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**No Da, No, Si Da! HIV Risk Reduction Education
and Latino Farmworkers in Rural Michigan**

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by Keith V. Bletzer

University of Miami School of Medicine

Working Paper No. 18

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Abstract:

The paper describes the ongoing strategies to educate migrant farmworkers about the risks of HIV infection and techniques of prevention. The paper also describes the many difficulties inherent in reaching these laborers, most of whom understand little English. Many of the techniques being implemented are innovative and require careful evaluation for effectiveness. It is highly recommended that evaluations be conducted via ethnographic techniques as such a strategy allows for implementation and evaluation to occur concurrently and for more rapid assessments of, and modifications to, shortcomings in the ongoing HIV-education strategies.

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Table of Contents

Introduction	<i>1</i>
HIV Risks to Farmworkers	<i>1</i>
Model of Farmwork	<i>2</i>
Prior Intervention Activities in Michigan	<i>2</i>
Development of a Statewide HIV Education Program	<i>3</i>
Response to AIDS Video Showings	<i>4</i>
Analysis of Migrant Talk	<i>8</i>
Conclusion	<i>11</i>
Endnotes	<i>11</i>
References	<i>12</i>

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Introduction

Agriculture is one of the most hazardous industries in the United States, especially for those who perform agricultural labor. Migrant and seasonal farmworkers' experience risks to their health from exposure to allergenic elements, improperly operated and/or inadequately maintained farm machinery, poor sanitation in the camps and fields, sub-standard and/or crowded housing, and the stress and long hours of work. These conditions lower resistance to common ailments and infectious disease (Coye, 1985; Dever 1991; Spielberg Benitez, 1983), and they increase the likelihood of musculoskeletal problems (Wilk, 1986) and stress-related disorders (Dever, 1991), such as adult-onset diabetes (Scheder, 1988). Along with these problems, public health officials recently have become aware that there also is a risk of HIV infection among farmworkers, that has the potential to increase, since AIDS cases are no less prevalent among migrant and seasonal farmworkers than among the general population (Castro, and Narkunas, 1989). It is noteworthy that in at least one state having large numbers of farmworkers prevalence rates for seropositivity are higher among migrant workers than other populations (Frees, Polkowski et. al., 1992).

Texas, California, and Florida rank first, second, and third in number of farmworkers. These three states also have more than one-third of the AIDS cases in the United States. Ranked 18th in cases of AIDS at the time of this study,² the state of Michigan ranks fifth in number of farmworkers behind the state of Washington³ but "receives" more migrant and seasonal farmworkers than any other northern state. The states of Texas and Florida, along with Mexico, comprise the key sending communities for the migrants who work in Michigan and elsewhere in the Midwest (Choldin, and Trout, 1971). Originating from two states among the highest in cases of AIDS (Texas and Florida), migrants may have been exposed to the HIV virus prior to their arrival, or they become infected through the risk behaviors in which they may engage while in Michigan.

HIV Risks to Farmworkers.

Risk behaviors for HIV infection among migrant workers differ from those that typify people living in urban environments. The available evidence suggests that in some parts of the country migrants do not use injectable drugs (Kennedy, 1989; Lafferty, 1991) but in

other parts of the country their higher rates of HIV infection probably are due to the use of injectable drugs and needle sharing (Frees, Polkowski et. al., 1992). Despite an uncertainty about drug use among farmworkers in Michigan, this study collected materials from migrant men who could repeat the popular names of both injectable and non-injectable substances which non-migrants had exposed them to outside the state; some repeated stories of having been present when drugs were injected. Intoxicants more commonly used by migrants in Michigan are alcohol and marijuana, one of which (alcohol) may be an antecedent to, or a co-occurring factor with, risky sexual behavior (Bolton, Vincke, Mak, and Dennehy, 1992; National Institute on Alcohol Abuse and Alcoholism, 1992; Stall, McKusick, Wiley, Coates, and Ostrow, 1986).⁴

Unlike urban areas where Latinos live in concentrated numbers and where needle sharing is a high risk behavior (Amaro, 1988; Marín, 1988; Singer, Castillo, Davison, and Flores, 1990a), unprotected sex is a more likely risk behavior among migrants in the state of Michigan (Bletzer, 1991), particularly through contracted sex with sex workers and, as a further link in the chain of transmission, through consensual sex between men, and women and men (whether married or not). There is particular concern for women who may unknowingly have unprotected sex with men who may be infected, including women who are married to men who migrate to work in agriculture and spend time away from home.

Field data collected in rural Michigan indicate that contracted sex takes distinctive forms in Mexico and Michigan. For example, sex workers in Mexico City are found in areas that the men describe as "dating strips" which have regulated houses of prostitution (*zona de citas or zona registrada*), whereas American-style prostitution for the most part entails the services of women as well as men who are "in the life" and work the streets (Leonard, 1990). Migrant men know where to locate the sex workers who are "on the stroll" in towns and cities. They more readily talk about prostitutes who work in local taverns and bars and avail themselves of the services of local women who may hold part-time jobs in the surrounding area and who visit the migrant camps as sex workers (what some call "heels on wheels"). There also are reports of women whom the men have "live-in," since local law enforcement authorities cannot arrest them on private property, unless the property is "posted" (Norma Luna, 1990, 1991). In some parts of the state, migrant

men may establish temporary summer liaisons with local women, particularly women who are single parents with little economic support. More research is needed on these phenomena to distinguish how migrants perceive their relationships with these local women, what transpires within such a relationship and to what extent these women may pose a risk of HIV infection, to better determine how education on HIV/AIDS might be tailored to their needs.

