

Praying for More Time:
Mexican Immigrants' Pandemic Eldercare Dilemmas

Just as COVID-19 infections were beginning to climb in Mexico, Beto's elderly mother fell ill in the city of Durango. It began with a fever, diarrhea and vomiting; within days, she was complaining of an inability to breathe. Beto, an undocumented immigrant who supported his mother on his earnings as a carpenter in Vail, Colorado, anxiously monitored the situation from afar. His siblings on the ground in Durango counseled that taking her to a public hospital would be too risky as they were full ("saturados") and the quality of care was low. Meanwhile, Beto knew that paying for her treatment in a private hospital was out-of-reach. So with Beto's help, his siblings hired an ambulance to take her to a private clinic where she had a COVID test, which turned out positive.

As his mother battled her illness at home, Beto talked with her each day by videochat and checked in on her symptoms. On days when she could not talk, his sister held up her cellphone so Beto could see her supine body. "There she was laid out [*tirada*] on the bed, struggling to breathe. There were days I was sure she wouldn't make it," he remembers. As he watched his mother's health deteriorate, Beto agonized over whether he should leave his family in Colorado to be with her—a decision he once thought he would not have to confront for years. Beto had long planned to return to see his mother one last time before she died. But he had expected her to live at least another decade, at which time he was hoping to have a visa that would allow him to return to the United States. "The moment is coming, I can see that it's near. Thank God He gave us a few more days. I just keep praying to God that He gives us more time," Beto says.

As Beto’s case suggests, the pandemic threw a wrench into many Mexican immigrants’ efforts to synchronize their life courses with their parents—a key element of providing care for the elderly in families stretched across borders (Coe 2016; Dossa and Coe 2017). For Beto, the pandemic accelerated the life course of his mother such that he feared her demise was imminent, robbing him of the time he presumed he had had before she died. Although Mexican immigrants like Beto had had to exchange their ability to be co-present with aging parents for their ability to support them from afar, many had long anticipated returning to visit their parents on their deathbeds, if not long before. This article examines the way that the pandemic upended Mexican immigrants’ efforts to fulfill their roles as “dutiful children” by supporting parents from afar and returning to be present with them at the end-of-life. It argues that the pandemic precipitated not only an economic crisis for immigrants but also a crisis in time, as it hastened the end-of-life for their parents while, in many ways, holding time still for them. It examines the way that public policies on both sides of the border produced this temporal disjuncture, saddling immigrants like Beto with new caregiving dilemmas.

Synchronizing Care Across Borders

A growing body of research examines the “everyday kin work” performed by immigrants and their parents across borders, exploring the way that immigrants and those left behind redefine roles formerly dictated by gender and generation as immigration restructures family organization (Coe 2011, 2016, 2017; Díaz Gómez 2020; Leinaweaiver 2010; Yarris 2017; Dossa and Coe 2017; Román González 2020). This research pays attention to the everyday ways that immigrants and family members left behind reproduce the family both materially and emotionally despite geographic distance. Yet to date, little research has examined the way that pandemics and

disasters precipitate dramatic upheavals in family roles and serious disruptions to the strategies members of transnational families use to provide care. In shuttering the economies of host countries, the pandemic unsettled immigrants' traditional roles as parental caretakers from afar, disrupting the bargain they had made in trading physical co-presence for material support. Meanwhile, in accelerating the end of their parents' life course, the pandemic upset the temporal adjustments immigrants had made in planning to be physically present once again at the end of their parents' lives. This article examines the disruptions the pandemic caused both to immigrants' roles as caretakers-from afar as well as to their abilities to synchronize their life courses to those of their parents'. It shows that as the pandemic upset immigrants' strategies to fulfill the role of dutiful children, it precipitated guilt, grief, and powerlessness.

Nearly a generation ago, a growing literature on transnational motherhood highlighted the emotional distress of mothers who had had to exchange their ability to be physically present with their children for their ability to support them from afar (Horton 2009; Parreñas 2005). Pointing out that immigrant mothers' distress emanated in part from their perceived violation of their maternal roles, scholarship documented how they strove to broaden the definition of a "good mother" to encompass the role of economic "breadwinner" (Hondagneu-Sotelo and Ávila 1997). In a similar manner, as they trade their ability to be physically present with their parents in their final years for their ability to support them from afar, the immigrant children of left-behind parents are redefining parents' expectations of "good children" (Ahlin 2017; Ahlin and Sen 2020; Coe 2016, 2017). Yet just as transnational mothers held on to hope for return, the immigrant adult children of aging parents often have not relinquished the possibility of returning to see their parents at the end of life. Yet while much literature has examined the grief of transnational mothers unable to return (Boehm 2012; Coe 2011; Hondagneu-Sotelo and Ávila

1997; Horton 2009; Parreñas 2005), the distress of adult children separated from their parents has been less thoroughly explored.

