

Introduction

Salud Zamudio Rodriguez, a forty-two-year-old undocumented farmworker from Michoacán, sparked a legislative firestorm when he met an untimely end one summer afternoon in California's Central Valley in 2005.¹ On a July day when the temperature soared to 105 degrees, Salud had been finishing a ten-hour shift picking bell peppers and running them over to a conveyor belt pulled by a tractor. As his coworker later stated in a brief filed by the United Farm Workers union (UFW), the labor contractor had allowed his workers only half the legally required thirty-minute lunch break. At the end of the break, Salud's foreman had asked the tractor driver to double his work pace so that the team could finish picking the field and be ready to start a new one the next morning. For more than two hours, the foreman set a pace that required the crew to pick six buckets of peppers every fifteen minutes. "In all my years of picking crops, I have never worked that fast," Soledad Reyes, one of Salud's coworkers, later told a journalist.²

Other workers skipped pepper plants to keep up with the tractor, but not Salud. Near the end of the day, Salud confided in Soledad that he felt ill and needed to quit. Instead, she later told the reporter, he began pacing back and forth as though delirious. Just minutes before the end of the day, he approached his foreman as if to say something but simply sank into his arms. The foreman took off Salud's hat and tried to revive him by fanning his face. The crew carried Salud to the shade provided by an adjacent orchard and tried to give him water. Yet

shortly after the ambulance arrived, the man they called “the machine” had expired.³

Salud’s death was one of four in the Central Valley that summer that ultimately led to passage of California’s Assembly Bill 805, the nation’s first law establishing regulations to protect outdoor workers from heat illness. Three other farmworkers died at work during a three-week period that July in which the temperature exceeded 100 degrees every day. On July 14, the body of a melon picker was found next to a patch of ripe cantaloupes in Fresno County. A week later, the body of a deceased grape picker was found in Kern County, crouched beneath a grapevine; his brother later reported that he was attempting to take shelter from the sun.⁴ Ten days later, also in Kern County, a twenty-four-year-old died in the hospital after suffering heat exhaustion while picking tomato for a farm labor contractor.⁵

It is well known that farm work places workers at a high risk of heat illness. Their work outdoors, sometimes without easy access to shade, exposes them to direct sunlight. The physical exertion of farm work contributes to their production of excess body heat, even as the clothing they wear to protect their skin from sun damage makes it more difficult for them to cool off by sweating.⁶ It is perhaps unsurprising, then, that in the media frenzy that followed this string of deaths, journalists, government officials, and even farmworker advocates attributed them to the unusual heat wave striking the Valley that July. Observing that half as many farmworkers died from heat that summer alone as during the previous fifteen years, for example, the president of the UFW suggested that the “prolonged Central Valley heat wave . . . may have sparked the high death toll.”⁷ Meanwhile, the media cast the “blazing California sun” and “killer heat” as foes to be “battled” with the state’s new protections.⁸

Heat waves, a phenomenon exacerbated by global climate change, disproportionately affect the most vulnerable members of society.⁹ To combat rising and unpredictable summer temperatures, both California and Washington have implemented new laws protecting outdoor workers. California’s was the first to mandate cool-down breaks when workers requested them and the provision of adequate water and shade.¹⁰ But by focusing on the “relentless sun” of California’s summers alone, journalists and policy makers naturalize the phenomenon of heat death, short-circuiting inquiry into the social and political factors that place farmworkers at greater risk. Indeed, nearly twice as many workers died in the three years after the implementation of California’s heat illness law as in the three years prior to 2005.¹¹ Why, then, do farmworkers

continue to die of heat in California's fields, and what broader circumstances does an approach focusing on workplace protections alone obscure?