Model of Farmwork

Farmworkers earn wages below the national average (Dement, 1985, p. 18; Gonzalez, 1985, p. 97; Scheder, 1988, p. 255) and lack the protection held by other United States workers who are organized through occupation-specific labor unions (Gonzalez, 1985; Hintz, 1981), two conditions which predispose them and their families to less than adequate health care coverage (Chavez, 1988; Chavez, Flores, and Lopez-Garza, 1992; Slesinger, Christenson, and Cautley, 1986). Migrant life requires a "multiplex identity" (Rosaldo, 1989, p. 168-195), owing to the constantly changing conditions that are created by the seasonality and uncertainty of work, health risks owing to physical demands on the body, poor sanitation and exposure to hazardous substances and infectious agents, and low pay and long hours.

Diversity in farm labor is constrained by a system of labor recruitment which varies from contractual arrangements with crews, most of which comprise single men (called solos), to contracts with family-centered labor units, which may comprise an extended family of married siblings or cousins (Briody, 1986; Gonzalez, 1985; Santiago, 1990). Migrant workers tend to work on jobs where all or most workers are of similar national heritage; persons of the same language and same ethnicity frequently are concentrated by regions of the country (Farmworker Data Network, 1980; Gonzalez, 1985). In Michigan, for example, migrants work from May through October, and their numbers peak in June and July to where 60% to 80% of the agricultural labor force speaks primarily Spanish (Santana, 1988).

The smaller migrant camps in Michigan are occupied by one to two families, whereas several families occupy the larger camps. Married men without wives and single men are found in camps of all sizes. Migrants often return to the state from one summer to the next, sometimes to work for the same grower. The practice of visiting that occurs regularly within and between the camps allows migrants to create and renew friendships, and it generates a series of localized multi-stranded intra-/inter-

camp networks throughout the state. A visitor is announced to the visatee by the expression *buscarte* ("looking for you"), which facilitates locating and arranging for a visit to take place, and for information and materials to be exchanged. The fact that visiting occurs between camps despite the demands of physical labor (and low pay to defray the cost of gasoline) indicates its importance in providing a context for discourse on topics of concern to farmworkers, among which is that of HIV infection and AIDS.

Prior Intervention Activities in Michigan

That portion of the human services infrastructure in Michigan that targets farmworkers is office-based and most of its services are crisis-oriented: food stamps and emergency housing in times of need, medical care through the migrant clinics, and legal assistance with work-related problems or domestic disputes. Visits to the camps as outreach are rare. Education initiatives also are rare, except in early childhood education during the day through a federally-funded migrant head start program that covers several counties and English-as-second-language classes that are held in the camps in the evening in the counties of northwestern Michigan.

HIV education targeting Latinos in Michigan has been minimal, as was the case for Latinos across the United States in the early years of the epidemic (Singer, Flores et. al., 1990b). A state campaign that emphasized "media and print" has been in place in English since January 1989 (radio, television, newspapers, posters, leaflets) and was expanded in January 1990 to include Public Service Announcements on cablevision in both English and Spanish and "paid ads" on major networks in both languages (Ruff, 1992). Many migrants who work in the state lack sufficient language skills to benefit from educational information aired through the broadcast media, and even more lack the literacy skills to benefit from written messages. Migrant HIV education initiatives in Michigan sought to remedy this by incorporating a more population-specific approach among migrant and seasonal farmworkers. Programs were designed and implemented as camp-based interventions; the approach that was emphasized was participatory not crisis-oriented.

Migrant HIV education first took place in Michigan in Ottawa County. Like participatory approaches for other Latino AIDS programs in Michigan (Bracho de Carpio, Carpio-Cedraro, and Anderson, 1990), visits to the camps were conducted as substance abuse outreach by a trained counselor, who began to include AIDS education materials the summer before "Ojos Que No Ven"

(Latino AIDS Project, 1987) became available, the first video on AIDS to be released in Spanish. The AIDS literature and this bilingual video, however, were designed to target urban-based populations, where needle-sharing with injectable drugs was, and still is, a primary risk behavior. By 1989, as minority HIV funding became available, other programs in Michigan followed the Ottawa County initiative. These programs included:

- a migrant mobile unit which began operating in Lenawee County in 1989 and included AIDS education among other components; the unit was comprised of social workers and counselors from local human services agencies
- the first efforts in Ingham County which were camp presentations through a state-funded program sponsored by Cristo Rey Community Center, and the staff was comprised of an outreach worker trained as a sexually-transmitted disease counselor, and subsequent staff augmented the program by incorporating a research-evaluation component with the presentations
- a series of presentations in Kent County, which were conducted by an outreach worker from the Minority AIDS Project of Grand Rapids, which later was followed by similar presentations sponsored by the intermediate school district, which hired a counselor from the Heart-side Clinic to work in the camps surrounding the Sparta Health Clinic

Another program that was developed in Michigan, which is described in this paper, was sponsored by a statewide non-profit organization that received funds for its program from the Centers for Disease Control, awarded to a five-state (five-agency) network of migrant-serving organizations. The five-state initiative was designated the Midwest Migrant Farmworker AIDS Education-Prevention Consortium.

Intervention strategies utilized in HIV education employ models of learning originally designed for non-literate adults and the strategies of behavioral change operative for substance abuse programs, where overcoming denial to admit to having a problem is a key first step. The methods of teaching for HIV education incorporate the collapsible scripts of one-on-one contacts, which are similar to techniques of substance abuse outreach, where the "message" has a "hook" that "grabs" a person's attention, and the expandable scripts of group presentations,

which permit question-and-answer discussions that reach many people and teach them to make behavioral changes (Taylor, and Lourea, 1992). One major aspect of the expandable scripts in the camps is the use of "focus groups" which provide a minimal amount of technical information in a presentation to a pre-arranged group of migrants, who are encouraged to direct discussion on AIDS to areas of interest to them.

