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**CARING FOR THE QUALIFIED LIFE: MEXICANA CERTIFIED
NURSING ASSISTANTS IN BELLINGHAM, WASHINGTON**

By

Marinel Kniseley

Accepted in Partial Completion
of the Requirements for the Degree
Master of Arts

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MASTER'S THESIS

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Marinel Kniseley

November 27, 2017

**Caring For The Qualified Life: Mexicana Certified Nursing Assistants
In Bellingham, Washington**

A Thesis
Presented to
The Faculty of
Western Washington University

In Partial Fulfillment
Of the Requirements for the Degree
Master of Arts

By

Marinel Kniseley
November 2017

Abstract

Certified Nursing Assistants (CNAs) are the first line of care in eldercare institutions. They spend more time with residents than any other staff member, performing the most intimate tasks, and serving as a locus of support and information for both residents and their families. Belied by their low wages and low status within the industry, their work nonetheless entails considerable skill and interpretation of clients' needs. In Washington State, positive ratings of eldercare facilities have been associated with the presence of immigrant caregivers, indicating this may come from the motivations and skills they bring to their work. This thesis examines such motivations and skills through an intensive case study with five Mexican CNAs working in assisted living facilities in Bellingham, Washington.

Using grounded theory and Latinx Critical Theory, I examine how the cultural values and immigrant experiences of these CNAs affect the way they view and do their work. Commonalities found in their narratives and work routines reveal a shared notion of what can be regarded as a "qualified life." For these Mexicanas, a qualified life centers around family and doing meaningful, recognized work. Their ability to find profound meaning in doing eldercare therefore serves to further their own qualified lives while bringing dignity and affection to people they see as discarded by American society. Beyond simply caring for the body, these CNAs create the conditions for dignity in eldercare facilities by preserving the memories and identities of the elders in their care, and extending kinship to residents and their families. In doing so they are enacting roles that have been altered or denied in their own lives due to being separated from their families by the U.S./Mexico border.

The empathy these Mexicanas are able to feel for a largely white (more privileged) aging population is generated in spite, and because, of the historical and continuing oppression they have experienced in the U.S., which has put them in a unique position to recognize vulnerability, marginalization, loneliness, and displacement. Finding meaning through work deemed undesirable by mainstream society and enacting their own values in the face of structural limitations makes them vibrant actors of third space ethics. In effect, by creating the conditions for others to live and die with dignity, they create a daily resistance against the standard profit model of institutional care, and in the process, further the pursuit of their own qualified lives.

Acknowledgements

I would like to thank my advisor, Dr. James Loucky, who went above and beyond the call of duty to support me in countless ways, both personal and professional. I am forever grateful for his incredible generosity, his perspective, and his resolute belief in my ability. Dr. Joan Stevenson was the first to express excitement in this thesis topic and her critical questions and insights were instrumental in shaping its course. I am grateful for Dr. Josh Fisher's expertise and the time he carved out of his busy schedule to help and inspire me with key concepts. I am also deeply thankful for Dr. Veronica Velez, whose passion for this work held me aloft when it mattered most. I feel honored to be among the many who have experienced her singular ability to care for and draw out the best in her students.

I'd like to thank Ryan Blackwell of Northwest Regional Council and Dr. Baozhen Luo for acquainting me with the local context, and Dr. Tomás Madrigal for encouraging me with the most important issues of this work. Viva Barnes, the gem of WWU's Anthropology Department, was an enormous help and comfort throughout my academic path. I would especially like to thank my cohort and peers, especially Julia Rowland, Laura Stone, Katarina Gombocz, and Megan Stephenson, who all read and listened and came to my rescue more times than I can count. This project would not have happened without their endless support.

This thesis is about caregiving, and I received so much of that from very special people, both near and far. Tracy Sites and Joshua Sarlo provided inspiring conversation. Becky Torgerson, Rachel Stern, and Ashley Keylor constantly checked up on me and showed their love in so many ways. Carrie Lewis and Malora Christensen, Amy and Josh Shimek, and Wesley Davis and Tiffini Ayala all took care of me when I was in great need, opening up their homes to me and making it possible for me to complete this research while living across the border from my own home. I owe special thanks to my "thesis wife," Tiffini Ayala, whose company along the road made all the difference.

Words cannot express the gratitude I have for my family. The love and incredible support of Peter and Luba Laychak knows no bounds. Ron Foy and the Toons kept me laughing and reminded of the outside world. My sister, Susan Kniseley Foy, dug me out of the deep waters with her love and wisdom, as always. Finally, none of this would have been possible without my husband and my mother. Greg Laychak took every step of this journey with me and came through every sacrifice cheering me on. This project belongs to him and to Ana Matilde Rodriguez Kniseley, whose selflessness and strength humble me every day. Her support made this possible and her pride made it worth it.

I extend my deepest gratitude to the caregivers who took time out of the busy lives to share their powerful stories with me. I am honored to have been trusted with their reflections and am forever changed by them.

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CHAPTER ONE: INTRODUCTION

The decision to bring my 65 year old grandmother to live in the United States was not made lightly. It took a lot of collaboration and compromise between her many adult children, including my mother, who was the only one living in the U.S. In our Panamanian family, it was an enormous honor to be able to care for my grandmother, Benilda Mercedes DeLeon, a woman who cared for so many and who was adored by her ten children (and the nine siblings, nieces, and nephews she raised) and all of their many children. My uncles and aunts in Panama viewed letting her go as a big sacrifice, as their children would not get the benefit of her quiet wisdom and boundless patience and love; would not learn from her stories and gentle scoldings. Nonetheless, it was determined that as she aged, she would be more comfortable in my parents' house and would have access to better healthcare in the U.S. As a child growing up on a farm in northwest Arkansas, my daily life revolved around her and I was made to feel lucky for this.

Years later, when MamaNilda's health began to decline, visits to clinics and hospitals became frequent. As a teenager, I remember being disturbed that my mother did not feel comfortable leaving her alone with the nurses, especially overnight. The medical teams in these settings did not seem to grasp the fears my *abuela* would have, as she didn't speak English and was in a very unfamiliar environment. Northwest Arkansas in the early nineties had little diversity, therefore cultural competency was a low priority in the workplace. The nurses, assistants, and doctors expressed surprise and sometimes irritation at our constant vigilance. We, in turn, were dismayed at the infrequency with which they checked on her, and the casual, sometimes rough manner used to handle her delicate frame.

When her condition deteriorated to the point that 24-hour supervision was required, they my family never once considered putting her in a “home,” even though both of my parents worked full-time. They instead turned to their network of friends to find help caring for MamaNilda. That’s when they found Analia. Analia, like other immigrants in the area, had immigrated to Arkansas in response to the rising job opportunities through Wal-mart and Tyson Chicken Company. The comfort we felt in having Analia’s help lied mostly in that she was also a Latina from Costa Rica, which borders Panama. We felt she could care for MamaNilda in a way that someone from a very different cultural background could not. She understood our reverence for MamaNilda because that is a common way to feel about grandmothers in Costa Rica, as well. She had very specific ideas about caregiving, which she explained as the way *we* (Latinas) do things, from the tenderness and respect she showed my grandmother, to her understanding of MamaNilda’s modesty, to the views she expressed about family and death and dying.

This thesis grew from these personal experiences and from the notion that ways of looking at caregiving, as well as aging and dying, are shaped by culture and experience. Our relationship with Analia was defined by our shared cultural values, and she had a lot of freedom to express and practice her approach to caregiving within our household. However, our experience stands in contrast to the more common scenario in the United States, where paid eldercare is practiced across a cultural divide. The large majority of aging citizens in the U.S. identify as white and of European heritage, while the care workers tending to them are disproportionately women of color and, increasingly, immigrant women (Angel and Angel 1999; Chang 2000; Glenn 1992; Glenn, Chang, and Forcey 1994.) Also, although both elders and immigrant women are vulnerable populations, the latter are often tending to people who have more privilege than themselves, which creates a power differential (Chang 2000; Ehrenreich and

Hochschild 2004; Ibarra 2003b). Given this context, it becomes important to understand how immigrants exercise their care ethics within the confines of the clinical environment of hospitals, nursing homes and assisted living facilities. Why do they choose this job as opposed to others? What is different about the care provided by someone who has immigrated from another country? What specific attitudes and skills do they bring to their work because of their background? How do they generate empathy for those in their care, especially given that these clients generally belong to a demographic group which has historically oppressed them?

The United States has come to rely heavily on foreign-born workers, like Analia, to provide long-term care for its elderly citizens, in both informal settings (as in our home) and formal settings such as nursing homes and assisted living facilities. This phenomenon is at the heart of a combination of complex social and demographic changes that are occurring in ways that are dramatically new for the U.S. (Buch 2015; Poo 2015). There are more older people relative to the general population than ever before, due to a combination of the lengthening life spans and lowering birth rates of large segments of the U.S. population, as well as the aging of the “baby boomer” generation born just after World War II (Buch 2015; Clark et al. 2004).

Cultural norms and values around family, aging, and care work also play an important role in the rising demand for paid caregivers. In the U.S., caring for the elderly is not seen as desirable work for a variety of reasons, including physical and emotional demands of the work, and the involvement with dirt (both symbolic and literal), death and dying (Fisher and Kang 2013). Feminist scholarship has long emphasized the devalued nature of reproductive, or domestic, labor, which includes eldercare. Because it continues to not be seen as “real work” domestic work is often underpaid and under-regulated (Colen 1989; Glenn, Chang, and Forcey 1994). Even in the context of facilities, Certified Nursing Assistants, or CNAs, are usually paid

minimum wage and seen as the lowest rung in the care ladder, even though they are the most critical part of the team (Fisher and Kang 2013; Hochschild 2003). All of this makes eldercare seem an undesirable career choice for many Americans, especially those with more options (Banijamali, Jacoby, and Hagopian 2014). It is therefore unsurprising that the people disproportionately filling these jobs come from the most vulnerable ranks in our communities: women of color and immigrant women.

Aging and care are topics that have received increasing attention, both scholarly and public, in the last ten years (Buch 2015; Gusmano 2017; Himes 2002; Jacobsen et al. 2011; Schulz and Binstock 2006). The practice of care itself is a core topic in gerontological and nursing journals, and issues surrounding cross-cultural caregiving are appearing more and more frequently in the applied nursing literature (Chenitz and Swanson 1989; Flores et al. 2009; Kreling et al. 2010). The fact that the majority of care work in the U.S. is still mostly done by women, and further, by women of color and immigrant women, places it at the crossroads of feminist theory, critical race theory, and migration scholarship. Buch argues that, because of these many intersecting concerns, anthropology is perfectly situated to explore this topic at both the macro and micro levels (Buch 2015).

Recent work has emerged surrounding immigrant care in facilities, exploring different dimensions of caregiving, such as the costs of emotional labor and boundary-making, but most is limited to factors impacting all immigrants (Acker et al. 2015; Fisher and Kang 2013; Stacey 2011). My thesis takes into account the cultural values and experiences of one particular group: Mexicanas working in eldercare facilities. I use the term Mexicana to refer to Mexican women, whether living in Mexico or the United States (as do the participants of this study). Many terms have been used to describe people from the broader geographical of Central America, including

Hispanic, Latino, Latina/o, and Latin@. I use the term Latinx for its non-gender-binary utility and in keeping with Chicana/o student activists who will be taking the lead in LatCrit scholarship. However, in conversing with the women who collaborated in this thesis, we often used the word “Latina” *entre nosotras* (between us). I also use “Latina” in parts of the text when referring to cultural phenomena which may characterize a larger region than just Mexico, and refers specifically to women.

I focused on one particular group (Mexicanas) rather than extending the parameters to *all* immigrant women because the experiences immigrants have in the U.S. are strongly shaped by their country of origin. Each country has its own history of political and economic relations with the U.S., which contributes to the reasons its citizens emigrate and also to the general attitudes they encounter within the receiving population (Kaplan and Chacko 2015). The complex history between the U.S. and Mexico is a significant context that continues to frame the experience of Mexican immigrants in this country, especially in light of the anti-immigration policy attitudes of the current administration. I also chose to work with a Mexican population because, at 10.2 percent, they form a significant proportion of Washington’s population. Finally, as a Latina raised by a Panamanian immigrant, I felt Mexican culture was closer to my own upbringing and might allow me to apply more of a sense of cultural intuition during fieldwork.

Existing research on the particular intersection of Mexicanas working in eldercare has been limited to María Ibarra’s extensive work in Santa Barbara, California (Ibarra 2000; 2002a; 2003b). A big part of this work is emotional labor, which Hochschild defines as “the act of inducing or suppressing feeling in order to sustain the outward countenance that produces the proper state of mind in others” (Hochschild 1983: 7). Ibarra further develops this concept, positing that Mexicanas (Mexican women) in the informal sector develop flexible techniques and

expressions in order to “understand” their clients, resulting in empathy which sometimes affects their long-term decisions (Ibarra 2002a, 323-337). She credits this to a few factors: the flexible, intimate, unsupervised nature of in-home care, and the tendency of Mexicanas to “attempt to apprehend not only what their wards may feel in the moment, but how that moment relates to a ‘total’ person, a person with a history of loves, joys, losses and regrets that serve to humanize them” (2002a, 346). This approach addresses how immigrant Mexicanas, especially those who are undocumented, might attempt to bridge the social and economic gap between themselves and their wards in order to provide care in the same way they might for their own mother or father. Ibarra’s work also points to the creation of a Mexicana subjectivity that is constructed through work, and through the practice of their “care ethics” (2002b; 2013).

I expand on Ibarra’s work by exploring not only how Mexicanas engage in this kind of approach, but *why* they choose this work over other kinds of work. While most of Ibarra’s work focuses on Mexicanas doing in-home care, mine delves into these processes as they occur in eldercare facilities. This thesis also contributes to the literature by taking place in Bellingham, Washington, an area with no prior scholarly attention to the involvement of Mexican immigrant women in eldercare. It is also informed by a 2015 University of Washington study of the quality of Washington state nursing home, which concludes that “facilities with more than half foreign-born workers were significantly more likely to be better rated by residents” and, further, that this phenomenon might operate on the “motivation and characteristics of the workers themselves” (Acker et al. 2015, 665).

In a way, my thesis explores this very question of the “motivation and characteristics” of Mexican immigrant women employed as eldercare workers in assisted living facilities in Bellingham, Washington. I ask first, why they enter into the work in the first place, and second,

why they continue to do the work. However, I don't use the term "characteristics" as the main unit of analysis because it risks implying that these things are immanent, or inherent. In other words, it suggests that these caregivers simply *are* "kind" or "patient" or "hardworking." This essentializing perspective makes it possible to say that those who perform well in these roles are "naturally" good at this kind of work. Such logic has been and continues to be used as a way to justify low wages and devalue the skills and knowledges of people doing work that is seen as undesirable. I attempt to circumvent this by employing a Latinx Critical Theory (or LatCrit) lens, which "calls attention to the way in which conventional, and even critical, approaches to race and civil rights ignore the problems and special situations of Latino people—including bilingualism, immigration reform, the binary black/white structure of existing race remedies law, and much more" (Stefancic 1997, 424).

Foucauldian theory has been widely used by LatCrit theorists and social scientists as a way to understand how all humans, as state subjects, are managed by modes of governance (Boyer 2002). In the neoliberal model, the logic of governance is based on profit and led primarily by global markets (Arrighi 2000). When this is the primary mobilizing force, laborers are seen as replaceable and those unable to participate in production (such as the elderly) are seen as disposable (Mackenzie 2016). As stated by Aijen Poo, "the way we treat elders is so closely tied to the way we treat people with disabilities... As you age, you are seen as less and less productive and in this society, your body is only valued by how much capital you can produce" (Adams and Rojas-Carroll 2015). This state of existence, where one is politically destroyed and disposable, is characterized by Agamben as the form of "bare life" in his work *Homo Sacer*. He contrasts this with the "qualified life," in which agency is exercised and one has the freedom to live as one chooses (Agamben 1998).

My work joins that of anthropologists who have become interested in how, despite these various systems of control, humans display a “stubborn attachment” to leading meaningful, or qualified, lives (Fassin 2010; Fischer 2014; Fisher 2010). This is well-trodden territory within Chicana/o studies and other thinkers from the margins, who use Foucauldian theory to talk about how structures are oppressive while exposing the ways agency survives in their everyday practices (Huber 2009; Licona 2012; Yosso 2005). I use this literature, particularly that of the third space (Anzaldúa 1987), to discuss ways in which Mexicanas are systemically oppressed, and yet continue to strive for dignity and to contribute to a society which, in many ways, continues to reject them. By valuing these elders and inserting their own moral practices and care ethics, these caregivers are interrupting social processes surrounding aging and dying. In so doing, they provide a resistance against practices which have become commonplace in eldercare institutions in the U.S., creating qualified lives for themselves and for those in their care.

This thesis begins with a tour of multiple literatures. Chapter two, *The U.S. and Mexico: Aging and Migration in the Neoliberal Era*, addresses the demographic shift towards an increasing proportion of elders in the U.S. and situates eldercare as a labor demand within the context of global migration. It then looks at the historical, structural context for the migration of Mexican women to the United States. I draw from anthropological and Chicana scholarly works to focus on gendered, Mexican-American experiences of immigration and the effects of the U.S./Mexico border, both as a practical and psychological construct. I then move onto *Histories and Ideologies of Care* in chapter three, which reviews the written literature of attitudes towards eldercare in the U.S. and in Mexico. I assume that, while great variation exists in approaches and practices, there are norms observed in both countries, which are undergirded by ideological roots. In the case of Mexico, I review how these ideologies are reflected in common narratives.

Chapter four describes the setting of Bellingham, briefly addressing its political economy and Mexican immigration to the area. I then present long-term care options in Bellingham before moving on to discuss the methods used in this research. Chapter five, *Five Portraits*, begins with an explanation of my positionality as a researcher. It then presents narratives of the five Mexicanas with whom I worked for this research project. Each vignette paints a brief life story, then highlights segments of their testimonies to illustrate their views of the work they do. I also inject these segments with relevant moments gathered from my notes during the opportunities I had to shadow them and observe their interactions with the residents.

In chapter six, I discuss the themes that surfaced as significant across the five cases, presenting the analysis in two main sections. The first section broadly treats the question of *why* these Mexicanas do the work of eldercare. I discuss this within the context of their lived experiences, covering the topics of family, effects of the border, work, and education. I explore how the participants' similar values and experiences around each of these themes contribute to their reasons for choosing to work in eldercare. I conclude the first section by proposing that the connecting thread which emerges in each of these themes is a desire to change one's circumstances. Therefore, eldercare emerges as a way to further their ethical life projects. The second section broadly addresses *how* they do the work of eldercare. I discuss the participants' congruent perspectives regarding the performance of eldercare and the skills they employ, which are also shaped by the values and experiences discussed in the first section. These skills include empathy, emotional labor, and handling the "dirty" aspect of caregiving. I conclude the second section by showing how these skills aid them in maintaining the dignity and identities of residents.

Chapter seven, the conclusions, is devoted to an explanation of why the themes presented in the previous chapter run across all five cases. I conclude that the motivations for these women to become CNAs are driven in part by the desire to live a “qualified life” (Agamben 1998) or as Esther says, “make yourself better.” For the Mexicanas in my study, a qualified life is one that has dignity and is centered around family and work. These caregivers choose to work in eldercare because they see this work as meaningful, despite the 'dirty' aspects, for reasons that are rooted in their cultural values and lived experiences as immigrants. The similarities in the ways these five Mexicanas view and do their work correspond with a goal of treating not simply the bodies of the residents, but their own qualified lives. They create the conditions for dignity by performing emotional labor (affecting attitudes and behaviors that put the residents at ease), by treating the residents with affection and respect, and by preserving their memories and stories. They are aided in this capacity by their values surrounding elders and family roles, which inspire a desire to extend kinship to the residents and their families, giving them the chance to fulfill what I refer to as a “care debt” due to family separation, and be “better than they are” in other spheres of their lives. Their ability to craft empathy for a largely white aging population in spite of historical oppression from this same demographic is derived from recognizing and empathizing with vulnerability, marginalization, loneliness, and displacement. This ability to manifest positive outcomes (finding meaning through work and affecting change in the lives of others) from a negative situation (that of being marginalized and commonly discriminated against in society) makes them actors of third space ethics. Doing their work in a way that creates the conditions for others to live and die with dignity, they in turn, create dignity for themselves.

CHAPTER TWO: THE U.S. & MEXICO: AGING & MIGRATION IN THE NEOLIBERAL ERA

Aging in the U.S.

In the years following WWII, the United States experienced an overall spike in birth rates resulting in a generation whimsically named the “babyboomers” (Schulz and Binstock 2006). As this group has aged, all manner of public and social institutions—hospitals, schools, universities, the job market—have had to adapt to accommodate its sheer size (Himes 2002). The relative proportions of elders are higher due to both the post-World War baby boom but also because most people are living longer (Clarke et al. 2004; Seperson and Hegeman 2002). Life expectancy at birth has increased from 47 to 48 years in 1900 to 76 to 77 years in 2000 (Clarke et al. 2004; Seperson and Hegeman 2002). One factor contributing to this is an epidemiological transition away from the dominance of contagious diseases to chronic health problems (Clarke et al. 2004). Medical advances have also led to a higher cancer survival rate, and a decrease in deaths from accidents, heart attack, and stroke (Richardson and Barusch 2006; Davis 2008). Consequently, there will not only be a large elderly population, but a growing percentage of this demographic will be over 75 years old (Seperson and Hegeman 2002).

Longevity has long been a human endeavor and many older Americans experience good health for most of those years. However, the likelihood of requiring some level of assistance for daily needs increases markedly after the age of 75, provoking the concern of how this care work is being done in the U.S. and who is doing it. As Buch elegantly states, “aging is not a uniform process, but rather one profoundly shaped by local environments, access to resources, and social relations. The experiences of those who survive into old age are shaped by the social roles

available to elders, the depth and breadth of social support available to them, and their access to economic resources” (Buch 2015, 278).

As the elderly population increases, it has been met with an all-time low of fertility in the U.S., having reached “a rate of 1.86 children per woman of child-bearing age in 2013” (Smeeding 2014, 163). These factors together result in a scenario in 2030 of more single elderly people, with less family members to take care of them. Because of this, many aged Americans and their families find themselves seeking the services of paid in-home caregivers or outside the home in the form of long-term retirement residences. In both settings, the demand for care workers is increasingly being met by immigrant workers (Buch 2015, Flores-González et al. 2013).

This research examines a particular subset of this immigrant workforce: Mexicanas working as CNAs in Bellingham, Washington. To answer the question, “why do Mexican immigrant women become caregivers in eldercare facilities in Bellingham?,” we have to understand their choices within the global context. None of the women in this study moved to Bellingham with the direct intention of working in eldercare facilities. They came because they had connections here through their families or extended kin, a phenomenon known as network mediation (Massey et al. 1994, Wilson 2009). These families arrived in Bellingham not only because of labor opportunities, but because their circumstances in Mexico were bleak. These circumstances, in turn, are a result of policies created and maintained by the governments of the U.S. and Mexico in order to maximize corporate profits (Hondagneu-Sotelo 1994; Ibarra 2003a). Therefore, a summary of these policies and their ramifications for Mexican women is essential for understanding the study participants as actors in a global context.

Mexican Female Migration and Neoliberalism

Since the 1940's, migration from Mexico has steadily increased. One of the largest influxes was due to the Bracero Program (1942-1964), a guest-worker program that contracted approximately 4 million Mexican laborers (Wilson 2009, 31). Because these programs were aimed at men, earlier studies on immigrant labor have focused on male-dominated sojourner migration (Massey 1990; Aysa and Massey 1994). Attention devoted to women was generally aimed at understanding the effects of male absence in the sending community, or the traveling of women to reunite with their husbands in the U.S. (Arias 2008; Aysa and Massey 2004; Parrenas 2005).

However, as neoliberal political and economic policies continue to emphasize production for export, and structural adjustment programs such as the Border Industrialization Program took effect, the migration of women has increased (Chang 2000; Wilson 2009). Once in the U.S., Mexican women (like many recent migrants from Central America, the W. Indies, and the Philippines) find limited market choices and are in essence tracked into low paying jobs, especially domestic employment (Chang, 2000; Hondagneu-Sotelo 1994, 2001).

Correspondingly, anthropological and sociological research has grown to include the expansion and stratification of the domestic market, the networks migrant women create in the U.S., and the effect of domestic work on women's gendered identities and migration patterns (Chang 2000; Colen 1989; Hondagneu-Sotelo 1994, 2001; Romero 1992; Wilson 2009).

These gendered approaches reflect a shift away from earlier theoretical models employed by immigration scholars. Perhaps most well-known, the equilibrium or "push-pull" model discusses "migration as an individual response to negative 'push' factors at the point of origin and positive 'pull' factors at the point of destination" (Lee 1966). Pierrette Hondagneu-Sotelo

criticizes this orthodox perspective as ignoring the history, political economy, and social structure creating the environment within which decisions are made. She elects instead to employ a macrostructural approach which views female migration from Mexico as a gendered, social process occurring not between two isolated places, but within a “world system”. These transnational processes are often referred to within the framework of globalization, or, the manifestation of capitalism as a world system, characterized by the operation of corporations seeking profit across borders (Arrighi 2000; Ibarra 2003a). The movement of Mexican women into the U.S. is therefore “rooted in globalization processes--the economic restructuring and crises brought about by unequal relations of power between nations in a capitalist world system” (Ibarra 2003a, 261).

Mexico-U.S. Migration

The U.S.-Mexican border *es una herida abierta* where the Third World grates against the first and bleeds... Borders are set up to define the places that are safe and unsafe, to distinguish *us* from *them*. A border is a dividing line, a narrow strip along a steep edge. A borderland is a vague and undetermined place created by the emotional residue of an unnatural boundary. It is in a constant state of transition (Anzaldúa 1987, 25).

