



NEXO

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UNDERSTANDING THE HEALTHCARE ACT: WHAT'S REALLY IN THE NEW LAW?

by Jan Hudson, Don Hazaert, Ryan Sullivan, and Wafa Dinero*

The Patient Protection and Affordable Care Act (ACA), known less formally as healthcare reform or "Obamacare," was signed into law on March 23, 2010. The ACA gives Americans new rights and benefits, including helping more children get health coverage, ending lifetime and most annual limits on care, and giving patients access to recommended preventive services without cost-sharing.

These reforms will apply to all new health plans as well as to many



existing health plans as they are renewed. Many other new benefits

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"HAY QUE SUFRIR PARA SOBREVIVIR"¹: SUFFERING AS A COMPONENT OF RESILIENCE

by Rubén Martínez and Pilar Horner

Humans orient themselves to the world around them using frameworks of meaning. They approach daily activities and life in general in terms of ideas and perspectives handed down to them from their families, significant others and, more broadly, the ethnic groups to which

they belong. All individuals are ethnic, as each reflects the language, beliefs, and cultural practices of particular cultural (ethnic) groups. Indeed, their cultural resources are those of the ethnic groups to which they belong. The broadest perspective that individuals hold about their existence and life is a cosmological view. Such a view frames the place of humans in the universe and gives meaning to life in general. Today's cosmological views tend to be based either on religious or scientific views, or a mix of both.

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Let the People Vote!

It is difficult to believe that there is an all-out assault on voter rights today, nearly 50 years after passage of the Voter Rights Act in 1965. This legislation was fought for by those who believed and continue to believe that voting is at the heart of a democracy and that the right of citizens to vote is not to be denied, particularly on the basis of race as was the case here in the United States prior to passage of this Act. States, especially in the South, used a variety of practices after the Civil War to deny African Americans and other citizens the right to vote. These included literacy tests, poll taxes, and outright intimidation and violence. Today, voter suppression is a strategy that uses various policy tactics to influence the outcomes of elections by discouraging or preventing people from voting by requiring proof of identification and by imposing limits on voter registration, voter registration drives, voting times, and voting rights among people with criminal convictions.

Recent voter suppression efforts are tied to the U.S. Supreme Court's decision on Indiana's "Voter ID" requirement. In 2005, Indiana's Senate Enrolled Act 483 amended along partisan lines the state's election law by requiring that in-person voters present a government-issued, proof-of-identification document containing a photograph of the person and an expiration date – the document not having expired at the time of voting. Challenged in the courts, the constitutionality of this law was ultimately decided in 2008 by the U.S. Supreme Court, which affirmed lower court rulings that the burden placed on voters was offset by the benefit of reducing the risk of fraud. Oddly, earlier this year, Indiana's Secretary of State, Charlie White (R), the state's top elections official, was convicted on several counts of voter fraud.

Despite the very low levels of voter fraud across the country many states have used this decision as the basis for promoting voter suppression under the guise of voter

"reform." Voter ID laws have been struck down in North Carolina, Texas, Wisconsin, Pennsylvania, and more recently in Ohio. In Texas, the Court held that the State had failed to show that SB 214 would not have a negative (retrogression effect) on the right of racial minorities to vote. Yet, a judge in Pennsylvania denied an application for a preliminary injunction against that state's Voter ID law which would have prevented its implementation while it is in dispute. However, the Pennsylvania Supreme Court remanded the case back to the lower court with instructions that it address the matter of voter disenfranchisement. In October that court issued a temporary injunction, allowing voters to cast votes in November, and prepared itself to begin hearing the case with regard to a permanent injunction.

Following the midterm election of 2010, when Republicans swept state house elections, several Voter ID laws have been passed, overwhelmingly in "Red" states. Also targeted are swing states like Ohio, where voters have rejected sweeping "election reforms," and where the Secretary of State attempted to limit voting hours and early voting opportunities. Recently, the U.S. District Court for the Southern District of Ohio Eastern Division ruled that the state must reinstate early voting for all eligible Ohio voters. However, Ohio's Secretary of State has asked the U.S. Supreme Court to address the case, calling the Circuit Court's decision an "unprecedented intrusion" into how states conduct elections. Can you believe that viewpoint? Given the history of disenfranchisement of minorities and women in this country and the involvement of the Federal Government in promoting and protecting civil and political rights, it does not seem to be either an intrusion or unprecedented.



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Even more recently a federal court blocked implementation of South Carolina’s voter ID law. Although the court did not find the law to be discriminatory because it contained ameliorative conditions that similar laws in other states did not, it ruled that it was too close to Election Day to be effectively implemented.

Interestingly, none of the states enacting voter suppression tactics have demonstrated substantive problems with voter fraud. Indeed, in Pennsylvania, petitioners opposing the voter ID law stipulated that no evidence had actually been presented that in-person voter fraud had actually occurred in that state. Still, suppression goes on. What then is behind these tactics? One can only conclude that they are intended to win elections by preventing targeted populations from voting. Pennsylvania House Majority Leader, Mike Turzai (R), admitted as much.

Despite the constant emphasis on “freedom” and “liberty,” many elected officials are well on their way to diminishing U.S. democracy, as Voter ID laws and related practices (including gerrymandering) are well known to have a negative impact on minorities, poor citizens, and college students, who have been deliberately targeted for suppression. Motivated by neoliberal and neoconservative ideologies, elected officials supporting voter suppression are more interested in winning elections at all costs than they are in upholding democratic practices and serving the

Public Good. In 1852, Frederick Douglass, former slave and great abolitionist leader, gave a speech in Rochester, New York, to commemorate the signing of the Declaration of Independence. The most moving passage of his speech is remarkably relevant today, when democracy is under direct assault:

What, to the American slave, is your 4th of July? To him, your celebration is a sham; your boasted liberty, an unholy license; your national greatness, swelling vanity; your sound of rejoicing are empty and heartless; mere bombast, fraud, deception, impiety, and hypocrisy...

Impacted by today’s voter suppression tactics, poor and minority voters may well have the same view of the hollow appeals made to “freedom” and “liberty” by many elected officials. In our democracy elected officials should promote rather than hinder voting by citizens. 🗳️



Rubén O. Martinez, Director
Julian Samora Research Institute

Julian Samora Research Institute (JSRI) at Michigan State University Has Moved

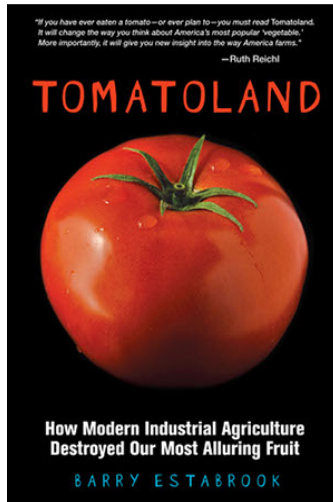
The Julian Samora Research Institute at Michigan State University has moved. In July, JSRI became a unit within University Outreach and Engagement, and moved to the Kellogg Center at the end of September. Our new address is:

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JSRI at Michigan State University is committed to the generation, transmission, and application of knowledge as it relates to Latinos and Latino communities throughout the Midwest.

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Tomatoland: How Modern Industrial Agriculture Destroyed Our Most Alluring Fruit. By Barry Estabrook. Kansas City, MO: Andrews McMeel Publishing, LLC. 2011.

Reviewed by Pilar Horner
Julian Samora Research Institute

“I’m the law out here.” This statement made by a tomato subcontractor to a reluctant worker perfectly sets the tone for Barry Estabrook’s revealing exposé titled *Tomatoland: How Modern Industrial*

Agriculture Destroyed our Most Alluring Fruit. Estabrook, an investigative food journalist, describes a world with its own unique history, politics, health regulations, work force, commerce, and institutional culture. The author describes a world based in Florida that provides winter tomatoes to most of the fast-food industry and to the United States consumer. The story is peppered with haunting stories of excessive use of pesticides, lack of government oversight, environmental degradation, and human rights abuses. Estabrook’s goal is to demonstrate the shocking and brutal reality of tomato production and how its tendrils affect all that participate in the process, including its consumers. He demonstrates the brutal tension between those in power and the powerless, and this dynamic shapes an industry while at the same time rigidifying its practices.

Tomatoland begins with the tracing of the genesis of the modern-day tomato which takes the author from the Atacama Desert in Chile to Europe to the United States. This unique fruit (classified under the Tariff Act of March 3, 1883, by the Supreme Court as a vegetable to protect American farmers from Caribbean competition) owes its current manifestation to determined indefatigable botanists, unusual policy directives, war, chemical use, and voracious demand. But these influences are not without consequences. For example, Estabrook’s chapter on chemical warfare hauntingly identifies various agents that cause neurological, respiratory, and cardiac health problems. Most notably is the pervasive use of methyl bromide use as a pesticide even as it is a known chemical which causes significant health problems including severe birth defects. The use of methyl bromide echoes the theme of willful ignorance throughout this book, where various

players turn their eyes from hazardous realities in order to maintain provinces of power within the tomato industry.

