

Towards a Structural-Environmental Model of Risk for HIV and Problem Drinking in Latino Labor Migrants: The Case of Day Laborers

Kurt C. Organista

ABSTRACT. The purpose of this article is to describe a researchable conceptual model of structural-environmental (SE) risk for HIV and problem drinking in Latino labor migrants (LLMs) in the United States, with an emphasis on day laborers. Implications for developing SE prevention interventions that target risky situations, embedded in stressful living and working conditions, and not simply risky behaviors are discussed. Presently, most HIV and alcohol-related research on LLMs in the U.S. has focused almost exclusively on assessing and modifying behavioral risk, which, while important, teaches us very little about the broader environmental context of risk in this unique population of Latinos. Literature is reviewed regarding what is known about risk for HIV and problem drinking, as well as contextual factors in LLMs in general and day laborers in particular, as a prelude to describing a SE risk model and basic research methods necessary for its exploration and development. Foundational SE risk frameworks in the HIV/AIDS literature are discussed as well as examples of SE prevention interventions that enhance environmental resources and activities and hence coping with risky situations at the individual level. doi:10.1300/J051v16n01_04 [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <http://www.HaworthPress.com> © 2007 by The Haworth Press, Inc. All rights reserved.]

Kurt C. Organista, PhD, is Associate Professor, School of Social Welfare, University of California, Berkeley.

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INTRODUCTION

Most HIV and alcohol-related research on Latino labor migrants (LLMs) in the United States has focused almost exclusively on assessing and modifying behavioral risk while providing little, if any, information on the broader context of risk. The context of risk can be thought of as consisting of structural-environmental (SE) factors that reproduce the stressful living and working conditions that characterize migrant labor in the U.S., and that, in turn, reproduce risky situations frequently encountered by LLMs. The purpose of this article is to propose a researchable conceptual model of SE vulnerability in LLMs in the U.S. related to risk for HIV and problem drinking. Further, the model offers implications for SE prevention interventions that address risky situations and conditions and not simply risky individuals and behaviors. This article proceeds by reviewing what is known about risk for HIV and problem drinking in LLMs in general and, where possible, migrant day laborers (MDLs) in particular, given their rapid growth and visibility in urban America. The review also examines the literature on stressful living and working conditions of LLMs in the U.S. as a prelude to describing a SE model of risk for this unique population of Latinos.

Defining a Hidden, Hiding, and Heterogeneous Study Population

Based on Organista, Carillo, and Ayala's (2004) definition of Mexican migrants, Latino labor migrants (LLMs) are defined here as individuals primarily from Mexico and secondarily from Central America who come to live and work in the U.S. for time-limited stays. In contrast, immigrants intend to settle permanently in the U.S. However, the line between these groups is blurred, because migrants often settle permanently in the U.S. and some immigrants return to their country of origin, despite initial intentions. Increasing numbers of Latinos also fashion transnational lives in both countries simultaneously. These forms of human movement occur in the context of different social and environmental structures, rules of social and sexual interaction, and pronounced processes of social and cultural change. The complexity of factors influencing sexual, alcohol and substance-related behaviors under migratory circumstances underscores

the need for researchers to transcend a sole focus on individual factors, such as HIV and alcohol-related knowledge, attitudes, beliefs, and behaviors, and to consider broader structural-environmental (SE), social-situational, and cultural phenomena influencing risk.

Migrant day laborers. As contrasted with farmworkers, Latino MDLs are a small subpopulation of LLMs but one that is growing and attracting considerable negative press given their high visibility in U.S. urban centers. Valenzuela (2003) defines day labor as informal or non-standard work performed mostly by foreign-born Latino migrant men who congregate in "open air" markets (e.g., street corners) to solicit temporary daily work. He notes that such men are generally poor and vulnerable to exploitation. He also notes that the U.S. Bureau of Census and the Department of Labor do not include MDLs in their official classifications of work despite burgeoning numbers in the U.S.

In their recent National Day Labor Survey (NDLS), Valenzuela and associates (Valenzuela, Theodore, Melendez, & Gonzalez, 2006), estimate that there are over 117,000 laborers either seeking day labor jobs or working as day laborers, with the largest concentration in the West (42%), followed by the East (23%), Southwest (18%), South (12%), and Midwest (4%). While a few MDL centers have emerged to help organize and support this workforce, 80% still seek work at informal hiring sites, where they are employed mostly by homeowners or renters (49%) and construction contractors (43%) to perform construction labor, landscaping and gardening, painting, roofing, and drywall installation. Over 80% of MDLs surveyed reported day labor as their main source of income, and three-quarters reported performing this form or work for less than 3 years, suggesting considerable turnover in this migrant population.

The NDLS confirms that MDLs are predominantly born in Mexico (59%) and Central America (28%) and undocumented (75%), with U.S. citizens comprising only 7%. In the West where the current study is planned, the number of undocumented MDLs is even higher. For example, in Valenzuela's (2000) pioneering survey of 481 male MDLs from 87 different sites in Southern California, he found the following background characteristics: Predominantly Mexican (77%), secondarily Central American (20%), 84% undocumented, less than 5 years in the U.S., 34 years of age on average, 50% married or living with partner, and only 7 years of education on average. Reasons for seeking day labor included lack of papers (40.3%) lack of English (21%), and scarcity of and low pay for regular jobs (18.2%). The men averaged about \$7 an hour, with annual earnings of \$8,489, and were generally paid in cash.

Similar to the NDLS, over 50% reported being cheated out of wages, and there were significant rates of injury from dangerous construction work without proper preparation, equipment, and supervision.

Migrant day labor centers. Valenzuela et al. (2006) conclude that MDL work centers represent the most comprehensive response to the multiple challenges associated with day labor, including reduction of worker rights violations and addressing the concerns of local merchants, police, and the broader community. In the NDLS, 63 such centers were identified in 17 states, operated by community organizations, municipal governments, faith-based organizations, and other advocates and stakeholders. Formative research needed to develop the proposed model of SE risk, and SE prevention interventions based upon the model, would be expedited by collaborating with MDL work centers. Unfortunately, this may not always be possible (e.g., MDL centers have been banned in states like Arizona).

Where MDL center-based research is possible, there is the potential for taking what is known about risk for HIV and problem drinking in MDLs at the behavioral level, putting it into a SE context, and ultimately preventing risk by addressing risky environmental conditions and consequent situations rather than only attending to risky individuals and behaviors.

LITERATURE REVIEW

Risk for HIV in Latino Labor Migrants

Reviews of the literature on HIV risk in migrants laborers in general (Organista & Balls Organista, 1997), and Mexican migrants in particular (Organista et al., 2004), document risk factors and co-factors that include: a high number of sex partners encountered while in the U.S. (including sex with female sex workers and sex between men), low and inconsistent condom use, high rates of STDs, high rates of drinking and occasional needle sharing following injections of illegal drugs, as well as lay "therapeutic" injections of vitamins and antibiotics.

