is demonstrated by Castañeda (2019), who discusses that children in mixed-status family households often do not receive adequate health care despite their citizenship and qualification for services. These barriers often prevent children from obtaining adequate healthcare based on the undocumented status of other family members. Many immigrants that I spoke with did not receive any federal or state benefits for themselves or their family members. As Kelly explained, “Even if they do qualify, they are afraid to apply because they might have an undocumented family member at home.” This is true for a variety of benefits but mostly food assistance and medical care. These issues create other problems for immigrant families such as the risk of deportation, restricted mobility, and barriers to education and healthcare (Castañeda et al. 2014).

For most mixed-status family households in Apopka, accessing social services is quite difficult. Many immigrants have a distrust of outside organizations, particularly if they are undocumented. For example, Julietta explained:

It is hard to know what benefits I can apply for because my husband and I are undocumented. We want our children to have insurance and other benefits, but we do not want risk being deported. That is why I come to HCC. They help me with

understanding the services from the government. This helps my children because I do not know.

Therefore, as Kelly explained above, many families are unsure if they can apply for assistance such as Medicaid for their children because they are uncertain about how the system functions. Julietta explained that there was a lack of information that she had about what social services she qualifies for, making government aid programs difficult to access. This uncertainty contributes to the precarity many immigrants experience in their daily lives.

While many immigrants have problems accessing aid services, both HCC and FWAFF try to ameliorate these issues by bringing healthcare to the community as well as educational programs to help immigrants to understand their rights and enroll them in services. Thus, the organizations seek to lessen the precarity immigrants encounter in their daily lives by providing humanitarian assistance with government services. For example, both NGOs help immigrants with everyday application issues for government assistance. I witnessed several individuals receive services at both organizations ranging from citizenship papers to food stamp applications.

Further, both organizations had partnered with community health organizations, particularly programs with health care students, typically affiliated with the University of Central Florida, before the pandemic to try to offer healthcare. Kara affirmed: “They trust us and so they are more likely to come to us for healthcare than some of the doctors or hospitals.” Additionally, as discussed in Chapter Four, HCC helped to create a community health center in South Apopka, which is operated by people that the immigrant community feels like they can trust more, making it easier for them to receive healthcare. It is also financially beneficial because it is more affordable than a regular doctor’s visit, and payment to visit the clinic operates on a sliding scale.

Yet, as Kelly explained, even this clinic had its problems. “Not everyone can go to the clinic during the hours that they are open. So, if they have to work, they cannot go. Also, some cannot afford to pay even though the clinic operates on a sliding scale. When you do not have enough money for the rent, you do not have enough to pay at the clinic.” Further, if immigrants want to be seen by a doctor at the clinic, they must often arrive early in the morning, sometimes as early as 5:00 am, to get in line to see the doctor. This is a reflection of the great need in the community for affordable healthcare. This requires waiting several hours, making one doctor’s visit an entire day missed from work. Thus, even though the community health clinic in Apopka alleviated some of the issues that prevented immigrants from accessing healthcare, it also came with its own challenges.

In addition to physical healthcare for mixed-status families, it is also important to consider how these families access mental health services. For example, when I asked Maria, an NGO worker, about the community’s access to mental health services, she explained that there is nowhere for immigrants to go in Apopka. “This is why we try to offer the services” she said, “The community does not have access to mental health care, and it is a big problem because we see a lot of stress and depression in the community.” Maria explained that it is not just a problem of stigma, but mainly access. Undocumented parents are well-aware of the depression and anxiety that their children feel in Apopka due to various factors with immigration status, yet there is no one that these immigrants trust to take their children for mental healthcare. As discussed later in this chapter, family separation and issues surrounding children are often major stressors for immigrants.

Parents know and understand these issues much of the time but are not able to take their children to see a therapist on a regular basis. The resources for mental health care and therapy are

limited in Apopka—the community clinic does not have a therapist on staff, even though the children would qualify for benefits if they have Medicaid. Thus, access to mental healthcare is a major barrier for many immigrants living in Apopka. Even though both FWAFF and HCC regularly offer events to try to improve the overall wellbeing of immigrants, this does not always address the issues for which a trained mental healthcare professional could provide greater insight and professional assistance. This is particularly true when it comes to long-term care.

### *Discrimination and Undocumented Status*

Almost everyone that I spoke with expressed concerns about the discrimination that they have experienced based on their often-precarious legal status. Among the issues that negatively affect immigrants based on legal status is the inability to drive and fear of driving due to deportation as discussed below. Indeed, two-thirds of undocumented Hispanic immigrants living in the United States drive to work without a license (Allen and Wang 2020). The ability to access driver's licenses is based on policies such as the REAL ID Act that excludes undocumented immigrants from obtaining a driver's (Amuedo-Dorantes, Arenas-Arroyo, and Sevilla 2020; Kline and Castañeda 2020). This is also true for immigrants living in Apopka. There is no access to public transportation to many of the sites where they work, forcing many undocumented immigrants to drive to work without a license. Further, immigrants are also negatively impacted by physical and mental health concerns that result from barriers including driving (Read-Wahidi and DeCaro 2017). Yet, driving is extremely dangerous for many immigrants if they are undocumented. Every time undocumented immigrants leave to drive for work, they risk deportation. ICE targets immigrants and their places of employment, according to Juan: “They see someone who looks like an immigrant, and they pull them over to see if they are undocumented. They are supposed to have a reason, but it's difficult to prove.” Thus, deportation

becomes an ingrained fear in undocumented populations, particularly when they are placed in risky situations such as driving.

Many of the undocumented immigrants that I spoke to expressed concerns about driving and how not having a driver's license negatively impacted their ability to work. Indeed, border police often act as border patrol agents due to section 287(g), stopping immigrants as they are driving to work and arresting them for driving without a license (Kline 2021). Participants expressed fear and concern about driving in every aspect of their lives. Since the mid-2000s, deportations have increased resulting in a heightened fear deportation and precarious status, as well as changes in daily routines to avoid contact with law enforcement (Menjívar 2013). Many of the adults that I interviewed were undocumented and could not legally drive. One mother, Julietta, recounted an incident in which her husband was pulled over:

We were always nervous when he would drive to work because he didn't have papers. But we didn't have any option and my husband had to work. One night when he was driving home, he was pulled over by the police and they took him to jail. He was deported and he is in Mexico now and we struggle without him here. I have two children. Their ages are nine, and five. My children need their father and now I have to work too much, and I am not home enough with my children. It is very difficult.

Julietta's story is not unique; many participants feared driving and knew of undocumented immigrants in the community who were stopped by the police and deported. This is largely due to certain laws and policies that aim to deport immigrants, using the lack of driver's licenses as a means for stops and, ultimately, deportation. Indeed, roadways are one of the major concerns for immigrants and their families, since many must pass border patrol agents on their way to work and risk deportation in Central Florida (Kline 2021).

One participant, Yesenia, told me about a time when she was pulled over by the police in Apopka. She explained that the police knew that many undocumented immigrants receive services at HCC and sometimes park near the organization to attempt to arrest undocumented immigrants. This happened to her one morning on her way to the center. She said, “They pulled me over for no reason and I did not have a license because I am undocumented. But I knew Sister Ann and HCC and they came to help me.” Although Yesenia was not deported, this is not always true for undocumented immigrants living in Apopka; rather it is often the exception since Yesenia had HCC to help her with the situation. This further demonstrates the organizations’ dedication to the needs of the community as discussed in Chapter Four. HCC not only deals with ongoing needs in the community, but crises as well, such as Yesenia’s arrest. Additionally, the fear of arrest and deportation due to the lack of a driver’s license creates stress that negatively impacts mental health, as discussed below.

Like many immigrants, not only in Apopka, but across the country, Julietta feared that a member of her family would be deported, and their family subsequently separated. This form of family separation creates challenges in the immigrant community on many levels. Indeed, undocumented immigrants are at a greater risk for family separation due to deportation (Aranda and Vaquera 2018), and the fear of family separation is particularly true for those in mixed-status family households where some family members are United States citizens while others remain undocumented (Castañeda 2019a). Moreover, family separation has a long lasting impact on those who are left behind in the United States. Family members of the deportee often face psychosocial challenges and families must overcome new struggles such as loss of income, housing instability, and food insecurity (Action 2018). Fear of deportation is not limited to undocumented immigrants, rather it is also felt by family members with legal immigration status

(Hacker et al. 2011). Further, the fear of deportation can have long-lasting effects on individuals and contribute to health concerns (Lopez et al. 2017). Children in the family often suffer from emotional problems related to the deportation of men in their family, typically the result of their father's deportation (Dreby 2015). Additionally, family members who are left behind must take on new roles to maintain financial instability such as working longer hours, less time with family members, negative effects on school performance, and older children becoming caretakers of younger children (Action 2018).

Julietta described how the absence of her husband created an emotional strain on the family. Yet this is not the only problem they encountered. After her husband was deported, Julietta was forced to become a single mother, relying on one income while taking care of two young children. Thus, she was forced to take on new roles after her husband was deported. Similarly, Eli, an immigrant from Mexico explained that she did not know what she would do because her husband was recently deported. She takes care of her elderly father and her three children, but cannot work. Eli became very distressed during our interview when I asked her about the challenges she faced. At that point, I asked her if she wanted to stop the interview, but she did not. She explained that the stress was unbearable for her. Since Eli is undocumented, she cannot receive aid from the government. At the time of our interview, she was in the midst of finding a new and smaller apartment that they could afford. When I followed up with her a few months later, I learned that her father's health had deteriorated, and Eli and her family were staying with friends until she could find a job. However, based on Eli's legal status, it is unlikely that she will find a job that pays enough for her to take care of her family.

### *Deferred Action for Childhood Arrivals*

One form of precarious status is Deferred Action for Childhood Arrivals (DACA) because it does not create a legal pathway to citizenship and can be rescinded at any time, depending on the political climate since it is based on an executive order. The Secretary of Homeland Security announced in 2012 that certain immigrants who came to the United States as children and meet certain guidelines are eligible for deferred action (that is, temporary protection from deportation) as well as certain benefits such as work permits (USCIS 2021a).

People I interviewed who had DACA explained that it positively impacted almost every aspect of their lives, including education. Indeed, DACA limited some of the difficulties that undocumented immigrants encounter both socially and economically (Gonzales, Terriquez, and Rusczyk 2014b). This in turn affects immigrants' accessibility to higher education because they can legally work to help support themselves economically and pay for school. Despite the fact that DACA does not regulate access to education, many participants felt that DACA status was particularly connected to their ability to access to affordable education. Genesis, a young immigrant from Mexico, explained that she thought she could not attend school prior to DACA: "When I got DACA I was so happy. Because before I could not go to school, I could not drive, I could not do anything. Then I was able to get DACA and I can go to school. That made me very happy because I want to be a teacher and I did not think I could do that before." As Genesis explained, education was a major benefit of DACA for her because of the circumstances in her life that affected her access to education. She perceived her undocumented status from preventing her from doing many things that she wanted to do,

including going to school and getting a driver's license. Genesis explained that she had to work to be able to afford school and could not do this before she had DACA. However, after she obtained DACA she was able to enroll at a local college and begin classes.

Although DACA does not technically provide greater access to education, it is important to note that there are other factors that contributed to her perception about education based on work permits and driver's licenses. Since DACA allowed her to legally work in the United States, she was able to pay for her school. Further, having a driver's license meant that Genesis did not have to rely on other people or risk deportation due to driving without a license. Thus, while DACA itself does not technically provide greater access to education or a driver's license, some immigrants perceived it to do so since it alters other factors that were previously major barriers to education.

While many immigrants that I spoke with did not discuss challenges to healthcare, Carmen notes that her health insurance, and access to healthcare, are actually related to her status as a DACA recipient because she received healthcare through her employer. (Which, in turn, was made possible by getting a work permit.) Further, the change from undocumented status to DACA status is often associated with positive health outcomes, even though it does not reduce stress about the deportation of family members (Patler and Pirtle 2018).

On the other hand, Andrea, a 20-year-old immigrant from Honduras, explained how DACA and the Trump administration caused stress in her life.

I have had anxiety before the pandemic, but it was because I was constantly worried about what the last administration was going to do with the DACA permits. With DACA I am able to have a good job and my job provides me healthcare. So, I knew

if I needed to go to the doctor, I would have health insurance. So DACA is very important to me because without it, I can't do many things and I have to be scared that I will be deported.

Thus, even though some participants had legal status through DACA, the fear that they held from being undocumented remained due to threats to remove DACA by politicians and legislation that placed the program in jeopardy, since it could change so easily from one administration to the next. The positive outcomes for overall well-being began to decline after 2015 when immigrants felt that they had a more precarious status due to the political climate at the time and uncertain fate of DACA (Patler and Pirtle 2018).

For example, Ana, a young immigrant from Mexico with DACA, told me that she wanted to go back home to visit her family, but she had to first had to apply for advanced parole which lets her legally leave the United States and return (USCIS 2021). She explained that it took a long time, and she was waiting for her response from the government. She explained that is one of the hard things about DACA: "Even though you have legal status, you still have to check in with the government, so you are still not free." As Carmen explained, DACA still does not allow immigrants to have a stable form of immigration status. Rather, they must make repeated renewals of their application and ask for permission to travel, leaving them in a continuous liminal state. For many young adult undocumented immigrants, this precarious state can cause a lack of mobility that includes education, economic, and physical issues, keeping them in the perpetual state of liminality (Gonzales and Chavez 2012). Indeed, many DACA recipients experience increased access to health care and education that positively affect overall well-being, it often becomes problematic as immigrants realize the limitations of their status, keeping DACA recipients in a similar state of liminality as they were when they were undocumented (Benuto et

al. 2018). The same is true for DACA recipients living in Apopka. They often vacillate between positive and negative effects from their immigration status due to the precarious nature of their status. This also contributes to undocumented intersubjectivities that reveal the ways that undocumented and DACA recipients perceive their everyday experiences.

Even though many of the younger immigrants that I interviewed had DACA, they were still afraid that they could lose their status or that their family members might get deported. This is especially problematic in mixed-status family households, where so many young adults were concerned about family members without any form of legal protection (Castañeda 2019a). For example, Sarah, a 24-year-old immigrant from Guatemala explained that she was constantly stressed about her own and her family's immigration status.

The stress has always been there, before the pandemic. I have a lot of family in Miami who do not have papers and I worry about them and that they might get deported. I have always felt stress that my legal status could be taken away at any moment. So, we have two years to get DACA renewed but the last administration wanted to remove DACA so there was always that stress. When that happened, we lost our work permits and do not qualify for grants for college.

Much of this concern stemmed from political decisions since immigration is highly politicized. Although Sarah's grants for college are not necessarily linked to her DACA, and people have been able to retain their work permits since DACA was not, in fact, removed, she still felt a real fear about everything that had to do with college based on this issue.

### *Deportation and Separation*

As discussed previously, family members are often deported, leaving them split up and often missing one of the parents. Lorena, a mother from Guatemala, explained what happened when her husband was deported.

My husband was driving home one day from work. It was at night because he had to work very late sometimes. One night he was driving, and the police pulled him over. They said it was because he did not stop at a stop sign. But he said he did so we know he was pulled over because he is an immigrant. He does not have a driver's license or documents. They took him to jail, and we did not know. We were so scared when he did not come home, and it was our worst fear. We called Hope Community Center and they tried to help. But he was deported. We could not do anything to stop it. So now he lives in Guatemala, and we are here. He is going to try to come back but it is dangerous and costs too much and we do not have money.

As Lorena explained, her husband was profiled by the police “because he looked like an immigrant,” and they then pulled him over. Lorena’s story represents not only family separation but also discrimination based on the racialization of immigrants. Indeed, I discovered that many immigrants reported being pulled over by police based on racialized features such as skin color. This was confirmed by both members of the community as well as NGO workers. They explained that the police often target immigrants based on their racialized appearance and are often arrested and deported if they do not have a driver’s license.

When Lorena’s husband went to jail for driving without a license, Immigration and Customs Enforcement (ICE) came and arrested him for being undocumented and was later

deported back to his home country. This is partly due to the ICE 287(g) Program that creates partnerships with ICE and law enforcement agents to deport undocumented immigrants (USCIS 2021b). This policy was enacted in 1996 with the Illegal Immigration reform and Immigrant Responsibility Act, which created programs that allowed state and local law enforcement agents to perform certain immigration enforcement practices (USCIS 2021b). Since its inception, the program has allowed for increased deportations around the United States.