The tomato fields in Florida are as hidden as the workforce that harvests them. Estabrook brings to light the endarkened worlds of human trafficking, debt peonage, and slavery that run rampant through the lives of migrant workers who “work” for tomato farmers. Estabrook’s exposé is both chilling and horrifying, weaving the thread of helplessness and secrecy that continuously threads through his entire book. He also illuminates agents of shifting power such as the labor movement, notably the Coalition of Immokalee Workers, and offers chilling insights into the trials and short-lived victories by farm worker labor struggles.

At times this book reads as if Estabrook were himself trying to free the men and women affected by *Tomatoland*’s business farms, even ending his book with an offering of an ethical farmer and his business model. Estabrook attempts, through plainly written words, to shed light on and make sense of an industry in Florida that by all counts cannot sustain the fruit that naturally should not grow in its nitrogen deficient soil.

If there is a weakness to his book, it is his cursory examination of global influences that contribute to the steady stream of vulnerable and desperate workers from Latin America. Estabrook tends to rely mostly on a critique of the antiquated Floridian system of food production, an overinflated food market that depends on unrealistic food production, and distorted public policy favoring economics over social equality. He, perhaps, lacks the framework for understanding the politics of battling ideological paradigms such as libertarianism, which gives form and shape for these industries to thrive. Rather, in the world of *Tomatoland*, Estabrook paints a picture of medieval fiefdom, small wars and battles over power, protections, and labor without the larger impacts of globalized markets and politics. Still, he adroitly makes his point. He draws back the blinds to reveal an unsavory sight of oppression inflicted both upon the soil and the beings who work it. 🍅

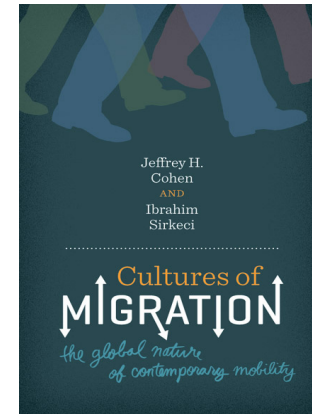
Cultures of Migration: The Global Nature of Contemporary Mobility. By Jeffrey H. Cohen and Ibrahim Sirkeci. Austin, TX: University of Texas Press. 2011.

Reviewed by Daniel Vélez Ortiz
Julian Samora Research Institute

Cohen and Sirkeci combine areas of scholarship on immigration to present a broad view of the phenomenon of migration from a cultural perspective. Throughout the volume, the authors focus on human mobility with an emphasis on households within the web of broader economic and political factors at play in the creation and propagation of migration. There is also an underlying emphasis on policies that aim to control migration, yet have unintended side effects that ripple through local, national, and global levels.

The book begins by situating the reader within the authors' perspective by defining migration as a household phenomenon. However, their conceptualization of a household is not confined to a physical location, but expanded to a cultural, economic, and political entity. This expanded framework of a household highlights the multi-level complexities of migration, which are not typically considered together. The decision to migrate becomes an act of family growth, financial investment, and becoming an ambassador of a household to foreign lands. The next chapter presents selected periods in the migration history of the United States and the shifting conditions that created a need for internal migration within U.S. borders (wars, economic depression, etc.), as well as those conditions that have generated immigration from other countries (political asylum, famine, etc.). Yet, anti-immigrant sentiments have endured to create an expectation of forced assimilation. This way, all immigrants must work to speak, act, and believe like members of the dominant culture if they are to be considered true citizens.

Chapter Three focuses on migration within national borders, which, according to the authors, bears much similarity to international migration in terms of motivations and needs of making the decision to migrate. Also similar are the forces and conditions that push people to migrate. The chapter makes sparse use of quotes which are very helpful in contextualizing the major themes laid out by the authors. It would have been useful to include more quotes from research cases in this chapter. As a case in point, the



authors end the chapter with a discussion of the economic and civic inequalities facing indigenous populations in a modern context. These inequalities have created economic insecurity among indigenous populations, thus increasing the number of migrants among these peoples, destabilizing their families, communities, and cultural practices.

Next, the authors focus on international migration. This chapter opens with a discussion about common misconceptions of international migrants. The authors state that oftentimes international migrants are perceived to come from poor communities, take jobs and social resources from the nationals, and don't leave the host country. However, the authors explain that many migrants are the opposite of these stereotypes. For example, those in the poorest communities are least likely to migrate because migration is an expensive process. It involves paying several agents to guide and help reach the destination desired. Also, the authors point out, immigrants tend to perform those jobs that the local population does not perform because the jobs are unsafe and physically demanding. Further in the chapter, the authors present migration as form of entrepreneurial activity, where making the decision to migrate is an investment to create income and stability at a location away from the household because resources are perceived to be more abundant at that location. The chapter ends with a critique on how little emphasis is paid to the role of governments in the issue of migration, since migration often occurs due to lack of opportunities for members of certain populations and opportunities available, albeit under substandard working conditions, at the country of destination. The authors posit that governments should be held more accountable for neglecting to provide support to economically vulnerable populations or turning a blind eye to their plight.

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Los Bandits Receive Award



Band members René Meave and Guillermo Martinez, founders of the Southwest Michigan band Los Bandits, were honored by receiving the 2012 Michigan Heritage Award. The Michigan Heritage Awards honor individuals who continue their family and community folk traditions with excellence and authenticity. The program was established in 1985 to call attention to Michigan's exceptional tradition bearers and supporters of traditional culture whose contributions to our state's heritage had not been recognized previously. Awards are annually presented in three categories: material culture, performance, and community leadership. The two musicians, songwriters, and singers are best known throughout the state for their distinct blend of Texas-Mexican *conjunto* and *norteño* music, laced with influences of blues, zydeco, country rock, gospel, rock and roll and reggae, all set to original bilingual lyrics, which also reflect their *tejano* (Texas-Mexican) roots and Michigan experience.

When René and Guillermo met in 1987, at a César Chávez rally, they already had a combined 40-year experience within the music industry. Guillermo was in a series of *tejano* bands playing in the *conjunto* and *orquesta* styles, while René played with rock and roll bands and his own original material. Their band formed in 1991, which was originally to be a vehicle for Guillermo with René as accompanist, but because of their strengths with one another, they became both musical partners and close friends.

Guillermo, was born in Texas, raised in Fennville, Michigan, and currently resides in Kalamazoo. He has worked in a variety of educational roles, including work with migrant communities. He is the youngest of fourteen children, and learned to play accordion from his brother, Alejo, and then started playing drums in the early 1960s in a family band led by his older brothers. His mother loved to sing the old songs of the Mexican Revolution and *rancheras*. He eventually learned to play keyboard, which was influenced by traditional *orquestas*. He was a member of the band Lowrider from Holland.

René also grew up in a musical family. He is originally from Weslaco, Texas, the youngest of ten children. He first learned to play drums and later the guitar. "My mother, she always wanted us to play music," René recalled in a 2006 documentary. His family migrated northward following jobs during the harvest seasons. He then migrated with a friend to southwestern Michigan. "I'd never seen a place with so many lakes; I love water. I'd been introduced to Motown Music and I didn't leave. I came to Kalamazoo and never went back."