Heatstroke is the leading cause of work-related death for farmworkers. Members of this occupational group bear a higher risk of heatstroke than outdoor workers in any other industry, including construction.¹² According to the Centers for Disease Control and Prevention (CDC), all the heat deaths in farm work recorded between 1992 and 2006 were among men, and foreign-born Latinos accounted for 71 percent of such deaths.¹³ Why do farmworkers suffer heat death at a rate higher than other outdoor workers, and why do foreign-born Latino men bear particular risk? Surveys suggest that farmworkers being paid by contract—that is, based on their productivity—may be more likely to forgo breaks than those being paid by the hour.¹⁴ How does the organization of farm work itself play a role in heat death, and what broader labor and immigration policies shape work circumstances for farmworkers?

An emerging body of literature examines the social and political organization of “natural disasters” such as heat waves and—arguably—heat deaths.¹⁵ Demonstrating that severe weather alone could not account for the mortality in Chicago during the 1995 heat wave (the Midwest's deadliest), for example, Eric Klinenberg argues that heat deaths call for dissection of the social and political structures that make them possible. He suggests that although heat deaths may initially appear to be isolated, chance, and extreme events, their very “excessiveness” lays bare the underlying social pathologies of which they are symptomatic.¹⁶ Following Klinenberg's model of conducting a “social autopsy,” this study subjects the public policies implicated in farmworkers' heat deaths to extended critical inquiry. I argue that for migrant men, heat simply catalyzes a chain reaction waiting to happen: for Salud, it set in motion a socially organized catastrophe that had been generated by myriad public policies.

MISPLACED AUTONOMY

Unlike heat waves, farmworkers' heat deaths raise the illusory issue of migrants' own agency and decision making. After all, deaths in the fields are partly the result of farmworkers' behaviors at work—such as not taking breaks when ill or not informing their supervisors of their illnesses. Indeed, work itself—which produces such heat deaths—is presumably a voluntary activity. It is therefore common for journalists to

wonder and the public to ask, why did Salud keep working? Did he not recognize that he was suffering from heat illness? Why didn't he say anything to his supervisor or request a break?

A growing literature in the occupational health sciences employs this focus on individual decision making in its attempts to reduce heat illness among farmworkers. Emphasizing the need for “health education and health promotion,” the literature tends to portray heat illness as the result of poor knowledge and faulty choices.¹⁷ It proposes training workers to recognize the symptoms of heat illness and to dispel farmworkers' erroneous, and presumably hazardous, beliefs.¹⁸ It argues that farmworkers lack knowledge of how to appropriately cool themselves after heat exposure and underestimate the importance of adequate hydration and acclimatization.¹⁹ Finally, it highlights “risky” behaviors among farmworkers that increase their chance of suffering heat illness, such as drinking sodas and caffeinated energy drinks to increase work efficiency and wearing heavy clothing to promote weight loss.²⁰ These studies thus individualize responsibility for heat illness prevention, portraying farmworkers' behaviors as though isolated from their work contexts and the labor and immigration policies that shape them.²¹

The theoretical model informing such studies emphasizes a rational individual actor who carefully weighs the pros and cons before engaging in any particular behavior. As the anthropologist and physician Seth Holmes points out, this approach ethnocentrically assumes actors who are able to exert “control over their destiny through ‘choice.’”²² This framing of individual acts as *choices*—whether describing migrants' crossing the border without papers or farmworkers' working through illness—in turn leads the public to blame migrants for their “irrational” or “impulsive” decisions. Our dominant framework for understanding illness and death chalks up the risks migrants face to their own personal failings, reassuringly implying that illness and accident lie within personal control.

As the critical medical anthropologist Paul Farmer has trenchantly observed, this framing uncritically assumes the unfettered agency of vulnerable populations, endowing their behaviors with a misplaced sense of autonomy. Farmer first developed this critique in his analysis of the *structural violence* that constrains the treatment options of poor residents living with infectious disease in countries such as Peru and Haiti.²³ Global public health officials tended to portray the populations of these countries as willfully noncompliant with treatment regimens and therefore as contributing to the global spread of epidemics. Yet

Farmer showed that a series of structural obstacles compromised their access to health care and to medications. Farmer's analysis of structural violence—that is, of the impersonal structures that systematically, yet invisibly, harm members of marginalized groups—drew attention to the constraints under which they must navigate. It has therefore led to many insightful analyses of the multiple social and political structures—“free trade” policies, immigration policies, and labor hierarchies—that place migrants in harm's way.