Development of a Statewide HIV Education Program

The statewide program took as its charge rural counties in Michigan having farmworkers but lacking local initiatives for HIV education among migrants. For three summers the collection of ethnographic data occurred concurrently as the program was being developed and implemented. The data that are examined in this paper were collected to evaluate the design of the curriculum for camp outreach and HIV education presentations, and to assess the relevance to migrants of needle sharing as a mode of HIV transmission.

Lacking problem-related materials related to life-threatening illness among migrants or context-specific information on which to base hypotheses or design an outreach curriculum, the rationale for collection of ethnographic data was born of necessity. The author-as-ethnographer recognized the need for data to assess the impact of migrant HIV education. There were no studies of migrant sexuality, no context-specific data on rates of HIV infection among migrants, and little information on introducing health-related materials among the residents of migrant camps. Hence, the author took field notes on language use and the behavioral responses of migrants to educational materials as he collected program data (number of persons contacted, relative age, sex, setting, context of contact). The kinds of ethnographic data he collected and the corresponding techniques of analysis included:

- (a) notation of responses to video showings that included verbal comment and non-verbal reaction
- (b) notation of educator-group and participant-participant interactions, which evolved into a more systematic format for collection of data for assessment by discourse analysis
- (c) interviews with adults, adolescents, men, women, as well as couples; some of the data were amenable to discourse analysis.

Notes were written in the process of conducting outreach visits or tape-recorded as the author drove from camp to camp; this approach to note-taking was similar to the secondary procedures utilized by González Rivera (1992) in her field study of HIV/AIDS education strategies in Ingham County migrant camps.

Ethnography provides a means to systematize impressions of human behavior and make them amenable to analysis or applicable to the resolution of real-world problems. The ethnographer considers what is available locally and how that knowledge can best be applied to the task at hand. The trademark of ethnography is capturing the tone and flavor of what it's like to experience life as a member of another culture. As an example of how the ethnographic imagination was applied in the camps, the educator responded to a question one night on why mosquitoes were not transmitters of the HIV virus, indicating that there is no exchange of blood, and that the blood and the virus are retained in the mosquito's body (based on a report from a study of Belle Glade residents). Then he listened as one of the men re-worded his response for the man who asked the question and included the empirical observation that mosquitos finish feeding when they are full, that"

"One sees them in the evening, staying along the walls. You kill them and then you notice they were filled with blood" (se ven por la tarde en la pared, lleños de sangre, parados ahí, entonces, los mata y se ve toda la sangre que tenía). [men only focus group, 7-28-89]

The educator became ethnographer and subsequently the author included this version of an explanation whenever he was asked on later visits to other camps if the HIV virus can be transmitted by mosquitoes.

The expectation that one-on-one contacts would be the basic strategy to disseminate educational information came under review early in the program. Upon entering the camps, the author-as-ethnographer noted small groups of migrants spontaneously gathered and talking about matters or concerns, often, but not always, segregated by age and sex, and "animated" by more than one "co-principal" speaker; similar groups are described in Friedland and Nelkin (1971). This style of interactive engagement resembled that of discussion-generation that occurred as part of the educational presentations. Since the dynamics of these small groups differed less from composition than size, groups of four or more persons

became an arbitrary threshold for a new educational technique of "discussion," which took into consideration the naturally-occurring phenomenon of "gathered residents." The design of the curriculum for the statewide migrant HIV education program, then was re-structured to add *Discussions* as an intermediate education technique between non-scheduled *One-on-One* contacts and scheduled group *Presentations*.

There were other additions to the curriculum. Men and women that they encountered in the camps with experience in crisis intervention or HIV counseling were recruited to serve as "camp volunteers" (CAVOs), similar to efforts to train local residents as medical auxiliaries (Micozzi, 1985) or community health workers (Bastien, 1990) in rural areas of Latin America, or as community health outreach workers (CHOWs) in urban areas of the United States (Broadhead, and Fox, 1990). Other activities of the migrant HIV education program included conducting HIV orientation for migrant clinic staff at several sites (Bangor, Eau Claire, Lansing, Saginaw), migrants and program coordinators trained through the Midwest Migrant Health Information Office (MMHIO), Camp Health Aide Program (Pullman, Shelby, Sparta), and migrants who were attending continuing education programs and English-as-a-second-language classes in northwestern Michigan (Fremont, Grant, Newaygo).

Sometime into the second summer, the author-as-educator eliminated his dependence on migrant services staff to schedule presentations and began using one-on-one contacts during outreach visits to ascertain whether camp residents were interested in having a presentation, if not that same evening, at least within the coming week. Time was saved in using these direct contacts, and the program was streamlined. Over the course of the three summers, there were 31 pre-arranged presentations conducted at 31 of the 76 camps reached in 1989, 44 pre-arranged presentations were conducted at 22 of the 180 camps reached in 1990, and 26 presentations (some pre-scheduled, some spontaneous) were conducted at 26 of the 348 camps reached in 1991. Impromptu discussions increased from 25 that were held during the second summer to 35 that were held during the third summer, and the number of counties that were covered increased from five the first summer and 11 the second summer, to 21 the third summer (Figure 1).