The music of Los Bandits pushes the boundaries of tradition, but remains firmly grounded in the performance styles and genres of the Texas-Mexico borderlands. In Michigan, René and Guillermo write and perform most of their own music, which is geared toward audiences in the Midwest. They have four recordings: *Tex-Mex del Midwest*, *La Onda del Midwest*, *Live en el State Theatre*, and *Two Fronteras*. Having both gained their first musical experiences within their families and communities, they have helped mentor the next generation of musicians. René and Guillermo have been actively performing since 1962 and 1970 respectively, and their bilingualism has allowed them to play for a variety of audiences and family celebrations, such as *quinceañeras* and weddings, where they can bridge the gap between families of different cultures. Through both their careers and music, they have been tireless advocates for farmworkers. 🌱

2012-2013 Recipients of the Julian Samora Endowed Scholarship

Scholarship Recipient - Alma Ramirez



A sophomore at MSU, Alma Ramirez aspires to have a successful career in finance. Alma is from a family of farm workers in Watervliet, MI, and came to MSU through its College Assistance Migrant Scholars Program (CAMP). Due to the financial hardships she has witnessed within Latino communities, her goals include assisting Latinos in the pursuit of their dreams by educating them on such matters as retirement planning, which many Latinos seldom engage in early in their work lives. She also hopes to inspire younger Latinos and Latinas to pursue a higher education degree. Alma is an active member of several student organizations on campus. She is involved with Culturas de las Razas Unidas (CRU), the Rising Farmworkers Dream Fund (an organization for business students aimed at educating students -- and families through the students -- on how to best manage and invest their money), and the Native American Hispanic Business Students. 🇺🇸

Scholarship Recipient - Bette E. Avila

Bette was born and raised in Michigan. She attended MSU, where she earned her bachelor's degree in political science and international relations with a focus on Latin America. Upon completing her undergraduate degree, she moved to New York City, where she obtained her master's degree in public administration from Baruch College and worked for NYC's Office of Management and Budget. Realizing that budgeting did not provide her with enough opportunities to apply her policy skills in ways that would help make the world better, Bette returned to MSU and enrolled in the doctoral program in the Department of Sociology. Her personal research interests are domestic violence and the specific hurdles that Latina immigrants face in resolving these conflicts. She has worked on several projects at JSRI focusing on Latino entrepreneurship and is currently working at Michigan State University Extension Health and Nutrition. 🇺🇸



“It is not what we know but what we do with what we know on behalf of the less fortunate that is glorious.”

“No es tanto lo que sabemos, es más lo que hacemos con nuestra sabiduría por los menos afortunados, lo cual es glorioso.”

Julian Samora, Erikson Hall, Michigan State University, May 4, 1993

Chapter Five brings attention to those who stay behind or the “anchors.” Also called “non-migrants,” they are the families of migrants who do not leave their homes but serve as support for making decisions and managing outcomes related to the out-migration of household members. For example, they may influence policy decisions having to do with whether or not the migrant will have involvement in the local government, which could be a way to keep them connected to the community; but also social support because the migrant might feel very isolated in the destination community. Further, the authors point out that family composition can also determine whether a non-migrant will become a migrant or vice versa. For example, a single male may be more likely to migrate, while an older married male may be more likely to return home to his family. This chapter highlights an important dimension of the migration enterprise, the family and community members who stay behind. Thus the migrant is really the tip of the iceberg with a deeper, yet instrumental network and history that remain unseen.

Chapter Six centers on the economics of migration. It begins with a discussion on remittances that, again, goes beyond the typical discourse on migration. The discussion expands remittances beyond the monetary transaction and embeds them within a cultural context. The authors then present a framework of security and insecurity to understand better the cultural exchanges. According to the authors, remittances can be a tool to achieve more security among the sending families and communities. For instance, remittances can become a strategy for economic development of sending communities. At the end of this chapter, the discussion moves away from outcomes and impacts into a more systemic view of legal and social industries that exist because migration occurs. The book concludes with a re-stated view of a “culture of migration” as a phenomenon that begins with a single decision, but that carries multiple and complex ramifications; a decision that has its origins within a context of multiple factors where boundaries appear within households before they appear within nations, thus reflecting insecurities that propel the search for security outside of the home community. Remittances become more than currency in the economic sense, rather they become cultural currency to transport knowledge, services, goods, technology, and more. The authors advocate for a different lens with which to view migration’s human side instead of as a criminal matter, and to examine the nation state’s failure to provide support as a central factor in the migration dynamic.

This book makes important advances in the migration discourse. Using a more human lens and taking into account cultural issues surrounding migration, the authors deepen the understanding of the complexities in migration. An important issue discussed in the book is that of security and insecurity as forces pulling and tugging at the flow of migration. Although, they drive the point across, the authors could have made greater use of quotes and data from their respective research experiences to help contextualize and further humanize the issues discussed. This book would be a very valuable addition to any academic course on migration or to non-academic readers wanting to go deeper and see the human side of migration.

Transnational Labor Series: Barry Estabrook Speaks about *Tomatoland* by Jean Kayitsinga

Barry Estabrook, author of the recently published book *Tomatoland* and former contributing editor at *Gourmet* magazine visited MSU in mid April and spoke on “how modern industrial agriculture destroyed our most alluring fruit.” Estabrook, who is originally from Canada and



worked on farms in his younger days, graduated from Queens College and currently lives in Vermont. He stated that it is much easier writing about food than producing it.

His presentation focused on industrial agricultural production in the tomato industry and the working conditions of farmworkers. He indicated that one-third of fresh tomatoes come from Florida, where they are big business—worth more than \$6 million annually. Owned by a dozen producers, these businesses are highly concentrated.

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Through frameworks of meaning humans are able to organize their daily lives in ways that shape their relations with others and help them seek ways to overcome adversity and avoid despair. In this essay we present a



view in which the way suffering is framed by Latino former farmworkers serves as the basis for resilience among Latino farmworkers.

Migrant farmworkers are among the poorest and most vulnerable population segments in our society. How they make sense of their situation and the challenges they face, and how they are able to show resilience in the face of seemingly overwhelming adversity is the focus of our essay. Migrant farmworkers have been part of U.S. agriculture for far more than a century and part of Michigan agriculture since the beginning of the 20th century. Nearly every ethnic group (including both women and children) has worked in the nation's agricultural fields, including Native Americans, Spanish Americans, African Americans, Chinese, Japanese, Filipino, European immigrants, Puerto Ricans, Mexicans, and Central Americans, among others. European immigrants were incorporated into the nation's mainstream while conquered and other groups remained outside the mainstream.

Today, Mexican Americans, Mexicans and Central Americans comprise a major segment of the nation's more than three million migrant and seasonal farmworkers. According to the National Center for Farm Worker Health, Inc., approximately 78 percent of farmworkers are foreign-born, and approximately 75 percent of them are originally from Mexico. In effect, approximately 1.75 million of the nation's migrant farmworkers are of Mexican origin. Mexico began serving as a source of migrant farmworkers

early in the 20th century, and in significant numbers during World War II, when the Bracero Program supplied workers from 1942 through 1964, with nearly half a million workers coming annually during the mid-1950s.

Working Conditions and Collective Bargaining

Migrant farmworkers have historically been among the most exploited workers in the country. They endure low wages and chronic poverty, dangerous working conditions, including the occupational hazards of pesticides, poor housing, lack of access to healthcare, and food insecurity. Early in the 20th century they began to engage in labor strikes to improve their terms of



employment. Rejected by the American Federation of Labor, farmworkers continued to struggle without the support of mainstream labor organizations, and when the Fair Labor Relations Act was passed in 1935, which guaranteed workers the right to collective bargaining, farmworkers (and other workers, namely domestic workers) were excluded. Farmworkers did not receive any legal protections until the 1966 Amendment to the Fair Labor Standards Act of 1938 when some farm workers were included under the minimum wage clauses. It was not until 1983, with passage of The Migrant and Seasonal Agricultural Worker Protection Act (MSPA), that migrant and seasonal farm workers were provided with protections concerning pay, working conditions, and work-related conditions, including the requirement that farm labor contractors register with the U.S. Department of Labor. Today, however, the majority of farmworkers continue to lack collective bargaining rights. Only California is notable in secur-

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of the law have already taken effect, including rebate checks for seniors in the Medicare donut hole and tax credits for small businesses. And more rights, protections and benefits for Americans are on the way now through 2014. The new law is complex, and there are many provisions even the “experts” do not yet understand.

Information on the Patient Protection and Affordable Care Act in Michigan

Today in Michigan there are 1.1 million people without health insurance, 1 in 6 are enrolled in Medicaid, and every Michigan family with insurance pays \$730 per year for emergency room care for the uninsured, the most expensive form of care available. Health care costs even contribute \$1200-\$1600 to the price of every vehicle made by our domestic auto companies here in Michigan.

The Patient Protection and Affordable Care Act (ACA) is the single most important reform of America's health care system in decades and it profoundly affects Michigan's citizens and small businesses.

ACA does the following:

- Health care costs will be reduced for the middle class;
- Medicare will be strengthened for seniors;
- It outlaws discrimination against Americans with pre-existing conditions;
- It reduces costs and makes coverage more affordable for people without health insurance today;
- It sets up a new competitive marketplace where families and small business owners will get the same buying power and insurance choices that all members of Congress will have when shopping for the insurance plan that works best for them.

If individuals like the health plans they have, then they can keep them. If they like their doctors, nothing takes that choice away. Citizens will also have more consumer protections, greater control over the insurance they have, and their health coverage can't be canceled if they become sick.