Borders have a physical location and are drawn up and enforced by governments, and therefore give the illusion of being fixed and timeless. However, the U.S./Mexico border, like other borders in the world, was highly contested and remains a source of pain and anger on the part of many Mexicans and Chicana/os today. This is evident simply in the fact that, after the U.S.-Mexican War ended in 1848, the continuing boundary disputes were not fully addressed in law until over a century later, with the Boundary Treaty of 1970. As the old saying goes, “My family didn’t cross the border, it crossed us.”

The scope of this thesis prevents an exhaustive review of Mexico/U.S. relations. However, the following overview highlights major historical events or shifts that have shaped Mexican women's work and affected their migration internally and to the U.S. In addition, I review ways in which these structural realities have an impact on the lived experiences of Mexicanas living in the U.S.

The U.S. war against Mexico (1846-1848) resulted in the loss of land for Mexico, a lot of which was wrested from Mexican farmers in controversial ways after the end of war. After acquiring half of Mexico's original land, interested parties in the U.S. were in immediate need of labor for railroads, mining, construction, and farms. Mexicans on both sides of the new border were recruited to fill this demand, kicking off a long period of increasing migration to the U.S., oftentimes to work on land that was formerly considered theirs. The 1882 Chinese Exclusion Act and 1908 Gentlemen's Agreement curtailing immigration from China and Japan created even more incentive for employers to pursue Mexican workers. Fish canneries brought a large influx of Mexican laborers north to Washington during this period (Wilson 2009).

However, any time the U.S. experienced any kind of economic recession, for example after World War I and during the Great Depression (1929-1939), "Mexicans were scapegoated and workplace raids, forced deportations, and voluntary repatriation programs surged" (Wilson 2009, 26). After the Great Depression (1929-1939), immigration from Mexico to the U.S. continued to steadily increase. Initially, the process of network migration created hubs in southwestern U.S. and California. Railroad work extended these Mexican communities across the midwest and as far as New England by the early 1920s (Ho and Loucky, 2012).

During World War II, another era of Mexican labor recruitment began in the U.S., with the Bracero Program (1942-1964). This resulted in approximately 4 million Mexicanos being

contracted and legalized as residents in the U.S. (Barajas et al. 2007, 28). The workers were then largely powerless over their situations, unable to change employers and often paid wages lower than promised, and given deplorable living conditions (Wilson 2009, 30). Undocumented workers from Mexico were solicited by farm owners to compete with the Braceros and keep them from protesting. This is a pattern that has been repeated, despite the tireless efforts of the National Farmworkers Association and unions that have followed to gain lasting rights for farmworkers. Operation Wetback was initiated by the U.S. government in 1954 to “deal” with the increased number of undocumented workers, executed in the form of workplace raids and mass deportations (Garcia 1980). These efforts resulted in the forcible exit of nearly 2 million people over the course of two years, many of whom had long been residents, with children born in the U.S. (Garcia 1980).

Mexican Women and Work

Even before Mexican Independence in 1821, women played a large role in the economy, generating vital income by engaging in informal labor outside the home whenever times were difficult. By the end of the Mexican Revolution (1910-1917), women accounted for at least a third of the capital’s workforce (Thompson 1992). However, the active role of women in the economy carried the stigma of devaluing the traditional role of the man as sole income-earner. It was therefore deemphasized socially, despite its importance, and consequently largely overlooked by academic literature until relatively recently (Behar 1993; Wilson 2009). “Women’s, especially married women’s, labor-force participation was, and still is, partially related to economic trends that have helped or hindered a male breadwinner perform his role” (Wilson 2009, 2).

In the 1950s, women were targeted for employment by local businesses as part of the import-substitution industrialization movement, a comprehensive strategy which brought about subsidies for local industries along with high tariffs. The Border Industrialization Program of 1965, followed the end of the Bracero Program, bringing about the construction of massive *maquiladoras*, assembly plants in which materials imported from the U.S. were processed and turned around to be exported again. Maquiladoras overwhelmingly hired women, causing mass rural to urban migration (Ericson 1970).

This was all part of a “structural adjustment” effort facilitated by the governments of the U.S. and Mexico, as well as the World Bank and the IMF (International Monetary Fund). The goals of this strategy were neoliberal: to lower trade barriers and open the Mexican economy to international investment through the privatization of state-run institutions (such as banks), and through cutbacks in federal subsidies to social programs.

Unfortunately, investing in this infrastructure and directing its labor force towards these international companies contributed to Mexico’s inability to produce its own goods at competitive prices. Facing the decline in oil prices (its main export) and unable to pay its debt to international lenders, Mexico fell into economic crisis in 1982. This was exacerbated in 1986 as the structural adjustment strategy ploughed ahead with the General Agreement of Tariffs and Trade, which caused the failure of small Mexican companies to compete with cheaper imports from China and other countries.

The passing of NAFTA in 1994 ensured the lowering or eliminating of tariffs against Canadian and U.S. agricultural products. As a result, Mexican corn farmers could not compete with the U.S. imported corn prices, which destabilized the Mexican economy further. As summarized by Wilson, “An estimated two million Mexican farmers were forced out of

agriculture as a result of this free trade, promoting both internal and international migration or marginalization into a ‘desperate poverty’.”(Wilson 2009, 5). For all of these reasons, Mexico became an increasingly difficult place to live and find work.

Because of these conditions, immigration from Mexico continued to rise, and the participation of women in the immigrant labor force within the U.S. continued to rise: “immigrant women have increasingly worked in hotels, hospitals, and restaurants as service workers and filled the garment, electronics, and food-packaging plants in the manufacturing sector” (Wilson 2009, 36). Since the 1970s and 80s, undocumented Mexicanas have grown to be a significant part of the domestic labor force within U.S. homes, and have been among the most vulnerable members of society, as they have little recourse when they encounter problems (Hondagnueu-Sotelo 1994).

The combination of economic crises in Mexico causing Mexicans to seek opportunity in *el norte* (the north), continuing demand for inexpensive labor in the U.S., and increasing enforcement policies at the border have created a difficult conundrum for immigrants.

Protectionist attitudes are currently on the upswing in the U.S. and have been reflected in border policies since the mid-nineties. According to the Migration Policy Institute,

A series of laws in 1996 established new grounds for deportation, penalties for the crimes of illegal entry and re-entry, mandates for detention of deportable noncitizens, and a framework for cooperative arrangements on immigration enforcement between the federal government and state and local law enforcement agencies. Though authorized during the Clinton administration, many of these enforcement tools were not deployed and fully resourced until the Bush administration, mostly in the aftermath of the September 11, 2001 terrorist attacks (Chishti, Pierce, and Bolter 2017).

In sum, the overall pattern of Mexican migration to the U.S. became known as a “revolving door” (Martin 2002). When labor is needed in the U.S., Mexicans are recruited by

U.S. employers to fill the demand. Conversely, when national unemployment starts to increase, nativist (anti-immigrant) sentiments flare, which leads to rises in deportations and voluntary repatriation programs by Mexicans and other immigrants residing in the U.S. The only thing that remains a constant is the demand of U.S. consumers for inexpensive goods, constantly spurring U.S. employers to seek cheap migrant labor.

Effects of Immigration Trends and Policy on Lived Experience

Linking Mexican/U.S. immigration with historical events allows us to see the effects of policy on the attitudes of U.S. citizens, as well as on the lived experience of Mexican immigrants residing in the U.S. “Few Americans are aware of the power of immigration laws and border enforcement to fracture migrant families, generating hardship and suffering for them... Even for immigrant families who have managed to reunite in the U.S., despite the legal and institutional obstacles, they are still divided in terms of immigration status...[by] various permutations of citizen versus noncitizen, legal versus undocumented, naturalized versus U.S.-born” (Ho and Loucky 2012, 37).

The current increasing militarization of the border is a reflection of anti-immigration sentiments in the U.S. Leaders pushing these measures claim they are targeting undocumented immigrants. However, they have ramifications for the lives of relatives and loved ones on both sides of the border, regardless of their legal status. Many Mexican migrants would not choose to live in the U.S. permanently, however, the border as it exists does not allow fluidity. Therefore, many would-be migrants stay in the U.S., out of fear that interacting with the border would have permanent repercussions (Hondagneu Sotelo 1994). This exacerbates the instances of family separation, which has many detrimental effects. For family members in Mexico, these effects can include “parental separation, emotional and psychological impacts, educational and behavioral

impacts, difficulties adapting to changes (especially in school), intra-familial stress, potential stress over earnings, as well as the complications that may arrive when a partner or parent returns” (Ayala 2017, 11).

For Mexicans residing in the U.S., the increasing pressure on undocumented workers has had a divisive effect on communities, breaking down along racial lines. Since it is impossible to ascertain a person’s legal status by looking at them, racial profiling has become pronounced, or at least increasingly recognized, in law enforcement practices. This has had a deep impact, especially in border areas, on the daily movements and activities of people of color who have a higher chance of being profiled as undocumented (Romero 2006). These effects are both psychological and practical, causing people to live shadowed lives. “Those who advocate deportation of “illegals” fail to understand that the undocumented are family members, partners, friends, neighbors, coworkers, and classmates. Apart from fragmenting families, heart-wrenching in its own right, policies preventing adjustment of immigrant status would also freeze individuals in certain statuses and keep families divided” (Ho and Loucky 2012, 38).

The current administration won this recent election in large part by campaigning to reduce immigration to the U.S. As an example, one of President Trump’s boldest promises was to build a wall along the U.S./Mexico border, and force Mexico to pay for it. Mr. Trump received wide support for these sentiments because of the increasingly xenophobic climate within the U.S. His first presidential pardon went to Sheriff Joe Arpaio “whose cultivated persona as the toughest sheriff in America built on inaccurate and triumphalist imagery of the Old West that appealed to blue-collar out-of-work Anglos, many of whom blamed ethnic Mexicans for their problems” (Rizzi 2015, 64).

The significance of the U.S. president's rhetoric and the anti-immigration policies issuing forth lie in what they communicate to immigrants who live here, whether documented or undocumented. Because it leads to more militant borders, this rhetoric has the very real effect of keeping families apart. By purposely devaluing immigrant labor, it also has the effect of alienating a whole population of people and their families who have contributed massively to the U.S. economy. Mexicanas providing care for elders in the U.S. are a part of this population. In the face of these attitudes and policies, non-profit organizations such as the National Domestic Workers Alliance have formed to fight for the rights of domestic workers and redefine the value of eldercare. As these workers are often immigrant women, it appears that the discussion around bringing quality care to our nation's elders is being led by some of its most vulnerable members.

CHAPTER THREE: HISTORIES AND IDEOLOGIES OF CARE

Why do so many elders in the United States find themselves in need of assistance beyond that provided by their family? The demographic shifts outlined in the previous chapter certainly contribute to the inability of many households to handle the demands of caregiving. However, I argue that there are ideological reasons undergirding the need for care outside the home. The population of older Americans needing care today and in the near future is overwhelmingly comprised of white Euro-Americans. The population of paid caregivers helping them, by comparison, is comprised of people of diverse backgrounds (Stacey 2011). If we assume that different sets of cultural values are interacting in this sphere, what *can* be said about the values influencing American families and their decisions about eldercare? By contrast, what can be said about Mexican ideologies around family and care? Finally, how do these possible differences influence the practice of eldercare in each of these places?

U.S. Families and Care

Despite the United State's vast diversity, a narrow conception of the “typical American family” has persisted through the years, and continues to be the launching point for much academic and political discussion. This construction of normalcy is best presented by postwar 1950s sitcoms like *Leave It To Beaver* and *The Donna Reed Show*. In these representations, typical American families are white and middle-class, with a nuclear construction of two heterosexual parents and two children (Murdock 1941). The mother doesn't work and is responsible for all domestic aspects of life, including cooking, cleaning and caregiving. Also, the family depicted is almost exclusively focused on its nuclear members, with extended family often regarded as nuisance.

As family studies scholars have pointed out, this formation has a very brief temporal reference point, and did not describe the reality of most families in the U.S., even at the time:

As many historians and sociologists have demonstrated, the 1950s family was atypical even for the 20th century. For the first time in 80 years, the age of marriage fell sharply, fertility rates increased, and the proportion of never-married individuals plummeted. The values attached to nuclear-family living, including the rejection of “interference” by extended kin and the expectation that family life should be people's main source of personal gratification, were also new—and their hegemony even at the time should not be exaggerated. Furthermore, historian Jessica Weiss recently has demonstrated that what we now call “the” 1950s family was only a single and temporary stage in the family cycle of the generation that formed families during and immediately after World War II” (Coontz 2000, 291).

Nonetheless, this image of “traditional American values” still carries weight in the ideological battleground of the U.S., influencing the way people, particularly white middle-class people, make choices about caregiving. Within this framework, there is an ethos of independence and self-sufficiency, which attaches moral virtue to accomplishing things through one’s own merit and will, and attaches shame to needing, or getting, help. This viewpoint becomes important in discussions around what to do with those who need assistance in their daily lives. One example of this was crystallized in a Youtube video that went viral (over 18 million views) in 2011. In it, a 19 year old white male addresses the Iowa House Judiciary Committee in opposition to House Joint Resolution 6, which was proposed in 2011 to recognize marriage as a union solely between a man and a woman. He testifies to having been raised by two mothers and repeats several times the ways in which his family is similar to “all of your families.” He emphasizes Iowan family values, referring to himself, first and foremost, as an Iowan. He says, “My mom, Terry, was diagnosed with multiple sclerosis in 2000. It is a devastating disease that put her in a wheelchair. So we’ve had our struggles. *But, you know, we’re Iowans. We don’t*

expect anyone to solve our problems for us. We'll fight our own battles. We just hope for equal and fair treatment from our government" (Wahls 2011).

It is telling that his point of connection for the audience is one of self-sufficiency. Iowa is a swing state where a lot of ideological battles take place during election seasons, and where politicians feel they are wrestling for the "heart" of the nation. Even in more decidedly liberal places, such as New York, self-sufficiency and independence are valued traits, especially among middle to upper class families. In the forceful 2016 documentary "Care," which examines the home care industry, the wife of a man with Parkinson's disease says, "We never imagined having someone live with us in our home" (Fishel 2016). Privacy and self-sufficiency, while luxuries only afforded by those with more means, are nevertheless esteemed. Such values affect the the views and decisions of Americans across classes, whether they are the ones receiving or giving care. (Poo 2015, Stacey 2011).

Eldercare within the family also becomes problematic when so many adult children do not feel the pull to stay near their aging parents. "The problem of finding sufficient numbers of quality care providers to meet the needs of the elderly is particularly acute in the United States, where family members are very often geographically dispersed and—even if they remain close by—struggle to care for a parent or loved one while also meeting the demands of career and children" (Stacey 2011, 5). Surveys from 1930s showed the majority view to be that children should be financially responsible for their parents in old age (Coward 1994). Similar surveys from the 1980s revealed the popular view to be that children should not necessarily be responsible for their parents in old age (Marshall et al. 1987).

This shift is explained by some feminist scholars as being rooted in a capitalist framework, which they argue contributes to perceptions around eldercare (Glenn, Chang, and

Forcey 1994). According to this perspective, capitalism forwards the notion that a person is only worth their labor. This leads to an emphasis on ableism. As stated by Mia Mingus, “The way we treat elders is so closely tied to the way we treat people with disabilities... Ableism is connected to all of our struggles because it undergirds notions of whose bodies are considered valuable, desirable and disposable.... As you age, you are seen as less and less productive and in this society, your body is only valued by how much capital you can produce” (Adams and Rojas-Carroll 2015).

In this paradigm, not only is worth centered on the labor one produces, but “productive” labor is valued more than reproductive labor. This, too, is lodged in a capitalist, patriarchal paradigm, which categorizes reproductive, or domestic, labor (i.e. housecleaning, childcare, eldercare) as the “natural” work of women. This association is highlighted in Patricia Hill Collins’s definition of motherwork as “a cluster of activities that encompass women’s unpaid and paid reproductive labor within families, communities, kin networks, and informal and formal local economies” (Collins 2006, 131).

Caregiving, as motherwork, is therefore gendered work. Caregiving also has dimensions of race and class. “The vast majority of the elderly requiring care are white women, while the caregivers are disproportionately women of color, African-American and immigrants from the Caribbean, Latin America, and the Philippines. The reasons are not hard to understand: In addition to being arduous, aide work is among the lowest paid forms of labor--even lower than child care workers” (Glenn, Chang, and Forcey 1994, 8). There is a long history of women of color relieving the burden of caregiving in white households, which didn’t end with slavery. When the feminization of the waged labor force in the U.S. resulted in more white women

leaving their homes for work, domestic needs were not met by their husbands. They continued to be met by women of less economic means, and increasingly, by immigrant women.

Scholarly work on reproductive labor and its place within a capitalist, patriarchal paradigm was initially (and perhaps continues to be) dominated by white middle-class feminists. Their concerns “assume that male domination in the political economy and the household is the driving force in family life, and that understanding the struggle for individual autonomy in the face of such domination is central to understanding motherhood” (Collins 1994, 46). In short, their mission was to upend the notion of familial normalcy outlined at the beginning of this chapter. The assumptions being revealed and challenged in this struggle are relevant to this thesis, because they form the ideological backdrop for the majority of people filling assisted living facilities today, and their families.

However, ways of viewing, experiencing and doing “motherwork” vary culturally and are affected by race, class and legal status. Earlier feminist scholarship worked off of Hochschild’s notion of the “double burden” of waged labor and homemaking (Hochschild and Machung 2003). However, the concerns of women from struggling communities in the U.S. (who make up the majority of the paid care workforce) go far beyond the double burden. Their concerns arise from experiencing daily oppression in compounding layers, which can include having a low-income household, or encountering sexism, racism, or xenophobia. In the case of immigrant women, they very likely deal with every one of those layers. Therefore, the ways in which domestic labor is performed in the households of marginalized women is much more aimed at survival, and involves cooperation at a level beyond the nuclear family formation. As stated by Collins, “this ‘reproductive labor’ or ‘motherwork’ goes beyond ensuring the survival of one’s own biological children or those of one’s family. This type of motherwork recognizes that

individual survival, empowerment, and identity require group survival, empowerment, and identity” (Collins 1994, 47).

Mexicanas: Bringing Values from the “Homeland”

This section explores traditional Mexican care ideologies. However it is important to acknowledge that there is a large gap between ideology and practice, both for Mexican immigrant caregivers in the U.S. and for those still in Mexico. I first discuss Mexican ideologies concerning family, aging, gender, and duty as they have been presented in the family studies and ethnogerontological literature. I then contextualize these ideologies within the current state of institutional and private care in Mexico and how this does or doesn't affect Mexican women immigrating to the U.S. to do care work. By researching approaches and ideologies associated with eldercare in Mexico to gain insight to immigrant women caring for elderly in the U.S., I do not mean to suggest that this is the sole, or even the most important, sphere of influence from which they draw. Following Lila Abu-Lughod's call to create 'an ethnography of the particular' and employing Biehl and Kleinman's views of subjectivity, I acknowledge that we are not robots following scripts from a bounded cultural identity (Abu-Lughod 1991; Biehl, Good, and Kleinman 2007). Rather, each human is a complex, polyvocal, interplay of shifting, multiple identities, continuously shaped by our past and present communities and experiences. However, it is still of use to examine the structural forces and 'cultural scripts' undergirding the phenomenology of being Mexican, female, migrant, immigrant, and caregiver (Ibarra 2003a). In her study on Mexicanas working as in-home eldercare providers in Santa Barbara, California, María Ibarra reports that these women operate and depend heavily upon ethics of care that they themselves describe as 'Mexican.' “Thus, in private care arrangements where the burden of care

is overwhelming, Mexicanas contend that the ethics of care they bring into the workplace are not only superior to the practice and ideologies of the more powerful Americanos, but are also especially ‘Mexican’ (Ibarra 2003a:99).

Ibarra describes the skill of emotional labor as lying in the caregiver’s ability to relate with the client in a way that allows the worker to invest in her job emotionally (2002, 2003). In the case of Mexican women, she suggests that Mexican women, in particular, tend to draw from their own experiences and life narratives in order to do this. This study focuses on this process, examining how cultural values, life histories, and personal care narratives of Mexican immigrant women in the state of Washington shape their approach to eldercare. To support this investigation, the following section probes the written literature on eldercare in Mexico, particularly the regions experiencing the most emigration of women to the state of Washington. I explore not only traditional Mexican ideologies surrounding the care of the elderly, such as the notion of familism, but also the adoption of or resistance to these traditions by Mexican female care workers living in Mexico or the U.S. This research seeks to broaden the understanding and emphasize the value of Mexican immigrant caregivers and the cultural and historical context from which they emerge.

Mexico, like the U.S., is a very large country with many distinct regions and ethnicities. As such, an exhaustive review of the breadth and diversity of eldercare traditions in Mexico is not possible for one chapter of a thesis. However, demographic reports indicate that the central-southern, southeast regions of Mexico are leading in the emigration of its people northward to the U.S. (Madrigal 2012). I will therefore focus on literature pinpointing these regions. I acknowledge that even within these regions there is tremendous ethnic diversity, as well as great disparity in the population density of the various cities and rural areas.

Mexican ideologies regarding eldercare—and any form of caregiving—are wrapped and reflected through family values, represented in the concept of *familism*. It is no surprise, then, that a major part of the literature on Mexican or Mexican American caregiving can be found within the field of family studies. Familism is a term that refers to the cultural value of perceiving the family as the central and most important social unit, prioritizing the needs of the family over those of the individual (John, Resendiz, and Vargas 1997). It encompasses the feelings of loyalty, interdependence, and responsibility family members feel towards one another, and how those roles and responsibilities change throughout a person's life. Though it could be used to describe the family values of many different societies, familism is most often applied in the literature on Latinx cultures. As described by José B. Cuellar, “Most Hispanics are socialized to believe that the needs or welfare of the family as a whole or other individual family members, particularly the very young or very old, should take precedence over one's own needs. Thus children and older adults alike are often reminded, that during good times or bad, *la familia* comes first”(1990, 385).

Several symbolic and instrumental concepts have functioned to influence the organization and size of Mexican families, including the perceived roles to be occupied and performed by its members. The practice of the '*compadrazgo*' network expands the family to include 'fictive kin' by way of setting up a special relationship with each of the godparents (*compadres*) of a child (Griswold del Castillo 1984). Traditionally, the responsibilities of the *compadres* include providing material and emotional support to their *ahijados*, as well as playing important roles in religious ceremonies marking most rites of passage. Though predominantly a feature of Catholicism, even Mexicans who are not Catholic often gain *compadres* through ritual ceremonies such as the *quinceañera*, a ceremony marking the fifteenth birthday of a girl and her

entrance into young womanhood (Falicov 1988). Though these ties have become more symbolic than instrumental, becoming a *compadre* establishes a feeling of trust and solidarity, and indicates how family ties are extended (Falicov 1988; Griswold del Castillo 1984).

This quality of family trust, or *confianza*, has been elaborated upon by scholars to explain the intimacy and dependence upon family networks exhibited by Mexican families (Cuellar 1990; John, Resendiz, and Vargas 1997; Keefe 1984; Segura and Pierce 1993). Some scholars have described this distrust of sharing private information with outsiders as having developed over time “in response to the oppressive conditions of internal colonialism” (Segura and Pierce 1993:74). This has been linked to reluctance on the part of Hispanics to seek help outside the family for any reason, including medical (DiGirolamo and Salgado de Snyder 2008; Clark and Huttlinger 1998; Mendez-Luck, Kennedy, and Wallace 2009). It is highly preferable to accept help from those considered familiar and trustworthy, than from the state.

This becomes important for a discussion of eldercare, as the very young and the very old are the two age groups which demand the most help from family members. Familistic ideology expresses this through the elderly expectation of mutual affection and aid from their adult children, or, *el deber de los hijos*: “the social and moral obligations of children in the support of elderly parents” (John, Resendiz, and Vargas 1997:147). This is seen as arising from *respeto*, or respect, which is demonstrated through the care support of the adult children. Korte found that, while both urban and rural elders in Mexico defined this care support in terms of visitation and “looking after them,” they simultaneously stated that this was a diminishing practice (Korte 1982:65).

Carol B. Stack and Linda M. Burton developed the term ‘kinscripts’ to describe the “mental representations that guide the role performances of family members within and across

contexts” (1994, 94). These representations are expressed in cultural morality tales and family narratives, serving to illustrate expectations, actions and the negotiated space between the two. Gail Mummert employs Janet Carsten’s notion of ‘relatedness’ to explain how these kinscripts are based in the following: substance (the material aspect), sentiment and nurturance (the immaterial aspects) (Carsten 2000; Mummert 2010).

In exploring the transmission of Mexican cultural values with regard to gender, three historic and folkloric figures have been highlighted: the Virgin Mary and/or Guadalupe, La Llorona, and La Malinche. The figure of the Virgin has been used as a focal point for *marianismo*, a model that encompasses the main tenets of the gendered expectations of women all throughout Latin America. Tracy B. Ehlers explains *marianismo*—a term coined by Evelyn Stevens in the 1970s—as a model that emulates the Virgin, suggests “the sacred significance of women’s subordinate posture in Latin America, and describes the idealized belief that women are semi divine, morally superior, spiritually strong beings who manifest these attributes in personal abnegation, humility, and sacrifice” (Stevens 1973; Ehlers 1991, 3). This viewpoint was fostered by Spanish colonizers, who introduced the Virgin Mary as a role model for women, relegating them to the sphere of home and church and rendering them subservient to men and the family.

Many have criticized Stevens’s interpretation of *marianismo* as neglecting socioeconomic dimensions. In “Debunking Marianismo,” Ehlers argues that when women have equal roles in the generation of income, they are less likely to accept the “bad behavior” of men, such as infidelity and abusiveness. She uses James Loucky’s description of egalitarian marital partnerships in Guatemala to show that, when women are viewed as equal producers, they are treated as equals, and models of submissiveness and self-sacrifice are not as powerfully

reproduced (Loucky 1988; Ehlers 1991). However, other studies indicate that even in social situations where they are economically independent, Latinas brought up under the ideals of *marianismo* admit they feel a persistent need to be taking care of everyone around them to the point of self-sacrifice (Bonilla-Rodriguez 2013; Gil and Vazquez 1996).