Scholars have amply documented the way the pandemic disparately affected experiences of space. They have analyzed the extensive immigration restrictions enacted in the name of protecting “public health,” including lockdown orders, border closures and visa restrictions, and cordons sanitaires (Castañeda and López 2020; Iskander 2020; Remes 2020). They have called attention to the role that disparate access to housing (Wahlberg, Burke and Manderson 2021) as well as residential segregation (White et al. 2021) have played in exacerbating infection rates. Yet few have paid attention to the way the pandemic unevenly shaped our experience of and control over time. The pandemic accelerated time for some, abruptly truncating their life course, while prolonging or suspending it for others. It suddenly halted work and school for many, suspending them in a state of perpetual limbo and seemingly pausing—if not altogether halting—the progression of time. For transnational families stretched across nations, with their generational divide spatialized across borders, the pandemic posed an acute temporal disjuncture. In altering the tempo of life for different age groups, and in creating discord in the temporalities of family life across borders, the pandemic upset immigrants’ longstanding strategies of orchestrating care in time.

Cati Coe (2016) argues that a key means of providing care in transnational families involves the synchronization of life courses, as immigrant children strive to plot their life trajectories in ways that mesh with the care needs of the elderly. Pointing out that care flows “between people in different positions of their life courses” (39), Coe shows that the timing of kin work is essential to enacting care successfully. Acting in socially responsible and respectful ways requires a kind of “temporal awareness” (39)—that is, a practice of tuning in to the

temporal “cues” that signal a loved one’s entry into a new stage of debility, frailty, or need. In short, attention not only to time but to timing and *timeliness*—that is, to the Greek concept of “*kairos*” rather than “*chronos*”—is key to the successful enactment of care across international borders.

Immigration regimes, which constrain immigrants’ control over both their mobility and time, often frustrate the temporal strategies immigrants have developed (Coe 2016). Moreover, physical distance itself interferes with immigrants’ ability to accurately interpret the temporal cues integral to enacting care. Just as immigration controls alter the established rhythms of family life, the pandemic also interfered with the coordination of life courses that transnational family life entails. Gay Becker argues that illness is conceived of as a “disruption” to the life course, particularly to the modern expectation of a life course that is knowable, continuous and predictable (1999: 7). Similarly, the pandemic disrupted the life course of members of transnational families—yet in different ways for members of different generations and on different sides of the border. In altering the cadence of life for different age groups, and in desynchronizing the temporalities of family life across borders, the pandemic introduced new challenges for immigrants attempting to coordinate their lives with others. In particular, the pandemic prevented Mexican immigrants from enacting a key dimension of care at the end-of-life—timing their returns to accompany dying loved ones.

Methods and Context: Ethnography During A Pandemic

This article is based on data collected from a broader ethnographic research project that examined how US immigration and health care policies affect the health and well-being of Latinx immigrant families in Colorado. Beginning in July 2018, I conducted repeat, in-depth, in-

person interviews at roughly six-month intervals with each of 36 Latinx immigrants living in Colorado's resort areas near Vail and Aspen. When the COVID-19 pandemic struck Colorado's Western Slope in mid-March 2020, it redirected the topic of my interviews and changed my research methods. While it limited my contact with interviewees to qualitative interviews by phone rather than ethnographic interviews and participant-observation, it required me to broaden the scope of my engagement in other ways. The pandemic all but shuttered the resort area's leisure and hospitality industry, where many of my research participants worked. As a result, I began supplementing my phone interviews with the advocacy work and virtual "accompaniment" (Duncan 2018; Núñez-Janes and Ovalle 2016; Saxton 2020) necessary to ensuring my research participants' well-being. Whether helping participants navigate rental assistance funds, access COVID testing and emergency treatment, or contest hospital bills and eviction attempts, these forms of "thick solidarity" (Liu and Shange 2018) enriched my relationships with participants while also providing a front-seat window onto their precarious pandemic circumstances.

This particular article examines the impact of the pandemic on Mexican immigrants' struggles to take care of their families across borders, with a focus on their efforts to take care of aging parents. In their pre-pandemic interviews, some immigrants brought up the way they perceived their obligations to their family members left behind and their plans for future togetherness. Yet while the topic of immigrants' responsibilities to their families in Mexico arose only sporadically pre-pandemic, the pandemic transformed concerns about distant family into a recurring concern. Early in the pandemic, undocumented and precariously-statused immigrants lamented their inability to financially support their parents from afar. As Mexico faced a continuing wave of infections throughout the fall of 2020 and spring of 2021, however, these

economic concerns were soon joined by their fears, and outright panic, about their ability to ensure their aging parents' physical safety. As the pandemic dealt a blow to the Mexican public health care system, already crippled by austerity policies (Litewka and Heitman 2020), many discussed their attempts to provide their parents with access to private health care when they fell ill. And when their parents did fall ill, immigrants and their spouses discussed their concerns about how to pay their respects before they died.