Lorena explained that she did not have adequate access to childcare, as discussed below, and so she must leave her children at home much of the time. This created problems not only for Lorena, but also for her children, as they are often left alone for extended periods of time. Her children had shown signs of depression because they are alone without their father in the country and their mother at work for such long periods. Children are also affected in other ways after family separation due to deportation such as psychological trauma, economic hardship, housing instability, poor academic performance, as well as other family related issues ( Society for Community Research and Action). In addition to becoming caretakers for younger children, older children often find employment to help compensate for income loss, often negatively impacting their education ( Society for Community Research and Action). Further, the deportation of a family member in mixed-status households continue to have a negative effect on the overall psychosocial well-being for years after the deportation of a parent (Lovato et al. 2018; Brabeck, Lykes, and Hunter 2014). The same is true for Lorena and her children. One of the major effects she described was the depression that her children felt after the deportation of their father. Indeed, children often experience the loss of their father after deportation due to high rates of men being deported (Dreby 2015). In addition to the factors outlined that can negative

impact children's overall well-being, isolation from both family members often occurs when the remaining parent has to work longer hours, as Lorena described.

Lorena's story is not uncommon—rather, it is emblematic of many immigrant families living in Apopka. Lorena was not the only immigrant mother whose husband had been deported; this was a theme that arose throughout the research. Eli, a young immigrant from Mexico, explained that her mother was deported over ten years ago and she had not been able to make it back to reunite with them. Her mother had decided that the trip was too dangerous for her to travel alone, and she did not have the money to pay a *coyote*. Eli was often able to see her mother through the fence in Nogales, Arizona—she and her mother would both meet on opposite sides of the border wall as it was the only way for Eli to see her mother. Although Eli herself is undocumented, she has worked hard to bring awareness to immigration issues such as family separation by participating in protests that HCC has organized concerning immigration reform.

Carmen also spoke of deportation and family separation. Her husband had been deported several years ago and had attempted to make the trip back from Mexico again but was caught attempting to cross the border and repatriated. She explained that she did not know what her family would do. Even before the pandemic, family separation put an overwhelming amount of stress on those who stay in the United States not only for emotional reasons but also because they often lose half, if not the sole form of income for the household. Additionally, this adds to the stress of the children because they lose a family member, often a parent, and are left with a split family where they cannot see each other, such as the case of Eli and her mother.

### *Legal Status and Employment*

Immigrants living in Apopka also face additional challenges regarding employment. The legal status of participants greatly affected their work in numerous ways. Jobs for undocumented

immigrants are limited; most individuals work construction, in nurseries, or on farms. These jobs often place immigrants in unsafe working conditions where they are exposed to pesticides, extreme heat, and other exploitative factors. The United States construction industry has the highest injury and fatality rates in the country with greater rates for immigrant workers than non-immigrants (Arcury et al. 2012). However, since many participants were undocumented, they felt that they had no means to report abuse or misconduct by their employer. Juan, an NGO worker, affirmed: “It is very difficult for the farmworkers because the supervisors are very mean with them. We have a lot of cases of abuse when they yell at the workers. Sometimes the woman report sexual harassment from their employers but no one does anything. They are exposed to pesticides and the wage is very minimum.” Even though many people were able to obtain a job, they were exposed to forms of abuse and subjected to unsafe conditions where they continued to be marginalized by their employer. Indeed, construction workers often accept unsafe conditions because they fear job loss or deportation if they are undocumented (Arcury et al. 2012). Further, when immigrants experience injury while working, it is often difficult for them to file worker’s compensation claims due to structural inequalities that often hinder their ability to take action when injured (Castillo 2018).

The Immigration Reform and Control Act of 1986 criminalized the hiring of undocumented workers and included systems that penalized employers who hired them (Stuesse 2021). Nonetheless, this system often allows for the exploitation of undocumented workers since they are often fearful about their rights in the United States. Many undocumented immigrants perceive that there is limited recourse that the individual can take, despite laws that protect them from certain labor conditions. Despite laws that are intended to protect them, such as the National Labor Relations Act of 2001 that offered protections for unauthorized workers, many

immigrants are still fearful of reporting abuse (Delaney 2015). Harsh immigration policies create fear in the lives of undocumented workers to report workplace violations (Menjívar 2013). For example, Manuel, a farmworker from El Salvador, explained that he tried to talk to his employer about the unsafe working conditions on the farm. However, he was told that he could find other work if he did not like the job. Rather than changing policies, many employers in Apopka rely on the fact that undocumented immigrants do not have many job opportunities and have no method to report worker abuse to a higher level. The decline in jobs due to the recession and the laws that negatively impact undocumented immigrants create a belief that workers do not have rights and that workplace abuses should be tolerated as a normal part of everyday life (Menjívar 2013). Thus, while many immigrants would attempt to speak to someone at FWAFF about these issues, they were often afraid to take action against their employer when there were unsafe conditions and exploitation present.

## **Work**

Undocumented status has a profound impact on almost every aspect of an individual's everyday life. Estimates from 2019 show that there were approximately 10.3 million undocumented immigrants living in the United States, comprising 23 percent of the total immigrant population and three percent of the total population (Council 2021). One particular issue that stood out during my research was employment. During my interviews, immigrants almost always brought up issues relating to work on various levels. Work proved to be a major stressor for them; either people could not find work or they experienced abuse by their employers. Since many of the participants are undocumented, they do not have legal permission to work in the United States (that is, they lack work permits) and thus are forced to find work that is often exploitative, creating everyday violence and structural violence in employment

settings. As noted previously, men recruited from HCC often worked in construction, whereas individuals who received services from FWAF tended to work on farms and plant nurseries. While men often work construction in Apopka, most immigrants that I spoke with worked on some type of farm. Yet policies around immigrant labor are constantly changing.

As previously discussed in Chapter Two, short-term seasonal migration was the most common form of migration prior to the Bracero Program established in 1942. Under the Bracero Program, guest workers in the United States increased, allowing for an influx of immigrants from Mexico and Latin America. This was largely due to labor shortages that were a result of WWII and sought to provide farmers with a substitute labor force after millions of American men were drafted into military service, thus increasing immigration from Mexico (Rosenblum and Brick 2011). This program created safer and more secure working conditions for immigrants and did not subject them to processes of illegalization (Ngai 2014). The Bracero program became structurally embedded in the political economy of both the United States and Mexico (Fussell 2014; Rosenblum and Brick 2011). Yet, migration policy is constantly changing, affecting the everyday lives of immigrants working in the United States, and in 1964, the Kennedy administration terminated the Bracero Program. This change in policy placed many former guest and seasonal workers allowed to legally work under the Bracero program into a category of undocumented immigrants if they chose to stay in the United States. Thus, many immigrants from Mexico transitioned from legal immigration status to undocumented immigrants, occupying a liminal place in society. While many farms continued to employ migrants after the end of the Bracero Program, they were now considered undocumented immigrants rather than guest workers.

Many participants that I interviewed from HCC expressed that they could not find work or that their work was unreliable due to their undocumented status. Eli, an undocumented mother from Mexico, explained her difficulties finding work.

I was very stressed before the pandemic because I couldn't find a job or work. It was hard because when you have a family, you have to give them what they need and that is why we have to work. I couldn't find a job and we have to live with just what my husband brings to the house. But this was not enough for our family and we struggled to pay bills and buy groceries.

Eli tried to find work to help her husband pay the bills for their large family. Since they arrived in Apopka, she and her family have lived with her husband's parents, whom they also support financially. This creates an even greater financial strain on the family, contributing to Eli's stress. She explained that her stress had been very high until she found a job at a nursery, but it did not pay enough, and she now had to work long hours and be away from her family. Eli complained of headaches that often led to migraines, and she ultimately had to seek medical treatment. Even after finding work, though, Eli's headaches did not subside—she experienced high levels of stress, but they were from different problems with work and were more closely related to stress about family issues.

Maria, an NGO worker, explained that her family encountered similar issues with work. She was able to work at HCC part time and help with finances, but her husband was the main source of income. "I was able to work at the office part time, but it is not enough. We struggle too much with money. My job helps but not much." She told me that he worked construction and often worked such long hours that the family did not get to see him. This resulted in family problems that affected other aspects of their everyday lives. Maria explained that she and her

husband argued more and that it was very challenging. “It was really difficult for us when my husband had to work so much. We missed seeing him so much but the time at home became harder. It really affected my children too.” Although Maria’s husband was lucky to find a job in construction to pay their bills, it was still not enough, and he had to work overtime. This placed additional strains on the family that were not problems before. Similarly, Ana explained her problems with stress and work.

Well before the pandemic, my stress was most about work. I cannot get a decent job that is not in the field or working as a maid cleaning houses. And that is stressful because the only support is my husband, and he works in the morning from 6am to 8pm. When I see him, he gets home tired and that stresses me out because I can’t help him.

Like Maria, Ana struggled with the long hours that her husband worked but she could not help because she could not work. Ana had three small children all under the age of five and she could not afford childcare; her husband had to be their only source of income. Since Ana’s husband is undocumented, he works on a local farm where he is exposed to improper working conditions.

### *Working in a Pandemic*

The COVID-19 pandemic changed the way that people work across the country. This is also true for many of the immigrants that I interviewed, regardless of their legal status. Depending on the type of employment, the issues that they faced were different, but often placed them at risk for poor physical or mental health outcomes. For most participants in this study, especially the farmworkers, their job did not change during the pandemic, and they continued to work despite unsafe conditions with the pandemic. Emma, an NGO worker, explained: “The people were very scared to go to work but they had to. They had to work because they are

farmworkers and cannot stop work. They are worried about getting stopped and taken to jail because they do not have papers.” Thus, issues such as driving that were already stressors prior to the pandemic were only worsened by the Covid-19 pandemic. Moreover, immigrants were not provided with personal protection equipment (PPE) such as masks and gloves. Kelly explained, “After that they have to buy the mask because no one was giving the mask. So, when the people have the money just for the rent, they cannot buy these things.” Thus, without the proper PPE, immigrants were at a higher risk for contracting the virus, especially those who worked in overcrowded conditions. Julietta worked at an indoor plant nursery and explained that she did not want to go to work but that she was afraid she would lose her job, so she had to work without PPE. Immigrants were at risk for exposure to poor conditions and chemicals before the pandemic but now they also had to worry about catching COVID-19 without protection.

When looking at “essential workers,” farmworkers are often forgotten as part of the essential group needed to provide food for the country (Duncan and Horton 2020; Holmes 2013). This was particularly true for the COVID-19 pandemic, when essential workers like nurses and grocery clerks were celebrated but farmworkers largely ignored. Further, since many farmworkers are undocumented, they face different challenges as essential workers than those who work in other sectors of the economy. One factor that affected them while working during the pandemic was their lack of a driver’s license and other immigration-specific fears, as discussed above. While some had documentation that they were essential workers and they could be out past curfew at the beginning of the pandemic, they did not always have the legal documentation such as a driver’s license to accompany that permission. Kara explained:

The first problem was when Orange County put out the curfew and that you cannot go out of your house. The people were very scared. They had to work because they

are farmworkers and cannot stop work. They are worried about getting stopped and taken to jail and immigration. In some places they give a letter that explains they are essential workers, but they still need a driver's license.

Thus, while many farmworkers were able to keep their jobs during the pandemic, they were concerned about driving due to the curfew issued by Orange County at the beginning of the pandemic. Immigrants who already expressed fear of driving explained that they experienced higher levels of stress because there were more people who might check their papers.

Other work-related issues during the pandemic centered on the health of immigrants. Kara told me that many were afraid of getting sick, but they had no protection. Many families already struggled with money and could not afford to purchase masks or gloves. Additionally, Kara explained that poor-quality masks were especially bad for the farmworkers because they were outside and then the mask would get wet. She told me that they needed better quality masks too but could not afford to buy them. She continued:

The masks that people donate are sometimes poor quality and we cannot afford to buy many masks for the community. We provide some but not enough. So that is one problem that the people have is the PPE. They cannot buy it and the job does not give it. They are scared of getting sick but do not want to lose their job. I know that many of them probably go to work without it.

Although FWAF and HCC both attempted to provide masks, gloves, and other items to the community, the need was very great, and it was difficult for the organizations to meet all of the demand.

Other immigrants experienced different issues related to their employment. While most participants worked manual labor, three worked in the nonprofit sector—two at HCC and one at FWAF. They explained to me how life changed for them during the pandemic. Marianna, an immigrant from Colombia, explained that she experienced depression when she had to work from home during the pandemic.

I do believe that there has been a little bit of depression in my life. We have been working from home only throughout the past year. And that has been stressful because of the lack of contact. At least for me because I am extroverted, so being at home has been a little challenging but at the same time I am really glad I have the opportunity to keep working from home. Just being alone really is the worst part for me. So, the beginning of the pandemic, I would call it depression honestly. just you know being at home and not being able to be in physical contact with other people. We like to hug our relatives and see each other, and it has been very weird and strange you just feel distance from other people. I think that it is more situational. I don't think I realized how not being there with the coworkers from every day, it's just weird. It hit me hard.

Thus, while many immigrants struggled to keep working during the pandemic, others were able to work but were still affected by the change in work patterns. Marianna was grateful to continue to have a job, but it still affected her mental health by changing almost every aspect of her daily life. Marianna was not alone in this sentiment. Teresa, an immigrant and NGO worker explained, “It got to the point to where I needed motivation to take a shower. I needed motivation to move from the chair.” The lack of social interaction that Teresa and others like her experienced often worsened mental health through increased anxiety and depression. Even

though Teresa worked with people over the phone and computer, the pandemic removed the human element from her work, making it difficult for her to function while she was isolated at home.

### *Gender*

As discussed, many of the women who live in Apopka work in plant nurseries while many of the men that I interviewed, or the husbands of women participants worked in construction. This gendered labor division is new in Apopka—previously men and women worked mostly in the agricultural industry, yet due to an increase in construction projects, many men shifted to construction work. This increase in construction is largely due to the rapid growth of Apopka as an exurb of Orlando. Although not often discussed, women have a long history of working in the agricultural sector. Indeed, women comprise approximately 43% of the world agricultural labor force, which is likely higher since women's labor can often go uncounted (Leslie, Wypler, and Bell 2019).

Women's role in agricultural work has largely been invisible historically (Sachs and Alston 2010). While I did meet men who worked on farms in Apopka, many of the farmworkers that I met were women, supporting the statistics on women in the agricultural workforce. Yet, despite women providing financially for their household, in houses led by men, women often were unable to gain increased economic independence because they gave the money from their work to their husbands (Sanchez 2015). While this study did not explore household finances, it is clear that there is a gendered labor divide that affects immigrants' experiences both at work and at home. Women may encounter increased risks if they are pregnant with the pesticides affecting maternal health (Flocks et al. 2011). Indeed, many of the women that I spoke with had young children and worked in the agricultural sector in Apopka.

Further, gender stratification is a factor with farm work in the United States because the people who are promoted are mostly men (Holmes 2013). Yet, women often work in less strenuous jobs than meant working on farms such as packing (Horton 2016). Further, men are often expected to recreate a social order that links manhood to labor, underlying aspects of gender stratification in farm work (Horton 2016). Indeed, many of the women who work in the agricultural sector in Apopka work in nurseries that are less strenuous than working in the fields.

### **Children**

Children and childcare were topics that came up frequently during my interviews. The lack of childcare both before and during the pandemic was often a major concern for immigrants living in Apopka, particularly farmworkers due to the long hours that they worked. As discussed above, Lorena's husband was deported, which created an enormous strain on the family both socially and financially. This is not only true for Lorena. When I interviewed NGO workers, they confirmed the same information. Kelly explained:

The farmworkers have to work and sometimes they are single moms, and they have to leave the kids at home. So, they don't know who are their friends and what the kids are doing. Because they don't have government benefits, they have to work long hours. And the kids are depressed because they are alone. We see that even the young children get depressed. In our culture it is difficult to talk to parents about feelings. It is not common to talk to your parents about drugs or sex or something like that. I saw kids that have problems with depression. I know that they have a lot of stress. So, it is very hard for the community.

Thus, the lack of childcare forces many farmworker families to leave their children at home while they are at work because they have no other option. They have to make money for their

family, but at the same time, they cannot spend as much time with their children. The children also feel that they cannot talk to their parents about these issues, as Kelly reported.