Sometimes diametrically opposed to this model and further serving to define it is the image of “La Malinche,” the indigenous mistress and interpreter for Hernán Cortés, the Spanish conquistador whose expedition led to the fall of the Aztec empire. Known by her Nahuatl name, Malinalli, or her Spanish name, Doña Marina, La Malinche remains a powerful, complex icon. She was vilified for betraying her people to the invaders, but her son with Cortés was also considered the first “Mestizo”; therefore, she is also considered to be the mother of the Mestizo “race.” More significantly for the purposes of this paper, La Malinche is also used as a cautionary tale, exemplifying the social revilement a woman can attract for seeking a more independent public role for herself (Candelaria 1980; Cypess 1991).

La Llorona is one of the most famous morality tales in all of Latin America, and is frequently used to scare children of both genders to behave appropriately. In this tale, a young woman kills her children as revenge against their father who had wronged her. According to Elenes, the most conventional narrative of La Llorona reproduces traditional values such as obedience and responsibility: children should obey their parents; fathers should not drink and leave their families; women should accept traditional notions of womanhood and sexuality. Any deviation of these norms will result in catastrophe, particularly the death of children (Elenes 2011:70).

These legends have been conventionally used as cultural representations of patriarchal values in Latin America, including Mexico, mentioned above: women should be chaste, humble,

self-sacrificing to those needing her care, accepting of male transgressions, but strong and virtuous in her suffering. However, these same female archetypes are now being deconstructed and used by Chicana feminists to contest the subordinate position of women in both Mexico and the U.S. (Elenes 2011).

Segura and Pierce define ‘nonexclusive mothering’ as the acceptability and practice of having ‘multiple mothers’ in a family (1993). In contrast to what Chodrow characterized as the “triangular object relational constellation” of daughter-mother-father, Segura and Pierce extend this theory to suggest that, unlike European-American girls, Mexicanas may develop “a multi-object relational configuration of daughter/mother/aunt/grandmother/godmother/father”(Chodorow 1974; Segura and Pierce 1993, 77). These multiple mothers may consist of one’s own mother, an aunt, godmother, and often most importantly, a grandmother. Marlene Zepeda’s work in the 1970s focused on the relationship between granddaughters and grandmothers, noting that girls often felt closest to their mother’s mother—sometimes even surpassing the closeness they feel with their biological mother (Zepeda 1979). Norma Alarcón furthered this discussion in the 1980s by studying the importance of the grandmother’s role in passing down important cultural skills and information, as well as culturally gendered role expectations (Alarcón 1985).

This is significant for understanding how women might approach giving care to someone outside their own family, even if it were paid work. Ibarra’s research focuses on private in-home eldercare, the most intimate site for paid emotional labor (María Ibarra 2002; Ibarra 2003b). In her long-term ethnographic study of immigrant Mexican women doing eldercare in Santa Barbara, she identified three major principles expressed by the workers as particularly ‘Mexican.’ First, the elder should be able to maintain as much of his/her former role in life as

possible. Second, the Mexicanas in Ibarra's study stated that, in Mexico, the routines that people develop throughout life are part of their identity, and are to be respected and maintained as much as possible. One of the ways in which these caregivers prided themselves was in their ability to identify and support the routines that made their wards comfortable and fulfilled their sense of self. Finally, Mexicans have firm views about the emotional needs of people in the "*terced edad*," or third stage of life. In particular, as elders experience possible fear and anxiety over the deterioration of their bodies and/or minds, the most important way to support them is to provide affection, and for family members to simply be present (María De La Luz Ibarra 2002; Ibarra 2003a).

The Practice of Eldercare in Mexico

Comparing Mexican familial values with the current structural forces affecting eldercare in Mexican families in both Mexico and the U.S. reveals a gap between ideology and practice. However, in the following section discussing the demographic and economic factors creating this disparity, it becomes clear that principles surrounding familism and gender roles still play a major part in the decision-making and identity-formation of caregivers today.

Mexico, like many developed and developing nations, is witnessing the aging of its population (Jackson 2005; Mendez-Luck, Kennedy, and Wallace 2009; Mummert 2010; Robles-Silva 2001). According to a report by the United Nations, the number of retirees for every working age person was 7.6 in 2000, and is expected increase to 30 in 2050 (United Nations 2002). The increased longevity of Mexico's citizens combined with the shift from communicable to chronic disease indicates—again, like the U.S.—that an expansion of support for the elderly will soon be necessary.

Despite this assessed need, nursing homes in Mexico City are at a low rate of use (Gutiérrez-Robledo 2002). Many middle to high-income families find caregivers for their dependent elderly members through the informal work sector, while low-income families generally continue to arrange care either within the direct family or through the kin network. Wong and Robles-Silva assert that lower-income families remain more attached to the traditional familial support model because they have been less influenced by modernization (although this seems very contestable), and because they lack the resources to hire someone else to perform traditional familial tasks such as caring for the elderly (Robles-Silva 2001; Salgado de Snyder and Wong 2003).

Besides increasing elders and decreasing able-bodied kin, the shift towards more nuclear family residence patterns presents another challenge to past traditions of intra-familial dependence. According to Mummert, “Despite the stereotypical image of multigenerational peasant households in the Mexican countryside, the trend toward nuclearization is clear throughout the nation: nearly seven out of every ten families are nuclear... Yet, even though more and more rural families adhere to the nuclear pattern in terms of residence, exchanges between non-coresident kin of different generations are frequent” (Mummert 2010).

There have been efforts by the Mexican government to assist the elderly, but most have not been entirely successful. One program called “Seventy Plus,” created by the Ministry of Social Development, promised to dole out approximately \$45 per month to eligible elders in a Michoacán town. However, by the article’s publishing date of 2010, none of the members had received anything (Mummert 2010:235). Some studies associate the unsuccessful adoption of formal assistance with the lack of investment and accountability by the state (Robles-Silva 2001). Other studies purport that low rate of nursing home usage is a reflection of a preference

for familial or kin support combined with a distrust of institutional care (DiGirolamo and Salgado de Snyder 2008). This relates directly back to *confianza*—explained above—and has been examined as one reason for the common instance of noncompliance among Hispanics with doctors’ and hospitals’ orders in Mexico *and* the U.S. (John, Resendiz, and Vargas 1997; Mummert 2010). Indeed, when the “Seventy Plus” program did not follow through with its promise, it was seen as an expected negative outcome by the community, “Many rural folk are wary of government programs, since their long-standing relationship with Mexican state apparatuses is one of mistrust and false hopes...” (Mummert 2010:235).

In 2004, Leticia Robles-Silva’s study of eldercare in rural and urban Mexico revealed that despite changing circumstances—including the increasing emigration of Mexican women to the U.S.—the notion of the ideal caregiver has not changed. Most would prefer a spouse to take of them in their old age, but if that is not a possibility, a female relative is preferred (2004). Interestingly, even when daughters emigrate to the U.S. and are unable to provide care for their parents in person, there is still a greater expectation upon them to support their parents than upon their brothers.

Financial support may come from migrant sons or daughters; though the former tend to earn more, in kin discourse they are often ‘excused’ from contributions since they are heads of their own households. Single daughters, on the other hand, may be encouraged by their parents to postpone marriage and continue to remit monies to the family coffer, since they are not expected to set aside savings for their future home. In the overall scheme of kinwork, their future husbands are expected to support them (Mummert 2010, 229). Though neoliberal policies discussed in the previous chapter have disrupted the economic means of survival for many Mexicans and created

transnational, segmented families, the values associated with familism continue to guide the role performances of family members across transnational contexts.

Mexicans in the United States

Studies surrounding Mexican American family issues have been largely focused upon using culture as a primary analytical tool, studying the internal forces participating in the development of familism. While this approach is important, Maxine Baca-Zinn and Susan Keefe have argued that focusing only on cultural factors can lead to the idea that observable family patterns are simply derivatives of some purer form from generations before, instead of acknowledging all the economic, social, structural forces participating in the current shape of those forms (Keefe 1984; Baca-Zinn, Hondagneu-Sotelo, and Messner 2005).

Sena-Rivera, for example, presented familism as a cultural vestige from pre-Columbian Mexico, as evidenced by archaic housing patterns. Baca-Zinn argues that this approach portrays familism as a traditional, mostly rural, practice that is prone to diminish through generations exposed to the effects of ‘modernization’ (1982). Since then, scholars have acknowledged many dynamic ways familism continues to function within industrialized, urban settings, even in families several generations removed from Mexico. For one example, Massey’s explanation of network migration may be applicable to all immigrant groups, but the particular form it takes for Hispanics is through the expression of familism (Baca-Zinn 1982; Massey 1994). Baca-Zinn discusses this networking in terms of its material *and* emotional dimensions citing the work of Jaco and Madsen in stating, “The emotional support function of Chicano extended families has even led some to argue that because the family protects its members against stress, its members are less likely to become mentally ill” (Baca-Zinn 1982, 233).

Richard Griswold del Castillo noted that, not only do the values of familism continue to play a role for Mexican immigrants in the U.S., but that, “familistic behavior and pervasiveness of family solidarity as an ideology seem to be greater among the native-born Mexican Americans than among Mexican immigrants” (Griswold del Castillo 1984, 119). This could be elaborated through the concept of the ‘museumization’ of culture. First conceived by socio-political theorist Joseph Levenson (1964), museumization has been utilized by Monisha Das Gupta to describe the conscious selection and adhering by immigrants to what they perceive as ‘authentic’ and ‘traditional’ about their home culture (1997).

Yvette G. Flores et al. support this claim that familism should be and has been established as an important variable in the way Chicanas or Mexican im-migrants in the U.S. approach caregiving (2009). However, there has been a call to ‘move beyond’ this simple analysis to look at how generation and social class affect care ethics. According to Flores et al., Chicanas caring for elderly family members are less likely to seek out or be exposed to formalized help structures, due to their marginalized status in the U.S., and this leads to problems that could be helped. In her study she maintains that Chicana caregivers are often unaware of things like the symptoms and treatability of dementia, and therefore only view the parent’s stressful behavior as being caused by extreme versions of their personality (Flores et al. 2009).

This valuable observation is one that is located in the question of family caregiving. More inquiry needs to be directed as to how this might relate to caregiving in the context of informal paid labor. This chapter has focused on exploring the historically and culturally circumscribed family scripts and models of care making up the ‘ethics of care’ guiding Mexican immigrant women working as eldercare providers in Washington State. By choosing to focus on ‘Mexican care ethics’ in order to inform my understanding of care work being done in the U.S., this

research rejects the notion that once people migrate, they—intentionally or unintentionally— assimilate entirely with the cultural conventions of their host country. Instead, they “forge and sustain multi-stranded social relations that link together their societies of origin and settlement”(Glick-Schiller et al. 1992, x).

CHAPTER FOUR: SETTINGS AND METHODS

Setting: Bellingham

This research took place in Bellingham, Washington, a coastal city with a population of just over 80,000 (U.S. Census Bureau 2016a). Situated in the northwest corner of the state, the surrounding county of Whatcom is bordered by Canada to the north and the Salish Sea to the west. This fertile region has been home to various Coast Salish peoples, including the Lummi, Nooksack, Samish and Semiahmoo for thousands of years (Boxberger 2000). The first Anglo-European settlers arrived in Bellingham Bay in the 1850's, lured to the region by its abundant natural resources such as coal, timber, and arable land (Boxberger 2000). Agriculture as it developed in Washington is an important contextual piece for this thesis because it plays a major role in the Mexican presence in the state and in Whatcom County (Gamboa 1995; Madrigal 2015). Farmwork is the primary labor form through which Mexicans living in Washington have been exploited, and also how nodes of resistance have been generated in Whatcom County in the form of a Mexican-led grassroots organization and a farmworker union, which has sparked participation across generations and state lines (Madrigal 2015). All of the participants of this study have familial roots in the migrant agricultural history of Whatcom County and three of the five have worked in the fields themselves. Though none of the Mexicanas participating in this study are activists themselves, their stories of enduring forms of oppression, as well as the ethics and values imparted to them by their elders, are often explained within the context of the farms upon which they and their families labored.

As documented by Chicano historian Erasmo Gamboa, Mexican presence in what is today the Pacific Northwest dates back to mid 1700s with the Spanish exploration (Gamboa

1995, 15). In 1920, the Mexican Revolution pushed Mexicans to travel north, settling in Washington and into Canada throughout the early 1900s and laboring in the building of railroads and infrastructure along the west coast (18). However, until the occurrence of World War II, Japanese migrants made up a larger portion of the immigrant population (Madrigal 2015). As Chicano scholar Madrigal states, “The internment of Japanese farm workers and drafting of young white men to the military during WWII completely turned Washington’s farm labor force upside down, leading to the direct importation of Mexican Braceros as well as increasing the dependence upon migrant, child and female farm labor to fill the void” (Madrigal 2015, 112). However, ongoing farmworker strikes in California over wage theft and deplorable conditions led to Washington growers’ hesitance to hire Braceros. Therefore, “Washington farmers began to rely more heavily upon labor contractors of Mexican domestic migrant farm workers from Texas who followed the sugar beet migrant circuit instead of relying solely upon the Bracero program, which had been extended, for their labor needs” (112). This combined Mexican immigrant population formed, and continues to be, the backbone of agricultural labor in the post-WWII Pacific Northwest.

Though agriculture continues to be an important source of revenue in Whatcom County today, Bellingham’s economy largely depends on private services (62.8%) (United States Department of Agriculture 2012). According to the 2010 U.S. Census, immigrants of Mexican origin make up nearly six percent of Whatcom County’s population (U.S. Census Bureau 2010b). The majority are located north of Bellingham in the rural towns of Ferndale, Lynden and Everson. Though all of the study participants work in Bellingham, all but one live in these northern towns in and commute to their jobs rather than move to the city. This is partly explained by the concept of network mediation (the movement of people to places where they have

established connections) and the lowered cost of the shared living environment, but also the support system offered by the family (Wilson 2009, Massey et al. 1994). Almost all of the participants live in multi-generational homes, with aunts, uncles and cousins, which is not atypical for Mexican and Mexican-American families, as detailed in Chapter three (Segura and Pierce 1993).

Mexicans In Elder Care

Some of the most important work being done with regards to Mexicanas working in eldercare has been conducted in Santa Barbara, California (Ibarra 2000-2013). However, important distinctions exist between Southern California and the setting for this research in Bellingham, Washington. “As territory once belonging to Mexico, Santa Barbara has a long history of a Mexican presence, one that has steadily grown as a result of labor recruitment by the city’s principal industries, as well as chain migration”(Ibarra 2002b, 17). The proximity of Southern California to Mexico as well as the large population of Mexican immigrants ensures that Mexicanas in Santa Barbara are surrounded by cultural familiarity. Though Santa Barbara is similar to Bellingham in population size, Mexicans make up 38 per cent of their population, which is far higher than Bellingham (U.S. Census Bureau 2010b). Subsequently, Mexicans in Santa Barbara are more able to live their lives and raise their children in continuity with the homeland because Spanish is spoken and used everywhere, as are foods, events, and customs that one would find in Mexico. Also, living in Southern California, as opposed to Bellingham, presents more possibilities in terms of visiting home and provides the psychological comfort of geographical closeness (Griswold del Castillo 1985).

This comparison brings up the question, how do these different contexts shape the experience of being a Mexican immigrant? Bellingham is considered a progressive city within a

progressive state, as far as votes during the electoral seasons can measure. However, grassroots zines reveal a “perilous history” of white supremacy in Whatcom County (Perilous History Project 2015). In 2015, a local social justice organization filed a lawsuit against the Bellingham Police for racially profiling a teenager during a traffic stop (Criscione 2015). The police had sent him to Customs and Border Patrol, which resulted in him being taken to a detention center hours away, all without notifying his family. It is these kinds of actions which make immigrants and their families feel targeted and as though they are not a part of the broader community. Kaplan and Chacko state, “Although immigration policies determine how easily and successfully immigrants can enter and incorporate into a country, immigrants settle in particular cities or towns within the national unit. Communities have little to say regarding the type and volume of in-migration, but the mix of people and local structures provide distinct experiences for members of an immigrant population. How immigrants make their lives and how they incorporate into the local society can be dramatically different depending on the local milieu” (Kaplan and Chacko 2015, 3).

Further, how does this affect the way Mexicana CNAs think about and do their work? Ibarra describes the dissatisfaction many care workers feel with the way eldercare is done in formal facilities in Santa Barbara (2013). She points to the solutions some Mexicanas have created, such as “alternative informal arrangements, including family care—which consists of related individuals who collectively care for aging patients in private homes” (447). Does it become more difficult to realize alternative scenarios such as this in a place where Mexicanas make up such a comparatively smaller portion of the dominantly white population? In Bellingham, those working in facilities tend to be commuting from out of town. That commute makes it difficult for caregivers to involve their families in alternative solutions which allow for

more patient-centered, yet worker-controlled, situations (such as the one illustrated by Ibarra, above). My study aims to elaborate on Ibarra's work and provoke queries around how location and context may influence the views and abilities of Mexicana eldercare workers.

Eldercare in Bellingham

Bellingham mirrors national demographic trends, with people over the age of 65 making up nearly thirteen percent of the population (U.S. Census Bureau 2016a). Those requiring daily assistance and unable to stay in their own homes have different levels of care facilities to choose from in Washington (Washington State Department of Social and Health Services n.d.). Skilled Nursing Facilities and Nursing Home residents require a greater level of care and dependence between the patient and its staff as compared with other types of care facilities. Skilled Nursing facilities are designed for short-term rehabilitation stays after a major health event (such as a surgery or stroke) have severely impacted a patient's ability to function on their own. Nursing Homes are generally used by patients requiring high-level care for a longer period of time after the rehabilitation, sometimes indefinitely. Often, both skilled nursing facilities and nursing homes can be found within the same building. Medicare only covers rehabilitation care in a skilled nursing facility for a maximum of one hundred days. After that, the patient has the following options: private pay, long-term insurance, or Medicaid (if they meet low-income requirements). With nursing homes costing \$8-10,000/month, people need state support quickly unless they are very wealthy (Blackwell 2016).

Adult Family Homes (ADF) and Assisted Living Facilities (ALF) offer more affordable long-term care for those who do not need a high-level of care. ADFs and ALFs belong to the same care tier, differentiated mainly by the type of staff on hand and the number of beds provided. ADFs are managed by individuals in residential homes and take care of fewer than

seven people. ALFs take on more than seven and bill the rent rate and the care rate separately, whereas ADFs may roll those into one. If there is an RN on staff at all times, the facility is able to attend to a greater variety of needs (Blackwell 2016; Washington State Department of Social and Health Services n.d.).

I chose to work with CNAs because they offer the most direct care to residents, and therefore have more intimate relationships with the residents than other staff members. I focused on assisted living facilities as opposed to other settings for numerous reasons. First, they offer the widest variety in levels of care, necessitating a care staff that has to respond to a diverse range of needs from its residents. Second, residents in assisted living facilities are, for the most part, long-term. Therefore, CNAs and residents generally have more time to develop relationships. Third, these care facilities tend to be more restricted and formal than adult family homes, which also offer long-term care. Within this more restricted environment, are CNAs from different cultures able to do the work of care according to their own values and “care ethics,” or are they somewhat restricted in this aspect (Ibarra 2002a)?

In my study, I was unable to locate demographic information regarding the workers in assisted living facilities in Whatcom County. This is partly due to the fact that all of the assisted living facilities in Bellingham have less than one hundred employees, and are therefore not required to report to the Equal Employment Opportunity Commission. Acker et al. did not have data from assisted living facilities, but gathered statistics from national and state level electronic databases on nursing facilities in Washington. They then conducted a survey across Washington to which 73 administrators responded. Of the 57 skilled nursing facilities in Western Washington, over half of them reported that at least 26 per cent of their direct-care staff (mostly

CNAs) are foreign born, with sixteen of them reporting over fifty per cent (Acker et al. 2015). This indicates a heavy reliance on immigrants for the work of eldercare in Washington.

Of the thirteen facilities I visited and called, all but one confirmed that some of their employees are immigrants, however very few administrators could tell me how many, or their countries of origin. When administrators did muster a guess, the people they listed were all either CNAs or cleaning/maintenance staff. This falls in line with research indicating that immigrants in the eldercare workforce are most often hired to positions below the level of registered nurse (Banijamali, Jacoby, and Hagopian 2014).

The average number of beds in Bellingham assisted living facilities is 83, represented in table 1, which I adapted from the Senior Care facility guide available in Bellingham senior resource centers around town. The two facilities in this study are smaller operations, with 30 to 50 beds. For the protection of the participants, I do not use the actual names of the facilities, but refer to them as Assisted Living Facility 1 (from here on referred to as ALF1), and Assisted Living Facility 2 (ALF2). In ALF1, there are twenty total staff members, four of which are CNAs. Three of those are Mexicanas. ALF2 is a little bigger in operation, with nearly thirty staff members, six of which are CNAs. Three of those six are Mexicanas. Table 1 serves as an interesting view to the information deemed most important for the consumer to have when comparing assisted living facilities. Notably, it does not mention CNAs, although they are the staff members who are in most contact with residents, and who have the most impact on the amount and quality of care time residents receive.

Table 1. Assisted Living Facilities in Bellingham, Washington

<i>Domain: ALFs in Bellingham</i>	<i>Dimensions of Contrast</i>								
	<i>Retirement / Independent Living</i>	<i>Assisted Living</i>	<i>Alzheimer's Unit</i>	<i>24-hour Staffing</i>	<i>R.N. / L.P.N.</i>	<i>Respite Care</i>	<i>Adult Day Care</i>	<i>Pets</i>	<i>Beds/Units</i>
Affinity at Bellingham	X			X				X	154
Bellingham Healthcare			X	X	X	X		X	84
Brookdale Alderwood				X	X	X			102
Brookdale Bellingham	X	X	X	X	X	X	X	X	100
Brookdale Fairhaven		X		X	X	X		X	49
Columbia Place		X		X					30
Highgate Senior Living	X	X	X	X	X	X	X	X	70
Highland Care Center			X	X	X	X		X	44
The Leopold	X	X		X	X			X	92
Louisa Place		X		X	X			X	39
Mount Baker Care Center (Summit)				X	X	X			34
North Cascades Health & Rehab				X	X	X		X	122
Orchard Park	X	X		X	X	X		X	82
Parkway Chateau	X			X				X	109
Rosewood Villa		X		X	X			X	67
St Francis Extended Care				X	X	X		X	120
Shuksan Healthcare				X	X	X		X	52
Spring Creek	X	X		X	X	X		X	162
Summit Place at Mt. Baker		X		X		X			34
The Bellingham at Orchard			X	X	X	X	X	X	74
The Willows	X			X				X	137
Woodway Senior Living	X	X		X	X			X	51

Methods

Sampling, Recruitment, and Collection

The main analytical goal of this project was not to make generalizations about Mexican immigrant women, but instead to interpret the function of cultural values and experience as they are processed through subjectivity and expressed through caregiving. This fits Bernard's description of an intensive case study, wherein "the object is often to identify and describe a cultural phenomenon" (Bernard 2011:146). Since the goal was to work with a very specific group of people, a purposive non-probability sampling model was used, as opposed to random sampling, in order to collect and analyze in-depth narratives from Mexican immigrant women working as CNAs in assisted living facilities in Bellingham. Sampling was based on the

following criteria: Participants sought (a) are women, (b) identify as Mexican immigrants, and (c) work as CNA's in an eldercare facility in Bellingham.

I met with experts in senior resource centers in the area through the Northwest Regional Council and the Bellingham Senior Activity Center in order to get a sense for the range and diversity of eldercare options in the area. I provided both centers with my contact information and advertisements about the study (See Appendix A), so that they could refer interested caregivers to me. I then called and visited eleven facilities that offer "assisted living" in Bellingham and introduced my thesis topic. When possible, I met the directors of each of these facilities and asked how many CNAs they have on staff, and if they knew any of them to be immigrant or Hispanic. I phrased the question in this way because I quickly learned that, although all of the administrators were very familiar with the personalities of their staff members and could list them off right away, there was a lot of uncertainty when it came to countries of origin or whether a staff member was a first or second generation immigrant.

It bears mentioning that the two facilities with which I ended up working are run by the two directors who knew the most about the cultural and ethnic background of their CNAs. Not only did they facilitate introductions, but they were personally and professionally interested in the research question. Both directors are women and both expressed delight at the opportunity to give attention to these particular staff members. In each case, I left my information and short description of the study for the directors to pass on to their employees. This is in keeping with snowball sampling techniques, which allows the interest to be instigated and passed on by the CNAs themselves. This was successful, as the first CNA to respond set up an interview at her workplace and then connected me with other CNAs who work there. They in turn connected me

with CNAs at other facilities. In the end, five women--three in one facility and two in another--expressed interest in being interviewed and shadowed.

I conducted two semi-structured interviews with each of the five women, centered around care narratives and life history. The interviews ranged from a half hour to two hours in length, in accordance with the schedule and willingness of the participants. In keeping with the method of grounded theory, questions were almost entirely open-ended (see Appendix A) which allowed the participants to expound on the themes they found to be most interesting or important to them. All interviews were audio recorded and transcribed. Follow-up questions were addressed through calls and drop-in visits to the facilities. I shadowed each CNA once, and twice in the case of three participants. I utilized participant observation during the caregivers' shifts, conducting informal interviews through conversation and note-taking with both the staff and the residents, often performing small tasks to assist the CNAs in their duties. I expounded my notes into descriptive accounts within a few hours of each participant observation session.

Data Analysis

All data gathered through the audio recordings of the interviews and note-taking gathered through participant observation and informal conversation were transcribed and entered into MAXQDA software for the purposes of data storage, management and analysis. After each interview I applied Charmaz's (2008) described methodology for initial, focused, and theoretical coding.