While the framework of structural violence has been instrumental in training anthropologists' gaze on the social production of bodily harm, many have pointed out that it lends itself to a dichotomous view of marginalized victims battling totalizing social structures.²⁴ Moreover, although it holds great relevance for understanding the health of vulnerable populations, its portrayal of social structures as violent may alienate otherwise sympathetic practitioners and limit its applications in the field of public health. In its place, critical medical anthropologists have recently proposed the concept of *structural vulnerability*. Rather than pinpoint the structural mechanisms that lead to the embodiment of ill health, the concept of structural vulnerability redirects our attention to the bodily, material, and subjective states that such structures produce. It refers to the kinds of risks with which an individual is saddled by virtue of his or her “location in a hierarchical social order and its diverse networks of power relationships.”²⁵ As Quesada and colleagues argue, the concept of structural vulnerability points up the frequent exaggeration of the agency of vulnerable groups, redirecting our focus to the “forces that constrain decision-making, frame choices, and limit life options.”²⁶ Because it suggests that migrants' illness is produced by their structural vulnerability—that is, by their positionality within overlapping social and political structures—this framework is particularly useful for the analysis of heat death. Indeed, this book aims to make visible the social and political contexts missing from the accounts of journalists, occupational health scholars, and policy makers. It describes the multiply constraining web of immigration and labor policies that ensnares migrant farmworkers and exposes them to the risk of illness and death in California's fields.

Even as undocumented migrants are often popularly understood as somehow existing beyond the reach of the government, public policies touch most aspects of farmworkers' lives, regardless of their legal status. Through labor policies, the state and federal governments shape farmworkers' work behaviors; they dictate how long they will work,

whether and when they can take breaks, whether they will be paid overtime, and when overtime pay kicks in. Government policies also shape the degree to which farmworkers must rely on their jobs for economic security. Farmworkers have the lowest incomes of any wage and salary workers.²⁷ As a result, state and federal programs must provide them with assistance. Food stamps, welfare, and Medicaid provide vital support for eligible farmworkers and their families, and federal disability payments offer those with legal status a form of “retirement” well in advance of retirement age. Thus any understanding of the behaviors implicated in farmworkers’ premature illness and death must take into account how state and federal policies produce farmworkers’ structural vulnerability—that is, how they shape farmworkers’ opportunities and their need for work.

Moreover, the concept of structural vulnerability usefully directs attention to migrants’ decisions as not only shaped by immediate social structures but also as emerging from their historically generated *habitus*. The sociologist Pierre Bourdieu developed the idea of habitus to draw attention to the fact that our largely unconscious bodily deportments and mental schema are forged within social environments. In this book, I examine what I call migrants’ *work habitus* and *health care habitus*—that is, a set of attitudes regarding work and health care seeking that are shaped by their migration histories and precarious occupational and legal statuses. I use the term *habitus* in the sense of an “embodied feel for the game”—that is, to suggest that migrants’ sense of what to expect in particular contexts is based on their past experience.²⁸ Thus I argue that the depth of the risk position that migrant farmworkers inhabit is difficult to fathom without understanding the weight of history. It is difficult to understand their work attitudes today without understanding the lingering influence of the guest-worker program their fathers and grandfathers experienced, just as it is impossible to understand men’s learned avoidance of government-subsidized health care without understanding their historic exclusion. As I explain in chapter 2, the public policies that dictate the shape of farmworkers’ lives leave memory traces that also influence the following generation’s attitudes and behaviors.

