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Keywords

United States, immigrant, occupational health, pain, rights, claims-making, Latino restaurant workers

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Leveraging health capital at the workplace: An examination of health reporting behavior among Latino immigrant restaurant workers in the United States

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Abstract

This article examines the choices made by a sample of Latino immigrant restaurant workers in regard to their health management, particularly in response to illness and injury. I draw on 33 interviews with kitchen staff employed in the mainstream restaurant industry in San Jose, California, and Houston, Texas, in 2006 and 2007. I argue that workers must consider complex power relationships at work in weighing the advantages of calling in sick, using protective equipment, seeking medical care, or filing a workers' compensation claim. These decisions implicate direct and opportunity costs, such as risk of job loss and missed opportunities for advancement. Workers consequently leverage their health capital to meet their economic needs, to assert their autonomy at the workplace, and to ultimately reject the stigma of illness and injury.

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Introduction

Aurelio is an undocumented line cook at a popular chain restaurant in San Jose that serves Mexican food. I asked about his job and whether he had ever been injured. He showed me his arm. "I have the battle scars. Where I work I would grab the aluminum plates with a pair of tongs off the stove. They would be hot, about 300 degrees. Sometimes they would slip." What would you do? I asked. Incredulous at the banality of my question, he responded, "Nothing. You just keep working."

Aurelio's experience is far from uncommon. Despite the proliferation of laws designed to promote safe workplaces and provide injured workers with medical care and financial compensation, illness and injuries often go unreported. Available administrative data are imperfect (Benach, Muntaner, Chung, & Benavides, 2010), yet they suggest that immigrants like Aurelio are not only more likely to hold dangerous jobs but also more likely to work while ill or injured (Orrenius & Zavodny, 2009). Much of the occupational health research on immigrant workers has focused on factory work, construction, agriculture, and domestic work, as well as, more recently, employment in the meatpacking and poultry processing industries (e.g., Mirabelli et al., 2012). Less attention has been paid to the health of workers in the service sector. This paper examines the health experiences of workers in one component of this sector: restaurants.

In some respects, the outlook for restaurant workers' health is encouraging. Occupational injury and illness incidence rates for full-time restaurant workers in the United States has gone from just under 8.0% in 1994 to 3.4% in 2009 (BLS, 2011). Yet, this is an incomplete picture. Official enforcement data vastly underreport incidents of injury and illness (Cox & Lippel, 2008), and community-based studies have shown that the percentages of workers who do not employ preventative measures can be startlingly high. One study of workers in San Francisco's

Chinatown discovered that 93% of restaurant workers surveyed did not wear protective clothing, and 86 percent did not properly store their knives (Minkler et al., 2010). Not surprisingly, the percentage of workers who are cut or burned on the job is also high; a study in New York found that of the workers surveyed, 41% had suffered burns, 40% had received cuts, 17% had fallen, and 61% worked with bodily pain (Gaydos et al., 2011). In addition, 60% of workers surveyed in Chicago, Los Angeles, and New York reported going to work while sick, and 80% had no paid sick leave (ROC-U, 2011).

Restaurants, one of the largest non-unionized sectors in the United States, are a prime destination for immigrant labor. Only 1.6% of restaurant workers are represented by a labor union (Hirsch & Macpherson, 2012), which affects not only wages but also access to health insurance and job safety (Loomis et al., 2009). An estimated 12% of all undocumented workers are employed in food service and preparation occupations (Passel, 2006). These workers are even more concentrated in the "back of the house," where 20% of chefs, head cooks, and cooks, and an even higher 28% of dishwashers, are undocumented (Kershaw, 2010).

For most companies in the food-service industry, an acceptable profit margin depends on friendly service, quick turnaround, and a great meal for a good price, which creates immense pressure to keep labor costs low. Kitchen staff who are able to demonstrate speed and efficiency gain the favor of management, while slow workers can watch their hours fade away until their position is cut. In this high-pressure environment, meaningful enforcement of the regulations established to protect worker health relies on workers coming forward to file claims.

What keeps workers from coming forward to protect their health? Research in the fields of public health, law and society, labor studies, and immigration has tended to focus on three factors: 1) lack of union representation and access to similar resources; 2) insufficient knowledge

about workplace rights and access to medical care; 3) language and cultural barriers and undocumented immigration status; and 3) highly competitive work conditions. Missing from these analyses is a clear understanding of why workers conceal sickness and injury even when they understand their rights and the claims-making resources available to them. The findings presented here suggest that workers consciously manage their health and pro-actively weigh the costs and benefits of contesting workplace risks. At stake are not only job security but also factors that may not be as apparent: preferred work hours, opportunities for advancement, personal work ethic and identity, and maintaining relationships with co-workers.

The picture I present is not meant to reify rational cost—benefit models of decision making or to negate the realities of structural violence (see Holmes, 2012; Larchanche, 2012). I highlight the opportunities that workers seek for autonomy and the meaning that they ascribe to their health and their work lives, and I assess how this affects their decision making.