HIV prevalence research consists mainly of infrequent, small local descriptive studies on different subgroups of Latino migrants, with larger studies beginning to appear. For example, recent reports from the first multi-stage probability Survey on Migration on the Northern Border (SUMIB) document significant risk for HIV in a U.S.-Mexico

border-based survey of 4 distinct subgroups of migrants: Undocumented deportees from the U.S., voluntary returnees from the U.S., and arrivals from either other parts of the border region or from sending communities deeper in Mexico (N = 1,606). Although the initial report found no HIV infection (Martinez-Donate et al., 2005), the second urged proactive prevention efforts, because of the identification of significant risk for HIV: Unprotected heterosexual relations were reported with both regular and casual partners, including sex workers, in all 4 migrant groups assessed (Rangel et al., 2005). Consistent with past research, condom use was also found to be rare with regular partners and very low with casual partners on the migrant trail. Further, higher risk sex (i.e., coerced, sex with injection drug users, prostitutes, multiple partners) was found to be higher in migrants from the U.S. and those coming from other border regions as compared to migrants from sending communities in Mexico.

Although the SUMIB survey corroborates UNAIDS descriptions of Mexico as a country of low HIV prevalence and high risk, studies of sentinel groups and migrant relevant regions warn of increasing HIV infection. For example, Brouwer et al. (2006) calculated population and HIV prevalence estimates for at-risk groups in Tijuana located on the busiest land border in the world. Using data from the Mexican Census 2000, published reports, community-based studies, and the *Centro Nacional para la Prevención y Control del VIH/SIDA* (CENSIDA), these researchers concluded that the overall rate of infection in Tijuana may be as high as 1 in 125 or just under 1%, with over 70% of cases in men who have sex with men (MSM). Another noteworthy example is an unpublished study of high risk Mexican MSM living in Tijuana and San Diego, California, conducted by the California Office of AIDS (Ruiz, 2002), that found seropositivity levels of 19% (47/420) for Tijuana MSM and 35% (44/125) for San Diego MSM. Further, nearly half of the Tijuana sample and three-fourths of the San Diego sample reported sex with partners from across the border, and men at both sites reported engaging in high rates of unprotected anal and vaginal sex with multiple male and female partners. While the above pair of studies is not on migrants per se, they focus on a border city that has historically been the most popular migrant crossing site.

Migrant day laborers and sexual risk. With regard to MDLs and HIV risk, there is only one known published report, a pilot study of 102 MDLs in the San Francisco Bay Area that showed that over half of participants were sexually active with women during the past two months, evenly divided between regular sex partners (including spouses) and one

time only sex partners (including sex workers) (Organista and Kubo, 2005). No sex between men or with transvestites/transgendered persons was reported, perhaps due to the survey method of data collection that may not be suitable for assessing such sensitive forms of sex. Participants generally did not carry condoms; knowledge of proper condom use was poor, and condom use was infrequent. High rates of alcohol use and binge drinking that co-occur with sexual activities were reported.

Although MDLs in the above study reported no HIV, a third reported a history of STDs. In the only known published study on STDs in day laborers, Wong et al. (2003) screened a convenience sample of Latino day laborers in San Francisco and reported the following rates: Of the 235 screened for syphilis, one positive diagnosis was made (.4%), and of the 198 screened for gonorrhea and Chlamydia, one (.5%) had gonorrhea and seven (3.5%) had Chlamydia. These researchers concluded high risk for STDs in this population and recommended community-based STD screening programs.

Risk for Problem Drinking in Latino Labor Migrants

Few studies have focused primarily on the alcohol use of LLMs in the U.S. Alcohol use is more typically assessed as a cofactor of HIV risk, mental health, or general health status. Two study approaches have best captured LLMs: (1) population-based research conducted in areas with a high concentration of Latinos; and (2) occupational-based research where LLMs are concentrated. The Mexican American Population Prevalence Survey (MAPPS) assessed diagnosable mental disorders and related variables using both of the above approaches. This Fresno County, California, survey included 3,012 Mexican-origin urban and rural men and women and utilized a stratified, multi-stage cluster sampling to maximize representation, including sub-samples of Mexicans who migrated as adults to work in general (1,576), as well as the subset of those working specifically as farmworkers (1,001) (Vega et al., 1998). Unlike the MAPPS, most research in this area consists of small local studies. Because studies focusing on urban-based Latino labor migrants are still scarce, studies with Latino farmworkers provide an available but imperfect proxy for labor migrants in general. Nevertheless, considerable overlap exists in the challenging living and working conditions typically experienced by rural and urban-based labor migrants alike.

Problem drinking patterns. Ethnographic studies have documented typical drinking patterns by Mexican farmworkers in migrant camp settings as characterized by high volume consumption on weekends. For

example, in a migrant housing center in Northern California, the mean consumption among drinkers was 10 beers per individual at each episode, with a range from 6 to 24 beers (Alaniz, 1994). This and other studies on Latino farmworkers in different regions of the U.S. similarly found that heavy drinking typically took place every Saturday and Sunday, with additional but lighter weekday drinking (e.g., 1-3 beers) after work and with occasional drinking at work as well, in some cases fomented by the employer or foremen (Alaniz, 1994; Trotter, 1985). Studies of Latino immigrants/migrants in urban and semi-urban settings have also documented heavy drinking on weekends (Shedlin et al., 2005), with almost a quarter of respondents drinking five or more beers at a time at least once in the last month (Wallisch & Spence, 2006).

Large-scale survey research on a Mexico-based sample of men that had worked in the U.S. in agriculture found 13% to be heavy drinkers, consuming alcohol 6-7 days per week for a total average of 21 drinks per week (Mines et al., 2001). An earlier study in New York (Gordon, 1981), comparing migrant farmworker Guatemalans without their families to more stable Caribbean workers, found the former to engage in week-end binge drinking that involved 10-12 hour stretches of rapid beer consumption at local bars fomented by ongoing reciprocity and destined to end in drunkenness. With regard to MDLs, the aforementioned pilot survey of 102 men in the San Francisco Bay Area found that seven beers was the average number of drinks consumed per sitting, with weekly average of more than 16 drinks (Organista and Kubo, 2005). When asked about problems encountered during the past 6 months, too little work and money were the most frequent, followed by sadness and racism.

