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A Public Health Crisis in the Shadows

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# **Author**

Almasalkhi, Nadia

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# A Public Health Crisis in the Shadows

Nadia Almasalkhi

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The National Day Labor Survey estimates that there are more than 117,000 Latino migrant day laborers (LMDLs) in the U.S., with about a third residing in California. They supply cheap informal labor, often performing physically demanding work in exchange for cash in order to support their families back home in their countries of origin. The majority of LMDLs originate from Mexico and about a quarter come from Central America.

Latino migrant day laborers face a host of difficult circumstances that may threaten their health. The majority of LMDLs are undocumented, which leads to stress related to their migration status. Their migration status then intensifies struggles with poverty, unemployment, underemployment, and homelessness. Those who manage to find work are at greater risk of suffering work-related injuries due to a lack of safety equipment and proper training. As undocumented immigrants, most LMDLs who are injured at work do not receive compensation, and many do not even receive medical attention for their injuries.

Moreover, Latino migrant day laborers are separated from their families in their home countries and navigating an unfamiliar culture in the U.S. Research has shown that these difficult circumstances often result in depression, but BIMI-researcher Kurt Organista found that LMDLs also experience desesperación, which is a Latin idiom describing extreme frustration and dissatisfaction. Dr. Organista, a professor of social welfare at the University of California, Berkeley, has shown that desesperación is specifically related to "alcohol-related sexual risk taking."

**For more, see** Organista, Kurt C., Samantha Ngo, Torsten B. Neilands, and Alex H. Kral. 2017. "Living Conditions and Psychological Distress in Latino Migrant Day Laborers: The Role of Cultural and Community Protective Factors." *American Journal of Community Psychology* 59 (1–2): 94–105. https://doi.org/10.1002/ajcp.12113.

Their migration status subjects them to underemployment and poverty, which in turn makes them more likely to suffer mental health problems.

In their 2017 study, Dr. Organista and his colleagues find in their survey of 344 Bay Area LMDLs that about one-third were homeless or living in inadequate shelter. For those who did have homes, they shared living spaces with 4-5 other people on average and had little privacy. Their analysis found that difficult living conditions, like living in crowded homes, being homeless, and living around people they do not trust, are strongly correlated to depression, anxiety, and desesperación. Considering that LMDLs are at risk for psychological distress, for suffering untreated injuries, and for being exposed to sexually-transmitted diseases, their situation should be of great concern to public health authorities.

In their study on the mental health of Latino migrant day laborers, BIMI-affiliate Kurt Organista and his co-authors discovered that certain practices can help ease psychological distress and thereby lessen the likelihood of sexual risk-taking and depression. They found that increased contact with family can reduce the feelings of depression and frustration that come with stressful living situations, like homelessness or crowded living spaces. Though contact with family eases LMDLs' distress, some studies have shown that difficult work or living situations actually discourage LMDLs from contacting family, in order to avoid making their relatives worry for them.

Organista and his colleagues found that there are other therapeutic activities for LMDLs to practice aside from contacting family. Accessing culturally-competent community services slightly eased the feelings of psychological distress caused by difficult living conditions. Culturally-competent services are services that





communicate in Spanish, are respectful to LMDLs, and are "able to solve problems" (94) according to participants. In the Bay Area, Centro Legal de la Raza (CLR) is a culturally competent service provider that has been successful in protecting immigrant workers from labor abuses. CLR also partnered with Organista's research team to help provide access to study participants.

Access to cultural resources is also associated with lessened feelings of distress and dissatisfaction. Having access to cultural resources means being able to eat familiar food, participate in cultural events from their countries of origin, hear familiar music, and spend time with co-nationals. Access to community and cultural resources specifically helps alleviate feelings of depression and *desesperación*, which then decreases LMDLs' risk of suicide and alcohol-related sexual risk-taking, respectively.

Latino migrant day laborers suffer psychological distress as a result of their difficult living situations and work lives. Their migration status subjects them to underemployment and poverty, which in turn makes them more likely to suffer mental health problems.

In order to alleviate these problems and work towards solving this public health crisis, the government must start granting more work visas to LMDLs. Work visas would not only allow LMDLs to work under more safe conditions, but would also facilitate "travel back and forth across the border to visit home and family in [his or her] country of origin" (104).

Non-governmental organizations should strive "to increase the availability of culturally familiar resources and culturally competent services" (104), especially through outreach work. These organizations should "prioritize supporting LMDLs in maintaining contact with family in their country of origin, particularly when they are not earning and sending money back home" (104), since other studies have shown that LM-DLs tend to avoid communicating with family during periods of unemployment, which then reinforces negative feelings. Organizations that encourage and support LMDLs in maintaining strong relationships with families back home and co-ethnic or co-national communities in the U.S. can have significant positive impacts on this group's mental health and, indirectly, their physical health.



Dr. Kurt Organista is a professor at University of California, Berkeley in the School of Social Welfare and a faculty affiliate of the Berkeley Interdisciplinary Migration Initiative.

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Al Nelson

# **Contact**

Berkeley Interdisciplinary Migration Initiative bimi@berkeley.edu https://bimi.berkeley.edu

460 Stephens Hall
Berkeley, CA 94720-2330
Tel 510-642-3326
haasinstitute.berkeley.edu

# **About the Author**

Nadia Almasalkhi is a Ph.D. student and Magistretti Fellow in Sociology at the University of California, Berkeley. Before beginning graduate school, she worked as a casework intern in a refugee resettlement agency, as a legal assistant to immigration attorneys, and as a research assistant investigating the effects of trauma on refugees in the U.S. She holds a B.A. in International Studies and a B.A. in Arabic and Islamic Studies, both from the University of Kentucky. Her research interests include the experiences of Middle Eastern emigrants, the politics of immigration law, and the intersection of nationalism and forced migrations. Her current project studies Syrian American transnational activism.