The implications of this research reach beyond the workplace and the well-being of employees. Sick and injured workers are also sick and injured consumers, whose purchasing power can be limited by their ailments (ROC-NY, 2006). They are also more likely to risk re-injury and recurring illness if they are not provided with proper medical attention and conditions for recovery (Krieger, 2010). Our comprehension of how workers respond to workplace illness and injury must be considered if we are to craft viable policies for promoting workers' health and the health of their families and communities.

Theorizing occupational health decisions

Workers in the United States are formally protected by several laws covering occupational health. The federal Occupational Safety and Health Act (OSHA) of 1970 requires

employers to provide workers with information and training, prohibits them from retaliating against workers who exercise their rights, and authorizes the imposition of fines on those who violate these protections. Federal and state discrimination laws prohibit employers from accommodating workers' disability or illness differentially across race or national origin. Workers' compensation, the oldest form of social insurance in the United States, is a state-regulated "no-fault" system that provides workers with medical resources and compensation following an occupational injury (Duncan, 2003). With the exception of Texas, all states require most employers to carry coverage in exchange for limiting workers' ability to sue employers for damages (except in extreme cases of willful neglect). In terms of general health, however, workers have few protections. Generally, employers are not required to provide sick leave for "at-will" employees (those lacking a union contract).

Contingent and low-wage workers commonly confront dangerous work conditions, and they have a harder time accessing resources to address illness and injury than other workers do (Kalleberg, 2011). In general, Latino workers are also less likely to be in jobs covered by workers' compensation insurance (Nicholson, Bunn, & Costich, 2008), less likely to be insured, and more likely to shoulder the financial burden of recuperation (Dong, Ringen, Men, & Fujimoto, 2007). The situation for undocumented workers is even more difficult. Although most states, including California and Texas, extend occupational health protections to undocumented workers (Rathod, 2010), under the federal 1986 Immigration and Reform and Control Act it is illegal for employers to hire undocumented workers. Ongoing enforcement programs such as 287g, Secure Communities, Social Security No-Match Letters, and E-Verify heighten anxieties in immigrant communities and may undermine efforts to promote worker health.

Even in the best circumstances, the existence of legal protections does not guarantee that workers have the ability or desire to exercise them. A study of Las Vegas hotel-room cleaners found that 43% thought it would be "too much trouble" to report pain they were experiencing at work (Scherzer, Rugulies, & Krause, 2005). A broader study of immigrant workers in California uncovered nearly ubiquitous injury experiences across a variety of low-wage industries, alongside reporting levels of only 63% (Brown, Domenzain, & Villoria-Siegert, 2002). Workers may not understand the laws that protect them, and they may lack knowledge about and access to health care (Kosny et al., 2011). Sick and injured workers may also understand that reporting can be costly, and that the outcome could be disciplinary action, denial of overtime or promotion, or, ultimately, job loss (Azaroff, Levenstein, & Wegman, 2002). Workers who receive a diagnosis of work-related injury or illness commonly lose their health insurance when they are laid off, and workers often must absorb enormous financial and emotional costs of treatment (Lax & Klein, 2008). All of these factors act to deter workers from reporting an injury (Tsai, Salazar, & Cohn-S, 2007).

Among those who do report, immigrant workers are more likely to have their claims contested by employers. They face additional barriers when dealing with insurance providers and medical providers, including linguistic barriers (Premji & Krause, 2010), and when they return to work, their employment conditions may have worsened (Gravel et al., 2010). Through this process, pain and injury may become normalized, becoming simply "part of the job" (Breslin, Polzer, MacEachen, Morrongiello, & Shannon, 2007), or be interpreted as personal failure (Walter, Bourgois, Loinaz, & Schillinger, 2002).

Given the range of reporting barriers and structural inequalities, researchers have tended to focus on the factors that immobilize vulnerable workers from demanding conditions that

support their health. Yet, alternative narratives reveal that workers can and do exert their agency to demand safe work environments and to protect their health (Apostolidis, 2010). Many do so strategically, weighing the pros and cons of filing a claim. Their considerations are often based on their "health capital"—to protect or improve their terms of employment, they risk their health.

The concept of "health capital" can be attributed to Mildred Blaxter, who in her 2003 essay describes it as follows: "As economic capital is represented by the waxing and waning of monetary value, so health capital consists of bodily currency — strength fitness, immune status, inherited tendencies, developmental spurts and hiccups, physical damage, vulnerability. Like economic capital, it can be 'measured' at one point of time, but represents a process of accumulated gain and loss. [L]ike economic capital, it is not normally random but a part of a cumulative and recognisable pattern ... Opportunities exist throughout life for the augmentation or depletion of this capital, through education, family life and occupation (Blaxter, 2003, pp. 79—80)." Bloor (2011) applies the concept of "health capital" to his analysis of how seafarers contend with labor intensification while under constant surveillance. Like the kitchen workers in this study, seafarers compromise their health "in return for some financial security and family advancement" (p. 983). In the process, pain becomes normalized as a job requirement (Purser, 2006), while employers pro-actively seek out "good workers" who are willingly endure, rather than complain (Gleeson, 2010; Waldinger & Lichter, 2003).

