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## "What We Eat Matters": Perspectives on Food and Health in the Mexican Im/migrant Farmworker Communities in Indian River County, Florida

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“WHAT WE EAT MATTERS”: PERSPECTIVES ON FOOD AND HEALTH IN THE  
MEXICAN IM/MIGRANT FARMWORKER COMMUNITIES IN INDIAN RIVER COUNTY,  
FLORIDA

by

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A thesis submitted in partial fulfillment of the requirements  
for the degree of Master of Arts  
in the Department of Anthropology  
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## **ABSTRACT**

The dramatic increase of type-2 diabetes within the Latino community is of great concern in the U.S., especially among Mexican im/migrant farmworkers. Anthropological scholarship shows that health issues within im/migrant groups in the U.S. are poorly understood from a sociocultural and local perspective. In Indian River County, Florida, farmworker leaders created a community garden in response to health problems in this community. This initiative was launched to educate families about the health and economic benefits of growing their own food. The Indian River County Health Department and the local leaders are working collaboratively to inform the community about the risks of type-2 diabetes by providing educational lectures about health, food, and nutrition, in an effort to engage the farmworkers to actively participate in community gardens. However, little engagement to this initiative has been observed within the farmworker community. This ethnographic investigation examines the challenges of involving Mexican im/migrant farmworkers in community-based solutions to health problems. Based on participant observation, survey, and interview data with farmworkers and key informants from the Farmworkers Association of Florida, this project examines the perspectives of health concerns and the role of grassroots initiatives in addressing health needs. Specifically, it analyzes barriers to healthy eating and explores how community gardens can improve health outcomes in farmworker communities. This research contributes to the understanding of Mexican im/migrant farmworkers' health in Indian River County, and it has the potential to guide health-related policies pertaining to im/migrant communities in general.

For my beloved wife, Andrea, and my beautiful daughter, Mila.

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## CHAPTER 1: INTRODUCTION

*“Keeping food that did not require cooking (canned food, chips, cookies and soda) in my kitchen was practical for me so my kids could eat something while I was working, and it became a habit. Now, my two older kids are obese; I did not do this intentionally but unconsciously. I caused them great damage to their bodies because it was practical for me. Many parents are facing the same situation in this community.” (Yolanda Gomez)*

Yolanda is a farmworker leader and the coordinator of the community garden grassroots initiative in Indian River County, Florida. Her words contextualize some of the health issues that are increasing in the Mexican im/migrant farmworker community in this area due to the high intake of low nutrient, energy-dense food. When I refer to this type of food, I am referencing processed food which tends to be high in fat and sugar calories (energy dense food). In addition, this type of food is high in other health damaging ingredients, such as, sodium and other preservatives. Incidentally, processed food is often lacking in nutrients such as essential vitamins and minerals. Yolanda’s story is only one of many other similar stories in this community that are searching for new alternatives to improve their health. A promising alternative was born in 2010 when the Mexican im/migrant farmworkers community launched a community garden as a grassroots initiative to address economic and health related issues. This community garden is a project that was requested by the Mexican im/migrant community and created by the collaboration of the city management and the Farmworkers Association of Florida (FWAF). The main goal of this project was to address the issues mentioned above by educating families about the health and economic benefits of growing their own food.

The gardens are located in Fellsmere, Florida, and that is where this research was conducted. Fellsmere is the epicenter for im/migrant farmworkers assistance in Indian River County due to the presence of FWAF, an organization that empowers farmworkers and rural low-income communities in Florida to respond to social justice. The majority of farmworkers in this area are of Mexican origin and come from different regions. The heterogeneity of the Mexican population in Indian River County is reflected by the participants of this research who came from varying areas within Mexico (see Figure 1).



*Figure 1. Map of participants' places of origin in Mexico (courtesy of google maps)*

I volunteered for the community garden, moved by the Mexican im/migrant farmworker community's efforts to change the habits that are causing morbidity within their households. During my first visit to the community garden, Yolanda and two members of the garden's committee stated that the participation of the community in the gardens was very low. They indicated that participation was not an issue when the project launched; however, the people

stopped coming back after a couple of years. At that time, I observed that out of town volunteers outnumbered the community members working in the garden. When participating in later events during the course of my research at the garden, I observed only five families engaged.

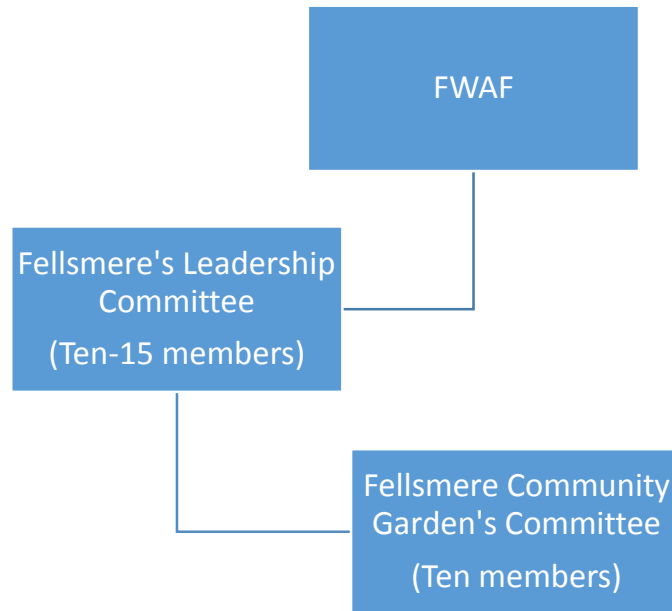
When I heard Yolanda's concerns about the lack of participation in the community garden, my first question arose: why was the Mexican farmworker community not engaged in a project that was for their benefit in the long run? It was easy for me to think that way being raised in the middle class; I did not have to worry about finding resources for shelter, food and healthcare on a daily basis. Although, I can almost sympathize because I am an immigrant too. I came from Colombia to the United States in 1999 and was pushed to stay due to political persecution that my family experienced. However, I did not experience any issues of documentation nor poverty, which many Mexican im/migrant farmworkers have experienced. The more I spoke with community members the more I found that the way to encourage participation was to first gain a deeper understanding of the farmworkers experience driven perspectives and identify obstacles. Therefore, I shaped my research question: what are the barriers to participation in grassroots initiatives, such as the community garden, on preventive healthcare for Mexican im/migrant farmworkers in Indian River County?

Challenges to empower Mexican im/migrant farmworkers in grassroots initiatives in Indian River County is a topic that has not been explored by anthropologists in the past. This research seeks to contribute to anthropological knowledge by examining the barriers that cause this lack of engagement by Mexican im/migrant farmworkers. These barriers are analyzed by observing structural and cultural influences that affect perspectives of food and healthcare. Specifically, it analyzes barriers to healthy eating and health resources. To begin research, I needed a baseline health problem to use as a focal point. As a result, I consulted the Florida

Department of Health in Indian River County representatives in regard to the most common chronic diseases in that county among the Mexican migrant farmworker community. According to the health department, the top three chronic diseases among the Hispanic population in this area are type-2 diabetes (being the number one), high blood pressure, and obesity. Even though these three are related, I chose to focus on the number one disease [type-2 diabetes] to establish my analysis and guide my interviews. Having established my research question and shaped my interviews, I then needed to examine the research settings.

### *Research Setting: The Community Garden*

The community garden works under the umbrella of FWAF. The project is called “*Campesinos’ Garden*.” The organizational structure of the project consists of the community garden’s committee and the leadership committee (see Fig. 2). The leadership committee members are selected by the local farmworker community and they must be farmworkers. The number of members varies between ten and fifteen. This leadership group selects the community garden’s committee. There are ten members in the garden’s committee. The community garden’s committee members are selected from the community and they do not have to be farmworkers; however, they must be members of the community garden. The garden’s committee members are the decision makers of the garden’s operational aspects.



*Figure 2. Community garden's organizational structure.*

In August of 2013, The Youth and Young Adult Network of the National Farm Worker Ministry (YAYA) invited me to volunteer in the community garden project created by farmworkers for farmworkers in Fellsmere, Indian River County, Florida. Yolanda, saw the garden initiative as a way to address important issues in the farmworker community, such as, health, economy, and environment. Yolanda has been the community leader in the city of Fellsmere, as well as a key person at FWAF as the farmworkers' community organizer in Indian River County.

Upon our arrival to the FWAF office in Fellsmere, Yolanda and two members of the community garden's committee gave volunteers a warm welcome; they made us feel at home. Out of six volunteers who participated that day, two spoke English and Spanish, including myself. Yolanda and one member of the garden's committee spoke English and Spanish as well, allowing both parties to communicate effectively. Yolanda shared the history of *Campesinos' Garden* with us. The project was created in 2010 to raise awareness of how growing their own

food could help the farmworkers' community become self-sufficient, live a healthier lifestyle and recognize environmental issues. The city of Fellsmere's management contributed to the project by providing two lots and supplying the water, with the agreement that all members of the community should have equal opportunity to work on it. The only other requirement that the city management requested was for an entity, either individual or organization, to take over project accountability for liability insurance purposes. The FWAF offered to take responsibility of the project as they already established an organization supporting farmworkers in this area. After several meetings among the community leaders, the decision was made that the FWAF organization was going to lead the community garden initiative from that point on.

The garden requires constant participation from volunteers and members of the community garden to be maintained. Consequently, the garden is designed to encourage communal and individual engagement. The communal gardening takes place in lot one (see figure 3). Anybody that works the land in lot one is automatically entitled to take an equal share of produce on harvest day. On the other hand, lot two (see figure 4) is mainly for independent planting. Membership at the community garden is required to secure a spot in lot two. A membership costs \$30 dollars a year and guarantees a private space for planting. Even though lot two is for paid members, vacant spots are used as communal gardens until they are taken. The membership fee is one way to acquire funds to buy the necessary items (seeds, manure, tools, among others) but it is not enough. Other financial sources are private or federal grants and farmers markets. One of the most important financial sources of the community garden comes from Kellogg's, which funded the project in 2010 with a three year grant of three hundred thousand dollars. In 2014, Kellogg's granted another three years with four hundred thousand dollars to FWAF in order to expand the community garden project to other areas in Florida.

According to Yolanda, the purpose of this grant is to improve the access of fresh and healthy food to rural communities. The main conditions from Kellogg's to grant this funding were that the project had to be led by and focused on farmworkers and designed to be a sustainable project. Additional funding comes from the Fellsmere's Farmers Market and Mercado where *Campeños' Garden* sells surplus produce, making this option an important source for the garden's financial independence.



*Figure 3. This is garden # one which is utilize for communal planting (photo credit: Vanessa Devilbiss 2014).*



*Figure 4. This is garden # two for independent use (photo credit: Vanessa Devilbiss 2014).*

Operationally, the garden is based on agro-ecology. According one of the FWAf members, agro-ecology is the relationship between agriculture and the environment. Basically, it is traditional organic agricultural practices with a responsibility to the environment. This type of agricultural technique is used as a foundation for sustainable agricultural practices. The selection

of crops is based on two major components: demand and plagues. On the one hand, crops that are in higher demand translate into produce that can be easily sold in the market. Therefore, such items are more likely to be grown in a garden seeking sustainability. On the other hand, crops that attract a higher amount of pests require the use of strong chemical pesticides which are not part of organic farming standards. The following crops are in the current garden's list and fulfill the previous requirements for demand and lack of pest control within their respective seasons: radishes, carrots, green beans, bok choy, kale, swiss chard, onions, jalapeños, cilantro, lettuce, and cabbage (October - March); tomatoes, carrots, chiles, green beans, eggplant, squash, zucchini, onions, and jalapeños (March – June); okra, jicama, hibiscus, and sweet potato (June – October). The necessity of looking at plagues and what will grow in the Florida soil is shown in produce choices like okra and bok choy which are not traditional vegetables in Mexican dishes. For this and another reason, Yolanda and the *Campesinos' Garden* is reaching out to the community to encourage them to try new produce. The other reason is revealed in the philosophy of the *Campesinos' Garden*.

The most important element of *Campesinos' Garden* is its philosophy. Yolanda states that the “Campesinos’ Garden is not only a garden but a social movement for food justice.” Because of this philosophy, Yolanda extended the invitation to everybody in the community desiring to work in it regardless if they are farmworkers or not. Even though *Campesinos' Garden* is mainly for farmworkers, almost half of the current members are white Americans. Currently, there are eleven active members in which six are farmworkers (five Mexican and one Haitian), and five are white Americans. This lack of participation from Mexican im/migrant farmworkers is understood to be caused by the limited time and stamina of farmworkers to work in the garden after a long day working in the citrus fields. Even though this is a major constraint

regarding engagement in this type of grassroots initiative there are other aspects that build more barriers to participation within the Mexican im/migrant farmworkers. In the following section, I delineate how this thesis is structured to expose other barriers to participation in the community garden among Mexican im/migrant farmworkers.

### *Thesis Overview*

The structure of this research paper begins with the literature review, explaining in four sections, the major aspects of Mexican historical background, medical background and anthropological theory that is relevant to answer my research question. The first part of the literature review focuses on the history of im/migrant farmworkers in the U.S. It puts into context political and economic aspects that contribute to migration. Section two medically explains Type-2 diabetes and its current financial effects on the nation. These national figures were reflected by the increasing hospitalizations among the Hispanic community in Indian River County due to this disease. It also examines the challenges to access to healthcare gaps created within the healthcare system between the state and federal levels targeting people with a specific income and immigration status. One of the focuses of this section addresses the implications of the Affordable Care Act and Florida State Medicaid. Section three observes examines structural machineries, such as political economy and how it affects migration and health policies for im/migrants in the U.S. I examine the effects of globalization and neoliberalism and introduce the anthropological theories of finanscapes, ethnoscapes and foodscapes for utilization in further analysis later in this paper.

Section four defines the concepts developed by sociologist Pierre Bourdieu of symbolic violence ([2001](#); [2004](#)) and habitus ([1977](#)). This section of literature review analyzes how these

theories are closely related and paves the way for further development and application later in this research. Following the literature review is methodology. Here I will describe my methods, including the implementation of the interviews and participant observation, as well as collated data management. This chapter also discusses the limitations of my research. Chapter four marks the beginnings of my findings by first discussing the perception of diabetes within the Mexican im/migrant farmworker community and how participants handle prioritization of health issues. In addition, it is further analyzed in this chapter applying the theory of the structural violence of political economy. Chapter five continues the findings by exploring effects of cultural aspects on the perspectives of the adult Mexican im/migrant farmworker. Here, this barrier to engagement in the community garden is evaluated using the concepts of habitus and symbolic violence as defined in the literature review. In Chapter six uses foodscapes and ethnoscares concepts to explore the effects of cultural adaptation on food choices among the Mexican im/migrant farmworkers. In addition, food ideology is discussed relative to type-2 diabetes. Following this chapter are the concluding remarks and recommendations for future research among this community.

The purpose of this research is driven by its settings and participants. However, in order to better understand this community, its perspectives and identify the barriers to garden participation, the history of the Mexican im/migrant farmworkers must first be addressed. Furthermore, anthropological theory and relevant healthcare policies must be identified and defined for the proper analysis of this research purpose.

## CHAPTER 2: LITERATURE REVIEW

To better understand the barriers to engagement in the grassroots initiatives designed to improve the health of farmworkers in Indian River County it is important to review the historical documents about Mexican farmworkers in the United States as well as the documented health concerns presented by the local health department. Anthropological literature has historically emphasized the lives and journeys of the Mexican im/migrant farmworkers to the United States ([Benson 2008](#); [Holmes 2013](#); [Nahmias 2008](#); [Stephen 2003](#)). However, the anthropological literature regarding participation and empowerment of grassroots initiatives in this area is absent. Additionally, this review contains anthropological theory that I utilized in order to better understand the obstacles to empowering the farmworker community.

### *Historical Background on Mexican Im/migrant Farmworkers in the United States*

The migration of Mexican farmworkers to the U.S. has a long history, starting with a key reason for migration: oppression. When most people think of Mexican oppression, they think of the conquistadores and they would be correct. However, the current devastation of the Mexican economy stems from a much more recent past. Dictator Porfirio Diaz reigned until the beginning of the 1900s. His political economical views were the beginning of neoliberal policies (which will be explained later in this chapter) that allowed foreigners to own the majority of Mexican land leaving only 3% of Mexican land owned by Mexican citizens ([Frank 1962](#); [García 2012](#)). This inequality of land distribution caused the Mexican Revolution in the 1910s and brought new agricultural reformation to this country. Previously, foreigner owned pieces of land were called “Haciendas” ([Dunn 2000](#)). In these Haciendas, Mexican peasants were abused and treated as

cheap labor. After the Mexican revolution and the following Agrarian Reform, these Haciendas were reclaimed by the Mexican government and redistributed to the peasant communities for the use of communal agriculture. These communal lands were called “ejidos,” which were, and still are, owned by organized peasant communities that were previously landless ([Castaneda Dower and Pfutze 2013](#); [Dunn 2000](#)). The members of these communities became farmers of the ejidos and retained hereditary rights to use the land based on continued cultivation ([Castaneda Dower and Pfutze 2013:16](#)). The Mexican government placed many restrictions on the ejidos that ultimately limited the land productivity. Because farmers were restricted from hiring extra labor outside of the community, selling/renting their land, and using the ejido as collateral for loans to improve the land, the ejidos were challenged to produce enough for the growing population.

This situation was a large factor in the massive migration of Mexican farmworkers to the U.S. where there was a labor shortage due to World War II and the Green Revolution, which was a growth in agricultural technology that necessitated more farm labor. This labor shortage inspired the U.S. government to form an agreement with Mexico inviting farmworkers to work in the U.S. known as the Braceros Program ([Craig 1973](#); [Loza 2011](#)). The Braceros Program facilitated much of the Mexican farmworker migration from 1942-1964. During the Braceros Program, approximately 4.5 million Mexican farmworkers entered to the U.S. ([Craig 1973](#); [García 2012](#); [Loza 2011](#)). The Braceros Program was finally ended in 1964 by Mexico after complaints regarding exploitation and inhumane treatment became overwhelming ([Organista 2008](#)). This treatment was unofficially supported by anti-farmworker laws such as the New Deal, which at the time, excluded documented and undocumented im/migrant farmworkers from receiving work benefits such as the right to organize, child labor laws, minimum wage standards and overtime provisions ([Benson 2008:591](#)). Legislation like this set the tone for anti-immigrant

sentiment as at the time the majority of farm labor was done by immigrants. After the Braceros Program ended, many farmworkers stayed in the U.S. as undocumented im/migrants ([Benson 2008](#); [Stephen 2003](#)). According to the U.S. Department of Homeland Security, the estimated number of undocumented im/migrants in 2011 is approximately 11.5 million, in which 59% are estimated to be of Mexican origin ([Hoefer, et al. 2012](#)). These numbers suggest that by 2011, the migration of Mexican workers doubled the amount of workers that entered to the U.S through the Braceros Program.