This article is based on a subset of phone interviews with 21 Mexican immigrants conducted between October 2020 and October 2021 about their concerns about maintaining the health and safety of their family members in Mexico during the pandemic. Of the 21 research participants, 17 were undocumented, three were legal permanent residents, and one was a naturalized citizen. Seventeen of the 21 had living parents in Mexico as of the first interview, and four had only siblings. Ten said they regularly supported their parents each month prior to the pandemic, and seven said they sent them support only in case of emergencies. Five had parents who fell ill during COVID and either rented or purchased oxygen for them and paid for private doctors to visit their homes; two paid for private health care for siblings who fell ill. (One participant fell in both categories). Two had parents who died of COVID during the research period and discussed the distress their parents' deaths posed them. While this topic arose spontaneously in the course of regularly-scheduled interviews, I conducted follow-up interviews on this topic only with the spouse of the bereaved in order to avoid retraumatizing research participants. In-person pre-pandemic ethnographic interviews with these 21 immigrants and another 13 Mexican immigrants about their transnational care responsibilities helped provide a foundation to interpret these interviews.

The Health Care Crisis in Mexico: A “Slow-Onset” Disaster

Social scientists have shown that pandemics and disasters, far from being chance and unpredictable “natural” events, are systemically produced and socially patterned. Public policies shape how they unfold as well as the particular constellations of vulnerability they create (Oliver-Smith and Hoffman 2002; Klinenberg 2003). Although the pandemic posed a threat to the lives of elders worldwide, Mexican immigrants in the US faced pronounced difficulties ensuring their parents’ wellbeing. On the one hand, a decade of fiscal austerity policies in Mexico failed to protect the poor and left the public health care systems upon which immigrants’ parents depended financially strapped (Litewka and Heitman 2020). On the other hand, as the US excluded undocumented immigrants from its pandemic relief programs, this impeded many immigrants’ support of their elderly parents at the moment of their greatest need.

In the United States, immigrants are overrepresented in industries such as leisure and hospitality, retail, and service—industries that suffered massive job losses during state “Stay-at-Home” orders (Capps, Batalova, and Gelatt 2020). As a result, one in five foreign-born workers lost their jobs during the pandemic—a rate higher than that for native-born workers (Capps, Batalova, and Gelatt 2020; US Senate JEC n.d.: 11). Making matters worse, the United States explicitly excluded undocumented immigrants and their families from many forms of pandemic relief. Undocumented immigrants in the US were already excluded from unemployment. However, the US also barred them from the three economic stimulus payments designed to buoy struggling Americans. In fact, the first two stimulus packages purposefully singled out mixed-status immigrant families, excluding the citizen children of undocumented parents from such aid as well (Svajlenka 2020) (1).

US pandemic relief policies jeopardized the support immigrants could provide aging parents at the very moment that the pandemic, along with reforms to the Mexican health care system, left the elderly Mexican poor particularly vulnerable. Historically, health insurance had only been available to Mexican residents who were formally employed; those with private employment were insured through the Instituto Mexicano de Seguro Social (IMSS) and those with government jobs were covered through the Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado (ISSSTE). In 2003, Mexico implemented Seguro Popular (SP), a voluntary health insurance scheme for the Mexican poor. Nevertheless, SP only covers about 15 percent of the services covered under the employment-based health care plans and excludes treatment for many high-cost procedures and diseases (Laurell 2015: 255). While the Mexican health care system particularly disadvantages the poor, health care resources in Mexico are further stratified by geography. Mexico's wealthier urban areas—such as Mexico City, Guadalajara, and Nuevo León—have greater concentrations of medical personnel, equipment, and specialists (Sánchez-Talanquer 2021: 41). As a result, even before the pandemic, the 35.5 % of Mexicans with SP often visited private clinics—especially if they lived in under-resourced rural areas like many of my interviewees' parents (Sánchez-Talanquer 2021: 40, 41). Thus even before the pandemic, Mexico's rural poor faced compromised health care access.

On the eve of the pandemic, more than a decade of fiscal austerity policies had severely weakened Mexico's public health care system. Moreover, beginning in 2019, in an attempt to avoid increasing Mexico's debt and reliance on supranational financial institutions, the populist President Andrés Manuel López Obrador further slashed the health care budget and laid off workers (Pérez and Harrup 2020). Vowing to create a single universal system that would provide free and comprehensive coverage for all Mexicans at any public hospital or clinic, López

Obrador also dismantled SP and reorganized it as INSABI (Instituto de Salud para el Bienestar). However, without sufficient funding, INSABI has made some procedures costlier while eliminating the coverage of others entirely (Felbab-Brown 2020). As a result of the President's budget cuts, total state spending on public health reached a nadir of 2.8% in 2019, placing Mexico last among OECD countries (Sánchez-Talanquer 2021: 41). On the eve of the pandemic, then, Mexico faced a pronounced shortage of hospitals, beds, equipment, and personnel—well below the average for other OECD countries (Sánchez-Talanquer 2021: 42).