Response to AIDS Video Showings

Another issue that was examined through the ethnographic research was the relevance for rural populations of

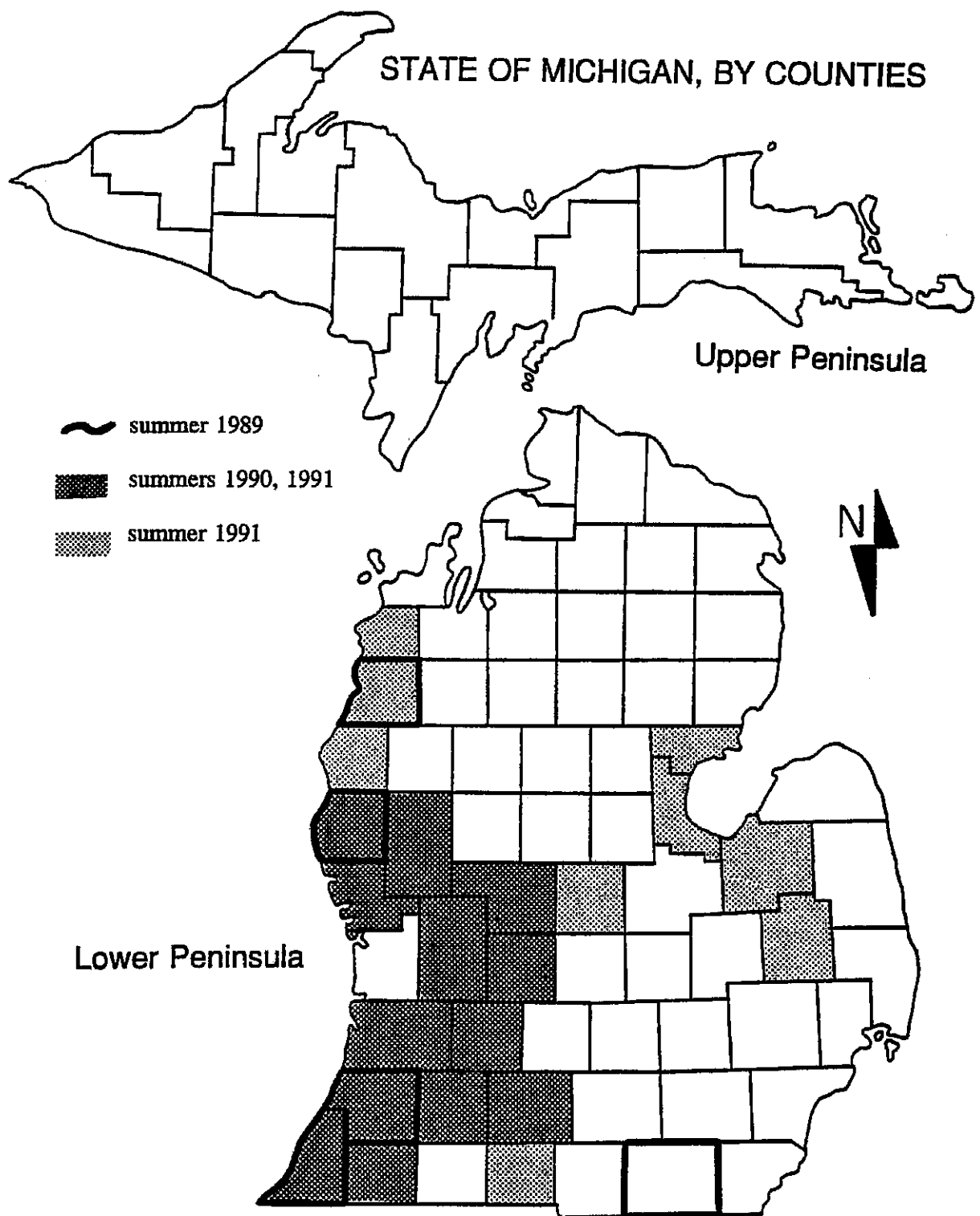


Figure 1. Michigan counties receiving migrant HIV risk-reduction education outreach and presentations through statewide program, 1989-1991.

the focus on needle sharing in AIDS education materials. It was not possible to conduct a pilot study on the prevalence of drug use, but it was possible to observe people responding to information about injection as a risk behavior. A working hypothesis was formulated that the emphasis on injection as a mode of transmission in the content of bilingual AIDS videos reflected an elite lore of privileged production, created by Latinos for urban-based Spanish-speaking audiences in the United States. The urban-based model also assumes that if the composition of a family unit is incomplete, it is dysfunctional and "chaotically enmeshed." An incomplete family is not a consideration in the migrant experience, where family units are created and re-created to meet the demands of required field labor (Briody, 1986; Gonzalez, 1985; Whitener, 1985).

This hypothesis of inappropriate information was tested in the camps against responses to video content, by assuming that responses represent inferences made by the participants on what they perceive is taking place in the story according to their cultural background and a folklore generated by access to discourse on AIDS. Comparison of elite lore and folklore has been studied under similar circumstances: Herrera-Sobek (1979) synthesizes material from novels that depict the migrant experience in this country, then contrasts this with aspects of the migrant life history materials she collected.

The video first used in the migrant camps in rural Michigan was "Ojos Que No Ven." Set in a barrio (neighborhood) in an unnamed community, the main characters form an interconnected network of dyadic relations that are based on family and friendship. The video's title is shortened from a well-known proverb, *ojos que no ven, corazón que no siente* ("an uncaring heart arises from eyes that won't see"). Use of the first half of this proverb in the title refers to the need to "see" the impact of AIDS and to "care" enough to become involved (Mata, 1989). The style of the video is generic: all of the characters speak Spanish, except Cindy, a local prostitute, and no one mentions a country of origin nor a place of residence. The way the video is framed and performed resembles the features that define the verbal performance of a proverb among *Mexicanos* (Briggs, 1988, p. 101-135). A number of migrants have noted this resemblance to verbal performance; they refer to its "Latino style" (*onda Latina*) as the opening scenes "link" the present to the past through a montage of Aztec murals interspersed with street scenes of Latinos. Ideas framed in the video are not about distant "bygone days" as occurs in the traditional performance of telling a proverb, but those of contemporary concern to Latinos that are emerging with the AIDS crisis.