Initial codes were created by examining the data line by line, identifying categories, concepts, actions, and patterns of behavior, using a combination of process coding and in vivo coding. In vivo coding uses the actual words and phrases of the participants, thereby aiding in keeping findings grounded in the data. *Process coding* uses gerunds--or "-ing" words--to

highlight actions, and is therefore helpful for identifying processes and significant emotional stages (Ryan and Bernard 2003). Using *focused coding*, the most frequent or significant initial codes were arranged, combined, integrated, and organized. Theoretical coding involved analyzing the focused codes and specifying the relationships between the categories and concepts. The focused codes were then organized into a emerging theories around expressions of ideology with regard to the application of the caregiver's own life history and experiences to her current practice.

Grounded Theory as a Method

This thesis seeks to understand how the experience of being a Mexican immigrant women informs the approach caregivers have towards their work. Though I, myself, have some experience with caregiving and am the daughter of an immigrant Panamanian, I did not feel I had sufficient insight to begin with a hypothesis to explain how cultural values and the immigrant experience impact the practice of caregiving within an institutional setting. Therefore, I chose grounded theory as a guiding method, as it is an inductive process which allows the researcher to first collect data, then develop emerging questions and theories based upon that data (Bernard 2011; Charmaz 2008).

My research involves a population that has experienced historical and ongoing oppression within the U.S. on many different levels (female/immigrant/Mexican). Therefore, I felt it of paramount importance to subject this study to rigorous reflexivity in order to be as transparent as possible with the voices of the participants. Because of this, I turned to Charmaz's constructionist grounded theory method. This version of grounded theory acknowledges that the data that emerge from the research are a product of the research itself. In other words: knowledge is constructed. Furthermore, knowledge is co-constructed between participants and researcher.

“Instead of aiming to achieve parsimonious explanations and generalizations devoid of context, constructionists aim for an interpretive understanding of the studied phenomenon that accounts for context. As opposed to giving priority to the researcher’s views, constructionists see participants’ views and voices as integral to the analysis—and its presentation” (Charmaz 2008, 402). Further, it examines “(1) the relativity of the researcher’s perspectives, 2) the researcher’s reflexivity, and (3) depictions of social constructions in the studied world” (Charmaz 2008, 398). Problematizing the role of the researcher requires me to address my positionality and how it may have impacted the way I approached and conducted the research, and therefore the results, as well.

CHAPTER FIVE: FIVE PORTRAITS

Portrait of the Researcher

I am the daughter of a Panamanian immigrant. The demographic makeup of the southern town I lived in as a youth was overwhelmingly white, Baptist, and politically conservative. By contrast, I had a Catholic brown mother with an accent and a white father who was a Spanish teacher and activist for Latinx rights. By the time I reached junior high, big companies such as Wal-mart and Tyson Foods had suddenly attracted a large influx of immigrants from Mexico and the rest of Central and South America. The town, predictably, had an adverse reaction to the demographic shift and anti-immigrant sentiments flourished. I experienced micro-aggressions on a regular basis throughout high school, even though I am light-skinned. As my father became more involved as an advocate for the Latinx population, we received some negative attention and a few threatening phone calls.

I never really saw these experiences as significant because I compared my privilege to that of my aunt and cousins who lived with us. They had immigrated from Panama without papers and did not speak English. Their constant worry and stress with regard to daily risks such as driving, interactions with anyone of an official capacity, and wage theft, contributed greatly to my awareness of oppression. My aunt worked as a nanny for most of her years in the U.S. With each family, she developed incredibly close bonds with the children, and often the parents as well. However, because of her legal status, she was vulnerable to the whims of the employer, and a few times she was abruptly fired or had to leave a job because they wouldn't pay her. Witnessing her pain at having to leave the children, as well as her confusion and helplessness, was heartbreaking. I often found myself in the position of translating or interceding on behalf of my family members or our Mexican neighbors. All too often, a hard-working, kind neighbor was

suddenly deported without any notification to the family. These events were not only emotionally devastating, but they wreaked instability on whole families and highlighted the vulnerability of our community.

Delgado Bernal would call these experiences part of my “cultural intuition” (1998). Like the concept of “theoretical sensitivity,” developed by Strauss and Corbin, cultural intuition refers to the ability of the researcher to perceive subtle meanings of the data due to four factors: 1) personal experience, 2) knowledge of the relevant literature, 3) professional experience, and 4) the analytical research process itself (Strauss and Corbin 1990). With cultural intuition, Delgado Bernal expands on each of these areas to explain how the Chicana researcher draws on “1) her personal experience that shapes how she understands, interprets, and makes sense of the data she collects; 2) a sensitivity to identify and analyze relevant data and literature to her work; 3) her professional experiences working with the community that provide her particular insights about the realities of her informants, and; 4) her analytical intent in ‘bringing meaning’ to the data and larger study by working to include her informants in data analysis” (Velez 2012, 88).

I found this to be true in my case. My experiences fueled my desire to work with immigrant caregivers from Mexico, and influenced the questions I asked, the manner in which I asked them, and the way I interpreted the responses. My positionality also drove me to seek out the work of other Latinx scholars and choose LatCrit theory as the operating framework. Professionally, devoting my academic path to bringing attention to the work of immigrants, as well as volunteering with local grassroots organizations advocating for farmworkers and immigrants, has shaped my understanding about the context in which these women live and work. Lastly, I decided to use constructionist grounded theory as a method precisely because it is

important to me that the voices of these women be first and foremost, and that they play a large role in dictating the themes related in this project.

Relaying my personal history with the women I interviewed had a significant impact on their perception of me and their willingness to share their stories with me. All of the women were initially guarded about topics involving race, family history, and border experiences, but as soon as I relayed my background and reasons for being interested in this research topic, they immediately opened up, sometimes sharing details that would have been dangerous in the wrong hands. Their willingness to trust another Latina was incredible.

My connection to the Latinx community in Bellingham has been largely through activism. The women I worked with on this project, by contrast, self-identify as Mexican-American, but they don't use the word "Chicana" and they don't have activist affiliations or interest in attaining them. In fact, one of the participants' fathers is a manager of a farm. By her reports, he has a good relationship with the workers and their farm gets a lot of work from farm workers who have left other farms after being mistreated. However, she was only vaguely aware of the farm workers' union and their struggles, which is the locus of a lot of activist work in the area.

The Research Participants

The women in this study range from age 27 to 44. They all work in Bellingham, but three of the five live close to or in Everson, a rural town about half an hour north of Bellingham. Everson, like other highly agricultural areas, attracts Mexican im/migrant laborers who settle nearby with their families. These households usually consist of extended as well as nuclear family members, a living arrangement that allows families to distribute financial burdens and support each other with child care and other needs. This pattern follows Mexican familial

customs as well as network migration theory (Massey, Goldring, and Duran 1994).

Consequently, family members who find work outside the agricultural industry, such as the women in this study, tend to commute rather than live in the city.

All of the women are first generation immigrants, except for one, Litzzy, whose exceptional circumstances will be explained below. Their areas of origin in Mexico vary: two come from the border town of Nuevo Laredo, two from rural towns in the central provinces of Michoacán and Colima, and one from Mexico City. They all became mothers in their late teens or early twenties, and all view motherhood as the main reason for pursuing a sustainable job with possibilities of future training and . Though three of them had tumultuous relationships with men at first, all of them are in healthy, committed relationships now.

Esther

My first thought upon meeting Esther was, “Here is a capable, efficient woman.” As soon as she identified me walking through the door, she came toward me, shaking my hand and walking me to the meeting lounge in one motion. I took this to mean she was under time constraints (like most CNAs), but later found out she had asked me to come two hours before her shift was scheduled. Esther is simply not one to waste time. Further, she was clearly interested in this thesis topic and had given it a lot of thought prior to our meeting. She waited until I got the tape recorder out and then began to talk, immediately addressing the main research question she had seen on the flyer. She spoke as though she were putting herself in the position of researcher, and referred to Latinxs as “they.” I later recognized this as one of Esther’s skills: determining the position and needs of people and then speaking to them from a place of commonality, or in a way that might help them absorb the information. Because she had assumed at first glance that I

was a younger white academic, she went about things “the way Americans do,” shaking my hand firmly and getting straight to the point. As we settled into the interview and she learned of my background, she shifted into referring to herself as Latina as well, relating things in story-telling fashion and speaking inclusively of “our” culture, both of us weaving in and out of Spanish when it was more comfortable.

Esther is in her mid-forties, married, and the mother of two boys. She was born in the Mexican border town of Nuevo Laredo and was brought to the U.S. by her parents when she was four years old. Her father took them up to Wyoming to work, following the path of his parents before him. Esther’s father told her, “I used to pick cotton, I used to pick watermelons, la lechuga (lettuce), strawberries, apples.. We baled hay...”. Similarly, Esther grew up working on potato and beet farms, laboring through the summers of her childhood until the age of fifteen when she transferred to a high school in Texas and lived with her aunt until graduating. She then went back to Wyoming and tried to find a job doing anything besides farm work or what she termed “menial labor” (house-cleaning, nannying). However, racist attitudes in Powell made that a difficult goal to achieve. “I applied for positions there, and of course...you’ll never see a Hispanic working...especially over there..it’s really really rare to see them working in an office... those jobs are all for whites. If you were to go now and look, you won’t see a Hispanic person in the ER, unless they’re cleaning. Y'know.. Housekeepers.” Around this time she fell in love with a white man, which she did not expect, and they got married soon after. For the next several years, Esther and her husband had a difficult time making ends meet, as he chased construction jobs across state lines and she was often left to fend for herself, and later, their children as well. Their marriage suffered due to his many infidelities, which always led to them moving to the

next place. She credits her survival in this period to being from “a long line of strong women. Strong, strong women.”

Esther took a break from working in order to be home with the children, but when her youngest turned three, they moved to Bellingham and she decided to start working again. After working with the migrant council for a while, she found herself in jobs that involved caring for people. She credits this partly to an interest in the rights of disabled people, which she learned about through working with the migrant council, but also because, in her words, “It wasn’t like a thought process like, oh this is a good job for me.. No. I just went because I’m like, I need work!” In talking with me, she also mused that her involvement in healthcare is not surprising, given that she has always been interested in science. She recalls a class in high school that had to do with cosmetology that interested her in large part because it involved “...some type of physiology and anatomy...and chemicals. You had to learn about chemicals and how those react. I remember getting good grades in science, because I liked it. It was fascinating to me, and I think that’s where it eventually started to evolve. I was somehow being led to end up where I am now, I think.”

Esther expressed strong values surrounding education, especially as a path to self-empowerment. She locates the motivation for immigrating to the U.S. in the desire to achieve a better future for oneself and one’s children. Further, she sees race, education, and drive as being the main factors in one’s chances of success. Of her grandfather, she said, “He was very light-complected. I think all my aunts and uncles, had they had more education I think they would have been...our lifestyles would have been totally different. Just, to see the passion and drive of all my aunts and uncles...” Esther sees her own life as having been impacted by the same forces.

Though she is also light-complected, she describes feeling deep cultural loss through the suppression of her language, something that was enforced by her mother:

Living there [in Wyoming] was very difficult. Hence why I have no accent. We were told, “Your daughters have a speech impediment, you need to fix that.” And my parents, being young and naive...one had a, like a 4th grade education and the other one like a 3rd grade education, so... there was a lot of translating on my part, as a child as well. And so... I think I feel like they stole our accent. Because, we didn't have a speech impediment, that was our accent. And they stole it.

This shows something of the impact of oppression on Esther and also illustrates her conviction that education is the way to succeed and gain power over one's circumstances. Her parents didn't know how to navigate the school system and therefore she as a child suffered because she had no help in making informed decisions. Therefore, as an adult, Esther focused on her own education for the purposes of empowerment. She embarked upon this path with a communications class at a community college, which became instrumental in her journey to recognizing and dealing with oppression.

I started writing stuff... I couldn't finish it. I could not finish that..that little essay she asked me for because, I bawled. [starts to choke up] And it's getting to the root of the problem of why I was feeling the way I was. I had a lot pent up emotions from repression, from.. just processing of the theft of my.. speaking.. y'know, the way I was, and then being looked down at and then um.. just fighting for everything, like, why does it have to be so difficult?

In asking her to write an essay about herself, her teacher prompted Esther to reflect on her life in a way she never had. It was very emotional for her, and she cried just talking about it to me. Her phrasing, “the theft of my.. speaking.. y'know, the way I was” reflects how much she considered her language to be a part of her identity. She also processed her childhood experiences with farm work and how it was a source of separation and embarrassment from other children her age. None of these difficulties were explained or up for debate in her family, “we were just taught that way”. She mentions “this” is something she wants to break. At first I

thought she was referring to parenting her own children with more dialogue, but she clarified that she was referring to how she deals with authority figures and injustice, herself.

This has led Esther to make an effort to break from just taking orders without question. For example, she has learned to stop and recognize when a situation is unfair, and defend herself in those instances (establishing boundaries), whether at work or in her personal life. At one point Esther articulates how injustice takes place at the systemic level through advertisements boasting the quality of the product while invisibilizing the essential role of immigrant labor. She then explains how the same irony and injustice applies to the field of caregiving:

...in a lot of industries, y'know, they forget. You're not wanted, but yet they need you. You see these commercials about, "oh here's this wonderful orange juice blah blah blah" but they show the person portraying the orange juice, y'know saying, "oh this is my farm and da-da-dah" and "you guys get the greatest orange juice" but I'm like, wait a minute, you guys get the greatest orange juice because of us. You guys get the greatest care because of us! Y'know, who's going to come in and wipe your butt--like I just did, I'm not on the shift, I wasn't on the clock-- Why should I even be attending them? But guess what, we're here. So. It takes.. those people, that are striving and determined to become something more than they are, and along the process they pick up other good attributes and they take it to the next job. And they're able to cross over and become more than what they thought they could become... We just choose to fight and continue and make our lives better as best we can.

She later demonstrates boundary-making with a story about a fellow caregiver who tries to shame her and exert authority over her. In describing the scenario to me, she brings up the tension between the pursuit of transformation and the notion of staying bound to one's identity as Mexican. Ultimately, she winds up noting the unifying effect of discrimination against Mexicanos in the U.S., and that the only path forward is to make meaning out of work.

...she was just trying to make herself like more educated, more uplifted. And the more she kept saying the more I kept looking at her and thinking, “But you’re here, wiping ass! Like all of us! ...and I’m like, “No, you’re just another Mexican like me, and it’s the way you’re always gonna get seen in the eyes of where we’re at.” No matter how much education, y’know..um.. you can be. We’re always gonna be seen that way and, it’s sad. Until we understand that we are all the same, it doesn’t matter. Just do a good job no matter what you’re doing. And do it passionately.

Esther on Caregiving

One of the ways Esther is passionate about her job is in listening to and preserving the stories of the elders. “You can learn so much from these people!” By the time I shadowed her, I had already observed two other CNAs and I was astounded at the comparative breadth of information she stored about her residents. Every time Esther introduced me to a resident, I learned a short history of their lives and was often taken on a tour of their memorabilia, all while she attended to their physical needs. In this excerpt from my ethnographic notes, Esther has wheeled Liv, a resident, into her room and pauses to give me a quick run-down of the pictures in sight:

Ether: “This was Eva’s husband...her husband was handsome.. Here’s a picture of two Nazi soldiers.. apparently they helped her father escape. He was a German Jew.. is that possible?”

I turned to Liv and said, “Esther tells me you have lived a very interesting life!”
But Liv looked at me in confusion.

Esther: “It’s sad... She’s forgetting most everything now.”

Sometimes Esther shows a modicum of irritation, but she relieves it, as do the other CNAs in this study, by decompressing with their co-workers. When I shadowed Esther, she included me in this, usually in Spanish. In the following ethnographic note, Esther struggles to balance her limited time with her desire to provide quality care to a person with dementia:

Esther moved around quickly while trying to placate and distract Pearl who is repeatedly asking “who’s in charge”. “Have a seat mama.. [putting her on the bed].. Didn’t you tell me you grew up in Pasco?” Everything Pearl says takes a long time to get out as she searches for the words, but Esther doesn’t rush her, even though it’s obviously hard to get everything done and let her pause for as long as she needs to. I don’t know if her patience is accentuated by my presence. Pearl wants to know who to talk to about why she didn’t stay in the old place (apparently she liked something more about it). I could see that if Pearl felt she wasn’t being listened to, her feelings of anxiety and frustration would get so much worse.

Pearl: “I don’t understand why they put me in here.”

Esther: “Theodora is the one you can talk to in the morning, ok? She’s the administrator in charge and she’ll know what is going on...” as though Pearl were in total control of her own destiny.

Esther: “You like to watch the news when you go to bed, right?” She takes the trouble to find the community news station for her.

Though she doesn’t let Pearl see it, Esther shoots me exasperated looks. As she gets cookies and Gatorade, straightens up the living room, she says “Esta le gusta su Gatorade y cookies.... I go the extra mile there too because that way they don’t get up in the middle of the night [and fall] if it’s w/in reach” (referring to putting the snack & drink by the bed).

Esther seems to find relief from stress through speaking in Spanish to me, telling me her truths. It made me think about how most of these acts of “going the extra mile”, these exchanges between residents and caregivers, are behind closed doors and invisible. Perhaps because of this, Esther seemed to delight in sharing her routine with me, and in helping me get to know the residents. When we left the room of one resident, who remembered me from a few weeks before, Esther said with pride, “See? She’s still all there.” Esther ended up running behind that night and continued to work after she clocked out, again. Even so, she insisted on checking on a resident

who wasn't on her list because she knew he was in decline. It is in these choices that the person (the agent) defies the business model (the structure), and exposes its shortcomings.

Roxana

Roxana was the first CNA who agreed to meet with me. Even over the phone, her voice sounded warm and easy-going. She came to greet me at the entrance of her workplace, a kind-looking young woman with a relaxed demeanor off-set by her dramatic dark eyebrows and fucsia-colored lipstick and nails. Roxana has a quiet voice and an indirect gaze, and when she shook my hand, it was with a soft grip. These are all traits considered admirable in a woman, by traditional Mexican standards, and tend to imply subservience and humility. However, I soon found that these habits slightly veiled a quietly decisive leader, and that the sense of pervading calm around her comes from a well of security in her abilities and ethics. During interviews with other women, it sometimes seemed as if they were tempering their words, or might alter their response depending on the moment or person. Often, a subtle shift occurred when they knew more about me and got more comfortable with the setting. With Roxana however, one got the sense that she never said anything she didn't mean and was not one to gossip or say things lightly. In fact, the first interview I had with her took place a year before the second one, and when I transcribed them both, I was struck by the consistencies in her responses.

Roxana spent her youth going back and forth across the border in Texas. Because of that she has a lot of memories of her grandparents and family there. Unfortunately, border violence and the stress of crossing has made it increasingly difficult to maintain visits and it has now been eight or nine years since she's been to see her family.

...the last time we went we tried and we had trouble because you know my parents decided to drive an Escalade across the border and you know, they look at that and they're like you know, "What do you do, what's your job, why are you coming over here, why are you from Washington..." Y'know, they see Washington plates in Mexico and so then I realized.. how everything had changed... We used to go around, walk around the plaza til midnight and there was nothing scary about it, and now there's a curfew and I remember when we crossed the border there was troops lining the border and it's just...it's scary y'know..

Besides these treasured visits to Mexico, Roxana's youth was one of diligence in school and hard work in the field. She is the second-born of four children in a tight-knit family. She recalls with wry smiles the years they lived in migrant cabins on farms and spent every free minute of daylight working to harvest berries:

Hard work is all I've ever known... We [brothers and sisters] started working and helping the family when we were like.. mmm.. like 8 or 9? We were getting up 4 or 5 in the morning.. going to work, for like, 8 hours. And that's what we did [in the summer], when it was raining, or really hot outside, yeah... And even during school. I remember my least favorite, was pruning the raspberry rows. Oh my gosh..I hated those. And we would get off the bus and my dad and my dad would be waiting, he'd be like, ok, eat your dinner and then get dressed, and we're gonna go prune til the sun comes down. And then afterwards, there was no time to do anything, just.. take a shower, do your homework, and then my dad would have us do our homework around the table, and then it was, Go to bed. And repeat, tomorrow.... In our culture that's how it always is. Hard work, hard labor. Nothing is ever handed down."

Roxana clearly admires her parents and values the upbringing she received from them. She mentioned a few times that she will do everything she can to raise her daughter with the same principles. "When my daughter's old enough I want her to go out there and pick berries with her grandpa, cuz I think it's a good lesson to learn. Just work for what you want." The idea that work is the pathway to empowerment and self-actualization is one that she learned through her own sweat and through the example of her parents.

My parents have gone through so much.. I remember when we were younger, we lived in a really small cabin in a migrant camp. So before they were managers, we were one of the families that filled one of those cabins and do the seasonal work and then migrate to another place, and.. Now they live in a home and... my dad's a supervisor now. That took him 26 years, but y'know.. he led up to that.. and he now is a manager of a camp. A migrant camp. Every summer he manages a camp and we get like, 52 cabins, 400 people, and he's in charge of all those people for like, 3 months.

From Roxana's perspective, this work ethic is very much tied to being Mexican, and contrasts the values and upbringing of many other "Americans." This came up several times when talking about the work of caregiving and the differences she sees in the way Mexicanas and white Americans view and do their work.

I think in the end it just goes back to how a lot of Mexican people are raised, compared to a lot of Americans and.. y'know.. the white people in general.. y'know a lot of them are privileged, and.. they don't really know what hard work is or what labor is in general.. Their first jobs are usually like, a grocery store or.. y'know.. a fast food restaurant or something, and... um.. you think back to like, Mexicans/ not just Mexicans but probably even Chinese or whatever/ you know, you have the child labor, and that's how they grew up... Our housekeeper (in the facility) used to be a Mexican lady and she used to whip through those rooms like it was nothing, and I feel like it's just.. the Mexican people, it's the Mexican way, we've always worked, we know how to work, we know what hard work is, and so.. when we get a job like this, to a lot of em, it's kinda like a privilege, like they'd rather do this than work in the fields so of course they're gonna give it all their effort. They're gonna do a good job. Y'know.. I feel like... Mexicans in general are just like... you just gotta do a good job and get it done, y'know? No slacking, there's no time for that, and.. that's how a lot of em are known, besides the field work and, it's just, in any job.

Furthermore, her current director and the one before her both recognize this value and have told Roxana that they intentionally hire Latinas when they can, especially Mexicanas. This isn't simply because they work hard, but because these directors see that they get the job done and do it well. Roxana takes pride in this reputation: "Sometimes, she'll ask me 'Who's working tonight?' and I'll tell her 'Oh, Esther..'.. And she'll be like, 'Oh, ok well you guys will be fine

tonight.’ [chuckles] Like she just.. doesn’t even worry. And I’m like, ‘What?! no.. stay here!’
[laughs] But I feel like, I agree with that, y'know?”

Roxana on Caregiving

Like the other caregivers, Roxana had several reasons for deciding to become a CNA. She was first exposed to it through her mother, whose first job in the U.S. was as a caregiver. However, she mostly credits it to her personality:

I’m a natural caring person.. I was always wanting to help people. I was always involved in leadership groups, I would volunteer with like, things at school, raising donations for shelters, y’know the food camp.. I was always drawn to stuff like that. I do have a soft spot when I see someone on the side of the road asking for money, it just.. I feel bad. I believe everyone needs help.

She started working at her first facility when she was eighteen, doing showers and was soon encouraged by her coworkers and director to pursue further training. Roxana is a voracious learner and getting to learn on the job and be educated on a regular basis proved to be a large benefit of being a CNA. When she talks about this aspect her speech speeds up and she becomes more animated:

We did hands-on training, we did visual training, we did examples with each other, like how to transfer, and using equipment. So I got to see and learn things that I never had a clue about.... I was like “what’s that thing? oh ok it does this”.. So it’s cool y’know we get pamphlets, and we’re always learning. They’re always coming up with new things, with new equipment and new technology for things now. So we’re always learning. I have actually a binder at home, it’s filled with all kinds of certificates. And then we always get re-certified for CPR and things like that. We actually have like corporate come down and we play with the dummies and take a test and all that stuff.

She was surprised at her ability to handle the “dirtier” aspects of the job. “I found I could take it. It takes a lot for me to be disgusted.” This also became conceptually and habitually easier

when she became a mother in her early twenties. “Sometimes I think the cycle of life repeats itself, like, we’re babies, we grow up, we become adults, we have families, we become a baby because our kids end up taking care of us... Some residents here need help feeding, changing, dressing, showering.. They’re babies. And I say that because I have a daughter and I do the same things for her.”

The irony here is that her way of envisioning the care of elders involves adult children taking care of their parents as they become more dependent, but she works in a facility filled with people who rarely even receive visits from their family members. During one interview, I asked her if she would ever consider putting her parents in an assisted living facility. She mused, “I just don’t believe in that. And it sounds so funny because I’ve been working in this field for 8 years now and it’s all I know and I’ve always been involved in medical stuff, it’s..what I do. But I would not put my family in it.”

Dealing with death and dying was the biggest challenge for Roxana and she found herself associating residents with her own grandparents, transferring feelings of love and loss onto her relationships at the facility.

She [mom] had some experience in it and she told me ‘oh you can do that...it’s good work. It’s hard sometimes but you can grow relationships with the elderly’ so.. I think that’s what drew me to it. When I was 18 I had just recently lost my grandma, so.. I was really close to my grandma. I always kinda joke around and say some of them are like my adopted grandparents. Cuz I have grown really close to certain ones, and I’ve had some that pass and..it’s hard on you, like if I knew them, like my family or something.

Despite the difficulty of losing residents with whom she’s formed a special bond, the emotional reward outweighs the cost.

They always say “try not to” [get attached], but I feel like if you’re here, 8 hours, dedicating your time daily, like me I’m going on 5 years here now.. There are some I’ve known since I’ve been here. How could you not? Y’know? So that’s kind of how I started and I never thought I was going to stick around for as long as I have and.. Here I am [giggling].. I’m still here!