ETHNOGRAPHY AND EPIDEMIOLOGY

This book is based on sixteen months of noncontiguous ethnographic research carried out over nearly a decade in Mendota, a small farmworking community just northwest of Fresno, in California’s Central Valley. Ethnography’s holistic perspective makes it a research method particularly well suited to situating phenomena such as heat illness within the

broader contexts that produce it. Thus ethnography can complement what is known about heat illness from the epidemiological studies described above: it can help explain known statistical patterns of illness by uncovering the invisible pathways through which a specific social positioning harms health.²⁹ Much as Klinenberg's inquiry used the statistical patterns of death illuminated by Chicago's heat wave as a means to conduct his social autopsy, this book undertakes a social-epidemiological analysis of the statistical patterns of heat death among farmworkers. It situates the individual-level factors associated with heat death—foreign-born status, “Latino” ethnicity, male sex, and contract work—within the social and political contexts that make them risk factors.

Such an analysis requires investigating the public policies and entrenched private interests that place particular farmworkers in harm's way. It demands an understanding of the way that immigration policies make Latino men particularly reliant on their jobs and the heightened work pressures entailed by the multiple layers of supervision created by subcontracting. It requires examining farmworkers' vulnerabilities at work—themselves created and sustained by labor and immigration policies—as well as the food-safety policies in the produce industry that compromise workers' safety. It demands attention to the social production of migrant men's chronic diseases that interact with their illnesses at work, as well as the health care and disability policies that allow such diseases to remain undiagnosed and untreated.

Ethnographic immersion not only allows us to contextualize the known risk factors as defined by epidemiologists, but it also provides an account of “risk categories” from farmworkers' own perspectives. Epidemiology typically concerns itself with identifying the causes of sickness and death, using broad data sets to statistically test hypotheses about the relationships between particular variables and health outcomes. Epidemiologists construct their hypotheses by relying on data sets of aggregated cases blanded of all but the most relevant preconstructed variables. They strive to eliminate the “noise” caused by local differences in order to develop universal theories of causation constructed from a bird's-eye view. In contrast, ethnographers build our accounts from the ground up, and we dwell in the particular. Because anthropologists recognize that the way we construct the categories we measure rests on a variety of assumptions, we are interested in the cases that fall through the cracks. We are interested in the chaff sloughed off in the process of creating the standardized categories used to yield epidemiological conclusions.

By paying close attention to research participants' narratives and points of view, ethnography can yield what we call *experience-near*

accounts that can illuminate unknown patterns of illness and new groups of people at risk. Thus this book uses ethnography to reveal the social and political logics behind a host of ethnographically grounded categories of farmworkers particularly vulnerable to heat illness and death: recently arrived migrants, “ghost workers” (see chapter 3), and those with undiagnosed chronic disease. In attending to these categories, this book provides an insider’s perspective on heat illness, according as much value to farmworkers’ own accounts as to the data abstracted from surveys. Indeed, one of the strengths of ethnography is its committed epistemological stance: in the words of Louise Lamphere, it positions farmworkers “not as objects of study but as subjects of their own experience and inquiry.”³⁰ Thus this book is a form of “social epidemiology from the ground up”—it uses farmworkers’ own experiences and analyses as the building blocks of its analysis. In short, listening to ethnographic “noise” —that is, examining the chaff that disappears from epidemiological accounts—can not only contextualize known statistical patterns but also provide valuable new information.

ETHNOGRAPHY IN AN “OTHER” CALIFORNIA

I did not come to Mendota with the goal of studying heat deaths. Yet farmwork fatalities were such an ever-present part of life there that it began to seem like an oversight, even irresponsible, not to study them. Every year, members of this town of 11,420 people died of heatstroke in the fields—most while harvesting corn and melon in the full summer heat, but a small number while harvesting spring crops. Moreover, heat deaths were just some of the work fatalities among town residents. I heard of other deaths, too, deaths caused by a tractor capsizing, tractors running over workers, crashes of certified farm labor vehicles on the way to work, and fatal anaphylactic reactions to insect stings.