What the Supreme Court Health Care Decision Means

Leading up to the U.S. Supreme Court ruling, most public attention focused on the fate of the individual

responsibility provision (or mandate). The individual responsibility provision requires that, starting in 2014, most people will need to either obtain health insurance or qualify for an exemption (based on economic hardship, for example), or they will have to pay a financial penalty on their tax return. Lower courts were divided on the constitutionality of the individual responsibility provision: Two appeals courts upheld the law, but a third struck it down.

In a 5-4 opinion written by Chief Justice John Roberts, the U.S. Supreme Court ruled that the individual responsibility provision is constitutional. This means that the implementation of the law goes forward. This includes all the reforms in the insurance market, such as protections for people with preexisting conditions; establishment of consumer-friendly exchanges; and tax credits for working families to make coverage affordable. Other parts of the law that were at risk in the event of a negative decision, such as improved prescription drug coverage for people with Medicare, also remain in place.

The Supreme Court's decision to uphold the Affordable Care Act was a tremendous victory for American families. While there is much work to be done, especially in states where governors are hesitating to expand Medicaid, implementation of the law can continue to move forward, bringing us closer to achieving affordable, high-quality health care for all Americans.

What Small Businesses Need to Know About the Affordable Care Act

The rising cost of health insurance has been and continues to be a major problem facing American small business owners. To help provide relief of that financial burden, the Affordable Care Act became law in 2010, and is already reining in Americans' health coverage costs. More than two years later, the law's fate rested in the hands of nine Supreme Court justices who issued their decision in June of this year. According to scientific opinion polling, 47% of Americans approved of the Court's decision to uphold the law, while 43% disapproved. Moreover, a majority of small business owners also wanted the law upheld. Importantly, support for the law increases among small business owners once they learn more details about its key provisions.

In Michigan, 42% of small business owners wanted to see the law overturned. A poll conducted in eight states (including Michigan) by the Small Business Majority found that once Michigan small business owners learned more about the healthcare law, their support for keeping it increases to a 52% majority, while support for it to be overturned dropped to 35%. Moreover, business owners strongly support most of the key provisions affecting small businesses.

One of the law's key components that has considerable small business support is the health insurance exchange. The exchange is an online marketplace where small business owners will be able to pool their buying power when they purchase coverage. For example, by nearly a ratio of 6 to 1, owners say they would use their state exchange or at least consider using it, compared to those who say they would not consider using it to provide benefits. A majority of entrepreneurs find some features of the exchange very appealing, and 62% support Michigan applying for federal funds to set one up.

In addition, 38% of business owners report that they would be more likely to purchase insurance through the exchange if, in 2014, the small business tax credit is restricted to only those using the exchange. That's more than twice the number (18%) who say they would be less likely to purchase from the exchange. Of those respondents who meet the basic qualifications for the tax credit, 63% are already taking advantage of it. Of eligible employers who are not claiming it, 67% say it's because they are unsure whether their business qualifies or not. Importantly, an overwhelming ratio of 7 to 1 of business owners say that they would be more likely to provide or continue providing healthcare to employees if their company qualified for the credit.

Robust majorities of small business owners also support nearly all provisions they were asked about: medical loss ratio, rate review, pre-existing condition exclusion bans, eliminating annual dollar limits on insurance benefits, preventing rating based on health status or gender and more. The Small Business Majority poll also showed a strong interest (68%) in workplace wellness programs, if these programs would help lower coverage costs.

The ACA is intended to give small businesses and individuals access to a broader range of healthcare

plans, contain rising healthcare costs and provide tax credits for employee healthcare premiums paid by small employers. Smaller profit margins mean small employers are less able to absorb increases in health care premiums, leaving their employees especially vulnerable to rising health care costs. The Employee Benefit Research Institute estimates that approximately 50 percent of uninsured Americans are small business owners, employees, or their dependents.

Insurance Exchanges or MIHealth Marketplace

The ACA builds upon the existing employer-based health insurance system by introducing State Insurance Exchanges that will allow small businesses and individuals to join together for increased negotiating power and access to expanded plan options. By 2014, every state must have its own Small Business Health Options program or a health marketplace or one set up by the U.S. Department of Health and Human Services. To date, 15 states and the District of Columbia have established state-based exchanges. In Michigan the Senate passed SB 693, MIHealth Marketplace Act, in November of 2011, but it was placed on hold in the House. Despite recent urgings by Governor Rick Snyder, the House has not moved forward in establishing a state-based exchange and appears to be moving toward a state-federal partnership exchange. States have until January 1, 2013, to establish a state-based or partnership exchange to be approved by the U.S. Department of Health and Human Services. If the exchange is not approved, the federal government will be responsible for operating a health-insurance exchange in the state.

According to ACA, businesses with 1-100 employees will qualify for participation in the Exchange small group market. Exchanges will offer four categories of insurance packages based on the percentage of cost each plan will cover:

- Bronze = 60%
- Silver = 70%
- Gold = 80%
- Platinum = 90%

Each level will include a minimum benefit requirement for plans offered. Employers may choose

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the level of coverage to offer, allowing employees to choose any plan within the exchange at that level. The Department of Health & Human Services has launched www.HealthCare.gov to offer information about coverage options available in each state.

Cost Containment for Small Business

Under the Affordable Care Act, small businesses will see decreasing premium costs. The ACA requires that 80% of the premium for small group and individual plans be spent on care, rather than administrative expenses, thereby limiting administrative overhead. The ACA also imposes limits on cost-sharing within plans at each coverage level, including a \$2000 limit on deductibles for individuals (\$4000 for families), and eliminates cost-sharing on preventive services and caps on the dollar value of services.

The ACA also promotes prevention and wellness programs to reduce the likelihood of preventable health conditions requiring costly treatment later in life. Grants will be made available through the Department of Health and Human Services for small employers that introduce evidence-based workplace wellness programs, such as healthier on-site food options or flextime to allow employees to be more physically active.

Tax Credits for Small Business

Businesses with fewer than 25 employees, average wages below \$50,000 and which pay at least 50% of the premium cost will also be eligible for tax credit that will save an average of \$1000 per employee. In 2010 approximately 1.2 million businesses were eligible for the maximum credit. The Small Business Majority offers an online credit calculator for persons interested in calculating their credit at <http://www.smallbusinessmajority.org/tax-credit-calculator/index.php>.

Shared Responsibility Requirement

On January 1, 2014, the shared responsibility provision will take effect requiring some employers to pay a penalty for each full-time employee for whom the employer's coverage is unaffordable and who receives government assistance and buys coverage in an exchange. However, most small businesses will be exempt from a penalty if they don't offer health insurance and those with fewer than 50 full time employees are not subject to the provision. Businesses

with 50 or more employees but no employee who receives an individual premium tax credit or cost-sharing reductions (both based on income) will not be required to pay a penalty whether or not they provide insurance.

If an employer does offer coverage, and at least one full-time employee receives a premium tax credit or cost-sharing reductions, the employer will be required to pay \$3,000 for each employee who receives assistance or \$2,000 per full-time employee (not counting the first 30 employees), whichever is less.

The Affordable Care Act and Families

One of the main purposes of the law is to decrease the high number of people who do not have health care coverage. Over the next few years as the provisions of the ACA are phased in, 32 million more people are expected to be able to access coverage because it has become more affordable. Many provisions in the law are helpful to families. They are provided below with the year when they take effect.



Here's How the Affordable Care Act (ACA) helps Children:

- Since 2010, children can no longer be denied health insurance coverage due to a pre-existing condition.
- The ACA requires that insurance policies cover recommended preventive care for children with no co-pays or deductibles, including annual physicals and recommended vaccinations.
- The ACA ends lifetime limits (caps) on coverage (2010) and ends annual limits on coverage (phased in up to 2014) - so children and their families with expensive care do not get cut off from coverage after they hit the cap.
- The ACA makes rescission illegal - this is the insurance company practice of dropping coverage when children or their parents become sick (2010).
- The ACA requires that insurance for children

- includes vision and oral care (2014).
- The ACA funds pilot projects to study ways to improve care, such as the Childhood Obesity Demonstration Project (2010).
- The ACA extends funding for the Children's Health Insurance Program (MICHild) for two years.

In addition to the provisions listed above, here's how the ACA helps young adults:

- The ACA allows young adults to stay on their parents' health care plans until age 26 (2010).
- The ACA creates state-based health insurance exchanges so young adults can easily compare different options and decide how much coverage they want, including a catastrophic-only coverage (2014).
- The ACA offers fully subsidized insurance for those with incomes at or below 133% of the federal poverty level.
- The ACA requires that insurance policies cover recommended preventive care for adults with no co-pays or deductibles, including annual physicals and recommended vaccinations.