"Ojos Que No Ven" contains twenty scenarios showing dyadic and triadic interactions, which can be collapsed into nine sets which depict behavior that may place a person at risk to HIV infection: sex between men, risks which occur through needle-sharing, prostitution, and a woman's pregnancy where her partner engages in a risk behavior, among others. A content analysis of reactions and comments was generated from field notes taken during education sessions in 31 camps in 1989 and 22 camps in 1990. Based on exclamations of surprise and expressions of laughter, observations indicate that the things "noticed" the most by migrant audiences were extramarital sex and sex between men regardless of their marital status. "Surprise" reflects an unanticipated stimulus and redirects audience expectations. "Laughter" among members of the audience contextualizes significant affect, and the incongruity of the humor reduces tension. Verbal comments to the video support what was learned from observing reactions of migrants who watched the video in same-sex and mixed-sex groups.

Considered below are the four scenarios from "Ojos Que No Ven" that received the most responses (comments and reactions), which indicate that migrants bring a set of cultural models to this video which differ from its intended focus on drugs and needle sharing.

A. A dialogue in the opening scene occurs between two co-workers, Doña Rosa and José Luis, as he brings her home in his car. Their talk concerns several misinformed aspects of AIDS; he will not eat in restaurants, for example, and he prefers to drive his car to work, rather than ride the bus. At one point, she asks him:

Rosa: Don't tell me that you are gay (del otro lado)? (*smiling playfully*)

José: Who knows? (*hand under chin, affectedly*)

People of all ages have chuckled at José Luis' imitation of a gay man in this scene, the first in the story to reference gay-ness, which sets the stage for later references to gay behavior. There were no exclamations of surprise to this scenario. Very few people provided specific comments on this scene in the focus groups that followed the video.

C. The most frequent response occurs with the scene of Manuel and Gabriel on the couch, found there by Manuel's mother, Doña Rosa, as she arrives home. Sex between the two young men is implied, not shown. Exclamations of surprise came as the two men (shown as a close-up), both

dressed, sit up, and Manuel, upon seeing his mother, exclaims: “¡Mamá!” Since each man has a visible moustache, there is no doubt to the intended reference in this scene. People who chuckled at this scene generally were older than those who reacted with surprise. A few people made comments on their getting caught by Manuel’s mother, and several verbalized the distress that she might be feeling. Very few people provided anything but quick remarks on the implied riskiness of their behavior, no one argued for the moral impropriety of sex between men.

Q. People of different ages chuckled at Manuel’s reference to “wearing a dress,” as he has a brief chat with his sister over her outburst to the confession that he has made to her and their mother that he is gay. In the dialogue below, Isabel has just apologized to her brother for her outburst.

Manuel: Why shouldn’t I accept your apology, Flaca? But if you persist in behaving this way, the next time you bring your boyfriend around, I’ll wear a dress. (*mildly playful*)

Isabel: With that moustache, the only thing he’ll think is that I have a weird brother (*hermano chiflado*). (*playful*)

Reactions to this interchange occurred most often among the young women, who giggled or laughed loudly. Others also laughed, all seemingly at the reference to wearing a dress, not to Isabel’s reply. The humor juxtaposes a mindfulness among migrants of the proper attire for men and women. Migrant women, it is true, wear pants to work in the fields, but, for the most part, they wear pants under their dresses. It is the case that young women more than older women wear jeans in the evening, after work.

Comments came mostly from the men, who commended Manuel’s concern for his sister in keeping with a responsibility to his family, regardless of his sexual orientation (information is provided in the story that the father is deceased). This aspect of the video is the one that is most readily remembered. Migrants who previously have seen the video use the brother/sister dyad as an anchoring point to identify the video when they described it to the author and asked if he would be showing it to them as part of his educational presentation.

S. There occasionally is surprise and a little laughter at the closing scene, as Manuel greets

Gonzalo with a kiss, as Gonzalo, seated at a table in a bar, talks with Joaquin, the man with whom he has had relations. Partner notification is being illustrated, since Gonzalo has called Joaquin after receiving his seropositive results. Audience response to their kiss is less than when Manuel and Gabriel appeared together on the sofa. By this point, audience is accustomed to “gay” references appearing in the video. All ages have reacted to this scene, few people venture comments in focus groups on the implied responsibility of one partner to another, if one or other is infected.

Comments and reactions to the drug-related scenes occurred less often than to other behaviors, despite the “hip” language and “tag” of the drug-using character, who employs street language to identify the drugs he’s carrying, uses expressions like *está toda la madre* (“it’s pure heaven”) and calls himself *Tiro Loco* (“Crazy Shot”). Migrants attended more to the relationships of the two couples who appear among the various single persons in the video, whose pleasure-oriented escapades and worries prior to problem resolution pervade the story. That they notice the married men, and in each case his uninformed spouse, is understandable considering that the organization of field labor in the larger camps is male-focused and family-centered. One’s family “anchors” one amidst the ever-changing social networks that one experiences as a migrant worker.

Men comment the most on the extra-marital liaisons of Joaquin and Gonzalo (male-male consensual sex) and Pedro and Cindy (male-female contracted sex). They call attention to Joaquin’s behavior and indicate that his secretiveness toward Alma, his wife of one year, is “disgraceful” (*una desgracia*) and “sad” (*triste*). More than once, someone has commented, “He deserves his predicament, he has such a fine woman at home” (*lo merece, tiene esa mujer tan buena en la casa*). Their comments give credence to the notion that tensions will occur over the roles and activities of gay men (Carrier, 1989a) but are contrary to models of gay behavior among Mexican men which assume a playfulness in strategy-making for covert activities (Taylor, 1986). More generally, these comments of migrant men in Michigan raise questions about an assertion that there is an unspoken acceptance of (safe) sex between men in Mexican society, even if one or more of the men is married (Carrier, 1989b; Carrier, and Magaña, 1991, 1992). Women rarely commented on Joaquin’s behavior in the focus groups, or apart from the educational presentations conducted in the migrant camps.