Reasons for drinking. Research on farmworkers points to the same set of environmental factors influencing high alcohol use: men far from home for months and years, with few if any women present, lack of alternative *dry* recreation on nights and weekends; the desire for social acceptability, friendship, and male bonding through sharing alcohol; self-medication for aches and injuries caused by harsh working conditions, and the need to relieve boredom and stress. Thus, the stressful lifestyle and living conditions of farmworkers appear to create an environment conducive to problem drinking patterns leading to short-term injuries and long-term health effects (Chi and McClain, 1992). Many of these correlates of drinking (Garcia and Gondolf, 2004) appear to result from the structural organization of farm work (i.e., substandard or non-existent housing, rare arranged housing for individual men instead of families, isolation from host communities, employers who sell alcohol to a

captive labor force), most of which mirrors the stressful working and living conditions of urban-based MDLs.

Two main explanatory models of why post-migration alcohol consumption appears to increase over time, and why negative health behavior patterns develop on a population level prevail in the literature. First, acculturation or the adoption of U.S. norms, alongside the weakening of protective cultural factors from one's country of origin (Gilbert and Cervantes, 1986; Finch, Frank, and Vega, 2004), is presumed to be a key pathway. Specifically in the case of alcohol consumption, several researchers have noted the adding on of new behaviors (Gilbert, 1985; Singer, 1987; Alaniz, 2000) to existing cultural norms in the sense that occasional heavy drinking becomes more frequent as immigrants adopt the U.S. normative view that frequent alcohol use is an acceptable way to cope with stress (Finch et al., 2003). In the urban setting, widely available liquor stores in poor communities further this adding-on trend (Alaniz, 2000; Finch et al., 2003).

The second and related hypothesized pathway to problem drinking is acculturative stress (negative coping in the face of stresses provoked by being in a new cultural and physical environment) and related hardship including the stresses of poor living conditions coupled with anxiety over the absent family and the struggle to financially maintain that family from a physical and emotional distance (Cuellar, 2002; Hovey and Magaña, 2002; Grzywacz et al., 2006). This has also been described in terms of mental health deteriorating in the face of cultural marginalization (Gilbert and Cervantes, 1986; Hovey, 2001). For example, a report from the MAPSS by Finch et al. (2003), examining 1,576 Mexican male and female farmworkers and other migrant laborers in the survey, found that those reporting greater employment frustration, perceived as ethnic-based discrimination, had higher rates of alcohol abuse and dependence than those not reporting such work frustration. MAPSS data shows that among the 500 male farmworkers included in the survey, almost 10% had a lifetime prevalence of alcohol dependency, with a total of 12% meeting criteria for a lifetime prevalence of *any* substance abuse/dependency disorder (Alderete et al., 2000).

Migrant day laborers. Walter, Bourgois, and Loinaz (2004) conducted an ethnographic study of 40 Latino day laborers in the San Francisco Bay Area, including some with work-related injuries, and found that substance abuse and dependence accompanied injury as well as depression, anxiety and *nervios* ["nerves"; a Latino culture-bound syndrome or idiom of distress consisting of a broad range of emotional, somatic, and functional symptoms, that can be both a response to stressful life

experiences as well as a general state of vulnerability itself] especially when local social support was low. Ethnographic studies document the day laborers' explanation of heavy alcohol use as a reaction to the accumulated stress of insufficient work and economic woes, sometimes leading to the monthly binges where the laborer is in a stupor for days at a time (Walter, 2000).

The Context of Risk in Latino Labor Migrants

Gaps in the above HIV and problem drinking literature include a lack of information on the context of risk that most likely includes stressful living and working conditions, related risky situations frequently encountered by MDLs, and with which they must cope, resulting in a range of outcomes from heightened risk to protective resiliency. In this section, literature is reviewed regarding the context of risk for HIV and problem drinking, while highlighting research questions and potential targets of exploratory research needed to develop an SE model of risk. Such a model can be used to develop SE interventions that enhance protective coping with risky situations by enhancing environmental resources and activities for MDLs. The subsections outlined below form a preliminary list of stressful conditions and risky situations frequently encountered by LLMs in need of further researched, a starting place for developing a model of SE vulnerability.

Economic Vulnerability

Given the primacy of earning money in the migrant labor experience, difficulties related to work and wages are especially stressful for this population, but which types typically occur and how they are experienced need to be better understood. Based on NDLS data, Valenzuela et al. (2006) conclude that day labor pays poorly overall because work instability results in volatile monthly earnings ranging from \$1,400 a month during peak periods to below \$500 during bad months. These researchers calculate that it is unlikely that annual incomes exceed \$15,000, keeping MDLs at or below the federal poverty threshold. NDLS findings also show that MDLs commonly suffer employer abuses ranging from wage theft (just under 50%) to denial of food and water breaks.

Results from the pilot survey of 102 MDLs in the San Francisco Bay Area (Organista & Kubo, 2005) found that the men were primarily concerned about unemployment, underemployment, and lack of money.

Interestingly, a follow-up pilot HIV prevention study with members of the above MDLs (Organista et al., 2006) provided preliminary insight into the stress of economic vulnerability and consequent risk for HIV and problem drinking. That is, qualitative data analysis revealed that unemployment and underemployment frequently result in a state of vulnerability referred to by the men as *desesperación* [desperation]. Participants linked such a desperate state of mind to deviating from their migrant goals and succumbing to what they call *vicios* [vices] such as excessive drinking, occasional drug use, and unprotected sex with female sex workers. This was the single most frequent theme that emerged from the qualitative analysis of what men considered most challenging about being day laborers. Interestingly, LLMs in the New York metropolitan area use this same term to describe frustration resulting from social isolation and not knowing local laws or acceptable behavior (Sheldin et al., 2006). How *desesperación* results from the stress of an urban-based day labor lifestyle and how it is coped with needs to be explored given its probable contribution to problem drinking and HIV risk.

The crisis of work injury. Related to economic vulnerability is the constant possibility of job injury and disability. A fifth of NDLS participants reported work-related injuries during the past year, with most receiving no medical attention. Walter and colleagues (2002) produced a pair of publications on work injury among undocumented Latino MDLs in San Francisco, focusing on the social context of injury and how its risk and negative consequences are embedded in structural economic and political forces that heighten vulnerability for this population. One study used participant observation fieldwork and semi-structured interviews with 38 Mexican and Central American day laborers, including 11 injured workers, conducted on the street corners of San Francisco's Mission District, a homeless shelter, and a non-profit day labor hiring hall (Walter, Bourgois, Loinaz, and Schilliner, 2002). Results revealed chronic anxiety about the potential for injury given participation in difficult and dangerous work characterized by inadequate safety equipment, lack of training, yet constant economic pressures to take dangerous chances. Further, when injury occurred in the day laborers, it was usually internalized as a personal failure to fulfill one's patriarchal role as a man providing for one's family, thus leading to intense stress, depression, and shame-based disruption of communication with family.