If the Mexican public health care system was already keeling before the coronavirus pandemic, López Obrador's pandemic governance policies crushed it. Early in the pandemic, the President quickly became infamous for his minimization of the risks posed by COVID and his mismanagement of the public health crisis (Felbab-Brown 2020; Litewka and Heitman 2020). Once COVID struck, he increased the health care budget by less than one percent of GDP, an amount that even the International Monetary Fund (IMF)—long a champion of reduced public spending—deemed inadequate (IMF 2020; Malkin 2020). Thus public policies on both sides of the border produced the caregiving crisis immigrants like Beto faced. Rather than being a sudden and unpredictable event, the public health care crisis poor Mexicans faced was a “slow-onset” disaster (Dynes 2004), produced by fiscal austerity policies as well as failures in pandemic governance.

By January 2021, Mexico had surged past India to register the third-highest number of COVID deaths worldwide, despite ranking eleventh in the world for population size (Sánchez-Talanquer 2021: 18). Due to the shortage of medical personnel and equipment, as well as half-hearted COVID prevention efforts, as of August 2020, 40 percent of patients with confirmed COVID cases who were hospitalized in Mexico City ended up dying. This earned hospitals the

reputation of being a “place where only death awaits” (Kitroeff and Villegas 2020). Whether their family members lived in cities or rural areas, my interviewees told me they avoided hospitals at all costs. Many Mexican families turned to purchasing life-sustaining medical supplies like oxygen on the black market and paying for private doctors to visit their family members at home. Thus the public health disaster in Mexico only made immigrants’ remittances more vital, as immigrants struggled to ensure their parents’ health and physical safety from afar.

Immigration as a Strategy of Eldercare: Securing Parents’ Safety at a Distance

Before the pandemic, immigrants had often made a distinction between “ayudar” (“helping”) or “mandar” (“sending”)—that is, sending family members remittances as supplementary income—and “mantener” (“maintaining”) or “sostener” (“sustaining”)—that is, assuming sole responsibility for their parents’ well-being. Some immigrants said that although they “helped” their parents by regularly remitting, they were not their parents’ sole supports. As Lupe, whose 68-year-old father still earned money from farming in his small town of Calvillo, Aguascalientes, said in 2018: “I don’t maintain them, but I do send them money.” (*No los mantengo, pero les mando.*)

While immigrants often used the terms “ayudar” or “mandar” to connote providing supplemental income to their parents, those with chronically ill or disabled parents often described their economic support as a lifeline. This was especially true for those with family in rural Mexico and those dependent on SP—15 and 16 of the 21 interviewees, respectively (2). Rosa, for example, came from a small town outside Chihuahua City in 2012 partly in order to support and care for her widowed mother and her ailing in-laws, whom she had helped relocate to the city to receive better care. She saved the money she and her husband might spend on a

family vacation—and that she could spend to repair her rotten molars—to instead send her and her husband’s parents. Her mother receives a small pension from her father’s job, “but it’s very small,” she said. Meanwhile, her husband’s father, who had been self-employed as a trucker, now needs back surgery. Although SP would cover the surgery, Rosa said, “they’d put him on a list and he’d have to wait two years for his operation.” “They depend on us,” Rosa added. “We can’t take vacations—we have to maintain (*mantener*) our parents in Mexico because they don’t have work.”

Like Rosa, Beto—who agonized about being able to visit his mother in this paper’s opening—described himself as his mother’s “sole support.” When his father left his mother in Durango shortly after Beto migrated to the United States, Beto took it upon himself to pay his younger sister—who is unmarried—to live with her, to care for her, and to manage her advanced diabetes (3). To supplement his mother’s insurance through SP, he pays for her visits to private doctors and specialists. His mother lives in a house he built with his earnings in the United States, and he pays for her electricity and water. In short, Beto has filled his absent father’s shoes as breadwinner, albeit from a distance. “I am the one who supports them both [*yo soy el soporte de las dos*],” he says.

While Rosa and Beto maintained their parents from afar, even immigrants who remitted only sporadically described their earnings as providing chronically ill parents a safety net. For example, Alma is a single mother of three who sends her mother \$100 when she can. Yet her remittances ensured her mother’s access to vital care. Her mother, a widow who lives outside Chihuahua City, is dependent on SP and has diabetes and high blood pressure. When she needs specialty care, or when the public health care system does not cover her medications, Alma has to pay out of pocket for her to receive it. “If she needs another exam or needs to see the

cardiologist or nephrologist, all that needs to be paid for. We pay for her medical expenses because the public health care system doesn't cover everything," she says. Thus even before the pandemic, immigrants with chronically ill and uninsured parents saw the money they sent as a means of providing care, albeit at a distance. Their remittances played a vital role in securing their parents' well-being and compensating for their parents' lack of health care and income support from the Mexican state (see Horton n.d.).

