

When They're Done with You: Legal Violence and Structural Vulnerability among Injured Immigrant Poultry Workers

Angela Stuesse, University of North Carolina, Chapel Hill
astuesse@unc.edu

Abstract

"When they're done with you," an impassioned union representative once cautioned me, "they'll crumple you up like a piece of paper, throw you out, and reach back for your kids." Industrial poultry production is horrific work, reliant upon the expendable bodies of Black and Brown workers, many of whom are immigrants. While anthropologists have increasingly employed the concepts of structural violence and vulnerability to understand the experiences of migrant health, few have focused on the workplace. Over several years, as the coordinator of the Mississippi Poultry Workers' Center's Workplace Injury Project, I documented the lengths to which this industry will go to avoid reporting and treating injuries via the workers' compensation system. From obstructionist plant nurses and company doctors to surveillance, retaliation, and termination, injured undocumented workers' experiences underscore the failings of workers' compensation as a medico-legal project. Drawing on scholarship from legal and medical anthropology, public health, critical legal studies, and healthcare economics and policy, this article employs the framework of legal violence to scrutinize the ways in which immigration and workers' compensation laws work together to produce layered precarities among injured immigrant poultry workers, considering the role of occupational injury and the repression of injured immigrant workers in reproducing a docile and exploitable labor force for a capitalist economy that places profit over people.

Keywords: immigrant workers, structural vulnerability, migrant health, workplace injury, legal violence, poultry industry

Introduction

"When they're done with you," an impassioned union representative once cautioned me, "they'll crumple you up like a piece of paper, throw you out, and reach back for your kids." Drawn from decades of work servicing contracts in chicken plants across the South, his assessment reaffirmed my own experiences as an organizer and activist researcher with the

Mississippi Poultry Workers' Center. There, the workers' biggest and most immediate concerns nearly always involved hazards to their health and safety, often resulting in debilitating injuries.

Veteran poultry worker Onita Harvey had to retire after injuries in both her hands and shoulders left her unable to do the most basic of tasks, such as cooking for her family, lifting her grandchildren, even buttoning her shirt and combing her hair.¹ Today, her daughter suffers similar repetitive strain maladies at the plant, and Harvey prays her granddaughters and new great-grandbaby won't succumb to the same fate. These concerns are shared by poultry workers and long-standing organizers alike, summed up by one who described the industry's exploitation of communities across the South as having produced "three generations of cripples."

Chicken processing is horrific work, extensively reliant upon the expendable bodies of Black and Brown workers. The processing lines run loud and fast, requiring workers to repeat the same motion up to 60,000 times per shift (United States Department of Agriculture 2014). Communication is brusque and kept to a minimum. Fats and fluids lubricate every surface. Temperatures are extreme, knives often dull, and protective equipment in short supply. Supervisors regularly push bodies and patience past their limits (c.f. Gray 2014; Grzywacz et al. 2007, 2012; Marin, Grzywacz et al. 2009) and compensate it all with poverty-level pay (Stuesse 2016a).

My union interlocutors' comments about what the industry does "when they're done with you" draw upon a longitudinal understanding of how poultry processing has used up its primarily African American workforce over the last half a century. But in Mississippi since the turn of the new millennium, the area's long-standing Black communities have found themselves working alongside a new Latinx immigrant workforce in the chicken plants, recruited from Florida, Texas, and across Latin America in the quest for an ever more exploitable labor force compatible with the race-to-the-bottom goals of neoliberal capitalism (Stuesse 2009, 2016a; Stuesse and Helton 2013). Neoliberalism has recast the role of the state

as one of facilitating corporatization, privatization, and deregulation to ensure the consolidation of capital (Bourdieu 1998a, 1998b; Harvey 2005; Sassen 1998). In the workplace, neoliberal interventions have centered on a more “flexible” labor force. This has opened the door to the aggressive recruitment of immigrant workers, decreased job security, lower wages, heightened disciplinary measures aimed at increasing productivity, a weakening of working people’s collective power, stripped-down labor protections, and an intense scrutiny of workers’ bodies with the objective of protecting corporate profit (cf. Jaye and Fitzgerald 2010; Smith-Nonini 2011). And while workers of all backgrounds are subject to the perils of neoliberal capitalism, those who are new immigrants, non-native English speakers, undocumented, and unfamiliar with their rights are in a particularly vulnerable position.

Injury rates in poultry are among the highest of any industry. Carpal tunnel occurs at seven times the average of other U.S. workers (Oxfam America 2015), with up to 42 percent of poultry workers suffering from this preventable ailment (Musolin et al. 2013). The rate of carpal tunnel among Latinx poultry processing workers is even higher, with one study finding its prevalence at 8.7 percent (Cartwright et al. 2012). Other common chronic injuries include tendinitis, rotator cuff damage, muscle strains, back injuries, and trigger finger (Rosenbaum et al. 2013), and virtually every veteran of the plants can show you permanent deformities caused by their work. These often layer and intensify over time, and before one injury or illness can be healed, another sets in. Amputations occur at three times the average, making losing a body part in a chicken plant more likely than in a sawmill (Berkowitz 2016e). And poultry workers suffer occupational illnesses six times more often than other U.S. workers (Bureau of Labor Statistics 2016). They often fail to receive adequate safety trainings—a particular problem given that immigrants comprise over 50 percent of the labor force (Kandel 2006)—and many struggle to communicate at work. Overall, official reports place this industry among the dozen most dangerous in the country (Berkowitz and Hedayati 2017).

Despite being one of the leading perpetrators of workplace injuries, the poultry industry does little to protect its workers from preventable hazards or support them once incapacitated. The agency charged with oversight of federal safety and health regulations, the Occupational Safety and Health Administration (OSHA), is under-resourced and largely ineffective (Alexander et al. 2008; Silbergeld 2016, 164). In 2004, OSHA employed just 12 compliance officers in Mississippi. These 12 officers were responsible for monitoring the health and safety of every workplace in the state—a million workers in nearly half as many

establishments. With resources stretched so thin, many reports went uninvestigated year after year. And with OSHA site visits scheduled with poultry plants once every three years, companies receive plenty of advance notice to ensure compliance on the day of the visit. Employers also have the right to request an inspection warrant and aren’t obliged to allow OSHA into their facilities without one (Stuesse 2016b).

What’s more, the majority of OSHA’s poultry industry guidelines are recommendations, and therefore unenforceable (Occupational Safety and Health Administration 2004). In fact, the United States regulates food safety to a much greater extent than it does worker safety, often prioritizing the former even when detrimental to workers’ health (c.f. Holmes 2013; Horton 2016c). Thus, in the process of ensuring our food is safe, the bodies of those producing it are often made ill. Corporations have little incentive to prioritize employee health. Instead, ailing poultry workers typically struggle to gain access to basic medical treatment for their maladies.

Despite devastating statistics, evidence indicates the incidence of injury and illness in poultry is even greater than is documented by official reports (Occupational Safety and Health Administration 2004; Ramsey et al. 2015; US Government Accountability Office 2016), suggesting an effort on the part of the industry to keep reported rates artificially low (Berkowitz 2016c, 2016d). Moreover, we have witnessed the erosion of workers’ compensation protections practically since its inception over a century ago (Saxton and Stuesse this issue), and evidence suggests that poultry companies have been active in advocating for state-by-state rollbacks to workers’ comp in recent years (Grabell 2015).

State reforms have made it increasingly difficult for people with work-related injuries and illnesses to access workers’ compensation benefits (Grabell and Berkes 2015). In 1948, Mississippi became the last state in the country to enact a workers’ compensation law, three decades after most other state systems were activated (Mississippi Worker’s Compensation Commission 2013). Of the 19 workers’ comp standards recommended by the federal Occupational Safety and Health Act in 1970, Mississippi has implemented the fewest (just seven and a half). Joining the tide of rollbacks of worker protections in favor of corporate-friendly reforms (Grabell and Berkes 2015), in 2012 state lawmakers made it more difficult for injured workers to change doctors, reduced insurers’ and employers’ liability, and eliminated the standard giving workers the benefit of the doubt (Qiu and Grabell 2015). Indemnity ratings for certain types of permanent disability were also reduced (n.a. 2017). These cuts are emblematic of neoliberal revisions to workers’ comp law across the country, and they

deepen workers' structural vulnerabilities, especially in times of workplace accident or illness.