When I first arrived in Mendota, I was struck by how far removed the Valley is from the prosperity of the California coast. The town’s population is predominantly Latino and migrant; according to the 2010 U.S. Census, it is 97 percent Hispanic and 51 percent foreign-born.³¹ Because of its high proportion of migrants and farmworkers, Mexican Americans in neighboring towns pejoratively refer to it as a “migrant labor camp.” A sign at Mendota’s entrance proclaims the town the “Cantaloupe Center of the World,” but Mendota has also been dubbed the “Detroit of California” because of the high proportion of migrant farmworkers living in destitution.³² The median household income in

Mendota is \$25,845 for a median family size of 4.5, and 43 percent of households have incomes below the federal poverty line.³³

I grew up just two hours away in the San Francisco Bay Area. Yet simply stepping into the town's 99 Cent stores, supermarkets, and convenience stores, I found myself in an "other" California. The ceilings were often hung with hats—baseball caps, straw sombreros, and Chinese paddy hats—sold to shield workers against the sun and protect them from heatstroke. Aisles were stocked with bandannas to tie across the mouth to screen out dust and pesticides. In the convenience stores' coolers, next to the soda and Gatorade, stood bottles of Pedialyte, called *suero* in Spanish. Designed for dehydrated children, *suero* is a lifesaver for farmworkers in the summer heat.

As a visible outsider in this farmworking community, I initially struggled to explain my objective to parents and establish trust. Migrant parents initially did not know what to make of me. I probably seemed like a peculiar variant of the many *gabachos* (white North Americans) who often intruded in their homes: social workers, school officials, health outreach workers. However, over time, the fact that I was a *gabacha* and that I was often indignant about their work conditions seemed to provide them with a sense of validation. Interviewees knew that I cared about their health and work safety; they knew that I was on their side. Soon, many wanted me to know as much about their lives as possible. They invited neighbors and friends to come and tell me their stories; they volunteered my services in contacting workers' compensation insurance carriers, doctors, and attorneys. In this highly segregated community, my English skills, legal status, and knowledge of the workings of state bureaucracies (however limited) were rare assets. I embraced my role as a researcher-cum-social worker, helping my research participants locate health care services, driving family members to appointments, translating letters from state and federal bureaucracies, and helping them navigate the eligibility rules for California and Social Security disability programs. Offering this assistance not only helped me establish trust with families but also gave me valuable insights into how state and federal policies themselves shape migrants' health, workplace vulnerabilities, and health care seeking behaviors.

Just as often as I was able to help, I found myself powerless in the face of tragedies: one participant's husband was deported, another failed to receive adequate compensation for a work injury, and—as I describe at the end of this book—several men faced kidney failure because of a lack of timely access to health care and social assistance.

Those who work with vulnerable populations often experience a kind of survivor's guilt: even as we record the difficulties of our research participants' lives, we have the luxury of being able to return to our own comfortable lives. When I needed to escape, a two-hour drive took me up the truck-choked Highway 5 to the metropolitan corridor of I-580, to a protected middle-class environment where 99 Cent stores gave way to malls, where furrowed fields became periurban sprawl, where no men I knew faced kidney failure.

My initial research on migrant farmworker children's health allowed me to establish rapport with a core group of migrant women, six of whom I was able to follow over the course of a decade. I also conducted interviews with these women's husbands. I added a seventh couple to the group in 2008 and an eighth in 2010. In sum, I conducted intensive ethnography and repeat interviews with a core set of fifteen research participants about the sociopolitical structuring of migrants' lives and their excess burden of death. Ten were migrants from Mexico, and five were from El Salvador. (See appendix B for the demographic backgrounds of the couples and greater detail on my methods). In addition, I conducted interviews with members of these core participants' families and with multiple other farmworkers to ensure that their experiences were not atypical.