Mexico experienced another large scale rural migration to the U.S. by the end of the 1980s due to the demand for farmworkers in the U.S. and the lack of opportunities in Mexico (Organista 2008). In 1986, U.S. President Ronald Reagan conceded amnesty to nearly two million undocumented workers in the U.S. This amnesty allowed many Mexican im/migrant farmworkers to come out of the shadows and search for better paid jobs. Consequently, this treaty left the U.S. agricultural industry in need of more cheap labor once again (Organista 2008). In the meantime, Mexico was not passing through its best financial moments during the late 1980s. Oil prices dropped and the Mexican economy collapsed due to its overinvestment in oil. This created a large debt to the U.S. This forced “Mexico to agree to the U.S. requests to lift trade taxes and tariffs, paving the wave for free trade” ([Organista 2008:105](#)). Later, with the development of the North American Free Trade Agreement (NAFTA) between the countries of Canada, the U.S. and Mexico in the 1990s, the levels of poverty in Mexico increased due to inequality within these agreements. The goal of NAFTA was to remove barriers to trade between these three countries; however, it lead major corporations to undercut local businesses with mass production, effectively eliminating competition. In addition, Mexican President Carlos Salinas de Gortari, who signed NAFTA, also amended the Agrarian Reform cancelling the Ejido program.

The established ejidos were allowed to continue but no new ejidos would be created. He also encouraged the ejidos to be privatized by allowing the use of the ejidos as collateral for loans or outright sale. The NAFTA and Agrarian Reform amendments exacerbated rural dislocation and poverty in Mexico, causing a northward migration ([Benson 2008](#)). This neoliberal political economy is still pushing Mexican im/migrant farmworkers out of their native country today.

*Type-2 Diabetes and its Financial Implications among Mexican Im/migrant Farmworkers in Indian River County, FL*

Diabetes is the seventh leading cause of death in the U.S. ([CDC 2014](#)). According to the Centers for Disease Control and Prevention ([2014](#)), diabetes is:

A disease in which blood glucose levels are above normal. Most of the food we eat is turned into glucose, or sugar, for our bodies to use for energy. The pancreas, an organ that lies near the stomach, makes a hormone called insulin to help glucose get into the cells of our bodies. When you have diabetes, your body either doesn't make enough insulin or can't use its own insulin as well as it should. This causes sugar to build up in your blood.

The most common health complications due to diabetes, over time, includes: kidney failure, blindness, amputation and heart failure ([ADA 2014](#); [CDC 2014](#)). The American Diabetes Association (ADA) ([2014](#)) and the CDC ([2014](#)) report that the most common type of diabetes is type-2; between 90-95% of diabetic cases are type-2. This type of diabetes can be treated with lifestyle changes including healthy food choices and increased exercise, oral medications, and injectable insulin.

With the number of diabetic cases consistently increasing, the cost is also. According to the ADA's report (2013) on diabetes costs in the U.S., the 2012 diabetes costs increased to \$245 billion from \$174 billion in 2007. Even though medical expenses are the largest costs for patients with diabetes, other costs include reduced productivity at work and inability to work due to disability (ADA 2013). This report also indicates that people with diabetes who do not have health insurance have 79% fewer physician office visits, leading to a decrease by 68% of prescribed medication ([ADA 2014](#)). Additionally, there are 55% more emergency department visits by patients with diabetes without insurance compared to patients with insurance ([ADA 2014](#)). This means that while a physician office visit may cost less overall, diabetic patients without insurance cannot afford the regular expense of it. They must wait until the problem becomes emergent and visit the emergency department, where the cost to the hospital is greater in comparison to a physician office visit, but there is government help available to cover the hospital cost. In addition, the emergency department cannot turn them away whereas a physician's office has the right to refuse service if the patient cannot pay or does not have insurance.

The ability to attain private or government medical insurance is determined by the financial qualifications set forth by the state of Florida and the federal government via the Affordable Care Act (ACA). On March 23, 2010, President Barack Obama signed the Affordable Care Act. According to the U.S. Department of Health and Human Services, the law put in place comprehensive health insurance reforms, including the creation of the Health Insurance Health Insurance Marketplace where U.S. citizens can attain private insurance at a discounted price. For example, for an adult in a family of three in Florida, they must make \$19,790-\$79,160 to qualify for private insurance in the ACA Health Insurance Marketplace (See Table 1). However,

for an adult in a family of three in Florida to receive Medicaid, the household must make under \$5,832 (See Figure 5). An adult in a family of three whose household makes \$5,832-\$19,790, does not qualify for private insurance coverage through the ACA Health Insurance Marketplace nor Medicaid (Alker 2014). This is due to a “gap” in government insurance help created by the state of Florida and the Affordable Care Act. This gap does not exist in all states. In 2013, Florida declined an expansion of Medicaid which would have increased the maximum qualifying income level for Medicaid to meet the minimum qualifying income level for the ACA Health Insurance Marketplace ([Alker 2014](#)). This has affected many of the Mexican im/migrant farmworkers that do not meet these financial requirements. Due to this, many Mexican im/migrant farmworkers in Indian River County fit into the category of people without insurance. In this area, Mexican im/migrant farmworkers experience limited medical benefits due to mixed immigration status and financial limitations. This information is also key in this research in order to better understand the healthcare perspectives among Mexican im/migrant farmworkers. This is one of many reasons the Mexican im/migrant farmworker community leaders have searched for alternative ways to encourage the community to improve their health.

*Table 1. Income qualification for the Affordable Care Act Health Insurance Marketplace (Healthcare.gov 2015)*

		Number of people in your household					
		1	2	3	4	5	6
Private Marketplace health plans	You may qualify for <b>lower premiums on a Marketplace insurance plan</b> if your yearly income is between...	\$11,670 - \$46,680	\$15,730 - \$62,920	\$19,790 - \$79,160	\$23,850 - \$95,400	\$27,910 - \$111,640	\$31,970 - \$127,880
	<i>See next row if your income is at the lower end of this range.</i>						
	You may qualify for <b>lower premiums AND lower out-of-pocket costs for Marketplace insurance</b> if your yearly income is between...	\$11,670 - \$29,175	\$15,730 - \$39,325	\$19,790 - \$49,475	\$23,850 - \$59,625	\$27,910 - \$69,775	\$31,970 - \$79,925

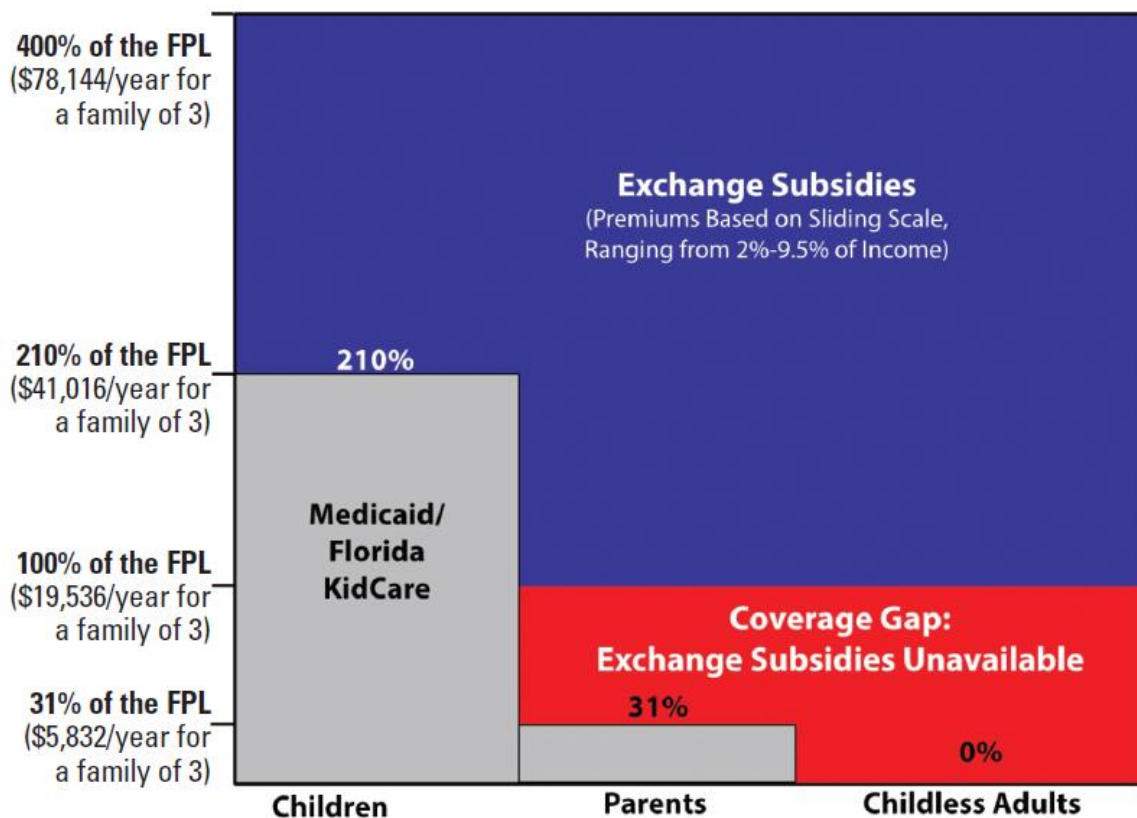


Figure 5. Coverage Gap between Florida Medicaid and the Affordable Care Act Health Insurance Marketplace (Alker 2014).

Living with type-2 diabetes is difficult, especially when patients are away from what they call, “home.” More difficult is when the people that are away from their homeland do not know how type-2 diabetes can affect their lives forever and how lifestyle changes can prevent this from happening. This is shown by the increase in hospitalizations of diabetic Hispanic patients in Indian River County. The number of these cases has almost tripled from 2004 to 2012 (see table 2). While the table does not differentiate individual groups by country of origin, the majority of Hispanics in Indian River County originate in Mexico. This Mexican population is mostly found in rural areas and work as farmworkers.

*Table 2. Hospitalizations from or with diabetes (Florida Department of Health – Florida Charts 2013).*

<b>Year</b>	<b>Indian River County Hispanic Count</b>
<b>2004</b>	65
<b>2005</b>	57
<b>2006</b>	85
<b>2007</b>	85
<b>2008</b>	99
<b>2009</b>	113
<b>2010</b>	119
<b>2011</b>	149
<b>2012</b>	170

*Mexican Im/migrant Farmworkers and the Structural Violence of Political Economy*

In this era of globalization, the distribution of low nutrient dense food is spreading all around the world. The increase in consumption of high calorie food with low nutritional value is one of the main causes of obesity. The rate of obesity around the world has almost doubled since 1980 ([WHO 2013](#)) causing the World Health Organization (WHO) to declare obesity a global epidemic. More importantly, those with obesity are high risk candidates for the development of chronic diseases (also known as non-communicable diseases), such as, type-2 diabetes. This is a problem that is dramatically affecting the Hispanic community in the United States ([CDC 2014](#)).

In Indian River County, Florida, The dramatic increase of hospitalizations relating type-2 diabetes within the Mexican im/migrant farmworker community in the last decade is of great concern by the local health department, as expressed by health department representatives. Their attempts to address this issue with educational material include health fairs at Catholic churches

and health interventions with community leaders. Lectures on diabetes are limited due to the lack of a nutritionist or a diabetes specialist that speaks Spanish in the area. These efforts showed little to no effect in the farmworker community even though community leaders support the local health department initiatives to combat type-2 diabetes. This is also the case for the community garden project. The lack of engagement from Mexican im/migrant farmworker community members on state and grassroots initiatives to address preventive healthcare is constant. Therefore, what could be missing from these approaches? Is it really a lack of education about nutrition and diabetes? Some barriers of engagement of Mexican im/migrant farmworkers to preventive healthcare initiatives found in this research are better understood by analyzing structural violence of the political economy of health.

In anthropological literature, the concept of structural violence is used to describe social structures that promote selective oppression, creating and perpetuating social and economic inequality ([Farmer 2004](#); [Galtung 1969](#)). Farmer ([2004](#)) expands on what he denominates “social machinery of oppression” identifying important areas that need to be examined:

*Oppression is a result of many conditions, not the least of which reside in consciousness. We will therefore need to examine, as well, the roles played by the erasure of historical memory and other forms of desocialization as enabling conditions of structures that are both “sinful” and ostensibly “nobody’s fault.”*

Farmer’s ([2004](#)) proposal to examine “erasure of history and other forms of desocialization” are key elements to analyze the selective exclusion by the U.S. government to Mexican im/migrant farmworkers from social, economic and healthcare benefits. Willen et al. ([2011](#)) argue that this “selective blindness” not only affects the health of unauthorized im/migrants but the health of the communities where they live and work. The global political

economy highly influences the health of Mexican im/migrants farmworkers (documented and undocumented) in the U.S. due to policies that limit healthcare access in these communities and discourage this population to seek for health assistance. Diseases in these types of communities “proudly disregard political boundaries” ([Farmer 2010 \[1996\]:158-159](#)).

### *Globalization*

There is no doubt that we are living in an era of globalization where multicultural exchange is becoming very common. We find people moving around for many reasons, experiencing challenges on cultural adaptation that are rarely understood by the native residents. Part of the dynamics of global political economy involves the dynamics and complexity of globalization. Appadurai ([1990:296](#)) argues that the “new global cultural economy” is a complex dynamic that incorporates disconnection between economy, culture and politics. Appadurai ([1990:296](#)) also propose a framework to analyze five aspects of “global cultural flow,” which for the purpose of this research only two are going to be examine: ethnoscapas and financescapas. Ethnoscapas can be understood as the “landscape” of people that make part of the changing world we are living in ([Appadurai 1990](#)). In other words, ethnoscapas explore the dynamic of people’s mobility due to their interaction with a changing environment access to resources. Similarly, financescapas examines the dynamics of global capital and the flow of money worldwide ([Appadurai 1990](#)). Building upon Appadurai’s framework of global cultural flow, another framework has been recently explored by other scholars: foodscapes ([Ayora-Díaz 2012](#); [Bildtgård 2009](#); [Brembeck and Johansson 2010](#); [Burgoine 2010](#); [Mikkelsen 2011](#)). Mikkelsen ([2011:210](#)) describes foodscapes as the relationship between “food and meals in our environment and their potential interactions with humans.” This framework is relevant for this

research to analyze the Mexican im/migrant farmworkers' perspectives and interactions with food.

The implications of ethnoscaples, financescapes, and foodscapes, on health issues within the im/migrant Mexican im/migrant farmworkers in Indian River County are closely related. The ethnoscape of Mexican farmworkers to the U.S. is mainly for economic reasons. Therefore, the financescape is a strong driving force that encourages people to move to richer countries in order to help their families, financially, back home or even to establish a better life in these types of countries. Moving to a different cultural environment involves changes in lifestyle. Mexican im/migrant farmworkers have shared their stories of their long hours of work and poor nutrition in the agricultural fields (Benson 2008; Holmes 2013; Stephen 2003). In Indian River County, there are farmworkers that live in labor camps and others that settle permanently. Based on my observations, both groups work long hours leaving traditional cooking for the days off and most groups only take one day off. As a result, there is an increase in canned food and/or fast food consumption during weekdays. This adaptation of new eating habits is due to the fast pace of life in the United States. Due to the expansion of the processed food industry, foodscapes in rural areas are shaping their eating habits in ways that are affecting their population ([Jilcott Pitts, et al. 2013](#)). These foodscapes are also observed in rural areas of Indian River County where Mexican im/migrant farmworkers mostly live.

The massive migration of Mexican workers, especially farmworkers, to the U.S. reveals the necessity for these workers in the U.S. agricultural business. However, the anti-im/migrant sentiment on a political level, criminalizes those im/migrants who are not documented and excludes them from basic services, such as, healthcare (Willen, et al. 2011). The U.S. political and economic approaches towards undocumented im/migrants seem to contradict each other

while at the same time create a synergistic relationship. Seth Holmes (2013:13) argues that “systems of labor migration involve economic forces inviting and even requiring the cheap labor of im/migrants at the same time that political forces ban im/migrants from entering the country.” Basically, Holmes is pointing out how agricultural economy demands cheap labor, which can be seen as an invitation to immigrants to enter this country. Meanwhile, political forces ban immigration and create anti-immigrant sentiment. However, this anti-immigrant sentiment, while seemingly contradictory to the economic labor demands, is economically necessary to justify the low wages paid to the im/migrant farmworkers.

### *Neoliberalism*

Harvey ([2005:2](#)) presents a practical definition of neoliberalism and the role of the state:

*Neoliberalism is in the first instance a theory of political economic practices that proposes that human well-being can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterized by strong private property rights, free markets, and free trade. The role of the state is to create and preserve an institutional framework appropriate to such practices.*

Basically, in neoliberalism, a state creates a structure conducive to free trade with international entities and places emphasis on protecting and benefitting these multinational corporations through privatization. In theory, this neoliberal structure will entice those corporations to stay and generate more wealth for the state. When viewed in conjunction with rapid globalization, this definition depicts a utopian unified capitalist world. However, the internationalization of markets not only brings great capital but also great poverty ([Barkin 2001](#)). The adoption of neoliberal practices enabled wealthy countries to implement capitalism in “third

world countries” by using the concept of “development” ([Leve and Karim 2001](#)). Latin American countries were among those considered in need of “development”; world financial corporations persuaded governments of these countries to adopt neoliberal policies ([Grewal and Purdy 2014](#); [Leve and Karim 2001](#)).

For example, I examine the neoliberal policy of NAFTA. NAFTA allowed agricultural corporations from the United States, Mexico and Canada to conduct business without regulations or taxes within North America. This drove many local Mexican producers out of business because they could not compete with the larger companies who were subsidized by the U.S. government (Holmes 2013:41). This created unemployment and the unemployed then sought work in the United States (Holmes 2013:41; Gaitan 2012:4). Labor was desperately needed in the United States agricultural business, however, because of the low pay, offered by large scale producers to maintain the highest profit margin, these positions are not attractive to U.S. citizens. The large scale U.S. farmers found their employees in the im/migrant farmworkers exported from rural Mexico (Gaitan 2012:4). In addition, anti-immigration laws that criminalized undocumented im/migrants created distress among Mexican im/migrant farmworkers in Indian River County due to a constant fear of deportation and impeded them from speaking out. Notably, there is a high probability that they would avoid any public help, for any reason, unless it was strictly necessary.