In the other study, Walter et al. (2004) used health clinic-based ethnographic interviews with 40 injured MDLs under Walter's medical care. This study further corroborated researchers' conclusions that severe and disabling injury precipitates a moral crisis of masculine identity in these

men in which their main role as patriarchal providers is shattered, and their stigma and vulnerability are exacerbated given the greater likelihood of deportation in a country that defines them as ineligible for disability insurance and related health care.

Walter et al. (2004) conclude that risk for injury-related crisis in MDLs is exacerbated by the high premium placed on hard work in a hostile social environment in which the structural vulnerability of these workers is resisted by being *muy trabajador* [very hard worker—the highest complement among MDLs], taking pride in remittances to family, and avoiding the supreme insult among MDLs of being *vago* or *flojo* (a bum, lazy). Therefore, while most men encountered by Walter and colleagues had varying degrees of moderate injuries, health care was frequently avoided, and most hid their injuries from fellow workers, employers, and even from family members back home, thereby limiting the availability and use of social support when most needed. Walter et al. (2004) further note that depression, anxiety and *nervios* were common consequences of work injury, and out of desperation, some disabled MDLs allowed themselves to be recruited by drug dealers to perform the most dangerous tasks of selling drugs on the street, leading to more vulnerability. Finally, the authors conclude that while injury crises are experienced personally and intimately, they constitute a gendered cultural response pattern rooted in globally structured economic and political relations or what Farmer (2004) has termed the embodiment of macro-forces that result in distinct patterns of social suffering.

Stigma and Discrimination

Although an understudied area, the stress of stigma and related discrimination resulting from being an undocumented Latino, especially in today's political climate regarding undocumented immigrants, needs to be better understood. NDLS findings show that about a fifth of MDLs report being insulted by merchants while 15% report being refused services by local businesses. MDLs also report being insulted (16%), arrested (9%) and cited (11%) by police while searching for work. In the pilot survey of 102 Bay Area MDLs (Organista & Kubo, 2005), after economic concerns, sadness and racism were the next most frequently encountered problems in the past half-year. How MDLs experience and cope with stigma and discrimination needs to be studied as part of the context of risk.

Stress and Mental Health

Research has begun to document the pervasive belief that the stressful living and working conditions of Latino labor migrants, including frequent social, geographic, and legal marginality, result in excessive stress and consequent risk to health and mental health. For example, high rates of diagnosable major depression and anxiety disorders in farmworkers were documented in the MAPPS (Alderete et al., 2000). Specifically, both male and female farmworkers had similarly high lifetime prevalence rates of mood disorders such as major depression (7.2% and 6.7%, respectively) and anxiety disorder (15.1% and 12.9%, respectively). These rates are not only higher than those of Mexico-based counterparts, but the gender pattern contradicts general U.S. population studies that consistently document greater mood and anxiety disorders in women versus men, thus implicating the stress of a migratory lifestyle as central to such serious mental health problems.

Stress and coping. A pair of smaller studies, focusing on stress and coping in Mexican farmworkers in the Midwest, is helpful in linking migrant-related stressors to mental health problems. The first examined farm work-related predictors of depression and anxiety in 45 Mexican farmworkers and found that 38% met caseness (i.e., at or above cutoff score for a probable diagnosis) for depression, while 30% met caseness for anxiety as compared to normative rates of 20 and 16%, respectively, in the general population (Hovey & Magaña, 2000). Anxiety and depression were predicted by acculturative stress, low control over the decision to live a migrant farmworker lifestyle, ineffective social support, family dysfunction, low self-esteem, and low religiosity.

The second study used qualitative interviews to solicit personal perceptions of stressors, as well as coping strategies, in 75 Mexican farmworkers in the Midwest and related these perceptions to levels of depression and anxiety (Magaña & Hovey, 2003). It is worth including here the list of the 18 most commonly perceived stressors because of their direct relevance to the experience of urban-based MDLs (see Table 1). With regard to mental health, it was found that anxiety was related to rigid work demands and poor housing while depression was related to rigid work demands and low money for family. Interestingly, considerably more men than women reported stressors having to do with family separation, family poverty and lack of pay, unpredictable work/housing and uprooting, which provide insight into common stressors inherent to this gendered work.

TABLE 1. Stressors Identified by Migrant Farmworkers

	Total [N = 75 (%)]	Female [n = 38 (%)]	Male [n = 37 (%)]
Being away from family or friends ^a	38.7	26.3	51.4
Rigid work demands	38.7	39.5	37.8
Unpredictable work/housing and uprooting	38.7	35.6	45.9
Low family income/poverty/poor pay	37.3	34.2	40.5
Poor housing conditions	36.0	47.4	24.3
Language barriers	33.3	23.7	43.2
Education of self or children	25.3	31.6	18.9
Hard physical labor	25.3	26.3	24.3
Lack of transportation/unreliable transportation	25.3	21.1	32.4
Exploitation by employer	14.7	13.2	16.2
Lack of daycare	14.7	18.4	10.8
Geographical isolation	10.7	10.5	10.8
Limited access to medical care	10.7	10.5	10.8
Discrimination	9.3	7.9	10.8
Undocumented status	9.3	2.6	16.2
Acculturating to new environment	8.0	2.6	13.5
Worries about socialization of children	5.3	10.5	—
Paperwork for social services	4.0	7.9	—

^aMales vs. females $\chi^2(1, N = 75) = 5.0, p < 0.05$.

Source: Magaña and Hovey (2003). Reprinted with permission.

Interestingly, Apostolopoulos et al. (2006) used ethnographic methods to assess how intertwined individual and environmental factors render Mexican farmworkers vulnerable to STD/HIV risks in both Arizona and South Carolina. In addition to identifying the same compelling stressors documented in Table 1 above, these researchers advocate the need to identify empirically testable constructs in order to develop a contextual theoretical model of STD/HIV risk in Mexican farmworkers. Further, they speculate that such constructs could emerge from

the study of factors along a pathway to STD/AIDS that begin with macro-social factors (structural, economic, cultural) and includes other factors such as spatial (e.g., type of farm, labor camp), migrant background (demographics, health, etc.), stressors (e.g., work pressures, legal status, life traumas, mental health), and possible mediators (e.g., coping mechanisms, networks, attitudes about sex and drugs). Thus, contextual model building for understanding HIV risk in LLMs is beginning to emerge.