The second couple draw frequent responses from both men and women. Pedro spends the night with a prostitute. When he returns home to his pregnant wife, Ana María, she scolds him. Reacting to her accusations, Pedro denies being with another woman and “sweet-talks” his wife into accompanying him inside the house by gently taking her broom and opening the door for her. Migrant men note Pedro’s skills in placating his irate wife, and several have noted: “Now she’ll behave” (*ahora le conforma*). Their comments allude to an idealized expectation that women owe allegiance to their spouse’s desires, not their own. Migrant women bring a different perspective to this scene; many remain silent when they watch the video in mixed groups. But when they speak out, their comments question the accuracy of portraying wives as compliant. Once a migrant woman in a mixed group asked: “Why does she give in so easily?” (*¿porqué cae tan fácil?*). Women asked the educator during the focus groups, or apart from the focus group and apart from the educational presentations, what happens to Ana María, since the video is weakest on its resolution of the issue of her pregnancy and Pedro’s carousing behavior, that places her and their unborn baby at risk to HIV infection. The last time Ana María appears in the story is when she receives literature from Doña Rosa; as she accepts, she tells Doña Rosa that she’s “well armed” (*bien armada*). Women react to the shallowness of assuming that telling women how they should expect to be treated will provide them with the strategies they need to negotiate a change in their husbands’ behavior or make explicit riskiness of unprotected sex.

One of the reasons that this couple leaves an impression on migrant audiences is that there is no effort to hide the couple’s background; Pedro uses the second person *vos* form common in rural Mexico (e.g., *cálmate vos*), and his wife’s hair coiffure and dress reflect highland MesoAmerican fashion. Many farmworkers come from small towns in Mexico or the Valley of south Texas, where men and women recognize an ideal set of role behaviors for the sexes: male in control, female as compliant. When Ana María is irate over his carousing and expresses concern that “Immigration Services might have grabbed him” (*lo había agarrado la migra*), occasionally the men call Pedro a “wetback” (*mojado*) suggesting that not only are they seeking in his rustic origins an excuse for his behavior, they are also embarrassed over any similarities to Pedro’s and their own behavior. Migrant women laugh less often; find little humor in the distress that Ana María is experiencing (Rebolledo, 1985), being in similar or worse situations themselves (Cole, 1993; Rodriguez, 1993).

Analysis of Migrant Talk

Notation of comments and related behavior from interviews, discussions and presentations provided the data for discourse analysis as the author sought to figure out “what was really being said,” identify what was most salient in migrant talk, and determine what it was that was “entextualized” (Kuipers, 1989) to become what migrants in Michigan knew about AIDS. Use of language for referential distancing and as a tactic to direct a discussion were considered for analysis.

Talking about AIDS is an affect-laden topic which may require adjustments to minimize a speaker’s ties to a particular issue under discussion and obligates “speakers to wrestle with these conflicts and come to terms with them in some way” (Leap, 1991, p. 277). Common form of referential distancing when migrants talk about AIDS in a formalized setting is use of a “generalized other” more often than specificity by ethnicity, age, sex, or reference to self.

Personal referencing. Use of third person among migrants in talk related to the topic of HIV/AIDS allows the speaker to speak knowledgeably on a topic that is related to risk behavior, but maintain a distance from that behavior and not disclose if he/she has been taking the necessary precautions to avoid a risk of HIV infection. Use of a generalized other is common (examples a, b, c, d, below). Migrants draw upon domains of major concern and worry, such as the partner with whom one has sex (a, c, d), the male sex drive (b) and sanitation in camp bathhouses (d).

- a. One needs to know one’s partner (*hay que conocer la pareja*). [men only group, 7-16-90]
- b. Abstain from sex (*dejar el palito*) [to avoid risks]. [male teen, interview, 7-29-90]
- c. One cannot mess around with just anyone (*no puede meter con cualquier*). [men only focus group, 8-19-90; other variants]
- d. One needs to be careful (*hay que cuidarse*), one never knows where one’s partner has been; it’s like bathing in contaminated water (*agua sucia*). [male adult, interview, 9-11-90; other variants]

Men also recognize that an ideal world where sex workers in Mexico have regular check-ups is not all that safe. One night one man took the idea of regulated sex to its logical extreme, hinting that precautions in sex relations now require personal responsibility (e).

e. It isn't really safe if someone else visits her between the time she has her check-up, and you want to be with her (*hay peligro cuando el hombre quiere estar con una de ellas, si él no llega primero, después del chequeo*). [men only focus group, 10-8-89]

Migrants also distance themselves referentially by "blaming" others for behaviors which may hold true for them. When migrants, for example, ask why the government doesn't send HIV-infected gays to sacrifice their life in war (Operation Desert Storm and the invasion of Panama occurred during the time period covered in this paper), they are suggesting that "homosexuals" (*jotos*), or anyone who is reputed to have an active sexual life (such as themselves), are wasting their youth in sexual exploits not to the benefit of society. As another example of how migrants distance themselves from the AIDS problem in the United States, they reference conditions (poverty) that lead to cholera in Latin America, but they juxtapose as distinct conditions in Latin America (government indifference) which inhibit a response to combat cholera and conditions in the United States (volunteerism and government support) which contribute to an education-prevention campaign against AIDS.⁵