Pandemic Disruptions: Threatening the Safety Net

If immigrants' remittances helped secure key health care resources for their family before the pandemic, they became vital once the pandemic hit. As the pandemic overwhelmed the Mexican public health care system, the distinction between "mandar" and "mantener" grew less stark. In some cases, immigrants began newly supporting family members' medical expenses during the pandemic, ensuring they received the care they needed.

Juan, a naturalized citizen who works in a grocery store near Aspen, infrequently sent his siblings in Guasave, Sinaloa assistance before the pandemic. "Only in case of emergency," he had said. Yet as the pandemic threatened his siblings' livelihoods and health, the support that Juan provided became vital. The pandemic spelled protracted unemployment for his younger brother, a carnival worker in Chihuahua. "I sent him the little I could so he'd survive. I told him, 'here's \$50, buy some food, even if it's just eggs,'" Juan says. Meanwhile, in the spring of 2021, his older sister and her husband fell ill with COVID. Because they were afraid of visiting the INSABI hospital, Juan paid for a doctor in a private pharmacy to visit them at home and inject them with medications to keep their airways open. "The public health system didn't have the medications they needed so I had to pay," he explains.

As the better-financed IMSS and ISSSTE systems also faced shortages of beds, personnel and equipment, even immigrants whose family members were insured sought to pay for private care their loved ones. Yadira, a legal permanent resident who works as a janitor near Vail, for example, has an older sister in Sinaloa with epilepsy who has IMSS, which covers her anticonvulsive medications. Before the pandemic, Yadira had sent her sister money only occasionally, helping compensate for her brother-in-law's meager pay. "I send her money when I can," she had said. However, during the pandemic, Yadira's remittances became lifesaving. López Obrador's reorganization of the health care system left the IMSS with a shortage of drugs (Sánchez-Talanquer et al. 2001: 41), and her sister's hospital shut down in order to concentrate on COVID cases. She could no longer fill her prescription through IMSS, so Yadira began regularly sending her sister \$150 a month so she could purchase her drugs in a private pharmacy. "Thank God they kept me in my job and for that reason I can help her (*puedo ayudarle*)," she says.

Coming on the heels of the gutting of the public health care system, then, the pandemic left even insured Mexican residents desperate. Together, this compounded disaster forged new transnational interdependencies. Whereas sporadic remitters like Yadira and Juan had once sent money to family only intermittently, the pandemic made their siblings dependent on them for their well-being. The pandemic transformed these sporadic remitters into their siblings' sole supports, as their US earnings compensated for the public health care crisis in Mexico.

Disrupting the Fragile Balance Between Economic Support and Direct Caretaking

The secure legal statuses of Yadira and Juan allowed them to keep their jobs during the quarantine and count on pandemic assistance, facilitating their remittances. Yet undocumented

and precariously-statused immigrants often found that job losses, combined with a lack of pandemic support, threatened their ability to support their families.

Early on in the public health crisis, many precariously-statused immigrants found that the pandemic impeded their efforts to provide their parents material support at their moment of need, troubling their capacities to fulfill their filial responsibilities. Shortly after Colorado issued its “Stay-at-Home” order on March 25, shuttering the tourism industry in which many immigrants worked, they often worried about their ability to continue to support their parents from afar. For example, Alma is the single mother of three whose remittances ensured her widowed mother’s access to specialty care as described above. When an outbreak caused her luxury hotel to close down in late March, Alma suddenly found herself out of work. “They laid me off and advised me that the hotel was going to shut down, and that was it,” she said. As the pandemic halted tourism to the area, it was a full year before Alma would be able to return to work full-time. Unable to receive unemployment, and four months behind on her rent, Alma soon found it impossible to send her mother money. “I’m worried about her,” she said three months after her hotel closed, her usually exuberant voice small. “I used to send her money when I could but now it’s now been months since I’ve been able to.”

Similarly, Rosa—who came to the US partly in order to provide her parents and her in-laws with a retirement—found the pandemic interfered with her plans. Her husband, a carpenter, lost two months of work after the state issued its “Stay-at-Home order;” meanwhile, the private homeowners who once paid her to clean stopped calling. Having depleted \$6000 in savings within the first three months of the pandemic, Rosa and her husband soon found it difficult to cover their daily expenses. “We’re pretty much living day-by-day, so we’ve stopped sending money altogether,” she said in June 2020. When her housecleaning job picked up several months

later, she found herself reduced to sending her family only her tips. “Our families used to depend on us. But we can barely pay our rent. But when they give me a tip, I can send \$40, maybe \$60—as long as they give me a tip,” she says.