Separation from Home and Family

Table 1 above documents how being away from family and friends for months and years at a time is a common stressor for farmworkers and undoubtedly for urban-based migrants such as day laborers. When asked how they coped with this primary stressor, farmworkers in the above study reported that they called family on the phone as well as wrote letters (Magaña & Hovey, 2003). However, it is not known how frequent and how effective such methods of coping were in this sample or for MDLs and other types of Latino labor migrants. It may be that factors such as inconsistent income limits long distance calls to countries of origin, while low levels of education limit letter writing. The common use of phone calling cards among Latino migrants to phone home cheaply may represent a tangible way of promoting such communication as a way of coping with feeling distant and disconnected to families, especially during stressful times.

Although under-researched, some insight into the stress of being separated from families is provided by a study of 60 male Latino farmworkers in No. Carolina, each with a wife and children in country of origin, in which it was found that symptoms of anxiety were related to the ambivalence inherent in trying to support one's family financially while being an absent husband and father (Grzywacz et al., 2006). In their study of MDLs in San Francisco, Walters and associates (2004) note that such ambivalence is partly vindicated by earning money, but that earning wages is a very risky proposition for undocumented men performing dangerous work without social and economic safety nets as elaborated above. While not directly an assessment of family separation, in the pilot study of MDLs in the San Francisco Bay Area, the 102 participants reported "Sometimes" feeling socially isolated, as well as lonely, during the 6 months prior to the survey (Organista & Kubo, 2005).

Boredom and Lack of Dry Leisure Time Activities

As noted above, drinking alcohol appears to be a way of coping with loneliness and boredom inherent in farmwork and other aspects of migratory labor and lifestyles, as well as serving as a means of male bonding with co-workers, dealing with the aches and pain of hard work, and perhaps the need to keep a low social profile given undocumented status. More conventional and healthy social activities not involving alcohol (e.g., sports and recreation) may aid labor migrants in coping with the need for leisurely socializing with friends. A faith-based organization in the San Francisco Bay Area recently initiated dry weekly soccer games for MDLs that are well attended and that offer soft drinks and sandwiches. Such an activity may constitute a viable structural-environmental intervention that decreases problem drinking in this population by providing them with a culturally familiar dry recreational and social activity.

Desire for Romantic and Sexual Relations

Significant rates of unprotected sex with female sex workers among LLMs in the U.S. are well documented. For example, Organista et al. (1997) found that 44% of 342 Mexican labor migrants reported sex with sex workers in the U.S., and this is true for married as well as single men. In a small HIV prevention study with MDLs, men reported the frequent need to relieve desire for sex with female sex workers, as well as frequently being solicited by them where they live and work (Organista et al., 2006). Such sexual relations appear to be a common condition of labor migration all around the world, yet the specifics how LLMs succumb to or resist such risky sex, or why they use or don't use protection, need to be understood to decrease risk for HIV and STDs. Further, MDLs in the above prevention study also expressed desire for romantic relationships with *amantes* [lovers] in the U.S., but noted how being undocumented and not knowing local protocols for meeting women inhibits pursuing such relationships.

Substandard Housing and Homelessness

Descriptions in the literature of LLM housing are consistent in their depiction of generally substandard living conditions in labor camps and farms with makeshift housing or none at all. Housing for urban-based day laborers frequently consists of cheap single hotel rooms or apartments

shared by high numbers of men, each of whom is charged separate rent, often for as little as a space on the floor upon which to sleep. Such stressful living conditions, including the constant threat of homelessness, most likely contribute to risk for problems such as problem drinking and HIV and represent compelling environmental factors that warrant exploration. For example, Denner Organista, Dupree, and Thrush (2005), studied a sample of 366 marginally housed and homeless Latino migrants in Northern California and found very high levels of HIV risk: 28% injection drug use, 21% engaged in sex work, and 27% sex between men with inconsistent protection.

INTERVENTIONS USED WITH LATINO LABOR MIGRANTS

HIV Prevention

A review of the literature on HIV prevention with Mexican labor migrants (Organista et al., 2004) revealed only 4 small, pilot type and behaviorally oriented local studies: (1) HIV knowledge enhancing education with farmworkers (Ruiz & Molitor, 1998); (2) a pair of related studies promoting condom use with female sex workers on the part of male farmworkers (Mishra & Connor, 1996; Sanudo, 1999); and (3) HIV prevention groups with MDLs designed to facilitate problem definitions and solutions on the part of participants (Organista et al., 2006). While all studies demonstrated cultural competence in engaging and intervening with participants (e.g., community networking, bilingual and bicultural researchers and materials), and were generally successful in achieving their objectives, the literature review concluded that there is little regard for structural and environmental factors that influence risk and much need for more complex theoretical frameworks that transcend the behavioral science model of HIV prevention.

The limits of behavioral interventions. A recent systematic review and meta-analysis of behavioral interventions to reduce HIV risk behaviors or incident STDs in U.S. Latinos, including Island-based Puerto Ricans, was published with interesting implications for future research and theory building in this area (Herbst et al., 2006). Data from 20 randomized and nonrandomized trials, spanning over 6,000 participants, were analyzed in this rigorous and unprecedented review (two of the 20 studies reviewed focused on Latino farm workers). The authors concluded that the behavioral interventions were successful in reducing the

probability of unprotected sex, number of sex partners, and acquisition of new STD infections, while increasing the odds of condom use. Further, interventions successful at reducing risky sexual behaviors were delivered by non-peers, consisted of four or more sessions, taught condom use or problem solving skills, or addressed barriers to condom use, sexual abstinence, or peer norms. Although results of this study clearly demonstrate the usefulness of behavioral interventions in reducing risky sexual behaviors on the part of Latinos, a closer look at the results may also reveal the limitations of behavioral interventions and need to transcend a sole focus on risky behaviors and individuals.

As can be seen in Table 2, the specific quantified gains in HIV prevention related sexual behaviors are clearly in the desirable direction and make the case for behavioral interventions with Latino populations. On the other hand, the percentages in the Table also cause us to wonder about the baseline levels of such behaviors (e.g., 56% increase in condom use above what baseline level of use?), and especially about the considerable amount of variance unaccounted for by the percentages listed. That is, if the interventions can decrease important risk factors such as unprotected sex and sex with multiple sex partners 25%, what accounts for the remaining 75% of these risky behaviors?

Give the methodological rigor of the studies that merited inclusion in the meta-analysis, might the findings also indicate the diminishing returns of these best behavioral practices? Conceptually, behavior represents only one level of risk and for that matter a level that might not always be amenable to change at the individual level given competing powerful environmental or even social-interpersonal factors that constrain an individual's behavior. Thus, in order to improve upon the impressive results listed in Table 1, it is most likely necessary to integrate behavioral

TABLE 2. Results of Meta-Analysis of Behavioral Interventions to Reduce HIV-Related Risk Behaviors of Latinos in the U.S. and Puerto Rico (N = 20 Studies)

56% Increase in condom use
25% Decrease unsafe sex
25% Decrease in multiple sex partners
31% Reduction in acquisition of STDs

Adapted from: Herbst et al. 2006.

interventions into more comprehensive prevention intervention strategies that also address the environmental context of such risk behaviors.