Accompanying and supporting Mississippi's poultry workers between 2002 and 2008, I witnessed the ways in which the workers' compensation system stymies occupationally injured individuals' abilities to return to health. I also observed the great lengths to which the poultry industry will go to avoid reporting and treating injuries, including offering incentives in exchange for silence, harassing and intimidating employees, even terminating or reporting them to immigration authorities for reporting injuries or pressing for medical care. This article makes sense of the experiences of injured undocumented poultry workers by identifying how the medico-legal system of workers' compensation creates intersecting vulnerabilities that together frustrate their attempts to recover.

I begin with the methodology of accompaniment that constituted this research, facilitated by my work as the coordinator of the Mississippi Poultry Workers' Center's Workplace Injury Project. Next, I discuss bodies of scholarship spanning distinct and separate disciplines, highlighting the contributions and limitations of each for our understanding of low-wage immigrants' experiences of workplace injury. I lift up the literature on structural vulnerability of Latinx immigrants, underscoring the utility of this framework for understanding the experiences of injured undocumented poultry workers. The concept of legal violence (Menjívar and Abrego 2012) is particularly helpful for understanding the ways in which injured immigrant workers' structural vulnerabilities are conditioned by the intersections of law, policy, and enforcement.

Considering experiences of workplace injury in Mississippi's poultry industry allows me to identify how the structure of the workers' compensation system affects injured immigrant workers' experiences, impeding a return to health. From obstructionist plant nurses and company doctors to surveillance, retaliation, and termination, these stories underscore the failings of workers' compensation as a medico-legal project, highlighting the role of legal violence in reproducing a docile and exploitable labor force for a capitalist economy that places profit over people.

This effort to study the workings of institutional power in the workers' compensation system comes at a time when state legislatures, in tandem with multinational corporations, are systematically undermining and dismantling the limited protections of workers' comp while also expanding their exploitation of an increasingly precarious pool of workers (Saxton and Stuesse this issue). I conclude by reflecting on the significance of these revelations for cross-disciplinary understandings of undocumented workers' structural vulnerability, as well as for policy intervention and the work of organizers, advocates, and activists.

Ultimately, I reissue the call for society to rethink the ethics and logics of neoliberalism, given its effects on the most vulnerable among us.

Methodology

As the coordinator of the Mississippi Poultry Workers' Center's Workplace Injury Project for approximately five years, I oversaw efforts to educate poultry workers about their right to workers' compensation and ensure they had access to the benefits they needed following an injury. With the involvement of a network of injured poultry workers, social justice advocates, workers' compensation attorneys, and bilingual community partners, I managed the cases of nearly 50 injured workers, accompanied them on approximately 100 visits to doctors and lawyers, and coordinated and provided follow-up communication for an additional 200 appointments. Case management included conducting a thorough intake to understand the nature of the injury, including experiences and concerns since the injury; helping them learn their rights under Mississippi's workers' comp laws; obliging employers to acknowledge and report the injury to their workers' comp insurance carrier; identifying medical providers and assisting injured workers in scheduling and securing transportation and interpretation at doctor's appointments; coordinating the training, engagement, and compensation of a community-wide interpreter-advocate network; scheduling and providing interpretation for attorney visits when needed; ensuring timely provision of the financial benefits to which the injured workers were entitled; and careful documentation of the progression of each person's case. On two occasions, I had the stunning opportunity to observe extensive surgeries on a 17-year-old's severely mangled hand. More often, my work involved drawn-out efforts to compel defensive employers and workers' compensation insurance carriers to take care of their injured workers.

Throughout the fieldwork process, I wore the hats of both a researcher and an advocate, and I generally found that injured workers were as eager for their stories to be heard as they were for justice to be served. I spent thousands of hours coordinating cases, meeting with workers, attending appointments, and writing field notes on this observant participation (Vargas 2006). I also conducted formal and informal interviews with each injured worker, with half a dozen workers' comp attorneys, and with one member of the Mississippi Workers' Compensation Commission.

I then sat on the data for nearly a decade, writing about other aspects of my research on the poultry industry and trying to figure out how to make sense of my experiences as a witness to injured workers' lives and struggles, which demonstrated over and over that

vulnerabilities are layered in ways that make it nearly impossible to get well following a workplace accident. Today, as 10 years ago, injured poultry workers face innumerable struggles to making themselves whole again, and for the undocumented in particular, a return to health and achieving some semblance of justice proves equally elusive.

Anthropology of Migrant Health

As I considered how to share my observations in a meaningful way, medical anthropology became a growing field of inquiry, and calls for an anthropology of health policy that could contribute to the creation of new and more just health systems intensified (Castañeda 2010; Castro and Singer 2004; Horton and Lamphere 2006; Rylko-Bauer and Farmer 2002; Singer 1995). As the anthropology of migrant health began to congeal as a body of scholarship (Castañeda 2010; Castañeda et al. 2015), the frameworks of structural violence (Farmer 2004) and structural vulnerability (Quesada et al. 2011), illuminating how inequitable social arrangements lead to patterned health outcomes among disadvantaged groups, gave me language to articulate the systemic abuses I had witnessed in the poultry industry's mismanagement of workplace injury. In the last few years, groundbreaking studies on immigrant workers' occupational health (Holmes 2013; Horton 2016c; Saxton 2013) have inspired me to imagine how my data might contribute to these conversations and expand them to consider the workers' compensation system as one of the nodes of power affecting and afflicting immigrant poultry workers.

In the 15 years since Rylko-Bauer and Farmer called for greater critical scholarly attention to the market ideologies that increasingly drove the provision of health care in the United States (2002), scholars of health and society have played an important role in shedding light on the ways in which neoliberal health policies are impacting the lives of the most vulnerable. Yet disciplinary silos sometimes make it a challenge for us to learn from and engage with one another's work. Relevant frameworks stem from public health scholarship on occupational health of immigrant workers, legal and economic analyses of workers' compensation, health-care economics and policy, medical anthropological literature on structural vulnerability and migrant health, and legal anthropology. My goal is not to provide a robust review of this literature, but to sketch out their contours, noting their contributions and limitations for the topic at hand, and to call for dialogue across disciplinary boundaries.

Within the field of public health, occupational health scholars have excelled at illuminating the dangers and offering solutions to workplace health and safety hazards. Data from the agricultural and food

processing industries reveal that workers face predictable threats to their well-being and are at high risk for occupational injury (Quandt et al. 2005, 2006; Rao et al. 2003). A focus on recent Latinx immigrants has helped us understand their level of risk as compared to their nonimmigrant peers or to other industries (Cartwright et al. 2012; Marín, Grzywacz et al. 2009). Providing hard measures of incidence and prevalence, this research can be persuasive to decision makers and promote behavioral modifications to lower workers' risks of developing occupational ailments. The provision of job-specific personal protective equipment to prevent exposure to pesticides or other harsh chemicals, the development of ergonomic work stations to decrease repetitive motion strain, and the implementation of peer-to-peer health education and promotion programs are common examples of such interventions (cf. Arcury et al. 2012, 2013; Grzywacz et al. 2010; Marín, Carrillo et al. 2009; Monaghan 2011).

In poultry, worker training courses typically focus on behavioral modifications meant to decrease the risk of injury (cf. Georgia Tech Research Institute Occupational Safety and Health Institute 2009). However, critical medical anthropologists have argued exhaustively against a narrow focus on "risk factors" and behavioral or cultural modifications, long noting that "this framing uncritically assumes the unfettered agency of vulnerable populations, endowing their behaviors with a misplaced sense of autonomy" and control over the work process (Horton 2016c, 4) (c.f. Castañeda et al. 2015; Farmer 2004; Flynn et al. 2015; Quesada et al. 2011). A consideration of risk in the absence of attention to social inequality "signals an individualistic, non-contextualized approach to explaining and changing distribution of adverse health outcomes" (Krieger 1999b), and fails to recognize risk—unevenly distributed in ways that disproportionately impact the health and well-being of immigrants, women, and working people of color—as a condition of neoliberalism's very existence (Smith-Nonini 2011, 461, drawing on Ulrich Beck 1996).

Research in health-care economics and policy (Boden and Ruser 2003; Guo and Burton 2012; Leigh and Marcin 2012; Michaels 2015; O'Leary et al. 2012; Tak et al. 2014) and critical legal studies (Berkowitz 2016a; Berkowitz and Hedayati 2017; Smith 2004, 2012; Smith and Blanco 2003; Sugimori 2006) helps us examine the governance of workers' compensation in the United States. This work deepens our understanding of how these systems work and for whom, particularly given that workers' comp is state-governed, creating a patchwork of policies that intersect with other (federal) systems of oversight such as those provided by OSHA, the Department of Labor, and the Environmental Protection Agency. This scholarship also demonstrates how recent anti-immigrant

legislation has negatively affected the provision of workers' compensation and other remedies to undocumented injured workers. However, focused on policy and economics at the macrolevel, the experiences of injured workers themselves are largely absent from this literature.