Methodology

In this paper I draw on interviews conducted with 33 foreign- born Latino male restaurant workers in two traditional immigrant destinations, San Jose, California, and Houston, Texas.

These cities are home to a long-established immigrant workforce and a thriving restaurant industry as well. San Jose and Houston are in complete opposition in regard to workers' rights. Workers in California are formally far better off than their counterparts in Texas. They benefit from more-generous minimum wage requirements and additional discrimination protections. In addition, the state agency Cal-OSHA directs enforcement and outreach, and state-led occupational safety and health programs are allowed to impose additional regulations and provisions for outreach (CA-DIR, 2012). California also has some of the most rigorous workers' compensation protections in the nation. Texas workers have access only to the federal apparatus; moreover, Texas remains the only state in which employers are not required to carry workers' compensation. Unionization is also much higher in California, affecting labor conditions on the ground across the two research sites. In the San Jose-Sunnyvale-Santa Clara metropolitan area, 13.4% of workers were represented by a union in 2012; this was true for only 4.9% of workers in Houston-Baytown- Sugar Land (Hirsch & Macpherson, 2012).

To identify participants for this study I used what qualitative methodologists refer to as purposeful selection (Weiss, 1995), in which research elements are selected deliberately to provide information that otherwise is not easily available (Maxwell, 2005). To achieve my goal of interviewing "back of the house workers" in generally comparable restaurants, I focused on large shopping centers where these restaurants were located. To identify these restaurants, I first compiled a database containing the universe of restaurant establishments in each city based on the online directory www.yellowpages.com, which yielded 4056 and 1162 restaurants in Houston and San Jose, respectively. I then used these lists, in conjunction with street maps of Santa Clara County (Thomas Guide) and Harris County (Key Map), to focus on large shopping centers that were located across the various geographic regions in each city. In order to maximize

comparability, I targeted popular chain restaurants that can be found in major cities across the country; typically these are categorized in the "moderate" price range of \$11.00—\$30.00 in Internet reviews and are considered by researchers as "family-style" restaurants or those for "casual dining" (e.g., Crum, 2011). I chose not to focus on small restaurants in ethnic enclaves, where a good deal of research has identified unique dynamics (see for example Valdez, 2011). While this approach does not capture the full variation in the restaurant industry, focusing on larger corporate chains provided best case scenarios of establishments that had human resource departments and uniform policies, and which are likely to have adequate resources to provide training and information to workers.

To recruit respondents I waited in the parking lot nearest the entrance where kitchen staff commonly entered and exited between shifts and during breaks, en route to parking lots and bus stops nearby. I generally approached workers between 2:00 and 5:00 p.m., when shifts commonly switched, and avoided recruiting after dark due to safety concerns. This first encounter was designed to introduce myself, provide a quick overview of the project, and ask for good time and place to contact the worker. Subsequently I would call the worker to set up a time to meet, either at their home or a public place. I did not set out to interview only Latino immigrant men, but this is the profile of most of the workers that I encountered through this recruitment process. I approached 54 workers in Houston and 60 in San Jose. Most non-participants cited time constraints such as second work shifts and child care responsibilities. As a result, the workers who were ultimately included in this study are likely in a less precarious economic context than those who did not. All respondents provided oral consent prior to being interviewed, per the approved Institutional Review Board protocol.

Although I did interview 7 women, for consistency, this article addresses the experiences of my 33 male respondents. Eleven worked in Houston and 22 in San Jose. Of these, 27 (7 in Houston and 20 in San Jose) cited no legal authorization to reside or work in the United States; I use the term undocumented to identify these workers. All but 2, who are legal permanent residents from El Salvador, are from Mexico. Two-thirds of my respondents identified themselves as cooks. Others were busboys, dishwashers and/or food preparers. With two exceptions in San Jose, I interviewed 1 worker from each establishment. Most of the interviews took place during summer 2006, with additional interviews conducted during fall 2006 and summer 2007.

All 33 respondents had limited English proficiency and an average education of less than high school. Only 3 indicated that they had some college experience, and 4 had less than an elementary school education. They reported time in the United States that ranged from a few months to 20 years, with an average of 7 years since first immigrating. The interviews averaged 45—90 min, and all but one was conducted in Spanish. Additional information about the respondents is listed in Table 1.

Before beginning the interview, I explained the fully confidential nature of the project and required an oral consent before proceeding. All but 5 interviews were audio-recorded and later professionally transcribed and coded using the qualitative data analysis software Atlas.ti.1 Similar to Reich (2012) in this issue, I employed open and focused coding to identify key themes related to respondents' occupational health, their access to legal and health and safety resources, and their decision-making process following illness or injury.