The social constraint of self-regulation. The work of Rafael Diaz (1998) has done much to develop needed theory about links between structural and individual risk factors in Latinos. The development of his *Social Constraint of Self-Regulation* model to better understand risk for HIV and substance use in predominantly poor, frequently immigrant, Latino men who have sex with men, is highly applicable to Latino MDLs who share many of the same living conditions and social stigmas (i.e., poor, undocumented, ethnic minority status, etc.). Diaz recognizes the behavioral science position that personal self-regulation is a function of individual-level education and perception of risk, motivation and intention to avoid risk, and the skills necessary to follow through with such intentions. However, he also asserts that such a behavioral science model of risk (e.g., Health Beliefs Model) presumes that one has the power, resources, and options necessary to enact healthy intentions and does not adequately address forces competing with a person's healthy intentions (e.g., being economically dependent on a sex partner or engaging in survival sex for money and a place to stay).

Thus, Diaz's model links individual-level risk behavior with risky social and environmental *situations* and the psychosocial impacts of oppressive sociocultural factors such as racism, poverty, homophobia, and in the case of MDLs, undocumented status; all of which can constrain and overpower an individual's motivation to enact consistent self-care and protection. Although the bulk of HIV prevention research in the social sciences, and with LLMs in particular, has taught much about self-regulation at the individual level of analysis, there is very little research that has identified and attempted to alter how labor migrants perceive and cope with frequently encountered risky situations that are embedded in oppressive and constraining structural-environmental conditions built into the experience of labor migration in the U.S. Thus, questions needing to be answered by future research include what are the *risky situations* commonly encountered by LLMs that are related to HIV risk and problem drinking, and how are they coped with in risky and resilient ways?

Problem Drinking Prevention

Unlike the growing literature on HIV/AIDS in LLMs, there is extremely little prevention intervention research in the area of problem drinking or even descriptions of prevention services. Only a handful of brief

accounts of programs tailoring alcohol prevention and treatment services to LLMs were found, all lacking outcome evaluation. For example, with regard to health education prevention, a program designed to prevent problem drinking in migrant worker youth utilized school based media and involved adults in the larger migrant farmworker community in Washington's Yakima County (Lalonde et al., 1997). With regard to cultural competence, the program developed engaging storylines in Spanish about alcohol use and its consequences used to produced a six-part soap opera, serial radio show, and comic book version (known as *telenovela*, *radionovela*, and *fotonovela*, respectively). The two latter formats reached adults and, based on random surveying in town, it was concluded that both had been widely disseminated and were well received. However, no outcome data regarding problem drinking were included in this study.

With regard to targeting the broader environment, a community-based research study explored the consequences of alcohol use in urban Mexican and Mexican American communities in Northern California (Alaniz, 2000). The research team documented a disproportionately high number of liquor outlets, widespread advertising targeting Latinos, and the development of community campaigns to eliminate alcohol industry sponsorship of the communities' *Cinco de Mayo* festivals. In addition, the communities took additional steps to restrict alcohol outlets and advertising, but whether these efforts led to measurable outcomes was not evaluated.

With regard to treating problem drinking, the Farmworker Alcohol and Substance Abuse Project was conducted in New York during the 1990s. This demonstration project made available diversity training for local providers that was instrumental in helping them develop farmworker outreach services, inpatient treatment programs, and self-help groups based on subgroups of farmworkers that differed by racial/ethnic background (Randall, 1998). The model was deemed successful based on impressive numbers of farmworkers reached by the project and their reported satisfaction with the program. Unfortunately, the project's outreach component was not sustainable beyond the initial funding.

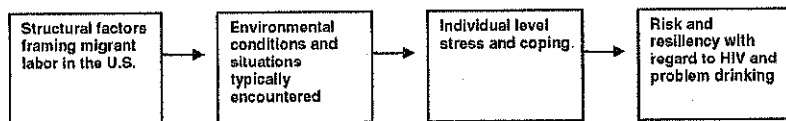
A report from the aforementioned MAPPS survey by Vega and Sribney (2005) did provide lifetime service utilization rates on the part of immigrant and U.S. born Mexican Americans in Fresno County, who met criteria for either alcohol abuse or dependence. Results showed that although half of each group had used some form of service (50 and 54%, respectively), types of services used varied widely and tellingly. For example, although U.S. born Mexican Americans were three times as likely

than immigrant counterparts (34 and 11%, respectively) to use any medical service for alcohol abuse/dependence (e.g., medical doctor, mental health specialist, hospitalization), immigrants were more than twice as likely to use court-ordered self-help groups (33 and 14%, respectively). Thus, service use for problem drinking on the part of Mexican immigrants, many of who were LLMs as explained above, is problematic.

TOWARDS A CONCEPTUAL MODEL OF STRUCTURAL-ENVIRONMENTAL RISK IN LATINO LABOR MIGRANTS

Based on the literature reviewed above, a contextual understanding of risk or *structural vulnerability*, situates individual risk factors (e.g., behavior, attitudes) within risky situations frequently generated by stressful living and working conditions that are reproduced by structural-environmental factors (e.g., laws, policies, standard operating procedures), that in turn derive from superstructural factors (macro-social and political values and arrangements of power and resource differentials). Thus, independent variables that influence risk for HIV and problem drinking in LLMs from different levels of risk or domains warrant investigation: individual (e.g., perceived stress, cognitive, and behavioral coping efforts) environmental (stressful living and working conditions, and related risky situations), and structural (characteristics of migratory labor in U.S. that reproduce stressful environmental conditions), as depicted by the rudimentary pathway of structural-environmental risk depicted in Figure 1 below. Such conceptual model development can be expedited by building upon reports in the HIV/AIDS literature that describe structural-environmental frameworks of risk.