Complementing the above and addressing the critiques that they focus either too narrowly on individual behavioral change or so broadly that they erase the people most affected, critical medical anthropology offers the theory of structural vulnerability to conceptualize the health effects of social inequality, ensuring that both the afflicted and the social structures that shape their lives take center stage. Structural vulnerability builds upon Farmer's development of the term structural violence, or "violence exerted systematically... by everyone who belongs to a certain social order" (2004, 307). While this framework helps illuminate the "social machinery of oppression" (Farmer 2004, 307), critiques suggest that it leaves insufficient room for agency among oppressed groups (Flynn et al. 2015, 1128; Horton 2016c, 5). This led Quesada et al. to approach the theory instead from a standpoint of structural vulnerability (2011, 341), focusing our attention on the positionality of those suffering from their disadvantaged "location in a hierarchical social order," considering how such positioning is derived from "forces that constrain decision making, frame choices, and limit life options" (Quesada et al. 2011, 3412) (c.f. Horton 2016c, 5).

It is helpful to think about the structural vulnerabilities faced by undocumented migrant workers—along with the exclusions and health outcomes they generate—as intersectional (Crenshaw 1991) and cumulative (Quesada 2012), as their positioning amid different laws, policies, political-economic arrangements, social conditions, and cultural expectations accumulate, layer, and may interact synergistically over time (c.f. Heyman et al. 2009, Unterberger this issue). It's also instructive to recognize that a parallel conversation about the social determinants of health has been taking place in the public health literature, considering how "[the ways in which] societies arrange themselves affects who gets sick or injured, who receives treatment, who is healthy, and who is not," (Flynn et al. 2015, 1128) (c.f. Krieger 1999a, 2001).

Recently, Castañeda et al. have called for exploring immigration not just as a consequence of social determinants but as "a social determinant in its own right," (Castañeda et al. 2015, 377). Using a broad structural vulnerability/social determinants lens, such work would understand immigration and immigration status as key factors shaping vulnerabilities and health outcomes. In response, a growing body of research has explored how undocumented status, along with other structural vulnerabilities, shapes health-care access

under the 2010 Affordable Care Act (c.f. Joseph and Marrow 2017). Some recent ethnographic research applies a structural frame to understanding occupational health hazards and immigrant workers' experiences of health and illness in the workplace (Flynn et al. 2015; Holmes 2013; Horton 2016c; Saxton 2013), but the system of workers' compensation has remained largely out of view.

Medical anthropologists and public health scholars aren't the only ones considering how undocumented status affects immigrant communities' structural vulnerabilities. Legal and political anthropologists, too, have underscored the ways in which illegality (De Genova 2002) is a powerful pathogen (Cartwright 2011) that profoundly shapes the everyday, embodied experiences of the undocumented (Holmes 2013; Horton 2016c; Willen 2012). These everyday experiences cement undocumented status as a new axis of social stratification rooted in legality as a social position (Menjívar 2006). To theorize precisely how immigration law enacts physical, structural, and symbolic violence that constrains the life prospects of immigrants, Cecilia Menjívar and Leisy Abrego offer the framework of legal violence (2012), which brings specific policies and practices of the law into view. While they focus exclusively on immigration law and its injurious effects in the realms of family, work, and school, I argue that for injured workers, it is the confluence of immigration, employment, and workers' comp laws that produces their extreme vulnerability. Therefore, the present article aims to expand a nascent dialogue by training our focus on how the legal violence of the workers compensation system produces multiple vulnerabilities that impact undocumented poultry workers' attempts to recover from occupational injury and illness.

Legal Violence in the Intersections of Immigration and Employment Law

A 2005 Human Rights Watch report on the poultry industry noted that "the real-life consequences of workers' immigration status spilled into every area [they] investigated," (Fellner and Compa 2005, 6). Under the 1986 Immigration Reform and Control Act (IRCA), it became illegal to hire people without employment authorization, and, for the first time in U.S. history, employers became responsible for knowingly hiring undocumented workers. This new policy required employers to verify applicants' identity and work authorization documents and, in theory, penalized employers who hired the undocumented. However, rather than putting an end to the employment of undocumented laborers, IRCA effectively drove workers and their employers underground, creating a thriving informal market in identity masking and incentivizing employers to

turn a blind eye to these practices in order to hire a hyper-exploitable workforce (Horton 2016b; Horton and Stuesse 2016; Stuesse 2010, 2016a).

Despite limitations on their employability, once hired, undocumented immigrants, for the most part, have the same workplace rights and protections as U.S.-born workers, including the right to a safe and healthy workplace, to take reasonable breaks as needed, to organize and bargain collectively, to be free from discrimination, to be paid for all hours worked, and to minimum wage and overtime pay in most industries (Sugimori 2006). However, in a case referred to in legal circles as the *Hoffman Plastics* decision, in 2002 the U.S. Supreme Court ruled that an undocumented worker cannot recover back pay under the National Labor Relations Act.² Though limited specifically to the issue of back pay, this decision further encouraged employers to “discover” the legal status of (former) employees, especially when these are seeking unpaid wages or other remedies, including workers’ comp benefits (Smith et al. 2009). As a result, *Hoffman Plastics*—coupled with the heightened policing of work authorization through programs such as E-Verify—has discouraged undocumented workers from reporting abuses such as wage theft and the mismanagement of occupational injury and has further incentivized unscrupulous employers to hire and exploit undocumented workers.

Structural Vulnerabilities of Injured Workers: De Jure Inclusion, De Facto Exclusion

Workers’ compensation is a medico-legal system that governs the (mis)management of occupational injury, injured workers’ access to health care and recovery, and their compensation (or lack thereof) for permanent disabilities. Just as the notion of legal violence helps us conceptualize the ways in which immigrant workers’ vulnerabilities are deepened by the intersection of immigration and employment law, using the frame of legal violence to examine workers’ compensation also helps bring into view how this system produces multiple vulnerabilities that intersect in ways that limit injured immigrant workers’ return to wellness.

Given the success of anti-worker and anti-immigrant legislation nationally, as well as recent state-level cutbacks to workers’ compensation (c.f. Saxton and Stuesse this issue), it is perhaps surprising that most states explicitly or implicitly include “aliens” in the definition of employees covered by workers’ comp (Smith 2004), and that these have generally held up to scrutiny in the courts (Smith 2012). Some courts have observed that excluding undocumented workers from workers’ comp would provide employers an even greater financial incentive to hire them (Noonan 2011). Others point out that their exclusion would

rid employers of the “exclusive remedy” protection of workers’ comp, opening employers up to potentially costly lawsuits (Ceniceros 2011).

Despite being legally included under workers’ compensation laws, injured undocumented workers face an onslaught of attacks and barriers to coverage. Nearly every injured immigrant worker supported through the Workplace Injury Project experienced intimidation or harassment by their employer. Employer coercion and pressure of injured immigrant workers takes on many forms—obstructionism, intimidation, bribery, termination, and more—limiting access to workers’ comp. Moreover, when injured workers do successfully access medical treatment and legal counsel, the legal violence of the workers’ comp system can thwart successful recovery.

Obstructionist plant nurses

OSHA requires employers to track all work-related injuries or illnesses that require treatment beyond first aid. In response, poultry operations often go to great lengths to avoid such reporting. Assuming an injured worker can secure permission from their supervisor to leave the floor to visit the health office, the plant nurse (a company employee who may or may not be a qualified medical provider) is their first stop in any request for medical treatment (Silbergeld 2016, 182). Workers report that nurses often rebuff reports of injury or illness. “It doesn’t matter what problem you report,” lamented Flora, who had been suffering a repetitive strain disability for months by the time I saw her swollen and bruised hand. “[The nurse] always does the same thing. She rubs you down with Bengay and gives you a Tylenol. If the problem persists, she tells you buy another Tylenol from the vending machine. If you don’t have a dollar, too bad.” This was one of dozens of complaints I heard about the “Bengay and Tylenol” treatment, resulting in workers regularly returning to the processing line despite reports of injury.³ Injured workers also report that the nurse often rebuffs requests to see a doctor, and she sometimes pressures them to sign paperwork in English waiving their right to medical treatment. Some immigrant workers find that a lack of English fluency makes it difficult to express disagreement with these tactics “because we’re saying the only word we know how to say in English, ‘yes.’”