Findings

I began my research assuming that because San Jose and Houston had such different policies for workers' rights, I would uncover contrasting experiences based on the city in which respondents worked. Despite this expectation, what was most striking was not the differences among the workers' experiences, but how much these workers had in common. Even in San Jose—a city with a robust tradition of organized labor, many pro bono resources for developing workplace claims, and a well-developed state infrastructure for processing them—the workers I encountered were reluctant to exercise their workplace rights. Instead, nearly all my interviewees used their health capital to navigate a highly competitive work environment. They risked their health to offset job insecurity and to manage their relationships with other employees.

Offsetting job insecurity

Insufficient knowledge of workplace rights is a common barrier to reporting, but even the most experienced respondents reported making a strategic choice to leverage their health capital by not reporting an illness or injury. Among these workers, those who had comparatively better working conditions and enjoyed better health were better able to risk their health to maximize their hours and increase the predictability of their schedules.

At one extreme was Homero, an undocumented dishwasher whom I met at a popular bar and grill in Houston. Over the years he had endured wage theft and abusive treatment. Describing his experiences at a previous job, he stated that new workers tended not to last long in this kitchen. The employer was despotic, and workers were not given training or safety equipment. Homero struggled with diabetes, and a related abscess on his leg made it hard for him to stand for prolonged periods of time. “It hurt a lot,” he explained. “There were times when they

would put me... on the grill, where it was hot all around, and I had to stand...I would tell them, 'I can't do this.'" His boss would respond, "Do you want to work? If not, leave." He resisted filling out the forms that would facilitate Homero's application for indigent care from the county hospital, and he refused to give him time off for medical visits. Given his health, Homero felt he had little room to demand accommodation and resources to improve his situation. He was eventually fired for working "too slow."

At the other end of the spectrum was Baldomero, also an undocumented dishwasher, whom I recruited from a popular Houston steakhouse. Unlike Homero, Baldomero was quite content at his job. He started a full shift at 4:00 p.m., after finishing a landscaping shift from 7:00 a.m. to 3:00 p.m. Baldomero earned a slightly higher hourly wage than Homero (\$7.50 versus \$6.75), and he had received extensive safety training. Baldomero had never received a raise, but he said he had never had a problem with his paycheck. He could explain with impressive precision what the workers' compensation process entailed. He reported a cordial relationship with his co-workers and the chef, and he felt confident that his boss would transport him to the hospital were anything to happen. Baldomero said that he could call in sick at any time, yet he never takes time off when he is sick, despite chronic exhaustion. He explained, "One has to value themselves, but remember that they have to also help their family succeed and work towards that." Baldomero, who began working at a young age in Mexico, takes tremendous pride in his work.

Baldomero's wages were sufficient enough to allow his wife to stay at home with their three school-age children. Although his life was more comfortable than Homero's, Baldomero had to send money home to Mexico, and he was paying off the smuggler who brought his family to the United States for \$10,000. He explained, "Even if you are super tired or sick, one just has

to push through, and remind oneself that they have a family to support and must work hard for them.” When I met Homero, he and his family were braving the Houston summer without electricity because of late payments. He and his wife were struggling to make ends meet even though Homero’s wife also worked at a nearby restaurant. Homero’s difficulties were exacerbated because the family did not own a car and relied on Houston’s undependable public transportation system. Tearing up as I spoke with him, Homero motioned to his daughter, nearly five years old and a U.S. citizen, who was playing nearby. He explained that she was his sole motivation for pushing through the pain.

Despite Homero’s and Baldomero’s distinctly different work environments, the financial situation of both men was incredibly precarious. Both reported unpredictable work schedules, neither carried health insurance or received paid sick leave, and both had young families to support. “It’s not uncommon,” Baldomero explained, “to drive half an hour to work, be told work is slow, and be sent home early.” Neither man could jeopardize his position by calling in sick or filing an injury claim.

The high-pressure work environment in a restaurant kitchen, where speed is valued, can dissuade workers from observing safety precautions. Beto, an undocumented line cook in San Jose, described the daily calculations workers make in regard to their health: “Cooks just regularly get burned all the time, but it depends how bad the injury is..There was once a guy who cut a tendon and had to have four of five surgeries on his hand. So, if it’s a small thing, why would you say anything?” Reporting anything less than a major injury could worsen his standing in the kitchen. Beto, who had worked his way up from dishwasher to bus boy, wasn’t willing to take that risk. “It’s hard to find another job,” he said. “You have to have experience, speak a little

English, and sometimes even show you have papers. Do you really think it's worth it in my case? [With] my wife? My family?"

Franco, an undocumented line cook in San Jose, explained the pressure to work quickly in his kitchen. "When there's too much work, we just don't use the glove," he said. "It gets in the way..We have to work so fast to get everything done, time is always running out, requests keep coming in." In such circumstances burns, cuts, and falls become commonplace. Franco was taken to the hospital after he received a cut to his finger that required immediate attention. When presented with the forms to file a formal workers' compensation claim, he declined. He admitted that it was partly his lack of full understanding of the process at the time, but, ultimately, he agreed with Beto: "I just wanted to keep my job."