Statements in the first person permit the speaker to share with the educator from her/his personal experience and bring her/him closer to the topic of AIDS and HIV infection. Hank's (1990) study of referencing among speakers of Spanish/Maya indicates that the use of first person reflects a speaker's search for mutual responsibility in public communication. For example, a migrant woman admitted in an interview that she, if not her husband, was concerned that marital sex placed her at risk to HIV infection (f). Her statement alluded to a misinterpretation of warnings about how HIV is transmitted by sex with an infected person; she gave no hint that she was concerned about her husband's faithfulness, and he sat quietly as she spoke. Another time, a man who was with his wife (and another couple) gave the male view that wives are concerned that husbands might be "messing around" and bring the virus home to them (g).

f. I thought if we had sex (*si tenia relaciones*) [we would give it to each other], but it's not like that. [female, married couple interview, 8-9-90]

g. Our wives (*mujeres*) think we will bring the virus (*traerlo*) home to them. [male, married couples' focus group, 9-23-90]

The more intense and closer to oneself a personal experience was, the more likely that migrants were to make use of first person to talk about HIV infection and AIDS, unlike the speakers of American English studied by Leap (1991).⁶ Use of first person among migrants facilitates a balance in a perceived asymmetry between levels of knowledge held by migrants and the educator regarding sexual relations outside marriage (h, i, j), the importance of the blood test (k, l), and attitudes toward the use of condoms (i, m, n, o). First person also permits a speaker to demonstrate the experiential cost of knowing someone who has AIDS (j) or the necessity of continuing to change in the wake of the AIDS crisis (i). Men more often than women referred directly to safer sex practices. Contrary to beliefs about the reticence of migrant women to talk about sex and similar to González Rivera (1992, p. 132) who found in her study of Ingham County migrant camps no reluctance among men and women to talk about sex (except among older couples), a number of young women described to the author their concerns (f, j) and alluded to their own behaviors (h, l) which may place them at risk equal to the extent men place themselves at risk. For example, married migrant women who contract STD's by having multiple partners is not unknown (Johnson, 1991). Moreover, one man who spoke at length with the author described the assertiveness of Texas women (i).

h. Here, let me put [the condom] on you (English). [female only teen focus group, comment during talk on ways to reduce risk, as a demonstration, that speaker was aware that HIV education strategies were designed to "empower women," 8-11-90]

i. I'm in Alanon, I've heard (*yo sé*) what drugs can do... After I left my wife (*la dejé*), the first woman I was with asked me to use (*poner*) a condom. I agreed (*dije que sí*)... I was away for a year, but when I came back, I still use it, because I cannot be sure what she has done. [men only discussion, 6-22-90]

j. I know this matter is important, not for me, but my daughter. She might do things [that place her at risk]. (pause) My son was gay (homosexual), he has AIDS (*tiene AIDS*). (pause) But because that's difficult to share with us (*decirnos*), he got married to hide it (*taparlo*). (pause) Now, he's dying (*ahora es para morir*). (pause) Not for me, but for my daughters. [mother of PWA, interview, 8-19-90]

k. I've had the blood test (*prueba*) in Texas. [men only discussion and interviews with men; several examples from men]

l. I've taken the exam (*ya recibí el examen*), they told me I was negative. [female teen, family focus group, 7-19-91; variants from three married women and a woman who recently had gave birth, after noting a AIDS brochure that the author was carrying was the same one she received in migrant clinic during pregnancy tests, 6-25-91]

m. Just because we get (*nos dan*) condoms, we may not use them. [teen, men only focus group; 8-12-89; few examples, variants given in the third person]

Similarly, use of first person may make a statement more believable, push the limits of its credibility and gently "mock" the person who is bearer of bothersome news (n). It also may provide a humorous interlude during the serious matter of HIV/AIDS education (o).⁷

n. We always wear a rubber when we have a lady (English). [men only discussion, opening statement upon arrival of educator at Oceana County camp, 9-22-90; one example in Spanish from the same county used the expression *preservativo* for "condom," 9-14-90]

o. Now I'm going to operate (*operar*). (carefully puts on blue latex dishwashing gloves, as others observe, then chuckle) [teen during discussion of risk behaviors, men only focus group, 7-19-91; variant on theme of gloves and hands appears in Castro (198, p. 287-288) and the metaphor of "opening" (*chingar*) appears in Reyna (1980)]

Use of questions. Migrants make frequent use of questions when they wish to generate discussion (p, q, r, s) or direct talk to an area of personal (t, u) or general (v, w) concern. Questions vary from wanting to know whether AIDS has a cure (p), what symptoms appear with AIDS (q), routes of transmission (t, u, v, w), where the epidemic started (r, s), and whether people (especially prostitutes) may be infected in nearby towns (u).⁸

p. AIDS has no cure, right? [mixed groups and men only focus groups; several examples]

q. How does one look (*parece*) who has AIDS? [mixed groups and men only focus groups; many examples, several variants]

r. Did AIDS start with monkeys? (*changos*) [mixed groups; several examples]

s. Which people (*raza*) have the most cases? [mixed groups and men only focus groups; several examples]

t. Can one get the virus from kissing? [mixed groups and men only focus groups; interviews with teens of both sexes; several examples]

u. Are there women with AIDS in [local town]? [men only focus groups; several examples, variants for four different towns]

v. Can one get the virus from the toilet/bath (*excusado/baño*)? [mixed groups and interviews with both sexes, all ages; several examples, several variants]

w. Can the virus be passed if two people place open wounds (*cortadas*) one atop the other? [mixed groups and interviews; several examples, several variants using ostensive referents, generally placing backs of the hand atop each other]

The educator used questions that considered material presented in the video to assess comprehension of its content, especially the first summer. For example, asking people why Doña Rosa is not at risk when she kisses Tomás (PWA) in the hospital directs thinking to the issue of casual contact. He later noted while giving migrants more time to participate in the focus groups, and through observing the style of talk in the discussions, that they used questions for much the same purpose, primarily as a tactic to give direction and focus discussion. The context of a focus group or a discussion permits participants to alternate as co-principals, animators and addressees (Hanks, 1990).