As recently as 2016, OSHA cited one of the top four poultry producers, Pilgrim’s Pride, for routinely denying medical care to workers reporting injuries (OSHA 2016). “In a plant in Alabama OSHA found workers visited the ‘health unit’ over 90 times requesting medical treatment but were denied every time. At another plant in Delaware, OSHA found the company had turned its first aid station into an office to

prevent workers from reporting an injury altogether” (Berkowitz 2016b).

Paying out of pocket

Acute lacerations and amputations are harder to ignore, but chicken plants and the third-party labor contractors that sometimes staff them can often make them “disappear” by paying for treatment out of pocket and quickly offering lowball settlements to fearful and hurting injured workers. Lorena lost her index finger on her 18th birthday when the hot metal press of the “bag sealer” machine closed on it. She caught a glimpse of her finger inside its glove moving down the conveyor belt before she blacked out. She was driven to a local clinic before being sent by ambulance to a hospital in Jackson, an hour away, where she underwent surgery. When she came to, a company representative told her they had been unable to reattach her finger. The hospital bill was sent to Lorena, who did as she was instructed and turned it in to her employer. The employer promptly paid the bill (without reporting it to the workers’ comp carrier) and offered Lorena a \$2,500 settlement. Not wanting to risk losing her job just two months after her arrival from Chiapas, Mexico, Lorena reluctantly accepted the offer. Her settlement offer was one of many I witnessed, though workers didn’t always accept them as readily as Lorena did.

Incentives and intimidation

Only three days had passed following Roberto’s gruesome accident, in which his smock had been sucked into a ventilation fan while he was hanging live chickens and his hand mangled, losing his thumb and parts of three other fingers, before he began receiving intimidating home visits. Miguel, a representative of Roberto’s employer, first told him he would not be eligible for any permanent disability payment, then that his medical bills would not be covered because the accident had been his fault. After Roberto visited the Workplace Injury Project and hired an attorney, Miguel returned. “He told me if I fire my lawyer I can come back to work on Monday and they will take care of me, pay all my bills, give me money for my disability, and let me keep my job. If I don’t, I’ll have no job to return to and I may have more problems.” When Roberto didn’t show up at work on Monday, Miguel returned. “He told me to think seriously about my decision to hire a lawyer. He asked me to come to work on Friday to meet with the manager.” The manager had also instructed Miguel to attend all doctor’s appointments. Though Roberto had interpretation and transportation through the Workplace Injury Project, Miguel continued to show up at Roberto’s home on days he had doctor’s appointments, harassing Roberto about riding with

him, until an attorney intervened. This type of intimidation turned out to be quite a common way for employers to attempt to circumvent workers’ comp, sidestep the claims process, and avoid reporting injuries.

Circumvention of “lost work time” injuries

Employers seek to avoid “lost work time” injuries because these trigger their obligation to file reports with the state workers’ compensation commission, their insurance carrier, and federal OSHA. Carlos was working the night shift on the sanitation crew, cleaning flour out of a breading machine, when his supervisor flipped the switch. The machine ground to life, pulling Carlos’s hand in before he and some coworkers managed to extract it. Bleeding heavily, Carlos was taken by ambulance to the hospital, where he spent the day. When he arrived home with extensive stitches at 4:00 p.m., his supervisor sent word that Carlos needed to come to work that night. He reported for his shift and requested permission to go home; instead, he was told to rest in the supervisor’s office. After a week of sitting in the office, Carlos returned to the doctor, where he received surgery to repair his tendons. “That night I was back at work in my supervisor’s office. I worked the night before and night after my surgery. I spent about a month sitting in his office. When I asked why I couldn’t recover at home, my supervisor explained that if I didn’t go to work the bosses wouldn’t pay me, and I had to be there to punch my card.”

Most injured workers who approached the workers’ center for help had spent shifts in a break room, an office, or even the plant bathroom. When the Workplace Injury Project confronted a plant nurse about this practice, she offered many spurious explanations before finally revealing, “We do everything we can to keep him here at the plant, and if he can’t drive himself to work I will go to his house and pick him up. If he needs to sit and do nothing, that’s fine too. But it’s our goal to prevent a lost work time injury.” While many, like Carlos, were unaware of their right to recover at home, others knew but were living too deeply in poverty to be able to afford at-home recovery. While it is untrue that a worker can’t get paid while recovering at home, Mississippi workers’ comp law allows for wage replacement benefits at two-thirds of one’s average weekly wage.⁴ Hipólito, for example, saw his weekly earnings decline from \$360 to \$240 following his workplace accident, so he felt he had no choice but to return to the break room in order to earn his full pay. Still others simply feel too vulnerable to stand up for their right to recover at home.

An interview with a member of the Mississippi Workers’ Compensation Commission (MWCC)

revealed that employers failing to report injuries is remarkably common, with 97 percent of all workers' comp fraud stemming from employers trying to evade the system (cf. Grabell and Berkes 2015). But without an investigative arm, and with a maximum penalty of just \$100 for failure to report an injury on time, the MWCC's inducements to report are far outweighed by the much greater market incentives to underreport.

Choice of provider

Another way chicken plants seek to limit costs and defraud the system is by controlling an injured worker's choice of medical provider. Many plants have a preferred local physician and insist injured workers visit him first. When Marcelino's arm was crushed in a machine, the local doctor selected by the chicken plant improperly set his bones. A month later they had to be re-broken by a hand surgeon in Jackson, followed by multiple surgeries to fix his poorly fused hand. And when Adrian stepped into a drainage channel on the floor that was missing its protective grate and landed on his tailbone, the same local doctor took X-rays and sent him back to work. After a month of agony, a specialist in Jackson diagnosed Adrian with multiple vertebrae fractures, and years later he continued to live in constant pain, unable to work. These are just a few of the many stories of medical mismanagement I confronted in my work with poultry workers. Neither Marcelino nor Adrian knew they had the right to select their doctor, and even if they had, it is unlikely they would have known who to see amid the intensity of their injuries.

Choice of doctor is important for two reasons. First, some doctors with close relationships to poultry plants have been known to misdiagnose and aggravate injuries, as these stories illustrate. Secondly, in Mississippi, financial compensation for a worker's permanent disability is determined entirely by the treating physician's professional opinion, and many workers have been poorly compensated for their disabilities when doctors underestimate the extent of injury. In 37 states, workers do not have the right to pick their own doctor (Grabell and Berkes 2015), and employers and insurers now exercise greater control over medical treatment than any other major payer class (Rousmaniere 2015).

Termination

When all else fails, chicken plants simply sever ties with their employees, hoping that job termination will put an end to costly workers' compensation claims. When I met Moisés, he had worked deboning chicken breasts for five years. Though he had injured his left hand several months prior in a workplace accident, his employer had "accommodated" his injury, and he had continued working—with just one hand.

Keeping up with the demands of production at only 50 percent capacity, however, proved overly taxing. A repetitive strain injury eventually crippled his other arm and, shortly thereafter, Moisés was fired.

Diego had been working at another plant for over a year and half, "coning" chickens at the beginning of the debone line, before he started to suffer from repetitive strain in his shoulder. When he finally received approval to see a doctor, he was put on "light duty," placing chicken carcasses onto cones for just four hours a day instead of eight. When the pain worsened, he was referred to a specialist, who lamented that shoulder injuries are particularly hard to heal. Upon sharing this news with a personnel officer at the plant, the officer told Diego not to return until he could prove a doctor had cleared him to work. She confiscated Diego's work ID, and his last paycheck arrived a week later. In pain and out of work, unable to find another job with his physical limitations, Diego returned home to Veracruz, Mexico, in search of medical treatment.

Experiences like these, of termination when workplace injuries are complicated or slow to heal, are common in this industry. When bodies are used up, unscrupulous companies that can get away with it simply fire their injured workers. And in Mississippi, where workers' comp law provides no protection from retaliation for workplace injury or illness, this practice is 100 percent legal. While an injured worker has the same rights to workers' compensation benefits regardless of whether or not she loses her job, immigrants rarely know this, so their termination effectively reduces the number of workers' comp claims poultry plants must process.