Managing competition and collaboration

The decision to forgo reporting illness and injury can arise not only from an attempt to increase job security; the workers I spoke with were also influenced by their relationships with co-workers. Danilo, an undocumented cook at an Italian restaurant in San Jose, was very aware of the hierarchy in the kitchen where he worked, which privileged the health of some workers over others. He explained that the head chefs often received attention quickly after an injury, and they were granted more autonomy to manage their health, while less attention and freedom was granted to cooks like him. Even after three years in this kitchen, Danilo had to personally request basic first-aid supplies like Band-Aids and gauze directly from a manager, a requirement he found demeaning and a waste of time.

Although not all respondents had positive relationships with their employers, many were wary of "unfairly penalizing" a colleague or offloading blame, particularly if the injury was

relatively small. Franco noted that he might not have filed a claim even if, at the time of his injury, he had known what he subsequently learned about claims-making. It would depend, he explained, on his relationship with his boss. "If it was the restaurant's fault, the manager's, sure I'd file. But if I see that they have supported me and all, and I was the one at fault, I would confront the manager and just tell them to be more careful."

Respondents noted that their relationships with co-workers often became tense, and managing them was just as important as managing a relationship with an employer. Julian, an undocumented food preparer at a barbeque restaurant in Houston, had fallen numerous times, but he had never reported an injury. He felt this process should be used judiciously. "Generally, we just keep working. I think you should only go and say something if it's really hurting you. You can't move, or something." He acknowledged that he could receive treatment and time off, but more important to him was the impression that taking time off would have, not only on his employer but also on his co-workers. The tension among workers was already high. When he was washing dishes, the cooks would regularly burn pans before sending them to him, just to make his life difficult. Eventually Julian achieved a position in food preparation and now works over 60 h a week at \$7.00 an hour, sometimes up to 15 h a day with only a couple of breaks. "Sure, I get tired, but that's what we come for. We only increase our earnings by increasing our hours," he explained, referring to the coveted bonus of overtime pay. For him, economic need aligned with the need to manage workplace relationships.

Roman, an undocumented cook in Houston, recounted the time he cut his finger peeling carrots: "It stung for three or four days." Although he was very uncomfortable, Roman did not think much of his accident, especially when compared to the injury of a co-worker who had badly burned his arm with boiling water. Moreover, he did not want his co-workers to see him in

an unfavorable light, which might result if he had filed a report. "If it's a major accident like that, of course you have to report. But if it's just a little thing like this, then well, no."

Competition was the prevalent mode in these restaurant kitchens, but respondents noted that co-workers could also be collaborators and the gatekeepers to higher pay. To advance to a better position in the kitchen, Julian had to train under willing coworkers, to whom he had to prove his worth. "We all start as dishwashers. .Then you have to convince someone above you to train and show you how things are done. Once you learn, then you can try to change positions and get paid more."

Race/ethnicity, language, and immigrant status influenced relationships in the kitchen, although sometimes in nuanced and surprising ways. Latino immigrants often saw their ethnicity as an advantage. Rolando, an undocumented dishwasher and food preparer at a popular Italian restaurant in Houston, explained that although he speaks very little English, his work ethic is stronger than that of his documented and English-speaking counterparts: "Workers like me could do the work of two of them." He avoids calling in sick, which would push him farther down the line of preferred workers. Roman offered a similar view: "It's like we are more used to it, working hard, than an American or Black. If they ask us to do this, climb up here, here, do it." Even though Roman had sick leave, he had never used it, and he had never bothered to file a report after cutting himself.

Jesus, a Houston dishwasher, described his perception of society's attitude toward undocumented workers like himself. He pointed out that "these same people"—U.S. citizens—"abuse government benefits" and that "many people don't work [but] seek benefits for their kids, for food stamps." Jesus sees himself as a hard worker who doesn't rely on the system and who contributes to society. "Someone like me wants to do their work, find success, give it your all,"

he said. "Here you see people with papers who don't work as hard, and never advance."

Similarly, Augusto, a legal permanent resident and cook in San Jose, noted that he had participated in the May Day marches in 2006 with his employer's support. He said that his boss understood that "Mexicans do all the hard work." When asked if he has ever called in sick for work, he replied proudly, "Never once in ten years."

Aurelio, an undocumented cook in San Jose, noted his ethnicity with pride when describing his ability to endure burns, falls, and cuts: "We [Latinos] are hardier for working. If you go to the fields, you won't see any Blacks or Whites out there harvesting. Same thing with the restaurants." This is not to say that alliances in the kitchen always fell along ethnic lines. Aurelio stated that he prefers working for an American. "I think Hispanic bosses are harder on you. Everyone keeps a watch over their post. [They think,] 'I prefer that they fire you, than they fire me.'"