### *Habitus and Symbolic Violence among Mexican Im/migrant Farmworkers*

#### *Habitus*

I examine Bourdieu’s (1977) concept of “habitus” in order to better understand possible reasons that may discourage Mexican im/migrant farmworkers in Indian River County, FL, from

being involved with the community garden. Habitus is defined as “the durable installed generative principle of regulated improvisations” (Bourdieu 1977:78). In other words, it is the perceived idea of the world and how it works relative to an individual. The habitus of each individual is formed by a unique set of experiences on a societal and individual level. Society shapes the habitus of an individual with structural schemes, such as, laws, ceremonies and etiquette. Individually, habitus is shaped by personal experiences, such as, traveling, emotional relationships, and choice of study. Regarding Bourdieu and habitus, anthropologist Seth Holmes adds, “one’s habitus can change over time if one’s position in a particular social world or that dimension of the social world itself, which Bourdieu calls a ‘field’, changes” (2013:184). Basically, habitus is dynamic. Holmes’ work with migrant farmworkers on the west coast of the United States suggests that any study of im/migration must account for habitus transformation, as the habitus created by the point of origin will be altered by the habitus created by the new environment (2013). For the purpose of this research, habitus will allow for the theoretical interpretation of the motivations and perspectives of the Mexican im/migrant farmworkers.

Anthropologist Peter Benson vividly describes the living situations of Mexican im/migrant farmworkers in North Carolina which will assist in understanding the transformation of their habitus due to an environment shift. Benson (2008:609) discusses the inhumane living conditions of im/migrant farmworkers’ labor camps and how approximately 50 people share a small space with an open bathroom. Im/migrant farmworkers understand the poor living conditions that these farmers offer and that those places are not their homes (Benson 2008:601).

### *Symbolic Violence*

Bourdieu’s (1977; 2001) concept of symbolic violence is a type of inequality that is misrecognized even by its victims. He is describing a cognitive violence where a victimizer, such

as society, repetitively asserts a precognition over the victim thereby unconsciously convincing the victim of their own worthlessness. Bourgois and Schonberg (2009:17) describe this type of violence as “the mechanism that leads those who are subordinated to ‘misrecognize’ inequality as the natural order of things and to blame themselves for their position in society’s hierarchies” Bourgois and Schonberg go on to present how symbolic violence is used within society in respect to criticizing the homeless population (2009). Society deems drug use and poverty a sign of personal flaws and weak character, consequently, so does the homeless population ([Bourgois and Schonberg 2009](#)). Similarly, Holmes (2013:158) uses the concept of symbolic violence to analyze the assumptions beneath the word migrant. Holmes continues by describing that “migrant is used almost exclusively a person residing and working outside his or her hometown, the word connotes the person being out of place in the current location and belonging elsewhere” (2013:158). This sentiment is supported in society by anti-immigrant laws. These types of laws reinforce the idea to immigrants that they are not deserving of protection by the law or of services like healthcare. For instance, the New Deal was discussed earlier and described as selectively exposing farmworkers to less than humane conditions and denying them basic benefits that were given to Americans in other aspects of labor. In another example, 1994 voters in California passed an initiative called Save Our State that denied public services, like healthcare or education, to anyone “reasonably suspected” of not being a legal immigrant to the state (Holmes 2013:40). Equally inhumane, was the Arizona Taxpayer and citizen Protection Act of 2004, which not only required immigration documents in order to receive any and all public benefits, but also levied criminal charges against any public service employee who did not report people suspected of being undocumented (Holmes 2013:41) Laws such as these are subliminally telling the im/migrant farmworker and the rest of the populace that farmworkers and immigrants

are not welcome and moreover are not human enough to deserve the basic benefits such as a minimum wage and potentially life-saving healthcare.

### *Discussion and Conclusions*

The information presented in this chapter is key to analyzing different aspects behind the lack of participation from Mexican im/migrant farmworkers in preventive healthcare initiatives. The history of Mexican im/migrant farmworkers in the U.S. is used to better understand participant perspectives and examine their motives behind the low participation at *Campesinos' Garden*. Additionally, the anthropological theories that are defined here are later used to identify the barriers and why they exist. However, I came across what I view as a discrepancy in the definition of symbolic violence.

Even though symbolic violence is widely described by many academics as misrecognized inequalities by the victim (Bourdieu 1977; Bourgois and Schonberg 2009), this description shows its discrepancies in some cases when the victims acknowledge symbolic violence and eventually surrender to this idea because they believe that is how the world is supposed to work. In this research, I use the symbolic violence as the normativity of the constant inequality and abuse Mexican farmworkers have experienced within the U.S.

In brief, this chapter focuses on presenting key literature for the structure and design of this research. The theoretical framework presented in this chapter lays out concepts and historical documents that are critical for the analysis of the data collected. In the next chapter, I explain the methodology used for the data collection in this research as well as the limitations on the use of some data.

## CHAPTER 3: METHODOLOGY

### Methods

My ethnographic research was conducted in Fellsmere, Florida, during 2013 and 2014. Fellsmere is a rural area mostly populated by Mexican im/migrant farmworkers in Indian River County. I used participant observation, face-to-face semi-structured interviews, and a survey for the purpose of data collection and analysis. This research site was also chosen because I have had extensive previous contact with Yolanda, who was my key informant. She introduced me to local health department representatives, research participants, and city officials. Yolanda's experience and good standing within the community were key components to successfully recruit participants that were relevant to this study. Participants were recruited by using the method of quota sampling. The characteristics used to select participants included: adults over the age of 18, im/migrants from outside of the U.S., and farmworkers. In this research, 22 individuals voluntarily participated in interviews and surveys.

Participant observation took place at community events, such as community garden activities, the farmers' market, important events and holidays for the Mexican im/migrant farmworker community, and Farmworker Association of Florida activities. The farmers' market was offered every other Saturday during this research and was opened to everybody in the Fellsmere community and surrounding neighborhoods. I was able to participate in the community garden's booth selling its produce. Furthermore, I also attended several important community events and holidays such as birthdays, first communions, posadas and día de los muertos [the day of the dead] celebrations. Participation in these events was extremely important in developing rapport with the community.

Interviews followed formal interview guidelines with semi-structured and open-ended questions (see appendix B). Interviews were audio recorded upon the permission of the informant. All interviews were conducted in Spanish and ranged between 30 to 60 minutes. Interviews helped me to better understand and expand on what I was seeing and experiencing as an ethnographer. Informal interviews were common during the community events I participated in, allowing me to maintain a good relationship with the community. Most formal interviews took place in the FWAF office. However, a few interviews were conducted in places where the participants and I were comfortable, such as a park or a participant's home.

Participants were also asked to participate in a brief soft drink and snack consumption survey (see appendix D) that was self-administered and handed to participants before the interview. Completion time of the survey ranged between five to ten minutes per participant. Participants were assisted in Spanish if any inquiries came up during the course the survey. The use of this survey was intended to define boundaries of food consumption in this study. The most prominent data came from the soft drink consumption.

### *Data Management*

Observations were recorded on-site in field notebooks. These were transcribed into word documents on a daily basis. A detailed electronic field journal was also maintained where daily observations and reflections on the day's events were also recorded. Interview narratives and digital audio recordings were stored in a password-protected computer file accessible only to the co-PIs. The program used for qualitative analysis was Nvivo ninth edition. Interviews with subjects were transcribed from Spanish to English. Transcribed interviews and field notes were coded in themes that I found pertinent for my research based on literature and consultants' input.

With the exception of Yolanda, who allowed me to use her real name, I assigned pseudonyms to all participants. An explanation of the study and informant consent was administered to participants at the beginning of the interviews. Verbal consent was obtained by participants to use their interviews and survey information for data analysis. Participants were asked verbal rather than written consent due to research questions that could potentially compromise their identity. Any data that could have compromised their personal information and was not specifically required by this research was discarded.

### Limitations

There are a few limitations that are identifiable in this research within the areas of participant expansion and research time. I would not have been able to reach the specific participants for this research if Yolanda did not introduce me to them. Creating rapport within the community requires time and consistency. This research was mainly conducted on Saturdays; this time limitation restricted my access to some community members and may have narrowed my potential sample participant pool. In addition, even though I have been accepted by the community in a positive way, it is clear to them that I am still an outsider and an academic. Many community members have low expectations for my research. They have had previous experiences with other academic research projects that, in their perspective, brought no change or immediate benefit to their community. These low expectations of research benefits may have discouraged some community members from participation and therefore, limited my sample size.

Additionally, only the data regarding soft drink consumption is utilized for analysis in this research. The soft drink consumption among the adult Mexican im/migrant farmworker community in Indian River County is high. Using the soft drink consumption section of the

survey, this research seeks to analyze the relationships between sugary beverages, health and cultural tradition. The snack consumption varies too much from person to person and so a solid pattern could not be established due to the low sample size. Even though the snack consumption survey is focused in adults in this research, there is a large agreement by participants that unhealthy snacks are mainly consumed by children.

# **CHAPTER 4: “EVERY DAY, WE HAVE TO MAKE ENOUGH MONEY FOR TODAY IN ORDER TO SURVIVE”: CONFRONTING SURVIVAL AMONG MEXICAN IM/MIGRANT FARMWORKERS**

## *Introduction*

The instigative influences that cause people to move out of their native countries vary from person to person. In the Mexican im/migrant farmworkers community of Indian River County, the most common motive is the search for a better life. Living in poverty in Mexico, in some cases under extreme poverty, is the main reason participants of this research have migrated to the U.S. Camilo, for example, is a 33 year old man who has been working in the fields in the U.S. for 16 years; he came to the U.S. to help support his family back in Mexico. When he was living in rural Mexico, his family rarely had money to buy food; they ate only what they grew and they could not afford animals. Here in the U.S., Camilo is a migrant in the truest sense. He travels constantly, following the harvest seasons and owning nothing but the clothing he carries with him as he sends the majority of his money home to Mexico. He refuses to allow his family to continue in the extreme poverty that he experienced when he was a child in Mexico. As discussed in the literature review, Mexican agriculture was crippled when the neoliberal agreement, NAFTA, was created and the U.S. agricultural industry began to dominate the Mexican market. NAFTA allowed U.S. subsidized agricultural companies to sell products in Mexico at a reduced price that the local growers could not compete with (Holmes 2013:41). Additionally, the now unemployed rural Mexican farmers were unskilled and unqualified for the types of jobs that U.S. companies brought to the coast and border metropolises of Mexico (Gaitan 2012:4). Over 80% of my research participants worked on rural farms back in Mexico.

However, even in the U.S., agricultural labor is also affected by neoliberal political economy ideas which force agricultural businesses to adopt practices that offer lower wages in order to maintain an economical sales price to survive the global competition in the agricultural market ([Huo 2014](#)).

The low wages that Mexican im/migrant farmworkers make on a daily basis barely allow them to survive. Mexican im/migrant farmworkers in Indian River County continually express their concern about the low wages that the citrus industry in Florida usually offers. Im/migrant farmworkers are categorized based on the kind of labor they perform and the associated pay level. *Pickers*, who collect the fruit by hand, and *packers*, who packed the fruit into containers for shipping, have been severely affected by receiving low wages. *Pickers* get paid 0.85 - 1.20\$ per bag filled of fruit (each full bag weighs approximately 80-100lbs) while *packers* get paid between 0.17 – 0.18\$ per box packed. This physical labor involved in both positions is commonly described as heavy and stressful, contributing to physical and mental strain. Their stress is so high because they have to meet their daily quota, approximately 100 bags for pickers and 500 boxes for packers, in order to keep their jobs. These pay rates are the general ranges for pickers and packers regardless of documentation status. For the purpose of this research, participants were not asked immigration status.

In one conversation, a Mexican middle age man that has been working picking oranges for more than ten years expressed that, “*every day, we have to make enough money for today in order to survive.*” This statement represents the incongruence between the physically/mentally taxing labor and the insufficient wages these laborers are compensated in the agricultural industry in the U.S. Other local Mexican im/migrant farmworkers contend that farmworkers’ wages, especially those of pickers, in the citrus industry have not changed in the past 20 years

while the cost of living keeps going up. Yolanda explains this phenomenon as a consequence of environmental changes and an increase in the occurrence of plagues that has caused agricultural production, especially in the citrus industry in Florida, to decline. Therefore, with less product to sell, the farmers claim they require less manpower and they have less of a profit with which to increase the rate of the wages.

I argue that one of the barriers to engagement in the community garden as a preventative healthcare alternative is that people living in an environment of constant economic struggle make their life decisions based on the perspective that the present time is the highest priority. In other words, their day-to-day struggle to survive under conditions of heavy physical labor and low wages makes it challenging for them to plan long-term. The Mexican im/migrant farmworkers' concerns about their wages opens the door to examine how healthcare decisions are made while living in difficult conditions. Such concerns affect their ability to take action in the prevention of chronic diseases, especially type-2 diabetes. In this chapter, I explore the influence of political economy on health related narratives regarding type-2 diabetes, the logic behind decision-making concerning alternatives in handling healthcare, and farmworkers' perspectives on the community garden.

### *Knowledge of Diabetes*

*“This is a horrible disease. I don’t wish this on anybody. It is horrible! Because in order to control it, you need a lot of willpower.”* These are the words of Gloria, a 72 year old Mexican im/migrant woman, with whom I developed a close friendship during the course of this research. She worked for close to five decades in the agriculture industry as a farmworker and currently has type-2 diabetes. Out of the 22 Mexican im/migrant farmworker participants that collaborated

in this research only one knew her diabetic condition, and only three knew they were pre-diabetic. When asked for a definition of diabetes among the participants, the most common description was that diabetes is a disease about sugar, eating bad food, and lack of physical activity. However, there were a few participants that did not have knowledge at all about this disease. In most of these responses, the idea of “*susto*,”<sup>1</sup> or the exposure to a threatening situation, was highly recognized as one of the triggers to getting diabetes.

Some of the interviewees stated that they know what diabetes is because relatives, friends, or coworkers told them. After the explanation of what they heard about diabetes, the frequent concluding sentence was, “*that’s what people say.*” During my participant observation, I witnessed that the oral tradition is very important for the Mexican im/migrant farmworker community. Informal conversations about an action or event create bonds between parties and keep people informed about different topics, including health. These casual conversations, or narratives, go beyond recalling memories. Anthropologist Patricia Baquedano-Lopez suggests a narrative is a site of literacy ([2004](#)). This means Mexican im/migrant farmworkers use the narrative as a means to gain knowledge, in this case, about type-2 diabetes. It has also been argued that “through narrative people make sense of their past as well as their present experiences, in order to influence and project possible outcomes” ([Baquedano-López 2004:255](#)). For example, in a local store, a woman from the farmworker community relayed how she was looking for a new dentist for her child because the current dentist did not have patience with the child. This woman was using a narrative to project an outcome of avoidance of this particular

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<sup>1</sup> “Susto” describes the action of being scared or threatened. This word is associated with perceptions of health issues in some Latin American countries (Weller et al. 2002). I will examine the question of *susto* and its role in understanding health and illness in this context in the next chapter.

dentist. In the Mexican im/migrant farmworker community, the narrative is an important tool to gain knowledge.

Narratives have also been used to spread awareness of the increasing number of hospitalizations among the community members as well. There are more and more cases of amputation and emergency hospitalizations because of type-2 diabetes. Two hospitalizations that I was informed of took place during the course of this research, and in general these cases were known in the community. Rosa, a 30 year old blueberry picker, told me about an older gentleman that worked in the “*pisca*”<sup>2</sup> and lives alone; he lost one of his toes due to his advanced condition of type-2 diabetes. It was difficult to hear about the second hospitalization because it was about Gloria. I ran to the hospital as soon as I got the news and there she was, with her husband and one of her five children, a daughter, next to her bed. She was weak but trying to smile and said, “*Thank you for being here. I’ll be alright.*”

The Centers for Disease Control (CDC) ([2014](#)) and the American Diabetes Association (ADA) ([2014](#)) concur that the majority of the type-2 diabetes is preventable and even reversible in some cases. According to the CDC, “the diabetes community has three choices: prevent diabetes; cure diabetes; and improve the quality of care of people with diabetes to prevent devastating complications” ([2014:1](#)). In the Mexican im/migrant farmworker community in Indian River County, diabetes prevention is not considered to be a feasible option due to the farmworkers’ daily responsibilities to their families here in the U.S. and in Mexico. For many with immediate family still in Mexico, their time is spent working as long as possible in order to send as much money as they can to support them, as in the previous case of Camilo. For people with immediate family in the U.S., they also work long hours but often have children and a home

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<sup>2</sup> “Pisca” is the work in action of the *pickers*

to take care of as well. Convenience becomes a more important factor than health and diabetes prevention in regards to food choices, as in the case of Yolanda (see introduction).

In addition to the previous statements of having monetary responsibilities to their families and having little time for themselves, many participants have issues with food security. As I mentioned above, most of my research participants lived in poverty or even extreme poverty in Mexico. Many stories describe their uncertainty about the availability of food in the present and near future. This uncertainty is also reflected in how families and individuals in this community handle their health issues.

### *Handling Health issues*

As discussed, narratives are powerful tools that allow the community to disburse information. Seth Holmes discovered through his experiences among farmworkers detailed in *Fresh Fruit Broken Bodies* that a person (specifically a farmworker) cannot fully be understood unless there is a shared experience of being a farmworker ([2013:39](#)). In the context of farmworkers, a narrative from a fellow farmworker's personal experiences, such as in healthcare, is validated by the implicit bond of their shared experience of being a farmworker. These trusted narratives play a large role in choosing healthcare facilities, practitioners and regular or alternative medicines. The narrative is also important in making healthcare decisions due to current immigration, labor and financial policies pertaining to healthcare coverage in the U.S. These policies give the Mexican im/migrant farmworker community in Indian River County limited access to healthcare.