Sofia

When I walked into the facility for my first meeting with Sofia, I was told, “Oh, she’s around here somewhere. I think on the third floor? Wait, no I think she’s on the fourth floor now...” This, I soon realized, was a ritual when one needed Sofia. Regardless of the pride her co-workers might have in being a good or hard worker, no one denies the prize should go to Sofia. Her whereabouts are always a mystery because she seems to be everywhere, solving ten problems at once. Given that, one would expect a person who snaps her fingers and is aggressive about her timeline. However, when I reflect on Sofia, the characteristics that shine are her mild manner and easy laugh and her ability to make everyone feel comfortable. I found her in the kitchen, a tiny woman with her long hair in a ponytail who looked to be in her mid-twenties. She was joking with the cook as she mended what appeared to be a very recent knife wound. When she saw me, she immediately folded me into the scene, as if I was a daily appearance instead of a first-time visitor.

Despite Sofia’s laid back demeanor, she views herself as a bit of a rebel. She seemed anxious to communicate “who she is” and how family relationships, trauma, and survival, have led to her choosing the road to self-respect. I believe she wants me to understand this: she’s independent and self-sufficient but has people who care about her. Also, she has a healthy disrespect for authority but isn’t stupid enough to get in trouble.

Sofia was brought to the U.S. by her parents when she was about four years old. They mostly lived in Washington but spent some time in Idaho as well, doing farm labor. She has one older brother, and a younger sister who was born when Sofia was fourteen. When Sofia was growing up, she took several trips to Mexico, sometimes for a summer, sometimes for a year. These visits led to strong memories of her grandparents, of important events like her quinceañera, and of the friends she made. However, they also created an inner sense of polarity, as her Mexican family lived in a very conservative town and she felt judged and ostracized for the “looseness” of her “American” morals. She sees this and the instability of her home life as contributing to her escapism through alcohol and other deviant behaviors.

Her father had obtained citizenship in the U.S., but then had it revoked due to a past charge and jail time for human trafficking, or being a “coyote.” He was able to continue living in the U.S. as a resident, however their house was full of tension and Sofia expresses several times that her father was not a dependable figure. When I asked her why she became a CNA, she answered:

My dad’s not really in the picture, only when he wants. So...I grew up with my mother.. hard-working woman. I raised my little sister, and.. um.. I guess I just.. I saw how hard she fought for things and.. I’m like, ok, I’m gonna be an independent woman and I’m not gonna depend on any male because you can’t. And of course, I’m not.. no me voy a dejar tampoco, so I was like, “no, from now on, this is how I’m going to be and.. this is life.. like, you can’t expect things because you get disappointed and...y’gotta work”.

It bears mentioning again that this statement was in direct response to the question “why did you become a caregiver,” so I break it down here within that context. Sofia answers by immediately by talking about growing up with a single mom. Her father left the family and her mother had to raise the kids and fight to survive. “I’m not going to depend on any male because you can’t.” She sees her mom’s struggle as having happened because she depended on a man for

support (both emotionally and financially). To avoid that, Sofia made a conscious decision in her life to become “independent,” through getting a job.

“...this is life..like, you can’t expect things because you get disappointed and..y’gotta work”. To become emotionally independent, she arms herself with the notion of having no expectations. Following that up with “y’gotta work” is also interesting. Having no expectations protects one from being disappointed, but it also could lead to a bleak life. Someone else might decide that there’s no hope of leaving a situation, and that attempting to change things is futile. However, from here Sofia decides that, though you cannot expect for things to just magically work out: you can and have to make them happen for yourself. Everyone is responsible for their own life. This is key to the aspirational capital possessed by immigrants: the idea that you can change your life, even when all evidence is to the contrary (Yosso 2005). Even though her parents struggled and it led to a difficult youth for her, she did not take from this that one should not try at all; she took their aspirations and merged them with her own decision to pursue self-actualization.

“And of course.. no me voy a dejar tampoco”. This sense of duty expands to her perceived obligations to her family and particularly her children. Though she is an independent woman, she would also never “leave” and run away from her responsibilities. As a young girl she raised her little sister, because it had to be done. This theme of “doing what has to be done” arose many times in our conversations, as well as in her approach to caregiving. Through all of this, Sofia seems to be wrestling between ideologies of independence, mostly reflected in her life in the U.S., and the traditional roles of Mexican familism she was taught growing up.

These principles all coalesce into action at a particular point in her life when she decided to finish her education and get a job that would allow her to be financially independent and

support her children. At the time she was a stay-at-home wife and all their income relied upon the husband, who is undocumented. They had no backup plan in the event of his deportation and this led to a feeling of vulnerability and stress for Sofia. When he did in fact get detained, twice, and she had to go on government assistance to provide for their children. This led her to make the decision to make a change in her life. She credits their roommate for helping her make this possible, and describes a relationship of extended kinship:

Our former roommate, Ramón, he had no family here, he has no family here, so we were his family. He saw my eldest grow, he saw my pregnancy, my miscarriage, he saw everything, so... we consider him our cousin. He was the one who took care of me and my sons, for.. yeah, for almost a year. And um.. I decided, well.. I had to get out of assistance. So I was like, ok I'm going to go get my GED. And yeah, in less than a month I got my GED, and I guess the college thought I was super smart.

She also credits her survival of this period of strain to her mother, and the example she set for her.

I wasn't the feminine-feminine type, I was more of the tom-boy.. I was shy..um.. but that was mainly because I got kinda.. kinda-like sexually harassed by a cousin [voice lowers]...and then seeing my family go through problems. My mom was pregnant at the time, and.. she threw my dad down the stairs and.. I expected to see my dad like just freak out and start hitting.. But no, he kept his cool. I never heard him hit her, I don't know if he ever did, but um.. Yeah, my mom, she's been kind of like my rock. The person I look up to, and I think I'm.. who I am because of her.

Through this memory of her pregnant mom throwing her dad down the stairs, Sofia illustrates the severity of the situation, but also points out her mother's resilience and self-respect. She follows that up by saying that her mom has been her rock and the person she looks up to, and that she is who she is because of her. By stating it at this moment I think she's referring to the fact that her mother, even in her most vulnerable state (pregnant), wasn't going to

tolerate verbal abuse and betrayal from her husband. Later in the interview, when Sofia refers to her own partnership and their breaking points, she highlights her own resilience and self-respect.

Sofia: After 3 or 4 times of us separating, he comes back and he's like, "I don't want to lose you guys" and I'm like, "Well.. I'm getting to the point where I'm just done with you. I don't need you. I think I've proven you that I don't need you. I think that's why you're back, because you finally realize that I don't need you financially, I don't need you, umm.. for like, security purposes.. I just want you. But if you can't give me what I want and what I've been telling you for these past 10 years.. sorry. And yeah.. he came back, and he let everybody know.

She attributes the rebound of her marriage to her husband finally accepting the fact that she didn't need him. This reflects the struggle women and men still feel with traditional patriarchal values, specifically that of men protecting their women. It may have been difficult for her husband to accept "I don't need you financially...for security purposes.. I just want you". But once he accepted that, they've now been on a "honeymoon" like they've never had. This is reminiscent of her mother not putting up with her father mistreating her.

I had to keep reminding myself throughout these semi-structured interviews with Sofia that, as a researcher of a grounded theory project, I was there to find out what was most significant to her, in regards to her motivations for becoming a caregiver, and the characteristics and skills she employs in her work. For Sofia, much of this comes back to her relationships and family struggles. Her motivation for pursuing work of any kind was deeply practical, as it provided security in the face of her husband's legal status. It also had the effect of shifting the balance of power in her marriage and changing the nature of their relationship. However, she wouldn't have the same level of fulfillment if it were just any job. She attained a sense of pride and self-determination from being successful in her community college classes and finishing the GED. Caregiving is appealing to her partly because it is related to the field of medicine and

could lead to more training. This ambition and pride keeps her motivated to keep her job and do it well.

The most powerful reason she stated for becoming a caregiver, however, comes from Mexico and from her grandfather.

I got into caregiving because my father's dad, he was neglected by his own daughters.... Prior to him passing away, I would hear stories of, "Tu Tia Yola no cuida bien a tu abuelo"... She wouldn't change his diapers, she would.. ok, feed him whenever she wanted, and um.. she would rarely bathe him. When I would hear stuff like that, that would like break my heart. And um.. every.. my dad goes every year to Mexico and so every year... he would only go to the playa (beach). And so that kinda like, got to me I was like, "Ok, you're going to the playa but you're not gonna go mainly because of your dad. You're just going to go to have fun. Vacation."

Sofia clearly is disappointed in her father for not placing a higher priority on visiting his own dying father, but she levels most of the blame for her grandfather's neglect squarely at her aunts and herself. This strongly reflects the expectation that women perform the role of caregiving in the family. While this duty is particularly expected of daughters, it extends to granddaughters as well, and leads to her own feeling of guilt when it comes to not having visited her grandfather enough. She feels so strongly about it that it contributed to her desire to be a caregiver for other elderly people. One of the most compelling parts of her testimonio was her description of the last time she saw her grandfather:

I didn't get to say goodbye to my grandpa. I remember the last time I was in Mexico, um.. I was probably like from here to the parking lot of a distance and I was just looking at him, cuz he was at the esquina (corner).. And um.. he was.. it was like he was just sitting there, it was like somebody just left him there. And um, I wanted, I wanted to go to him and tell him "I'm your granddaughter.. I love you and I miss you" but I couldn't.. because I felt like my tia (aunt) was gonna see me and she was gonna come out and.. I didn't want to cause a scene. ... So yeah, that's the last time I saw my grandpa. And then.. I found out he passed away, and that he wasn't cared for like he was supposed to.

This moment was central in her path to becoming a caregiver. Even in earlier conversations about her grandfather, she didn't focus on his character or their relationship—she hinges on this moment of bearing silent, agonized witness to her beloved grandfather looking vulnerable and abandoned. I came to learn that the helplessness she felt stems from her antagonistic relationship with her aunt and her hesitation to act in a place (Mexico) where her belonging is questioned.

Much of Sofia's memories of Mexico contain an element of fighting to belong in her country of origin, whether it's regarding her family's land-holdings, or her struggles as an outcast teenager raised mostly in the U.S., or her right to have a say in her grandparents' care. Therefore, I see this memory of her grandfather, and the powerlessness she feels, as rooted in the border.

Later on in that same interview she recalls her grandfather again, linking it to her first experience with a resident dying under her care.

...during the clinicals... I don't know why but I got attached right away with a.. his name was Mr. Johnson. So I saw him one day and then by the next time I saw him, he was actively dying. And I was sent there to help the other student like, clean him up and everything, I mean he was like, at his last breaths. And I was like trying not to cry and I was remembering my grandpa and everything and I'm like "I'm so sorry, like, what do I say, what do I do" [choking up].. Some of the students decided it was too much, they didn't want to deal with that. But I didn't get discouraged or anything, I was just like, no.. And um, yeah, it felt bad, it feels bad every time you lose a person, but.. I was like, no. They need to be loved, they need to be cared for.

The close association between the deaths of this resident and her grandfather triggered her terrible feeling of helplessness. However, it gives shape to her profound motivation to provide love and care to those whose lives she can affect.

Sofia on Caregiving

My times shadowing Sofia are a blur of huffing and puffing up and down the stairs as I tried to keep up with her short legs. Whenever we came into contact with a resident, however, no one would ever guess she was in a hurry. I quickly came to realize the amount of skill involved in this, given how busy Sofia is. She could make it much easier on herself by just acquiescing to the residents' requests for help, because it takes much more time and patience to encourage and oversee a resident to do things for themselves. She takes pride in doing her job well and doing what is best for the residents, saying "I feel like I wouldn't be doing my job right if I just said "ok, don't do that, I'll get it."

During one of my shadowing sessions, we wheeled a woman named Sheila from the dining area to her room door. The whole way, Sofia recounted tales of Sheila's worldly travels, affectionately patting her hair and providing cues for her to give details. Sheila seemed a bit despondent, but responded with faint smiles when she heard her own stories repeated. When we

arrived at her door, I watched as the woman fumbled with the key. She looked up at Sofia and I apologetically and mumbled, “I’m just all messed up.” I felt a lump of pity in my throat and fought the urge to jump in and help. True to her approach, Sofia didn’t simply go and open the door for her. She made suggestions and helped her achieve the goal on her own, chuckling and making disparaging remarks about the door to lighten the mood and not make Sheila feel conspicuous or embarrassed. After we left Sheila’s room, Sofia told me, “When she said ‘I’m all messed up’... that just broke me.” This is emotional labor: even though it made her sad to see Sheila this way, she controlled her body language and tone so the resident’s embarrassment was lessened.

A few weeks later, I went back to shadow Sofia again. When I asked how her week had gone, she sighed and told me that Sheila had passed away a few days ago. This was clearly distressing for her, and I listened as she stopped and leaned against the wall to me the story. On Friday, Sofia had clocked out, but went by Sheila’s room on her way out because she had taken a turn for the worse and Sofia thought she might pass over the next few days. She encountered the facility’s nurse, Rhonda, a white woman in her forties, in Sheila’s room. Sofia noticed that Sheila had urinated in the bed and offered to help but Rhonda didn’t want to change the bed. Sofia didn’t push her because she is technically her subordinate. When Sofia came back on Sunday (nearly two days later), she went to check on Sheila and she was stiff and still in urine. “And I was like, no. This is not right. When I changed her she was all stiff and hard to move. I don’t know if she was stiff because she was already dying or what...”. She couldn’t imagine that Sheila had been changed in between Friday night and Sunday morning. “If Rhonda didn’t even want to change her when I was there to help, she probably wouldn’t do it by herself either...”

What concerns Sofia most is the care of this patient. She had a hard time leaving on Friday because she wanted to make sure the resident passed with dignity. When she came back on Sunday she felt certain no one had changed her since Friday, confirming yet again her opinions that “white people” just don’t do everything they can. For Sofia, these residents depend on *her* for their care and she feels a grave responsibility. However, she relayed to me that the quality of care at the facility is declining, including her own work, because of the shortened hours.

Beyond the sense of responsibility, Sofia relates personally to the residents and feels she knows what they are going through. “I think the toughest part is when they have an accident and they’re just in agony, cuz you feel so incompetent, and you just feel like ‘take their pain away’ you know like.. how, or what can I do?” In Sheila’s case, Sofia related to me that she had been a resident there before, and was energetic and determined to go back to her own house. However, she then fell and broke her leg and had to be taken to a nursing facility. When she came back to this residence, her spirit seemed crumpled. She had lost hope and felt alone. Her family rarely visited. Sofia described her as depressed and that her death made her sad because she understands what it is to be depressed.

As we stood in the hallway, Sofia mentioned that she’d had a headache all morning, so I offered her some ibuprofen. She refused, saying she hates pills and that she’d tried to kill herself by eating a whole bottle of pills when she was seventeen. Now, she shudders when she even hears a bottle rattling. For Sofia, there’s an immediate connection in her mind between pills, her own struggles with depression as a youth, and Sheila. It is not that far of a leap to connect the displacement and loneliness Sofia felt in her teenage years after she’d returned from Mexico

(which corresponds with the most traumatic time for her family), to the displacement and loneliness felt by Sheila when she returned to the facility.

For Sofia, the most challenging aspect of caregiving is when she feels helpless to mitigate the pain of others. It follows then, that her work is most rewarding when she feels she *is* making a difference in the lives of residents.

It feels good for them telling you things like, “I don’t know what I would do without you.” There’s certain residents here that are not all there, and um.. they remember you. They can’t remember their own sons, their own family that comes to visit them, but they remember you. To me, that’s.. that’s more than.. to me that’s like more than.. getting paid. There’s residents here that are very far off into dementia and they don’t remember anything. And um.. as soon as they see me.. “you’re the person I was looking for” or they’ll talk about me. Their family comes over and, “oh I want you to meet the girl I was talking about.” They won’t remember my name, but they’ll remember my long hair or my brown skin.. But yeah, their family come over and.. “thank you so much for what you do for my mom or my dad”. Or, and instead of going over to the other workers, they come straight to me, and say “hey, how are they doing...”

Caregiving provides her a space of recognition and appreciation that she doesn’t feel she’s ever received before in her life. “The praises you get. Growing up I never heard ‘I’m proud of you’.. I think only once. But then again, that’s probably just from someone else [chuckles].” She doesn’t clarify who she means by “someone else”, but it can be inferred that she didn’t receive praise from her parents. One of the reasons she loves this facility is that she feels deeply appreciated by her boss. Sofia told me that three residents tried to give her bonuses for this last Christmas. She took them directly to the director, saying, “Just to let you know...” Smiling, Sofia remembered that her boss had responded, “I don’t hear nothing, I don’t see nothing... You deserve it”.

Yasiara

Yasiara and I were connected through Litzy, who works with her at the same assisted living facility. At 27, she is the youngest participant in this research. However, she has already been tasked with overseeing other CNAs at her facility, a place she has only worked for a few years. Coworkers passing by our interview stole the muffins I brought her and traded jokes with Yasiara, offering me playful insights, “She’s got this look that makes you question anything that you’re saying or doing, especially in your first few weeks here.. We survive though..”. To which Yasiara replies, “I’m wonderful.” There is a ring of truth to this however. Yasiara makes jokes and offers her personality up on a plate, therefore people feel comfortable with her. At the same time, she holds herself and others to a high standard, and has no patience for people wasting her time with any form of dishonesty or indecision. I felt this immediately and found myself being more direct with her than the other interviewees. In the playback of my recordings, I was interested to hear that I unintentionally lowered the timbre of my voice, eliminated “uhh”s, and made my queries more succinct. Where I normally paused in my questions, allowing the participant to take the lead, Yaisara forced me to get to the point before she would then give me an unhesitating, direct answer.

I found Yasiara working on the schedule, and she immediately started describing the layout of her wing and the people in view. “We have to watch that one..” she said, gesturing towards a small elderly resident sitting in front of the lounge TV with her eyes closed. “She’s in a recliner right now but she will, like, get out [of the facility], y’know... She’s like... a little explorer. Our Dora the Explorer, let’s say.”

Yasiara was born in Mexico City and was brought to the U.S. as a baby, or as she says, “ni de aqui ni de alla (“from neither here or there”)... I haven’t gone back because it’s very

dangerous where I lived and I don't wanna get taken cuz I'm broke [laughs]. My dad went two years ago and he wanted me to go but they got gun-pointed y'know? So, I'm like, no I'm cool. [laughs] I like it here." Though she is not very close to her family in Mexico, she has a strong connection with her Mexican family here in Washington. "I live with my aunt and uncle, my cousins live upstairs, my grandpa and grandma live upstairs, I'm in the back with me and my kids, so.. It's a typical Mexican house."

Her nuclear family seemed to be the touchiest subject. "I'm not as close to my dad. Uhh he left when I was very little so...it's always been an up-and-down relationship. He's a very macho man and I don't deal with machos, I'll tell them off." She is also not as close with her mother and sister as she would like, and blames this partly on her own isolating behavior.

Despite the tension and distance between herself and her parents and sister, Yasiara expresses the same ideals around familism (family comes first) as the other Mexicanas in this study.

"Mexicans no matter what...even the problems we have or whatever, we're still going to be there no matter what. Y'know?"

Yasiara tested this theory when she became a mother at sixteen and went through a phase that earned her the self-title of "black sheep." "I started very young [smiling].. 16, moved in with my guy at 18, left his dumb ass [laughing] y'know.. Really intense relationship, was not healthy, and then got my own place, got my own car, got my own job as a CNA." This story of experiencing family trauma during teenage years, looking for love in an unhealthy relationship, and then being motivated by early motherhood to turn her life in a healthier more independent direction, finds company in the stories of other participants. However, Yasiara is one of only two in this study who had the opportunity to have a close relationship with her grandparents because

they also live in the U.S. It was to them that she turned in her times of trouble. When I asked her about her relationship with her grandparents, she looked down and her voice filled with emotion.

...Maybe cuz of them is why I'm still here today. Y'know.. I don't know where I would be. They are the ones that got me out of my holes that I've been stuck in.. y'know.. Get myself in trouble they get me out. Very supportive, especially with my kids. They're the ones that take care of them when I'm at work or just not feeling it. So.. yeah.. that's another way of bringing out my appreciation y'know, to the older people. So that's why the first person I did I thought it was my grandma and grandpa, when I first started doing this.

Yasiara on Caregiving

The love and reverence Yasiara holds for her grandparents transfers to the residents under her care and manifests as fierce protection in the face of their vulnerability or mistreatment. At home, in her car, and in every other job, she describes herself as impatient and prone to anger. By contrast, her work self is a “goofball” with infinite patience who lives to make her elderly residents laugh and receive their appreciation.

“...This is not the job for anybody. If you just want to make money this is not the job for you. You gotta have compassion, you gotta want to help people. Going into a resident's room, being there, having the conversation even for five minutes, you make their day. You know? Some people they just to talk to them like their voice does not matter. I've seen it. Not as much here, I really like it here, but in my other job I felt that a lot. I saw many mistreated and I just didn't want to be a part of that. That's why I think i left cuz I just felt like..you don't [get to] take good care of people. Like, I wouldn't be able to see them until like two hours later.

Her last comment about not being able to see the residents much illustrates how important it is to have time to do quality work. It also highlights the value Yasiara places on doing quality work. In her past job at a care facility, she did not have sufficient time to perform the level of care she wanted to give her residents, which resulted in her declining health. Now,

she has learned to express her dissatisfaction and hold her co-workers or trainees accountable, which is a kind of boundary-making.

Yasiara's frustration at not having the time to perform quality care was exacerbated in her last job, when she witnessed the everyday loneliness experienced by residents.

...when you see residents that are just very isolated and alone and they don't have that family support, or you'll see family that's not supportive, they'll just come and wait for the moment that their mom or dad are gonna pass. You see a lot of that, and that just breaks my heart that.. you are just too busy working that you don't have the time that you wish that you had to spend time with them.

Consequently, working at a care facility where she can affect a difference in the lives of residents is enormously gratifying. When I asked her the most rewarding aspect of the job for her, she unhesitatingly talked about the appreciation she receives. In many ways it seems to make up for other areas of her life where she doesn't feel as acknowledged or accomplished.

It's a good paying job but, for me, appreciation is more. Cuz, you know, you'll go home, you'll.. same old same old, taking care of your kids and not even a thank you. And then at work... you know, it takes a lot out of you, but you can have those crazy days, and you'll run into those residents that are really really thankful for what you do. They won't stop saying that.

Yasiara was gracious with her time and our talks were always filled with jokes and laughter, but there was a guardedness that only came down a few times. As if to illustrate the contrast, I remember as I left that first interview, I caught Yasiara, this tough, brusque woman, leaning over "Dora the Explorer" to cradle her head tenderly and kiss her hair, murmuring, "Are you ready to go to your room, mi linda?"

Litzy

My meeting with Litzy was coordinated by her boss. She called me and told me, “I have someone I think you should meet. She has an amazing story and someone should hear it.” I called Litzy to set it up and she proposed we meet at her place of work. I waited in the lobby until Litzy came in, a short bubbly woman in scrubs with eyes that almost disappear when she smiles. She hugged me right away and led me into the dining room. Litzy seemed a little nervous but eager to talk. Her words tumbled over each other in as though she was in an anxious hurry to say everything. With her demeanor and scratchy voice and her ageless cherub-like face, I would have sworn she was in her twenties. I was taken aback to find out she’s in her early forties, the mother of two grown sons.

We only had thirty minutes for the first interview, but she managed to tell me the quick story of her life. Anytime I made a slight motion or asked a question, she would stop immediately and listen intently. A little while later a resident came up and joined us and she visibly relaxed, leaning back and joking with him, telling me details about his character and life. “Bob has five degrees,” she told me, proudly. She had no objections to him sitting there for the most of the interview. They clearly had a close relationship and it made the dining room seem like a family room.

Litzy was raised by her father and step-mother in Yakima until the age of six, when her father got deported for being a “coyote” (bringing other Mexicans across the border into the U.S.) and they moved back to Mexico. Her biological mother, who was very abusive, fought to bring Litzy back up to the U.S. and won, which resulted in Litzy being separated from her half-sister and brother as well as her parents and the rest of her family until she was around thirteen. She lived with her mother for under a year before Child Protective Services intervened for the

fourth time and Litzy was put into a foster program, bouncing from home to home for the next five years. She briefly described this as a very dark period during which she endured several forms of abuse and, though her family tried to keep track of her, they were mostly powerless as they were barred by the border and her father's criminal history.

Litzy's life changed dramatically when she was adopted by a single mother with two daughters in Bellingham, Washington. Her adopted mother was part of a local effort to support refugees from Central and South America, which resulted in a steady stream of Spanish speakers and Hispanic culture in their home. Litzy credits this as a major positive influence in her life. It reminded her that she has a rich cultural heritage and also exposed her to a life of service. "I remember one Christmas Eve this lady goes, 'could you guys take a family of 14?' and I remember that night my mom and I getting everything ready, making sure there was enough rice and beans and making little care packages and stuff, so...when I found out about being a CNA I was like, I know where I belong...cuz I love giving. I'm meant to do it."

At the same time, Litzy was struggling with her own identity and experiencing a lot of racism at school, "...the girls wouldn't play soccer with me because I was..I had brown skin. Back then there was hardly any minorities up here." However, by this time she had lost her Spanish abilities and felt adrift as a Mexican. "I turned 13 and I get adopted by Betsy and now I'm being told I'm not white enough, but I'm not Mexican enough, I was like: who the heck am I?! So it was just.. y'know.. She [Betsy] just was an amazing person, she was like 'this person needs to know that she's Mexican, that there's a family out there waiting for her' and she researched and looked and looked and, she found 'em." That was the beginning of Litzy's re-introduction to her family. Betsy went to great lengths to help Litzy have contact with her family, organizing bus trips and setting up meetings.

These years were still rocky for Litzy. As a nineteen year old, she became a mother, finished up her high school diploma, got married, and got a job making beds at a skilled nursing facility where her husband worked as a CNA. He and the rest of her co-workers encouraged her to do the in-house training offered at the facility so she could become a CNA as well. A few years after that, she and her husband moved to a border town in Arizona in order for their two young sons to grow up near their Mexican family and get to know their cultural background. It also gave her the chance to reunite with loved ones.