Children were the primary concern for many immigrants that I interviewed. One stressor for immigrant families during the pandemic was their children's education. Many reported that they did not have adequate technology or that they did not understand what their children needed to do online. They explained that they were not prepared to help their children when school transitioned to virtual instruction. Ana, a young immigrant from Mexico confirmed:

I work with education. So, when it got time for students to study online at the beginning of the pandemic it was really tough on our community. They had trouble because they did not know how to log in and some families even missed the first few weeks of school because that couldn't figure it out. So, we tried to help them and teach them but there were so many families, and we couldn't get to them on time. And so many students were not able to finish last year after spring break. So many of the students missed many days of school. It was hard because we needed to be in their homes, and everybody was so worried about the virus. We just had so many family members where the parents did not have the background education.

This affirms many of the mothers' frustrations with school during the pandemic despite the organization they were connected to. Immigrant mothers at both HCC and FWAF reported high levels of concern about their children's education online, but they were frustrated because they did not know how to access all of the programs. Some mothers explained that they did not have internet at home and that prevented their children from completing their schoolwork. Further, many children themselves experienced frustration with online school and could not access it as well as some of their peers. This in turn created more stress for their mothers. As explained by

Maria, “It was hard to see them struggle with issues about school. My oldest got mild depression because of the pandemic, and my other one has a lot of anxiety, and she is nervous. So that is another thing--seeing your kids struggle makes you struggle too.” This is true for many immigrant families throughout the United States. Indeed, children often had to sacrifice their own education due to the pandemic and trouble with online learning, technical difficulties, and a lack of equipment (Watch 2021). Further inequalities in education created additional obstructions to learning for more vulnerable groups such as immigrants since they often have limited access to resources (Darmody, Smyth, and Russell 2021). Kara, an NGO worker, affirmed these data, reporting that some immigrant parents either did not have access to technology or struggled with the technology to change to online learning, and thus confronted many barriers to their children’s education.

### **Gentrification**

After interviewing a few NGO workers, I soon found that gentrification had become a new but prominent problem in Apopka. Farms have been replaced by new housing developments and highways that change the local landscape in a heavily policed community (Kline 2021). While this attracts economic development, including a hospital, new highways, and new housing neighborhoods, it is not always beneficial to the community (Kline 2021). Juan first told me about gentrification in Apopka, explaining that it was a new issue that FWAF was trying to work against. He advised me to ask Kelly further about gentrification; she became impassioned and explained, “It’s hard for me to talk about it because it makes me sick and upsets me very much.” I offered to stop talking about the subject, but she said it is something that is very important to her, and she wanted to explain it in the interview. She continued:

So, there's Apopka and then there is the Black and brown side of Apopka across the railroad tracks, and it's called South Apopka, although some don't like it to be called south Apopka because they feel like it separates them. But it's very low-income housing. They tore down an apartment complex that was subsidized and now Habitat for Humanity is putting up houses there and I'm very disturbed about that. But then the hospital moved from where it was from the other side of the railroad tracks in Apopka to the brown and Black side of Apopka, and it is this very big complex and it really terrifies me. Where I live, I see that Advent Hospital has bought out all kinds of properties and gentrified the area. It hasn't really hit yet though. And I am talking about gentrification over the past 10 years. The community is getting old, and the younger people tend to move out of South Apopka. A lot of them are on disability but I don't have the capacity myself to do too much. We have students that do internships, but then they go on. So, I haven't been able to find anyone to work on it and it terrifies me because the properties are in poor conditions and the property value is very low. They are going to come in and offer people little money for their property and people are going to be stuck with little money and cannot go out and buy something else. And so, I am terrified for the community.

As Kelly explained, gentrification had intensified over the last ten years, displacing many impoverished people from their homes in South Apopka. These groups often tend to be racially marginalized groups, thus affecting the immigrant community greater than people living on the “white side” of Apopka. Indeed, when I visited Apopka after ten years, I noticed a dramatic difference in the development of the area. Gentrification only continues to marginalize this

community. Companies offer families low amounts of cash to purchase the property, but it is not enough to move and relocate. Thus, many families in this impoverished area are further placed at risk for extreme poverty; gentrification is thus a form of everyday violence that greatly affects the lives of the community in South Apopka. Further, gentrification functions as a form of structural racism that affects the everyday lives of immigrants living in Apopka. These structural factors create a system of poverty in the community that marginalize low-income individuals. Indeed, one participant explained that many people could not afford to live in some parts of Apopka anymore and were instead forced into worsened living conditions due to the increase in rent and homes in the area.

### **Stress**

This study was is largely framed around how stress impacts immigrant populations, necessitating a clear definition of stress and how it affects individual experiences. In its simplest form, stress is the physical or mental response to external factors (NIH 2022). It is a term broadly used to refer to an individual's physiological responses to environmental changes or stressors (Brewis et al. 2021). Immigrants in the United States face a variety of stressors that are often shaped by political climates and policies (Read-Wahidi and DeCaro 2017). Stressors can range from physical to biological to social in their origin and have vast effects on an individual (Brewis et al. 2021). Certain stressors that negatively contribute to overall well-being can be both acute and chronic. For example, the discrimination, structural violence, and the constant fear of deportation represents chronic stress after arriving in a place like Apopka. On the other hand, stressors that are acute and uncontrollable have a worse impact on an individual than those stressors that occur at regular intervals and can be moderated by the person (Collura and Lende 2012). For example, acute stress can occur when an undocumented immigrant is pulled over by

the police. Although the fear of driving without a license is a constant fear and stressor, the act of being pulled over is an acute stressor. Events such as this can have long lasting effects on immigrant populations. While most immigrants have experienced acute stress, stress is largely framed in individual terms that ignores the structures and institutions place people in harmful situations (Collura and Lende 2012). Yet, these structures are important to consider because the individual's lived experiences are shaped by societal institutions and structures.

One of the main goals of this research has been to explore immigrants' experiences with physical and psychological injury. I deliberately choose to use the word "injury" because it does not imply an outcome for an event that occurs. Rather it denotes that a possibly traumatic event happened without defining the outcome of the stress and violence that immigrants might experience. As discussed in Chapter Two, injury can benefit the analysis of violence because it does not assume the effect, rather it demonstrates how violence is contextualized through injury (Ralph 2014). We must be cautious not to label certain illnesses, especially when discussing other cultures that may categorize illness differently than the majority of those in the United States. Injury can be direct physical violence, but it can also be more subtle forms of violence that occur in everyday life. For example, as discussed in Chapter Two, idioms of distress can play a role in the diagnosis of mental health issues because they not only challenge the naming of these issues, but also attempt to create a universal understanding of health conditions. Since not all cultures view health issues the same, it is important to consider the label given to the experiences that people have that lead to stress. Thus, according to Nichter (1981), idioms of distress for illness should also include understandings of the unique culture and experiences of the individual.

In an effort to understand the experiences of the participants with different forms of injury and violence, I noticed that individuals were more willing to talk about difficult subjects when I reframed violence to stress. When asked about stress, most immigrants discussed issues in their everyday lives that create symbolic forms of violence (which I return to in Chapter Six). Thus, I altered my focus to explore immigrants' understanding of stress and how it impacts their daily lives. While I refrain from applying culturally constructed disorders to experiences of stress, I explain how this stress can be a form of symbolic violence for immigrants living in Apopka in Chapter Six.

### *Stress before the Pandemic*

As discussed above, factors such as family separation and issues with children were stressful for many reasons for those that participated in this study. However, there are other experiences that create stress for immigrants living in Apopka. While at the time of this research much of the stress immigrants experienced was due to the COVID-19 pandemic, participants also discussed stress that occurred before the pandemic. Andrea explained how stress affected her life before the pandemic:

I had a lot of stress before the pandemic. I think some of it had to do with that but also, I had a very rough childhood so I wouldn't blame it all on that. I was always stressed about being undocumented. I am afraid I will get deported. So that makes me feel a lot of stress. Also, my job. I feel a lot of stress because of my job. They don't treat us well, but we cannot do anything. But I don't have a choice because we need the money. I have three kids and I need money for them. It is very difficult for us.

When I asked Andrea how this had affected her, she went on to say:

Well, actually the stress was too much. I have panic attacks that started in 2011.

One time I had a crisis because of the panic attacks and went to the hospital. When this crisis happened I did not know what to do. So, I went to the hospital because I was too scared. They helped me and they referred me to the clinic. The panic attacks are very hard and I don't like going to the hospital but I had to go.

Andrea suffered so much from the daily stress in her life from being an undocumented immigrant that she consistently had panic attacks and needed medical treatment. While most participants did not seek medical help for anxiety and stress, for Andrea, the stress was unbearable. The fear of being deported is also worsened by limited mental health services and barriers to accessing resources such as a lack of culturally informed therapists, insurance coverage, and mistrust of local health services ( Society for Community Research and Action 2018).

Other immigrants that I spoke with also experienced stress as part of their everyday experiences. One major stressor for those living in Apopka is discrimination due to racism and xenophobia. Many participants explained two forms of discrimination that they experienced: prolonged everyday racism, as well as “acute racism” that occurs quickly and is more noticeable. Julietta described a time when she felt everyday discrimination and racism: “It comes out in little things. Like when I go to the doctor, I see a white lady in front of me who gets treated good. And then it's my turn and they treat me bad. You just know. Like when I go to the store too. They follow you sometimes and I know it's because I am an immigrant.” For Julietta, the racism that she experienced was not necessarily overt racism but rather smaller forms of everyday racism that marginalize populations through everyday actions.

Driving can also be a major source of stress for immigrant populations in Apopka. As discussed previously in this chapter, driving can create fear as many immigrants are targeted for driving without a license. These stressors concerning deportation can be acute stressors that later develop into chronic stress of living in constant fear of deportation that negatively impacts well-being (García 2018). While some immigrants face individual challenges with driving and fears of deportation, these fears can become engrained in daily lives creating and intensifying stress. Indeed, undocumented immigrants often report how they avoid police and ICE agents in their community, resulting in a loss of agency that negatively affects immigrants daily lives, including their mental health (García 2018). The same is true for undocumented immigrants in Apopka, who reported high levels of stress due to driving without a license. This affects immigrants' overall well-being by creating everyday structural violence that is experienced through government laws and policies.

As discussed in previous chapters, immigrants' everyday experiences greatly affect the ways that they imagine and encounter the world. These experiences contribute to their worldviews and perceptions of reality, as they are plagued with racism and xenophobia. For example, as Julietta explained, "Sometimes when I am in a store, they will follow me, and it is because I am an immigrant. It is easy to see." Julietta's complaint of being followed while shopping at a local store is not unique, rather many immigrants experience this on a regular basis. At first, Julietta was nervous to tell me about her experiences with racism. She explained that she did not know if she should discuss racism because she did not want to offend me. I explained to her that it would not offend me and that I was trying to understand how the racism she experienced affected her daily life. She then proceeded to tell how racism affected her when

she went shopping and also at the doctor's office, where she felt that white people received special treatment.

While Julietta gave me two examples of everyday racism that she experiences, I knew this was not the only time when she experienced racism. She was reluctant to share even these experiences with me because she thought it would offend me as a white woman. Thus, it is clear that Julietta was holding back some information because she was nervous to tell me. Although I tried to make her feel more comfortable to talk about racism, she avoided the topic after these brief examples. Rather, Julietta's interview focused on family and immigration status.

Yet, immigrants also experience racism that is more overt and violent. For example, Maria explained that many of the immigrants that they serve are victims of theft because they are undocumented. She went on to say that many people know that undocumented immigrants do not have bank accounts and so they have a lot of cash at their home, and as well as when they travel between work and home or while out shopping. This is particularly true on days when they are paid. Maria said, "Many of the immigrants we serve are undocumented and some people know this and rob them because they know that the immigrants have cash." Thus, while Julietta experienced everyday racism and discrimination, other immigrants experience more acute racism such as getting targeted for violence.

### *Stress during the Pandemic*

The pandemic created new problems for the immigrant community in Apopka, while also exasperating existing issues. For example, immigration status became even more precarious for individuals during the pandemic due to various policies, such as the stay-at-home order that was initially enacted by Orange County at the beginning of the pandemic in 2020 as discussed above. Further, the pandemic created new sources of stress that people across the country encountered,

but it was felt more intensely by many immigrant populations due to social determinants of health that create chronic stress in the everyday lives of immigrants in Apopka. As the COVID-19 pandemic spread across the United States, participants reported that their stress levels increased. Andrea explained how the stress she had experienced was affected by her experiences during the pandemic.

My stress, it has been affected a lot. I want to make myself think I am not affected but I am. But even though that is because what I had, now it's a bit different because the anxiety comes but it comes with the thought about what is going to happen to me. What if there is not a cure and if there is, would I get it on time? It's a million thoughts. The fact that we can't even receive the stimulus money that the government gives is frustrating as well. Thank God my husband hasn't lost his job. But then you have to think about what if he gets sick and how would we live. Because we don't receive money from the government because we are not from here. Then what is going to happen to the kids. What if one of them gets sick? What if they died? It's like so many thoughts running constantly and then on top of what was before that. So, I have all these things around me plus the thought of if something happened to my health. What if one of my relatives gets sick? Which they did in Mexico. What about my children? What about my husband?

This quote is not only illustrative of Andrea's fears, but also many of the participants. It is emblematic of the constant stress that they and how all of these factors worsened, and new concerns arose. Andrea explained that one factor that led to her stress was the fact that her family could not receive the government stimulus money. This is true for most of the families that I interviewed—the did not qualify for any of the stimulus money because they were

undocumented, even though these policies should have helped this marginalized population. Andrea also had additional concerns due to the COVID-19 pandemic. She worried about everyone in her family getting sick and if there would be a treatment. However, she was also concerned that she would not be able to get the treatment because she was undocumented. This only increased her fear of herself or a family member contracting the virus.

As we see, another concern during the pandemic for Andrea was her family back home in Mexico. She explained that some of her family members were sick with COVID-19, but she could not see them or talk to them. While some recovered, Andrea told me that her uncle had died of COVID-19, but she could not travel to his funeral because she was undocumented as well as because of travel restrictions. This was not uncommon among immigrants living in Apopka. Maria explained that many immigrants had family members in Mexico become sick with COVID-19, but they could not travel to visit their family or go to their funeral if a family member died. This created a great amount of stress for immigrants in the region because they are largely undocumented and cannot travel freely between the United States and Mexico.

Additionally, one issue that created stress for Andrea was her husband's work. She knew her husband needed to work but she also worried that he would contract the virus while working. Julietta was also concerned for her husband while he worked. She told me that he worked on a farm, but people did not have masks or gloves and she was scared he would get sick. This was also true for Carmen, and these fears became her reality. She explained:

My husband works outside of the house and in December my husband and all my family tested positive. So, I told God please I need you to protect me and my family. Even the baby. The hard part was my husband got it first and then we get a negative. And that week I took care of my family and then found out I was positive too. And

then when we were sick, my husband did not work, and we had to pay the bills. So, more stress. Because we don't have insurance or government benefits.

As Carmen explained, her entire family caught COVID-19, including her infant son. They were all scared and could not work. This, in turn, created more stress beyond just contracting the virus. Carmen also told me that her husband was discriminated against when he went back to work. "People didn't want to be around him" she said, "even though he was not sick when he went back to work, people stayed away from him because he had been sick." This concern was also shared by Julietta who had also contacted the virus in 2020. She explained that if you get the virus there is a stigma after you recover, "people don't want to be around you."

Participants in this study also complained of physical pain that they attributed to stress. For example, Julietta complained of pain in her back that was caused by stress.

I have pain in my back and went to the doctor last week and he said I have a lot of stress and need to take medication to relax but I don't want medicine. I know that the stress from my immigration status is hard but I rely on God instead of the medicine.

Julietta's stress had manifested into back pains as confirmed by her doctor. In this respect, we see the Julietta's stress and how it plays out on her body, resulting in chronic back pain. The way that Julietta manages her back pain is also indicative of her social life. She prefers not to take medicine and would rather leave her problems for God to help her manage her stress. The social body and the mind are entangled together, resulting in the embodiment of stress through physical pain.