In addition to these provisions, the ACA also helps adults by:

- Ending "gender rating" - the insurance company practice of charging women more than men for the same coverage (this practice currently affects policy costs for all families with women - raising the cost for the whole family) (2014).
- Ending the practice of denying coverage for women's pre-existing conditions, such as domestic violence, breast cancer, pregnancy, C-section or domestic abuse.

Parents, both men and women, will benefit from greater access to coverage and preventive care. The financial security of knowing that medical bills will not threaten the family's future is also a benefit to all American families.

The Medicaid Expansion

Following the Supreme Court's ruling on the Affordable Care Act, there has been much confusion surrounding the status of Medicaid expansion in Michigan. It is important to remember that the

Supreme Court did not strike down this important component of healthcare reform, but rather changed the Federal Government's means of enforcing this requirement. Despite diminished enforcement authority, Medicaid expansion is still the law of the land; it creates many opportunities for the state, and Michigan is expected to follow it.

The Senate Fiscal Agency's July 28, 2012 memorandum underscored this opportunity, estimating that the state's expansion of Medicaid could help Michigan save at least \$200 million dollars through 2017.¹

Medicaid expansion will also be a critical component in the reduction of healthcare costs for the entire population, as well as for providers, clinics, and hospitals. Without expansion, thousands of people in Michigan will be forced to continue accessing care through emergency rooms and other expensive care delivery settings. This public policy choice will perpetuate the uncompensated care problem, leading to higher insurance premiums and costs for *all* consumers. Medicaid expansion is a key mechanism for lowering healthcare costs by ensuring that care is paid for and delivered in appropriate settings where consumers are more likely to achieve better outcomes.

Medicaid expansion will be covered by a 100% federal match during its initial three years. While the match falls slightly thereafter, it still offers a much better match for the state than ever before—along with the unprecedented opportunity to insure nearly 600,000 low-income Michigan residents who are currently ineligible, including many working adults who cannot afford health insurance with their earnings.² This expansion has the added benefit of injecting millions of dollars into the state's economy, leading to increased employment in healthcare and beyond. In many cases, these are jobs that cannot be off-shored or sent out of state. The Medicaid expansion dollars flowing into Michigan will have an immense multiplier effect, shoring up the economies of local communities throughout the state. Michigan cannot afford to miss this growth opportunity. Finally, as part of healthcare reform, the funds

¹ Available at <http://www.senate.michigan.gov/sfa/Publications/Memos/mm062812.pdf>.

² See Table 1, Medicaid Coverage and Spending in Health Reform, Kaiser Family Foundation, available at <http://www.kff.org/healthreform/upload/Medicaid-Coverage-and-Spending-in-Health-Reform-National-and-State-By-State-Results-for-Adults-at-or-Below-133-FPL.pdf>.

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available to hospitals to cover part of their uncompensated care costs through Medicaid and Medicare Disproportionate Share Hospital Payments (DSH) will fall significantly in expectation of fewer uninsured individuals. This expectation of fewer uninsured individuals rests, in part, on the expansion of Medicaid. If Michigan fails to follow federal law, hospitals will still see their DSH payments decrease, but will not fully benefit from lower uncompensated care costs because our state will not have expanded Medicaid sufficiently to cover the gap. This position is untenable for our hospitals and for our consumers: it will lead to unnecessarily high costs and continued poor health outcomes as uninsured individuals are forced to rely upon acute care settings.

Michigan policymakers have a rare opportunity to improve the health of Michigan's population through a cost-effective expansion of Medicaid under the Affordable Care Act. It would provide health security and access to medical care for an estimated 400,000 to 600,000 uninsured Michigan residents, resulting in a win-win situation—for the state and its low-income residents.

The Medicaid expansion can be achieved without the investment of new state funds. State funds spent on healthcare services for low-income individuals not currently eligible for Medicaid could be redirected to serve as the state's Medicaid match. As stated above, initially, the federal government will pay 100% of the cost, resulting in significant General Fund savings to the state for the first several years. Modest savings will continue, from 2020 onward, with the very favorable match rate of 90%. An estimated \$2 billion per year in new federal revenue would not only pay for needed healthcare services but would also provide

significant economic stimulus.

The Law and Medicaid

According to the Michigan League for Human

Services, the ACA requires states to expand their Medicaid programs in 2014 to low-income parents and for the first time to childless individuals with incomes up to 133% of the federal poverty level (FPL; roughly \$14,403 for an individual and \$24,352 for a family of three in 2010). Children are already covered up to 200% of the FPL. The U.S. Supreme Court ruled in 2012 that the penalty included in the Act for not complying with the Medicaid expansion, the withholding of all federal funds for the Medicaid program, was too harsh and unduly coercive. The remedy put forth by the Court was elimination of the penalty for not expanding Medicaid. However, the portion of the law mandating the Medicaid expansion was not changed by the ruling; it remains the law of the land.

Michigan's House and Senate Fiscal Agencies have released information documenting the fiscal benefits to the state for proceeding with the Medicaid expansion. The House Fiscal Agency memorandum concluded that the state would experience net savings in the first six years (2014 - 2019), and the expansion would be "roughly cost-neutral in the subsequent years," with small savings projected in the seventh through tenth years. The preliminary state savings estimates include more than \$200 million in the first year and \$1.1 billion over the 10-year period 2014-2023. New federal revenue to the state would range from \$1.9 billion to \$2.2 billion per year over the 10-year period, for a total of \$20.5 billion. This report presents an unprecedented long-range analysis of the impact of the Medicaid expansion.

The Senate Fiscal Agency memorandum also concluded that the Medicaid expansion would result in state General Fund savings of at least \$200 million per year through the year 2017, when the state would be required to provide a 5% match. The memorandum asserts that the Medicaid expansion is "more of a policy issue than a fiscal issue."

The savings projected by both fiscal agencies result from current state spending on limited healthcare services for individuals not currently Medicaid-eligible, but who would become eligible under the expansion. Again, their care would be financed by the federal government at 100% for the first three years, then phasing down to 90% by 2020. Key programs where savings would occur



are community mental health services for those not eligible for Medicaid and the Adult Benefits Waiver, which provides ambulatory benefits to a very low-income (34% FPL) and limited population. There may be additional state and local savings in other program areas, such as public health or corrections if the Medicaid expansion is implemented.

The federal Centers for Medicare and Medicaid Services have indicated that there is no deadline for states to determine whether to expand their Medicaid programs. However, the federal matching rates are set in the Affordable Care Act—100% federal funding 2014–2016, 95% in 2017, 94% in 2018, 93% in 2019, and 90% from 2020 onward. States that choose to delay the Medicaid expansion will miss out on 100% federal funding in the early years. It is important to keep in perspective what the \$200 million in projected savings could buy in Medicaid healthcare services for the newly eligible population.

The Medicaid program is designed to meet the needs of low-income populations who often have poorer health statuses and greater healthcare needs than the general population. The benefits are comprehensive to meet the healthcare needs with limited out-of-pocket expenses. To provide optimum health outcomes, it is important that the state provide the full range of Medicaid benefits to this population. Although a lesser benefit package is allowed under the ACA, it does not make good sense to force individuals to go without needed care or be forced to seek care in the emergency room when benefits are not provided, but care is needed.

In addition to better health outcomes if full Medicaid benefits are provided, savings will accrue to those who purchase private coverage when hospitals no longer pass uncompensated care costs on to them, a benefit to all Michiganders.

Recent studies have documented the positive health outcomes for populations enrolled in Medicaid. A study by Harvard researchers published in the *New England Journal of Medicine* found that in three states that voluntarily expanded Medicaid eligibility to nondisabled, low-income adults without children, fewer died compared to neighboring states that did not expand coverage. The study also found that those who enrolled in Medicaid reported better overall health status and fewer delays in seeking care because of cost concerns.

The landmark *Oregon Health Study* has also documented the benefits of enrollment in Medicaid. In a survey conducted one year after individuals were randomly selected from a waiting list to fill 10,000 slots in their Medicaid program for adults, researchers found that “enrollment in Medicaid substantially increases health care use, reduces financial strain, and improves self-reported health and well-being.”

The ACA Medicaid expansion provides an unprecedented opportunity for Michigan to improve the health and health security of Michigan’s low-income residents. Last year, the Legislature passed nearly \$2 billion in tax cuts for business, shifting most of the burden to individuals, and disproportionately to lower-income individuals and families.

The ACA provides the opportunity to invest in Michigan residents to provide health security to low-income parents and individuals who may have lost their jobs and healthcare coverage or who may be working at jobs that do not provide affordable coverage or they do not qualify for coverage. This critical investment can be accomplished without new state funds.