Most participants agreed that the only reason to go to the doctor is if they feel sick and there are physical symptoms. Armando, a farmworker in his early 30s, arrived to participate in

this research after a long day of work in the fields. Upon being asked how often he visits a doctor, he responded, “*if I feel fine; there is no reason to go to the doctor. They are there for when we feel sick, no? Besides, they [doctors] are expensive.*” This sentiment repeats itself among the interviewees and exposes an economic factor that influences decisions to seek medical care. Similarly, Valeria, a woman in her late 20s who followed her brother to the U.S. looking for a better future, stated that,

*I don't like to go to the doctor because I feel like a car. Cars look good but if you take them to a mechanic, they will tell you, 'the car needs this or that.' It is the same with a person. I go to the doctor for a flu and suddenly they tell me that I have problems with the cholesterol, diabetes, or 'x' thing, and that costs money, you know?*

The price of healthcare is always a topic of concern among the Mexican im/migrant farmworker community in Indian River County. Only two participants out of the 22 are insured. Very few participants have tried to apply to government subsidized healthcare coverage such as the Affordable Care Act (ACA) or Medicaid. This is the case of 50 year old farmworker, Andrea. She originally left Mexico to reunite her children with her husband, who left Mexico first to come to the U.S. in search of a job to support their family. Currently, she is looking for affordable healthcare coverage. She explains,

*I currently don't have health insurance because what I make [income] is not enough to qualify....I search for health insurance independently because insurance is no longer offered at my job so I have to search independently. I didn't qualify to the “Obamacare” [ACA] because I don't make enough and then I don't qualify to the Medicaid because of my income as well. I hope next year*

*everything goes better because this year I made [income] too little to get insurance.*

These words represent the economic struggle in the Mexican farmworker community to attain healthcare coverage. As explained in Chapter two, Andrea is caught by the “gap” in government insurance help created by the state of Florida and the Affordable Care Act (ACA). In 2013, Florida declined an expansion of Medicaid which would have increased the maximum qualifying income level for Medicaid to meet the minimum qualifying income level for the ACA Health Insurance Marketplace (Alker 2014). Andrea’s household income is too high to qualify for Medicaid and too low to qualify for subsidized private insurance offered by the ACA Health Insurance Marketplace and her and her husband are too young for Medicare. Additionally, she is not offered insurance at her job because, according to the ACA, agricultural companies are not required to offer health benefits to their employees.

Agribusiness must offer health benefits if their companies employ 50 or more workers or they cannot offer health benefits and pay a penalty to the federal government. The ACA also states that seasonal employees will be included in the employee count only if they work over 30 hours per week for more than 120 days per year and as noted in the beginning of this chapter, many farmworkers are not paid by the hour. The language of this policy can be manipulated in many ways and so it is difficult to say if a farmworker could potentially be excluded from the employee count and health benefit mandates. In the case of contracted farm labor, the agricultural company is not required to count these labors as part of their employee count but the farm labor contractor also must follow the 50+ employee rule.

However, many of the farm labor contractors that I came into contact with in Indian River County, Florida, employed far fewer than 50 farmworkers. It is also a common practice for

an agricultural company to hire many different farm labor contractors instead of hiring farmworkers directly. These current policies and practices are just some of the reasons why many Mexican im/migrant farmworkers do not have health insurance.

Lack of insurance translates into paying more out of pocket at health clinics. For some, an additional expense is transportation to go to the doctor as not many participants have the means. Camilo illuminates this problem when he said, *“honestly, I don’t go to the doctor because I don’t have anybody to take me and I don’t like to bother people.”* Camilo’s comment is interesting for two reasons. On one hand, he does not have the means for transportation like a car; on the other hand, he would lose a day of work to visit the doctor. That would jeopardize money for immediate needs, like food, and he could lose his position in the field. The need for farmworkers is so great that any inconsistency or perceived weakness could lose him the job. These economic reasons push Mexican im/migrant farmworkers to explore other avenues in treating any mild symptoms using home remedies. All participants concur that traditional medicine is very effective and helps them avoid going to the doctor. Camilo continues, *“I cure myself here [at home], if I get sick, I cure myself [with home remedies].”* He gives an example of how he treats flu. He drinks cinnamon tea with orange and applies generic Vapor Rub. Many of these remedies are handed down through generations. As stated before, many Mexican im/migrant farmworkers originate from rural Mexico, where health clinics and practitioners are few and far between. Economically, many rural Mexicans could not afford to go to the doctor, therefore, they have had to rely on natural remedies in Mexico and in the United States.

*Mexican Im/migrant Farmworkers' Perspectives of Campesino's Garden*

*For adults, this initiative is not good [to work at the garden] because they are constantly thinking about what they are going to do tomorrow, and what today's day is going to be for them [from a financial standpoint]. Therefore, thinking about how they have to go and plant a tomato and take care of it is not in their minds.*

This statement from Valeria reflects the different priority levels based on the economic struggle that this community is facing. She puts emphasis on how, financially, they can only plan one or two days at a time. When in this situation, it is easy to see how immediate gratification and swift, focused decisions are integral to survival. Priorities are set for the short term because even basic necessities like food and shelter can come into question at any time. This uncertainty pushes them to focus on what they can rely on, which is the money and material goods they currently are in possession of, and relationships with family and with other Mexican im/migrant farmworkers in the community.

The development of these relationships builds a figurative safety net to help navigate their daily struggles. Therefore, it is understandable that it is a high priority to cultivate these relationships as a way to receive immediate benefits (food, drink, information, entertainment, etc.) that will help them resolve their daily struggles. As described previously, narratives serve as a way to gain and pass information, so it follows that investing in a relationship that will facilitate these narratives will potentially yield useful information such as which doctor speaks Spanish, how to apply for aid from the state or where free clothing can be attained for children. Additionally, these relationships are networks that can provide jobs for the inquirer or a loved

one. I observed the prominence of these relationships upon seeing community members participate in local events, parties, or concerts after expressing how they do not have time to put effort into the garden. This observation does not intend to criticize any decisions Mexican im/migrant farmworkers make; its sole purpose is to understand the motivation behind them. The motivation seems to be to develop relationships to help contend with short term priorities and issues.

Furthermore, their focus on short term priorities here in the U.S. is supported by the long term goals expressed by Mexican im/migrant farmworkers. Yolanda, reveals this in a comment regarding a widely held goal throughout the community, “Nobody comes to stay in the U.S. but everybody ends up staying so they can buy something in Mexico.” Yolanda, like many in the community, pictures herself one day retiring in Mexico. Therefore, it may not make sense to some of the Mexican im/migrant farmworker to take the time grow their own vegetables in *Campesinos’ Garden* when either, they do not know, in the short term, where they will be next week because the work moved; or because in the long term they hope that sooner rather than later, they will have enough to retire in their homeland.

In addition to prioritizing other activities over participating in *Campesinos’ Garden*, the very act of farming, and the produce itself, has developed a negative connotation among Mexican im/migrant farmworkers. Anthropologist Peter Benson ([2008](#)) reports this farmworker sentiment in his article, *El Campo: Facility and Structural Violence in Farm Labor Camps*. Benson (2008) explains how the structural violence of low wages, racism, poverty, and poor living conditions have embittered the Mexican im/migrant farmworkers of North Carolina. Indeed, the word, “campo”, which literally in Spanish means, “countryside or farmland” has now

taken a negative connotation associated with having next to nothing or as in the words of Benson,

it is as if ‘campo’ were not just this or that thing [countryside or farm], but the social condition of the farm labor itself, characterized by interlocking forms of subordination and marginalization...the neglected condition of labor camps, and the meagerness of agricultural wages—each is stingingly indicted as ‘campo’ (2008:590).

As mentioned at the end of Chapter two, the symbolic violence endured by Mexican im/migrant farmworkers leaves nothing to the imagination as to how “campo” became a foul word. With working and living conditions of farmworkers being so poor nationwide, and the government politically supporting it with anti-immigration laws, it is difficult for a Mexican im/migrant farmworker anywhere to expect anything more for themselves.

Similar to this research, Mexican im/migrant farmworkers in Indian River County negatively associate produce with previous poverty in Mexico and current poverty in the U.S. For example, Camilo mentions that “we were so poor that the only thing we could eat was vegetables (in Mexico).” Furthermore, another participant jokes that “beans are the food of the poor.” The negative connotation of working in the farms and eating certain produce, such as vegetables, reveals the cultural and economic struggles behind the motivation in decision making regarding food. Beans may be considered the food of the poor but Cheetos are not and they are only 99 cents for a bag.

### *Discussion and Conclusions*

The participants of this research have shown that they do not feel they are able to work in the garden due to a hierarchy of priorities they have developed; the highest priority is economic. This economic priority stems from a history in Mexico steeped in the structural and symbolic violence embodied by neoliberalism and globalization.

As mentioned earlier in this chapter, over 80% of the participants originated in rural Mexico and worked as farmers. They left Mexico due to the economic struggles they encountered at home. They had no jobs, no money and next to nothing to eat, as exemplified earlier in this chapter by Camilo. The lack of financial security in rural areas was mainly affected by neoliberal policies, such as NAFTA, that were requested by the United States when Mexico became in debt to the U.S. by overinvesting in oil (Organista 2008:105). These neoliberal policies are products of the development of global markets (see Chapter two).

The examination of these policies under the scope of financescapes (Appadurai 1990) suggests that the creation of a free market in North America was used to allow the flow of capital to be redirected out of Mexico and into the United States. After the subsequent Mexican economy crash due to international food and agricultural corporations entering Mexico and outcompeting local farmers, the local farmers followed the capital flow to the United States. Consequently, the large migration of rural Mexicans to the U.S., where resources are more abundant, explains the ethnoscape (Appadurai 1990) of economic struggles. In the United States, agribusiness was booming due to technological advances and new markets to sell in (Mexico), and so the U.S. found its much needed labor in the newly unemployed rural Mexican farmers.

Even though labor was and is badly needed in U.S. agriculture, agribusiness is fighting to survive the international competition of these neoliberal markets, and therefore, is offering low wages to farmworkers in order to offer competitive prices. Additionally, while NAFTA was working in Mexico to undercut Mexican agriculture, in the United States there were anti-immigration laws that selectively oppressed the Mexican im/migrant farmworkers who came seeking employment to feed their starving families in Mexico. According to Farmer (2004) and Galtung (1969), structural violence describes social structures that promote selective oppression creating and perpetuating social and economic inequality, which is exactly what the Mexican im/migrant farmworkers found waiting for them with laws like California's Save Our State initiative and Arizona's Taxpayer and Citizen Protection Act (see Chapter two).

These laws lend to the selective oppression of the Mexican im/migrant farmworkers. They create and perpetuate symbolic violence, or "the mechanism that leads those who are subordinated to 'misrecognize' inequality as the natural order of things and to blame themselves for their position in society's hierarchies" ([Bourgois and Schonberg 2009](#)), among this group. The U.S. government, on a state and federal level (see the why the ACA generally does not extend to farmworkers earlier in this chapter and in Chapter two), is letting the Mexican im/migrant farmworkers know that they are not welcome in the United States. As this has been happening for years, the Mexican im/migrant farmworkers accept it and expect it from society in general.

This could be part of the reason why they accept the low wages and terrible working conditions; they believe that it is what they deserve because they are not in their own country and they do not belong. This could also be why it is common among participants in this research to have come to the U.S. as a temporary financial solution but they continue to be here, sometimes

for 20+ years. As Yolanda expressed earlier in this chapter, for many Mexican im/migrant farmworkers in Indian River County, the goal is to work hard in the U.S. so they can send money to Mexico and retire there. Although the goal that a farmworker can save enough money to buy a house back in Mexico is seemingly impossible to achieve with the wages that farmworkers are actually receiving. These wages barely allow them to survive in the U.S., with little chance for saving money without sometimes drastic choices. Additionally, it is difficult to attain public service help due to the structural violence of anti-immigration laws and public sentiment. As a result, the motivation behind the Mexican im/migrant farmworkers' any decision a given day is largely affected by their need to prioritize decisions in terms of daily survivability. Hence, the opening quote, "every day, we have to make enough money for today in order to survive."

Past experiences of exploitation also reinforce the idea that decisions affecting their present time and conditions are the highest priority. These types of perceptions are seen in the way they handle their health issues. Convenience and price is placed above health in the selection of food. Clinics and practitioners, if used at all, are picked or avoided as a result of narratives shared among the Mexican im/migrant farmworker community. More often than not clinics are eschewed anyway due the risk of losing work and the cost of the physician. Instead, traditional medicines are opted for and the knowledge shared. As a result, the development of relationships seems to be essential for this community as a way to ameliorate their daily struggles and keep themselves informed. The importance of these relationships and financial hopes/responsibilities reveals how they may take precedence over participation in Campesino's Garden to prevent chronic, but not usually immediately life threatening, diseases such as type-2 diabetes.

Even though there is a positive attitude towards the grassroots-based initiative of *Campesinos' Garden* to address health and economic issues within their community, Mexican im/migrant farmworkers' priorities are based on their daily economic struggles. Therefore, the conceptualization of Mexican im/migrant farmworkers' lack of participation in the garden reflects the drive to survive each day that is created by global and local financial structures. This occurrence can also be better understood by examining past Mexican im/migrant farmworkers' experiences that have critically impacted their worldviews.

As mentioned earlier in this chapter, many of the Mexican im/migrant farmworkers in Indian River County that participated in this research made light of eating vegetables to narrowly avoid starvation. Benson (2008) and his definition of 'campo' was also discussed as it turned a normally benign word into a malignant one. In addition to the negative connotation associated with action of farming and with the produce grown, there may also be a negative association with the ejidos. In one way or another, most participants in this research were involved in agricultural practices in Mexico. For Mexican im/migrant farmworkers in Indian River County that worked in agriculture back in Mexico, the concept of community gardening is not so foreign due to the similar concept of the Mexican *ejido* system (see Chapter two). This system was not always adequate but it gave rural communities an alternative to grow their own food rather than buying it. Overtime, the effect of global economies devastated rural communities in Mexico ([Dunn 2000](#); [García 2012](#)), pushing and pulling Mexican farmworkers to migrate to richer countries (Holmes 2013). Even though the perceptions of the *ejido* system among the Mexican im/migrant community in Indian River County were not explored in depth during this ethnographic research, a negative association is possible because the ejido system ultimately failed.

Neoliberalism may have an effect locally as well. The sponsorship of a multinational corporation, as is Kellogg's of *Campeños' Garden*, opens up questions of possible hidden agendas. Even though the purpose of Kellogg's in financing the community garden is to help rural community access fresh and healthy food, the products that they advertise are not precisely fresh nor healthy. Using a neoliberal scope, the involvement of Kellogg's with the community garden may be interpreted as a tax deductible marketing promotion. This involvement could also potentially create distrust in the community garden project due to past experiences of corporate exploitation towards Mexican im/migrant farmworkers. It is important to note that I did not encounter this attitude or distrust in Kellogg's during this research. That is not to say it does or does not exist. The role of Kellogg's in this grassroots initiative is not investigated in great detail in this research.

In this chapter, I discussed the motivations behind making decisions that offer immediate benefits based on a perspective of short term survival. As part of this perspective, it is important to understand the past experiences of this community as a collective, in order to better understand potential barriers to handling preventive healthcare. Economic struggle is the most important factor in making almost any decision of immediate needs and leaving the long term issues to be handled when they become immediate.

In brief, this chapter identifies prioritizing on a day to day basis as a significant barrier to the engagement in preventive health initiatives. In the following chapter, I present research findings that explore situations that are considered out of the Mexican im/migrant farmworkers' control, and how these situations contribute further barriers for this community to engage in the community garden as a preventive health alternative.

## CHAPTER 5: THE “UNCHANGEABLE” ADULT: A SITUATION “OUT OF CONTROL”?

### Introduction

During the course of conducting research, I came across similar perspectives regarding adults dealing with food habits, and when adults were faced with questions of changes toward healthier food choices. When I described that I was studying food and nutrition in the Mexican im/migrant farmworker community in Indian River County, many laughed and replied that “*es muy dificil cambiar a los adultos*” [it is very difficult to change adults]. This recurrent statement reflects the strong belief that people become “unchangeable” at older ages; implying that their health beliefs and behaviors are “set in stone.” This idea of considering some situations out of their control leads Mexican im/migrant farmworkers to define their priorities accordingly. Similar to the daily decision prioritization, discussed in the previous chapter, adults align their priorities according to what they think they have control over and what they do not.

This chapter examines how the discourses that symbolically empower external forces leads to disengagement in preventative healthcare initiatives, like *Campesinos’ Garden*, within the Mexican im/migrant farmworkers in Indian River County. The disregard for the objective structure, defined by the farmworkers social conditions and financial restraints, of their physical environment promotes lack of agency on health-related issues and solutions, and therefore, reveals another barrier for Mexican im/migrant farmworker to engage in grassroots initiatives of preventive healthcare. My analysis is based on the dynamic of the community and the perspectives of the influences of external forces in what the research participants recall as frightening situations, what they think they deserve in healthcare and how they see potential

solutions. This chapter will progress to show how *susto*, fate, and perspectives of healthy food are contributing to this barrier to participation in the community garden.

### *The “Susto”: Changing Lives Forever*

In the Mexican im/migrant farmworker community in Indian River County, the definition of diabetes is vaguely understood. Any ideas or preconceptions pertaining to this chronic disease are based on what community members communicate through their narratives. In some interviews, and during ethnographic fieldwork, the perception that type-2 diabetes is not reversible because there is not a vaccine for diabetes, is very common. However, it is clear in the community that this disease can potentially cause imminent damage to their bodies. As mentioned in the previous chapter, besides the common knowledge of the influence of a diet rich in fats and sugars and the lack of physical activity, many of the participants expressed that type-2 diabetes is mainly caused, or triggered, by a *susto*.

*Susto* is mainly described as a “folk illness” or a culture-specific understanding of a health problem as it is not recognized as a physiological disease state by biomedical practitioners ([Rubel, et al. 1984](#); [Weller, et al. 2002](#)). The *susto* has been studied for many years by anthropologists in order to comprehend how illness across cultures is recognized, experienced, and treated ([Rubel, et al. 1984](#)). In Chapter four, *susto* is explained as a frightening moment in a person’s life, and therefore something that is not within the control of the individual affected by it. *Susto* occurs unexpectedly, something beyond control, an external force that suddenly happens to a person and provokes a stressful reaction in the body and mind.

The association of *susto* with illnesses has been commonly known within the Mexican im/migrant farmworker community in Indian River County for generations. For example, a 44

year old Mexican im/migrant farmworker, Nicolas, asserts that, “*My parents and grandparents used to talk about it [susto]. Since I was little, I have heard that susto is one of the causes for illnesses.*” Nicolas migrated to the U.S. when he was 22 years old in an attempt to get out of poverty. He, as many other Mexican im/migrant farmworkers, considers *susto* as a situation outside the realm of control that is capable of affecting the health of people. Similarly, Gloria explains how *susto* led to her diabetes:

*I think that some mortifications also cause diabetes. Sustos and things like that...I think it [susto] affects your health because you are not in peace, you are not relaxed, you don't live a tranquil life; a good life.*

Gloria continues expressing how *susto* changed her life forever:

*Well....I went through many hard times. I believe that I got diabetes as a result of a susto that I faced. From that moment on, the diabetes got me; very hard... we were robbed and they tied us up.*

Soon after this event she was diagnosed with diabetes. This event was so traumatic for her that she believes this *susto* caused her diabetes. The association of *susto* and illnesses is evident in the different accounts collected from Mexican im/migrant farmworker community members that participated in this research. The concept of *susto* is internalized in a way that is externally manifested by their bodies with the development of illnesses. This embodiment of an external force reflects the preconceived notion of their environment, or habitus ([Bourdieu 1977:72](#)), based on their past experiences and objective structure. In other words, *susto* is a preconceived notion that has been ingrained in this community for generations, justifying a cause and effect relationship between trauma and illness. This leads to a question; if *susto* is considered

a constant potential cause of illnesses within this community, how can the effects of *susto* be treated? Even though biomedicine does not recognize *susto* as a disease ([Rubel, et al. 1984](#); [Weller, et al. 2002](#)), it is a real life hazard in the minds of the Mexican im/migrant farmworker community in Indian River County that can potentially change their everyday life, in particular in relation to health and body.