Despite the years of separation from her past, Litzy held on to memories of family, especially her grandmothers and her closest sister. “When I got taken away, [my sister] was.. I have the cutest picture: her and I on the couch and my little brother Lorenzo and she was... oh... she only had to be 4. But she knew I was her big sister.” The limited memories Litzy has of her maternal grandmother revolve around her role as caretaker for everyone. She had ten children, and “a couple of kids who just had children and didn’t care about their kids so then she ended up having to raise them. So you just, literally, you take care of your own.” She was able to establish more of a relationship with her paternal grandmother, who lived into Litzy’s adulthood. Litzy was named after her grandmother and has vivid childhood memories of this doting maternal figure. Here she describes their first reunion:

I was.. her everything (smiling). It was funny, when I got reunited with her, I got off the bus my grandma comes up to me and she started trying to pull my pants down on this side cuz I have a birthmark right here and she was looking for that birthmark and she saw it, and she opens her bible and there’s all the baby pictures I had never seen and all the gold that I used to wear...

This special relationship is also reflected in the responsibilities she was given after this grandmother passed away:

I had to go and see all her friends and people she used to take care of and give 'em a hundred dollars each... It was in my grandma's will, that she wanted to-- cuz she took care of these people, and, now that she was gone she took care of them financially [with the remittances she received from her children in the U.S.]. The lives my grandma touched, I mean, she took care of these people.

Litzy and her family lived in Arizona for nine years, until her father confessed that he had been part of a drug cartel before and that things were dangerous for him now. At that point, Litzy and her husband decided to move back to Washington. "That's why my father's in prison now. Cuz finally his past caught up with him. So I haven't seen my father... well.. I haven't seen my father in 7 years because, after that Bill was like, we can't come here anymore, it's too dangerous."

Litzy on Caregiving

Litzy began her career in caregiving at a nursing home, starting with making beds and then going through on-the-job training to become a CNA. When I asked her why she became a CNA, she first gave a practical reason regarding scheduling, "I wanted to be home with my children after school and hopefully have a normal marriage, and I have, so it's worked out perfect." However, throughout our talks, other reasons surfaced. One was cultural: "I think.. it's really easy for Mexicans to become CNAs because we have big families and we're taught from day one that to take care of our own. I would be four years old and I remember having to help change my brothers and sisters' diapers. We're taught right from the beginning to be caregivers." It is also clear that being a caregiver and "taking care of your own" were indelible impressions from both of her grandmothers as well. When I asked about differences between caregiving in Mexico and caregiving in the U.S., Litzy said,

The big difference is.. here, it's easier to put them in a nursing home because you don't have to worry about, "ok, who's going to watch her this time, who's gonna make sure she's fed.." .. In Mexico, you don't have that option. because it's Spanish culture—I'm not trying to say anything bad about the white culture, but when somebody gets sick, everybody, extended family, everybody pitches in, one way or another. Somebody's gonna do something. Whether it's a new bride, [or] a new family member that just got married into the family, you're expected that you're going to help. For instance, when I was pregnant with my second child, I was 9 months and I was on bed rest. And my father was like, "ok Bob.. Grandpa Jesus had a major stroke, I need you to come down and take care of him." And Bill flew down, even though we knew that we were going to have a baby, any moment, any day.. Didn't matter. He was to stop what he was doing, and fly and go take care of my Grandpa Jesus until the last minute.

It deserves mentioning that Litzy's husband, Brad, is white, but he grew up in Texas and was always surrounded by and drawn to Latinx culture, and therefore didn't question the expectations of his wife's family. As Litzy said "Oh he's amazing, [but]...it wasn't about asking. It was like, you know what, you married my daughter, you guys are in the health industry, I need your help." This ethic of "taking care of our own" (or familism, as previously discussed) was so strongly ingrained in Litzy from such a young age, that it survived the years of distance from Mexico and her family. The importance of family over individual is seen, in this example, as superseding all other roles and cultural value sets. Brad's act of halting his own life to go take care of his wife's grandfather defies patrilineal imperatives, as well as the ideology that our youth (in this case, his child about to be born) are more important than our elders. It resists the idea that one's labor is more important than one's relationships. And it definitely thwarts stereotypical male gender roles in both the U.S. and Mexico.

Litzy therefore sees her choice to become a CNA as "easy" because one of the strongest ways she self-identifies as Mexican is through the caregiving involved in familism. However,

she also credits her choice in career paths to her adopted mother for bringing her into a world of providing care for refugees. Still another reason for becoming a CNA is emotional, seeming to come from a sense of emotional or ethical dues to be paid forward. When Litzy recounts the outline of her life, she focuses not on the deficits, but on the love and care she received along the way, and how this led her to want to provide the same for others. Describing her time in foster care prompted her to tell me:

that was another reason I wanted to be a CNA because...when I was in foster care I had these two old ladies...these doting people took care of me, this little girl who doesn't speak any English, and I was like, I need to give that back. It was for them, I mean, Mrs. B--- and Mrs. E---, they were like, I was their little Mexican girl.

Litzy's accounts of the people and relationships she has forged through her work impart the deep satisfaction and joy she gets from helping the residents and being around them. "Gettin' a good laugh out of them. That's the most rewarding. And then they're happy and stuff, y'know. That I made their day, that I know I can go home that day and say 'I made Bill laugh today.' She is unafraid of creating close bonds with the residents, even though she knows she will soon lose them. She spoke at length about past and current residents when I asked her to tell me about her favorite residents.

She was my favorite resident in the world. And this point, I'd already been a CNA for i don't know.. 13 years? And I've had residents that, oh I like them oh they're my favorite, but for some reason, Gert L was the one that just.. touched me. And she had a stroke herself and um.. and that's how she came to the nursing home. She was the mother of 7 children. One of her children died in Vietnam, and [after she told me the story] that's when we got very close. After that, I started taking her to coffee, to the Lynden fair.. One day we were getting ice cream and she said, y'know, you're my adopted daughter. And her family just adored me, I mean, I was like, y'know...

It struck me that, every time she told me about a resident with whom she had a special relationship, it was always came with detailed descriptions of their lives. Stories are incredibly important for her. This is evident not only in the way she relates her own life, but in the way she bonds with people and the empathy she then has for them, which filters into the way she does her work. Often, she draws connections between important events in her own life to those in the residents' lives. In the example above, the resident's narrative of Vietnam and the death of her son resonated with her because her adopted grandmother also had a son in Vietnam. She also connected the deaths of two residents to deaths in her own life. In the case of "Gert," Litzzy told me her own grandmother had died two months before "...and then I lost Gert." In another example, she went through the death her own adopted mother very soon after a resident lost her daughter, and described how she had to mask her own sadness to help the resident. This is a powerful display of emotional labor. Remarkably, Litzzy sees the sacrificing of her own expression of sadness as a gift because it made her "really strong."

...she lost her daughter exactly a month before my mom died. So I took care of her, and then was mourning with her, and then my mom passed away, but I could not tell my patient because she's mourning her own daughter.. Y'know, I have to worry about her, her feelings and so she made me really strong and, she always calls me, she goes, "Oh, there's my little Mexican spitfire!"

Even with residents whom she doesn't regard as extended kin, Litzzy demonstrates a great capacity for empathy and dedicates herself to making the residents as happy as she can.

I give them their meals at mealtime, everybody's kinda desperate y'know, i mean.. It feels kinda like a rush job but you don't want to make them feel that way, cuz it's their home, y'know? It's really sad but for the majority of them, that is the social part of their life, right there, is the mealtime. So, you gotta make sure that you make mealtime fun for them, cuz like I said that's literally the only entertainment they have.

I just.. my heart aches for them because.. y'know, I know eventually.. that will be me. When I'm in my 80s or whatever, and um.. they know that the only way their leaving that facility? They know it's in a body bag. You make sure that every day is a great day for them.

Part of what motivates her actions as a caregiver is understanding why residents do not cooperate at times. She never explicitly voices this connection, but I wonder if the sensitivity she has towards the reactions and needs of the residents partly stems from the similar loneliness, restriction, powerlessness and fear she experienced as a child in the foster care system.

...Everything is being stripped and so, the last thing they have to hold onto is.. control. That's the last thing. And they can't control where they live, they can't control their finances, they can't control what we're gonna serve and what they're gonna eat.. Their choices have been totally taken away, almost..

At times, she has to interpret the needs of residents to their own family members.

We have one resident sometimes he needs cue and he doesn't want to eat, so we took him, for example, to a different dining room, the assisted dining room. Now, if I work in the assisted dining room, it means that I'm literally either, basically saying "ok, now pick up your spoon and take a bite" or I'm actually feeding them. And I took this patient in there and in 10 minutes he was like "I want out of here I want out of here". And I've seen this before so many times, and his wife was like "I don't understand why he wants out" and I explained to the wife, "Because he sees that that's his future. And he doesn't want to see it". That's scary for him. He knows that that could be him, eventually.

She takes a certain pride in the trust and affection she receives from visiting family, but expresses the gravity of being witness to the grief and confusion of visiting family members, especially when they are faced with the imminent passing of their loved one: "You have to be the

best caretaker, but you better be the best friend to that family member too, because you're their lifeline right now." In our second interview, she expressed her connection to the family of a resident who was expected to pass soon, as well as the way she was preparing to deal with the impact, herself.

I was the only one who could give her her showers, or do anything with her. They ask me, when is she going to pass away do you think? Cuz I'm shocked that she's held on this long.. I personally think that she's going to pass away on Saturday. The reason I say that is because you know what? She knows I'm with her right now all the time, but she knows on Sunday Monday I'm off and I think she's gonna die when I'm there. Cuz the family has my number, they know, when she passes they're gonna call me immediately so I can come. I don't wanna.. come to work and find out that she passed away and grieve at work, I wanna be able to grieve at home, y'know?

By most measures, Litzy's younger life has been the most difficult out of all the research participants. In fact, I'm hard pressed to think of anyone I've met that has experienced more abandonment and abuse during their childhood. Understandably, being strong and surviving are major parts of her identity. Because this research project is one that considers the role of cultural values, the length of time she spent outside Mexican cultural influences might make her seem a "problematic subject." However, her experiences as an immigrant are inextricably tied to the border. The subsequent trauma she endured and the instrumental role played by her later reunification with her family and heritage had a profound impact on her approach to giving care.

I'm a victim of every abuse you could imagine.. I mean it's just yucky.. But I've never let it get me down, I've never dealt with depression, but I think the biggest thing is that you know what? I think, 'Ok God, you didn't give me the easiest childhood, ok that's fine, but you have given me the most amazing marriage of 22 years.' And I'm just like, I mean yeah.. some people get both parts, and that's awesome. But hey you know what? I'm just glad that all these things happened to me, that somebody so strong, because somebody so weak would have given up by now, or already been a heavy drug user or something .. y'know? There was a reason why I guess I got this life.. And it's been rewarding and like I said I love being a caregiver. It's so rewarding. It makes me see how important it is to take care of somebody, how much, you know.. how much gratitude you get, I mean, how much happiness it gives you.

CHAPTER SIX: DISCUSSION

This thesis project set out to explore the possibility that cultural values and immigrant experiences influence the way Mexicanas in Bellingham view and do their work as CNAs. The themes which emerged from the data are complex and interrelated, making it difficult to discuss any of them in isolation. I therefore organized the following discussion into two sections.

In the first section, I discuss the commonalities I found in the lived experiences and values expressed by all the women, presented in the following bounded themes: *family*, *the border*, and *pursuing a better life*. Each of these themes are explained in their relation to eldercare and how they function in the motivations these CNAs find for doing their work. I end this section by showing how all of these themes (family, the border, and work) are given motion through the pursuit of a better life (or, to use Agamben's term: a qualified life), and that arguing caregiving becomes the vehicle for this pursuit.

The second section, *The Work of Eldercare*, focuses on themes that emerged in relation to care work, both in conversation and in the actual performativity of the work observed during the days spent shadowing. I examine how they present themselves as caregivers and the skills they bring to the job.

I. Commonalities--Lived Experiences and Values

Family

In many ways, the testimonios of the women reflect traditional Mexican values around family and caregiving, described in Chapter 3. However, the tensions that arise between these values and their lived experiences reveal the complexity of the immigrant experience. This is

why it is difficult to talk about family without also talking about the border, due to its role in separating families. When the experience of crossing the border is difficult, it separates families, interrupting social processes and transforming relationships between family members on opposite sides. Therefore, there is a rift between the values people hold about their commitment to family and their ability to realize those values.

Each of the women expressed a strong belief that “**family comes first,**” or as Yasiara stated, “at the end of the day, it’s pretty much like no matter what kind of problems we have, my family’s going to have my back. Of everyone, they’ll always have my back.” This quote provides a connection to the the sentiment of a nursing home being unimaginable for their own parents or grandparents, as repeated often through the narratives.

Esther: I have my own life, I need to concentrate on my children, my family, and the other important aspect of my life would be my mother, who’s the only one left in my life and right now that’s where my concentration is. They’re the ones who are in my life right now, they’re my world.

As discussed in Chapter three, Mexican families operate differently from the traditional Western nuclear model, which emphasizes a triangular family relational constellation between child and parents (Segura and Pierce, 1993). Rather, caring duties are spread throughout large households of aunts, sisters, cousins, and importantly, grandparents.

Mexicanas also create **kinship** networks as extensions of family that can be called upon to support in daily needs and traumatic events. These relationships are sustained with great reliance and trust (*confianza*), and become very important in the immigrant scenario, when the bulk of one’s family support system may be across the border, far away. One example of this is Sofia’s former roommate, “...he has no family here, so we were his family. He saw my eldest

grow, he saw my pregnancy, my miscarriage, he saw everything, so.. we consider him our cousin. He was the one who took care of me and my sons, for.. yeah, for almost a year.”

These practices of sharing burdens through larger familial households and extended kin allow for elder family members to remain at home if they become dependent on support. In this way they are able to retain their routines and habits and continue to play a significant role in the family activities. Grandparents play a particularly significant role in raising children and providing affection and moral guidance. It is partly because of this significant role that elders are seen as valuable members of the community, not as burdens. For all of these reasons, it is not surprising that the participants in this study responded in the following ways to the notion of putting their own parents or grandparents in an eldercare facility:

Roxana: I work in these places, but I don't believe in these places. Like, I don't think I would ever put my loved one in one of these places. Jus cuz I don't know...it's part of my culture that I would just have them live with me. I mean, I would even just stop what I'm doing if I could do it and then take care of them.

Litzzy: In Mexico, you...I'm not trying to say anything bad about the white culture, but...when somebody gets sick, *everybody*, extended family, everybody pitches in, one way or another. Somebody's gonna do something. You just...it's not an option. You take care of your loved ones.

Yasiara: Us Mexicans? No. No matter what, they live in the house. We'll take care of them.

Esther: I've noticed as I have worked in this industry, there's very little Latinos in the care, as elderly... Because we were taught to take care of our own. That's just something ingrained that, as a child, “tu me vas a cuidar” y'know, “you're going to take care of me, you're not going to stick me in a nursing home” and that mentality is still alive, to this day.

Esther goes on to display the tension between this mentality and the expectations she has for her own children, who have grown up entirely in the United States:

It's different now that I have my own children because, I still tell them to this day, "well I don't want to end up in a nursing home" and then I think "no, you've got to change your ways". I have to stop thinking that.. y'know, it's up to them who's going to decide to take care of me, IF they even want to... So...my mentality is totally different and I keep telling my husband that we need to prepare for when we get old and grey because...we CAN'T have them take care of us. It's just.. we'd want them to continue THEIR life and not interrupt THEIR life, because it is theirs. Y'know. It's just the way it is, y'know? Um, but if they choose to than then I would be more than happy and it would be a blessing if they choose to decide that they don't want to stick us in a nursing home. I'm hoping that they don't, but.. I'm not going to hold my breath [laughing].

Grandparents

Each of the women talked about the pivotal roles grandparents played in their lives. Two of them, Roxana and Yasiara, were partly raised by their grandparents and viewed their grandmothers as "another mother," or in Yasiara's case, sharing a closer bond with her grandparents than parents. The others saw their grandparents very seldom because of the distance between Washington and Mexico, and/or the danger in crossing the border. For Esther, this was not a defining factor in her life because her grandparents died before she had the opportunity to truly know them. Litzy and Sofia, by contrast, were taught to cherish their grandparents, but they live with feelings of loss and unfulfillment because they were blocked from their grandparents by distance and the border, and therefore unable to experience those relationships fully.

Roxana had a very close relationship with her grandmother, whose death left her wanting to spend more time with older adults. Sofia and Esther both missed out on relationships with their own grandparents and see caregiving as a way to create relationships they didn't get to have with their own grandparents. As an adult, Litzy was reunited with her grandmother and the rest of her family for a time, but then made the decision to move away from the border because it was so dangerous. In the interim, she was cared for by older women at a foster care facility.

Particularities aside, all of the women at some point made reference to residents as being “like” their own grandparents, referring to the residents as grandparents, or viewed them in connection with their own grandparents. I argue that extending kinship to the residents deepens their feelings of responsibility for their well-being. The quotes below exemplify this:

R: When I was 18 I had just recently lost my grandma, so.. I was really close to my grandma. I always kinda joke around and say some of them are like my adopted grandparents. Cuz I have grown really close to certain ones, and I’ve had some that pass and..it’s hard on you, like if I knew them, like my family or something.

S: I got into caregiving because my father’s dad, he was neglected by his own daughters.... And then.. I found out he passed away, and that he wasn’t cared for like he was supposed to.

S: ...during the clinicals... I don’t know why but I got attached right away with a.. his name was Mr. Johnson. So I saw him one day and then by the next time I saw him, he was actively dying. And I was sent there to help the other student like, clean him up and everything, I mean he was like, at his last breaths. And I was like trying not to cry and I was remembering my grandpa and everything and I’m like “I’m so sorry, like, what do I say, what do I do” [choking up].. Some of the students decided it was too much, they didn’t want to deal with that. But I didn’t get discouraged or anything, I was just like, no.. And um, yeah, it felt bad, it feels bad every time you lose a person, but.. I was like, no. They need to be loved, they need to be cared for.

Litzy draws similar connections between her grandmother and the first resident with whom she formed a special bond. Whereas Sofia’s main experiences in Mexico occurred when she was a teenager, Litzy was separated at a young age from her father and the rest of her Mexican family.

L: My grandma passed away first, and then Gert passed away about 2 months later. And that was my very first one.

L: That was another reason I wanted to be a CNA because...when I was in foster care I had these 2 old ladies that always took care of me, this little girl who doesn't speak any English. And so that's what made me want to go back and give it back. B/c it was for them, I mean, Mrs. Barnes and Mrs. Evans, they were like, I was their little Mexican girl.

Y: They're somebody's grandparents.

Me: how bout your relationship with your grandparents?

Y: I'm very blessed. Cuz, maybe cuz of them is why I'm still here today. Y'know.. I don't know where I would be. They are the ones that got me out of my holes that I've been stuck in.. y'know.. Get myself in trouble they get me out. Very supportive, especially with my kids y'know, they're the ones that take care of them when I'm at work or just not feeling it. So.. yeah.. that's another way of bringing out my appreciation y'know, to the older people. So that's why the first person I did I thought it was my grandma and grandpa, when I first started doing this.

The quotes above show that in some cases, seeking connection with elders was an initial reason for becoming a CNA, while in others, it emerged as a reason to continue doing the work. Either way, in practicing extended kinship within the workplace, Mexicanas view themselves as being in a granddaughter-like position with the residents, and relate with them through the lens of what they did or did not have with their own grandparents. I refer to this sense of unfulfillment, whether it comes from not having experienced care or not having gotten the opportunity to return it, as a *care debt*. More succinctly, it might be explained as a sense of care owed, because of an imbalance in life roles created by family separation. In the case of care they didn't receive, the debt is satisfied by creating what they didn't have for someone else. In this way, it is a generative kind of activity. In the case of care they were unable to give (for example, to their grandparents), it is satisfied by the ability to perform that role with others to whom they've extended kinship. In the case of care they received from elders, it is satisfied by the opportunity to "pass on" that positive care to other elders. In all senses, the roles within communities are prized, and are

conceived of separately from the association with individuals.

Therefore, caregiving becomes a way to enact their Mexican-ness through their care ethics, and also becomes a way to experience grandparent-like relationships, or a way to repay the support and love they received from grandparents, leading to a fulfillment of care debt.

Effects of the Border

The following passages and concepts are discussed within the context of the U.S.-Mexican border, as it has interacted with the lives of these women both as an international boundary and as psychological boundary. In Chapter two, I outlined the effects of the border, including the economic policies which led to the continuing movement of people from Mexico into the United States, compounded with the increased violence and militarization of the border. These conditions make movement across the border dangerous or at least difficult, especially for those whose circumstances are dire enough to cause them to risk crossing illegally. All of the women in this study related accounts of the various ways their lives have been affected by these tensions. In this section, I review their accounts of dealing with oppression based on their status as Mexicans in the U.S. and highlight ways in which they see themselves as having survived this oppression. Using Yosso's notion of resilience, I examine the ways in which dealing with oppression has contributed to the empathy they feel for the residents, whom they describe as also suffering from forms of oppression.

R: when I was younger I was in TX, and then we would kinda go back and forth, we would cross the border to go see our family in Mexico and sometimes we would end up staying there... it got harder as we got older because of how Mexico has been changing and you know, the politics down there... as a kid I didn't really see it or understand until I got older and I started realizing like oh this is what's going on, and it's dangerous, it's scary.. I mean, I—we don't even travel that way anymore like we used to. We used to take a trip every two years.. now, I mean, we haven't gone in like 7-8 years.

The tension of the U.S./Mexico border creates uncertainty and anxiety in the lives of immigrants and their families. People leave to find safety or the means to create a better life for themselves and their families, but there is a constant awareness of the lack of control one has when families are stretched across the border. A growing body of Chicano scholarship points out the trials and oppression experienced by Mexican people on both sides of the U.S./Mexico border, and also the resilience they demonstrate in the face of these circumstances (Ibarra 2013; Vesely, Letiecq, and Goodman 2017; Yosso 2005; Yosso and Garcia 2007). The testimonios in this research project agree with that literature. All of the participants grew up with a sense that family is the most important fixture in their lives, that fathers--regardless of infidelities--are expected to always put their children first, and that adult children and grandchildren (especially the females) are expected to take care of their aging family members. However, because of the increasing impermeability of the border, the reality was very different for all of the women. Litzzy was separated from her family and put in a foster program at the age of six because of her father's involvement with trafficking and the inability of her extended family to retrieve her. Sophia and Roxana had sporadic opportunities to know their grandparents and extended family but were increasingly barred by the difficulty and fear of border crossings. All of the research participants expressed deep longing to have safer circumstances for visiting Mexico, and mourned the loss of contact.

Adjusting to life in the United States and dealing with the difficulties of immigrating can create stresses on marriage and family life (Kaplan and Chacko 2015). The parents of all the participants except Roxana are divorced. All of these women describe disappointment and pain from the actions of one or both of their parents at crucial times in their lives, which they see as contributing to a sense of displacement and instability. Yet they all retain strong commitment to their families and carry on values espoused by their parents, such as the importance of family, the duty of respecting and caring for elders, and especially: the belief in the possibility of transforming one's circumstances through hard work and education. Other values, namely those borne out of patriarchy and colonialism (for example, the ideas that women should be subservient to the needs of men, that men should be the head of the household, that it is acceptable for men to be unfaithful, or that suffering is virtuous), have been challenged or shed by the participants. Working as a CNA becomes relevant in this regard because it provided the means for these women to challenge or abandon these values.

Because of being separated from their families, immigrants often feel pulled to create their own ways of being Mexican in the U.S. (Ibarra 2002b). They engage in building **extended kinship** networks in the U.S. One illustration of this is Sofia's former housemate (or "cousin"), who became a source of crucial support when her husband was detained by immigration forces.

Oppression

The women participating in this research have all dealt with fearing the deportation of loved ones. Two of them had fathers who participated to some extent in helping people cross the border without documents, otherwise known as "coyotes" (Burnett 2015). Others had partners or family members who were pursued for being undocumented, or living with the threat of being pursued by "La Migra" (Immigration and Customs Enforcement). Sofia's account of living with

that fear shows the vulnerability of being dependent on someone who may get arrested at any moment: “ I was a stay-at-home-mom, wife... But um, my husband’s not legal, so it was harder... he got detained, like twice.” During that same timeframe, she had their second child and had to learn how to navigate government assistance. Litzy’s life is an example of how children can become victims of the border.

L: But then my family uh got deported [stammering], my dad was a coyote back in the day and so of course he got deported so I ended up going back to Mexico and living there until my dad could get his citizenship and then we moved up here when I was six.

Soon after, Litzy’s father got deported again and her mother fought to keep Litzy in the United States. The rest of her family was forced to leave Litzy in the hands of her abusive mother, a situation which quickly led to the involvement of child services and eventually, adoption. She endured **racism** not only from children at school, but from her adopted grandmother as well, “Pearl was like.. it was horrible. She would not accept me.. She was.. kinda racist..”

All of the research participants have stories of enduring racism. Roxana’s family couldn’t cross the border into the United States in their Escalade without being racially profiled and harassed. Esther suffered a lot of racism growing up in Wyoming as a beet farmer. According to her testimonio, having an accent was seen as even worse than having a speech impediment. It was **better to appear as a white native speaker with disabilities than a Mexican immigrant**. She **doesn’t blame her parents** for claiming she and her sisters had speech impediments, but looks at it through the lens of their lack of education and experience.

E: ...Growing up over there we were the odd men out. A lot of white people um.. things that my mom would say, because it was very difficult and I could see her protection against us. But it was just so.. she never taught us to be proud of our culture...she didn't show us the positive, y'know our background, how beautiful it is, and y'know, love your color for who you are...

Northwest Washington State, like Wyoming, has a relatively small number of immigrants within the larger population, compared to metropolitan regions. In areas like these, the negative experiences associated with being a minority, such as isolation and otherization, can be more pronounced than in areas where larger communities of minorities exist (Kaplan and Chacko 2015). As an adult, Esther sees that her mother was protecting her and her siblings by pushing them to assimilate, but she also now sees it as the reason why she experienced loss of culture and language.