Questions in the third person allow the speaker to demonstrate an ability to apply knowledge about transmission of the HIV virus (w, x, also t, u, v). Questions in the second person generally were used among participants in the focus groups and the discussions, mostly in jesting in same-sex groups (male as well as female). Migrants used questions in the second person occasionally to ask what motivates the educator in providing the presentations (x). No examples of questions in the first person were collected.

x. Do you think that Latinos are more susceptible to AIDS (*que el pueblo Latino es más sidoso*)? [mixed groups and men only focus

groups; several examples, variants refer to pueblo Mexicano]

Dislocation of discussion. There also are tactics that were used by migrants to usurp the intent of these techniques of personal referencing and question formulation. Rhetorical questions, for example, may deflect the focus of a discussion and permit an individual to avoid an appraisal of responsibility for personal actions (y, z).

y. What woman wants to put on (*poner*) a condom? [men only discussion, 9-9-90]

z. Who wants to “get off” inside a latex condom? (*¿quién va a morir en un plástico?*) [men only discussion, 8-24-90; variant, 9-14-91]

Comments such as these signal a resistance to new ideas, or they may indicate the speaker’s intent to engage the educator in a more thorough (more sharing) discussion. These comments may “dislocate” a discussion as a means of testing the educator’s own oratory skills and move it away from pre-conceived pedagogical statements about HIV transmission and precautions against HIV infection.

It was a welcome respite from the stress of daily travel to the camps to encounter people who knew when to play and how to talk and, related to matters of life and death, knew when to play to reinforce what was serious. Migrants in the pre-arranged focus groups and the spontaneous discussions were adept at defusing the tension of the moment in a manner that increased the likelihood of remembering crucial HIV education information that was being presented to, and generated among, groups of which they were a part, whether these groups were formed upon request or came together spontaneously as a naturally-occurring phenomenon.

Conclusion

This paper has summarized how migrant HIV education initiatives in the state of Michigan were designed to surmount barriers facing migrants in receiving information on AIDS/HIV, examined aspects of the development of a statewide program to provide HIV risk reduction education to migrant and seasonal farmworkers in counties that were lacking local initiatives, and considered the importance of understanding migrant talk in providing HIV risk reduction education to Michigan migrants. The use of ethnographic techniques has been highlighted as a way of showing how an ongoing evaluation of program efforts can occur concurrently with the development and implementation of migrant HIV education.

Revisions in program content can be made or proposed when they are perceived as needed, when an ethnographic evaluation is made simultaneous with program implementation. An analysis of behavioral data from more than 50 showings of one bilingual AIDS video in migrant camps of Michigan, for example, indicated that the video story had portions of its content rarely associated with risk factors most common among migrants who work in the state. This video was replaced with a video that had more migrant-focused story⁹ and a needle-cleaning demonstration was suspended as a part of formal education presentations in the camps.

The collection of ethnographic material also can assist an educator to improve her/his teaching style. From a review of ethnographic data that has been collected systematically and ordered by setting and context, an educator can learn what works and what doesn’t work. Communication skills can be refined by identifying tactics which migrants consistently utilize to direct talk in a focus group on AIDS to areas of particular concern to them, and discourse analysis can help the educator to identify points of resistance and consider how to work through barriers to encourage migrants to develop plans for change.

Over time, the ongoing collection of ethnographic data will elucidate the things migrants want to know about HIV infection and AIDS, suggest ways they might best understand the HIV/AIDS prevention message, and document what strategies of communication are the most effective in presenting the kind of HIV education information that is most needed to educate migrant and seasonal farmworkers on how to protect themselves against HIV infection.

Endnotes

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1. Migrant workers travel across county/state boundaries to perform agricultural labor, spending more than 24 hours away from their permanent residence, whereas seasonal farmworkers work close enough to home to return each night, but do not work year-round.

2. At the end of 1992, Michigan was ranked 17th among the 50 states in numbers of AIDS cases.

3. Some demographers rank Washington as fourth in number of farmworkers, some rank Michigan as fourth
4. Before presenting their field data, the study by Bolton, Vincke, Mak and Dennehy (1992) provides a short review of the literature on risks to HIV which indicates that very few studies produce findings that show more than a weak relationship between alcohol consumption and risky sex behavior (pp. 325-334).
5. One section of the paper by McGrath (1993:66-71) discusses assignment of blame and allocation of responsibility in the AIDS crisis.
6. The difference between the two findings may be due to the setting in which the data were collected (hospital wards versus camps) or a difference in the status of the speaker (HIV seropositive versus status unknown).
7. Paredes (1978) provides a telling and astute analysis of the use of humor in the field.
8. The author collected one example of the "AIDS Mary" story, now common in many parts of the United States (Fine, 1987):

A man was with a woman. Really attractive woman. She left the hotel room. He didn't know when, but when he awoke, he saw written on the desk: "Welcome to [the world of] AIDS." (*un hombre estaba con una muchacha, bien bonita ella, ella sali6* [reference to hotel room from preceding topic of discussion], *6l no sabia cuando, pero cuando despert6, vi6 en la mesa* (gestures handwriting): *bienvenida al SIDA*) [men only discussion, 10-10-91]

9. Primarily "Gente Como Nosotros," but also "Alicia" and "Mi Hermano."

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