### *The Fate of Mexican Im/migrant Farmworkers' Health*

In the city of Fellsmere, the biggest congregation belongs to the Catholic Church. The Hispanic population makes approximately 81% of Fellsmere's population ([U.S.CensusBureau 2012](#)) and is mainly composed of residents with Mexican origins. During my participant observation, I noticed that the Catholic celebrations of baptisms, first communions and weddings, are special moments to share with the community. Repeatedly, community members shared with me the need for prayer for a miracle to be performed in health and other aspects of life. They pray for health and wellness but accept that God will make the decision as to what their fate will be, regardless of a positive or negative outcome; "*que sea lo que Dios quiera*" [whatever the will of God].

Paola, a 52 year old Mexican im/migrant farmworker woman, works picking oranges and grapefruits during the citrus season (from approximately October-May). During the off season, she works cooking Mexican traditional dishes, such as tamales, enchiladas, posole, among others, for the community. Paola explains the reason why she does not go to the doctor: "*Because God is good, I haven't fallen sick and I haven't been in need for a doctor.*" This statement is recurrent within the community, especially by women. This pattern is noticeable in other studies of Catholic populations. For example, in a study in Merida, Mexico, it was

observed that the majority of the participants of Catholic healing?? masses were women ([Draper 2014](#)). The correlation with these observations indicates gender differentiation on putting the fate of their health in a divine being.

There is an equal agreement between men and women in my study about what Latinos feel they deserve in terms of healthcare. A few participants believe that the health of the Mexican im/migrant farmworkers is at the mercy of the U.S. government or any free healthcare institution. They leave the fate of their healthcare in the hands of these organizations. Margarita, a 39 year old Mexican im/migrant seasonal picker in the citrus industry, interprets what is the expected healthcare access for Latinos: “*When we have to go to the doctor, we have to go to the clinics for Latinos, you know, the clinics from the government or that are inexpensive.*” The perspective that healthcare service to Latino populations in the U.S. is mainly a charity action reflects a perspective of limited healthcare access that is out of the Mexican im/migrant farmworkers’ control due to their lower economic resources and marginalized status. This is a situation that most Mexican im/migrant farmworkers that participated in this research observe as part of being an im/migrant in the U.S.

As discussed in Chapter two, farmworkers, as well as domestic workers in the U.S. have been omitted from policies that could potentially protect their rights ([Benson 2008](#)), and therefore, healthcare access is a difficult task to achieve. Furthermore, the uncertainty of immigration status from several Mexican im/migrant farmworkers makes this “*selective blindness*” ([Willen, et al. 2011](#)) in healthcare access more evident (see Chapter four). The experience of farmworkers purposely being excluded from policies that protect their rights is likely reflected in their sentiment that their healthcare choices are limited and that they lack of trust toward clinics. Within this scenario, community members rely on two healthcare practices:

clinics, only if it is extremely necessary, and home remedies, which are much more commonly used.

A few participants express no distrust in clinics but the avoidance of going there is highly expressed because of economic and cultural reasons. Going to the clinic could potentially mean further expenses on things like medications. Additionally, the clinics' lack of cultural competency affects how the Mexican im/migrant farmworker patients feel they are treated, and furthermore, affects the outcome of the advice given at the visit. There are several community members that openly state their dissatisfaction and distrust toward clinics. "*El burro no es arisco, lo hicieron*" [The donkey was not ill-tempered, they made it so]. This is a common Mexican saying that Yolanda uses to explain distrustful behaviors developed by the Mexican im/migrant farmworker community toward governmental organizations due to their past experiences working in environments that do not protect the farmworkers' rights in the U.S. These experiences are reflected in their narratives describing events where *selective blindness* become a reality in direct contact with health providers, keeping Mexican im/migrant farmworkers from going to the doctor. For instance, Angelica, a 32 year old Mexican farmworker, explains that she prefers not to go because of what she has heard from other community members:

*Even a man just died there a few months ago, in the medical center where I go. He went there to be seen [by a doctor] because it was cheaper there. He was outside and his oxygen tank ran out of oxygen. So, they [healthcare staff] did not come outside to bring oxygen for him, they waited! They said that the doctor was not there yet or I don't know what they were waiting for, and they didn't help him. So, when the doctor arrived and they took the man in the clinic, he was almost*

*dead. They did not save him. The man died in the ambulance on the way to the hospital.*

Angelica works as a picker and packer in the citrus industry since she came to the U.S. at the age of 18. She asserts that the story about the untreated man is indeed true because she got the information directly from the widow. In addition, this story was told and circulated by other community members, while driving them to a dentist office, reinforcing what Angelica stated above. As presented in Chapter four, narratives play an important role of validity within the community on what is going on in the town. Narratives like these help spread the practice of using home remedies regardless whether they visit the clinic or not due to the value of the knowledge of natural remedies passed on from generation to generation.

In the Mexican im/migrant farmworker community, the value of home or natural remedies is high among both genders. The use of medicinal plants to treat a variety of health problems is widely practiced in Mexico and has a long history, especially in rural areas ([Heinrich, et al. 1998](#); [Poss, et al. 2003](#)). The use of home remedies among participants of my research is based on the recommendation of family, friends and neighbors that experienced, or heard about, positive outcomes from consuming a specific herb. Similarly, a clinical study conducted during 1999-2000 in El Paso, Texas, regarding the use of home remedies for type-2 diabetes within the Mexican-American community reveals the same reliance on community members and their medicinal knowledge, including ([Poss, et al. 2003](#)). Some of these accounts are similar to the one that Enrique, a native of the state of Guerrero in Mexico, related during my fieldwork. He has lived 37 years in the U.S. working in the *pisca* and explains how he deals with his health when he gets sick:

*If I have an upset stomach, I go and buy a chamomile tea, or prepare a chamomile tea... When I'm sick with a cough, I make a tea that is not very good [in flavor] but it works if I have a very bad cough. That was a recipe that my good friend from Guatemala gave me. I had a bad cough. I was coughing constantly and he told me [his Guatemalan friend]: 'You have a very bad cough,' and I said to him, 'You know I cannot get better. I've tried all kinds of pills and medicines. And nothing is stopping this cough.' And he replied [his Guatemalan friend]. 'That cough is not going to get better with medicine. Look, prepared this [giving him a recipe]. Search oregano, lemon, garlic, cinnamon and honey. Cook all that and when everything is cooked, sweeten with honey. But use a lot of honey.' And I replied: 'But I already tried a lot of honey.' He said [his Guatemalan friend]. 'No, you have to cook everything.' I will not lie to you, I was not doing well; my throat was hurting a lot due to the cough. Then, after taking it [the tea] three times, the cough went away. Great! Now, if my wife gets a cough, I say to her: 'take this remedy.' And she takes it.*

Enrique puts the fate of his health in the hands of natural remedies not because of the cost of healthcare but because of the guidance of a trusted community member. Similar to Angelica, Enrique's perceptions reaffirm the importance of relationships within this community and how these interactions help participants make their decisions about their health.

### *Back to Basics: The Perception of Healthy Food*

According to Yolanda, *Campesinos' Garden* offers access to naturally<sup>3</sup> grown food for the well-being of the Mexican im/migrant farmworker community in Indian River County. Most participants agree that this grassroots initiative is good for the community. Several research participants expressed that *Campesinos' Garden* is good because “*they are growing healthy fruits and vegetables.*” The association of healthy food with the food back in Mexico is predominant in the interviews and became also apparent during my participant observation. Valeria explains how the food in the U.S. is unhealthy in comparison with growing food naturally in Mexico, exposing the limitations to acquiring healthy food where Mexican im/migrant farmworkers live in the U.S.:

*I feel that my health has changed in a bad way. I feel that food has a lot to do with it. Here [in the U.S.] the food is grown with a lot of chemicals, the hormones, or whatever it is called. There is a lot of chemicals here [in the U.S.] while there [in Mexico] we are the ones growing our own food, or we go to the nearest neighbor's market and get their fresh produce; like here [with the community garden and the farmers market]. So, if you were going to eat tortillas, you grew maize. If you were going to eat beans, you grew beans. Now here [in the U.S.] you say: 'the berro<sup>4</sup> just got planted.' Customers ask for 300 boxes [of berro] in less than six days. They [the berro growers in the U.S.] put a lot of chemicals and within that timeframe the berro is ready to be harvested. Therefore, what did they*

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<sup>3</sup> Growing food without using any pesticides, chemicals and genetically modified seeds.

<sup>4</sup> Watercress

*grow? Pure chemicals! There [in Mexico] we grow our own food and it is healthier.*

The perception that the food grown in Mexico is healthier is starting to become more pronounced in the Mexican im/migrant farmworker community in Indian River County due to the increase of fast food consumption and sugary beverages among the teenagers of this community. In the beginning of this chapter, I presented the common belief that adult behaviors are not easy to change among community members. This concept of the “unchangeable” adult extends to teenagers. Many participants expressed their concern about not being able to make their teenagers eat fruits and vegetables. Andrea is mother of three teenagers, and she states that, *“Unfortunately, with the teenagers it is more difficult. As a mom, I cook vegetables or something that is nutritious for them. However, they prefer meat, pizza, fast food.”* Gloria, for example, has tried to create awareness about healthy eating within her family, after she was diagnosed with diabetes, without positive outcomes: *“My sons and daughters still eat the same way [unhealthy]. I keep telling them, but what can I do if that’s how they eat?”*

Even though the majority of food production and preparation in the U.S. is perceived within the Mexican im/migrant farmworker community as unhealthy, they still recognize the necessity to choose a healthy diet. As the adults and teenagers are considered unchangeable, the solution, from the Mexican im/migrant farmworker’s perspective, is to focus on the eating habits of younger children instead. Discussing the participation in the community garden, Andrea adds:

*That [the concept of growing food] has to be planted in the children’s mind. My case is a little difficult because my kids are adults now and they already have made their own families. If I had taught them when they were little about this, they would have adopted it as a habit, a good habit. This initiative is good for*

*young families to teach their children how the earth is humble and provides you food with little [effort]. Therefore, if they grow up with this mentality, they will pass it on to their future children. However, if we focus our efforts in teaching adults, this knowledge is going to be lost.*

This statement reflects the sense of resignation that is felt in regard to changing lifestyles of adults. Andrea expresses her discontent with the increase of obesity and health problems in the community but she also highlights the importance of educating the new generations because the adults would not listen. Within this scenario, Andrea also emphasizes how teenagers would not eat healthy either, even though better choices are offered to them.

The influence of external forces in these cases is not obvious. However, the narratives from different accounts, articulate and highlight how some challenging and difficult to address concerns are perceived (and perhaps experienced) as situations “out of control” in terms of eating habits. Some of these accounts refer to coming to the U.S. as the cause of starting bad eating behaviors due to fear of authority figures and of deportation, regardless of documentation. As mentioned before, Yolanda’s father came to the U.S. through the Braceros Program. Yolanda spoke of how the family took measures, like turning out all the lights at sunset, to avoid confrontation with authorities. Therefore, the internalization of these external forces are hidden but they are present.

### *Discussion and Conclusions*

This chapter presents an ethnographic analysis of the perceptions and influences of external forces over Mexican im/migrant farmworkers in Indian River County that prevent them from participating in grassroots initiatives addressing health problems. The internalization or

incorporation of external forces ([Bourdieu 1977:72](#)) as key influences shaping health expressed by participants in this research reveals that this is an important part of their self-evident social world. These internalizations of situations, such as, *susto*, fate and the unchangeable adult, are also externalized in ways that community members believe is out of their control. An example of external representation, or objectification ([Bourdieu 1977:72](#)), in this community is the development of chronic diseases, such as diabetes, due to a *susto*.

Bourdieu's concept of habitus ([1977](#)) and symbolic violence ([Bourdieu 1977](#); [Bourdieu and Wacquant 2004](#)) provides an approach to better analyze these types of behaviors in the Mexican im/migrant farmworker community. Bourdieu ([1977:78](#)) describes habitus as "the durably installed generative principle of regulated improvisations." In other words, habitus is the preconceived notion of the world based on social and individual experiences. The concept of habitus is relevant here in a specific way that highlights the role of experiences.

The way our thought process works is complex and still under study. How it is clear that the perceptions of the world vary from person to person, and based on our experiences, we make sense of the world we live in. As French sociologist Emile Durkheim (1938:16) observes: "*...in each of us, in varying proportions, there is part of yesterday's man: it is yesterday's man who inevitably predominates in us.*" This statement represents how situations out of the control of the Mexican im/migrant farmworkers are perceived. Therefore, examining these perceptions from the scope of habitus (Bourdieu 1977) and symbolic violence (Bourdieu 1977; 2004), I demonstrate that the perception of the influence of external forces affects Mexican im/migrant farmworkers' decisions in participating in grassroots initiatives.

The literature about abuse and exploitation of Mexican im/migrant farmworkers in the U.S. is substantial ([Benson 2008](#); [Holmes 2013](#); [Nahmias 2008](#); [Stephen 2003](#); [Willen, et al.](#)

[2011](#)). Because of these experiences, Mexican im/migrant farmworkers in Indian River County have developed distrust toward Anglo populations and a perception that their social and economic world contains limited opportunities. These preconceptions have also contributed to barriers in practicing preventive healthcare. This can be observed in the lack of participation in the work of the *Campesinos' Garden* where the Mexican im/migrant farmworker community is encouraged to take action and take active steps toward prevention of chronic diseases by growing their own healthy food. The idea that some situations are uncontrollable are self-evident for the community due to their historical background.

The perspective of “giving up” on adults limits the view on long term health interventions in the community. If situations are not in their control, then why try? Preconceived notions of not having control of a situation demotivates Mexican im/migrant farmworkers to participate in grassroots projects and creates an environment of hopeless initiatives. This is mainly observed three years after the *Campesinos' Garden* started. However, there is also a gendered perspective on the effects of *susto* on health.

Even though men and women equally believe in *susto* as a major cause of diabetes there was a considerable number of women who expressed past and/or current depression. The scope of this study does not extend to domestic violence, however, studies of the association of *susto* and depression have found a correlation between the claims of *susto* in the form of abuse and diabetes (Mendenhall et al. 2012). Mendenhall et al. (2012) argue that the belief of *susto* is associated with “likelihood of depression,” in which one in three participants cite domestic abuse as a contributing factor to the onset of diabetes. This symbolic as well as tangible violence within the same group, from men to women, can potentially contribute to gendered barriers to participating in grassroots projects. Several Mexican im/migrant farmworkers that participated in

this research, all women, expressed having experienced depression, and therefore, they prefer to stay home sleeping which is a common symptom of depression.

There is a conscious understanding within the Mexican im/migrant farmworker community that healthier eating habits need to be adopted in order to avoid chronic diseases, such as diabetes. However, the intention to change behavior is not enough if the individual does not actually change, and therefore questions emerge about how to create environments and initiatives conducive to improvements in eating habits. Panter-Brick et al. (2006:2811) argues that when developing programs for healthcare prevention in communities it is necessary to take into consideration not only the cultural acceptance of the health intervention but also the culturally compelling element. In other words, health interventions are more successful if they are presented in a way that communities can integrate the solutions into their environment. Currently there are no healthcare programs within this county that address sociocultural aspects such as *susto* and fate in regards to diabetes and its prevention within the Mexican im/migrant farmworker community, therefore these elements of the community's worldview and experience might offer important avenues with which to develop effective healthcare prevention programs.

In brief, the perspective of situations "out of control" by Mexican im/migrant farmworker adults is a sentiment that can be better understood in the context of habitus (Bourdieu 1977) that is incorporated in everyday life. As a result of perpetuating symbolic violence within this vulnerable group, priorities change and focus on immediate benefits, leaving aside potential grassroots initiatives that might help their health and community over time.

In this chapter, I presented how the perceptions of situations out of control can create barriers to engagement with grassroots initiatives. It is important to take into consideration how Mexican im/migrant farmworkers perceive their social world in order to better understand their

disengagement from grassroots projects. In the next chapter, I will examine the perspectives of family and community and how these perceptions can lead to another barrier to participation in the *Campesinos' Garden*.

## **CHAPTER 6: FOOD IDEOLOGIES AMONG THE MEXICAN IM/MIGRANT FARMWORKERS**

### *Introduction*

In Chapter four, I discussed how factors of political economy in decision-making among Mexican im/migrant farmworkers in Indian River County, are creating a barrier to participation in the local community garden. Due to the social science approach of this research, my focus was on the sociocultural factors that underlie these perspectives. Therefore, it is necessary to discuss conflicting factors between cultural traditions and grassroots initiatives in regard to preventive healthcare.

In Indian River County, Mexican im/migrant farmworkers' intracultural diversity is observed in this research to be an important factor in examining the effectiveness (or lack of effectiveness) of grassroots initiatives to improve health conditions within this community, specifically in community garden initiatives. However, the question remains: Is the lack of engagement in community gardens due to a conflicting perspective between cultural traditions and preventive healthcare? This chapter analyzes the impact of cultural views, especially of food and adaptation, of Mexican im/migrant farmworkers in Indian River in the context of maintaining wellness and good health. After examining the farmworkers' cultural traditions of dealing with type-2 diabetes and adaptation to living in the U.S., I argue that the process of cultural adaptation is another barrier for Mexican im/migrant farmworkers to engage in grassroots initiatives on preventive healthcare. Under the theoretical scope of foodscapes ([Adema 2007](#); [Adema 2009](#); [Ayora-Díaz 2012](#); [Bildtgård 2009](#); [Mikkelsen 2011](#)) and

ethnoscapes ([Appadurai 1990](#)), I present my case to analyze the important role of cultural adaptation when addressing public health issues within im/migrant communities in general.

### *Aspects of Food and Consumption Impacting Type-2 Diabetes*

Globally, it is largely understood that type-2 diabetes can be controlled, and even reversed, by changing eating habits and increasing physical activity. These behavioral changes are challenging in general, but for the farmworker community in this study, it is even harder because they are in a foreign country. They constantly face nostalgic feelings of their homeland, which is frequently represented in the way they eat. These emotions are vividly described when participants were asked about their favorite dish and how it makes them feel to eat that food.