Esther points out that she still feels the stigma of being Mexican, "...people say, 'oh you're just a Mexican' and it's another dirty word... it's like saying 'oh you're a Negro'." As indicated in the following quote, Mexicanas sometimes even impose these stigmas upon each other, engaging in internalized racism. Esther resists these forms of oppression by talking about being proud of her origin and cultural heritage, espousing the contributions of immigrants to the United States as a whole. However she also expresses complex, sometimes contradicting impulses surrounding Mexican immigrant identity, demonstrated in the following two passages from the same interview:

E: There's times I still listen to my family members interact and... there's a form of—how you say—you degrade yourself.. “Ahh mira esta. Te creé mucho, porque ya está *educada* [refers to someone being or acting of higher status, not simply educated, but cultured] or whatever. They kinda throw that out there. And you're like, no that's not it. Sometimes it's not because of that. Sometimes it is.. it's more than that.

Me: You mean, like, they're trying to kinda tear down other people.

E: Yeah, to bring you back down. There's times I still get emotional because I just wished—I wished that people, our culture.. y'know, I don't care if you're this small, or this small, or.. I don't care how old you are, there is possible for change and process.

Here, Esther is lamenting the resignation she sees in some of her family members to never aspire beyond a certain point, and their tendency to shame women who do. She shows resilience in the face of oppression, through the belief that, no matter who you are, you are in control of your own destiny and you have the **power to transform yourself** and better your circumstances. In saying, “Sometimes it's not because of that. Sometimes it is.. it's more than that..”. By “*that*,” she's referring to the act of improving oneself for the sake of being better than other people. Esther doesn't view self-improvement as necessarily motivated by a need to be superior, but rather by a moral imperative and as a way to improve the lives of one's children as well. By seeming direct contrast, the next quote is from just a few minutes later in the conversation when she is describing another Mexicana co-worker who she felt was acting too “*educada*.”

E:...she was just trying to make herself like more educated, more uplifted. And the more she kept saying the more I kept looking at her and thinking, “But you’re here, wiping ass! Like all of us! ...and I’m like, “No, you’re just another Mexican like me, and it’s the way you’re always gonna get seen in the eyes of where we’re at.” No matter how much education, y’know..um.. you can be. We’re always gonna be seen that way and, it’s sad. Until we understand that we are all the same, it doesn’t matter. Just do a good job no matter what you’re doing. And do it passionately.

In contrast to her earlier expansions on allowing others to strive for self-improvement, here Esther implies there are limits to aspirations, and that one should never forget their origins and never try to put oneself above another Mexicana. Continuing to say “We’re always going to be seen that way,” points out the leveling effect of the **discriminatory gaze** upon Mexicans within the United States, and the inability to escape this gaze entirely (Huspek, Martinez, and Jimenez 1998; Romero 2006). Importantly, she returns to **solidarity and work** as a means to achieve dignity in spite of these limitations.

Complex and contradictory sentiments surrounding belonging are common in the Latino immigrant community, perhaps exemplified by the common expression “No soy de aquí ni de allá” (I’m from neither here or there). As the adopted child of a white single mother, Litzy struggled with her Mexican-American identity, “I turned 13 and I get adopted by Betsy and now I’m being told I’m not white enough, but I’m not Mexican enough, I was like: **who the heck am I?!**” Sofia was ostracized when she returned as a teen to her Mexican village and shamed for being too *Americana*, or in other words, exhibiting loose morals.

Beyond emotional belonging, almost all of the participants also had to deal with being excluded in practical decisions regarding family and assets remaining in Mexico. When Sofia’s mother attempted to set aside her house in Mexico for her children, she was confronted by her sister-in-law, “Well no one’s here. You guys are all over there.” The women in this study were

all brought to the U.S. by parents who, like many Mexicans living in the U.S., did not necessarily intend to immigrate permanently. In this uncertainty, what is left behind? Who is left behind? How is responsibility and decision-making handled in a situation of long-term absence? For immigrants, ownership and belonging often become questioned in their homeland, even as they struggle for those same things in the new land.

Resilience

E: Um, all of my aunts always worked hard... They've all had hard lives. All of them. But they've all become...they've bought houses...with the knowledge they had, their ambition. Especially the women, I always say our bloodline for women are the warriors because we fight... all the bad stuff comes up but you ain't gonna keep us down oh heck no!

This quote from Esther shows that she attributes her ability to survive difficult situations at least in part to the Mexican women in her family. The five participants all describe themselves as strong, and there was a clear theme of relating this to the legacy of strong women in their family, particularly mothers. When Sofia talked about the most difficult era of her teenage years, she mentions that it was partly due to the problems her parents were experiencing. However, she credits her mother for standing up for herself and goes on to say that she strives to emulate that strength, "Yeah, my mom, she's been kind of like my rock. The person I look up to, and I think I'm.. who I am because of her." Litzzy described her adopted mother as her most venerated role model, and credited her for showing her how to work hard and be caring towards others.

There are some interesting parallels between Esther's life and her mother's. At one point in her interview, after she describes having been left by her husband, she says, "I thought, oh my god I'm alone. And I wasn't going to call my mom or dad and say come get me, cuz.. here I am, newlywed. So, you gotta make it--you can't rely on people. In my head, I was like.. it was mostly

out of shame. Y'know.. I'm almost kinda following in my mom's pattern, come to think of it."

This is an example of the research process creating an avenue for internal experiences to become external through sharing. In this setting, sometimes meaning is created or re-signified in the telling.

E: When she (her mother) married dad, um.... They had a wedding in Mexico.. They loaded up all the gifts.. cuz.. dad was supposed to bring her over to the U.S. as soon as he documented her. He consummated the marriage and then kinda left her in Mexico. And then mom talks about it, she said, "I went back home and I got a beating," for coming home after they were married.

E: He left me there. The first week. Mind you, we were newlyweds. No communication, no cell phones, no nothing. Had five dollars to my name. So I was in West, I ended up getting a job there as a housekeeper.. Uhh, they had employee housing, so I ended up in that housing. My husband left me with five dollars and.. I didn't know how I was going to eat. And he left.

The participants also credit their strength to being **mothers** themselves. They don't have time to feel sorry for themselves, and their priorities are in securing the wellbeing of their children. As the following section on performativity of caregiving reveals, the lived experience of being mothers, as well as women, helps prepare people to do **emotional labor**. The five women also all adhere to the notion that the challenges they've experienced have made them stronger. This is clearly portrayed by Litzzy when she reflects upon the abuse and abandonment she encountered as a minor:

L: I'm just glad that all these things happened to me, somebody so strong, because somebody so weak would have given up by now, or already been a heavy drug user or *something*...

Stories of struggle abound in the literature regarding Mexican immigrants in the U.S. However, focusing only on this dimension, even as a reason for garnering support or awareness on the behalf of immigrants, can be a result of deficit thinking. Deficit models explain behavior

and circumstances of marginalized people through an assumption that they are culturally lacking in some way (for example linguistically), and therefore don't perform well within the "successful" system (Valencia 1997). Chicana social theorists have responded with a growing body of scholarship recognizing the many skills and resources Latina/os employ and develop to deal with structural inequality, arguing that these should be viewed as assets instead of deficiencies (Velez 2012; Yosso 2005). Within the sphere of education, Yosso challenges the use of Bourdieu's notion of cultural capital:

While Bourdieu's work sought to provide a structural critique of social and cultural reproduction, his theory of cultural capital has been used to assert that some communities are culturally wealthy while others are culturally poor. This interpretation of Bourdieu exposes White, middle class culture as the standard, and therefore all other forms and expressions of 'culture' are judged in comparison to this 'norm'. In other words, cultural capital is not just inherited or possessed by the middle class, but rather it refers to an accumulation of specific forms of knowledge, skills and abilities that are valued by privileged groups in society (Yosso 2005, 76).

Therefore, it has become the aim of Chicana scholars, myself included, to illuminate knowledges, skills, and abilities that are *not* traditionally valued by privileged groups in society. Yosso does this by expanding Bourdieu's cultural capital to "community cultural wealth." This model articulates six ways Chicanas exhibit "an array of knowledge, skills, abilities and contacts possessed and utilized by Communities of Color to survive and resist macro and micro-forms of oppression" (Yosso 2005, 77). These include aspirational, linguistic, familial, social, navigational, and resistant capital. Though all of these forms of capital are present in the data gathered for this thesis project, I felt that the forms most represented in this study were focus on aspirational capital, for reasons elaborated in the concluding section of Part I, titled Pursuing a Qualified Life.

Work

Work ethic was perhaps the most consistent theme in the testimonios of all the women in response to questions about why and how they work in elder care. The codes appearing most frequently were those of “doing the job right,” “doing what needs to be done,” “working your way up,” and “work is all we’ve known.” All of the CNAs define themselves as hard workers and attribute it to being Mexican and that their experiences growing up and working in an immigrant household shaped their definition of “hard work.” All five of the participants have familial and personal history in migrant farm-working (primarily berry-picking), which is typical of first-generation immigrants in Washington State. They all experienced work in the fields as children and four of them described experiences of feeling “different” from the other kids in school because during harvest season they had to work with their parents after school until after dark. During the summer months, Esther and Roxana recounted their summer “vacation” as consisting of getting up at five o’clock in the morning and working eight-hour days alongside the rest of their family members.

Roxana succinctly claimed, “...it’s the Mexican way... we’ve always worked, we know how to work, we know what hard work is, and so.. when we get a job like this, to a lot of ‘em, it’s kinda like a privilege, like they’d rather do this than work in the fields so of course they’re gonna give it all their effort. They’re gonna do a good job.” She contrasts this to the experience of a lot of white people, “...a lot of them are privileged, and.. they don’t really know what hard work is or what labor is in general.. Their first jobs are usually like, a grocery store or.. y’know.. a fast food restaurant or something...” This was a view shared by all of the women, usually expressed when talking about how their work routines or habits differ from those of their white co-workers.

All of the women have a strong sense of pride when it came to the quality their work, as well. This includes doing the work efficiently, knowing the residents' needs, knowing their training, and doing more than required. For example, CNAs are trained to not simply acquiesce to a resident's request for aid, but rather, to discern whether the resident is capable of doing it on their own. If so, it is the CNA's job to push them to do it, thereby helping the resident retain as much independence as possible. Sofia takes pride in being known by the residents as a happy, kind person, but also as someone who pushes them to keep going.

S: I'm the type that...will not let you give up. I think it's good to not give in to their every need. These residents they know that with *me*, "oh well I don't feel like it"—no. You need to wheel yourself. If you just sit there, you're gonna complain "I'm in pain," you're gonna complain you need a pill. You're too weak because you're not doing anything. And I feel bad just.. *letting* you not do anything. I feel like I wouldn't be doing my job right if I just said "ok, don't do that, I'll get it."

This is not an easy task, as I saw when Sofia had to witness one of her favorite residents fumble with the door and feel depressed. However, her job is to push the residents to remain as independent as possible, and she resists the urge to help. The other CNAs all spoke to similar standards of quality. Yasiara declared that if she's in charge of something, she's going to make sure it's done well: "I won't let that be my name. Y'know? Cuz they'll be like "who's in that hall, Yasiara" and I'll be like [makes a gesture for that lazy worker to get out]. I don't want to hear that that hall's behind." She's not going to allow someone to mar her reputation as a good worker. This displays the value she places on her work ethic. Most of the women explicitly stated that they connect this sense of pride with being Mexican. Roxana explained, "Mexicans in general are just like... you just gotta do a good job and get it done, y'know? No slacking, there's no time for that, and.. that's how a lot of em are known, besides the field work and, it's just, in any job." Part of the impetus to pick up the slack of others is a commitment and pride

with to the people they work with and with themselves as Mexican. This is part of the way people define themselves through their work and legitimize themselves (Brodkin 2014).

Another part of being a “good worker” is the willingness to “do what needs to be done.” During my shadowing, I witnessed all of the women completing actions on their list of tasks simply because the need was there and they could do it. These examples ranged from doing laundry, taking out the trash, or changing a resident’s bed or clothes. Often, this would put them behind schedule and they had to work at a furious pace. This attitude was reflected in the life stories these women told me, as well. In reference to the suffering she went through during her husband’s infidelities, she said, “...then I was like, nope—don’t have time to think about it. Let’s work. Yep. A lot of those years was just, ‘let’s just keep moving, keep moving’, survival mode.”

Work: Going beyond job requirements

Interestingly, “doing what needs to be done” can often be a subjective judgment. During shadowing sessions, each of the participants pointed out things they did that were not required of them. The CNAs referred to times they had stayed behind, off the clock, to check on a resident or because a coworker asked for help as they were on their way home. It is in this space, a space that they create outside the bounds of company policy and job requirements, that the CNAs were most apt to claim cultural ownership and pride over their practice. This kind of activity has been defined as a form of resistance or silent activism because it is one way in which Mexicanas reject the norms and confines of formalized care in order to perform along their own cultural values (Ibarra 2003b). However, Ibarra elaborates, “...such resistance also helps to create an emotionally, physically, and materially exploitative work relationship by increasing the worker’s commitment to her ward and, thus, the burden of providing care” (Ibarra 2003b, 108). All of the women in this study alluded to this kind of exploitative work relationship in past jobs they had

held. Perhaps in direct relation to their current job satisfaction, all five women also mentioned ways they had created boundaries for themselves in order to continue doing this work.

Work: Hard work as a path to making your life better; as a way to self-determination (working your way up)

Boundary creation is difficult when working hard is seen as a part of one's culture, as a measure of one's character. The idea that "hard work is all we've known" came up when they talked about their past, their families, and the way they have raised or intend to raise their children. It was clear that all of them see hard work not only as part of their culture, but as a way to self-determination—to making one's way to a better future. This theme came up consistently in all of the interviews.

R: "...in our culture that's how it always is. Hard work, hard labor. Nothing is ever handed down..."

Y: "They [her grandparents] definitely worked themselves up cuz I remember seeing like little apartments like where a bunch of us used to be. Now we have a good nice big house.. Grandpa keeps the garden always nice and pretty, so..."

E: "They [about her family] wanted better futures for themselves as well as for their generation to come... They've all had hard lives. All of them. But they've all become very..uh... They've bought houses, you know..with the knowledge they had, their ambition."

Four of the five participants had their first child directly after graduating high school, and all of them ascribe their entrance into the adult workforce to dire necessity to provide for the sudden reality of motherhood. In keeping with this desire to make a better life for themselves and their children, the women described the CNA path as more attractive than other perceived immediate options because they see it as a higher caliber, more important job with future

opportunities. Yasiara claimed, “I really didn’t want to do the “work at store” kinda thing, or work at a daycare cuz I already got my kids, I didn’t want to deal with other kids [laughs],” while Esther said, “I don’t want to be a house-cleaner anymore or a person in the kitchen doing dishes...”. Although she is happy just doing CNA work right now, Yasiara has future plans to move into an administrative role, bolstered by the confidence she has gained training other CNAs. Roxana is on her way to becoming a med tech (medical technician), and Esther is training to become a biller and coder.

Education

The educational requirements for becoming a CNA were part of the draw for all of the women in the study. Roxana, Esther, Sofia and Lizzy all referred to aspects of eldercare and their training they found fascinating, and it was clear they enjoyed the learning process. Roxana became animated, talking about the training she received, “We did hands-on training, we did visual training, we did examples with each other, like how to transfer, and using equipment. I got to see and learn things that I never had a clue about...so it’s cool y’know we get pamphlets, and we’re always learning.” Sofia’s path towards becoming a CNA began with desperation to change her circumstances. She decided to make the sacrifices necessary to get her GED, and then spoke proudly about how quickly she excelled at school. Education, like work, is seen as a way to transform oneself.

E: My one sister works for SeaMar but she’s a medical assistant. She wants to further her education. My other sister has her MA in teaching and she got another [certificate] for American Sign. So, um.. this was all driven, I think, just like i said, the mentality of, um, “we need to be better than what we are”. Y’know, and the drive of like we don’t want to end up having to live paycheck to paycheck, we don’t want to have to struggle, we don’t want to end up in...um..the menial jobs that y’know, that every person can achieve to. Y’know, you can achieve more for yourself, so.. And I think that was a lot of the drive, for a lot of us.

Seeing education as a way to transform one's life is a theme that arises in the narratives of all five women when they talk about their upbringing, especially with regards to their parents' desires for them. In the case of all five participants, their parents received very little formal education, yet they were intent upon their children succeeding in school. In Esther's narrative about her schooling, she describes the powerlessness her parents experienced in their lack of education, and the responsibility placed on her to translate for them and navigate the school system on her own. She grew up viewing education as power.

In weighing their perceived employment options, these Mexicanas chose eldercare (over food service, cleaning, or nannying) not only because of the possibility of training their way into higher wage bracket, but because they saw it as a field with opportunities to learn and grow and seek empowerment.

Appreciation

One of the key reasons listed by all of these women as a reason for continuing to work as CNAs is the appreciation they get from the residents, the residents' families, and also from their bosses. This was a sentiment held by all five women.

Y: [You get the most appreciation] From the people. It could be the simplest thing as giving them water and they're very thankful cuz they can't grab it themselves.

S: Yeah, and so, it feels good for them telling you things like, "I don't know what I would do without you."... there's certain residents here that are not all there, and um.. they remember you. They can't remember their own sons, their own family that comes to visit them, but they remember *you*. To me, that's.. that's more than.. to me that's like more than.. getting paid.

L: I love being a caregiver. It's so rewarding. It makes me see how important it is to take care of somebody, how much, you know.. how much gratitude you get, I mean, how much happiness it gives you.

CNAs also spend significant time interacting with family members when they come in. All five participants expressed pride in the familiarity, trust, and gratitude they receive from these interactions. Beyond playing an important part in their residents' lives, they--more than any other staff member--are the locus of information and comfort for visiting family.

S: ...There are some residents here that are very far off into dementia and they don't remember anything. [But] their family comes over and, "oh I want you to meet the girl I was talking about." They won't remember my name, but they'll remember my long hair or my brown skin.. But yeah, their family comes over and.. "thank you so much for what you do for my mom or my dad". Or, and instead of going over to the other workers, they come straight to me, and say "hey, how are they doing?..."

Litzy spoke in depth about her relationships with the family members and about the responsibility she feels in guiding them when they are having to navigate the failing health of their loved one.

L: She [the wife] comes and sees me in the hall and she's just like, "Oh hi Litzy how are you?".. they all know me by first name... It's really...y'know.. You have to be the best caretaker, but you better be the best friend to that family member too, because you're their lifeline right now.

Management plays a large role in job satisfaction as well. Caregivers identified several ways appreciation is exhibited by their supervisors: 1) level of independence, 2) level of responsibility, 3) spoken affirmation, 4) pay, and 5) being sought out for employment. All five participants work at their current place of employment because they were solicited by the director who had worked with them before. In other words, they had all experienced other assisted living facilities and had elected their current workplaces based at least partly on their relationship with the management. Sofia contemplates pursuing a different field of work, but she continues to work at this location because she takes pride in the fact that her director allows her to run home when she needs to without clocking out. For her, this kind of flexibility

demonstrates trust in her dedication as a worker. All five participants see the level of responsibility placed on them as a demonstration of trust in their abilities. For example, Yasiara spoke about being asked to lead and train other CNAs, after only having worked at her facility for one year. Roxana described the confidence displayed by her director in often leaving her to run the facility at night. The directors of both facilities confirm this assessment, claiming to place more confidence in the Mexicanas on their staff than on the rest of the team. When asked to speak about the rewarding aspects of caregiving, Sofia responded, “The praises you get. Growing up I never heard “I’m proud of you”.. I think only once.”

The other four CNAs also contrasted the appreciation they get at their current place of work with their past jobs, as well as the thankless tasks of motherhood and experiences as children growing up.

Y: It’s a good paying job but, for me, appreciation is more. Cuz, you know, you’ll go home, you’ll.. same old same old, taking care of your kids and not even a thank you and then at work.. It’s horrible to be both places and not hear a thank you. Y’know it takes a lot out of you. But you can have those crazy days, and you’ll run into those residents that are really really thankful for what you do. They won’t stop saying that.

Though I recorded one example in which a resident seemed to be speaking patronizingly to Sofia, the interactions between residents and the women in this sample were overwhelmingly positive, and gratitude was expressed often. For the CNAs in this study, enduring invisibility and discrimination in their lives makes appreciation and recognition a very important factor in choosing a facility and continuing to work in eldercare.

Pursuing a Qualified Life/“Becoming Better Than What You Are”

Thus far, this discussion has presented concepts which emerged as significant in the lives and experiences related by each of the five Mexicanas participating in this study: familism,

respect for elders, border impacts (including separation from family, oppression, the perspective of the third space, and resilience), work ethic, and education. In concluding Part I. of this discussion, I argue that all of these concepts can be woven together through the idea of pursuing a better life through improving oneself through work and education. In turn, this provides a summarizing response to one of my initial research questions: why do Mexicanas work as CNAs in Bellingham?

Belief in the ability to transform is a key theme that runs through the testimonies of all five women. In Yosso's model of Community Cultural Wealth, she defines "aspirational capital" as "the ability to maintain hopes and dreams for the future, even in the face of real and perceived barriers. This resiliency is evidenced in those who allow themselves and their children to dream of possibilities beyond their present circumstances, often without the objective means to attain those goals" (Yosso 2005, 78). Following this definition, all of the women in this study possess aspirational capital, and it is easy to find examples of aspirational capital in their narratives about their parents and in their own attitudes towards the future of their children, as well. I further this notion by positing that their ability to maintain their hopes and dreams for the future is rooted in a belief that anyone can change their circumstances through work and education.

Caregiving has been a way to accomplish this in the lives of these CNAs partly because it provides more opportunities for continuing to move "up" through on-the-job training and opens further pathways to jobs that offer higher pay for less difficult work. Beyond this practical aspect, they also see caregiving as being more meaningful than their other immediate job options, which were listed as cleaning, nannyng, and restaurant service work.

In some ways, caregiving has been a way for them to exercise cultural values they deem as specifically "Mexican." In other ways, it has served as a vehicle for empowerment,

challenging traditional patriarchal roles. For example, traditional Mexican views around gender and familial roles would have the man (whether husband or father) provide the main source of income for the family, while the woman plays a supporting, domestic role. Though this pattern has long been challenged in Mexican and Mexican-American families (Hondagneu-Sotelo 1992), women in this study related to me that they had participated in this kind of relationship, allowing their male partners to lead the family and sometimes suffering through infidelities and forms of abuse. However, investing the time and effort in training to become a CNA and getting a job in the medical field with future possibilities was an investment in themselves. This played a crucial part in taking control over their own lives and the lives of their children. In these cases, it resulted either in the end of the relationship or its transformation into a partnership in which power was shared more equally.

II. The work of Elder Care

In this section I will explore the themes of empathy, dirt, emotional labor, and maintaining hope and dignity. These themes came up repeatedly in the testimonios of the women, in their explanations of their approaches to caregiving. They also surfaced during my sessions shadowing the CNAs. With each theme, I offer an analysis of how the lived experiences and values relayed by the participants inform their caregiving practices through these themes.

Eldercare is not a desirable line of work in the U.S., partly because it's considered dirty, in a broad sense of the word. It deals with death and dying, feces, and all manner of effluvia from the human body. This sense of dirtiness, both material and symbolic (Douglas 1966), is part of why caregiving is poorly compensated and regarded as low-status work in the U.S. It is also a demanding job, emotionally, as it involves attending to the psychological well-being of elders, as

well as the physical. So how do the Mexicanas in this study contend with these aspects? I propose that they are aided by the empathy they are able to generate for their residents, by their perspective on the *tercera edad* (the third and final stage of life), by their experience as mothers, by their work ethic, and by their view of eldercare as important, necessary work.

Ways they do care

Much of the work of eldercare can be explained through emotional labor. Coined by Arlie Hochschild, “emotional labor” refers to “the management of feeling to create a publicly observable facial and bodily display” (Hochschild 2003, 7). This display is meant to have a beneficial effect on the client with whom the worker is interacting. Hochschild used the term to highlight ways this work can alienate the self, and therefore can be an incredibly taxing form of labor in largely invisible ways. However, depending on the context, emotional labor does not always have a negative result, and in fact, sometimes feelings are “managed” in order to have a beneficial effect on both the client *and* the worker herself. Stacey elaborates, “Precisely because care work, including home care, involves long-term relationships between the caregiver and the recipient of care, Susan Himmelweit (1999) suggests that caring work is ‘incompletely commodified work,’ where both alienating and empowering forms of emotional labor exist” (Stacey 2011, 10).

Ibarra argues that developing authentic emotion for residents is one of the most important skills practiced by private in-home caregivers. According to her work, Mexicanas find ways to genuinely care for and understand the residents through viewing them as “a ‘total’ person, a person with a history of loves, joys, losses and regrets that serve to humanize them” (Ibarra 2002a: 346). Her claims are supported in this study, as these five CNAs all show great skill in finding ways to generate authentic feelings for the residents (explored in the section on Empathy,

below). Emotional labor, or managing those feelings for the benefit of those in their care, is a major part of the job.

There are several ways in which I witnessed this kind of labor being accomplished. One way was simply: being happy. Joking around and making residents laugh is a huge part of the job, partly because there isn't always time for lengthy interactions. The CNAs in this study are all very cognizant of leaving their own troubles at the door, because they see the mental state of the residents as part of their responsibility.

Sofia: I'm always smiling, I'm always in a good mood

Litzy: You have to be such a happy-go-lucky person because you know what, you can't come walkin into this place bein a depressed person, they don't want to see that. Y'know, this is their home.

Litzy, who had arguably the most difficult childhood, is also the CNA who articulated the most on the necessity to mute one's own suffering for the benefit of others. She describes the fear she sees in the residents: "I just.. my heart aches for them because...they know that the only way they're leaving that facility? They know it's in a body bag. You make sure that every day is a great day for them."