The stress that immigrants encountered both before and during the pandemic contributes to negative mental health outcomes that often go unaddressed. For example, when I asked Kara about the mental health of the community, she explained that there was too much to discuss, that immigrants experience stress in almost every aspect of their daily lives. Kara affirmed the major stressors that I identified: legal status, racism, income and employment, and problems resulting from the pandemic. These stressors are not simply reflections of everyday lived experiences; rather they demonstrate the role of structural factors that affect the mental health of immigrants living in Apopka. Although Kara's response demonstrates the effects of stress not through an examination of direct lived experiences since she herself was not affected, her response reflects her assessment of the major social factors that affected the community during this time. These stressors negatively impact immigrants' mental health on a daily basis, resulting in long-term issues. For example, one immigrant from El Salvador complained about the depression that she was experiencing due to the pandemic. She told me that on top of her normal concerns such as DACA, being disconnected from her friends and family during the pandemic, particularly the early stages, greatly impacted her mental health. She became depressed and did not want to get out of bed.

### *Vaccinations*

Other unexpected stressors also affected the immigrant community in Apopka. As the pandemic progressed and a vaccine was developed, based on my own positionality, I had originally thought that most of the participants would get the vaccine. I soon found out that this was not the case; people were scared to get it and did not trust it for multiple reasons. For example, Kelly recounted what some had expressed to her about the vaccine.

The people were getting mixed messages from some of the Spanish news media. There was the macho attitude of that this is not real, and you don't need to wear this equipment and there were all kinds of myths going around. One myth was that the pandemic was from China and was there to kill people and the vaccine was there to kill people. and people shouldn't get tested. So, it was all across the board.

Not only were people concerned about the misinformation about the virus itself and PPE, but also about the vaccine. This not only creates stress for those who believed this misinformation but also their family, as explained below.

Some immigrants reported that they experienced pressure from their family not to get the vaccine. Julietta explained that she did not know if she should get the vaccine, but her family did not want her to. Even though it was something important to her, Julietta did not want to upset her family, so she had not received the vaccination at the time of our interview. Julietta told me that this was an issue that creates great stress for her in her life, since she was constantly worried about what her family will say and think. She explained that she wanted to get the vaccine but she knew they would be disappointed and so she was waiting for the right time to get it.

Despite hesitancy to get the vaccine, HCC and FWAF began to host clinics to offer the vaccine for free to the community. Kelly explained that the community did not trust outside organizations as much as FWAF and that they were more comfortable getting the vaccination at the mobile clinic. Thus, while low vaccination rates in the community were cause for concern, both HCC and FWAF attempted to mitigate these problems. Juan affirmed:

There were also the conspiracy theories going around in the Hispanic community and we created videos—informational videos that we put on Facebook to try to

educate the community about the pandemic and the vaccine. We did outreach and also tried to give information on the radio--the Spanish radio.

Additionally, Kara explained that HCC works in other ways to combat misinformation about the virus and the vaccine. Kara explained:

I can say, there is a lot of fear or apprehension over the vaccine. So, for example, right now we are doing a scientific health study with Emory University to understand this. All the people they are seeing as a part of the study and about half have been vaccinated and the other half do not want the vaccine because they do not trust it.

Thus, both organizations try to work against misinformation in addition to providing mobile clinics to offer the vaccine. Indeed, as mentioned in Chapter Four, for Sister Ann's birthday, one of the founding members of the Office of Farmworker Ministry and HCC, the organization issued a video with her telling the community, in perfect Spanish, that all she wants for her birthday is for the community to get vaccinated. They were able to vaccinate many people that day who came out to celebrate with Sister Ann. Therefore, HCC and FWAFF are positive examples of how NGOs can facilitate humanitarian aid services to marginalized communities based on their specific needs during the pandemic.

### *Coping Mechanisms*

Individuals have different reactions to stress and trauma, thus affecting the coping mechanisms for dealing with problems. Depending on the context, the participants in this study had a variety of coping mechanisms to help them manage their stress. Some of these were healthy and productive while addressing the issues at hand, while other methods were more self-

destructive, as explained below. Others completely ignored the issues altogether, with one participant reporting that she did not experience stress at all. Therefore, her methods of coping with “injury” did not affect her in the same way that it did other participants. There are many possibilities reasons for this woman to explain to me that she did not encounter stress; perhaps she identified stress differently, or maybe she did not want to explain these issues to a relative stranger. However, it is important to note that I observed a wide variety of reactions to injury, stress, and trauma. For example, Carmen explained that she was experiencing anxiety attacks before the pandemic that worsened after the pandemic began. Yet, she was reluctant to take medication and explained that she chose to rely on God. Carmen’s experience is emblematic of other immigrants, particularly women, who often explain that their faith is their main source of strength. For example, many of the women that I spoke with reported that they relied on God as a source of strength and to help them with their stress, as discussed below.

### *Gender*

Depending on their gender, men and women<sup>1</sup> reported to cope with stress differently. This was explained repeatedly by every NGO worker both at HCC and FWAf. I began to notice this trend during my first few interviews with immigrant women—they all explained how they relied on God to manage their stress. This is important to consider for women who are disproportionately affected by self-reported PTSD, before and during the pandemic (Walter and McGregor 2020). Even Andrea, discussed at the beginning of this chapter, who was hospitalized for panic attacks, said that her main strength came from her reliance on God. After she got out of the hospital, she relied on God to give her the strength not to worry about the stress in her life. When I spoke with Juan, he encouraged me to explore the different methods for coping between

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<sup>1</sup> Since participants identified as men and women in this research, this is how I will address them. Although there are individuals in this community who identify differently, they did not participate in this study.

men and women. “There is a problem in the community with the people managing the stress. I think if you look at gender, you will see a difference in how people handle stress. It is very important to look at the men in addition to the women.” Since most of my interviews so far had been with women, I decided to try to recruit more men for the study. This proved challenging at HCC, where most of the people that visit the center identify as women.

Thus, most of the participants in this study identified as women based on the events that I was able to attend at HCC. For example, I participated in a mother’s group that provided support for women and I was able to meet many of the participants there. The women are mainly immigrants who participate in the service learning projects at HCC. They regularly do activities that reinforce positive thinking and volunteering within the community. This group allowed me to gain a deeper understanding of how women in Apopka cope with stress. The purpose of the group was to provide emotional support to positively affect the women’s overall wellbeing, and thus reduce their stress levels. Therefore, while women do not receive mental health services, they do receive emotional support from programs at HCC. This allows them to express their emotions in ways that they could not with their family, thus reducing their overall stress levels as reported by my participants.

Additionally, many women in the study reported that they relied on God to cope with their problems. Women reported that religion was an important part of their lives and when they felt stressed, they had to turn to their religion. Indeed, religion plays an important role in Latin American home culture, providing support during major life events such as the immigration process and the challenges that they encounter after arriving (Sanchez et al. 2012). Research suggests that Latin American women often attended church and prayed more often, using religion more in their coping than white women (Dunn and O'Brien 2009). I found this to be true

for the women that participated in this research. All of the women that I spoke with were Christian—some Catholic and some Protestant. They revealed how important their relationship with God was when they felt stress. When I asked Julietta what she did when she felt stressed, she explained, “I pray a lot and thank God. I have my problems, but God helps me, and I feel better.” In fact, research demonstrates that coping through the reliance on God can create a negative religious coping that promotes the idea that God will help in the coping process (Dunn and O'Brien 2009).

The ways that women talk about religion affects the ways that they manage their stress. In this respect, belief in a religion helps women to also manage their mental health. As mentioned, even Andrea who experienced medical issues as a result from her stress, said that religion was her main source of strength. While this is a positive factor in Andrea’s life, it also prevents her from seeking further mental healthcare because she says that she relies on God. This is true for other women living in Apopka. For example, Kelly explained that: “A lot of the people are very religious so instead of mental healthcare they would use their religion, which is fine to a point but there comes a time for a need for professional help as well. But a lot will say that they do not need mental healthcare because they just pray.” Thus, like Andrea, other community members are often hesitant to seek regular mental health counseling because they report that they rely on their religion.

Juan also discussed some of the events that FWAFF has held in the past to attempt to ameliorate issues with women’s well-being. For example, prior to the pandemic, FWAFF used to hold regular women’s events to empower women in Apopka. Juan explained:

Before the pandemic for 10 years in a row we had a women's conference with the UCF Department of Women and Gender Studies. It was for a full day and we were

closed for workshops. We talked about things from domestic violence and immigration to aromatherapies. It really seemed to help the women who came to the conference.

Like Kelly, Juan felt that the women in the community were more likely to open up and talk about the issues that affect them instead of keeping them to themselves.

Although not many men revealed to me issues about their mental health and coping, Juan and Maria were eager to talk about how gender affected the ways that men coped with stress.

According to Maria:

There is the whole macho thing—men are not going to talk about mental health. Oh no, they just don't talk about it. They are macho, they are fine. They have the same problems as the women with family and money and COVID, but they don't talk about it because there is the stigma. Women are probably healthier because they are talking about it but it's just my general impression. Especially since men are just bottling it up and not find ways to deal with those stressors. there may be more drinking, but I can't be sure.

Men were coping with the additional stress in unhealthy ways that affected their lives and the lives of their family. For example, men may conform to traditional gender roles from their home country that affect how they cope with stress, emotional problems, and medical conditions (Dunn and O'Brien 2009). Indeed, stressors such as immigration and challenges within their community, and gender norms such as machismo, can lead to an increase in alcohol consumption in immigrant men (Balagopal et al. 2021). Although Maria was unsure if many men in the community were drinking more alcohol to cope with stress, Kelly also confirmed this suspicion

and expressed her concern about men in the community. “We cannot help them” she said. “If they do not come to us and do not come to our events, it is hard to work with them on their mental health.” Indeed, Kelly explained that almost no men attended the mental health clinics that they organized at FWAF. She reported that many women came and discussed various issues relating to mental health, but these events are often short and do not provide enough long-term assistance. Thus, while NGO workers have been able to identify that this is a problem within the community, they are unable to do anything to help individuals affected by these challenges since one challenge is opening up about the existence of stress, in the first place.

These findings demonstrate how immigrants experience and encounter stress in their daily lives. These experiences and larger social factors that affect immigrants’ mental health and well-being are not only important to consider for immigrants living in Apopka; rather these concepts concerning stress and well-being can be applied to larger immigrant populations in the United States during the COVID-19 pandemic. Similar to Florida, many states have strict immigration laws that limit the agency of immigrants living in the community. This research demonstrates that immigration laws and policies create fear and stress that in turn negatively affect immigrants’ mental health. As noted above, these issues are chronic and remain engrained in the lives of immigrants. The fear of deportation severely affects undocumented immigrants’ overall way of life, negatively impacting their well-being. Indeed, immigrants throughout the United States experience similar issues to immigrants living in Apopka. Xenophobia, racism, and strict immigration laws exist throughout the country creating a hostile environment for immigrants living in the United States.

Although the organizations discussed here attempted to offer mental health services, both centers explained that women were more likely to discuss mental health, demonstrating a need

for mental health services that address the needs of men. As Juan explained, he thought that mental health was a major problem in the community that was not discussed enough among the men in the immigrant community. However, despite recognizing the problem in the community, the mental health of men in Apopka often goes unaddressed. The need for NGOs to focus on the mental health of men differently is apparent through the findings concerning immigrant health clinics that addressed mental health. While these services worked to meet the needs of women, a different approach is required for men so that they are more likely to access the services provided.

## **Conclusion**

Injury and stress are major factors to consider when examining the well-being of immigrants living in Apopka, particularly their mental health. In this chapter, I have outlined the ways that everyday life experiences can culminate to forms of stress that greatly affects immigrants. In this chapter, I explore how these everyday events and experiences contribute to stress, both before and during the pandemic. First, I examine how certain issues impact the community, focusing on family, children, separation, as well as gentrification. These issues all create challenges for immigrants living in Apopka in their everyday lives. While some participants discuss these issues differently, they are topics that came up often during interviews. I then examine stress and how it affects the immigrant population in Apopka. I achieve this by revealing how immigrants encounter stress before the COVID-19 pandemic as well as during the pandemic. While this stress was certainly felt before the pandemic, after the start of the pandemic, immigrant stress only increased. By highlighting the ways that stress builds in participants' lives through experiences such as mixed-family status, separation, children, and gentrification, I have shown how these experiences create stress for immigrants living in

Apopka. I have also illustrated how immigrants are affected by stress both before and during the pandemic, showing the major factors that contribute to stress. Lastly, I discuss coping mechanisms to understand how immigrants manage their stress. After beginning my research, I soon discovered that the ways that men reported that they were managing their stress were much different than the ways that women coped. In this chapter, I examine gender and its effects on coping mechanisms among immigrants living in Apopka.

## Chapter Six: Discussion

### **Introduction**

In this chapter, I provide an analysis of the key themes that emerged during the research and bring them in dialogue with current scholarship in the field. I examine the findings discussed in Chapter Four and Chapter Five and bring them in conversation with each other and the current literature. I begin by exploring how immigrants' lived experiences of discrimination and illegality affect their everyday lives, often resulting in negative health consequences. I also examine violence in multiple forms beginning with acute or direct violence. In addition to acute violence, immigrants also experience more subtle forms of everyday violence that emerge through racism, xenophobia, and poor working conditions. I then examine how these experiences contribute to the marginalization of immigrant populations living in Apopka. In addition to everyday violence, immigrants experience structural violence through a variety of factors including immigration policies and work. I also examine how these experiences are embodied and contribute to immigrant health outcomes. All these issues conspire together to create further harm to this vulnerable population and place immigrants in zones of abandonment or zones of exception (Agamben 1998; Beihl 2015). These liminal spaces contribute to the negative effects on immigrant well-being, both before and during the pandemic.

In addition to everyday experiences, I also “study up” to examine NGOs and analyze how organizations attempt to ameliorate these issues for immigrants through programming and to understand systems of power (Priyadharshini 2003)). Studying up in migration studies allows the anthropologist to understand the larger structural forces that affect everyday violence and symbolic capital (Manzano et al. 2018). Efforts to study up and examine structural forces seek to

examine how policies and institutions shape the experience of people at the local level (Wedel et al. 2005).

### **Lived experiences**

In this section, I review findings from immigrants everyday lived experiences and provide a discussion about how it affects their ways of being in the world. The lived experiences of immigrants are important because they shape the ways that immigrants perceive the world around them and affect their overall well-being. These experiences not only shape the physical health of immigrants but also their mental health. In this section I review and analyze the data regarding the everyday lives of immigrants in Apopka and how discrimination, racism, and illegality impact these experiences.

#### *Discrimination and Racism*

An important aspect of everyday experience is encounters with discrimination and racism. Although many immigrants would answer my questions about racism, most did not want to elaborate on their specific experiences with racism in the community. Indeed, some participants explained that they had never experienced racism in Apopka. Yet, this is in direct conflict with information that was given to me by many of the NGO workers that I interviewed. When I asked Maria about the community's experiences with racism over time, she explained that there was simply too much to discuss, pointing to the pervasiveness of the issue. Thus, while race and racism are important topics to consider, many participants did not wish to share much information about these experiences.

In this instance, I must reflect again on my own positionality as a white woman because positionality must be considered throughout the entire research process. Indeed, one participant was reluctant to share information about her experiences with racism because she initially

thought that I would take offense to her statements since I am a white citizen. This may have limited my ability to obtain direct information from immigrants about how they experience racism. Indeed, in studies of immigrant populations, cultural differences such as ethnicity, gender, religion, and age can affect a researcher's ability to connect with gatekeepers and other participants (Sanghera and Thapar-Björkert 2008). Upon realizing that my skin color and citizenship were affecting the interview data, I reframed my questions to focus on discrimination in general, which seemed to alleviate some of the power relations and helped immigrants to open up about their experiences with discrimination and racism. Therefore, much of the information directly related to racism was provided by NGO workers while immigrant participants were more open to discussing discrimination based on legal status.

I continued to ask NGO workers about racism since they did not seem to withhold information about how it impacts the community. For example, Sister Gail explained that racism has plagued the community for years, including before the Hispanic population transitioned to farmworkers. She explained that this racism against people of color in Apopka has shifted to include Latin American immigrants living in Apopka, noting that they encounter racism and discrimination daily. Indeed, the lives of immigrants are often racialized through work relationships and other aspects of everyday life (De Genova 2005). Nonetheless, examining racism can be difficult because participants often do not make direct connections to race and their everyday lives (Sambaraju and Minescu 2019). Even immigrants who are victims of racial violence are often hesitant to discuss racism as it is related to violence because it would relate the host country as a hostile environment (Sambaraju and Minescu 2019). I found this to be true in my study as well—immigrants did not want to seem as though they were criticizing their life in

the United States. Thus, as stated above, even though immigrants may be hesitant to discuss racism, it is still a major problem for immigrant populations living in Apopka.