It can be a challenge to find a workers' comp attorney willing to take cases like Moisés's and Diego's. In many states, Mississippi included, workers' comp attorneys are prohibited from charging a fee up front. They only get paid if their client receives a lump sum indemnity payment for a permanent disability at the end of medical treatment and recovery. This system, while advantageous for some workers, can act as a disincentive for lawyers to take medically complicated or less remunerative cases, particularly repetitive motion injuries for which "maximum medical recovery" and/or "permanent disability" can be elusive. Thus, the structure of attorney compensation within workers' compensation can also inflict legal violence upon workers in desperate need of representation, deepening their structural vulnerability.

But corporate retaliation for workplace injury doesn't stop at termination. Research shows that, despite workers' compensation systems' inclusion of undocumented workers among those protected, a growing number of employers are using their knowledge of workers' undocumented status as a form of

intimidation, either to discourage reporting, as I witnessed in Mississippi, or to legally contest workers' comp claims (Fellner and Compa 2005). Indeed, evidence suggests that immigrants are more likely than native-born workers to have their claims contested (Lashuay and Harrison 2006; Premji and Krause 2010). This can be particularly threatening for workers who, due to IRCA, find themselves obliged to work under an identity not their own. While some employers threaten to call Immigration and Customs Enforcement (ICE), others pursue prosecution for identity theft or fraud following the report of an injury (Horton 2016a; Horton 2016c, 87, 189; Rousmaniere 2014; Smith 2012). Thus, workers' vulnerable status as undocumented workers ends up frustrating even their legal right to workers' compensation in today's climate, profoundly shaping their health outcomes.

It's no wonder extensive research shows that immigrants often fail to report their occupational injuries (Bernhardt et al. 2009; Fellner and Compa 2005; Flynn et al. 2015; Hacker et al. 2011; Horton 2016c; Quandt et al. 2006). When they do seek to exercise their legal right to workers' comp, from corporate obstruction and intimidation to retaliation and termination, the legal violence embedded in a system designed a century ago stymies their access to care and threatens their economic, emotional, and physical well-being. Even with an organization like the workers' center behind them, injured workers face steep battles as they seek to regain their health and some semblance of economic stability. It is telling just how systemic undocumented injured workers' vulnerability is when an entire team of advocates, lawyers, and interpreters struggles to ensure they can access the most basic of workers' comp provisions.

Conclusions

"The accumulation of inconvenient injured or dead bodies, which US employers and regulators would prefer not to think about, makes it more difficult to dismiss their suffering as incidental or accidental," writes Sandy Smith-Nonini in her research on farmworker illness (2011, 460). Indeed, the legal violence highlighted in this article is anything but accidental; it is constitutive of our political economic order that values the production of profit over human life and gives unequal weight to the value of those lives based on calculations of their worth. While legislators, inspectors, and corporations could ensure that injured undocumented workers have swift and fair access to independent medical treatment, evaluations, and disability wage replacement, respecting these rights to workers' compensation would cost millions. Instead, the poultry industry—with consent from us all, as members of a society that permits their

practices—treats workers as expendable machinery, replaced more cheaply than they can be "fixed."

Poultry processing workers face bodily harm every time they clock in. These problems are not new, but study after study demonstrates they are predictable, preventable, and escalating (Fritzsche 2013; Compa 2004; Oxfam America 2015; Quandt et al. 2006; Thames et al. 2008; The Northwest Arkansas Workers' Justice Center 2016; US Government Accountability Office 2005). We know the statistical and human outcomes of the occupational risks of animal slaughter. We have data that screams for massive changes to the current system. Scientific experts in occupational hazards offer policy and practice recommendations that could be implemented and make a difference immediately. But a government influenced by a strong industry lobby refuses to enact these changes or sufficiently fund the enforcement mechanisms that do exist. Meanwhile, industry decision makers tend to adopt only incremental improvements that place the burden of ensuring occupational health and safety squarely on the shoulders of the worker. Opportunities to prevent these predictable maladies are abjured.

Meat processing has long sought out the most exploitable class of workers available—including new European immigrants in Chicago's slaughterhouses in the early 1900s, generations of impoverished African American workers whose life chances are dictated by a legacy of institutional racism in the Deep South's poultry and catfish industries since the 1960s, and, in the twenty-first century, undocumented immigrants from Latin America.⁵ Thanks to neoliberal globalization, the exploitable labor pool has grown exponentially, making available a seemingly infinite supply of workers. Under these conditions, corporations have little economic incentive to curb the mostly predictable and preventable injuries and illnesses workers suffer.

The legal violence produced by the intersection of immigration and employment laws creates a web of precarity that impacts undocumented migrants' abilities to work, organize, and make their rights on the job meaningful. Meanwhile, the workers' comp system, while in theory (and in most states) granting undocumented workers right to receive free medical care and disability benefits for occupational injuries, is fraught with employer fraud and fails to protect these rights in ways that make them real. Instead, calls for reform are often supported by the flawed notion that it is the injured workers and patients who are the frauds, and immigrants who get sick or hurt in chicken plants find that their identities as undocumented (rural, poor, limited English proficiency) injured low-wage laborers create structural vulnerabilities that frustrate their abilities to get well and make ends meet.

Making visible how the structure of the workers' compensation system results in legal violence in the lives of undocumented injured workers is crucial in this moment, as the collision of anti-immigrant and hyper-capitalist ideologies is producing legislative changes with enduring consequences. These include deepening, intersecting, and compounding precarities, resulting in dramatically limited human agency, negative health outcomes, and "a disproportionate load of intimate suffering" (Quesada et al. 2011, 351) for the most vulnerable among us.

Surely, this research suggests the need for enduring policy changes that provide greater security and protection for undocumented Americans and working people to ensure they can report unjust and unsafe working conditions and access quality health care and disability benefits in order to live healthier, more fulfilling lives. But it also points to the power of more immediate interventions. The Workplace Injury Project combined education and advocacy to raise awareness about injured workers' rights and help workers learn about workplace safety and health in order to prevent injuries and increase injured access to the workers' compensation system. It also provided individual case management and intervention, when necessary, to ensure that injured workers desperate for care and with ongoing needs to provide for their families were able to see qualified doctors and seek the assistance of workers' comp attorneys with the help of interpreter-advocates. In its first four years of operation, we helped secure permanent disability benefits for poultry workers totaling half a million dollars (Mississippi Poultry Workers' Center 2008). Over time, its model has been replicated by workers' centers in other areas whose members faced similar challenges.

Seeking to better understand how power operates in the lives of those suffering the most, and to expose and interrogate the market-based logics driving social-service provision, generally, and health-care systems specifically, this article has drawn upon years of intimate relationships with injured workers who struggled to navigate hostile employers, insurance carriers, and medico-legal bureaucracies. Thinking about these precarities as consequences of interrelated systems of legal violence enables us to "study up" (Nader 1972) workers' compensation to reveal the ways it produces structural vulnerability. It requires that we broaden the discussion of health care access in medical anthropology to include experiences with the medico-legal system of workers' compensation. It also obviates the need for cross-disciplinary dialogue between anthropology, occupational health, and critical legal studies to further examine the role of legal and social structures in producing the precarity of migrants and other working-class people of color.

Speaking at a workers' center press conference about his double injury and termination, Moisés, the man who lost his job after becoming disabled in both hands, courageously denounced his own disposability: "They say that we are team members, but really they consider us machines. As long as we can work 100 percent, everything's fine. But if we ask for medical attention, they get rid of us. They should treat us like human beings, not like machines."

Acknowledgments

The author is grateful to Heide Castañeda, Dvera Saxton, and Sarah B. Horton, as well as two anonymous reviewers, for their helpful feedback on earlier drafts of this article.

Notes

- 1 Pseudonyms are used throughout to protect individuals' anonymity.
- 2 *Hoffman Plastic Compounds v. NLRB*, 535 U.S. 137 (2002).
- 3 This practice is not unique to Mississippi or to poultry (cf. Saxton 1995, 137; Thames et al. 2014; US Government Accountability Office 2014).
- 4 In Mississippi, these "temporary total disability" benefits don't kick in until at least five days of work have been missed, and they can only be paid for a maximum of 450 weeks, whether or not a patient is deemed by his/her treating physician to have reached "maximum medical improvement."
- 5 The industry is also increasingly reliant on refugees and prison labor (Harris and Walter 2009; Striffler 2002).