FIGURE 1. Rudimentary Pathway of Structural-Environmental Risk for HIV and Problem Drinking in Latino Labor Migrants



Conceptualizing Structural-Environmental Factors

Conceptualizing structural-environmental factors, and their roles in both risk production and prevention interventions, can be an abstract endeavor given the lack of clarity around this construct. However, the SE literature in the area of HIV prevention continues to develop concepts and frameworks that can help guide this new area of inquiry. As far back as the 1986 Ottawa Charter of the World Health Organization, structural interventions for the prevention of HIV were advocated in the form of drafting appropriate legislation for the development and reinforcement of supportive environments that enable prevention, community-based activity, and reorientation of public health services (Tawil, Verster, and O'Reilly, 2000). Yet, it was not until 1999 in the U.S. that the Division of HIV/AIDS Prevention of the National Center for HIV/STD & TB Prevention, CDC & Prevention, sponsored an interdisciplinary meeting of researchers and policy makers to identify HIV-related structural factors as a new CDC research priority. Conceptual clarity was aided by defining two broad levels of HIV-related structural factors: (1) broad social forces such as poverty and biased macro-social values, attitudes, and practices such as racism, sexism, homophobia, and other forms of stigmatization; and (2) proximal factors such as the resulting lack of service-related availability, accessibility, acceptability, and accountability, to society's most stigmatized high risk groups.

The basic conception of structural-environmental factors above continues to be refined by researchers attempting to make it more amenable to research. For example, in Sumartojo's (2000) review of the literature, she notes that structural-environmental factors have been defined as social-environmental contexts in which health and disease are reproduced, and that structural-environmental factors are part of the context or environment surrounding an individual that by definition are *outside* of an individual's direct control. Other researchers have begun to develop more testable multi-level conceptual models of risk for HIV that define and illustrate structural-environmental factors and corresponding prevention ideas, some directly relevant to labor migrants (e.g., Parker, Easton & Klein, 2000).

Especially germane to the current model under development is a conceptual framework by Sweat and Denison (1995) who define four levels of HIV causation, using global labor migrants as their primary example: (1) *superstructural* refers to macro-social and political arrangements and differences in resources and power that result in unequal advantages (e.g., economic underdevelopment, poverty, declining labor sectors);

(2) *structural* refers to laws, policies and standard operating procedures (e.g., lack of family housing at worksites, unregulated commercial sex, lack of workers' rights, poverty-inducing wages, scarce social services); (3) *environmental* refers to individual living and working conditions, resources, and opportunities (family separation, male-dominated work camps and settings, high prevalence of STIs including HIV, underemployment, urbanization), including individual awareness of structural factors; and finally (4) *individual* refers to how the environment is experienced and acted upon by individuals (e.g., loneliness, isolation, boredom, desire for sex, and romance), including maladaptive and resilient coping responses.

As can be seen in Table 3, the examples provided illustrate the typically stressful living and working conditions of labor migrants that are perpetuated by formal and informal macro-social forces and institutions. Such examples are helpful to researchers wanting to explore specific conditions, sites, and situations, and related social-interpersonal interactions typically encountered by LLMs that are reproduced by structural-environmental factors. As such, Sweat and Dennison's framework can be used to help guide the identification of testable constructs and correlates in the development of a model of SE risk for HIV and problem drinking in LLMs. Figure 2 uses concentric circles to reconfigure and streamline Sweat and Dennison's framework in order to emphasize: (1) the structural-environmental embeddedness of risk; (2) content particularly relevant to the LLM experience; and (3) interactions between different structural-environmental levels or domains illustrated with the use of porous dotted lines (e.g., between individuals and their environment), not explicitly described in the Sweet and Dennison framework.

Structural-Environmental Factors Relevant to Latino Labor Migrants

Superstructural and structural factors. Although beyond the scope of this article, risk for psychosocial and health problems in predominantly Mexican LLMs derive from *superstructural factors* at the level of U.S.-Mexico relations characterized by enormous differences in resources and power that too often translate into unfair economic advantages for the U.S., codified by laws, policies, and international treaties at the *structural* level. Thus structural vulnerability for Mexican migrant laborers, who dominate the U.S. the labor migrant population, begins with contradictory structural factors in the form of increasingly restrictive

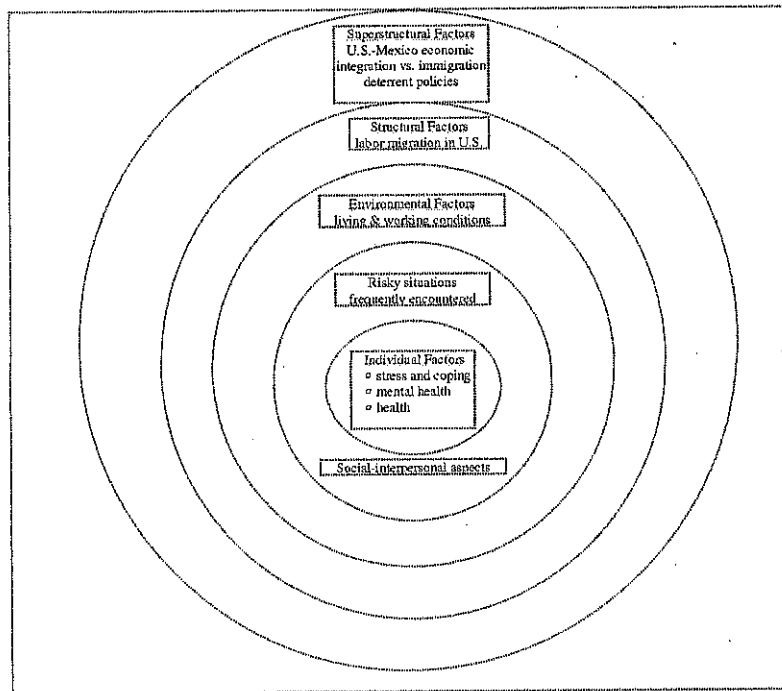
TABLE 3. Levels of Causation for HIV Incidence

Causal Level	Definition	Examples	Change Mechanism
Superstructural	Macrosocial and political arrangements, resources and power differences that result in unequal advantages	Economic underdevelopment, declining agricultural economy, poverty, sexism, homophobia, Western domination, imperialism	National and international social movements, revolution, land redistribution, war, empowerment of disenfranchised populations
Structural	Laws, policies and standard operating procedures	Unregulated commercial sex, bachelor wage system, no family housing required at worksites, lack of human rights laws, no financial support for social services	Legislative lobbying, civil and human rights activism, boycotts, constitutional and legal reform, voting, political pressure, structural adjustment policies by international donors
Environmental	Individual living conditions, resources and opportunities, recognition of individual, structural and superstructural factors	Work camps with many single men and few women, few condoms, high prevalence of HIV/sexually transmitted disease, family far away, few job opportunities, few social services, failing agricultural economy, industrialization and urbanization	Community organization, provision of social services, legal action, unionization, enforcement of laws
Individual	How the environment is experienced and acted upon by individuals	Loneliness, boredom, lack of knowledge, low risk perception, sexual urges, moral values, perceived self-efficacy, perceived locus of control	Education, provision of information, improved self-efficacy, rewards and punishment, counseling

Source: Sweat and Denison (1995). Reducing HIV incidence in developing countries with structural and environmental interventions. *AIDS* 9 (Suppl. A), S251-S257. Reprinted with permission.