Aware that Rosa and her husband were struggling economically, Rosa’s in-laws carefully calibrated their requests for economic assistance. When they developed symptoms of COVID, for example, they opted not to receive a test in order to save Rosa and her husband money. “Because over there, tests are not free—they charge more than \$150 for one. So if you have the symptoms but it’s not bad, why pay?” Rosa explains. Thus the pandemic intensified Mexican families’ dependence on their US-based members even as it heightened their awareness of the fragility of that support. Indeed, Rosa is grateful that the pandemic had delayed her father-in-law’s back surgery, as she and her husband had to spend the money they had saved for it on rent. Yet she frets that this reprieve is only temporary. “But the minute they need medications or a study, we’ll have to figure out how we can pay for it,” she says.

While Rosa’s family did not need her assistance with medical bills during the pandemic, other immigrants were not so lucky. As Mexico approached its peak of COVID infections in the winter of 2020 and its public health care system crumbled, the money immigrants sent became a lifeline. If, weeks into the pandemic, many precariously-statused immigrants had lamented their inability to financially support their parents from afar, later in the pandemic, these economic concerns became vital. Facing no economic support and dwindling earnings, precariously-statused immigrants struggled to command the resources to ensure their aging parents’ physical safety.

With her earnings working two jobs in the US, Anahí—an undocumented immigrant—had long prided herself in helping her mother receive the best quality care. Her mother has

diabetes, and Anahí—along with her two sisters—helps pay for her to visit a private nephrologist and cardiologist in Tijuana, where she lives. During the pandemic, she learned her mother, who is fortunate enough to be insured through ISSSTE, needed heart surgery. To prevent her mother from falling victim to what they viewed as the dubious quality of care in the public health system, Anahí and her sisters had planned to pay for her to have the surgery in a private hospital. Perhaps taking advantage of the pandemic and Anahí’s location in the US, however, the week before the surgery, the private hospital informed Anahí and her sisters it would triple the price. Because of her US earnings, Anahí was expected to pay half the cost. Yet her husband lost two months of work during the pandemic, and Anahí can’t afford the price. She now awakes each morning, wracked with anxiety. “I keep running it over and over in my mind—is my mom going to be okay?” She asks. “Because a heart surgery is such a delicate thing. We were going to pay for her to have the surgery in a private hospital, but now we can’t afford it.”

The pandemic, then, unsettled the bargain immigrants had struck in exchanging their material support of their parents for their ability to directly care for them. Immigrants like Anahí had long demonstrated their filial devotion by materially securing their parents’ physical well-being from afar. Yet as Mexico’s public health care system crumbled, many who had prided themselves on their ability to support their parents found their lack of pay and pandemic support compromised their ability to ensure their parents’ safety. In challenging immigrants’ ability to provide their parents a safety net at the very moment of their greatest need, the public health disaster left grief and anxiety in its wake.

De-Synchronizing Life Courses: Preventing the Sharing of Final Moments

Even as immigrants like Anahí had exchanged their material support of their parents for their ability to be physically present with them, few had fully abandoned the idea of visiting their parents before they died. In some cases, immigrants had planned to return years before a parent's death to tend to them during their final years. Three months before the pandemic began, Rosa, for example, explained that she and her husband had decided to return to Chihuahua City to be with their parents. "It's our obligation as children to tend to our parents in their final years," she had said. In other cases, immigrants had planned to return to be present at their parents' death bed, even if only to say goodbye. Yet because the pandemic interfered with immigrants' efforts at coordinating care, the suddenness of death prevented many from gaining such closure.

As Coe argues (2016), transnational family life entails adjustments by immigrants and those left behind to coordinate shared experience in time. The pandemic precipitated a crisis in time, accelerating time for some members of immigrant families while making time stand still for others. It accentuated the frailty and debility of the elderly, making it more difficult for immigrants to coordinate their life courses with those of their parents. It changed the temporality of their parents' ailments, as it hastened their demise, transforming chronic illnesses into sometimes-terminal illnesses. While immigrants had formerly plotted their own life courses in ways cognizant of the disruptions to family togetherness caused by immigration policy, the pandemic introduced additional barriers.

Luis faced such a situation. Luis' father, Reynaldo, made a living as a farmer; he sold the nuts and *nopales* he grew on his land in Camargo, a rural area of Chihuahua. Since Luis was Reynaldo's only child living in the United States, and his only son, Luis and his wife, Güille, sent him money each month to supplement his earnings. "He used it to buy food, to buy things for his farm, and to go to the doctor," Güille explains. As Reynaldo was a healthy 68-year-old

with no known chronic illnesses, it was a shock to his family when COVID led to his rapidly deteriorating health. “They all got sick—my husband’s father, his mother, and his sister and sister’s family too. But it affected him, it affected his organs the most,” Güille says.

Like many other poor Mexicans without recourse to the private health care system or better-equipped hospitals in urban areas, Reynaldo had heard that patients who entered the public health care system did not leave alive. He opted to battle his illness alone at home, and Luis paid for a nurse to visit his home to treat him.