Immigrants often face discrimination about citizenship and residency due to racialized features such as skin color. This discrimination can vary from experiences with individuals in their community to law enforcement officials as discussed in Chapter Five. The findings in this study are consistent with other research that indicates that police and border patrol agents often stop immigrants and arrest them for driving without a license (Kline 2021). Discrimination based on racialized features among law enforcement officers in Apopka was often associated with immigration status. For example, many participants reported that they knew someone who had been stopped by the police for being an immigrant and that they thought it was because the police were targeting anyone who “looked like” they were an immigrant, hoping to detain undocumented persons. Indeed, research demonstrates that police policies and practices intentionally create fear in immigrant communities (Kline 2019). Further, these communities are at a greater risk for experiencing stress due to police violence and discrimination based on the often traumatic events that led them to flee their countries and contributed to their fear of police (Hearst et al. 2021). This is also true for immigrants living in Apopka, where many of the people that I interviewed left their country due to violence and threats of violence. Therefore, immigrants are not only targeted based on racialized features, they also often have an engrained sense of fear of the police due to prior circumstances. This is also reflected in the ways that immigrants experience “illegality” as discussed below. Thus, the marginalization that they experience associated with discrimination on a daily basis affects the ways that they view and interact with the world around them.

Additionally, the experiences that immigrants encounter through discrimination are products of symbolic and structural violence as discussed below. The symbolic violence is embedded in the racism that exists within the community, which reinforces systems of structural violence as discussed below. This violence is experienced through everyday experiences, both clear racism as well as indirect racism that places immigrants as inferior to white people in the community.

### *Illegality*

Illegality is a complex term in migration studies that in this context refers to juridical status, sociopolitical condition, and the relationship to the state (Castañeda 2019a). The status of being undocumented places migrants in a state of “illegality” that determines their access to healthcare, housing, employment, and other important needs of everyday life (Saleem et al. 2016). Further, illegality is also a concept that not only affects undocumented immigrants, but also other family members as well, including citizen children (Castañeda 2019a). The construction of illegality for undocumented immigrants in the United States greatly impacts immigrants throughout the country. The concept of illegality in mixed-status family households affects immigrants’ everyday and embodied (Castañeda and Melo 2014). The findings in this study support research that demonstrates how families are impacted by undocumented status and illegality. For example, mixed-status families in Apopka encounter challenges that affect all members of the household, despite their legal status. In some cases, children do not receive the government benefits available to them as citizens. This can be in the form of food assistance, financial assistance, or healthcare, among others. Indeed, citizen children often go without government sponsored programs and healthcare due to the undocumented status of a family member (Castañeda 2019b). The NGO worker participants confirmed this difficulty and

explained that immigrants in the community do not always trust healthcare workers based on their own immigration status. This confirms results from research that demonstrates that illegality has a great impact on the everyday lives of immigrants, typically resulting in negative consequences despite the individual's legal status.

Illegality is mainly constructed by policing in Apopka. For example, in Apopka, as discussed above, the police associate certain features with undocumented status and illegality, often detaining immigrants based on their racialized appearance. Indeed, the concept of illegality is often tied to racialized categories that negatively impact Latin American immigrants (De Genova 2013). For example, Mexican immigrants living in Chicago may understand that they do not fall into a category of Black or white in the United States; rather all immigrants from Mexico are placed into one category of Mexican, that is often associated with illegality (De Genova 2005). The same is true in Apopka, where Latin American immigrants are often grouped together as "Mexican" denoting a certain nationality as "illegal." Illegality is not simply a state of being, it is also a process. In Israel, authorities make migrants illegal through military style campaigns to create new states of illegality that abjects African migrants and Palestinians by the state and society, creating illegality that is based on legal status, sociopolitical status, as well as a specific way of being in the world (Willen 2021). In this instance, the state took steps to ensure migrants' exclusion from society to prompt their removal from the Israeli sociopolitical context (Willen 2021). Similarly, the process of becoming undocumented in the United States by crossing the border, as well as discourse about immigration, places immigrants in this liminal category of illegality where they are vulnerable to abuse due to their status. This is also true in Apopka, where undocumented immigrants are subjected to varying immigration policies that are often hostile towards immigrants, keeping them out of political spheres. Undocumented immigrants

are excluded from political contexts where their voices often go unheard, partly due to fear of retribution as reported by participants in this study. Similar to the context of Israel (Willen 2012b), aggressive police tactics also shape the illegality that undocumented immigrants living in Apopka experience. In Apopka, the police often wait and watch for immigrants driving and pull them over based on racialized features that leads the police to think that they are undocumented. Undocumented immigrants are often pulled over for minor infractions and then detained for driving without a license. Their status tends to “other” them as illegal, placing their undocumented status as their identity. However, it is important to note that both HCC and FWAF attempt to include immigrant populations, including undocumented immigrants in political activities such as marches and protests. For example, as previously mentioned, HCC traveled with a group of immigrants in 2021 to Washington D.C. to protest immigration laws and demand a path to legal immigration status for undocumented immigrants.

Immigrants’ everyday lived experiences with illegality only worsened during the pandemic. Some of the poor conditions they faced were exacerbated by the pandemic, while other factors were based on new conditions. For example, driving in Orange County at the beginning of the pandemic in March of 2020 was even more risky for undocumented immigrants. Many were labeled as “essential workers,” yet they did not have the proper paperwork to drive or work in the United States. During the curfews, immigrants received documentation that they were essential workers, but this did not help with obtaining a driver’s license or the documents needed for legal status. As discussed previously, one woman explained how her husband was deported. As he was driving home, he saw ICE and stopped to let his workers out. But he could not remove himself from the situation, and thus he was taken into custody and later deported to Mexico. These everyday experiences become entangled with

immigrants' entire view of the world and concepts of illegality. Thus, illegality is not simply a condition, it also shapes undocumented immigrants' ways of being in the world (Willen 2007). This demonstrates how undocumented immigrants encounter embodiment, time, and space. I found this to be true in Apopka as well—illegality shapes undocumented immigrants entire view of the world and the way that they encounter challenges in their everyday lives.

Scholars have looked at illegality through many different theoretical lenses. Research shows that a phenomenological approach to the study of illegality in migration studies can deepen anthropological understandings of migrants' lived experiences and demonstrate how the concept of illegality affects migrants' subjective experiences (Willen 2007). Through open-ended interview questions and participant observation, I was able to gain data that allows for a deeper understanding of illegality. Illegality shapes almost every aspect of undocumented immigrants' lives, as well as those of their family members who have legal immigration status. Illegality greatly impacting their socioeconomic status and overall well-being.

## **Violence**

Violence, in multiple forms, has a profound impact on the lives of immigrants living in the United States. These different forms of violence do not exist in isolation, rather they exist on a continuum and are often entangled together (Scheper-Hughes and Bourgois 2004). It is necessary to examine the multiple forms of violence at the local level and how it is entangled with lived experiences of individuals (Lockhart 2008). Thus, a holistic understanding of violence examines direct violence, structural violence, everyday violence, and symbolic violence.

### *Prior to Arrival*

Prior to arriving in the United States, many immigrants fled violence in their home country or encountered it along their journey. Migrants often experience violence on their journey that is created by political and criminal violence, as well as economies that profit from mobility (Vogt 2013). The journeys are arduous and migrants face violence from individuals as well as the profit-driven industry of migration. The Venezuelan family that I met explained to me that they felt safe because there were so many of them in their group. One mother told me that she would have felt unsafe traveling alone but since her family was there, she felt safe. Thus, migrants traveling together are at less risk for robbery and physical violence. However, this does not mean that they are excluded from encountering psychological violence. Indeed, the same mother that explained that she felt safe in the group told me that she still felt trauma from the journey. Thus, everyday violence and psychological trauma from the journey is often long-lasting and creates negative effects in the lives of immigrants.

These experiences with violence prior to the arrival are important to consider in migration studies because prior experiences with violence and trauma greatly impact immigrants' lived experiences after arriving in the United States. Indeed, many immigrants do not think about the violence that they experienced prior to arrival in the United States, rather it is a continuation of violence that they have lived with for years in their home country (Vogt 2013). The ways in which immigrants experience violence prior to arrival vary greatly, and often lead to forms of PTSD after arrival (Chu, Keller, and Rasmussen 2013). Thus, it is imperative that communities have adequate services to address the mental health needs of immigrant populations.

### *Direct Violence*

Many immigrants also experienced, and were in fear of, direct violence that they encountered based on their perceived immigration status. After arriving in the United States, immigrants are often viewed as criminals and then are left vulnerable to victimization of crimes (Caraballo 2020). For example, immigrants living in Apopka were often the targets of robberies because it is well known that undocumented persons cannot open bank accounts. For this reason, immigrants are easy targets for theft and robbery. Indeed, Latin American immigrants are often called “walking ATMS” and are more likely to be targeted by robbers, which is also true for neighborhoods with high concentrations of immigrant populations (Barranco and Shihadeh 2015). This often resulted in violence directed at immigrants if they did not easily give in. Those that tried to save their money were often subjected to beatings and threats, including threats to their families. Therefore, the everyday experience of being an immigrant can often result in direct violence depending on the situation. For example, immigrants who rely on walking or bicycles as their main source of transportation are at higher risks for violence than those who drive. Yet, undocumented immigrants who drive face other challenges related to racial profile and policing practices. These experiences contribute to the everyday violence that immigrants experience and exacerbates these challenges.

### *Structural Violence*

In addition to everyday violence, immigrants are also exposed to structural violence through institutions and governments, as well as extreme poverty. This structural violence is experienced in a way that continues to marginalize immigrants through institutions. Structural violence is different than direct violence because it is created by the inequalities that are embedded in institutions, as well as laws and policies that often negatively affect immigrants

overall well-being (Saleem et al. 2020). Specifically relating to undocumented Latin American immigrants in the United States, issues such as political exclusion legal violence, access to public services, and legal rights contribute to experiences of structural violence (Saleem et al. 2016). A large factor in the structural violence that immigrants experience is through their work, particularly farmworkers. Many immigrants have little choice in their employment, especially if they are undocumented, and many of the immigrants living in Apopka work on farms and plant nurseries. These industries profit off the hard labor of immigrants that often exposes them to dangerous working conditions. This creates a system of structural violence that immigrants experience through work on an almost daily basis. As discussed in Chapter Five, many undocumented immigrants perceive that they have no legal recourse workplace abuse, despite policies in place to protect workers. Thus, immigrant workers are made more vulnerable due to economic disparities that result from work that affects their shared lived experiences (Quesada, Hart, and Bourgois 2011). These shared experiences result in shared subjectivities that include fear of deportation, stress, and suffering. These experiences were felt by participants in Apopka. Their undocumented status and the structural violence that they felt based on legality negatively impacts immigrants' overall well-being.

Immigrants in Apopka often live in impoverished conditions and have little access to resources. This in turn creates systems of structural violence that marginalizes the poorest members of society. In this case, undocumented immigrants are often among the lowest economic standing in Apopka, and often receive no government benefits, even if their children may qualify. Extreme poverty can create systems of structural violence that causes suffering in people's everyday lives. The same is true for immigrants living in Apopka. Poverty and the

inability to access government resources were often reported as one of the primary concerns of both immigrants and NGO workers.

The extreme poverty that many participants face creates suffering in their everyday lives and negatively impacts their overall well-being. Yet, it is important to refrain from ignoring the agency of individuals at the local level, which is often left out of ethnographies about violence (Lockhart 2008). Approaches to structural violence necessitate an examination of the agency that is constrained but also enabled in such environments (Nelson 2018). Thus, while structural violence is important for the examination of the effects of violence in immigrants' lives, scholars should refrain from viewing the agency of the individual as homogenous and constantly restricted. Rather, individuals act in various ways to counter the effects of structural violence through community events and organizations such as the NGOs presented here. Rather than allowing the environment to restrict their agency, many immigrants who are involved with FWAFF and HCC assert their agency through local events and social justice work.

However, as Horton (2016) cautions, anthropologists must be careful when applying ideas of structural violence to immigrant farmworkers because it creates a dichotomy between victims and social structures. Instead, concepts of structural vulnerability must be considered in addition to structural violence because it reframes the ways that immigrants experience violence through social structures. Indeed, structural vulnerability has been proposed by critical medical anthropologists to find the structural factors that lead to the embodiment of poor health (Horton 2016). Yet, it is still important to consider structural violence when examining marginalized populations.

### *Everyday Violence*

As discussed in Chapter Two, everyday violence is one form of violence that immigrants experience. For example, everyday violence in the form of immigration status can lead to a form of legal violence is caused due to immigration laws and their outcomes for Central American immigrants living in the United States (Menjívar and Abrego 2012). Similar to symbolic violence as discussed below, everyday violence can reinforce aspects of structural violence, such as the effects felt from structural forces such as immigration law. The same is true for immigrants living in Apopka. Due to the constant fear based on their immigration status, immigrants experience everyday violence through the immigration laws in the United States. Indeed, the anti-immigrant climate in the United States has contributed to increases in fear, illness, and stress for immigrants living in the United States, despite their nationality and immigration status; anti-immigrant policies have connected ethnicity and immigration status that creates a hostile environment for immigrants (Sabo et al. 2014). Similarly, in Apopka, immigrants are often negatively impacted by immigration policies in their everyday lives despite their background or immigration status, resulting in forms of everyday violence that lead to stress and poor mental health outcomes. Further, everyday violence is important to understand because it can create long-term effects that lead to direct violence (Lockhart 2008). While everyday violence is part of lived experiences that result from certain larger structural factors, it can also cause forms of violence (Lockhart 2008). This is also the case in Apopka where everyday violence is experienced through certain factors such as immigration policy; it is both the cause and effect of certain negative issues in immigrants' daily lives.

## *Symbolic Violence*

Symbolic violence is similar to everyday violence, yet it also has the potential to reinforce other forms of violence—it is not simply the effects of violence, but often the cause as well. Symbolic violence is often invisible yet at the same time it can legitimize other forms of violence (Thapar-björkert, Samelius, and Sanghera 2016). Further, symbolic violence, developed by Bourdieu, is a process that hides inequities in society, creating a social order of violence that is seen as natural (Horton 2016). For example, public schools become a place where symbolic violence is directed at Mexican immigrants, thereby creating a hostile atmosphere where racism is institutionalized in the school system (Shannon and Escamilla 1999). Thus, when symbolic violence is institutionalized, it also reinforces other forms of violence.

Because symbolic violence is a useful theoretical lens for examining the causes and effects of violence on marginalized populations, it is logical to use this framework to analyze immigration and immigrants' lived experiences with violence. Immigrants living in Apopka experience symbolic violence through political policies, discrimination, policing practices, as well as other everyday experiences. These experiences result in symbolic violence that create cycles of marginalization for immigrants living in Apopka, particularly those who work in agricultural settings who are often the most vulnerable immigrants due to the exploitation that they experience through the practices of employers, despite laws to protect them. Further, undocumented immigrants experience symbolic violence in their everyday lives through a constant fear of deportation. Yet, this fear is not limited to undocumented immigrants but also their family members who live in a constant state of fear that one of their family members will be deported. Thus, forms of everyday violence, as discussed in Chapter Two, can lead to symbolic violence that often remains unseen. A close examination of immigrants lived experiences

through open-ended interviews allowed me to gain a deeper understanding into the symbolic violence that immigrants experience. Symbolic violence among immigrants living in Apopka often results in stress that affects their overall health and well-being.

### *Mobility and Symbolic Violence*

Symbolic violence is also experienced among immigrants living in Apopka due to restraints placed on their overall mobility. As discussed, immigrants face many challenges based on their immigration status and discrimination. These challenges lead to complications with immigrants' ability to drive to work, school, grocery stores, and other places that require driving. Indeed, Apopka is not a pedestrian friendly neighborhood with a lack of sidewalks and nearby stores, making it necessary for immigrants to drive to meet their basic needs. Illegality also has affects on immigrants' everyday experiences with violence. As discussed above, illegality affects almost every aspect of immigrants' lives, despite their immigration status since many immigrants live in mixed-status family households. The effects of illegality create experiences of symbolic violence that also reinforce other forms of violence such as structural violence.