To better understand the factors affecting migrants' work circumstances, I conducted interviews with an additional eighteen workers, six labor supervisors (three contractors and three *mayordomos*, or foremen), eight workers' compensation attorneys, and organizers in the UFW and California Rural Legal Assistance, Inc. (a legal advocacy agency for rural low-income Californians). To grasp how federal and global food safety regulations affect workers' health at work, I conducted interviews with officials in the Audits Services branch of the U.S. Department of Agriculture (USDA) and semiformal interviews with three food-safety supervisors in two different agricultural companies. To understand how social assistance programs affect migrant farmworkers' health and work histories, I conducted interviews with fifteen middle-aged, elderly, and retired workers as well as with workers in the state agency that administers disability insurance. To discern the long-term implications of work for migrants' health, I conducted interviews with five migrant farmworkers with kidney failure, as well as two nephrologists and one finance manager at the University of California, San Francisco Transplant Center. I complemented my interview data with observation of multiple types of farm work (weeding tomato and cotton, harvesting

corn, and harvesting melon); I also participated in packing watermelon, canary melon, and cantaloupe on three different farm crews.

Because of the duration of ethnographers' ties with their participants, longitudinal research with vulnerable populations enhances the validity of a study's findings. It increases rapport and thereby allows ethnographers to elicit narratives that participants may not divulge to researchers who remain strangers.³⁴ Moreover, it can shed light on the compounded effects of social inequality as they unfold over the life course.³⁵ Farmworkers' limited access to health care and high likelihood of undiagnosed disease impede synchronic studies of farmworker health, which examine their health status only at one point in time. Longitudinal analysis, by contrast, allows ethnographers to track the diagnosis, course, and progression of chronic diseases, illuminating the cumulative health toll of being a migrant farmworker.

Some suggest that because it places academic researchers outside their comfortable environs, ethnographic immersion in the lives of vulnerable populations has an inherently "transgressive" or even "transformative" potential.³⁶ Attending to research participants' own experiences, described in their own words, allows the ethnographer to serve as an "ethical witness"; by virtue of its methodology, ethnography demonstrates the researcher's "empathy and engagement" as a form of "solidarity with the afflicted."³⁷ Yet I suggest that ethnographers who work with vulnerable populations must go beyond the imperative of sympathetic representation: they must honor an unspoken ethical contract they establish with their research participants through the very conditions of their entry. My research participants allowed me into their lives on condition that I serve as an advocate. My knowledge of English, legal status, and therefore my relative ease in approaching U.S. bureaucracies facilitated my entrée and access to the information I present here. This book only partially satisfies the terms of our implicit contract. Intimate involvement in research participants' lives confers a particular burden of not only representation but also action, a subject I return to in the book's conclusion. (See also appendix A for a more detailed discussion of engaged anthropology.)

"THEY LEAVE THEIR KIDNEYS IN THE FIELDS"

In the course of my everyday life in the Valley and visits to my interviewees, I gained an oblique view onto the perplexing questions about blame and causality that heat deaths raise. Each story provided more

questions than answers, and following each string that I unraveled led me to new hypotheses. Below, I offer my first impressions of heat death in the fields to provide clues.

One Sunday in early May 2008, I emerged from Don Pablo's shack on the main drag of the town and stumbled on three men who were whiling away the afternoon in the shade of the street's olive trees.³⁸ They had set down their beer bottles, which were nestled inside brown paper bags, and leaned against the white fence that separates the sidewalk from Don Pablo's house. They were absorbed in their talk, and the tone of their conversation was angry, even strident. They were discussing a coworker who died while harvesting corn for a local company last summer. Their friend—a young man in his twenties—left behind a wife and two-year-old daughter in Mexico. The men were about to begin harvesting corn again, and they were pausing this afternoon to remember his death.

Picking corn in the summer is a particularly dangerous job. The corn stalks rise above workers' heads like trees in a forest. It is hot and humid in the thicket of corn, and the density of the stalks prevents the summer breeze—if there is one—from entering. Workers complain that they often overheat. The summer this man died, another local worker also died harvesting corn, despite the fact that growers had changed the time corn is harvested to make the job less risky. Workers now enter the cornfields in the dead of night: they harvest corn from 2 A.M. until 2 P.M.³⁹

I had observed corn harvesting before, watching as a tractor outfitted with wings crushed the rows of picked corn, hauling the flatbed truck that workers call a *traila* (trailer) behind it. Men fanned in front of the tractor to pick the ears of corn from the stalks and throw them onto the trailer wings, where women gathered them and packed them into boxes. Atop the *traila*, men lifted the boxes of corn and stacked them on pallets into columns nearly eight feet high. The young man who died was a stacker. He had worked for several hours in the open sun without a break. He had informed his *mayordomo* of his exhaustion, the men say. Yet the foreman reportedly allowed him no rest; he relentlessly pushed his team on (*les daba carillas*) in order to clear the field.