The Medicaid expansion provides a perfect opportunity to achieve many of the goals set forth in the governor’s health message in which he said, “Government and the private sector can and should empower Michiganders with the tools necessary to access quality health care and live a healthy lifestyle. We should act expeditiously and with compassion.”

ACA and Expanded Health Care Coverage Reducing Health Disparities

Although addressing disparities was not the primary focus of health reform, the law takes steps in the right direction to address disparities among communities of color. The new health reform law will significantly expand access to affordable health coverage, which is especially important for communities of color. In 2008, persons of color made up 35 percent of the U.S. population, but they accounted for 54 percent of the uninsured. During the recent recession, communities of color have experienced higher rates of unemployment, and the number of people with job-based health coverage has decreased significantly.

In addition to covering millions more people, reducing costs, and improving quality, health reform addresses widespread inequities that result in racial

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and ethnic health disparities. Health reform expands coverage by providing Medicaid to millions more low-income working families who currently fall through the cracks. It creates new, regulated marketplaces known as exchanges where insurers will compete for customers and where consumers have the opportunity to purchase the best plan at the best price.

Increased Funding for Community Health Centers which Provide Essential Health Care

Community health centers will continue to play a critical role as the safety nets for our most vulnerable populations, including those who will continue to lack access to care. Under the new health reform law, undocumented immigrants will remain ineligible for public benefits and will be barred from purchasing insurance through the exchanges. And legal



immigrants who have been in the country for fewer than five years will also continue to face unfair barriers to obtaining coverage through Medicaid. However, legal immigrants will be eligible to purchase coverage

through the exchanges and receive subsidies for that coverage without being subject to a waiting period.

Health Reform Cracks Down on Insurance Company Abuses

Insurers will no longer be able to deny citizens coverage because of a pre-existing condition or drop an individual's coverage when she or he gets sick. Insurers will no longer be able to charge higher premiums based on a person's gender or health status. Michiganders have been paying more for coverage and getting less. Insurers finally will be required to spend more of our premium dollars on actual medical care and quality measures.

Ends Runaway Premiums for the Middle Class

Uninsured Michiganders will be able to gain coverage through an exchange --a competitive marketplace. By forcing insurance companies to compete, exchanges will drive down costs, guarantee choice, and put consumers in control. People with moderate incomes (for example, a family of four making up to \$88,000) will get help paying their premiums.

Provides Financial Security and Stability

All of Michigan's 1,572,000 seniors and people with disabilities on Medicare will no longer have to pay for preventive services, and many will have more help paying for prescriptions. Health reform will set limits on how much families will have to spend on health care out of their own pockets (on co-payments, deductibles, etc.). Insurers will no longer be able to put yearly or lifetime limits on how much they will pay for care when a person gets sick. Health reform will reduce the federal deficit by \$138 billion in the next 10 years and will save \$1.2 trillion more in the following two decades.

Expands Coverage, Saves Lives

The Affordable Care Act allows young adults to stay on their parents' health plans up to the age of 26. Health reform will save lives. Without reform, an estimated 7,600 Michiganders would have died prematurely due to a lack of health coverage over the next decade. An estimated 795,000 uninsured Michiganders will gain insurance coverage by 2019.

ACA and the Budget

The Congressional Budget Office (CBO) predicted that approximately 675,000 Americans who would like to retire early but can't out of fear of losing employer-based health benefits will voluntarily retire once they can access affordable, subsidized healthcare through their state healthcare exchange. These retirees will normally be replaced within their places of employment and therefore will actually be creating new job opportunities for others. The CBO predicts that there would be some loss of lower paying jobs as a result of the ACA but those losses would be offset by new, higher paying positions within the healthcare professions. The CBO has reaffirmed the ACA is fully paid for. In fact, the CBO estimates that it would actually add \$210 billion to the national debt by 2021 if the law were repealed.

The ACA gives Americans new rights and benefits, including helping more children get health coverage, ending lifetime and most annual limits on care, and giving patients access to recommended preventive services without cost-sharing.

*The authors are representatives of Michigan Consumers for Healthcare, which works to attain affordable, accessible, quality healthcare for everyone in Michigan through education, outreach, advocacy and stakeholder engagement.

ing the rights of farmworkers to collective bargaining. As a result, they remain poor, exploitable, and struggling to survive within a system that demands access to a powerless, low-wage labor force.



Resilience and Suffering

Resilience is a fundamental feature of human experience that has to do with the positive adaptation by individuals to severe adversity. Rather than conceptualizing resilience as personal traits, we view the potential for resilience as embedded within the frameworks of meaning used by individuals and, in our case, families, which give them hope that things will get better, and which helps them survive and endure, if not overcome, adversity. It is important to recognize that individuals and/or groups are not always able to overcome adversity – that does not mean that individuals simply give in to adversity; rather they continue to believe that they, or their descendants, will be able to overcome the adversarial conditions facing them. In particular, frameworks that provide concepts that link suffering to transcendence are critical in giving hope to individuals and groups that adversity can be overcome. That is, they are linked to psychological processes by which individuals are able to draw strength from within themselves and those around them that enables them to withstand suffering.

The frameworks of meaning used by individuals to endure and transcend suffering are embedded in their particular cultures or subcultures. For example, the poverty and exploitation of farmworkers are tied to structural forms of inequality and are likely to be linked to notions of social justice. The form of suffering among farmworkers is not just of individual suffering but also of social suffering. They are subjected to and have to endure not just poverty but also social

stigma and marginalization. The result is that they are engaged in both personal and collective meaning-making as part of enduring suffering and struggling to overcome the conditions of social and economic oppression.

Suffering is a concept that frequently has religious underpinning, particularly in everyday life. This is particularly the case among the poor in society for whom religion is a source of spiritual and emotional support. Indeed, religion is highly correlated with poverty, with the poor more likely than the well-to-do to hold religious beliefs. As such, it is not surprising to find that farmworkers tend to be highly religious and that their most highly regarded leader, César Chávez, was himself a deeply religious man who used Catholic religion, with its emphasis on social justice, as an important tool to mobilize and hold together the farmworker movement. Suffering, however, can also be understood existentially; a feature of life in an imperfect world that has many sources including war, famine, injustice, guilt, and so on.

“Hay que Sufrir para Sobrevivir”

Both existential and religious views of suffering are part of the beliefs of Mexican and Mexican American cultures. A common view among migrant



farmworkers who traveled to Michigan and settled out of the migrant stream around the middle of the 20th century in the Lansing area and nearby communities is the notion that suffering is part of survival – that it makes one stronger. This is not much different from the American view

that adversity makes one stronger. The remainder of this article examines the views of former farmworkers in the Lansing area relative to the idea of *sufrimiento* or

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suffering. The data are taken from the Oral History of Latinos in Michigan project which began in 2008. The project's aim was to document the settling out process (leaving the migrant stream) and to document the life stories of the families who settled out in the state, beginning with oral history interviews in the Lansing area. Twenty-three participants over the age of fifty were interviewed in the Lansing area. The concept of suffering emerged as participants discussed their settling out process.

Although suffering is often thought of as consisting mainly of painful realities, the stories of our participants add new layers to the concept that help illuminate their lives. By allowing participants to tell their stories we are able to understand their frameworks of meaning and how they used them to organize their lives. Participants crafted narratives of pain to signify a complex set of multidimensional realities that included the following views: (1) Suffering is necessary for growth/learning; (2) Suffering as a necessary sacrifice on behalf of children; (3) Suffering leads to hard work; and (4) Suffering as a pathway to God.

Suffering as Necessary for Growth/Learning

Once the evidence revealed that suffering was a central life concept for many of the participants we began to probe about the meaning of the term. For example, one participant was asked why suffering was remembered in a fond way. The participant stated that *sufrimiento* teaches one about life. In particular this respondent spoke about how suffering through difficulty and struggle was learning a lesson in life. Labor struggles were important to the lives of farmworkers during this period (1950s to 1970s), when Ernesto Galarza, and then César Chavez were actively organizing farmworkers. This respondent recalled the suffering and struggles of the period in this way:

...[W]e went on strike and I'd go out with them, you know... The fondest memories, you know, I'd have to say – the experience. I never forgot how hard it was, man. Never forgot that I was learning a lesson, you know.



Because of the social nature of struggle, there is an implication of social suffering in this respondent's perspective.

Another respondent also spoke about the struggles to survive and how suffering is part of life.

Yo le digo a mis hijos: 'Ha ustedes les falta mucho que sufrir. Hay que aprender.' Como ustedes, bueno, qué bueno que sigan educándose, y es lo mejor de la vida porque si no le hace la lucha a educarte vas a andar batallando.