#### *Traditional Food*

Nicolas is one of these participants that eagerly shared his favorite dish in this research:

*What I most miss is--. It is called 'tamales nejos'... the corn is cooked but not with slaked lime. They are like tortillas but they are different tamales. They are cooked with ash... washed well and the corn ends up with a white color. You grind it. Then, it is wrapped in a banana leaf and then steamed. You can make it with a stew backbone, pork, ribs, or simply with a stew chile. It is delicious. It is really good! But few people know it. It is from the region I am coming from.*

Nicolas is native of Guerrero, Mexico, and he continues with his emotive explanation of how this traditional dish makes him feel:

*Eating traditional food makes me feel good. It makes me feel good because you are eating what you like and brings back memories of your childhood because--.*

*Even though I have many years here [in the U.S], right? But that doesn't mean that I'll forget where I am coming from, where I grew up.*

Nicolas' sentiment on traditional food from his native Mexico is similar to those expressed by other members of the Mexican im/migrant farmworker community in this research. The taste of traditional food is important for this im/migrant community. Reviving memories through food allows members of this community to feel at home away from home. The idea of finding the ingredients for cooking traditional Mexican food in the U.S. might not necessarily mean that the food will taste the same but at least it is close enough to feel like home. The problem comes when eating traditional food is discouraged due to health issues. What type of emotional repercussions might this limitation create?

Gloria, who was diagnosed with type-2 diabetes over 20 years ago, stresses that:

*They [the doctors] took many things [food] away and they taught me how to eat....I felt very badly. So, I thought, this is not life. My expectation of eating something tasty and traditional is gone.*

Gloria is very emotional when describing what traditional food means to her and how frustrating it is to give up what she loves to eat. Her statement exposes the impact of changing eating habits on her perspective of what life is about. Even though food is not her entire purpose in life, it is noticeable that traditional food plays an essential role in her life. Even though there are many community member accounts of how taking away the privilege of eating traditional food is taking away part of who they are, the memories that food recreate in the Mexican im/migrant farmworker community are not always positive.

Bianca is a 30 year old single mother that divides her time between working and raising her children. She comes from a rural area in Mexico where the scarcity of food was of big concern in her family. Bianca came to the U.S. approximately 14 years ago when her husband at the time decided to migrate to the U.S. Currently, Bianca works picking blueberries and cutting grass at a golf field. Bianca's past experiences with food scarcity during her childhood brings negative memories when asked about her perspectives about food:

*When I see my fridge empty, I feel like the fridge is sad. Even I say: 'how sad it is to see the fridge that way [empty].' Memories come to my mind about Mexico when I was there. We didn't have enough food. When I see the fridge that way [empty], those memories about Mexico come back to me. That's the way I feel.*

Bianca's account reveals the contrast in perceptions about food and memories in this community. Even though Mexican im/migrant farmworkers' traditional food is considered tasty by their natives, experiences in accessing food also demarcate how the emotions brought by memories from their place of origin might fluctuate. In the case of Bianca, maintaining a fridge full of food suggests that her perspectives about abundance of food is key to keeping her children from experiencing what she did during her childhood. She explains: "I don't want my kids to experience what I had to pass through [in regard of food scarcity]." Even though having a full fridge makes Bianca feel food secure, she is concerned about her gain in weight. She explains that in the U.S. she feels that she eats more but she does not know why. This concern is not an isolated case in the Mexican im/migrant farmworker community, especially among women.

#### *Portion Sizes and Cultural Courtesy*

Meal portion size is not a popular discussion within the community. The CDC lists eating smaller portions as the first step on their "EAT RIGHT" guide for diabetes prevention

(2015). Even though the importance of eating a balanced portioned meal is acknowledged, there is a conflict between balanced portioned meals and cultural values. The larger meal size might be linked with traditional manners that regard food offered as a generosity and food eaten completely as a sign of respect or appreciation to the host. These courtesies are very important to foster relationships on which they depend (see Chapter 4). Valeria contributes further by asserting that following the set of values that are taught back in their place of origin makes it difficult to eat healthily. She mentions that “*guests are expected to receive what hosts offer in most Mexican houses.*” According to Valeria, a guest turning down food can be considered disrespectful in many Mexican households. Similarly, she adds, when a family gets together for a meal, it is expected for every member to eat what is served.

In addition to meal portion sizes, during research observation, I noticed that the most popular choice of drink to offer guests in households and at events was Coca-Cola. A participant shared with me that this is probably what people like most. Even though many of the participants acknowledge that the consumption of soft drinks is bad for one’s health, the majority of the community members I spoke with agree that if somebody offers you a soft drink at a party or in a household, you must accept it out of respect.

### *Sugary Beverages*

The soft drink consumption among Mexican im/migrant farmworkers goes beyond following expected manners among this community. The survey on soft drink consumption with 24 participants—ten men and 12 women—provided in this research reveals that men in this sample drink more soft drinks than women (See table 3, Figures 6 and 7). Several community members reported that drinking “Coca” [Coca-Cola], Gatorade or other soft drinks, gives workers extra stamina to keep working. Roberto, an experienced farmworker that has been in the

U.S. for over 30 years, asserts that in the citrus industry, the picking job is mainly given to men due to labor intensity. He mentions that most farmworkers that work picking fruit drink sugary beverages during their break to gain more energy. According to Roberto, Coca-Cola is the preferred drink due to the belief that the caffeine in this product gives them more stamina to continue their work. The difference between men and women in the work field might also be reflected by the difference found in the data results on the survey of soft drink consumption, where more men consume soft drinks at a higher frequency than women. This difference might also be related to how men perceive their physical labor as being more intense than women's.

*Table 3. Soft drink consumption survey among Mexican im/migrant farmworkers in Indian River County, Florida*

*(Distributed between 2014-2015).*

<b>How often do you drink soft drinks (i.e., Coke, Sprite, Fanta, or any other artificially flavored drink)?</b>	<b>Men</b>	<b>%</b>	<b>Women</b>	<b>%2</b>
Never	0	0%	1	8%
1-2 everyday	5	50%	3	25%
More than 2 everyday	4	40%	2	17%
1-2 a week	0	0%	2	17%
2-6 a week	1	10%	1	8%
1-5 a month	0	0%	3	25%

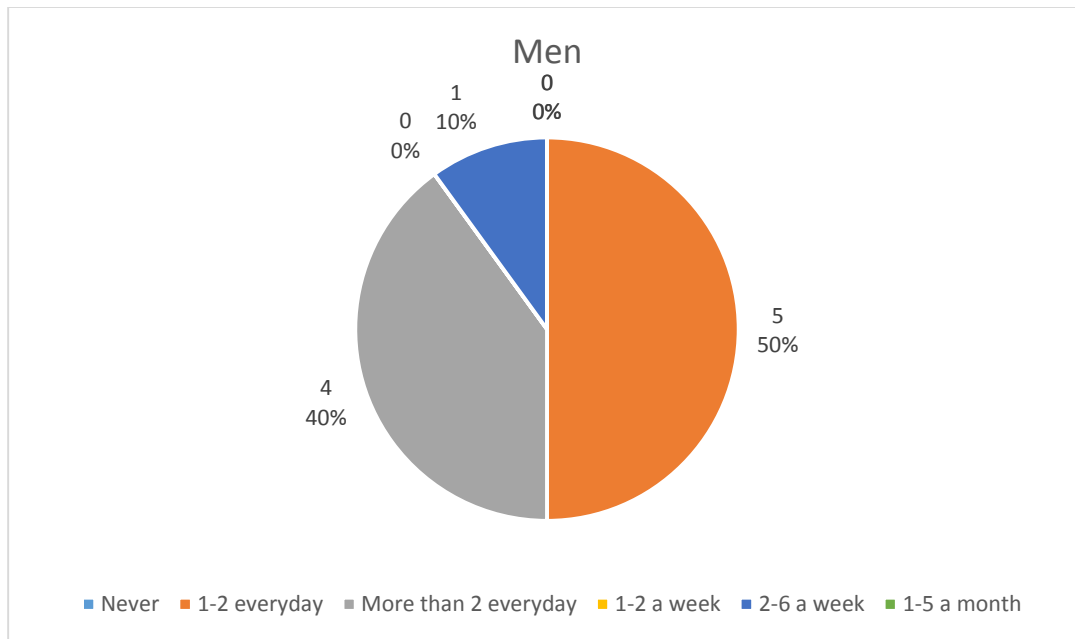


Figure 6. Soft drink consumption survey. Men's responses (ten participants) on how often they drink soft drinks.

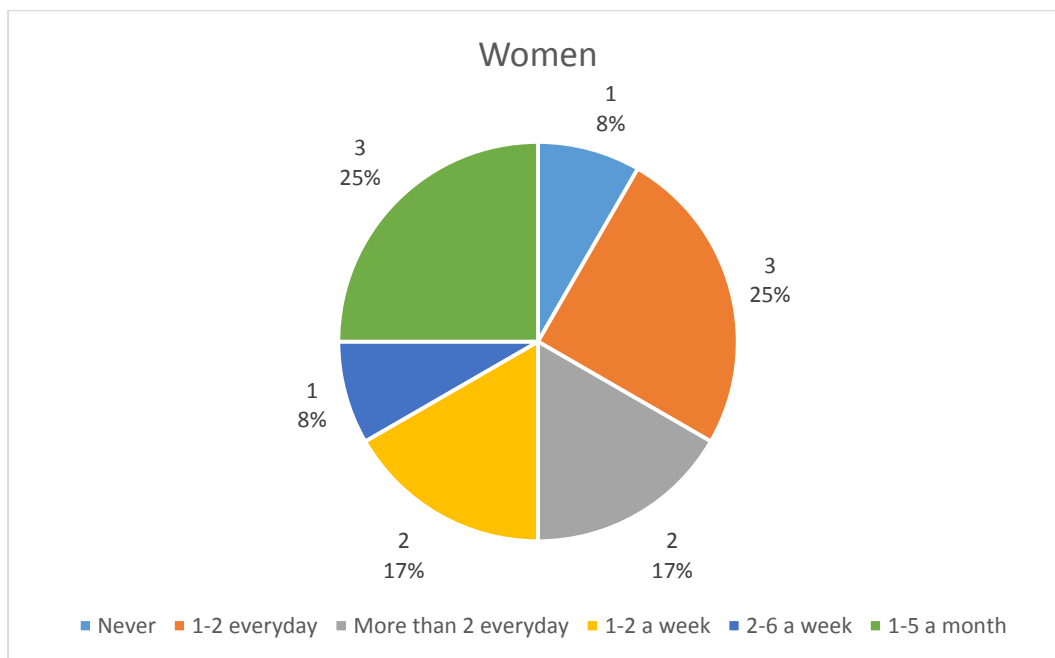


Figure 7. Soft drink consumption survey. Women's responses (12 participants) on how often they drink soft drinks.

The amount of sugary beverages consumption in the Mexican im/migrant farmworker community is dramatic, especially among men. There are two participants that stated in the survey that they opt to drink sugary beverages instead of water. Members of the community have expressed great interest in the effects of sugar intake and diabetes. Bianca stresses how the Mexican farmworker community “does not really understand how all this [association between sugary drinks and diabetes] works.” Sugary beverage consumption has increased in the Mexican community due to the expansion of globalization and neoliberal markets that has introduced foreign products, such as Coca-Cola, into their native country. The high intake of sugary beverages among the Mexican im/migrant community is a practice that started even before they came to the U.S. Similarly, diabetes has almost double in the last 20 years in Mexico. In 1995, studies using data collected by the WHO estimated 3.8 million adults in Mexico had diabetes ([King, et al. 1998](#)). More currently, according to the Federacion Mexicana de Diabetes, 6.4 million adults were diagnosed with diabetes in 2012 ([FMD 2012](#)). Therefore, the industrialization of processed food, have affected the eating habits of people leaving in developing countries. The link between sugar intake in the form of beverages and chronic diseases have been studied, and the results and warned of by many qualified medical organizations. Harvard School of Public Health declares that consuming one or two sugary drinks on a daily basis will increase the risk of developing type-2 diabetes by 26%. Furthermore, recent studies on sugar have lead the World Health Organization to offer new recommendations in the reductions of added sugar intake from 10% to 5% in order to avoid health issues. These recommended guidelines will be evaluated in March 31, 2015. The lack of education about the damage of consuming higher quantities of sugar and food rich in fat creates a devastating health crisis when mixed with the cultural trends in food intake.

*The Intracultural Differences among the Mexican Im/migrant Farmworkers*

During my interaction with the Mexican im/migrant farmworker community in Indian River, their stories of why they left Mexico constantly point out the difficult situation they were facing back home. All participants concur that they came to the U.S. to work toward a better future for their families. For many, they aspire to accomplish a stable economic situation in the U.S. so they can help family in Mexico, or even to buy property in Mexico so one day they can retire back home. Even though Mexican im/migrant farmworkers are physically in the U.S., their minds are constantly thinking of their return to their homeland. Many participants shared that initially they came to work to the U.S. for a couple of years only. However, they end up staying year after year expecting for the current year to be the last one and desiring to be home at the end of the current season.

Mexico is the place of origin for most farmworkers in Indian River. Their cultural and cooking traditions may vary depending of the region they are coming from. Out of 22 participants interviewed in this research, 20 come from different parts of Mexico (See table 4, Figure 8). During participant observation, I came across with other community members that come from other regions in addition to the ones listed in table two. The data confirms that the Mexican im/migrant farmworker community in Indian River is populated by a distinctive regional mixture from Mexico.

Table 4. List of participants' place of origin (data collected during interviews).

Place of Origin in Mexico	# of Participants	% of Participants
Tlaxacala	1	5%
Veracruz	2	10%
Colima	1	5%
Nuevo Leon	1	5%
Guerrero	3	15%
No answer	2	10%
Puebla	5	25%
Chiapas	1	5%
Oaxaca	2	10%
Michuacan	1	5%
Jalisco	1	5%

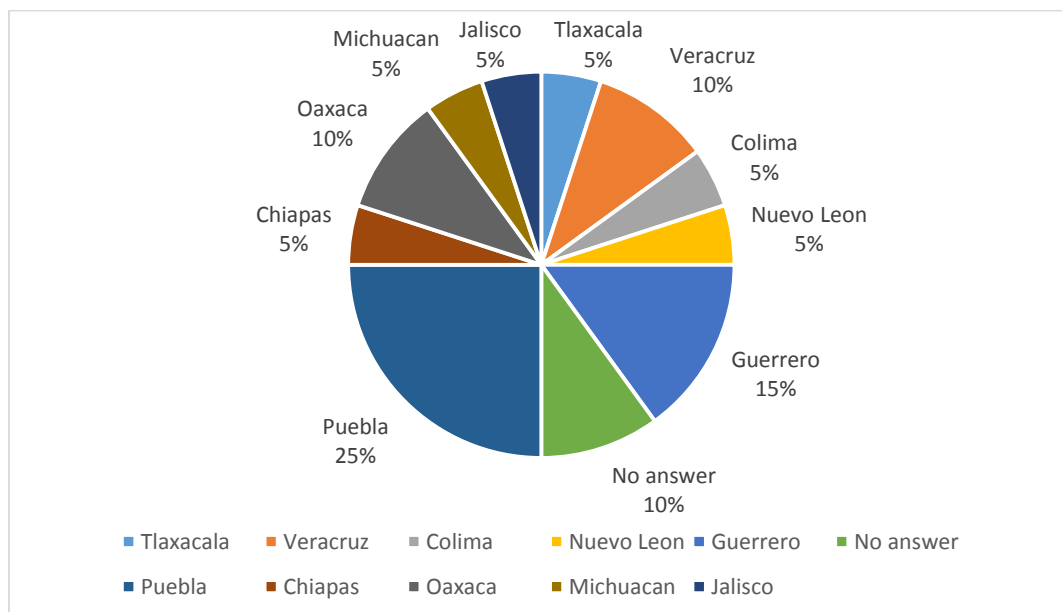


Figure 8. Chart of the different places in Mexico where participants come from.

The blend of intercultural groups from Mexico in one place reveals the heterogeneity of its population to the extent of community members expressing their preference of food based on their place of origin. For instance, Valeria explains why she prefers seafood:

*I think it is because of my childhood. Until I came to the U.S. seafood was the easiest and most inexpensive food to get where we lived. I got used to it, I guess. You get used to the food your mother cooks. If you eat the food your mother cooks, even if it is something simple, you get used to it. Therefore, if you are here [in the U.S.] and you find here [in the U.S.] what you used to eat there [in Mexico], you try to keep the same eating routine you used to follow back home.*

Valeria concludes her statement by adding the idea that there is no reason to try new food: “So, why are you going to explore other food that probably you aren’t even going to like, just to see how it tastes?” This is a situation that the community garden has brought up in conversations regarding what to grow. Yolanda recalls that one afternoon at her produce store a community member showed some interest in the garden’s produce and asked her if they grow chickpeas. According to Yolanda, that was the first time she had heard about chickpeas. This community member was from a region in Mexico where chickpeas are the staple crop. The community garden organizers are eager to grow different types of food in the garden, especially when they heard members of the community requesting specific crops. However, Yolanda explains that it is very difficult because there are many crops that are difficult to grow because of the Florida weather and soil.

In order to better understand the intracultural differences, it is important to distinguish the dynamic of different groups within the Mexican im/migrant farmworkers that participated in this research. There are two farmworker groups: The ones who settle down and the ones who live a

more nomadic lifestyle. Some of the participants settled down in Indian River because of their children. According to these participants, the constant movement of following harvest seasons across the U.S. creates an unstable social environment for their children. This is the case of Nidia and Lucas, a couple which have been in the U.S. for approximately 15 years traveling from place to place working in the agricultural industry. Lucas explains that:

*Most [farmworker] families without children keep traveling around but when children are involved, it is more likely for people to settle down. That's what it happened to us. We wanted our children to go to school so they can have a better future. Therefore, we decided to stay here [Indian River County].*

Nidia and Lucas also observe their decision of settling down as an opportunity to cook traditional food more often: “Now, we can find beans [the grain] at the store and many other ingredients that are difficult to find in other places.” This statement reveals that food choices are highly influenced by their family stability. The other group of farmworkers is constantly moving from state to state following harvest seasons in order to keep working all year long. Enrique expresses that “*sometimes it is hard to cook in a daily basis because there is not enough time and we are really tired after work.*” This perspective on food is consistently shared by single Mexican im/migrant men that live a more nomadic way of life. Based on interactions with Mexican im/migrant community members, I observed families that have children are likely to cook more than single men. Could this be a case of gender roles in the Mexican culture? It is hard to say. However, it is important to highlight adults’ life style changing attitudes when children are involved, especially among the Mexican im/migrant community.