References

- Alexander, Ames, Kerry Hall, Ted Mellnik, and Franco Ordoñez. 2008. "OSHA Eases Poultry Companies' Penalties: Workplace Inspections at a 15-Year Low." *Charlotte Observer* (February 15): 1A.
- Arcury, Thomas A., Joseph G. Grzywacz, Andrea M. Anderson, Dana C. Mora, Lourdes Carrillo, Haiying Chen, and Sara A. Quandt. 2012. "Personal Protective Equipment and Work Safety Climate among Latino Poultry Processing Workers in Western North Carolina, USA." *International Journal of Occupational and Environmental Health* 18(4): 320–8.
- . 2013. "Employer, Use of Personal Protective Equipment, and Work Safety Climate: Latino Poultry Processing Workers." *American Journal of Industrial Medicine* 56(2): 180–8.

- Beck, Ulrich. 1996. "World Risk Society as Cosmopolitan Society? Ecological Questions in a Framework of Manufactured Uncertainties." *Theory, Culture & Society* 13(4): 1–32.
- Berkowitz, Deborah. 2016a. "It's Time to Fix the Broken Workers' Compensation System." *National Employment Law Project*. <https://www.nelp.org/news-releases/its-time-to-fix-the-broken-workers-compensation-system/>.
- . 2016b. "On OSHA's First-Ever Citation of Big Poultry for Delaying Medical Care to Injured Workers." *National Employment Law Project*. <https://stage.nelp.org/blog/2016/07/29/on-oshas-first-ever-citation-of-big-poultry-for-delaying-medical-care-to-injured-workers/>.
- . 2016c. "Poultry Industry's Underreporting of Workplace Injuries Fouls BLS Injury Data." *National Employment Law Project*. <https://www.nelp.org/blog/poultry-processing-industry-underreporting-workplace-injuries-fouls-bls-workplace-injury-data/>.
- . 2016d. "Remarks on Worker Welfare & Food Safety, Delivered at the National Food Policy Conference." *National Employment Law Project*. <https://www.nelp.org/publication/remarks-on-worker-welfare-food-safety-delivered-at-the-national-food-policy-conference/>.
- . 2016e. "What the Label on Your Thanksgiving Turkey Won't Tell You." *Washington Post*. https://www.washingtonpost.com/opinions/what-the-label-on-your-thanksgiving-turkey-wont-tell-you/2016/11/23/977fe740-b0e1-11e6-8616-52b15787add0_story.html?hpid=hp_no-name_opinion-card-f%3Ahomepage%2Fstory&utm_term=.e9262e368247.
- Berkowitz, Deborah, and Hooman Hedayati. 2017. "OSHA Severe Injury Data from 29 States: 27 Workers a Day Suffer Amputation or Hospitalization." *National Employment Law Project*. <https://www.nelp.org/content/uploads/OSHA-Severe-Injury-Data-2015-2016.pdf>.
- Bernhardt, Annette, Ruth Milkman, Nik Theodore, Douglas Heckathorn, Mirabai Auer, James DeFilippis, Ana Luz Gonzalez, Victor Narro, Jason Perelshiteyn, Diana Polson, and Michael Spiller. 2009. *Broken Laws, Unprotected Workers: Violations of Employment and Labor Laws in American Cities*. New York: National Employment Law Project. <https://www.nelp.org/page/broken-laws/BrokenLawsReport2009.pdf?nocdn=1>.
- Boden, Leslie I., and John W. Ruser. 2003. "Workers' Compensation 'Reforms', Choice of Medical Care Provider, and Reported Workplace Injuries." *Review of Economics and Statistics* 85(4): 923–9.
- Bourdieu, Pierre. 1998a. "The Essence of Neoliberalism: Utopia of Endless Exploitation." *Le Monde Diplomatique*, December. Accessed September 3, 2003. <https://mondediplo.com/1998/12/08bourdieu>.
- . 1998b. "A Reasoned Utopia and Economic Fatalism." *New Left Review*. Jan/Feb (227): 125–30.
- Bureau of Labor Statistics. 2016. "Table SNR12. Highest Incidence Rates of Total Nonfatal Occupational Illness Cases, 2015." <https://www.bls.gov/iif/oshsum.htm>, <https://www.bls.gov/iif/oshwc/osh/os/ostb4747.pdf>.
- Cartwright, Elizabeth. 2011. "Immigrant Dreams: Legal Pathologies and Structural Vulnerabilities along the Immigration Continuum." *Medical Anthropology* 30(5): 475–95.
- Cartwright, Michael S., Francis O. Walker, Jill N. Blocker, Mark R. Schulz, Thomas A. Arcury, Joseph G. Grzywacz, Dana Mora, Haiying Chen, Antonio J. Marín, and Sara A. Quandt. 2012. "The Prevalence of Carpal Tunnel Syndrome in Latino Poultry Processing Workers and Other Latino Manual Workers." *Journal of Occupational and Environmental Medicine* 54(2): 198.
- Castañeda, Heide. 2010. "Im/Migration and Health: Conceptual, Methodological, and Theoretical Propositions for Applied Anthropology." *NAPA Bulletin* 34: 6–27.
- Castañeda, Heide, Seth M. Holmes, Daniel S. Madrigal, Maria-Elena De Trinidad Young, Naomi Beyeler, and James Quesada. 2015. "Immigration as a Social Determinant of Health." *Annual Review of Public Health* 36: 375–92.
- Castro, Arachu, and Merrill Singer. 2004. *Unhealthy Health Policy: A Critical Anthropological Examination*. Lanham, MD: Rowman Altamira.
- Ceniceros, Roberto. 2011. "States May Bar Comp for Illegal Immigrants." *Business Insurance*. <https://www.businessinsurance.com/article/00010101/STORY/301309979/States-may-bar-comp-for-illegal-immigrants>.
- Compa, Lance. 2004. *Blood, Sweat, and Fear: Workers' Rights in U.S. Meat and Poultry Plants*. New York: Human Rights Watch.
- Crenshaw, Kimberlé. 1991. "Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color." *Stanford Law Review* 43(6): 1241–99.
- De Genova, Nicholas P. 2002. "Migrant 'Illegality' and Deportability in Everyday Life." *Annual Review of Anthropology* 31(1): 419–47.