I tell my children: You still have much suffering to experience. It is important to learn. Like you, okay, it's good that you continue to get educated, it is the best in life because if you don't struggle to get educated you will have many difficulties.

While social suffering, that is, suffering induced by the forms of inequality and oppression in society, is not a concept used by the participants, it is implicit in their statements regarding struggle, particularly when it comes to labor struggles. The family, too, is a key referent in the statements by the interviewees.

Suffering as a Necessary Sacrifice on Behalf of Children

The family is the most valued unit among Latinos, especially among the poor, as it is the source of personal identity, social and financial support, and of one's purpose in life. In order to prevent social suffering among the children, one of the participants emphasized the importance of cultural sacrifice on behalf of the children:

All the Mexicanos in town spoke English and nobody spoke Spanish, and I was very surprised and I just couldn't understand it.

Back then you wouldn't see a White person speaking Spanish, you know, back then that wasn't the case. And so, the stories that I heard were that they [Mexicanos] would move into the area doing agricultural labor as migrant workers from Mexico or from Texas. And they were not accepted. There was a lot of discrimination against them. And they would have to live outside of the towns in the cart boxes, the train boxes. They say that they spent winters without any heat, any supplies, anything, you know. They would live like that; they didn't have a house, [so] they just used those boxes to live in. And they suffered a lot; I mean winters right now are not even half as harsh as the winters that I remember. They were terrible, they were worse than we have them now, they were longer and colder, I think. So there were long winters, and very cold winters, so for these families to live in a box car, you know, an abandoned train, it had to be very harsh. [Over time] what they did is that they, little by little, moved into town, they tell me. And they taught their children not to speak Spanish. They said: "You have to belong; you have to be part of society so you won't have to go through the things that we went through." And so, when I got there by the '60s there were no Mexicanos that spoke Spanish.

The avoidance of suffering through cultural assimilation was an adaptive strategy by the generations prior to the 1970s, particularly during the 1950s. Up through the 1960s, when the concept of cultural pluralism became a source of resistance against forced cultural assimilation, the dominant group ideology was that of assimilation. The concept of assimilation has been emphasized as part of the nativist movement of the last decade.

Participants also expressed the suffering endured as part of the process of immigration:

Era mi meta mía desde que yo era una joven. Fue mi primer meta que mis hijos no fueran a sufrir, y yo di mi vida por mis hijos. Me siento feliz porque

están ellos aquí y que hicieron su vida aquí. Si yo no me hubiera animado a hacer eso que hice allá estuvieran todos mis hijos en México y yo también. No sufriendo, a la mejor no, a la mejor tendrían negocios como aquí o a la mejor fueran unos grandes ingenieros, a la mejor, no sé. Pero, como yo sufrí mucho trabajando, por eso yo doy gracias a Dios que aquí están todos mis hijos. Es lo más importante.

It was my goal since I was young. It was my first goal that my sons would not suffer, and I gave my life for my sons. I am happy because they are here and made their lives here. If I had not become motivated to do what I did my sons would all be in Mexico and so would I. Not suffering, perhaps they would have businesses like they do here, or perhaps they might be successful engineers, I don't know. But, because I suffered a great deal working I give thanks to God that my sons are here. That is what is most important.



Taking risks and a willingness to endure suffering in order to improve opportunities for their children is an important dimension of the immigration process.

Hay Que Sufrir Para Sobrevivir

Suffering Leads to Hard Work and Resilience

Another dimension of suffering expressed by the interviewees has to do with hard work and resilience. One interviewee stated the following:

My mother, I tell you, my mother would wake us up at 2 or 3 o'clock in the morning, and we'd go to the cherry fields. *Bién oscuro. Dormíamos ahí hasta las, hasta que saliera el sol, [Still very dark. We slept there until the, until sunrise,] and we'd start working. We didn't have a clock! We were living in tents, o.k? Pero, mi mamá era de México, y una trabajadora, pero linda la mujer era. [But, my mother was from Mexico, and a hardworker, what a beautiful woman she was.] She was a go-getter. She was like 12 years older than my dad, you know, and she was - she wanted us to have everything, you know. And, and nos enseñó que trabajando, [she taught us that working], you know, el trabajo es... [work is...] not education or anything, tienes que trabajar duro [one has to work hard]. Es lo que enseñó [that is what she taught], I think what I enjoy the most out of it, as I look back, is that, you know, lo que sufrimos [how we suffered].*



suffering among Afghanees in the 1970s, the material conditions of poverty induce people to seek efficacy (or capacity) in religion. Canfield makes an astute observation, one that is probably universal. One of our study participants expressed the following:

Soy bastante positiva, mi fe, eso. Me encomiendo a Dios. En estos momentos me he demostrado yo misma que no creía que tenía esa fortaleza. Porque el mismo día que enterré a mi esposo le dije a mis hijos: “Bueno, esta noche me voy a



quedar sola”. Dice mi hija: “Mami, si te pasa algo empieza dar de gritos y te venimos a acompañar”. Bueno, me quiero probar, mi vida empieza sola, ahora otra etapa de mi vida. Porque yo creo que cuando tú dejas a tu país te haces más fuerte si se lo propones. Hay personas que no. Pero yo te digo cuando tú te veas solita aquí, como estás sola ahora... ahí es donde te hace falta toda tu fuerza para hacerle frente a las cosas... estás aquí con tu esposo, pasa algo y te tienes que hacer frente y la fe y la fortaleza son lo más grande que pueden ser. La fe en Dios... hay que hacerle frente, no hay más remedio. Vine para acá con 22 años, sin familia; criar dos hijos no era fácil con un esposo que me llevaba 20 años. Pero siempre, gracias a Dios, me acercó a la situación siempre, y me ha ayudado. No hay más remedio, tú tienes que aceptar las cosas como vienen. Yo digo: “Bueno, gracias a Dios. Si ellos se portaron tan bien conmigo, bueno, pues Dios me ayuda. Y si Dios te ayuda, tú tienes que tener fortaleza para seguir adelante”.

I am very positive, my faith, that is. I surrender myself to God. In these moments

Suffering as a Pathway to God

The most common view of suffering is nested within a religious framework. For Latinos, this is most often linked within the Catholic lens of linking self suffering with the suffering of Christ. The source of suffering for farmworkers is to be found in the material conditions of life – poverty and the hardships one must endure in order to survive. According to the anthropologist, Robert Canfield, who studied

I have demonstrated to myself that I did not believe that I had this strength. Because the same day that I buried my husband I told my children, "Okay, tonight I am left alone." My daughter said, "Mother, if something happens, yell out and we will come stay with you." Okay, I want to try, I begin alone now another stage in my life. I believe that when you leave your home country you become stronger if you want. There are persons who don't, but I tell you, when you find yourself alone here, like you are alone now, that is when you need all your strength to confront things... You're here with your husband, something happens and you have to step forward, and faith and strength are the greatest things that can be. Faith in God ... we must face it, there is no choice. I came here at 22, without a family; raising two kids was not easy with a husband who was 20 years older. But always, thank God, I approached the situation, and He always helped me. There is no other way, you have to accept things as they come. I say: "Well, thank God. If they behaved so well with me, well, God helps me. And if God helps, you have to have the strength to keep going. "


Faith in a greater power has been a source of efficacy for persons experiencing suffering. Reliance on God, for example, is a healthy relinquishment of suffering and endurance that enables this participant to persevere. Through suffering people seek God and find the strength to face and overcome adversity in life.

Implications

Suffering tends to have a negative connotation in American society. The pursuit of individual happiness is a pervasive value that frames the lives of many even when structural inequalities force individuals to reconcile their dreams with the material conditions of their lives. However, the numbers of Latinos continues to increase, the U.S. population will include a major population group that has a different relationship to the reality of suffering. It is a window to the worldview and complex web of meanings that

help them make sense of the world and life in general. There are several implications that stem from this cultural shift. For example, there are implications for health care (interventions, preventions) that are important to consider. For example, health care providers might do well to listen more carefully to the context and meaning of the Latino experience. There also are implications for social and political incorporation. That is, can the perspectives of Latino immigrants on democracy, the role of government, and the responsibility of citizens inform programs that promote their political incorporation?

Conclusion

It should be noted that suffering is not an ideal that these participants aspired to experience. It was rather a reality that was re-interpreted, and not necessarily through a victimized lens but rather altered to create a complex identity of resiliency and perseverance. The focus on suffering as an important locus of resilience that illuminates larger cultural patterns. In this case, suffering can be linked to noble intentions such as learning and personal growth, improving the life of children, hard work, and associating with religion and faith, all of which contribute to the capacity to confront challenges in one's life. The view of suffering for Latino farmworkers resonates with the American saying that "adversity makes one stronger," although the latter lacks the suffering of absolute poverty endured by our respondents. Understanding the loci of knowledge such as suffering for the Latino population sheds light on how individuals situate their identities within complex cultural interactions such as migration. By naming and externalizing this complicated internal process of meaning making, the participants both ennoble and strengthen their capacity for resilience in openly hostile and precious social realities. Understanding more of these subtle and often overlooked nuances could shed new light on creating culturally competent services in education, health, political incorporation, etc. 