A second way CNAs do emotional labor is through managing their own sadness. Caregiving is an interactive, relational activity. In other words, people affect each other. Therefore, it can be very challenging for the CNAs to reign in emotions when deaths occur. Even when they have extended kinship (whether figurative or actual), it is not a fully reciprocal relationship; they can never fully lean on residents or their families. Instead, CNAs must ride a balance of feeling and expressing enough emotion to show they care, but not letting their own suffering impact that of the residents. Litzy shows this complexity in the quotes below:

L: She [a resident] lost her daughter exactly a month before my mom died. So I took care of her, and then was mourning with her, and then my mom passed away, but I could not tell my patient because she's mourning her own daughter.. Y'know, I have to worry about her, her feelings...

This concern extends to families as well, as Litzy points out, "You have to be the best caretaker, but you better be the best friend to that family member too, because you're their lifeline right now." CNAs deal with a lot of distress on the part of family members and residents because they are the point of most contact for both parties. Caregivers for the elderly often have to deal with death, and in fact, are sometimes the only ones present when a resident passes. Because of this, they can play an important role in how residents experience the weeks, days, and moments leading up to death. Each of the CNAs in this study recounted, unprompted, their first and most difficult experiences with death on the job. It is clearly a major hardship and unique characteristic of the work of eldercare. The job of a CNA is to tend to the physical maintenance of the residents; however, the Mexicanas in this study demonstrate a belief that, beyond the physical, everyone has the right to die with dignity. One telling example of this is portrayed in the portrait of Sofia, who fretted about having to leave work when a resident was near death. Upon returning she was traumatized to find out that the resident had passed alone in her room, without being washed and clothed in comfortable, clean clothes.

Yet another way CNAs perform emotional labor is by allaying this distress and maintaining a calm exterior. Roxana talks about the fear and confusion that many residents face, especially those in varying stages of dementia, and her methods for calming them down:

R: They truly believe in what they're saying and what they're thinking and what sometimes they're seeing and it's not there. And..it's not always the best to tell them the truth like, "no it's not there".. You just gotta agree and let them..calm them down. It's soothing to them.

One method for allaying of distress is accomplished through naturalizing, or normalizing, situations which would otherwise cause residents to feel humiliated or scared. An example of this is presented in Sofia's portrait, when she smoothes over a resident's inability to open her door, whose embarrassment had nearly put her in tears. The ability to soothe embarrassment becomes very important in cleaning and bathing residents as well. In this excerpt from my field notes, Esther is going through a common routine of getting a fragile, slightly confused resident named Eva into bed:

Esther coaxes Eva as she's changing her into pjs.

Eva: "But I want my pants on"

E: "Ok my love. You can put them on tomorrow. Ok mother you can turn around."

Eva: "But I'm cold"

E: "I'm going to make sure you're nice and warm. You can trust me."

By using affectionate, familial language (indicative of figurative kinship at the least) and a loving tone, Esther addresses the fear experienced by resident and successfully prepares her for bed.

While shadowing, I witnessed several instances of residents treating the Mexicanas with impatience, or as if they were servants. Maintaining patience while residents are agitated or being commanding is another difficult form of emotional labor. In the following ethnographic note, Esther deals with a resident who is confused about her room and keeps insisting on speaking to someone who "knows what's going on." Esther's ability to remain patient, even

though Sally was belittling her authority, was key in lessening Sally's feelings of anxiety and frustration.

Esther (ethnographic notes):

Esther moved around quickly trying to placate Sally as she asked who's in charge. "Have a seat mama.. [putting her on the bed].. didn't you tell me you grew up in Pasco?"

Everything Sally says takes a long time to get out as she searches for the words, but Esther doesn't rush her even though it's obviously hard to get everything done and let her pause for as long as she needs to. I don't know if her patience is accentuated by my presence. Sally wants to know who to talk to about why she didn't stay in the old place (apparently she liked something more about it). I could see that if Sally felt she wasn't being listened to, her feelings of anxiety and frustration would get so much worse.

Performing emotional labor in all these ways (being happy, managing one's own sadness, allaying distress, swallowing frustration, naturalizing situations) has obvious benefits for the residents, though it is not easily accomplished by the caregiver. However, it benefits the caregivers by making their work more efficient: the less agitated a resident is, the easier they are to assist.

Some forms of care--perhaps the most powerful--practiced by these Mexicanas seem mutually beneficial for the residents and the caregivers. These include the practice of listening to the residents' stories, and preserving their memories. As noted in the portraits, the participants store an enormous well of information about the residents, especially their favorite ones. They not only know the habits and routines and aesthetic preferences of the residents, but collect stories from them about their past lives. During my sessions shadowing the CNAs, they delighted in sharing these details and stories with me. Poignantly, their interactions revealed that the

Mexicanas were often reminding the elders of pasts they had already forgotten, as dementia had taken hold.

Ibarra frames these practices within the context of the marginalization Mexicana CNAs face in U.S. society in comparison to the white elders in their care: “For workers who are simultaneously in a position of needing to care while in a position of great social inequality, learning about those elements of life history that are most relevant to their own lives is one way to positively “feel” for their wards and subsequently provide better care”(Ibarra 2002a, 337). However, I believe their interest in the residents’ histories is also related to the importance of **stories** in the Mexican familial traditions and the desire to participate in a relationship that comes close to that of family. This could be especially true for those who were unable to have a full relationship with their own grandparents.

Things that aid them in doing this work

There are many factors aiding in the ability of the research participants to accomplish the level of care to which they esteem. In the instance of handling the “dirt” (i.e. tending to the body), the Mexicanas in this study all claimed that, as mothers, they are accustomed to dealing with feces and cleaning bodies. In Roxana’s case, she views it as a part of the process of life, “...we’re babies, we grow up, we become adults, we have families, we become a baby because our kids end up taking care of us... Some residents here need help feeding, changing, dressing, showering.. They’re babies. And I say that because I have a daughter and I do the same things for her.” Imagining elders as a part of the cycle of life can be a way of coping with feeling sad about their degenerating capabilities. In the absence of family members, placing oneself in a familial position, or extending kinship, is a way to make the situation feel more natural for both

the resident and the caregiver, and preserves the dignity for elders in potentially embarrassing situations.

The CNAs in this study are aided in their ability to remain patient by the importance they place on caring for the dignity and peace of mind of the residents. This is grounded in their attitudes towards elders, which they identify as particularly Mexican. These attitudes include respect for elders (as described in the section above on Family), and a general conceptualizing about the needs of those in the “tercera edad” or third and final stage of life. As was found in Ibarra’s work in California, the Mexicanas in this study also acknowledge that, as people approach the end of their lives they may be more fearful and often need more affection, patience and to simply be companioned by family (Ibarra 2003b, 101). In the absence of family, these CNAs feel pulled to assume this responsibility, despite the challenge it presents to their busy schedules.

I argue that much of their sense of responsibility towards maintaining the dignity and providing affection for residents is aided by their love of stories. Passing on knowledge through stories is an important pastime for elders and one that is revered in Mexican culture. In making time to listen to and preserve the memories of the residents, the CNAs are fulfilling the role of grand-daughter in a way they perhaps missed, as well as honoring the lives of the residents.

All of this hinges on deriving a sense of purpose in the work, and the ability to make find meaning in taking care of elders. The Mexicanas in this study deem this work to be necessary and important, and although it is difficult, they take pride in being able to do it. Part of this pride and responsibility is lodged in their self-identification as survivors. Though all of the women spoke to being strong (mentally and physically), and therefore being fit for the job, Litzy expressed it best:

I'm just glad that all these things happened to me, that somebody so strong, because somebody so weak would have given up by now, or already been a heavy drug user or something .. y'know? There was a reason why I guess I got this life.. And it's been rewarding and like I said I love being a caregiver. It's so rewarding. It makes me see how important it is to take care of somebody, how much, you know.. how much gratitude you get, I mean, how much happiness it gives you.

Empathy

Y: This is not the job for anybody. If you just want to make money this is not the job for you. You gotta have *compassion*, you gotta want to help people. You gotta wanna..y'know..... Going into a resident's room, being there, having the conversation even for 5 minutes, you make their day. Y'know? Some people they just to talk to them like their voice does not matter.

The most powerful way in which CNAs are aided in their work is found in the empathy they are able to generate for the residents. Empathy is an important skill within the work of caregiving, defined as “the capacity to understand or feel what another person is experiencing from within the other person's frame of reference, i.e., the capacity to place oneself in another's shoes...The essence of empathic interaction is accurate understanding of another person's feelings” (Bellet and Maloney 1991, 1831). The CNAs in this study practiced and discussed empathy in a variety of ways. As suggested in other studies, this has great utility in the work of caregiving (Ibarra 2003b; Stacey 2011). It is much easier to do the intimate tasks and emotional labor involved in caring for another human being if one can find ways of creating genuine feeling for that person. As mentioned above, one of the ways Mexicanas in this study find empathy for residents is through getting to know them on a personal level. They make a practice of connecting with them over any **commonalities** they can find, such as places they've lived, or their likes and dislikes. Above and beyond this, they collect an understanding of the lives residents have lived, constructing a vision of the **whole person**, not just the “resident.” The ways

in which CNAs explain the mentality of residents evoke parallels in their description of their own life experiences.

Due to this, I argue the most powerful source of empathy comes from understanding the marginalized space. Litzzy succinctly illustrates the heart of the powerlessness she imagines residents to feel:

L: ...Everything is being stripped and so, the last thing they have to hold onto is.. control. That's the last thing. And they can't control where they live, they can't control their finances, they can't control what we're gonna serve and what they're gonna eat.. Their choices have been totally taken away, almost..

This projection could very well be applied to Litzzy's own emotional experiences child in foster care after her father and family were deported. From a broader angle, all of the CNA participants described having experienced **powerlessness** in their lives. For some, the threat of loved ones being deported created a state of constant anxiety, often confining them to their homes and restricting contact with family in Mexico. In some cases, the deportation of the main household breadwinner led to a terrifying vulnerability. Even when deportation was evaded, being circumscribed to the traditional domestic role without a respective income limited their perceived right to make decisions for their children. Such anxiety and fear created by a lack of control over one's circumstances is not very distant from the experiences of someone going through dementia. These correlations are sometimes drawn quite directly by the CNAs in this study. Sofia, for example, viewed one of her resident's depression and reluctance to take medication through the lens of her own experiences with attempted suicide as a teen returning to the U.S. from Mexico. When the resident passed away, Sofia explained that this death made her sadder than others because she understands what it is to be depressed and to lose hope.

Loneliness due to family separation, displacement of being uprooted from one's home, loss of identity... These are all things that can describe the experiences of immigrants as well as many residents in assisted living facilities. Being Mexicanas living in the U.S., the women in this study have experienced these challenges in ways that are related to the U.S./Mexico border. Gloria Anzaldúa hones in on this relationship through her concept of the "third space." In her preface to "Borderlands: The New Mestiza," she explains, "The actual physical borderland that I'm dealing with in this book is the Texas-U.S. Southwest/Mexican border. The psychological borderlands, the sexual borderlands and the spiritual borderlands are not particular to the Southwest." Therefore, Anzaldúa's notion of borders functions on multiple levels. On one level, she refers to a physical border and the material realities around it. On another level; she refers to the border as a concept. In both instances, a space is created by the separation of one thing from another; a third space. The third space becomes a useful way to understand the ambiguity expressed by Litzy when she says, "I'm being told I'm not white enough, but I'm not Mexican enough, I was like: who the heck am I?" It aids in understanding Sofia's position between feeling like an outcast in her abuela's village in Mexico yet also feeling like an outcast in the U.S., a country which is trying to deport the father of her children. It names the feeling of living in country that, as Esther puts it, "needs you but doesn't want you."

The complexity and hardship of this positionality of the third space has been presented by deficit models as a deterrent to the success of its "inhabitants." However, Chicana feminist theorists have created a growing body of scholarship surrounding "border epistemologies" which reject the binary approach of Eurocentric logic and celebrate ways of thinking that come from the margins.

Borderland theorists understand social relations as extremely complex and non-binary, and contend that racial/ethnic, gender, and gay/lesbian/bisexual/transgender groups in the U.S. occupy a space between the margin and the center of society that permit them to offer a new vision, a new way of thinking (Elenes 2011, 51).

This thesis adds to that body by illuminating ways in which the perspective of Mexicana CNAs provides a rich vantage point for navigating the challenges and appreciating the rewards of doing eldercare in the U.S. One of the main contributions of this perspective is the profound empathy these CNAs have for the residents in their care, whom they see as displaced, abandoned, and marginalized by society and in many cases, by family. Through the narratives they shared with me, I argue their empathy is rooted in their own experiences of displacement, separation from family, powerlessness and marginalization as Mexican immigrants in the U.S. Therefore, in a society that relegates both immigrants and older adults to the margins, those inhabiting the third space are uniquely equipped to empathize with those in the “third age.”

Effects of this kind of care: Maintaining Dignity

In sum, for the Mexicanas in this study, treating the health of residents is about much more than maintaining the functions of the body. It involves maintaining their emotional well-being and dignity as well. These CNAs achieve this by practicing emotional labor in a variety of ways, including being happy at the workplace, managing one’s own sadness, allaying distress, and remaining patient. They are aided in these successful practices by their own desires to fulfill a sense of debt in regards to being a granddaughter. They perform this role by listening to stories and preserving the memories and identities of the residents.

All of the women in this study spoke proudly of being the nexus of information, support, and empathy for the residents’ families. In some cases, they act as guides for family members

when their loved one is in the process of dying. Often they end up working beyond the “call of duty,” sometimes coming in on their off-hours or providing their home phone numbers to family members. In this way they extend kinship to the elders in their care in a very real way, beyond the figurative.

These Mexicanas are aided in their work by the experiences they’ve had in their lives, through which they are able to generate deep empathy for the residents. Their cultural attitudes towards elders aids them in finding value in the work of eldercare. Thus, being a CNA ends up being a way for them to pursue a more meaningful existence for themselves, while creating the circumstances of dignity in the lives of others.

CHAPTER SEVEN: CONCLUSIONS

Caregiving work, specifically elder care work, is undervalued in the U.S. Therefore, it is not surprising that the hearts and bodies at the frontline of caring for this country's aging population hail from elsewhere. Happily for the U.S., these care workers, who are increasingly immigrant women, are proving to have a positive impact on the success of long-term care for aging adults [CITE: WA article]. This research project locates the reasons for this positive impact come in their motivations and methods, which are rooted in their cultural values and immigrant experiences. It is necessary to continue learning from the valuable, unique perspective of this workforce for the purposes of exploring successful, sustainable conditions within eldercare facilities, for both residents and caregivers. This has become especially important with the election of an administration in the U.S. which seeks to undermine the contributions of immigrants. In the following excerpt from an interview with Esther, she explains the irony of this viewpoint:

...in a lot of industries, y'know, they forget. You're not wanted, but yet they need you. You see these commercials about, "oh here's this wonderful orange juice blah blah blah" but they show the person portraying the orange juice, y'know saying, "oh this is my farm and da-da-dah" and "you guys get the greatest orange juice" but I'm like, wait a minute, you guys get the greatest orange juice because of us. You guys get the greatest care because of us! Y'know, who's going to come in and wipe your butt--like I just did, I'm not on the shift, I wasn't on the clock-- Why should I even be attending them? But guess what, we're here. So. **It takes.. those people, that are striving and determined to become something more than they are**, and along the process they pick up other good attributes and they take it to the next job. And they're able to cross over and become more than what they thought they could become... We just choose to fight and continue and make our lives better as best we can.

Her impassioned monologue points out that the *high quality* of goods and services provided by immigrant labor are a byproduct of the ethics, adaptability and indomitable determination of immigrants *pursuing a better life*. Her words reveal the profound injustice that

immigrant people should ever be made invisible in a nation that has benefitted so greatly from their values, bodies, and dreams. They also lead us to consider why and how eldercare fits into those values, and dreams to become “something more than they are.”

Why eldercare?

Among the many possible angles for interpreting the narratives in this study, I believe the unifying concept echoed by these five women is the drive to make a better life for themselves and their children. They choose eldercare rather than other employment paths because, as Esther said, it provides the opportunity to become “something more than they are.” In other words, it fits within their pursuit of a “qualified life” (Agamben 1998, 1). What does it mean to have a qualified life? For the Mexicanas in my study, a qualified life is one that is lived with dignity. Dignity is gained through working hard, doing quality work, doing something one feels is important, and being appreciated for it. A qualified life is also described by the centrality of family. Becoming a CNA fulfills that pursuit because these women see it as important work for reasons that are rooted in their cultural values as Mexicanas. First, in Mexican ideologies, family is understood to be of utmost importance, and members within that family are expected to take care of one another even at great personal cost. Second, grandparents play a special, nearly sacred role, in the family constellation. The notion of elderly citizens living out their lives in care facilities, without attentive families, stands in stark violation to these value sets. Therefore, CNAs find deep purpose in caring for residents whom they see as dislocated, disempowered, unappreciated and alone.

Though this attitude is certainly not exclusive to Mexican immigrants, I argue that the similarities between the motivations and perspectives expressed by the women indicate a shared set of values. They see these values as “Mexican” and as standing in opposition to the profits-

driven model upon which the elder care industry in the United States is based (Ibarra, 2002; Rollins, 1985). Like the Mexicana private home workers who worked with Ibarra in California, the five CNAs who participated in this study rely “...on their experience and on their ethics of care—on their family scripts and models for behavior that in an oppositional work context come to be perceived by workers as particularly ‘Mexican’” (Ibarra 2002b, 18).

Ibarra argues that, in this way, Mexicana caregivers honor their roots, while simultaneously creating a “sense of rightful belonging” in the United States through the societal contribution of what they see as their morally superior work (Ibarra 2002b, 19). I believe that this also applies to the women in my study, as exemplified by Esther’s quote, above.

In a world where so much is out of their control and where they are often not recognized for their contributions to society, the CNAs in this study feel that they make a difference in the lives of their residents and they receive recognition on a daily basis for what they do. Caregiving provides a way for them to be “better” people than they are in other spheres of their lives. In this way, their work becomes a way for them to transform the lives of others, while transforming themselves.

Sofia: I’m surprised at myself, for the patience that I’ve had because, outside of work—and I’ve mentioned this to some of the co-workers—I get road rage, like super easy. And um.. at home it’s like.. craziness, like “pick up your stuff” and “don’t do that, don’t do this”. Here.. I just, I’m always smiling, I’m always in a good mood, um.. and there’s not a resident here that knows me as grouchy, grumpy..

Yasiara: Many people did not think I was going to make it cuz of my anger and my low tolerance.. they’re still surprised to this day, cuz... I’m a goofball at work. That’s different. They were like, I don’t recognize you here at work cuz I’m like just all [gestures like she’s playing around]... If you act real goofy it makes them smile.. it’s worth it. But outside or in my house I’m not.

They are also able to fulfill some sense of “care debt” incurred in their lives, whether they were on the favorable or unfavorable end of that debt. Sofia and Esther were not able to experience deep relationships with their grandparents because of complex relationships with their families, created by distance and separation as a consequence of the border, and were unable to take care of them when they passed away. In their workplace, they get the chance to care for the grandparents of others, and receive love and appreciation from those elders in return. Litzy, Yasiara, and Roxana, are on the other end of that care debt in that they were cared for in very important ways by grandparents (or adopted elders) in their young lives, and feel a desire to repay that care by passing it on to others. In all cases, caregiving allows them to fulfill the role of a granddaughter on a daily basis, a role that was limited in their own lives.

How do they do eldercare?

As explained in the previous chapter, the cultural values and lived experiences of these Mexicanas informs not only *why* they do eldercare but *how* they actually perform the work of eldercare. I have grouped the emergent themes from their interviews and work routines into four categories: empathy, emotional labor, handling dirt, and identity preservation. The profound **empathy** they have for the residents, whom they see as displaced, abandoned, and marginalized by society and in many cases, by family, is rooted in having experienced displacement, abandonment, powerlessness and marginalization as Mexican immigrants. The **emotional labor** they perform is also sourced in their identities as Mexicanas, as mothers, and as survivors. As Mexicanas, they are influenced by cultural scripts that expect women to put the needs of others first. Because of this tendency, they have all had to learn how to establish boundaries in order to maintain their health, which contributes to their long-term ability to do the work.

As mothers, they credit their ability to work with the “**dirty**” aspect of the job to the experience of motherhood. They are used to “wiping bums,” as Esther puts it. Also, through their children, they are consistently reminded of the “cycle of life,” which helps them to see the process of aging as part of a natural phenomenon, not something to be feared. All five CNAs also at some point located their ability to deal with the more difficult aspects of the job (dealing with death, unpleasant smells, groping, etc.) within their identity as Mexicans, who, in Roxana’s words, “know how to do what needs to be done.” The centrality of grandparents within the Mexican family constellation also deepens their desire to protect their residents and honor them as whole people. This helps them see past the “dirt.”

In addition, the traditions of storytelling within Mexican culture--and the fact that grandparents usually impart wisdom in the form of storytelling—inspire them to listen and honor the memories of their residents. By outwardly recounting and reminding the residents of details and stories of their lives and loved ones, CNAs preserve the identities and dignity of the residents. This becomes especially important in cases of dementia, as disorientation and loss of memory function cause people to become highly confused and emotional.

Implications

“Care in later life never exclusively impacts the lives of the old; it is thus a critical site for understanding the diverse ways that increased longevity is shaping the meanings, experiences, and consequences of life itself” (Buch 2015, 277).

One possible application of this research could be derived from an understanding of job satisfaction for Mexicanas doing care work in assisted living facilities. What causes them to stay in one facility or leave another? The CNAs in this study had all gone through significant work histories before coming to their current place of employment. In the case of both facilities in this

study, the participants attributed their choice of workplace to their positive history with the director. This isn't to say they were all satisfied with every aspect of the job, but they attributed these dissatisfaction to flaws and limitations within the business of eldercare. While shadowing the participants on their rounds, I heard similar reflections from all of the participants, with regard to the encroaching problems affecting the quality of care at their facilities:

1. In assisted living facilities, residents are supposed to be able to mostly move around (ambulate) by themselves without being a major fall risk.
2. However, lately they don't have enough residents to fill the rooms, so management has been admitting people who shouldn't be there (people who need more than one person to assist them).
3. Because of the shortage of paying residents, they have had to cut staff hours. However, the intake of needier residents creates even more work for the CNAs.

In effect, everyone is unhappy with the situation. CNAs get less money and less time in which to do more (and increasingly harder) work. Residents get less attention and lower quality care. From the caregivers' perspectives, lack of time is the biggest obstacle to performing their ethics of care, because it doesn't allow them to interact with the residents in a meaningful way. It also builds loneliness and resentment on the part of the residents. This seems to be a pervasive problem in assisted living facilities.

The participants also articulated ways in which their directors have made work satisfying for them, in spite of the structural difficulties outlined above. One way is by demonstrating trust. For some CNAs, they felt trust through the level of autonomy they were given with regard to

clocking in and out. This allows them to deal with personal situations and signals the director's trust in their work ethic. Another way is by demonstrating appreciation through fair pay and through verbal acknowledgment.

In a successful model:

- CNAs feel trusted
 - by being given a measure of autonomy with time-management
 - by the level of responsibility
- CNAs feel appreciated
 - by fair pay
 - by verbal acknowledgment
- CNAs have time to interact with the elders in a meaningful way

It is beyond the scope of this paper to provide an in-depth critique of the healthcare industry, however, the inability of assisted living facilities to support CNAs with better pay and more hours could be seen as a symptom of the profit model, itself. Much scholarship has been devoted to articulating ways the powers of state and market operate to control and monitor life (biopolitics) and in the process reduce humans to their "mere life" form, taking away the agency of subjects (Agamben 1998; Fassin 2010 Foucault 1990). Latcrit theorists (and other thinkers from the margins) use these theories to talk about how structures are oppressive, but they then expose the ways in which agency still survives (Anzaldúa 1987; Ibarra 2002b; 2013; Velez 2012).

As part of the interconnected industries managing the end of life scenarios for citizens of the U.S., assisted living facilities are limited to a profit model that doesn't reward an adequate

caregiver-to-patient ratio. Within the neoliberal economy of the U.S., elders are "economically unproductive and are at risk of being deemed not to matter, to be seen as disposable, bare life" (Mackenzie 2016, 99). On a global scale, this same system creates a flow of workers from poorer countries to the U.S. in order to care for these "disposable" citizens. When these marginalized immigrant workers, such as the CNAs in this study, apply their own ethics of care in order to help elders live out the end of their lives with dignity, their extra acts of time and attention become a form of ethical resistance. They help the residents transcend the pessimistic category of bare life by altering their experience, through bearing witness, removing dirt, and giving affection. In preserving their memories, they can even be said to be helping the loneliest of residents to "survive" death, in Derrida's sense, through appreciating their "traces left for the living" (Fassin 2010, 83). This all contributes to treating much more than the physical form of life (or zoe), but rather, the qualified life of residents, even--and especially--at its end. As a result, they further the pursuit of their own qualified lives.

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Appendix A - Questionnaire

Work History

1. How long have you been working as a CNA?
2. Work history: Have you had other kinds of jobs?
3. How did you get this particular job?
4. Have you had any training to do this job?
5. Describe a typical day of work, as a caregiver.

Caregiving

6. Why did you get into caregiving?
7. What kind of person is best fit for this job?
8. Do you think you are good at your job? Why or why not?
9. What are the most rewarding aspects of this work?
10. What are the most difficult aspects of this work?
11. How would you describe your relationship with your patients?
12. Tell me about your favorite patient and least favorite patient.
13. Do you think Latinos do care work differently from other people?

Life and Family

14. How has your life experience prepared you or not prepared you for doing this kind of work?

15. How old are you?
16. Who do you live with? (Married? Kids?)
17. Where in Mexico are you from, originally?
18. When did your family (and you) come to the U.S.? Why?
19. What family do you have in the U.S.?
20. Do you have family in Mexico?
21. Do you visit or communicate with them?
22. Describe your relationship with your grandparents.
23. How does caregiving in the U.S. compare with caregiving in Mexico?
24. How is caregiving done in your family? Would you put your parents in a care facility?
25. What are your future goals?