- Farmer, Paul. 2004. "An Anthropology of Structural Violence." *Current Anthropology* 45(3): 305–25.
- Fellner, Jamie, and Lance Compa. 2005. Immigrant Workers in the United States Meat and Poultry Industry: Submission by Human Rights Watch to the Office of the United Nations High Commissioner for Human Rights Committee on Migrant Workers. Geneva: Human Rights Watch.
- Flynn, Michael A., Donald E. Eggerth, and C. Jeffrey Jacobson. 2015. "Undocumented Status as a Social Determinant of Occupational Safety and Health: The Workers' Perspective." *American Journal of Industrial Medicine* 58(11): 1127–37.
- Fritzsche, Tom. 2013. "Unsafe at These Speeds." Southern Poverty Law Center, Alabama Appleseed. <https://www.splcenter.org/20130301/unsafe-these-speeds>.
- Georgia Tech Research Institute Occupational Safety and Health Institute. 2009. "Training Resources for Sanitation Workers in the Food Processing Industry." <https://www.oshainfo.gatech.edu/foodsantiation/foodsantiation-worker.html>.
- Grabell, Michael. 2015. "Insult to Injury: Tyson Foods' Secret Recipe for Carving Up Workers' Comp." *ProPublica*. <https://www.propublica.org/article/tyson-foods-secret-recipe-for-carving-up-workers-comp>.
- Grabell, Michael, and Berkes, Howard. 2015. "The Demolition of Workers' Comp." *ProPublica and National Public Radio*. <https://www.propublica.org/article/the-demolition-of-workers-compensation>.
- Gray, LaGuana. 2014. "We Just Keep Running the Line: Black Southern Women and the Poultry Processing Industry." Baton Rouge: Louisiana State University Press.
- Grzywacz, Joseph G., Thomas A. Arcury, Antonio Marín, Lourdes Carrillo, Michael L. Coates, Bless Burke, and Sara A. Quandt. 2007. "The Organization of Work: Implications for Injury and Illness among Immigrant Latino Poultry-processing Workers." *Archives of Environmental & Occupational Health* 62(1): 19–26.
- Grzywacz, Joseph G., Thomas A. Arcury, Antonio Marín, Lourdes Carrillo, Michael L. Coates, Bless Burke, and Sara A. Quandt. 2010. "Using Lay Health Promoters in Occupational Health: Outcome Evaluation in a Sample of Latino Poultry-processing Workers." *New Solutions: A Journal of Environmental and Occupational Health Policy* 19(4): 449–66.
- Grzywacz, Joseph G., Thomas A. Arcury, Dana Mora, Andrea M. Anderson, Haiying Chen, Daryl A. Rosenbaum, Mark R. Schulz, and Sara A. Quandt. 2012. "Work Organization and Musculoskeletal Health: Clinical Findings from Immigrant Latino Poultry Processing and Other Manual Workers." *Journal of Occupational and Environmental Medicine* 54(8): 995–1001.
- Guo, Xuguang, and John F. Burton Jr. 2012. "The Growth in Applications for Social Security Disability Insurance: A Spillover Effect from Workers' Compensation." *Social Security Bulletin* 72: 69.
- Hacker, Karen, Jocelyn Chu, Carolyn Leung, Robert Marra, Alex Pirie, Mohamed Brahimi, Margaret English, Joshua Beckmann, Dolores Acevedo-Garcia, and Robert P. Marlin. 2011. "The Impact of Immigration and Customs Enforcement on Immigrant Health: Perceptions of Immigrants in Everett, Massachusetts, USA." *Social Science & Medicine* 73(4): 586–94.
- Harris, Amy Julia, and Shoshana Walter. 2017. "All Work. No Pay." *Reveal*. <https://www.revealnews.org/article/they-thought-they-were-going-to-rehab-they-ended-up-in-chicken-plants/>.
- Harvey, David. 2005. "A Brief History of Neoliberalism." New York: Oxford University Press.
- Heyman, Josiah McC, Guillermina Gina Nunez, and Victor Talavera. 2009. "Healthcare Access and Barriers for Unauthorized Immigrants in El Paso County, Texas." *Family & Community Health* 32(1): 4–21.
- Holmes, Seth. 2013. *Fresh Fruit, Broken Bodies: Migrant Farmworkers in the United States*. Berkeley: University of California Press.
- Horton, Sarah B. 2016a. "From 'Deportability' to 'Denounce-ability': New Forms of Labor Subordination in an Era of Governing Immigration Through Crime." *PoLAR: Political and Legal Anthropology Review* 39(2): 312–26.
- . 2016b. "Ghost Workers: The Implications of Governing Immigration through Crime for Migrant Workplaces." *Anthropology of Work Review* 37(1): 11–23.
- . 2016c. "They Leave their Kidneys in the Fields": Injury, Illness, and 'Illegality' among U.S. Farmworkers. Berkeley: University of California Press.
- Horton, Sarah, and Louise Lamphere. 2006. "A Call to an Anthropology of Health Policy." *Anthropology News* 47(1): 33–6.
- Horton, Sarah and Stuesse, Angela. 2016. "Criminalizing Immigrants Hurts All Workers as IRCA Turns 30." *DailyKos*. <https://www.dailykos.com/story/2016/11/3/1590562/-Criminalizing-Immigrants-Hurts-All-Workers-as-IRCA-Turns-30>.

- Jaye, Chrystal, and Ruth Fitzgerald. 2010. "The Lived Political Economy of Occupational Overuse Syndrome among New Zealand Workers." *Sociology of Health & Illness* 32(7): 1010–25.
- Joseph, Tiffany D., and Helen B. Marrow. 2017. "Special Issue: Health Care, Immigrants and Minorities: Lessons from the Affordable Care Act in the United States." *Journal of Ethnic and Migration Studies* 43(12): 1965–84.
- Kandel, William. 2006. "Meat-Processing Firms Attract Hispanic Workers to Rural America." *Amber Waves*. <https://www.ers.usda.gov/AmberWaves/June06/pdf/MeatProcessingFeatureJune06.pdf>.
- Krieger, Nancy. 1999a. "Embodying Inequality: A Review of Concepts, Measures, and Methods for Studying Health Consequences of Discrimination." *International Journal of Health Services* 29(2): 295–352.
- . 1999b. "Sticky Webs, Hungry Spiders, Buzzing Flies, and Fractal Metaphors: On the Misleading Juxtaposition of 'Risk Factor' versus 'Social' Epidemiology." *Journal of Epidemiology and Community Health* 53(11): 678.
- . 2001. "Theories for Social Epidemiology in the 21st Century: An Ecosocial Perspective." *International Journal of Epidemiology* 30: 668–77.
- Lashuay, Nan, and Robert Harrison. 2006. Barriers to Occupational Health Services for Low-wage Workers in California. Commission on Health and Safety and Workers' Compensation, California Department of Industrial Relations.
- Leigh, J. Paul, and James P. Marcin. 2012. "Workers' Compensation Benefits and Shifting Costs for Occupational Injury and Illness." *Journal of Occupational and Environmental Medicine* 54(4): 445–50.
- Marín, Antonio, Lourdes Carrillo, Thomas A. Arcury, Joseph G. Grzywacz, Michael L. Coates, and Sara A. Quandt. 2009. "Ethnographic Evaluation of a Lay Health Promoter Program to Reduce Occupational Injuries among Latino Poultry Processing Workers." *Public Health Reports* 124(4_suppl1): 36–43.
- Marín, Antonio J., Joseph G. Grzywacz, Thomas A. Arcury, Lourdes Carrillo, Michael L. Coates, and Sara A. Quandt. 2009. "Evidence of Organizational Injustice in Poultry Processing Plants: Possible Effects on Occupational Health and Safety among Latino Workers in North Carolina." *American Journal of Industrial Medicine* 52(1): 37–48.
- Menjívar, Cecilia. 2006. "Liminal Legality: Salvadoran and Guatemalan Immigrants' Lives in the United States." *American Journal of Sociology* 111(4): 999–1037.
- Menjívar, Cecilia, and Leisy J. Abrego. 2012. "Legal Violence: Immigration Law and the Lives of Central American Immigrants." *American Journal of Sociology* 117(5): 1380–421.
- Michaels, David. 2015. "Adding Inequality to Injury: The Costs of Failing to Protect Workers on the Job." *Occupational Safety and Health Administration*. <https://www.dol.gov/osha/report/20150304-inequality.pdf>.
- Mississippi Poultry Workers' Center. 2008. "Workplace Injury Project." Document in author's possession.
- Mississippi Worker's Compensation Commission. 2013. "Mississippi Workers' Compensation Facts." <https://www.mwcc.ms.gov/pdf/WCFacts2013.pdf>.
- Monaghan, Paul. 2011. "Lessons Learned from a Community Coalition with Diverse Stakeholders: The Partnership for Citrus Worker Health." *Annals of Anthropological Practice* 35(2): 27–42.
- Musolin, Kristin, Jessica G. Ramsey, James T. Wassell, David L. Hard, and Charles Mueller. 2013. "Evaluation of Musculoskeletal Disorders and Traumatic Injuries Among Employees at a Poultry Processing Plant. Health Hazard Evaluation Report 2012–0125–3204." US Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health. https://www.cdc.gov/niosh/hhe/pdfs/2012-0125_Interim_Report_Final.pdf.
- n.a. 2017. "Court Upholds Reduction in Worker's Permanent Disability Rating for Ankle Injury." *WorkCompCentral*. <https://ww3.workcompcentral.com/news/story/id/ae43fd195f5b19d6c115621579bc88509fc711e3>.
- Nader, Laura. 1972. "Up the Anthropologist—Perspectives Gained from Studying Up." In *Reinventing Anthropology*, edited by Dell Hymes, 284–309. New York: Pantheon Books.
- Noonan, Mark. 2011. "Raising Debate Beyond the Borders." *Risk and Insurance Magazine*. <https://www.workingimmigrants.com/2011/03/the-immorality-of-denying-workers-comp-benefits-to-illegal-workers/>.
- O'Leary, Paul, Leslie I. Boden, Seth A. Seabury, and Al Ozonoff. 2012. "Workplace Injuries and the Take-up of Social Security Disability Benefits." *Social Security Bulletin* 72: 1.
- Occupational Safety and Health Administration. 2004. "Guidelines for Poultry Processing: Ergonomics for the Prevention of Musculoskeletal Disorders." US Department of Labor. <https://www.osha.gov/ergonomics/guidelines/poultryprocessing/index.html>.