U.S. immigration policies over the past 20 years despite increasingly less restrictive integration of the economies of the U.S. and Mexico as formalized by the North American Free Trade Agreement (NAFTA) treaty of 1994. In other words, the U.S. currently operates an *open border* for trade, yet a *closed border* for immigration, a contradiction that creates a predictable undocumented labor *migration bridge* that was not planned for during the development of NAFTA and thus remains poorly managed.

FIGURE 2. The Structural-Environmental Embeddedness of Risk for HIV and Problem Drinking in Latino Labor Migrants in the United States



According to Massey and Durand (2002), in addition to Mexico's long history of uneven economic development, unprecedented U.S. economic penetration into Mexico often exacerbates regional economic instability and the displacement of hundreds of thousands of workers given America's economic expansion into Mexican land, raw materials, local markets, and labor. For example, subsistence farmers, small businesses, artisans, and laborers in rural Mexico are increasingly displaced by U.S. mechanization of local agriculture, self-eliminating competition between small farmers to supply American businesses with cash crops, the importation of U.S. goods and services that out-compete local business, and the feminization of local workforces, with no roles for men, that pull women into American product assembly or *maquiladora*

industry. Although NAFTA is beneficial to both Mexico and the U.S. in theory, and sometimes in practice, the dominance of U.S. capital, resources, and power has resulted in unequal economic advantages for the U.S. Given the dramatically shrinking cap on legal Mexican immigration over the past two decades, the predictable result has been a dramatic increase in undocumented migration or labor both pushed by NAFTA dynamics and pulled by the high demand for labor in America's vast and expanding service sector and cheap labor dependent business sectors.

The above structural factors continue to reproduce migratory labor in the U.S. that is characterized by predominantly undocumented and male labor migrants, with few if any workers' rights, who supply labor to business sectors dependent upon cheap labor ranging from agriculture to the vast service sector of an increasingly segmented labor economy. Further, this standard way of operating continues to reproduce migrant work also characterized by underemployment and frequent unemployment, as well as a politically charged climate hostile to undocumented workers who are portrayed as merely breaking the law by crossing the border illegally, taking American jobs, and burdening social services, despite evidence to the contrary (Massey and Durand, 2002).

Environmental factors. Stressful living and working conditions, reproduced over and over by the above structural factors, manifest themselves in characteristic risky situations, involving specific sites and social-interpersonal elements, frequently encountered by LLMs. Based on the literature reviewed, the following stressful conditions and related risky situations warrant further study in addition to any other import taking American jobs and burdening social services and environmental factors that emerge during formative research activities: (1) economic vulnerability; (2) stigma and discrimination; (3) stress and mental health impacts; (4) separation from home and family; (5) loneliness and isolation; (6) boredom and lack of dry (non-alcoholic) social bonding and recreation; (7) inadequate housing; and (8) desire for sex and romance. More specifically, a characteristic set of risky situations resulting from stressful environmental conditions, and frequently encountered by LLMs can be identified, including exploration of how members of this population cope at the individual level.

Individual factors. How individuals perceive and cope with risky situations embedded in stressful environmental conditions depend on a variety of factors that need to be better understood, such as the individual's health and psychosocial situation and make up (e.g., social network, health and mental health status, perception and experience of

stress, coping resources and behaviors, awareness of structural risk factors), all of which are amenable to exploration for a contextualized stress and coping analysis of risk and resilience in LLMs.

DISCUSSION

The proposed researchable conceptual model of structural-environmental risk in Latino labor migrants in general, and migrant day laborers in particular, has considerable significance to prevention science, public health, and to eco-systemically oriented social work research and practice. Although a small and growing literature base regarding risk for HIV and problem drinking has begun to accrue for LLMs, the bulk of such research focuses on identifying and modifying behavioral risk factors which, while helpful, does little to enhance understanding of the environmental context of risk and the ways in which LLMs cope with risky situations generated by the stressful living and working conditions that characterize migrant labor in the U.S. Given the apparent diminishing returns of the behavioral model in HIV prevention research, more comprehensive models that include behavioral factors embedded within structural-environmental factors are needed to improve outcome research.

Research that is primarily exploratory and observational in nature is warranted to identify testable constructs and factors needed to develop a structural-environmental model of risk for HIV and problem drinking in LLMs. Such research has the potential to expand understanding about the context of risk by exploring multiple, nested domains of risk and using findings to develop a model of risk and resiliency in an under-researched and especially marginalized population of Latinos. Such a model would also have implications for developing and pilot testing structural-environmental prevention interventions designed to enhance coping at the individual level by enhancing environmental conditions, resources, and activities rather than by simply modifying risky behaviors.

With regard to research methods, Phase I of such a research project would most likely employ qualitative methods (e.g., ethnographic interviews with key informants, participant observation of MDL experience) to identify stressful conditions and risky situations commonly encountered by LLMs and with which they are forced to cope. Phase II would involve developing a model of risk and resiliency through analysis of qualitative data. Phase III would involve using the structural-environmental model to develop a structural-environmental prevention intervention. Finally in Phase IV, the structural-environmental intervention

would be pilot tested for its usefulness in enhancing protective coping with stressful situations related to risk for HIV and problem drinking in MDLs. Structural-environmental prevention intervention strategies could include any number of environment enhancing resources and/or activities that improve effective coping with risky situations related to HIV and problem drinking. Depending on exploratory research findings, creative and exciting structural-environmental prevention interventions could include:

- Organizing regular recreational activities such as soccer games to reduce loneliness, boredom, and isolation, and to increase dry (non-alcoholic) leisure activity and socialization with peers.
- Distributing phone cards to increase communication with family and friends back home in Mexico or Central America to decrease the stress of separation from loved ones.
- Arranging virtual visits with family by using webcams to provide teleconferencing between migrants locally in the U.S. and their loved ones in countries of origin, to decrease the stress of separation and to reinforce the central migrant goal of progressing on behalf of one's family.
- Pooling money or emergency funds (e.g., at a MDL center or bank) to help one another cope with predictable underemployment and unemployment, as well as crises.
- Normalizing sexual and romantic relations in the U.S. by organizing social events, assisting with personal ads in local newspapers, etc., to meet this pressing human need and to provide a safer alternative to sex with sex workers.
- Involvement in political activism aimed at reducing stigma and discrimination related to being an undocumented worker in the U.S. (e.g., recent national May 1st rallies by Latino immigrants protesting Congress' proposed bill to make lack of documentation a felony).
- Although more complicated, creative efforts to improve inadequate housing, as well as to promote and protect workers' rights in this marginalized population need to be pursued.

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