### *Gentrification and Symbolic Violence*

Symbolic violence is also represented in immigrant communities through processes of gentrification. The marginalization of immigrants living in Apopka is not limited to discrimination and violence. Immigrant communities are also beginning to experience the effects of gentrification in their community that reinforces and perpetuates the cycle of marginalization. While typically used to describe urban areas, gentrification also occurs in rural settings. This process of gentrification reshapes the environment and physically and culturally displaces residents (Nelson, Trautman, and Nelson 2015). In Apopka, gentrification has already begun to reshape the landscape of immigrant communities. As reported by participants, individuals who

sell their homes to developers often find themselves without the money to purchase a new home in a different location. Those who stay are left to navigate the changing neighborhood that often results in negative consequences, especially increased cost of living. Although gentrification has been slowly affecting immigrant communities in Apopka, NGO workers at FWAFF predicted that it will soon become a larger problem that will push more families out of their homes. These issues began in the African American community in South Apopka and are now affecting areas where immigrants live as well. Families cannot afford the new higher cost of living while remaining in low-paying jobs, particularly those who are undocumented.

In addition to gentrification that includes the development of communities and businesses, immigrant communities in Apopka are also affected by more insidious businesses such as waste disposal and garbage dumps. On the drive to Apopka, it is clear to see the rolling hills that are large garbage dumps located near immigrant communities. These dumps have been growing in number in Apopka, not only infringing on immigrant communities but also exposing them to health risks based on 'toxic gentrification.' I use the term 'toxic gentrification' here to refer to the encroaching of toxic and high polluting industries on existing communities. While we normally think of gentrification as converting urban areas to more affluent communities, this process can also occur through other industries such as waste disposal. The insidious nature of gentrification in Apopka has become a form of symbolic violence that is accepted in everyday life and reinforces other forms of violence and marginalization. This type of symbolic violence contributes to structural violence that immigrants experience through poor housing and forced displacement.

As discussed, violence occurs in a number of ways, from direct violence to more subtle everyday forms of violence. These issues that immigrants encounter come together to create

greater forms of marginalization that negatively affects the immigrant community in Apopka. For example, as explained above, undocumented immigrants are often the target of theft and robbery because it is well-known that these individuals do not have bank accounts and may keep large sums of cash. The constant experience of this violence or the threat of violence negatively affects immigrants' well-being long-term in addition to short term effects.

These experiences of violence, trauma, and stress often create suffering in the lives of immigrants. In their book, *Social Suffering*, Keinman, Das, and Lock (1997) examine injuries and structural forces that affect individual lived experiences, arguing that suffering results from external factors such as political and economic, demonstrating how these factors affect social issues. Suffering can exist in multiple forms, including individual and collective, resulting in pain and trauma (Kleinman, Das, and Lock 1997). Therefore, it is imperative that anthropologists examine how suffering is created through violence, injury, and stress. Indeed, immigrants living in Apopka experience forms of suffering based on their experiences with injury and stress both prior to arrival and after arriving in Apopka.

When looking at symbolic violence it is important to also examine states of exception and zones of abandonment because they are a result of certain forms of violence, particularly symbolic forms of violence. As discussed, immigrants experience violence in almost every aspect of their daily lives. Violence, in its many forms is often entangled together, where certain forms of violence perpetuate other forms of violence. This violence is often an anonymous form of state violence as demonstrated by Agamben (2000). Thus, the structural violence, that is reinforced by symbolic violence, creates states of exception as discussed below. Therefore, in addition to the examination of violence, it is important to also understand effects of violence on

individuals that can create suffering in their lives such as states of exception that lead to zones of abandonment.

### **Zones of Abandonment**

Immigrants also experience marginalization through zones of abandonment and states of exception, as discussed in Chapter Two. Through these findings I demonstrate that violence is entangled with zones of abandonment—it creates liminal spaces in society where marginalized populations are kept in an abject position in society. States of exception and zones of abandonment are often a result of abjection that affects immigrants throughout the United States. Abjection is the construction of a subject by social processes that creates the inner and outer world of the subject for social control (Butler 1990). Abjection involves the abandonment or refusal of services that renders immigrant populations as the other, and thus separate from society. This is a result of the denial of employment, immigration documents, bank accounts medical insurance, and other services that places limits on the lives of immigrants in the United States (Gonzales and Chavez 2012). Indeed, abjectivity and illegality create effects on the daily lives of immigrants that can create fear, and in some cases restricting the agency of individuals or motivating them to resist aspects of their circumstances that contribute to their marginalization (Gonzales and Chavez 2012). This is particularly relevant to Mexican immigrants and Mexican-Americans since perceived immigration status is largely linked with phenotype in the United States, creating abject subjects from undocumented immigrants (Sarabia, Zaragoza, and Limon Guzman 2021).

Representations of the medicalization of the body and illness often result from state control and power that separates biological life from social life (Agamben 2000). Reyes-Foster (2019) demonstrates how local interpretations of mental illness in Mexico affect lived

experiences; conceptualizations of mental illness are entangled with ideas of self. Thus, it is critical to examine the social aspects of life and how culture shapes mental health, particularly during the COVID-19 pandemic. These zones of abandonment create spaces where immigrants occupy the role of the “other” within society, resulting in the entanglement of liminality in immigrants’ lived experiences. Zones of abandonment can also create spaces of liminality that negatively affect individuals who are ignored by society (Reyes-Foster 2018). This is particularly relevant for undocumented immigrants as well as those with DACA and asylum status, who occupy a liminal space in society where they are placed in the category of the other. DACA recipients reported lived experiences of liminality because of their precarious status; asylum-seekers often do not know the outcome of their case for months and even years after submitting their application. The Venezuelan family that I met had submitted their asylum applications to USCIS, but they had not heard back yet about whether or not they could permanently stay in the United States as of three months after their arrival.

Research demonstrates that zones of abandonment create states of exception where the typical norms of society are suspended, leaving people subject to the state and then left to suffer from anonymous state violence (Agamben 2000). This violence is often structural as it excludes individuals from institutions and services. Zones of abandonment and states of exception are created by sovereignty that is rooted not in the individual’s rights, but in spaces of states of exception (Agamben 1998). In Apopka, the lack of services and resources creates zones of abandonment and states of exception for both documented and undocumented immigrants, negatively affecting their overall well-being. States of exception can result from a lack of mental health services and basic care (Kenworthy 2012). For example, research shows that immigrants often fall into a state of exception when seeking mental health services based on the government

response to mental health among immigrants (Kenworthy 2012). In Apopka, there is little to no government response to lack of healthcare, especially mental health care, and how this creates zones of exception/abandonment. This is not only a result of a lack of care; many immigrants reported that other factors contributed to this state of liminality and exclusion. For example, most were not eligible to receive the stimulus money that was distributed in 2020 because they did not have legal status. This exclusion from services creates state structural violence that affects immigrants' everyday lived experiences.

While NGOs in Apopka attempt to mitigate harmful policies and practices that affect immigrants, there is often a gap in services. For example, while the people that I interviewed received support services from NGOs in the community, there is a much larger immigrant population in Apopka that does not receive services. While I did not interview these individuals, the NGO workers that I interviewed explained that not all immigrants sought assistance from HCC and FWAF due to reasons ranging from a lack of transportation, lack of knowledge about the organizations, and the location of the centers. While Maria explained that they try to take outreach events to these communities, she knows that there is a great need for services in these areas that HCC cannot provide. These gaps in services create zones of abandonment that directly impact the everyday lived experiences of immigrants.

However, we should not be quick to dismiss the fact that immigrants who receive services at FWAF and HCC do not experience zones of abandonment. This social abandonment can be felt in various ways. While zones of abandonment typically include discussions of physical space, this concept can also be applied to a lack of services. Individuals that occupy zones of abandonment are often simply left without services and ignored by society, resulting in negative health consequences. For example, many undocumented farmworkers complained that

they could not receive support from the government because they do not qualify based on their legal status. Therefore, they also occupy zones of abandonment through the lack of social services from the government even though they are essential to the well-being of the entire population of the United States. They are placed in a position within society where they can be ignored by the majority because they remain out of sight. This was worsened during the pandemic—farmworkers are essential workers, yet they do not maintain the same visibility within society as other essential workers such as nurses. Farmworkers were “forgotten” during the pandemic due to the lack of support and increased fear of immigration authorities.

### **Embodiment and Emotion**

Different approaches to study the mind and body through embodiment allows for a better understanding of how people interact with the world (Csordas 1993; Csordas 1997). Through the examination of the lived experiences of the body, anthropologists can gain a better understanding of how individuals know, feel, and think about the social world (Tapias 2006). Theoretical concepts of embodiment allow for the exploration of how emotions interact with biology and, while embodiment is a broad theoretical concept, it is helpful to examine how emotions affect the way the body experiences suffering based on the social body. Embodiment is an important concept to shed light on how these issues affect the overall health and well-being of immigrants living in Apopka. Issues such as stress, discrimination, and violence contribute to the embodiment of these negative experiences. Zones of abandonment can also affect the way that experiences become embodied. For example, the body can become a site of these zones of abandonment and social isolation where individuals often become subjective to the state (Beihl 2005). This is also true for immigrants living in Apopka who reported physical problems associated with the stress of being undocumented or having an undocumented family member.

Further, as discussed above, other immigrants with precarious status such as DACA also occupy these liminal zones of abandonment within society, shaping their lived experiences and the ways in which these experiences are embodied.

Anthropologist Kristin Yarris (2011) argues that physical pain is symbolic of the difficulties women in Nicaragua experience when confronting their everyday suffering, showing how women's narratives are emblematic of their somatic suffering. Similarly, although immigrants in Apopka do not share the same context as Yarris's participants, they experience somatic symptoms of distress through their own everyday experiences with their immigration status. Many immigrants that I spoke with expressed that they experienced physical pain as a result of emotional stressors. They reported headaches, fatigue, and joint pain as a result of their everyday experiences that lead to stress. These experiences of pain demonstrate the social suffering felt by immigrant populations. Immigrants encounter stress on a daily basis whether it be from direct or acute violence, or from more subtle forms of everyday violence that impact immigrants' well-being. Immigrants' stress and mental health worsened during the pandemic, as discussed in Chapter Five. This additional stress was also embodied through immigrants' lived experiences and coping with the pandemic. For example, isolation from the pandemic often led to depression among participants. This depression, although mild in some, became debilitating for others. The depression was so intense for these individuals that they reported that they lost motivation and one woman said that she no longer wanted to get out of bed at all. Thus, the stress and negative effects from the pandemic became embodied.

Anthropologists Nancy Scheper-Hughes and Margaret Lock (1987) conceptualize the anthropological analysis of the body through three perspectives that include individual lived experiences of the body, a social body, and how the body represents social and political control.

Similarly, immigrants living in Apopka are affected by this three part conceptualization of the body through social exclusion, political control, and everyday lived experiences, particularly those concerning illegality. These three conceptualizations of the body conspire to create negative impacts on mental health and not just the physical body. Thus, by exploring how lived experiences and structural forces that affect migrants in Apopka during the COVID-19 pandemic, this research builds upon theories of embodiment by examining how global pandemics affect lived experiences.

### **Health outcomes**

While the goal of this research is to examine the mental health of immigrant populations in Apopka, this proved to be a challenging endeavor. Many immigrants did not wish to talk about their mental health and those that did often explained that they relied on their faith as a means to manage their stress. This was particularly true for men, who did not like to talk about mental health at all during my interviews. Thus, I reframed much of the conversation around stress to talk about mental health. Even though community members were reluctant to discuss their mental health, they would discuss stress and how it affected them. Thus, while they did not say exactly what affected their mental health, immigrants did confirm that they experienced stress and identified specific stressors. Therefore, the everyday events that lead to negative mental health outcomes can still be identified based on immigrants' reported experiences with stress. Further, while immigrants were reluctant to discuss mental health directly, I was able to obtain information from NGO workers about general patterns in the mental health of their clients and how it affected their overall well-being. Thus, I was able to triangulate the data so that I could gather data concerning stress, and additional information from NGO workers about mental health outcomes.

All of the issues discussed above, including discrimination, illegality, violence, marginalization, and zones of abandonment, negatively affect immigrant health, specifically their mental health. Health outcomes varied among the population of immigrants that I worked with in Apopka, but it was clear to see when participants felt that stress negatively affected their lives and their mental health. These factors create certain social determinants of health that negatively impact mental health through stress, injury, and trauma. Indeed, social factors such as social isolation, racism, and distrust of COVID-19 information can negatively affect mental health and well-being (Xin and Menno 2021). These negative factors that affect migrants are embodied and in turn create negative mental health consequences such as depression and anxiety. This is worsened by the position in society that immigrants occupy. Just as Beihl (2015) describes, zones of abandonment negatively impact health outcomes, which is also true for immigrants living in Apopka. These zones of abandonment only worsen health outcomes because immigrants are often discarded as the undesirable “other,” often resulting in a lack of healthcare services, especially mental health. Further, these zones of abandonment also leave immigrants in a space where they lack information about healthcare, even when they qualify. This lack of information provided to the community creates further barriers to healthcare.

Health outcomes only worsened during the pandemic. Immigrants reported a sense of isolation, particularly before the vaccine. In early 2020, when many businesses closed and schools transitioned to online learning, participants reported that they felt depression due to a lack of contact with other people. This depression often went untreated, as only one immigrant reported seeking mental healthcare for their concerns; most participants explained that they relied on their religion to help with issues related to mental health and well-being. In addition to the increased depression, there was also a gap in health services during the pandemic. Most of

the humanitarian assistance provided by NGOs during the pandemic has focused on testing and vaccinations. However, clinics that FWAF and HCC previously sponsored were temporarily suspended due to the pandemic. Thus, immigrants were left without access to basic healthcare, including mental healthcare. Indeed, COVID-19 had a negative impact on vulnerable populations such as undocumented immigrants that also stems from preexisting factors such as essential needs that go unmet (Serafini et al. 2021). Thus, while some of these stressors remain in immigrants' lives on a daily basis, the pandemic worsened the mental health of immigrants living in Apopka. The stress and issues with mental health due to the pandemic are felt more intensely due to the stressors that they already experience.

### **NGOs and Mitigating Harm**

Both FWAF and HCC attempt to provide services to ameliorate mental health concerns in the immigrant community in Apopka. As discussed previously, FWAF was able to hold mental health clinics for community members, and partnerships with local colleges allowed the organization to hold events with nursing students and other medical professionals. Although these clinics were often irregular and did not provide continuous mental healthcare, they did show the need for these services and the reluctance of people in the community to seek out these services. However, these services were suspended during the pandemic, creating further barriers to mental healthcare in the immigrant community in Apopka.

While FWAF partners with medical professionals to address mental health concerns in the community, HCC takes a different approach. HCC does occasionally hold health clinics, but they have mainly contributed to the healthcare of immigrants in Apopka through the local clinic that they established when they were the OFFM. The organization mainly holds smaller events that contribute to positive mental health. During my fieldwork, I attended several events for

women in the community that focused on mental health and well-being. These events were not led by healthcare professionals but instead regular employees of HCC that created activities to address common problems that the women may encounter. For example, one event focused on how to visualize and achieve their goals—the women completed writing and other activities and shared with the larger group. These events not only helped the women open up about their personal goals but also fostered a sense of community and trust within the organization. Since these events are held regularly, clients of HCC are able to benefit from long-term activities that focus on mental health.

However, as the pandemic began to spread, HCC began to offer more health services. This has been particularly relevant for their vaccination campaign due to the great need in the community. Undocumented immigrants face challenges to accessing the vaccine due to a variety of factors including transportation, childcare, work, and language barriers (Artiga, Ndugga, and Pham 2021). As a grassroots community organization, HCC has identified and addressed these through vaccination clinics that provide information in English and in Spanish and holding these clinics in a location that is easily accessible and welcoming to immigrants. HCC has attempted to educate the community as well as provide vaccination events to the immigrant population and others in the community. Indeed, Sister Ann has spoken up about the benefits of vaccines in an effort to increase the vaccination rate in the community. Although there are certain barriers to care and vaccinations, these are lessened by communication, access to care, and community engagement to improve health (Thomas, Osterholm, and Stauffer 2021). Both FWAFF and HCC have identified these barriers and attempted to address them through vaccination sites. Thus, people in immigrant communities that might otherwise go unvaccinated are able to easily obtain the vaccination.