- Occupational Safety and Health Administration. 2015. "Deficient Medical Management Leads to Musculoskeletal Injuries at Delaware Poultry Processing Plant." US Department of Labor. <https://www.osha.gov/news/newsreleases/region3/09022015>.
- Occupational Safety and Health Administration. 2016. "OSHA Cites Pilgrim's Pride for Medical Mismanagement, Fall, Machine Guarding and Other Safety, Health Hazards; Proposes \$78K in Fines." OSHA Regional News Brief—Region 4. <https://www.osha.gov/news/newsreleases/region4/07272016>.
- Oxfam America. 2015. "Lives on the Line: The Human Cost of Cheap Chicken." https://www.oxfamamerica.org/static/media/files/Lives_on_the_Line_Full_Report_Final.pdf.
- Premji, Stéphanie and Niklas Krause. 2010. "Disparities by Ethnicity, Language, and Immigrant Status in Occupational Health Experiences among Las Vegas Hotel Room Cleaners." *American Journal of Industrial Medicine* 53(10): 960–75.
- Qiu, Yue, and Michael Grabell. 2015. "Workers' Compensation Reforms by State." *ProPublica*. <https://projects.propublica.org/graphics/workers-comp-reform-by-state>.
- Quandt, Sara A., Mark R. Schulz, Steven R. Feldman, Quirina Vallejos, Antonio Marin, Lourdes Carrillo, and Thomas A. Arcury. 2005. "Dermatological Illnesses of Immigrant Poultry-Processing Workers in North Carolina." *Archives of Environmental & Occupational Health* 60(3): 165–9.
- Quandt, Sara A., Joseph G. Grzywacz, Antonio Marin, Lourdes Carillo, Michael L. Coates, Bless Burke, and Thomas A. Arcury. 2006. "Illnesses and Injuries Reported by Latino Poultry Workers in Western North Carolina." *American Journal of Industrial Medicine* 49: 393–51.
- Quesada, James, Laurie Kain Hart, and Philippe Bourgois. 2011. "Structural Vulnerability and Health: Latino Migrant Laborers in the United States." *Medical Anthropology* 30(4): 339–62.
- . 2012. "Special Issue Part II: Illegalization and Embodied Vulnerability in Health." *Social Science & Medicine* 74(6): 894–6.
- Ramsey, Jessica G., Kristin Musolin, and Charles Mueller. 2015. "Evaluation of Carpal Tunnel Syndrome and Other Musculoskeletal Disorders among Employees at a Poultry Processing Plant, HHE Report No. 2014–0040-3232." Health Hazard Evaluation Program, US Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health. <https://www.cdc.gov/niosh/hhe/reports/pdfs/2014-0040-3232.pdf>.
- Rao, Pamela, Thomas A. Arcury, and Sara A. Quandt. 2003. "A Culturally Appropriate Farmworker Pesticide Safety Program." *Practicing Anthropology* 25(1): 10–13.
- Rosenbaum, Daryl A., Joseph G. Grzywacz, Haiying Chen, Thomas A. Arcury, Mark R. Schulz, Jill N. Blocker, Dana C. Mora, and Sara A. Quandt. 2013. "Prevalence of Epicondylitis, Rotator Cuff Syndrome, and Low Back Pain in Latino Poultry Workers and Manual Laborers." *American Journal of Industrial Medicine* 56(2): 226–34.
- Rousmaniere, Peter. 2014. "Ensnared by Workers' Comp." *WorkCompCentral*. <https://ww3.workcompcentral.com/columns/show/id/ccd4d809e3d3606dadadf350c717af3ak>.
- . 2015. "Seismic Shifts: An Essential Guide for Practitioners and CEOs in Workers' Comp." *WorkCompCentral*. <https://rousmaniere.com/wp-content/uploads/2015/02/Seismic-Shifts-Feb-24-2015.pdf>.
- Rylko-Bauer, Barbara, and Paul Farmer. 2002. "Managed Care or Managed Inequality? A Call for Critiques of Market-Based Medicine." *Medical Anthropology Quarterly* 16(4): 476–502.
- Sassen, Saskia. 1998. *Globalization and its Discontents: Essays on the New Mobility of People and Money*. New York: New Press.
- Saxton, Dvera. 2013. "Layered Disparities, Layered Vulnerabilities: Farmworker Health and Agricultural Corporate Power on and off the Farm." PhD dissertation, Department of Anthropology, American University.
- Silbergeld, Ellen K. 2016. *Chickenizing Farms and Food: How Industrial Meat Production Endangers Workers, Animals, and Consumers*. Baltimore: Johns Hopkins University Press.
- Singer, Merrill. 1995. Beyond the Ivory Tower: Critical Praxis in Medical Anthropology. *Medical Anthropology Quarterly* 9(1): 80–106.
- Smith, Rebecca. 2004. "Immigrants' Right to Workers' Comp." *Trial* 48.
- . 2012. "Immigrant Workers and Worker's Compensation: The Need for Reform." *American Journal of Industrial Medicine* 55(6): 537–44.
- Smith, Rebecca and Blanco, Maria. 2003. "Used and Abused: The Treatment of Undocumented Victims of Labor Law Violations Since Hoffman Plastic Compounds v. NLRB." *Bender's Immigration Bulletin* 8: 890.
- Smith, Rebecca, Ana Avendaño, and Julie Martínez Ortega. 2009. "ICED OUT: How Immigration

- Enforcement Has Interfered with Workers' Rights." A Report of the National Employment Law Project, AFL-CIO, and American Rights at Work Education Fund.
- Smith-Nonini, Sandy. 2011. "The Illegal and the Dead: Are Mexicans Renewable Energy?" *Medical Anthropology* 30(5): 454–74.
- Striffler, Steve. 2002. "Inside a Poultry Processing Plant: An Ethnographic Portrait." *Labor History* 43(3).
- Stuesse, Angela. 2009. "Race, Migration, and Labor Control: Neoliberal Challenges to Organizing Mississippi's Poultry Workers" In *Latino Immigrants and the Transformation of the U.S. South*, edited by Mary Odem, and Elaine Lacy, 91–111. Athens: University of Georgia Press.
- . 2010. "What's "Justice and Dignity" Got to Do with It? Migrant Vulnerability, Corporate Complicity, and the State." *Human Organization* 69(1): 19–30.
- . 2016a. *Scratching Out a Living: Latinos, Race, and Work in the Deep South*. Berkeley: University of California Press.
- . 2016b. "Why We Wear Diapers at Work." *Huffington Post*. May 20. https://www.huffingtonpost.com/entry/why-we-wear-diapers-at-work_us_573f6ad3e4b0d1507778448e.
- Stuesse, Angela, and Laura E. Helton. 2013. "Low-wage Legacies, Race, and the Golden Chicken in Mississippi: Where Contemporary Immigration Meets African American Labor History." *Southern Spaces*. <https://southernspaces.org/2013/low-wage-legacies-race-and-golden-chicken-mississippi>.
- Sugimori, Amy. 2006. *Immigration Status and Access to Workplace Rights*. New York: National Employment Law Project.
- Tak, Sangwoo, Kathleen Grattan, Les Boden, Al Ozonoff, and Letitia Davis. 2014. "Impact of Differential Injury Reporting on the Estimation of the Total Number of Work-related Amputations." *American Journal of Industrial Medicine* 57(10): 1144–48.
- Thames, Rick, Kerry Hall, Ames Alexander, Franco Ordoñez, and Peter St. Onge. 2008. "The Cruellest Cuts: The Human Cost of Bringing Poultry to Your Table." *Charlotte Observer*.
- The Northwest Arkansas Workers' Justice. 2016. "Wages and Working Conditions in Arkansas Poultry Plants." <https://drive.google.com/file/d/0B9E65CdkTCIHd3k3Z0FlajNYeIE/view>.
- US Department of Agriculture. 2014. "USDA Announces Additional Food Safety Requirements, New Inspection System for Poultry Products." Washington, DC. News Release No. 0163.14. <https://www.usda.gov/wps/portal/usda/usdahome?contentidonly=true&contentid=2014/07/0163.xml>.
- US Government Accountability Office. 2016. *Workplace Safety and Health: Additional Data Needed to Address Continued Hazards in the Meat and Poultry Industry* (GAO-16-337). <https://www.gao.gov/assets/680/676796.pdf>.
- US Government Accountability Office. 2005. "Workplace Safety and Health: Safety in the Meat and Poultry Industry, while Improving, Could Be Further Strengthened." A Report to the Ranking Minority Member, Committee on Health, Education, Labor, and Pensions, US Senate.
- Vargas, João H. Costa. 2006. *Catching Hell in the City of Angels: Life and Meanings of Blackness in South Central Los Angeles*. Minneapolis: University of Minnesota Press.
- Willen, Sarah S. 2012. "Migration, "Illegality", and Health: Mapping Embodied Vulnerability and Debating Health-Related Deservingness." *Social Science & Medicine* 74(6): 805–11.

DOI: 10.1111/awr.12148