Justino, a legal permanent resident from El Salvador who worked as a seafood cook, expressed a similar preference. He was matter-of-fact about the conditions in his kitchen. He regularly worked an 8-h shift with no meal or rest breaks; workers could not stop to eat the food that they had brought. Any food eaten from the kitchen had to be purchased at full price—as much as \$25.00. "It's a set policy," Justino explained dryly. "If someone were to say anything, it would have to be several people who spoke up. But they wouldn't pay attention to us anyways." What was more important to Justino was preserving his relationship with his "American" boss, who gives him the prime holiday hours and treats him better than the Latino bosses he's had in the past.

Eloquently describing the exploitative potential of strong ties (Granovetter, 1973), Bolivar, a legal permanent resident from El Salvador and a cook in Houston, said, "When you

have a supervisor from your same country, or race, there are advantages and disadvantages. On the one hand you might get along well with him, but on the other he might think he's better than you, because he knows things, understands English well, and will assume you depend on him. Sometimes they think they are better than you." Bolivar stated that this increased the competition among the eight Salvadorans and four Mexican Americans with whom he works. Bolivar has never had a problem calling in sick—as he has several times—yet he has high expectations for himself and little patience for new, slow workers, who have to earn his confidence.²

Physical scars become badges of honor in these hypercompetitive environments. When I asked about them, they were brushed off as typical and not noteworthy. Angelo, an ambitious undocumented 18-year-old cook working in a trendy San Jose restaurant, talked frankly about a major scar on his arm. "They sewed me up, and asked if I wanted some days off, days that they would pay. But I told them no." The next day, when he attempted to return to work, he was sent home because of his obvious injury. Angelo knew a surprising amount regarding the workers compensation system despite the short amount of time at the job. He confidently noted that if an accident occurred at work during your shift, you were entitled to benefits. A first aid kit was also always available. But, seemingly invincible, he explained that his purpose here is to work. For him, employment in the United States is a one-shot deal. "It's best to come for a while once, so you don't have to come back." He plans to eventually return to his family in Puebla, Mexico.

Workers' determination is partly fueled by employer demands for speed and partly by workers' desire to prove themselves worthy, despite what they may lack in human and legal capital. While most workers had limited English skills and relatively low levels of education, they each engaged in what Bloor (2011) refers to as the "Faustian bargain" of compromising their health in return for "some financial security and family advancement" (p. 983). Beto laughed as he

explained the pressure to prove himself: "When an American is bored or tired, or if they don't want to do something, they don't care. Because they speak English, they have experience, they have papers. They have it all." Beto also feels a sense of responsibility to his co-workers to do his part, and feels not unlike the seafarers in Bloor's account. "The restaurant is like a boat, everyone who works here has to do our part and help each other, and then everything will go smoothly. If you are working and the other guy is just sitting there, you're going to get angry because you're doing all the work. He has to help. We're a team, and must work as a team. If they pay us the same, you're going to get mad if I'm not doing anything, while you're over there working, sweating."

Weighing the real and opportunity costs of engaging the health bureaucracy

In addition to calculating the effect that filing a claim may have on their jobs and workplace relationships, injured workers must also consider whether they are willing to engage with health care and legal bureaucracies. How much they know about the system certainly matters, as does their boss's level of cooperation. Even with these two factors in place, it is not always clear that formally reporting an injury will be beneficial, particularly for workers who are undocumented.

Most respondents understood that filing a claim would lead to what they often referred to as endless "papeleos, comprobantes y formularios" (red tape, receipts, and forms). This paperwork was inevitably time consuming, yet the outcome was unpredictable. Reporting an illness or injury meant the likelihood of lost pay or, at the very least, lost face time in a competitive environment in which the longer you are gone, the more your employer may learn to do without you.

The experience of Angelo, who fell while replacing a filter, is illustrative. "The manager and other workers saw me fall, and they took me to the hospital," he explained. "There they give you lots of documents your manager is supposed to fill out. The doctor just looked me over and gave the forms and told me nothing had happened, that it was just a bruise, that the muscle had become swollen." Angelo stated that filing a report had been a waste of his time: "They took X-rays and said that there was nothing and told me to rest. The next day I had to go back to work. It hurt but he said I had to keep working." Similarly, Tonio, a Houston prep cook on a temporary visa who had nearly a decade of restaurant experience, offered this blunt statement of reality: "If you get hurt, they might pay your medical bills. If it's very serious they take you to the hospital or their clinic, but you're going to miss the days you would have earned working." Even for workers with paid sick leave, reporting an injury could result in diminished goodwill with an employer. Moreover, the opportunity costs of filing a claim could be severe, possibly resulting in unemployment.