In the initial weeks of his illness, as her father lay gasping, Luis’ sister rented him two oxygen tanks so he could breathe. Yet with Mexico facing an oxygen shortage (Kitroeff and Lopez 2021), his daughter soon found she had to drive more than an hour from Camargo just to refill his tanks. Soon, even the tanks weren’t enough; Luis paid for his sister to purchase her father an oxygen machine that would pump oxygen directly into his lungs. “He wasn’t breathing well, without an oxygen tank, he didn’t breathe well. And they even bought him an oxygen machine but that wasn’t enough for him,” Güille remembers. Luis and Güille monitored Reynaldo’s progress through videocalls, hoping the oxygen machine would help him recover. “But at the end he didn’t speak; he only stared and nothing more,” Güille says.

Luis’ father’s death is still a shock. “He was healthy and he was young,” Güille says. They take small comfort in the fact that, as she puts it, “economically, we did everything we could for him.” Luis is left second-guessing his care decisions during his father’s final days, she says: would his father have recovered had he entered the hospital? The abruptness of Reynaldo’s death left Luis in an emotional limbo; Güille says his inability to see his father before he died has left him “*deshecho*” (undone). “My husband cannot make peace with it because he would have

liked to see him,” she says. “We never thought his life would have an end like that [*un final tan así*].”

Latin American principles of a “good death” critique Western bioethics by centering a relational view of the principle of “autonomy,” emphasizing “solidarity” in the form of the “right to die accompanied” (Pavón Sánchez et al. 2021; Arruda Lima and Manchola-Castillo 2020). It is customary in Mexico for family members to bid farewell to their loved ones on their deathbeds, as a “good death” involves reconciliation, pardons, and the ability to say goodbye (INAPAM 2022). Indeed, physically accompanying the dying is recognized as key not only to the emotional health of the dying but also to that of their family members (Pavón Sánchez et al. 2021) (4). Luis was denied such a sense of resolution. He blames himself for not anticipating the end, and for failing to ensure time together before his father died. He is consumed by pain and remorse. “He says, ‘I should have gone to see him when my *papá* first began to feel ill. Why didn’t I go when he first fell ill?’” Güille says. In causing Reynaldo’s premature death, then, the pandemic disrupted Luis’ efforts to synchronize his life course with that of his father’s, precipitating a conundrum Luis thought lay years ahead. Güille explains: “When your parents fall ill and you can’t go see them, you are stuck with an impossible choice—either you can run the risk of going and leaving your children bereft (*desamparados*) or you can watch your parents die from afar. Because if you leave, you may not be able to return.”

Scholarship has previously shown how restrictive immigration policies may lead to the disorienting grief of “ambiguous loss,” as the mourning involved in separations from loved ones is “incomplete” and “postponed” (Falicov 2002: 274; see also Horton 2009). Others have used this concept to describe the way that the disappearance of immigrants during a migration journey deprives their family of closure as they are unable to visit their graves or see their bodies (De

León 2016). Some undocumented immigrants describe the distress caused by their immobility after a loved one's death as a form of *coraje* (anger), as heightened immigration enforcement prevents them from returning home to even pay their respects at their parents' graves (Horton 2016: 196). The pandemic only compounded the rageful grief (*coraje*) caused by intensified immigration enforcement, which has long prevented undocumented immigrants from paying their respects to loved ones on death's door.

Conclusions: Disasters, Transnational Kin Work, and Transformation

Due to their very excessiveness, disasters illuminate faultlines within society that may have otherwise remained invisible (Klinenberg 2003). The pandemic intensified a concern long-present among undocumented immigrants in industrialized nations: how will they ensure their parents' well-being in their old age? Scholarship on transnational mothers has documented the distress mothers feel in having to exchange the direct care they once provided children for material support at a distance (Hondagneu-Sotelo and Ávila 1997; Horton 2009; Parreñas 2005). It has been less frequently observed that the adult children of distant parents have been forced to strike a similar bargain. In challenging their ability to economically support their parents, the pandemic upended the balance immigrants had struck between material support and physical copresence. Moreover, in causing parents to die before their time, the pandemic desynchronized life courses within transnational families, thwarting immigrants' temporal plans. As the pandemic made it more difficult for immigrants like Beto and Luis to anticipate the entry of their loved ones into new stages of life, the anxiety and grief it precipitated recalls that documented among transnational mothers in the literature a generation before.

Scholarship has explored the way the pandemic has led to new assertions of coercive state power (Manderson and Levine 2021) as well as grassroots forms of humanitarian aid (Burke 2021). It documents the way the pandemic disrupted health care systems and established forms of care (Lau, Svensson, Kingod and Wahlberg 2021) and threw a wrench into the everyday rhythms of family life—especially when coordinating care for the disabled (Fonseca and Fleischer 2021). Yet despite the significant challenges providers of eldercare faced worldwide during the pandemic, no scholarship to date examines the way the pandemic posed a disruption to immigrants’ efforts to care for aging parents. In impeding their ability to support their parents at their very moment of need, the pandemic interfered with the material reproduction of transnational families. It hastened caregiving dilemmas that immigrants had imagined were years away—dilemmas exacerbated by restrictive immigration regimes. The pronounced dilemmas that members of transnational families faced in attempting to provide care across borders during the pandemic are examples of what Wahlberg, Burke and Manderson (2021: 21) call “stratified livability”—the way the pandemic is lived in “racially, socioeconomically, and globally uneven ways.”