One year after their friend's death, the men on the sidewalk were about to start work for this very same supervisor, whom they condemned. "The *mayordomo* was the one who screwed up—it was *his* responsibility to make sure his team was okay," one man said angrily. With a nod, his companion agreed. "In the corn, it's always hard to breathe. But it was his responsibility to let him rest or take him to the

hospital if he needed it,” he said. A third man, reclining against the gate in sullen silence, suddenly came to life. Staggering into the circle, he weighed in, slightly inebriated and visibly enraged. “Us illegals, they treat us like burros,” he spat (*los ilegales, nos tratan como burros*).⁴⁰

This man’s angry protestations lingered with me through the week. They suggested a pattern of unequal treatment of undocumented migrants in the fields, highlighting their particular structural vulnerability at work. Yet they also illustrated the way that the very circumstances of farm work could be invoked to obscure blame, the dense stalks of corn deflecting attention from the exacting demands of the man’s supervisor.

Later that week, I was in a convenience store on the highway that runs through town when I heard about a local man in his fifties who died harvesting asparagus in March. As the cashier told the story, some of her patrons stopped browsing the aisles to contribute details. The woman said that the asparagus season had just begun, and it was an unusually hot spring day. The team had finished picking asparagus in one field and walked to another, a little more than a mile away, to begin picking there. Unprepared for such a hot day in early spring, the man had no hat to shield him from the hot sun. He fainted. Even though his supervisor called an ambulance to take him to the hospital, he later died.

Even as the patrons seemed relatively unperturbed, I was startled by the abruptness of this story’s ending. Like so many stories of heat death I had heard before, it seemed to progress inexorably from a worker’s fainting or heat exhaustion to the same final, unhappy outcome. So I prodded the cashier for more information. *Why* had he died? *Why* this man, on this team, on this day? Was his death due only to heat stroke, or were other factors at work? How had his work circumstances, his social circumstances, influenced his death?

“*Pues* [well], they say he was hung over, and his *mayordomo* was pressuring him,” the woman replied.

A middle-aged patron in a baseball cap, browsing the snack aisle with a friend, assented with a grunt. “He drank too much cold water and they changed his field, so he had to walk the distance. His body probably went into shock because of the quantity of water,” he added.

His friend nodded. “When you drink too much cold water at once, the pump of the gallbladder bursts,” he said. “And the *mayordomo* was too demanding.”

On the one hand, these explanations portray the man’s death as something he could have avoided—by drinking less cold water, or perhaps by not getting drunk the night before. On the other hand, they indict the

man's supervisor for spurring on his workers in his desire for profit, echoing the criticism of growers and their intermediaries issued by Salud's coworkers above. But another man, who approached the counter with a gallon of milk, dismissed the chorus of explanations with a shake of his head. "Pressure is something that people bring on themselves," he said in a chiding tone (*la carilla se da a si mismo*). He elaborated: in some cases, workers' pay is tied to their performance, so they must push themselves hard to earn more. In other cases, they must work hard to impress the *mayordomo* to ensure job security. "You have to kill yourself so they'll take you to the fields every day," he muttered as he set the gallon of milk on the counter with a thump.

What allows *mayordomos* to push their migrant workforce to their limits, and how do state and federal policies fail to prevent heat-related deaths—or even contribute to them? If the man purchasing milk in the corner store is correct that "pressure is something that people bring on themselves," what are the unseen pressures that migrant men internalize to the extent that they achieve not a living but death in the fields?