Respondents who had experienced an injury were strategic and resourceful when managing their health, though regular use of hospital care was not a primary strategy. Only one reported going to the emergency room for primary care or for a non-emergency work injury. Consistent with past research on immigrant health access, hospital care was not a widespread choice, and community clinics were mentioned as a resource of last resort (Light, 2012). Most workers I spoke with considered the emergency room experience to be a notorious drain on time and extremely expensive. When I asked Armando, an undocumented cook in San Jose, if he had gone to the hospital after his last injury, he replied flatly, "They're not going to give me anything. If I go to the hospital, they won't give me anything for free."

Most workers I spoke with were also unconvinced that carrying health insurance was of value to them. Of the 33 workers interviewed, fewer than half (14) had been offered health insurance by their current employer, and only 2 had chosen to sign up and pay the premium. This decision was likely a function of age—more than half of the respondents were in their thirties. Donato, a brash young undocumented cook at an Italian restaurant in San Jose, was very knowledgeable about occupational health rights and willing to exercise them. He reported that he had received extensive training when he started working in his kitchen and that he made use of all the required protective gear. He could explain in impressive detail how the workers' compensation system works. "It doesn't matter if it's my fault," he declared. "If it happened at work, it's their responsibility. But even if you take precautions, when one works with oil and hot water, accidents happen." He said that when he is sick, he doesn't hesitate to call his supervisor to tell him that he can't come in, and when he injured an eye on the job, he filed a claim. Still, Donato refuses to pay for health insurance, betting he will remain healthy enough to forgo it. "I'd rather not, since they end up taking more money out of my check, though it depends what kind of plan you choose. But even if it's twenty or thirty dollars, that's money you could be using for gas."

Many respondents mentioned that they relied on community health clinics when necessary, but they noted that this was not a perfect solution. Tonio said that he goes to a costly clinic when he gets sick, sometimes spending up to \$300. Similarly, Alfonso explained that he preferred to save the \$150 health insurance premium per check and to try his luck with local clinics. "It's not worth it, so I just go to a health clinic. I'd rather pay each time I visit the doctor. But I've never had to go." Other respondents I spoke to were more creative. Moises, an undocumented cook in San Jose, said he relies on a friend with papers who brings back

medication from Tijuana, a common practice for transnational workers (Portes, Fernandez-Kelly, & Light, 2012). He said he also tries to "stay informed" about resources in the community by following up on announcements he sees on television.

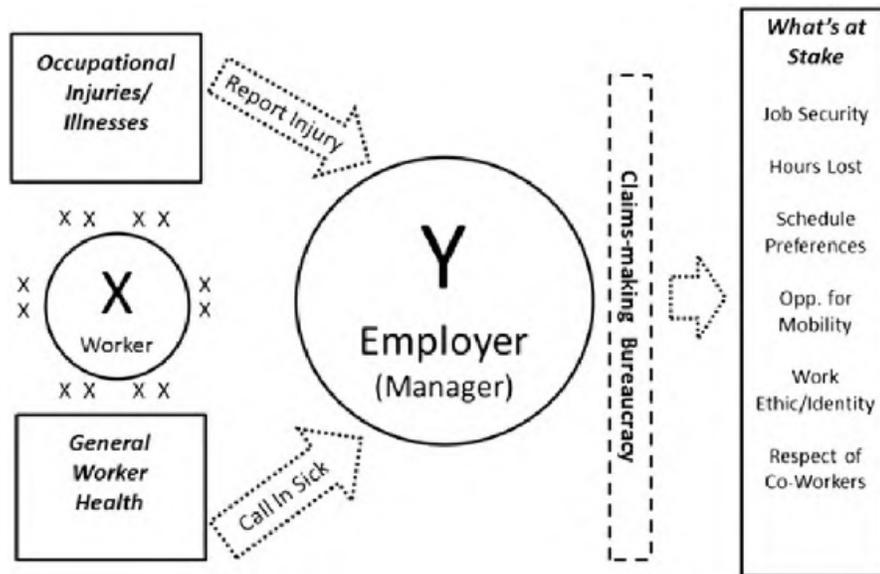
Conclusion

My study examined how immigrant workers manage their health in the highly competitive, highly dangerous environment of restaurant kitchens. Rather than adhering to traditional scripts that attribute underreporting to abstract cultural norms, I have argued that a worker's aversion to risk and perception of pain is shaped by the material resources at his disposal and his level of inclusion in society. My research shows that workers value not only job security but also less tangible aspects of employment such as honor, respect, and self-responsibility.

Tensions run high in restaurant kitchens and competition often elicits dramatic performances of endurance as workers strive to defend their position in the workplace hierarchy. Particularly when workers lack linguistic skills or legal status, their health becomes a form of capital that allows them to exert a form of bounded agency (Evans, 2007) over their work. Being able to push their physical limits allows these workers to mitigate their economic insecurity, and their endurance demands respect in a highly stratified environment in which immigrants may otherwise lack power. I have also noted moments of collaboration that allow workers to negotiate workplace hazards and meet the expectations of management. Further study is needed to understand how this brokering intervenes at various stages of the reporting process, and to

determine the role not only of the individual but also of organizations that help injured workers access their rights.