Many participants have shared how important it is for them to cook traditional food for their families. Andrea finds it very emotional to cook traditional meals because it brings especial memories about her family:

*My children have lived most of their lives here [in the U.S] and I used to cook for them mole, rice with peas among other Mexican traditional dishes, and they thought it was delicious. Because I gained that knowledge [cooking Mexican traditional food] there [in Mexico], it tastes good but I miss the taste of the food from my hometown. For example, those traditional dishes unite the family because if my mother was going to cook mole, or tamales, everybody was coming.*

Family union is of great importance within the Mexican im/migrant community and what Andrea stresses here is the importance of keeping alive those memories of the loved ones that are not present.

Food and memories also play an important role in this context, especially because there is always a hope of someday returning back to their native land. This distinctive mixture of intracultural traditions creates a conflicting environment with the community garden due to the limited use of crops that might invoke memories. The crops that many participants would like to grow in the garden cannot be grown due to environmental conditions or due to the absence of knowledge of a specific crop to other garden members. However, former members of the garden explain that the community garden has encouraged them to take up the practice of growing their own food at home. It is important to distinguish that in Mexico, food is extremely important among regions because it represents the identity of that specific place (Ayora-Diaz 2012). Therefore, compiling people from different regions in a small area to participate in a community garden with limited resources is a very challenging task.

### Discussion and Conclusions

Cultural adaptation to living in a new nation is challenging for many im/migrants that have been pushed or pulled out of their native country. This transition influences their food choices based on the new environment and their level of homesickness; these choices in turn affect their health on great scale. This is the case of the Mexican im/migrant farmworker community in Indian River; they are adapting to a new environment and it challenges their eating habits. The data collected in this research reveals that cultural adaptation at different levels builds a barrier to engagement in the community garden by community members. This im/migrant community not only deals with cultural adaptation to the U.S. environment but also to the intracultural mixed Mexican im/migrants that reside in Indian River County.

Anthropological analysis on foodscapes ([Ayora-Díaz 2012](#); [Mikkelsen 2011](#)) and ethnoscapas ([Appadurai 1990](#)), provide a useful analytical tool for understanding the complexity of food choices underlying this barrier. Even though this analysis focuses on a majority group level, there are individual cases that do not follow the same pattern.

Appadurai's ([1990:297](#)) ethnoscape is explained as the "landscape of persons who constitute the shifting world we live in." With the expansion of globalization, human motion has increased along with it. Appadurai asserts that with the increase of human mobility worldwide, even relatively stable groups are caught in situations such as "the realities of having to move, or the fantasies of wanting to move" ([1990:297](#)). The Mexican im/migrant farmworkers in Indian River experience both situations simultaneously. On the one hand, all participants in this research share similar stories behind the reasons why they migrated to the U.S. Most of these reasons for leaving Mexico include the lack of jobs, inequality and poverty. On the other hand, none of the participants came to the U.S. to stay. They express that they are here to make money and

someday go back home. The “reality of having to leave” their homeland affects their food choices significantly due to their change of social environment. Similarly, the “fantasies of wanting to move” affect food choices in the way of keeping memories and reminding themselves that someday they will go back home.

Foodscares, or the “landscape of foods” ([Mikkelsen 2011](#)), among the Mexican im/migrant farmworker community vary on a case by case basis. It is important to analyze the effect of food behavior among im/migrant community members based on their worldviews. Adema ([2007](#)) argues that foodscares merge the ideological notion of landscape and the physical aspect of it. Among the Mexican im/migrant farmworkers, the idea of “feeling at home” is directly related to traditional food. There is a clear distinction between the physical ingredients and how traditional dishes differ in taste using U.S. ingredients. Even though the taste is not the same, at least traditional Mexican food cooked with U.S. ingredients alleviates their out-of-place feeling. There are many forces in foodscares that influence people’s food choice depending on historic and cultural background, contemporary personal experiences, social and political environment, and financial status ([Adema 2009](#)). This is exemplified by how Andrea’s food choices change when she is alone. Examining this sentiment under the scope of foodscares, Andrea’s choices are affected by her cultural background; Mexicans place importance on the family unit. Her food choice is influenced contemporary personal experiences; she takes no pleasure in cooking traditional dishes, or anything at all, just for herself. The social environment impacts her food choice; social events often center around eating. Her financial status pushes her to reconsider spending extra money on electricity to cook something that potentially will not be eaten in one sitting. In addition, Andrea believes that the added convenience of a food choice that is individually pre-portioned and does not require much time to cook, saves her time and money.

The only force in foodscapes that Adema does not address above is how food choices are influenced by geography. In the Mexican im/migrant farmworker community, there is a high preference for traditional food based on their place of origin. Ayora-Diaz ([2012](#)) argues that in Mexico, food is extremely important as part of the regional identity. In his research, Ayora-Diaz ([2012](#)) explains the major influences of food in Mexican identity since colonial times, especially between Yucatan and Central Mexico. This evolution of traditional food and identity is seen in the Mexican im/migrant farmworker community between food ideologies.

Bildtgård ([2009](#)) explores the concept of “mental foodscapes” to describe people’s food choices based on places they would like to go, or not to go, and eat. Bildtgård’s research focuses on the food choices of Swedish nationals, however, his concept can be applied equally well to the Mexican im/migrant farmworkers. For example, earlier Nicolas was highlighted for his regional love of tamales nejos from Guerrero. Using Bildtgård’s concept of mental foodscapes, it can be said that tamales nejos is part of Nicolas’ mental geographic identity. Interestingly, Bildtgård’s mental foodscapes can also be used to explain a common concern that many of my research participants expressed regarding their children, the second generation Mexican-American population. Even though this research is not focused on the children of participants specifically, interviewees distinctively remark on the second generation Mexican-American food preference for fast food over their parents’ traditional Mexican food. This may be caused by differing mental foodscapes due to the divided geographic identities of participants and their children.

In addition to the increasing fast food consumption visible in the second generation Mexican-Americans, the high consumption of sugary beverages is visible in any generation within the community. The expansion of Coca-Cola to Mexico due to neoliberal policies started

in the early 20<sup>th</sup> century ([Leatherman and Goodman 2005](#)). Since then, Coca-Cola has embedded its product as an exceedingly popular drink; Mexico currently has the highest per-capita consumption of Coca-Cola in the world ([Coca-Cola 2012](#)). Mikkelsen ([2011](#)) expands on Bildtgårds' "mental foodscapes" ([2009](#)) to explore how foodscapes are presented to the public through marketing, posters, displays etc. This aspect of foodscapes is evident in the extensive marketing campaign on selling sugary beverages within the Mexican im/migrant communities promoting an environment of unhealthy eating habits.

The increase of type-2 diabetes within the Mexican im/migrant community is a health issue that the community garden wants to address by providing fresh and organic produce. However, the intracultural diversity among the Mexican im/migrant farmworkers leads them to withhold their participation due to differences in food ideology, mental foodscapes, and physical foodscapes. This diversity is exemplified by the differing food choices of two participants mentioned earlier: Nicolas and Valeria. Valeria is from a town near a port and she still prefers seafood while Nicolas is from Guerrero, and still prefers tamales nejos. In addition, the massive advertisement of unhealthy food items challenges food behaviors like these that have been practiced since even before coming to the U.S.

To conclude, this chapter compiles a series of accounts from Mexican im/migrant farmworkers in regard to food, memories and type-2 diabetes, to support my claim of cultural adaptation as the third barrier to engaging the community garden. The complexity of the foodscapes and ethnoscapings perceptions and experiences mold food behaviors on a case by case scenario. The high diversity of this community, reveals the heterogeneity in Mexico and how important those differences are when concentrating many of these intracultural groups together in one place.

## CHAPTER 7: CONCLUSION

The increase of type-2 diabetes within the Hispanic population is not surprising. The numbers are rising year after year. The Mexican im/migrant farmworker community in Indian River County took the initiative to create a grassroots project, *Campeños' Garden*, to address these types of health issues. The lack of engagement from community members to this project left community leaders and myself baffled in the beginning. However, by exploring the Mexican im/migrant farmworkers' perspectives on food, health and community gardens, in this research, I have identified three major barriers that prevent community members from participating in the garden.

Working in the community garden, I was able to better understand the Mexican im/migrant farmworker's perspectives as outsiders in the U.S., especially when searching for healthcare. Through analyzing the political economy scenario among Mexican im/migrant farmworkers in more depth has led me to identify the first barrier. Government and agency-led interventions that actively involve local communities are essential to strategies designed to effectively combat such adverse health outcomes at the grassroots level. However, the structural violence of neoliberal policies and anti-immigrant laws in the U.S. shapes Mexican im/migrant farmworkers' hierarchy of priorities when addressing their immediate needs. This categorization of priorities has developed as a result of being exposed to poverty and exploitation. Their perspectives on solving immediate needs clouds the notion of healthcare prevention as something that is not necessary to address, and therefore, they put it aside as something not relatively important. Socioeconomic factors as well as the quality of healthcare provisions need to be taken into consideration to

develop more effective and holistic healthcare preventive plans to combat chronic diseases like type-2 diabetes.

In addition to the socioeconomic aspects affecting the Mexican im/migrant farmworkers' priority lists, another barrier arises affecting their priority hierarchy: the notion of the unchangeable adult and situations beyond their control. Exploring perspectives, such as, Mexican im/migrant farmworker adults "giving up" on themselves and the external force of *susto* are sentiments that can be better understood in the context of the different levels of structural violence that incorporates their everyday life. As a result of the perpetuating symbolic violence within this vulnerable group, priorities change and focus on daily survival, leaving aside potential grassroots initiatives that might help their health and community over time.

Lastly, the influence of cultural adaptation on food choices contributes to creating another barrier for Mexican im/migrant farmworkers to participate in the community garden. The reality of not being at home and of being surrounded by the heterogeneity of the different cultures from many other parts of Mexico pushes them to further embrace what they consider American culture that surrounds them while they simultaneously looking toward a future goal of eventually returning to Mexico. They turn to convenience foods which have qualities that overshadow the benefits of the healthy produce from *Campesinos' Garden*, such as being inexpensive and highly available. Additionally, the Mexican im/migrant farmworkers may be less inclined to work on a community garden project that they will not continue to benefit from once they leave the U.S.

To conclude, each of these barriers have a complex rationale underlying them. There is not just one reason for each barrier but a multitude of financial, sociopolitical and cultural pressures that culminate each barrier. Interestingly, the most commonly voiced reason for not participating

in the garden was understandably not having enough time and energy to cultivate the community garden after working long hours in the citrus fields. However, the reason I did not discuss this barrier specifically is because lack of energy was already understood by community leadership and upon analyzing the data I found three hidden barriers which are identified in this research. This identification may help leadership to see a more inclusive picture of the low participation in the community garden by the Mexican im/migrant farmworkers as well as have contributions to anthropological knowledge and implicate future research.

This anthropological research can contribute significantly not only in academia for future research but also to the health and wellbeing of im/migrant farmworker communities in Florida and nationally by informing aid and relief organizations about the health-related challenges of im/migrant communities in general. In addition, this research has the potential to provide information to assist in the design of better health programs and policies to help Hispanic im/migrant communities. Finally, I look forward to presenting this work as a contribution to better understand and identify barriers to participation by Mexican im/migrant farmworkers in future grassroots initiatives addressing health issues. For example, there was another common theme that resounded through this project: the lack of information regarding diabetes and nutrition. Many participants were eager for more information during our discussions. The local health department has overwhelming written information on nutrition and diabetes in English and in Spanish. However, this community requires a Spanish speaking guide trained in diabetes and nutrition to relay this information in a narrative way similar to the narratives discussed in Chapter Four.

It is encouraged to do future research due to the limited sample size in this study. The expansion of sample size could provide a bigger picture about public health within Mexican

im/migrant farmworker communities. A bigger sample size should include: more community members, medical practitioners, medical staff, and more non-governmental organizations in the area. This expansion of data will allow further research addressing questions regarding cultural competency of healthcare providers within Mexican im/migrant farmworker communities. Some of these questions include: how are the contradictions between anti-immigrant politics and the high demand for cheap agricultural labor affecting healthcare providers that treat undocumented im/migrant farmworkers? How does it affect the perspective of healthcare from the farmworkers point of view? Lastly, are there culturally competent healthcare alternatives for Mexican im/migrant farmworkers with diabetes? Furthermore, future research is suggested to study how Mexican im/migrant farmworkers are passing information on understanding health issues to younger generations of Mexican-Americans, especially within the context of *susto*. This research has the potential to open the door to future research that may be able to better answer these questions.

It is my hope that this research finds people who are committed to changing the lives of this community by providing necessary health and nutrition information in a culturally competent manner. Through these people, the community will come to accept a perspective like Yolanda illustrates when she said, “What we eat matters.”

## **APPENDIX A: IRB APROVAL LETTER**



University of Central Florida Institutional Review Board  
Office of Research & Commercialization  
12201 Research Parkway, Suite 501  
Orlando, Florida 32826-3246  
Telephone: 407-823-2901 or 407-882-2276  
[www.research.ucf.edu/compliance/irb.html](http://www.research.ucf.edu/compliance/irb.html)

## Approval of Exempt Human Research

From: **UCF Institutional Review Board #1  
FWA00000351, IRB00001138**

To: **Hugo Puerto**

Date: **March 24, 2014**

Dear Researcher:

On 03/24/2014, the IRB approved the following activity as human participant research that is exempt from regulation:

Type of Review: Exempt Determination  
Project Title: Community Gardens and Perspectives on Nutrition and Health  
in the Im/migrant Latino Farm Worker Communities in Indian  
River County, Florida  
Investigator: Hugo Puerto  
IRB Number: SBE-14-10136  
Funding Agency:  
Grant Title:  
Research ID: N/A

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the Investigator Manual.

On behalf of Sophia Dziegielewski, Ph.D., L.C.S.W., UCF IRB Chair, this letter is signed by:

A handwritten signature in black ink that reads "Kanielle Chay" followed by a horizontal line.

IRB Coordinator

## **APPENDIX B: INFORMED CONSENT**



## EXPLANATION OF RESEARCH (ENGLISH VERSION)

**Title of Project:** Community Gardens and Perspectives on Nutrition and Health in the Im/migrant Latino Farmworker Community in Indian River County, Florida

**Principal Investigator:** Hugo S. Puerto, MA Candidate

**Co-investigators and Faculty Supervisors:** Beatriz Reyes-Foster, PhD. and Joanna Mishtal, PhD.

You are being invited to take part in a research study. Whether you take part is up to you.

The purpose of this research is to explore the perspectives on nutrition and health in the im/migrant Latino farmworker community in Indian River County, FL, and examine in what ways using community gardens can help improve health outcomes in this community.

**What you should know about a research study:**

- Someone will explain this research study to you.
- A research study is something you volunteer for.
- Whether or not you take part is up to you.
- You should take part in this study only because you want to.
- You can choose not to take part in the research study.
- You can agree to take part now and later change your mind.
- Whatever you decide it will not be held against you.
- Feel free to ask all the questions you want before you decide.

**What you will be asked to do in the study:** You will be asked to participate in an interview and a short survey. The interview should take between 30-60 minutes while the survey will take between 5 -10 minutes at a place convenient for both the investigator and the participant.

**Location:** The interviews will take place at the Farmworker Association of Florida's office in Fellsmere, FL, in a private room or in an agreed upon place that offers privacy.

**Time required:** Approximately 35-70 minutes will be required. The participants will be asked to participate in an interview and a brief survey at a time that is convenient for the participant.

**Pictures, Audio or videotaping:** You will be asked for permission to be audio recorded. You will also be asked for permission to take pictures for illustration only.

**This study is confidential.** A fictitious name will be assigned to you in order to ensure confidentiality, unless you request that your name be used in this study.

You must be 18 years of age or older to take part in this research study

**Study contact for questions about the study or to report a problem:** If you have questions or concerns about your participation in this research please contact: Hugo S. Puerto, MA Candidate, Anthropology Program, College of Sciences, (407) 340-4146, Dr. Beatriz Reyes-Foster, or Dr. Joanna Mishtal, Faculty Supervisors, Department of Anthropology at (407) 823-3797 or by email at [beatriz.reyes-foster@ucf.edu](mailto:beatriz.reyes-foster@ucf.edu) or [jmishtal@mail.ucf.edu](mailto:jmishtal@mail.ucf.edu).

**IRB contact about your rights in the study or to report a complaint:** Research at the University of Central Florida involving human participants is carried out under the oversight of the Institutional Review Board (UCF IRB). This research has been reviewed and approved by the IRB. For information about the rights of people who take part in research, please contact: Institutional Review Board, University of Central Florida, Office of Research & Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246 or by telephone at (407) 823-2901.

## EXPLICACIÓN DE LA INVESTIGACIÓN (SPANISH VERSION)

**Título del Proyecto:** Huertos Comunitarios y Perspectivas sobre Nutrición y Salud en la Comunidad Latina Inim/migrante de Campesinos en el Condado de Indian River County, Florida.

**Investigador Principal:** Hugo S. Puerto, Candidato de Maestría.

**Co-investigadores y supervisores de la investigación:** Beatriz Reyes- Foster, PhD. y Joanna Mishtal , PhD.

Usted ha sido invitado a participar en un estudio de investigación. Su participación es opcional.

El propósito de ésta investigación es explorar las perspectivas sobre nutrición y salud en la comunidad Latina inim/migrante de trabajadores campesinos en el condado de Indian River County, FL, y examinar cómo los huertos comunitarios pueden ser utilizados como una plataforma educativa para poder mejorar la salud en estas comunidades.

**Lo que usted debe saber acerca de un estudio de investigación:**

- Alguien le explicará este estudio de investigación a usted.
- Su participación en cualquier investigación es voluntaria.
- Su participación es opcional.
- Usted debe tomar parte en este estudio sólo porque así lo desea.
- Usted puede optar por no participar en el estudio de investigación.
- Usted puede estar de acuerdo en participar ahora y más tarde cambiar de opinión.
- No habrá repercusión alguna decida lo que decida.
- No dude en hacer cualquier pregunta que quiera acerca de la investigación antes de decidir.

**Lo que se le pide que haga en el estudio:** Se le pedirá participar en una entrevista y una breve encuesta. La entrevista debe tomar entre 30 a 60 minutos, mientras que la encuesta le tomará entre 5 -10 minutos en un lugar conveniente tanto para el investigador como para el participante.