At the end of the week, I asked a long-term research participant, Blanca, and her father, Don Santiago, about these stories. Don Santiago told me that he had been harvesting melon for the same company when the man died in the cornfield the previous summer. The man's coworkers had visited the melon-picking crew asking for donations to send the man's body back to Mexico. "We donated two, three dollars—what we could," he said. He could offer no more details than I had already heard from the men on the sidewalk, yet he dismissed my question about the cause of the man's death with a wave of his hand. "His kidneys dried up," he said. Despite my further questioning, he merely stated that the man must not have drunk enough water and consequently died of dehydration. Seeing that I was not fully satisfied, Blanca chimed in, as though attempting to translate between the local reality and mine. "They leave their kidneys in the fields," she said. "When they go back to Mexico, all used up [*agotado*], that's what they say. They say, 'I left my kidneys over there'—I left them in the fields from having done farm work."

Blanca's remark conjured up an image of tomato fields littered with arthritic knees and melon fields paved with the hunched backs that picked them. It was so darkly intriguing that I had to inquire further, asking whether this expression was but one of the many poetic aphorisms I had recorded that evoke the hardships of farmworkers' lives. When discussing immigration raids in town, I had heard Blanca reassure a neighbor with "God may shake us, but he does not strangle us" (*Dios*

nos aprieta pero no ahorca). And when discussing the hard work of her husband and father, I had heard her say: “The city lives off the countryside” (*la ciudad vive del campo*). When workers take leave of each other and plan a next meeting, a common response is “God willing” (*si Dios quiere*). When discussing old age, some may say quite bluntly, “We’ll see if I get there” (*a ver si llego*)—or, more obliquely, “When night falls, we don’t know whether we’ll see the dawn” (*si oscurece, mañana no sabemos si amanece*). I asked Blanca whether this is a *dicho*, a common saying. Blanca gave me a level stare. “Well, sure, they’re sayings. But they’re sayings because they’re true, no?”

This book places the high rate of heat deaths among farmworkers, and among Latino migrant men in particular, in the social and political contexts that saddle them with invisible pressures that make them particularly susceptible. It situates heat illness and death in the context of multiple levels of causation—from that of the individual to his *mayordomo* and all the way up to the labor policies that shape migrants’ work environments and the immigration policies that influence their health. Chapters 1–3 examine the causes of farmworkers’ vulnerability at work. I explore how U.S. trade and foreign policy first led Mexican and Salvadoran men to migrate to the Central Valley to fulfill their masculine responsibilities as breadwinners, and the ways that labor and immigration policies make them particularly dependent on the income derived from their jobs. I examine the limited types of agricultural employment open to undocumented migrants and the way that subcontracting abets labor abuses while intensifying the productivity demands placed on field hands. Chapter 3 examines the informal income-generating strategies farmworkers must use to survive and the ways that recent changes in immigration enforcement place all noncitizens engaged in these strategies at risk of arrest and deportation. Because of a trend toward rendering even legal permanent residents deportable, these policies jeopardize the working conditions of all migrants.

Chapters 4–6 explore the social production of chronic diseases among farmworkers that interact with unreported heat illness. Drawing on new theories of how minority status “gets under our skin,” chapter 4 examines migrant farmworkers’ high risk of cardiovascular disease. It places their high rates of hypertension in the context of the social stressors they face because of their precarious legal status. Chapter 5 examines why such chronic disease may go undiagnosed and how the current organization of farm work may cause untreated hypertension to interact with heat illness. Finally, chapter 6 examines the cumulative effect of farmworkers’

chronic heat illness, helping explain Blanca's matter-of-fact statement that farmworkers "leave their kidneys in the fields."

By producing an experience-near account of heat illness, ethnography can reveal the multiple factors that place migrant farmworkers' in harm's way. If we are to understand the many causes of heat illness, we must first examine migrant farmworkers' immediate work contexts and then the public policies that shape them. It is to the fields, then, that we will turn first.