Far from being a “natural disaster,” then, the pandemic and the caregiving crisis it precipitated were socially produced. While a decade of fiscal austerity policies created a public health crisis in Mexico, restrictive pandemic policies in the US deprived many immigrants of the resources to support their aging parents at their moment of need. While immigrants with precarious legal statuses across the Global North faced pandemic vulnerabilities, Mexican transnational families bore a double burden. As pandemic policies particularly disadvantaged poor and marginalized populations on each side of the US-Mexico border, transnational Mexican families spanning both nations faced a compounded crisis in care.

This research raises a number of questions that anthropologists are well-positioned to explore as family roles are normalized or readjust once again, and as pandemic disruptions resolve into a “new normal.” First, the pandemic may help usher in new ways of providing parents a safety net and new strategies to synchronize care among transnational immigrants. How will transnational family roles and eldercare responsibilities be redefined in the wake of pandemic upheavals? The pandemic has caused many in developed economies to reconsider their prioritization of work, while prompting some immigrants to reconsider the terms of the bargain they once struck between providing material support and ensuring physical co-presence at the end-of-life. In light of these reconsiderations, what new patterns of providing eldercare will emerge in transnational families in its wake?

Second, as the pandemic has held a mirror to society (Lindenbaum 2001: 380), vividly revealing its faultlines, it exposes cracks that may soon give way to chasms. In challenging the structure of society, disasters also provide fertile ground for social transformation (Oliver-Smith and Hoffman 2002). In precipitating crises in health care and economic security, only exacerbated by the governance failures of political leaders, the pandemic has created new possibilities to challenge the legitimacy of the state and its policies. Because states have failed to enact measures that meaningfully protect their residents, the pandemic reveals the hollowness of the protections supposedly conferred by citizenship. As transnational families find themselves powerless in the face of the collapse of the public health care systems in low and middle-income countries, and the black markets in COVID-19 care that have emerged in their wake, what new constellations of the state and of citizenship will emerge? Will residents take their home countries to task for their failure to protect human life, and if so how?

Finally, as immigrants disproportionately served at the frontlines of the pandemic in the Global North and yet were often excluded from pandemic relief, this injustice has galvanized renewed efforts at inclusion and immigration reform. As Arundhati Roy has argued, the pandemic serves as a “portal, a gateway between one world and the next” (Roy 2020). Anthropologists are well-positioned to examine the way the pandemic has catalyzed an invigorated consciousness of injustice among undocumented immigrants, as well as to assist in creating the “new world” emerging. What social and political advances will the egregiousness of immigrants’ exclusion make possible, and what new social arrangements will emerge in the pandemic’s wake?

End Notes

1. The Coronavirus Aid, Relief, and Economic Security Act (CARES Act) of 2020 excluded all who filed taxes with an Individual Taxpayer Identification Number (ITIN), a number the IRS created in 1996 to allow undocumented immigrants to pay taxes, from receiving stimulus payments. It also explicitly barred citizen spouses who filed taxes jointly with an undocumented head of household and the citizen children listed on undocumented immigrants’ taxes (Svajlenka 2020). A second coronavirus aid package signed by former President Trump on December 27, 2020 granted stimulus checks to spouses of undocumented immigrants but maintained the exclusion of the citizen children of undocumented immigrants. Only in March 2021 did President Biden’s American Rescue Plan include citizen children in mixed-status families in stimulus aid, although it maintained the exclusion of undocumented immigrants.

2. Because of the increased integration of many rural areas with their proximal urban centers and the existence of pockets of marginalized semi-rural areas within or adjacent to urban areas, it has become difficult to define “rural” in Mexico. The Mexican government defines “rural” as any locality with fewer than 2,500 residents, but the urbanization of previously rural areas has made many researchers skeptical of the utility of this measure (see Bada and Fox 2022). To capture rurality as a measure of compromised health care access, this article defines it as any locality more than an hour’s car or bus ride from an urban area of 50,000 residents or more.
3. As Montes de Zavala and Sáenz have observed (2012: 96) among poor Mexican transnational families, a gendered division of labor often exists in the provision of care to elderly parents in Mexico. Typically, the siblings agree that one US-based son—usually one without his own familial obligations—finances the parent’s health care while a Mexico-based daughter provides direct care. Coe describes a similar division of labor in eldercare among transnational Ghanaian families—one between care financiers (and “managers” from afar) and direct care “providers” (2016, 2017: 137).
4. Indeed, according to the Mexican government, “solidarity” entails the “accompaniment” of the dying person not only by health care personnel—key to global bioethical principles-- but also by the family (INAPAM 2022).

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