## **Policy implications**

Strict immigration policies have a profound effect in the lives of immigrants living in Apopka. There are many ways to address policies and practices when it comes to immigration in the United States and the stressors that immigrants experience. The results from this study implicate a need for changes in policy relating to immigrants' legal status, addressing a wide array of policies. For example, many younger immigrants reported that they worried about DACA on a regular basis and which government administration would revoke the program. Thus, a pathway to citizenship is needed for both undocumented immigrants and immigrants with DACA to help stabilize other factors in their lives such as employment. Further, the fear of deportation based on these immigration policies greatly affects the mental health of immigrants. A pathway to legal immigration status and in turn citizenship would greatly reduce the everyday stressors that immigrants experience. Undocumented status affects almost every aspect of life for participants. This also includes documented family members who are affected by the undocumented status of other family, thus policy changes affecting undocumented immigrants not only greatly impacts their own lives but also the lives of their citizen children.

Many of immigrants' other problems with stress could also be solved by obtaining legal immigration status such as government assistance. This is particularly important relating to the financial assistance given during the pandemic to which undocumented immigrants did not have access. All participants who were undocumented told me about the financial strain that they felt and how it was worsened during the pandemic, but they could not get the stimulus money to help their family.

## **Conclusion**

This data that I have presented in this dissertation demonstrate that current studies about immigrants and COVID-19 are also applicable to the immigration population in Apopka. This includes the myriad of ways that this population is marginalized prior to the pandemic and the additional factors that arose during the pandemic. I have examined how lived experiences affect ideas such as illegality, focusing on discrimination and racism. I have also sought to include a robust discussion of violence in its many forms and how that affects immigrants' daily lives. I also explore how gentrification marginalizes the immigrant population in Apopka, a phenomenon that is only increasing and that has not yet been explored thoroughly in the literature on immigrant communities. I then explored how immigrants experience zones of abandonment. All of these factors are embodied in immigrant populations in Apopka, affecting not only their physical health, but their mental health as well. Lastly, I examined how local NGOs, FWAF and HCC, attempt to mitigate harm within the Apopka immigrant community. As discussed, these factors create negative mental health consequences for immigrants living in Apopka, as well as the larger immigrant community in the United States. These issues should be addressed through policy changes that ameliorate the issues that create stress and inequality in immigrant populations.

## Chapter Seven: Recommendations and Conclusion

### **The United States and Beyond**

This research demonstrates that Florida is unique because immigrants are exposed more to laws such as 287(g) because the entire state is within 100 miles of the United States border. This enables ICE agents and police officers to police immigrants further than in other states that are further from international borders. Further, politics in Florida also affect immigrants' experiences. For example, in some states, sanctuary cities help undocumented immigrants with access to certain rights such as driver's licenses. This was a major concern for many of my participants—that they would get deported for driving without a license. The lack of sanctuary cities in Florida makes everyday life more difficult for immigrant communities throughout the state. Additionally, although most of the farmworkers in Apopka speak Spanish, some are indigenous populations from Mexico and Central America that do not speak Spanish or English. Thus, this community is unique because it has a growing population of indigenous immigrants who are often easier to exploit by their employers due to the language barriers as well as the barriers to services from NGOs.

Although immigrants living in Apopka are unique and affected by a variety of factors in their everyday lives, their experiences are also emblematic of experiences that immigrants face in other geographic regions. In this section, I explore immigrants' experiences with these issues beyond Apopka. For example, Seth Holmes and Sarah Horton work with farmworker communities in the United States. Although Apopka is comparable to these populations because of the abuses that people encounter from the agricultural labor sector. Immigrants and

farmworkers across the country are marginalized and placed in similar situations based on illegality and other factors.

### *Deservingness*

In this dissertation, I address issues of immigrant deservingness, which is also represented in other anthropological research. In this study, I found that Venezuelan migrants were seen as more “deserving” than Haitian migrants who were turned away at the border. Scholarship in other regions confirms findings of the deservingness of migrants. For example, research demonstrates that during the “European Refugee Crisis,” refugees in Germany were seen as more deserving than those who were economic migrants, making refugees from Syria seem more deserving than those from other regions (Holmes and Castaneda 2016). Further, in Europe, Africa, and the Americas, deservingness can have serious effects on the health and mortality of migrants because their legal status often denotes the forms of care that they receive (Holmes et al. 2021). In Israel, deservingness is also tied to legal status where unauthorized immigrants often do not receive the same healthcare services as authorized immigrants (Willen 2012a). Thus, the deservingness that immigrants experience in Apopka is similar to these concepts in other world regions.

### *Violence*

As demonstrated, violence affects immigrant populations in Apopka through direct violence, structural violence, everyday violence, and symbolic violence. These types of violence do not exist in isolation and are entangled together, necessitating a holistic examination of violence in its many forms. These concepts of violence show how immigrants in Apopka experience both subtle forms of violence, as well as direct and clear forms of violence. These findings show that while immigrants occasionally experience direct violence, more

subtle forms of violence are experienced on an almost daily basis. These results indicate that structural violence and symbolic violence are experienced in high amounts through government exclusion, policies and practices, and symbolic violence that reinforces aspects of structural violence. This violence is often experienced by the most vulnerable members of the immigrant community in Apopka—undocumented farmworkers.

Violence, in its many forms, also affects immigrants in Apopka and across the world. For example, symbolic and structural violence in France related to stigma, precarity, and fear can hinder undocumented immigrants' ability to access healthcare services (Ho 2004). Further, in Italy and the United Kingdom, states enforce a system of violence against undocumented workers through laws and policies that can cause suffering in the lives of migrants through symbolic violence (Vilog and Piosos III 2021). Research conducted in Sweden, Germany, and Portugal shows how unequal access to resources and inequalities can lead to violence experienced by immigrant populations, often leading to suffering (Hamed et al. 2020). Thus, this research is similar to other scholarship on immigrants and violence.

This research builds on these concepts of violence by demonstrating how violence is entangled in immigrant communities. Types of violence are not experienced in isolation, rather they exist on a continuum and can be interconnected, particularly for marginalized populations. One way that I contribute to theories on violence through the lens of a global pandemic. Violence before the pandemic and existing disparities became clearer due to the continued marginalization of immigrants in Apopka. Thus, this research highlights the aspects of violence that already existed in the community but was made more apparent and worsened by the pandemic.

This research builds on theories of violence in anthropology by exploring the following points. First, immigrants living in Apopka are most often affected by more subtle forms of violence that are entangled and reinforce each other, such as symbolic violence, everyday violence, and structural violence. Although some immigrants are affected by direct violence, all of my participants spoke of more insidious forms of violence. Second, violence is interconnected with zones of abandonment that immigrants experience because immigrants are often left to anonymous forms of violence, leaving them in a liminal state. Zones of abandonment therefore cannot be separated from violence because violence both causes zones of abandonment and existing violence is reinforced. Third, undocumented farmworkers are among the most vulnerable immigrants and experience high levels of violence in their everyday experiences, particularly from aggressive police practices and a fear of deportation. The everyday experience of driving can create everyday violence in the lives of undocumented immigrants by creating a constant fear in their life of deportation. Finally, while undocumented immigrants often experience higher levels of violence, their family members are often affected through the constant fear that a family member will be deported. This is particularly true in mixed-status family households where some family members have DACA, residency, or citizenship and others are undocumented. Although this research demonstrates that immigrants are affected by violence, few seek out mental health treatment based on the stigma of counseling and other forms of treatment for mental health issues. Immigrants and the Pandemic

Many immigrants across the world also felt the impacts of the pandemic similar to those in Apopka. For example, in Canada, the pandemic made women more vulnerable to unemployment or less stable work, and some women work from home which increased challenges due to a lack of social support (Nardon et al. 2021). The pandemic was experienced

similarly in other regions based on the role of essential workers. Many essential workers in Europe during the COVID-19 pandemic played a critical role in providing basic services to society (Fasani 2020). In Spain, essential workers worked during the height of the pandemic while the country was in lockdown, yet they worked without basic hygiene and protective equipment in unsafe working conditions (Reid, Rhonda-Perez, and Schenker 2021). Thus, immigrants throughout Europe also experienced vulnerabilities based on their status as essential workers despite the fact that they are largely ignored by society, similar to the case in Apopka.

### *Health Interventions and Vaccines*

This research demonstrates that there were high levels of distrust in the immigrant population in Apopka to receive the COVID-19 vaccine when it was first developed. However, after FWA and HCC became involved in health initiatives related to the vaccine, the people in the community began to get vaccinated due to the convenience and the fact that they trust these organizations. Indeed, although Black and Hispanic populations often suffer the most from COVID-19, during the beginning of the vaccine roll-out, they had some of the lowest vaccination rates in the country (McFadden et al. 2021). For example, undocumented immigrants may have additional concerns such as their legal status and possible deportation, as well as access to vaccinations (McFadden et al. 2021). While there is limited research about COVID-19 vaccine hesitancy in the United States, there is a dearth of information about vaccine hesitancy outside of the United States. Therefore, it is necessary to conduct further research about this topic to better promote the vaccine to immigrant populations.

## **Recommendations for NGO Policies and Practices**

### *Nongovernmental Organizations*

Both HCC and FWAF hold many events and sponsor activities that positively benefit the community. However, there is also a need to evaluate policies and practices of the organizations to make recommendations. Positive elements of both organizations include meeting immediate community needs through food drives, organizing for changes in policy, and health clinics. Yet there are limitations to both programs and areas that both organizations could improve upon to provide greater services to the immigrant community in Apopka.

One aspect that affects both organizations is the way that they provide services based on gender. While it is often easier to talk to women immigrants in Apopka about mental health, these NGOs have not addressed the mental health needs of men. Further, both organizations attempt to ameliorate poor mental health outcomes, yet they do not adequately address coping mechanisms for stress, violence, and anxiety.

As previously discussed, FWAF held mental health clinics for men, but had very little participation and they stopped the program. Rather, than discontinue the program, the community would benefit from alternative methods to address mental health. Despite the low participation it does not mean that there is not a need to address mental health among men in the community. If FWAF attempted to approach the situation from a different perspective with different methods for addressing mental health, there may be greater participation among men in the community. Since the men did not feel comfortable going to a clinic for mental health, other activities could reduce stress for men. Further, although there are nonbinary and LGBTQ+ members of the community, the organization does not have many individuals who identify as such. Therefore, there is a greater need for FWAF to sponsor more outreach to this population.

Further, although these clinics at FWAFF attempt to address the root causes of negative mental health outcomes, they do not seek to address coping mechanisms for the stress that immigrants experience.

The needs of mental health for men could also be further addressed at HCC. The organization provides events for women, specifically focusing on mothers. While the organization does focus on the needs of boys through programs such as the high school youth group, it also needs to address the needs of adult men in the community. Further, many of these events that focus on the needs of women in the community are held during the day. Since many of the men in the community work during the day HCC would need hold these programs at night to provide similar services to men that attempt to address coping mechanisms. Additionally, while HCC provides some workshops that focus on coping mechanisms, these workshops are limited to the number of people that can attend and do not have a far-reaching effect in the community.

### *Immigration Policy*

It is clear to see how certain immigration policies negatively impact the lives of immigrants, both documented and undocumented. ICE policies such as 287(g) need to be eliminated to prevent discrimination of ICE agents for immigrant populations. This would reduce the fear that persists in many immigrants' daily lives because there would be less of a chance of deportation. As discussed, this also has long lasting impacts on the children of immigrants as many of those deported are men, thereby creating family separation through the deportation of fathers. The Immigration Reform and Control Act of 1986 criminalized the hiring of undocumented immigrants, limiting the type of jobs that immigrants can find. Further, although there are laws that prevent the exploitation of undocumented immigrants, these policies often go

unenforced as is the case in Apopka. The strengthening of laws and enforcement of these policies would work to prevent workplace abuse. Further, although DACA provides some protection to young undocumented immigrants, it does not go far enough to provide them with a stable immigration status. Therefore, further legislation is needed to improve the DACA program and provide a path to citizenship for undocumented immigrants. However, the reform of DACA does not address the needs of older undocumented immigrants, necessitating an amnesty program from the federal government to ameliorate many of the challenges that undocumented immigrants face. Although it may not be likely that these issues are addressed in full by the federal government, immigrant justice groups should attempt to promote these reforms through various avenues to create change for undocumented immigrants and their families.

### **Applied Outcomes**

Applied outcomes of this research include the possibility for its results to inform public health policies and approaches to mental health care by illuminating how immigrants' lived experiences are affected during a pandemic. The pandemic revealed problems with immigration policies that excluded undocumented immigrants and their families from public assistance and other sources of humanitarian aid. Additionally, I will disseminate the findings of this project with both FWAFF and HCC to shed light on the practices that benefit immigrant populations in Apopka. Since HCC does not have a written history of their organization, I will also provide a booklet at the end of this research that summarizes their history. Sister Gail provided a rich account of historical events surrounding the creation of the OFFM and HCC, as well as the cultural context at the time, which consisted of extreme racism and discrimination. Therefore, it is important to document these experiences that the community faced when trying to organize for the African American and immigrant communities.

## **Theoretical Contributions**

This research demonstrates that critical medical anthropology is a useful theory to shed light on immigrant challenges because it allows anthropologists to explore the structural issues that affect their everyday experiences. Going beyond traditional medical anthropology, critical medical anthropology has the potential to examine how health is entangled with structural vulnerabilities and violence. Therefore, this research contributes to critical medical anthropology by providing an in-depth look at the critical issues that affect immigrants during the COVID-19 pandemic. I examine how larger institutions and government policies affect immigrants' everyday experiences with health particularly mental health.

This project contributes to the overall research concerning immigrant populations in the United States, specifically during the COVID-19 pandemic. The pandemic both produced and revealed structural inequalities within society, which I have demonstrated through this research. Such inequalities affect undocumented immigrants, but also their family members who often live in the same house, resulting in intense fears of deportation. These structural inequalities contribute to the marginalization of this population and the different types of violence that immigrants experience. Therefore, this research contributes to theories in violence: direct, structural, everyday, and symbolic by examining the spectrum of these forms of violence through a holistic perspective. I demonstrate how immigrants experience violence and how these different forms of violence are entangled together and reinforce each other. Immigrants experience violence in almost every aspect of their lives, including prior to arrival in Apopka. Therefore, by examining immigrants' lived experiences, this research sheds light on how this violence is embodied.

This research also builds on theories concerning zones of abandonment in migration studies by showing how immigrants in Apopka occupy liminal spaces within society, largely due to their abject position within the local community. These zones of abandonment are often experienced through anonymous forms of violence that make people abject to society. Structural violence reinforces the marginalization of immigrants, contributing to zones of abandonment. For example, immigrants often experience gaps in services, particularly if they are undocumented or have undocumented family members in their household. Thus, zones of abandonment can create suffering and marginalization for this vulnerable population.

I also demonstrate how this research is useful for health-related topics, including social determinants of health. Further, I show how stress can contribute to poor health outcomes, particularly mental health. With few mental health services, this created a gap in services that leads to zones of abandonment as discussed above. Further, the pandemic worsened existing services for immigrants in Apopka by limiting the mental health services that FWAF and HCC were able to hold. Therefore, this research seeks to understand mental health outcomes during the COVID-19 pandemic.

### **Future Research Directions**

Future research should examine deeper how violence leads to zones of abandonment and how they are experienced by immigrants who do not receive services at NGOs. Indeed, there are many farmworkers who live on the outskirts of Apopka near the farms that do not receive services at HCC or FWAF, as NGO workers told me. Thus, a deeper exploration of the community through snowball sampling is needed for future research to meet and develop rapport with immigrants who do not receive NGO services. As demonstrated by this research, immigrants who receive services at HCC and FWAF gain valuable support in multiple forms.

Yet, they are not able to reach all of the immigrant populations living in Apopka. This is particularly true for indigenous populations that have traveled from Mexico and Central America to work on farms. Some NGO workers explained that there are people who do not speak English or Spanish and that it is hard to reach out to populations who speak an indigenous language. Therefore, future research should also examine these populations as they are often the most vulnerable in society and may feel the effects of violence more intensely than immigrants who receive social services and immigrants who speak Spanish.

While I was able to gain an in-depth perspective of how immigrants experience continued violence and marginalization that lead to zones of abandonment, these concepts should be examined further in-depth, particularly from an approach that includes experience-near data collection and methods in phenomenology. Indeed, critical phenomenology and experience-near methods allow for a deeper understanding of immigrants' everyday experiences with violence and stress. However, it proved difficult for this project due to the restrictions of the pandemic. I was not able to conduct as much participant observation with the community and much of the data came from NGOs, making a phenomenological approach to collecting data impossible. Thus, future research in this topic should not only use a critical medical anthropology approach to analyze structures, but also an approach that can more thoroughly examine immigrants' experiences with mental health, such as phenomenology.