Many workers do choose to report workplace injuries and illness, particularly in cases of severe injuries. My findings reveal, however, that these workers are also likely to be highly cautious, carefully weighing the direct and opportunity costs that reporting requires, and filing a claim only after the ability to work is lost. The findings represented here cannot speak to the particular dynamics in the informal economy, amongst small businesses, and in the ethnic economy. More research is needed to understand how different categories of workers (such as women versus men, and differences across national origin) determine the threshold for reporting, how company environments and government policies shape this critical decision, and what happens after an injured worker makes a claim. Future ethnographies can illuminate the internal dynamics of kitchens and the varied perspectives of workers in both the front and the back of the house. Comparative case studies that highlight other service sectors and workplaces with distinct demographics remain critical as well.



Picture I. Process of leveraging worker health capital.

Table 1
Sample profile.

| Pseudonym | City | Country of origin | Legal status | Age | Rest. type | Position | Hours per week | Hourly wage |
|-----------|------|-------------------|--------------|-------|-------------|-------------------|----------------|------------------|
| Baldomero | HO | MX | UD | 40–44 | Mexican | Dishwasher | 88 | \$7.50, \$6.00 |
| Bolivar | HO | ES | LPR | 25–29 | American | Cook | 60 | \$7.50 |
| Homero | HO | MX | UD | 30–34 | Bar & Grill | Dishwasher | 80 | \$6.75 |
| Jesús | HO | MX | UD | 40–44 | American | Dishwasher | 40 | \$8.50 |
| Julian | HO | MX | UD | 20–24 | Barbeque | Food prep | 60 | \$7.00 |
| Justino | HO | ES | LPR | 35–39 | Seafood | Cook | 75 | \$8.00 |
| Mateo | HO | MX | CZ | 20–24 | Barbeque | Cook | 30 | \$6.00 |
| Mauricio | HO | MX | UD | 25–29 | Barbeque | Cook | – | \$6.75 |
| Rolando | HO | MX | UD | 30–34 | Italian | Food prep & dish. | 50 | \$8.70, \$6.50 |
| Román | HO | MX | UD | 35–39 | American | Cook | 40 | \$9.40 |
| Tonio | HO | MX | TPS | 35–39 | Mexican | Food prep | 70 | \$7.50 |
| Adrián | SJ | MX | UD | 20–24 | Italian | Cook | 40 | \$6.50 |
| Alfonso | SJ | MX | UD | 30–34 | Diner Style | Cook | 40 | \$11.50 |
| Angelo | SJ | MX | UD | 18–19 | American | Cook | 40 | \$9.50 |
| Armando | SJ | MX | UD | 30–34 | American | Cook | 70 | – |
| Augusto | SJ | MX | LPR | 30–34 | American | Cook | 70 | – |
| Aurelio | SJ | MX | UD | 30–34 | Mexican | Cook | – | \$10.25, \$9.75 |
| Bernardo | SJ | MX | UD | 30–34 | Bar & Grill | Cook | – | – |
| Beto | SJ | MX | UD | 30–34 | Bar & Grill | Bus boy | 60 | \$6.75 |
| Carmelo | SJ | MX | UD | 30–34 | Diner Style | Cook | 52 | \$12.00, \$17.00 |
| Danilo | SJ | MX | UD | 35–39 | Italian | Cook | 35 | \$8.50 |
| Donato | SJ | MX | UD | 20–24 | Italian | Cook | 40 | \$14.00 |
| Eduardo | SJ | MX | UD | 20–24 | Seafood | Food prep & dish. | – | – |
| Eliseo | SJ | MX | LPR | 30–34 | Mexican | Cook | 35 | – |
| Franco | SJ | MX | UD | 40–44 | Italian | Cook | 80 | \$6.75, \$9.00 |
| Jacinto | SJ | MX | UD | 30–34 | American | Dishwasher | – | – |
| Jorge | SJ | MX | UD | 35–39 | American | Dishwasher | – | – |
| Moisés | SJ | MX | UD | 45–49 | Mexican | Cook | 30 | \$8.00 |
| Rafael | SJ | MX | UD | 30–35 | American | Cook | – | – |
| Ricardo | SJ | MX | UD | 30–34 | American | Cook | – | \$10.00 |
| Rico | SJ | MX | UD | 20–24 | American | Cook | 70 | \$11.50 |
| Rodrigo | SJ | MX | UD | 45–49 | American | Dishwasher | 38 | \$9.00 |
| Saul | SJ | MX | UD | 35–39 | American | Cook | – | – |

Notes: city: "HO" = Houston, "SJ" = San Jose; country of origin: "MX" = Mexico, "ES" = El Salvador; legal status: "CZ" = citizen, "LPR" = legal permanent resident, "TPS" = temporary protected status; "UD" = undocumented; hours per week & hourly wage = refers to number of hours and hourly wage that respondent reported working in a paid job, including those who hold multiple jobs. Blank cell = respondent declined to or could not answer.

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