**Ubicación:** Las entrevistas se llevarán a cabo en la oficina de la Asociación Campesina de la Florida en Fellsmere, FL, en una habitación privada o en un lugar que ofrezca privacidad.

**Tiempo requerido:** se requieren aproximadamente de 35 a 70 minutos. Se pedirá a los participantes a participar en una entrevista y una breve encuesta en un momento que sea conveniente para el participante.

**Fotos, grabaciones o filmaciones:** Se le pedirá permiso para grabar el audio de las entrevistas. También se le pedirá permiso para tomar fotografías para uso ilustrativo únicamente.

**Confidencialidad:** Un nombre ficticio será asignado a usted con el fin de garantizar la confidencialidad, a menos que solicite que su nombre sea utilizado en este estudio.

Usted debe tener 18 años de edad o más para participar en este estudio de investigación

**Preguntas sobre el estudio o para reportar un problema:** Si usted tiene preguntas o inquietudes sobre su participación en esta investigación, por favor póngase en contacto con: Hugo S. Puerto, Candidato de Maestría, Programa de Antropología de la Facultad de Ciencias, al (407) 340-4146, o vía e-mail a [puertoh@knights.ucf.edu](mailto:puertoh@knights.ucf.edu). También puede contactar a la Dra. Beatriz Reyes- Foster, o a la Dra. Joanna Mishtal, supervisoras de la investigación, Departamento de Antropología (407) 823-3797, o por correo electrónico a [beatriz.reyes-foster@ucf.edu](mailto:beatriz.reyes-foster@ucf.edu) o [jmishtal@ucf.edu](mailto:jmishtal@ucf.edu).

**Preguntas sobre sus derechos en el estudio o para reportar una queja:** La investigación con seres humanos conducida por integrantes de la Universidad de la Florida Central se lleva a cabo bajo la supervisión de la Junta de Revisión Institucional (IRB UCF). Esta investigación ha sido revisada y aprobada por el IRB. Para obtener información sobre los derechos de las personas que participan en la investigación, por favor póngase en contacto con : Junta de Revisión Institucional de la Universidad de la Florida Central, Oficina de Investigación y Comercialización , 12201 Research Parkway , Suite 501, Orlando, FL 32826-3246 o por teléfono al (407 ) 823-2901 .

## **APPENDIX C: INTERVIEW QUESTIONS**

**(ENGLISH VERSION)**

**(Administered by the PI)**

**General Instructions to the Investigator:**

Let the interview be guided by the answers you get to the questions listed in this instrument. Explore leads that the respondent raises by using specific probes and additional exploratory questions. Ask the questions in a conversational manner, keeping in mind that the questioning will not always follow the order suggested below.

**Interview**

Thank you for taking the time to speak with me today. I'm Hugo Puerto from the University of Central Florida, and I'm a researcher for project titled: "Community Gardens and Perspectives on Nutrition and Health in the Im/migrant Latino Farm Worker Communities in Indian River County, Florida." I will ask you about community gardens, nutrition and health. All of the information you give me will be completely confidential – I will not ask you for your name or any information that could identify you. In fact I've assigned a number to you on this interview form. The interview is voluntary and it will take about 45 minutes. I would like to start now; is that OK?

Date: \_\_\_\_\_

Time Start: \_\_\_\_:\_\_\_\_ am/pm

Time End: \_\_\_\_:\_\_\_\_ am/pm

**Preface:**

During this interview I will use some of your answers from the survey that you filled out earlier and ask you if you could please clarify and explain the answers to me, so that I can better understand what you meant.

1. Where are you originally from?  
(Probe question: Where in the country of origin? (i.e., city or urban))
2. What are the causes that influenced your decision to come to the U.S.?
3. How did you used to eat back in your home town?  
(Probe question: did you purchase and cook your own food? What did you like to eat most? Do you have kids? If yes, did they born in the US or in your home country? What did your kids like to eat most?)
4. What do you currently eat in the US?  
(Probe question: How do you base your decision on buying groceries? How do you base your decision on buying meat? What do you like most?)

5. What do your kids (if applicable) currently eat in the US?  
(Probe question: What do your kids like most? (If applicable))
6. What do you miss most of your hometown food?
7. Have you tried to continue eating the way you used to eat back in your home town?  
(Probe question: How do you emotionally feel when you eat traditional food?)
8. Do you think that your health have changed since you arrived to the US?  
(Probe question: If yes, do you think it changed for good or for bad? Do you think that the food here has something to do with it? Why?)
9. How did you address health issues back in your home town?
10. How do you address health issues in the US?
11. How often do you visit a doctor?  
(Probe question: How do you choose your doctor?)
12. Do you know anyone with diabetes?  
(Probe question: Do you think diabetes is a problem in this community? How so?)
13. Do you know what diabetes is?  
(Probe question: Do you think that consuming sugar contributes to the increase of diabetes? Do you think that consuming fat food contributes to the increase of diabetes?)
14. How do you think diabetes can be controlled?
15. Have you visited the Health Department for any health issues?  
(Probe question: If not, there is a particular reason why not? If yes, how do you feel after being treated by a health provider?)
16. Do you think that the community garden can help to combat health issues or is the community garden unrelated to health issues?  
(Probe question: why?)
17. Are you an active participant in the community garden or no?  
(Probe question: If yes, in what ways the community garden has contributed to your life? If not, what do you think that is missing in order for you to be more active in this project?)

**Are there any other issues related to the topics we've covered that you'd like to add that I have not asked you about in this interview?**

**Would you like to ask any questions of me?**

**Thank you very much for your time. Please don't hesitate to contact me if there's anything else that you would like to add that you have not had a chance to say during this interview. Here's my contact information.**

(SPANISH VERSION)

(Administrado por el investigador principal)

Gracias por tomarse el tiempo para hablar conmigo hoy. Soy Hugo Puerto de la Universidad de Florida Central, y yo soy un investigador para el proyecto titulado: "Huertos Comunitarios y Perspectivas en Nutrición y Salud en las Comunidades Campesinas de Inim/migrantes Latinos en Indian River County, Florida." Le voy a preguntar sobre huertos comunitarios, nutrición y salud. Toda la información que usted me brinde será completamente confidencial - No te voy a preguntar su nombre u otra información que pueda identificarle. De hecho, he asignado un número para usted en este formulario de entrevista. La entrevista es voluntaria y tomará unos 45 minutos. Me gustaría empezar ahora; está bien?

Fecha: \_\_\_\_\_

Hora de inicio: \_\_\_\_: \_\_\_\_ am / pm Hora de finalización: \_\_\_\_: \_\_\_\_ am / pm

**Preamble:**

Durante esta entrevista voy a utilizar algunas de sus respuestas de la encuesta que usted completó antes y le preguntaré si usted podría por favor aclarar y explicar las respuestas para mí, para que yo pueda entender mejor lo que quería decir.

1. ¿De dónde eres originalmente ?  
(Pregunta de seguimineto: ¿De que parte? (mas especifico, de la ciudad o de el campo))
2. ¿Cuáles fueron las causas que influyeron en tu decisión para venir a los EE.UU.?
3. ¿Que comia en su ciudad natal?  
(Pregunta de seguimineto: ¿tu comprabas y cocinabas tu propia comida? ¿Qué te gustaba comer más? ¿Tienes hijos? En caso de que si , ¿sus hijos nacieron en los EE.UU. o en su país de origen? ¿Qué le gustaba a tus hijos comer mas en su ciudad natal?)
4. ¿Qué es lo que usted consume actualmente en los EE.UU.?  
(Pregunta de seguimineto: ¿Cómo se basa su decisión sobre la compra de comestibles? ¿Cómo usted basa su decisión sobre la compra de carne? ¿Qué te gusta más?)
5. ¿Qué es lo que sus hijos (si aplica) consumen actualmente en los EE.UU.?  
(Pregunta de seguimiento: ¿Qué le gusta a tus hijos comer mas? (si aplica)
6. ¿Qué es lo que más extrañas de la comida de tu ciudad natal?
7. ¿Has tratado de seguir comiendo de la misma forma en que solías comer en su ciudad natal?  
(Pregunta de seguimineto: ¿Cómo te sientes emocionalmente cuando comes comida tradicional?)
8. ¿Cree usted que su salud ha cambiado desde que llegó a los EE.UU.?  
(Pregunta de seguiminetov: Si es así , ¿crees que ha cambiado para bien o para mal ¿Cree usted que la comida aquí tiene algo que ver con eso ¿Por qué?)
9. ¿Cómo manejabas los problemas de salud en su ciudad natal?
10. ¿Cómo manejas los problemas de salud en los EE.UU.?
11. ¿Con qué frecuencia usted visita a un médico?

- (Pregunta de seguimineto: ¿Cómo seleccionas a tu médico ? )
12. ¿Conoces a alguien con diabetes?  
(Pregunta de seguimineto: ¿Cree usted que la diabetes es un problema en esta comunidad ¿ Por qué?)
13. ¿Sabes qué es la diabetes?  
(Pregunta de seguimineto: ¿Cree usted que el consumo de azúcar y alimentos ricos en grasas contribuye al aumento de la diabetes?)
14. ¿Cómo crees que la diabetes puede ser controlada?
15. ¿Ha visitado el Departamento de Salud para cualquier problema de salud ?  
(Pregunta de seguimineto: Si no es así, hay alguna razón particular? Si es así, ¿cómo se siente después de ser tratado por un profesional de la salud ? )
16. ¿Usted piensa que el huerto comunitario puede ayudar a combatir los problemas de salud, o que el huerto comunitario no esta relacionado con problemas de salud?  
(Pregunta de seguimiento: ¿Por qué?)
17. ¿Es usted un participante activo en el huerto comunitario o no?  
(Pregunta de seguimiento: En caso afirmativo, ¿de qué manera el huerto comunitario ha contribuido a su vida? Si no, ¿qué te parece que falta en el huerto comunitario para que usted sea más activo en este proyecto?)

**¿Hay otras cuestiones relacionadas con los temas que hemos cubierto que desea añadir y que yo no te he preguntado en esta entrevista? ¿Tiene alguna pregunta para mí? Muchas gracias por su tiempo. Por favor, no dude en ponerse en contacto conmigo si hay algo más que te gustaría añadir y que usted no ha tenido la oportunidad de decir en esta entrevista. Aquí está mi información de contacto.**

## **APPENDIX D: SURVEY**

## *Soft Drinks and Snacks Survey – 2014* (English Version)

Age: \_\_\_\_\_

Sex:

☐ Male ☐ Female

Number of people in household: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Answer the following questions as they relate to you. For most answers, check the box that most applies or fill in the blank. **You do not have to answer any question you do not wish to answer.**

By completing this survey, I acknowledge that I am at least **18 years of age** and give my informed consent to participate.

### Soft Drinks

1. How often do you drink soft drinks (i.e., Coke, Sprite, Fanta, or any other artificially flavored drink)?

(Check only one box)

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Never (skip down to question 9) | <input type="checkbox"/> 2-6 a week  |
| <input type="checkbox"/> More than 2 everyday            | <input type="checkbox"/> 1-2 a week  |
| <input type="checkbox"/> 1-2 everyday                    | <input type="checkbox"/> 1-5 a month |

2. Are soft drinks important items in your household grocery list? ☐ Yes ☐ No

3. Do drinking soft drinks make you feel good about yourself? ☐ Yes ☐ No

4. Do drinking soft drinks make you feel good about your health? ☐ Yes ☐ No

5. Do you consume soft drinks with meals or as a snack? ☐ Formal meal ☐ Snack  
☐ Both

6. Are soft drinks priced: ☐ Expensively ☐ Fairly priced ☐ Inexpensively

7. In terms of nutrition, soft drinks are: (Check only one box)

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Good for you | <input type="checkbox"/> Neither good nor bad |
| <input type="checkbox"/> Bad for you  | <input type="checkbox"/> Don't know           |

8. Where do you usually have more access to drink soft drinks? (Check only one box)

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> In the restaurant | <input type="checkbox"/> At work     |
| <input type="checkbox"/> At home           | <input type="checkbox"/> Other _____ |

9. How old were you when you first tried soft drinks? (Check only one box)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Never drank soft drinks | <input type="checkbox"/> 6 – 10 years  | <input type="checkbox"/> 16 – 18 years     |
| <input type="checkbox"/> 1 – 5 years             | <input type="checkbox"/> 11 – 15 years | <input type="checkbox"/> 19 years or older |

10. If you have the choice to drink between a soft drink and water, what would you choose?

- ☐ Soft drink ☐ Water

## Snacks

11. Please list the top 5 snacks you most consume:

---

---

12. How often do you eat your top 5 snacks? (**Check only one box**)

- |  |  |
|--|--|
| <input type="checkbox"/> 3 or fewer times per year | <input type="checkbox"/> 3-4 times per month         |
| <input type="checkbox"/> 1-2 times per month       | <input type="checkbox"/> More than 4 times per month |

13. Are your top 5 snacks important items in your household grocery list? ☐ Yes ☐ No

14. Do eating snacks make you make you feel good about yourself? ☐ Yes ☐ No

15. Do eating snacks make you make you feel good about your health? ☐ Yes ☐ No

16. Are your top 5 snacks priced: ☐ Expensively ☐ Fairly priced  
☐ Inexpensively

17. In terms of nutrition, your top 5 snacks are: (**Check only one box**)

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Good for you | <input type="checkbox"/> Neither good nor bad |
| <input type="checkbox"/> Bad for you  | <input type="checkbox"/> Don't know           |

18. Where do you usually have more access to any of your top 5 snacks? (**Check only one box**)

- |                                  |                                      |
|----------------------------------|--------------------------------------|
| <input type="checkbox"/> At work | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> At home |                                      |

19. How old were you when you first tried any of your top five snacks? (**Check only one box**)

- |  |  |
|--|--|
| <input type="checkbox"/> 1 – 5 years   | <input type="checkbox"/> 16 – 18 years     |
| <input type="checkbox"/> 6 – 10 years  | <input type="checkbox"/> 19 years or older |
| <input type="checkbox"/> 11 – 15 years |  |

## **Encuesta acerca de Refrescos y Snacks – 2014** **(Spanish Version)**

Edad:

Sexo:

☐ Masculino ☐ Femenino

Numero de personas que viven en tu casa: \_\_\_\_\_

Occupation: \_\_\_\_\_

Conteste las siguientes preguntas que se relacionan con usted. Para la mayoría de respuestas, marque la casilla que corresponda más o rellene el espacio en blanco. **Usted no tiene que contestar ninguna pregunta que no desee contestar.**

Al completar esta encuesta, yo reconozco que soy mayor de **18 años de edad** y doy mi consentimiento

### **Refrescos**

1. ¿Con qué frecuencia consume refrescos (por ejemplo, Coca-Cola, Sprite, Fanta, o cualquier otra bebida con sabor artificial)? **(Marque solo una casilla)**

- |  |  |
|--|--|
| <input type="checkbox"/> Nunca <b>(Pase a la pregunta 9)</b> | <input type="checkbox"/> 2-6 a la semana |
| <input type="checkbox"/> Mas de 2 veces al día               | <input type="checkbox"/> 1-2 a la semana |
| <input type="checkbox"/> 1-2 veces al día                    | <input type="checkbox"/> 1-5 al mes      |

2. ¿Son los refrescos elementos importantes en su lista de compras para el hogar? ☐ Si ☐ No

3. ¿Beber refrescos te hace sentir bien contigo mismo? ☐ Si ☐ No

4. ¿Beber refrescos te hace sentir saludable? ☐ Si ☐ No

5. ¿Consumes refrescos con las comidas o como snack? ☐ Comidas ☐ Snack  
☐ Ambos

6. El precio de los refrescos es: ☐ Costoso ☐ Razonable ☐ Barato

7. En términos de nutrición, los refrescos son: **(Marque solo una casilla)**

- |  |   |
|--|---|
| <input type="checkbox"/> Buenos para usted | <input type="checkbox"/> Ni bueno ni malo |
| <input type="checkbox"/> Malos para usted  | <input type="checkbox"/> No lo se         |

8. ¿Dónde suele tener más acceso a refrescos? **(Marque las casillas que aplican)**

- |  |  |
|--|--|
| <input type="checkbox"/> En restaurantes | <input type="checkbox"/> En el trabajo |
| <input type="checkbox"/> En Casa         | <input type="checkbox"/> Otro _____    |

9. ¿Qué edad tenía usted cuando tomó refrescos por primera vez? **(Marque solo una casilla)**

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> Nunca he bebido refresco | <input type="checkbox"/> 6 – 10 años  | <input type="checkbox"/> 16 – 18 años    |
| <input type="checkbox"/> 1 – 5 años               | <input type="checkbox"/> 11 – 15 años | <input type="checkbox"/> 19 años o mayor |

10. Si usted tiene la opción de escoger entre un refresco y agua, ¿qué elegiría?

- ☐ Refresco ☐ Agua

## Snacks

11. Por favor escriba los 5 snacks que más consume:

---



---

12. ¿Con qué frecuencia consume snacks? (**Marque solo una casilla**)

- |  |  |
|--|--|
| <input type="checkbox"/> Mas de 2 veces al día | <input type="checkbox"/> 1-2 a la semana |
| <input type="checkbox"/> 1-2 veces al día      | <input type="checkbox"/> 1-5 al mes      |
| <input type="checkbox"/> 2-6 a la semana       |  |

13. ¿Son los estos snacks elementos importantes en su lista de compras para el hogar? ☐ Si ☐ No

14. ¿Comer alguno de estos snacks te hace sentir bien contigo mismo? ☐ Si ☐ No

15. ¿Comer alguno de estos snacks te hace sentir saludable? ☐ Si ☐ No

16. El precio de los 5 snacks que más consume es: ☐ Costoso ☐ Razonable  
☐ Barato

17. En términos de nutrición, los 5 snacks que más consume son: (**Marque solo una casilla**)

- |  |   |
|--|---|
| <input type="checkbox"/> Buenos para usted | <input type="checkbox"/> Ni bueno ni malo |
| <input type="checkbox"/> Malos para usted  | <input type="checkbox"/> No lo se         |

18. ¿Dónde suele tener más acceso a los 5 snacks que más consume? (**Marque las casillas que aplican**)

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> En el trabajo |                                     |
| <input type="checkbox"/> En Casa       | <input type="checkbox"/> Otro _____ |

19. ¿Qué edad tenía usted cuando comió estos snacks por primera vez? (**Marque solo una casilla**)

- |  |  |
|--|--|
| <input type="checkbox"/> 1 – 5 years   | <input type="checkbox"/> 16 – 18 years     |
| <input type="checkbox"/> 6 – 10 years  | <input type="checkbox"/> 19 years or older |
| <input type="checkbox"/> 11 – 15 years |  |

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