Endnotes

¹ We are thankful to Rachael Moreno for bringing this phrase used by farmworker families to our attention.

Tomato harvesting is labor intensive. Fresh tomatoes have to be picked by hand. This is different from canning tomatoes in California where tomatoes are picked mechanically. In Florida, pesticides are used on plants and workers must bend to pick tomatoes. Mr. Estabrook stated that workers earn 50 cents per bucket of 35 pounds of tomatoes. A worker fills his bucket and puts it on a truck and does that every four minutes. Estabrook stated: "This is a very lousy job that is at the bottom of the bottom jobs in the U.S." At that rate of pay, workers earn from \$10,000 to \$12,000 per year with no overtime or vacation pay, no sick leave, no medical care insurance, no benefits of any type, and with great likelihood of injuries. According to Estabrook, the life expectancy of farm workers in the U.S. is about 49 years. They have no rights to organize in unions; they have to be on-call at all times; they are not sure if they will be called – "You don't know if you will be picked for the job. If it rains you don't work," he added.

Estabrook described workers' housing conditions in Florida as follows: they rent run-down trailers for \$2000 a month. Each unit houses 10 people with no heat and no air conditioning; they sleep on mattresses on the floor; have a tiny bathroom; and the kitchen has no working stove. This means workers have to pay for food at local restaurants, which is very expensive given their low levels of earnings.

Estabrook stated that this is ground zero for what amounts to modern slavery: "If you have eaten a fresh supermarket or food service tomato, then you have eaten a fruit picked by the hand of a slave." There have been instances of workers being shackled in chains, being beaten for not working hard, and some have been shot and killed.

He stated that 110 herbicides, pesticides, and fungicides can be used


in Florida's tomato fields. Some of these pesticides are deadly poisons, including carcinogens, mutagens, and neurotoxins. He indicated that 54% of tomatoes in grocery-store produce sections have pesticide residue. He added, "This is a disaster for workers: 96% reported pesticide exposure at work; 63% said pesticides touched their clothes (33% daily); and 53% said pesticides touched their skin (29% daily)."

Estabrook recounted the experiences of three pregnant women who worked the fields and lived in the trailers. They all worked for the same company and crew boss. They knew that pesticides were dangerous for their unborn children and their health, and indicated that they would like to stop working until they could have their babies. However, if they stopped working, they would be forced out of the trailers. They had nowhere to go and because they had no other choice they kept working through their pregnancies. The first baby was born with deformities and died. The second baby was born and also had deformities. The third was born with no arms or legs. A social worker heard of their case and got in contact with a lawyer in Florida. The lawyer took the case and sued the tomato company on behalf of the family arguing that the conditions on the farm caused the baby's deformities. They did drug tests on parents and genetic tests to prove their case. They won the case and the company was forced to pay a sizeable sum of money to families, which used it to purchase a house, a van, a computer, and a wheelchair, all of which were tailored for the children.

In the second part of his presentation, Mr. Estabrook asked the question: How do you address these issues on tomato farms? What are the solutions? Some of his suggestions were the following: workers should become more active; have

demonstrations and circulate petitions; students should help them pressure end users such as Taco Bell and Wendy's to demand better working conditions on the farms. Students have been instrumental in having Taco Bell removed from many university cafeterias. Estabrook also indicated that a grievance procedure should be in place because of the many instances of sexual abuses and favoritism in the fields. He also stated that workers should be taught first aid and how to deal with pesticides; workers should be paid per pound of tomatoes collected which would raise their earning from \$50 per day to \$80; there should be time punch clocks in fields; and workers should receive health and safety training. Estabrook stated that supermarkets must be persuaded to help end this abusive system.

With the exception of Whole Foods Market, not one supermarket chain has signed the Fair Food Program promoted by the Coalition of Immokalee workers to protect workers. However, Chipotle recently signed the "Fair Food" pact with Immokalee workers. According to Estabrook, there are no union agreements, "This is a repressive industry that has become aggressive in opposing workers."

At the end of his presentation, Estabrook addressed questions from the audience. One interesting question was: "The conditions of workers didn't change much in California under César Chávez, why do you think it would be any different in Florida?" Mr. Estabrook replied: "What will change is the template, the legal agreement, which seems to be working. It is a new type of labor agreement in the agricultural sector. This is a strategy that depends on consumers. Consumers can be supportive of workers. If the consumers are not interested, things fall apart. Farm workers have been successful because consumers saw that they were vulnerable." 



Dr. Mary Fonow, Director of the School of Social Transformation at Arizona State University, visited MSU on March 26 and made a presentation on “Union Feminism, Sexual Politics and Transnational Labor Activism.” She prefaced her presentation by stating that feminists around the world have organized for women’s rights and equality. The different waves of the feminist movement have promoted suffrage rights, an end to discrimination, and shed light on sexual politics. The main concern of her presentation was with the emergence of transnational feminist activism in trade unions and how feminists are using the resources of union networks, feminist movements, and the discourses of feminism to advocate for labor rights of women in the global economy. Her particular focus was how union feminists build transnational alliances and political campaigns across many lines of differences in the struggle for economic and social rights and global justice.

Dr. Fonow indicated that unions link members locally, regionally, and globally to the broader networks of activists, social movements, and organizations concerned with similar issues, such as labor rights and globalization and justice. Unions also bring together workers within and across workplaces, firms, and communities and within and across national borders. She added that political spaces for feminist activism have proliferated where the interests of labor overlap with other movements concerned with labor rights. Increasingly, campaigns

for labor rights are organized and funded not by unions alone, but with support from religious organizations, foundations, universities and, in some instances, from the state. Union issues are being defined in new ways, with many unions actively engaged in equity bargaining and family-friendly workplaces, as well as developing policies on workplace bullying and international aid.


With the “feminization of immigration” has come the need to link women to transnational labor networks, which provide union women with the opportunity to participate in the ongoing construction of transnational labor solidarity. Such networks are viewed as “those relevant actors working internationally on an issue who are bound together by shared values, a common discourse, and dense exchanges of information and services.” These networks serve as actors in politics and as a way to mobilize and structure the actions of participants, thus embodying elements of both agent and structure. Transnational networks also can be the vehicle through which working-class women are mobilized to struggle for economic justice and through which they forge collective identities as transnational feminist actors, but only if they are framed in a way that resonates with the realities of women’s multiple and intersecting social locations and identities. Finally, she stated that without the material resources, networks, and rhetorical tools of their unions, fewer working-class women from any part of the world would have the opportunity to participate in the debates and struggles concerning the politics of trade and globalization.

Dr. Fonow stated that the trade union movement is taking up the family as a rallying point for labor campaigns. Politics framed in terms of the family tend to rely on simplified definitions of the family and ignore the sexual politics within them or they hold the dubious belief that the traditional nuclear family is the norm. The trouble has been the way the family has been invoked historically

to justify contradictory labor policies and practices—including those advocated by unions and feminists.

The family has become a site of political and discursive alliances between women and labor that extend from the local to the transnational level. In the discourses and practices of everyday life and politics, the term “family” has diverse meanings as well as various and changing normative structures, practices, and social locations. The family is the most local and intimate of social institutions, yet it plays major roles on the international stage. The family has become a cornerstone of union feminist politics. Education and training, ideologies of femininity and masculinity, wages and conditions, and above all women’s relationships to the family were identified and implicated in the barriers to women’s equal participation in the labor market, in public life, and in the trade union movement. Two feminist campaigns to remedy these conditions stand out: 1) wages for housework, which sought to value women’s work in the family; and 2) equal pay, which sought equal value for women’s work in the labor market. Neither has succeeded directly, but each has been influential in reshaping discourses on women’s work.

Both unions and feminists utilized language that revealed some degree of awareness and engagement with the other: unions sometimes refer to men and women workers, feminist organizations recognize the importance of economic security and occasionally note the value of the right of workers to join unions. Fonow indicated that the 2005 World Forum included a session called “Change the Economy, Change the Society: Proposals Based on Feminism.”

Dr. Fonow concluded her presentation by indicating that union feminists create new political spaces that extend to transnational levels. Transitional union activism helps mobilize women workers to reframe issues and tackle concerns that arise out of the rapidly changing impact of globalization. 

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