## **Conclusion**

In this dissertation, I have sought to gain a deeper understanding of how immigrants living in Apopka are affected by stress, injury, and trauma that creates suffering that negatively impacts mental health. Further, this research demonstrates that while NGOs typically have altruistic motivations for humanitarian aid and are able to make a difference in the lives of local

communities, immigrants in Apopka are still in need of mental health services. This research builds upon anthropological scholarship in migration, COVID-19, psychological anthropology, and social determinants of health by exploring how violence, stress, and suffering are embodied and affect migrants' experiences during the COVID-19 pandemic. Scholarship about COVID-19 and the social impacts of the virus and pandemic is still in its infancy.

Further, I take an in-depth look at two NGOs in Apopka, FWAFF and HCC, examining how they provide services to immigrants in the local community. Both organizations, although different in purpose and structure, seek to work to meet the needs of immigrants living in Apopka. These organizations have been long-standing institutions in the community, therefore a research project that intends to examine the everyday lived experiences of immigrants should also examine the policies and practices of the NGOs that serve the community. While both organizations provide services that ameliorate certain problems in the community such as food insecurity, there is a gap in services when mental health is concerned, especially during the COVID-19 pandemic.

I also examine how immigrants experience stress and injury through a holistic examination of their daily lives. By exploring issues such as immigration status, work, and stress, I was able to explore the challenges that immigrants in Apopka face in their everyday experiences. This research demonstrates that while immigrants felt injury and stress from everyday lived experiences, they rarely sought mental health services to address their concerns. This is worsened by the fact that there are limited service providers that address mental health needs of immigrants that are easily accessible in Apopka.

I build on theoretical concepts in anthropology such as illegality, suffering, marginalization, embodiment, and social determinants of health by showing how these issues all

affect immigrants living in Apopka. Further, I explore the connection between violence and zones of abandonment to demonstrate the relationship between the two and that they are interconnected. Violence, particularly anonymous violence leaves immigrants in abject, liminal spaces where they then exist in zones of abandonment within society. This research confirms existing scholarship on immigrants and issues such as these that negatively impact immigrants' overall well-being, including their mental health. Although research concerning immigrants and COVID-19 is still in its infancy, this research also affirms data about the pandemic and how it negatively impacts immigrant populations. Further, I demonstrate that certain policy changes regarding immigrants with precarious immigration status can ameliorate many of the issues that negatively impact immigrant health.

In conclusion, I have argued in this dissertation that social factors negatively impact immigrants both with precarious statuses as well as their documented family members during the COVID-19 pandemic. While these issues have long plagued immigrant communities, this research is unique because it addresses how immigrants experience these issues during the COVID-19 pandemic. These social issues were worsened by the COVID-19 pandemic, creating further marginalization to this population. I argue that the social issues discussed create injury, trauma, and stress in immigrant populations, negatively impacting their mental health. Further, since there are little to no mental health services for immigrants in Apopka, many issues relating to mental health often go untreated in this vulnerable population. Therefore, more research is needed in to understand the long-term mental health effects from social issues that affected immigrants both before and during the pandemic. Although many of these issues existed prior to the pandemic, they were compounded by the pandemic, creating suffering, and negatively affecting immigrants' mental health.

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## Appendices

## Appendix A: United States Immigration Policy

<b>Policy</b>	<b>Year</b>	<b>Purpose</b>
Johnson Reed Immigration Act	1924	Set up racial quota system
Bracero Program	1942	Created guest worker program in the U.S.
Immigration and Nationality Act, McCarran-Walter Act	1952	Changed quota system to nationality
Migrant Health Act	1962	Gave grants to community organizations that provide services to farmworkers
The Immigration and Nationality Act	1965	Gave preference to immigrants with family in the U.S.
The Immigration Reform and Control Act	1986	Created programs for people who had entered the United States prior to 1982, as well as increased border patrol funding and immigration reform issues
Immigration Act	1990	Increased border spending and work visas
Illegal Immigration Reform and Immigrant Policy Act	1996	New immigration enforcement policies
The Homeland Security Act	2002	Prevent terrorism, control borders, and administer immigration laws
Secure Fence Act	2006	Gave The Department of Homeland Security control over borders to prevent undocumented crossing

## Appendix B: IRB Approval Letter



### APPROVAL

March 22, 2021

Russell Manzano  
511 Lakeshore Drive  
Polk City, FL 33868

Dear R. Manzano:

On 3/19/2021, the IRB reviewed and approved the following protocol:

Application Type:	Modification / Update
IRB ID:	STUDY001649 MOD000001
Review Type:	Expedited
Title:	Mental Health and the Effects of Stress and Violence on Migrant Farmworker Communities during the COVID-19 Pandemic
Funding:	None
IND, IDE, or HDE:	None
Approved Protocol and Consent(s)/Assent(s):	<ul style="list-style-type: none"><li>• Protocol version #2, 3-19-21 clean.docx;</li><li>• Adult Consent #2, 3-19-21 clean;</li><li>• Assent #2, 3-18-21 clean.pdf;</li><li>• Parental Permission #2, 3-18-21 clean.pdf;</li></ul> <p>Approved study documents can be found under the 'Documents' tab in the main study workspace. Use the stamped consent found under the 'Last Finalized' column under the 'Documents' tab.</p>

The modifications, as described by the study team below, have been approved:

Participants will no longer be offered gift cards for the interviews due to a lack of funding. Participants who already completed interviews received the gift cards but I would like to discontinue the gift cards.

In conducting this protocol you are required to follow the requirements listed in the INVESTIGATOR MANUAL (HRP-103).

No participants need to be re-consented.

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**Institutional Review Boards / Research Integrity & Compliance**

FWA No. 00001669

University of South Florida / 3702 Spectrum Blvd., Suite 165 / Tampa, FL 33612 / 813-974-5638

Page 1 of 2

## Appendix C: Participant Informed Consent Form

### Informed Consent to Participate in Research Involving Minimal Risk

#### Information to Consider Before Taking Part in this Research Study

**Title: Mental Health and the Effects of Stress and Violence on Migrant Farmworker Communities during the COVID-19 Pandemic**  
**Study # 001649**

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**Overview:** You are being asked to take part in a research study. The information in this document should help you to decide if you would like to participate. The sections in this Overview provide the basic information about the study. More detailed information is provided in the remainder of the document.

Study Staff: This study is being led by Russell Manzano who is a PhD candidate at The University of South Florida. This person is called the Principal Investigator. She is being guided in this research by Heide Castañeda. Other approved research staff may act on behalf of the Principal Investigator.

Study Details: This study is being conducted at Hope Community Center in Apopka. The purpose of the study is to understand how stress and mistreatment affect health. This study will focus on migrants' mental health during the COVID-19 pandemic. The study will involve a one-hour interview that you can stop at any time. Migrant participants will also be invited to participate in a photography project that will include taking pictures to answer questions. The anticipated length for the photograph session is two hours.

Subjects: You are being asked to take part because you are a migrant living **or** you are a worker or volunteer at an aid organization or healthcare professional in Apopka during the COVID-19 pandemic. I would like to see how stress from the pandemic affects the health of migrants in Apopka.

Voluntary Participation: Your participation is voluntary. You do not have to participate and may stop your participation at any time. There will be no penalties or loss of benefits or opportunities if you do not participate or decide to stop once you start. Alternatives to participating in the study include: participation in the photovoice project. If you are uncomfortable with an interview but would like to participate in the photography project to help answer questions if you want to be involved with the study.

Your decision to participate or not to participate will not affect your job status, immigration status or access to health care.

Benefits, Compensation, and Risk: We do not know if you will receive any benefit from your participation. There is no cost to participate. You will be compensated with a \$30 gift card for your participation. This research is considered minimal risk. Minimal risk means that study risks are the same as the risks you face in daily life. However, you may encounter risks due to the coronavirus. I will follow all safety precautions by the CDC to minimize this risk.

Confidentiality: Even if we publish the findings from this study, we will keep your study information private and confidential. Anyone with the authority to look at your records must keep them confidential.

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## **Why are you being asked to take part?**

### **Study Procedures:**

During the study I will ask you to choose an interview date. The interview last approximately one hour and will be recorded unless you are uncomfortable with recording. I am the only one who will have access to the recordings and they will be deleted after they are typed. I will ask you a few questions and you can tell me as much or as little as you want in your answer. You can stop the interview at any time. Migrant participants will also be invited to participate in a photography project but it is not required. The photography project will involve prompts based on the interview. You do not have to participate in the photography project. The estimated time needed to participate in the photography project is two hours. If you choose to participate in the photography project, I will provide you with a camera that you must return after taking the photographs. These photographs will be part of a larger project to display photographs as part of an art exhibit. You will be allowed to view the photographs before they are used and can withdraw from the photography project at any time. Participants who do join the photography project will be compensated with the \$30 gift cards for both the interview and photograph session.

At each visit, you will be asked to:

- Participate in an interview that is audio recorded
- If you choose to participate in the photography project, you will also be asked to take photographs during each visit.

### **Total Number of Subjects**

About 75 individuals will take part in this study at USF. Approximately 20 out of the 75 participants will be invited to participate in the photography project.

### **Alternatives / Voluntary Participation / Withdrawal**

You do not have to participate in this research study.

You should only take part in this study if you want to volunteer. You should not feel that there is any pressure to take part in the study. You are free to participate in this research or withdraw at any time. There will be no penalty or loss of benefits you are entitled to receive if you stop taking part in this study.

## **Benefits**

We are unsure if you will receive any benefits by taking part in this research study.

## **Risks or Discomfort**

This research is considered to be minimal risk. That means that the risks associated with this study are the same as what you face every day. There are no known additional risks to those who take part in this study.

### COVID-19 Risks

Due to the coronavirus pandemic, participants may be at risk for contracting the virus. I will take safety precautions such as wearing masks and social distancing and follow all guidelines by the CDC to reduce the risk of transmission. Interviews will be conducted online to reduce the risk of contracting the virus.

## **Compensation**

You will be compensated \$30 if you complete all the scheduled study visits. If you withdraw for any reason from the study before completion you will be compensated the full amount. Participants in the photography project will also be compensated with an additional gift card of \$30 after completing the photography prompts and returning the photographs and camera.

## **Costs**

There will be no additional costs to you as a result of being in this study.

## **Conflict of Interest Statement**

There are no conflicts of interest relating to this study.

## **Privacy and Confidentiality**

We will do our best to keep your records private and confidential. We cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. Certain people may need to see your study records. These individuals include:

- The research team, including the Principal Investigator and all other research staff.

- Certain government and university people who need to know more about the study. For example, individuals who provide oversight on this study may need to look at your records. This is done to make sure that we are doing the study in the right way. They also need to make sure that we are protecting your rights and your safety.
- The USF Institutional Review Board (IRB) and its related staff who have oversight responsibilities for this study, and staff in USF Research Integrity and Compliance.

We may publish what we learn from this study. If we do, we will not include your name. We will not publish anything that would let people know who you are.

### **What if new information becomes available about the study?**

During the course of this study, we may find more information that could be important to you. This includes information that, once learned, might cause you to change your mind about being in this study. We will notify you as soon as possible if such information becomes available.

### **You can get the answers to your questions, concerns, or complaints.**

If you have any questions, concerns or complaints about this study, call Russell Manzano at 850-607-1696. If you have questions about your rights, complaints, or issues as a person taking part in this study, call the USF IRB at (813) 974-5638 or contact by email at [RSCH-IRB@usf.edu](mailto:RSCH-IRB@usf.edu). Additionally, you may also contact Hope Community Center if you would like to express concerns or have questions about the research at (407) 880-4673.

Would you like to participate in this study?

## **Appendix D: Assent of Children to Participate in Research**

**Study # 001649**

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**Title of study: Mental Health and the Effects of Stress and Violence on Migrant**

**Farmworker Communities during the COVID-19 Pandemic**

### **Why am I being asked to take part in this research?**

You are being asked to take part in a research study about stress and the COVID-19 pandemic and you are a minor over the age of ten. You are being asked to take part in this research study because you are a migrant living in Apopka during the COVID-19 pandemic. If you take part in this study, you will be one of about 75 people at this site.

### **Who is doing this study?**

This study is being led by Russell Manzano who is a PhD candidate at The University of South Florida. This person is called the Principal Investigator. She is being guided in this research by Heide Castañeda. However, other research staff may be involved and can act on behalf of the person in charge.

### **What is the purpose of this study?**

By doing this study, we hope to learn how migrants' stress and mistreatment affect health. This study will focus on migrants' mental health during the COVID-19 pandemic. The study will involve a one-hour interview that you can stop at any time. You will also be invited to participate in a photography project that will include taking pictures to answer questions.

### **Where is the study going to take place and how long will it last?**

The study will be take place at online or at Hope Community Center. During the study I will ask you to choose an interview date. The interview last approximately one hour and will be recorded unless you are uncomfortable with recording. I will ask you a few questions and you can tell me as much or as little as you want in your answer. You can stop the interview at any time. I am the only one who will have access to the recordings and they will be deleted after they are typed. If you choose to participate in the photography project you will be asked to participate in a photograph where you answer questions by taking pictures. You will also be invited to participate in a photography project but it is not required. The photography project will involve prompts based on the interview. The estimated time needed to participate in the photography project is two hours.

At each visit, you will be asked to:

- Participate in an interview that is audio recorded
- If you choose to participate in the photography project, you will also be asked to take photographs during each visit. I will provide you with a camera that you must return after taking the photographs. These photographs will be part of a larger project to display photographs as part of an art exhibit. You will be allowed to view the photographs before they are used and can withdraw from the photography project at any time.

### **What will you be asked to do?**

During the study I will ask you to choose an interview date. The interview last approximately one hour and will be recorded unless you are uncomfortable with recording. I am the only one who will have access to the recordings and they will be deleted after they are typed. I will ask you a few questions and you can tell me as much or as little as you want in your answer. You can stop the interview at any time. You will also be invited to participate in a photography project but it is not required.

At each visit, you will be asked to:

- Participate in an interview that is audio recorded
- Take pictures for photography project

### **What things might happen if you participate?**

To the best of our knowledge, your participation in this study will not harm you. However, you may stop the interview at anytime if you feel distressed.

### **COVID-19 Risks**

Due to the coronavirus pandemic, participants may be at risk for contracting the virus. I will take safety precautions such as wearing masks and social distancing and follow all guidelines by the CDC to reduce the risk of transmission. Interviews will be conducted online to reduce the risk of contracting the virus.

### **Is there benefit to me for participating?**

I cannot promise that you will receive benefit from taking part in this research study.

### **What other choices do I have if I do not participate?**

There are no alternatives if you choose not to participate.

### **Do I have to take part in this study?**

You should talk with your parents or guardian and others about taking part in this research study. If you do not want to take part in the study, that is your decision. You should only take part in this study if you want to volunteer.

**Will I receive any compensation for taking part in this study?**

There is no compensation for taking part in this study.

**Who will see the information about me?**

Your information will be added to the information from other people taking part in the study so no one will know who you are.

**Can I change my mind and quit?**

If you decide to take part in the study you still have the right to change your mind later. No one will think badly of you if you decide to stop participating. Also, the people who are running this study may need for you to stop. If this happens, they will tell you when to stop and why.

**What if I have questions?**

You can ask questions about this study at any time. You can talk with your parents, guardian or other adults about this study. You can talk with the person who is asking you to volunteer by calling Russell Manzano at 850-607-1696. If you think of other questions later, you can ask them. If you have questions about your rights as a research participant you can also call the USF IRB at (813) 974-5638 or contact the IRB by email at [RSCH-IRB@usf.edu](mailto:RSCH-IRB@usf.edu).

**Assent to Participate**

I understand what the person conducting this study is asking me to do. I am giving verbal consent to participate in this research. I have thought about this and agree to take part in this study. I have been given a copy of this form.

Would you like to participate in this study? *[PI will record if verbal assent is given]*

# Volunteers Needed for Study on Stress and COVID-19

My name is **Russell Manzano** and I am a graduate student at the University of South Florida. You may see me around the center in the next few weeks. I am conducting approved research about migrants' experiences in Apopka and I would like the opportunity to speak to you **confidentially** about your experience as a migrant during the COVID-19 pandemic. Please let me know if you are interested in learning more information.

All research  
is private  
and  
confidential



**Russell  
Manzano**

**University of  
South Florida**

**850-607-1696**

**rmanzano@usf.  
edu**

**Research approved by the  
University of South Florida**

USF IRB Pro number:

