"The Hotel of 10,000 Stars": The Impact of Social-Structural Determinants of Health Among Im/migrant Shrimpers in the Gulf of Mexico

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Objectives. To identify appropriate interventions to prevent injury, we conducted a qualitative study among commercial shrimp fishermen in the Gulf of Mexico.

Methods. Using qualitative and participatory research methods, including interviews, photovoice, and workplace observations in southeast Texas and the Rio Grande Valley in Texas, we examined the social–structural dimensions that contribute to physical and psychological injury.

Results. We found that multiple layers of vulnerability and danger exist among shrimpers with interacting themes: (1) recognizing risk, (2) precarious employment, and (3) psychological distress.

Conclusions. Our results add to the growing body of knowledge that emphasizes the negative health impacts of underregulated, high-risk, and physically demanding work performed primarily by im/migrants.

Public Health Implications. Our findings highlight the larger social–structural conditions and context of hardships endemic to migrant labor and suggest implications for practice and policy interventions.
(*Am J Public Health*. 2024;114(8):824–832. https://doi.org/10.2105/AJPH.2024.307696)

AJPH August 2024, Vol. 114, No. 8

Despite working in one of the most dangerous industries, commercial shrimp fishermen (shrimpers) are an understudied population.[1] In 2019, the fishing industry exhibited an occupational fatality rate nearly 40 times higher than the national average, which reflects hazardous working conditions, strenuous labor, long work hours, and harsh weather.[2] In the Gulf of Mexico, vessel disasters and falls overboard account for nearly 80% of fatalities, with nearly 50% of deaths occurring in the shellfish industry.[2] At any given time, there are approximately 23 000 commercial fishermen in the Gulf of Mexico, with a vast aging, low-socioeconomic-status (SES), and im/migrant population of workers.[3–5] Moreover, research shows that aging, low-SES, and im/migrant workers experience marginalization and precarity at higher rates than their counterparts.[6,7]

The disproportionately high number of fatalities among shrimpers in the Gulf of Mexico is a major concern for the field of public health, yet little is known about the contributing factors to injury among them. Surprisingly, there is limited qualitative empirical research on occupational safety, health, and well-being of shrimpers in the Gulf of Mexico.[8–11] The few existing studies are primarily quantitative and focus on safety trainings or health education.[8,10] Less known are whether cultural and interpersonal variables (social) as well as political and economic conditions (structural) are related to fatal and nonfatal events.

To address this research lacunae and to identify appropriate preventive interventions among Gulf of Mexico shrimpers, we conducted a qualitative study that examined the social–structural

dimensions that contribute to health inequities. Specifically, we used participatory research methods to explore slips, trips, and falls among shrimpers, but we conceptualized injuries as detached neither from their individual choices nor from social–structural conditions. In this way, we examined power throughout our research as both a theoretical construct and an empirical question. Theoretically, we understood power as transactional—fluid and dynamic, both subtle and overt, and always-already connected to knowledge creation.[12] Empirically, we were interested in the health impacts of precarious and dangerous work that a higher proportion of im/migrants experience relative to non-im/migrant populations.[13] Overall, the team took a multifactorial approach to the research question, such as identifying social–structural determinants of health among the population and how they impacted their safety and health.

METHODS

We selected southeast Texas and the Rio Grande Valley (RGV) in Texas to examine shrimpers' potential hardships or obstacles to workplace safety between April 2021 and September 2022. We conducted semistructured interviews (n = 57; n = 26 in southeast Texas and n = 31 in RGV), 7 focus groups (n = 34), photovoice (n = 4 cameras returned; 2 interviews), and workplace observations with shrimpers to examine behaviors, risks, and everyday interactions (> 200 hours). In addition to identifying research questions from a multifactorial approach, our team also took a participatory approach to the study, which included partnerships between researchers, decision-makers, and participants. Partnerships included a shared responsibility for and contribution to the research. For example, we engaged with the fishing community on their terms, including spending time on the docks (to get to know people and build trust outside of official interviews) and providing health care and social services they requested (i.e., the Docside Clinic).[14] Participatory approaches have been increasingly recognized within public health as a necessary process for intentional, long-term research engagement with communities that places participants' needs, perspectives, and values at the center of research questions and interventions.[15,16]

Participants

Participants were recruited using snowball sampling and comprised 98% men and 2% women, 51% Vietnamese and 49% Latino; 30% experienced unstable housing; their average income ranged from $1000 to $6000 per trip (typically 30–45 days); and their ages ranged from 19 to 71 years. In the RGV, participants were mostly Mexican citizens using H-2B visas (a temporary, 6- to 9-month work visa that is not a pathway to residency status or citizenship), while in southeast Texas most participants were Vietnamese refugees. While many participants self-disclosed their visa or refugee status, citizenship status was purposefully not collected because of the numerous risks it poses for participants. The interviews were conducted by the principal investigator, research manager, and interpreter on the shrimp vessels or at the docks. Although the research team consisted of fluent Spanish- and Vietnamese-speaking members, an interpreter was also used to ensure that all interviews were conducted with someone who was a native Spanish or Vietnamese speaker trained in conducting interviews.

Data Collection and Photovoice Procedures

We followed a standardized informed consent protocol following institutional review board guidelines.[17] All participants were reassured that their responses were confidential such that boat owners, captains, or managers would not have access to responses, and participants received a $25 gift card for interviews or focus groups and a $50 gift card for photovoice. Observations included events where shrimpers meet and interact, both informal (e.g., the dock) and formal (e.g., fishery council meetings).[18–20]

The combination of traditional qualitative research methods with participatory approaches, like creating a health clinic with input from participants and photovoice, helped center the perspectives and experiences of shrimpers.[21,22] Historically, photovoice was developed as an avenue to have participants communicate what is important in their lives and from their perspectives instead of from the viewpoint of the researcher.[23] However, it has also evolved into a method that allows diverse audiences to see the lives of people whose work is often rendered invisible from public spaces.[24] We asked participants to take photos after we established a trusting relationship, and they participated in either an interview or focus group. The process we followed is consistent with photovoice literature that shows no relationship between group size and quality of participation; instead, long-term trust and rapport has a greater influence on the photos and interviews.[25] On average, shrimpers were given 1 month to take photographs. After they returned the cameras, we printed the photos and then brought them back to

the docks and conducted interviews with the photographer-participant.

Data Analysis

We approached data analyses by using reflexive thematic analysis, which included emphasizing our own subjective experiences and knowledge as part of the analytical process.[14,26,27] This included the research team discussing our social identities and lived experiences, as well as our knowledge of extant research on im/migrant health or labor studies, and how these factors might influence the data analysis process. Theoretically, our methodical lens emphasized the importance and complexity of our social–structural positions, with a particular emphasis on how power is exercised as both repressive and disciplinary.[12]

The first stage of our analysis involved reading and rereading the semistructured interviews, focus group discussions, photovoice interviews, and field notes using a deductive approach to identify constructs based on previous theoretical orientations.[26] Constructs examined in the interviews included examining how power operates among shrimpers, the ways that structural violence appears in interpersonal and organizational relationships, and how social–structural dimensions of health impact individual injury. This approach allowed us to import our theoretical lens into the analysis process and explore contextual factors.

The second stage involved creating and assigning codes (i.e., short phrases to describe data) to meaningful text segments. Initially, each person read 1 transcript and assigned codes. The team then met to discuss the codes, reasons for coding in a particular way, and discrepancies. Codes were then created in Atlas.ti Cloud version 24 (ATLAS.ti Scientific Software Development GmbH, Berlin, Germany) by each researcher after we discussed our close reading of the data, but intercoder reliability was not calculated because the purpose of the analysis was not to ensure mutually agreed-upon interpretations of the data. That said, data were coded similarly with only minor differences, such as someone coding larger segments rather than smaller quotes or 2 people using interchangeable phrases (e.g., "sick leave" vs "benefits"). Only interview and focus group transcripts were coded, while field notes were used to provide context to our process.

The team managed the data within the Atlas.ti Cloud system, including assigning codes, creating code managers and groups, viewing code co-occurrences, and managing quotations. After coding was complete, the data were analyzed to explore themes related to fatal and nonfatal injury among shrimpers, but we analyzed their stories of injury through individual choices (e.g., not wearing a personal floatation device) as well as social–structural variables. Finally, after our analysis was complete, we conducted a follow-up focus group with a subset of shrimpers (n = 9) who had previously participated in an interview or focus group to share our findings or correct misinterpretations.

RESULTS

Multiple layers of vulnerability and danger exist among Gulf of Mexico shrimpers. In addition to vulnerabilities such as slips, trips, and falls, we found that social–structural factors are manifested through lack of access to health care and social needs. We interpreted the results from the interviews into 3 themes: (1) recognizing risk, (2) precarious employment, and (3) psychological distress.

Recognizing Risk

The first theme, recognizing risk, was born out of the many instances shrimpers described the deadly nature of their job (see Box 1). Shrimpers routinely identified falls overboard as a potential hazard or described in detail watching a crewmate fall overboard, but said matter-of-factly that these were the jobs immigrants have to get. Although slips, trips, and falls were common and frequently identified as a danger by shrimpers, they were quick to shift the focus away from these dangers, often justifying them with what could be seen as a fatalist attitude. Many other shrimpers understood the risk of slipping and falling overboard, but almost every person said they do not wear a personal flotation device (PFD). Overwhelmingly, they responded that it was uncomfortable to wear, difficult to work in because of its bulkiness, or too hot to wear in the summer. When asked what they would do to improve safety, conversations mostly turned to individual behaviors, like being smart and cautious of surroundings. However, there were some shrimpers who said boat owners also had a responsibility to maintain and replace broken equipment.

Shrimpers are not only calculating injuries but also the deadly risk from sharks that follow their boats for an easy meal (see Figure 1). Shrimpers often climb the trawls to fix various issues, and without a PFD, sharks are one more danger they face from slips, trips, and falls. Although the Coast Guard requires a life jacket on board for every person, it is not mandatory to wear it. Thus, shrimpers' use of

BOX 1— Participant Interview Data: Southeast and Rio Grande Valley, TX, April 2021–September 2022

Theme	Location and Job	Quote
Recognizing risk		
Falls overboard	Southeast Texas, Deckhand	"We never told anybody, but so many people die . . . so today, I'm going to tell you. . . . So many people died because of these hazards . . . nothing is safe here."
Safety	Rio Grande Valley, Deckhand	"A lot of people have fallen into the water, a lot of things have happened, but all jobs have risks, even in an office. This one is just a lot more, but this is the type of jobs the majority of immigrants have to get. That's just the way it is."
Wearing PFDs	Rio Grande Valley, Deckhand	"No, because it's [PFD] uncomfortable."
Wearing PFDs	Rio Grande Valley, Captain	"No. We don't use them [PFDs] because you can't do the maneuver with a vest on. And then we are carrying tools and you just can't. The vest, we wear when there is a lot of water coming into the boat or there is a storm but normally, we don't wear it."
Precarious employment		
Health care access	Southeast Texas, Former Deckhand	When a group of fishermen was asked about what services were available to help them when injured, one man replied, "Bud Light [beer]," to which others laughed in agreement.
Sick leave benefits	Rio Grande Valley, Deckhand	One Rio Grande Valley worker said, "I lost all my teeth in a crash. My nose was cut open and everything in my mouth. I didn't want to call the Coast Guard. The boss wanted me to return to land, but I need the money, I needed to work, so I put up with it at sea with pills for pain and infection to handle the trip."
Seasonal work	Southeast Texas, Captain	"They make a lot of money but one thing, they don't have no ID . . . they lost their IDs, green card, or whatever, I don't know, and they don't have no car, no transportation. They can't go nowhere. They're nice, they're good people, you know."
Seasonal work	Rio Grande Valley, Deckhand	"The only defect is that the visa is only given for 6–8 months . . . the government knows that we are coming to work and that we are not here to do anything bad. Our record is clean. We are not drinking. I wish the government would give us a longer visa so that we could work. Because then the visa expires, and we have to leave the country and go back to Mexico and look for work there and while they authorize us to work again and it's not easy to adapt there because what we know is how to fish and we have to look for a job in construction or something. We can't work at a business because it's for short periods of time. We have to wait until we get the next visa."
Psychological distress		
Loneliness	Rio Grande Valley, Deckhand	One shrimper likened the job to being in jail: "It's different for us because the majority of the time we are surrounded by and out in the water . . . it's as if you were in jail."
Loneliness	Rio Grande Valley, Deckhand	"It was difficult to get used to this way of life. Physically. Mentally. I think the biggest problem is in the head. The Americans say, you're homesick . . . because that's what hurts the most, we don't see our kids, we don't see our wives."
Loneliness	Rio Grande Valley, Deckhand	"Yes [it's hard on the family when you leave], even more for my little one, when he comes to say bye to me from where we leave, he starts crying . . . [he is] 6 years . . . it's tough. All your life at sea. Not seeing the kids grow up or anything."

Note. PFD = personal flotation device.

protective equipment is situated within complex calculations of risk based on lived experience, social norms, and weighing other hazards on the water.

Precarious Employment

Precarious employment is defined as insecure and unstable work that lacks social and economic benefits.[24] Shrimpers often described their work in these terms (see Box 1), which we categorized into 3 subthemes: health care options, sick leave benefits, and seasonal work.

Health care options. Shrimpers' lack of health care options varied, but included lack of coverage, little time to make appointments between shrimping trips, financial and language barriers, and lost, stolen, or incorrect citizenship documentation.[28] Most deck hands lacked primary health care, and their health care access was limited to emergency care. Participants routinely asked for medical supply kits for their vessels or an on-site clinic to address medical issues. A lack of health care options not only decreases preventive care but also leads to self-medication, such as an increase in substance use. Indeed, shrimpers often joked to us about their

FIGURE 1— Photo of a Shark in the Water Taken by a Shrimper in the Gulf of Mexico

Note. When we asked one of the shrimpers in southeast Texas about the photos he took and if he was wearing a personal flotation device when leaning over the boat, he replied matter-of-factly, "No. There is nothing we can do in those." Another shrimper described the constant threat of sharks, and when asked if he feared them, responded with a laugh, "Yeah."

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substance use. Tellingly, nonfatal work-related injury is a leading cause of opioid misuse, self-medication, and overdose death, with higher prevalence of opioid use disorder in those with heavy physical jobs, more precarious work, and limited health care benefits, such as shrimpers.[29]

Sick leave benefits. In addition, social and economic factors, such as incentives to work while ill, contribute to increased health and safety risk. Workers reported that an absence of sick leave benefits influenced their health-seeking behaviors like delaying medical care and working while sick (see Figure 2).

Seasonal work. The seasonal and contractual nature of the work alongside citizenship documentation requirements created other restrictions for fishermen, such as the ability to apply for housing and government assistance. Housing insecurity, in particular, was a complicated issue. In southeast Texas, approximately one third of the non–H-2B Vietnamese refugees were living seasonally unhoused in broken down cars or in tents under elevated trailers, and participants routinely requested basic assistance with housing and food. In the RGV, where nearly half of the shrimpers are on H-2B visas, the employers are expected to provide or arrange housing,[30] but none of the H-2B workers we interviewed were receiving employer-sponsored housing. Most of the workers we spoke to in the RGV lived with family, crossed into Mexico, or paid for apartments out of pocket. One participant noted that an owner was building a dorm-style building for the workers, but at the time of the interviews, it was not yet ready, and the shrimpers were finding and paying for their own housing.

In the RGV, H-2B workers expressed their desire for the visa timeline to be extended, stating that the 8-month allowance was not enough time in the United States and that it was difficult to find a company in Mexico willing to hire them when they returned home. Thus, the rapid turnover and short timeframe between visa approval and visa expiration directly placed workers in a precarious position because it does not allow them to settle in and acquire resources to ensure well-being.

Psychological Distress

Finally, psychological distress and the lack of social and familial connection were prominent themes (see Box 1). Shrimpers' stories often centered on isolation, such as describing the loneliness of being at sea for 30 to 45 days at a time or not seeing their children. Interestingly, some shrimpers also described the beauty of being at sea or at the docks at sunset and sunrise,

FIGURE 2— Photo of a Shrimper Working on the Boat Before He Was Injured

Note. A worker from southeast Texas who took this photo told us, "He [the man in the photo] got a seizure right after this picture, just before we finished this work. The whole net fell, and he hit his head and split his head from one side to another. Then he started seizing. He was trying to fix the holes in the net that were bitten by sharks. He is okay now." When asked what happened next, the interviewee responded that the man was flown off the boat by helicopter and spent 4 days in the hospital.

emphasizing the peace of solitude or the stars at night (see Figure 3). One shrimper, who lives seasonally unhoused at the docks, told us, "We don't have a 5-star hotel; we have the hotel of 10,000 stars." As we see through their experiences, perspectives of beauty coexist among loneliness. The shrimpers cannot be reduced to passive participants in these systems and openly discussed things they love about their work, but they also recognized that inequitable policies make this industry more dangerous for mainly im/migrant workers.

DISCUSSION

In the first participatory and qualitative research project, to our knowledge, among Gulf of Mexico shrimpers, we found that their injuries could not be delinked from their social–structural context. For example, behavioral health choices (e.g., self-medication to treat pain, not taking diabetes medication) were intimately connected to workers' lack of primary care access, which was linked to social–structural conditions like immigration status. Shrimpers appreciated the risk and danger associated with their work, but what can often be seen as a fatalist attitude or behavioral choice toward such risk can also be traced to their social position as im/migrants and how power operates or is diminished among certain populations. For instance, H-2B visa employers are expected and encouraged to provide workers with housing because of the difficulty of finding housing as a non–English-speaking migrant worker, yet none of the H-2B workers reported receiving housing assistance—one more example of how economic exploitation and power operate to create health inequity. Tellingly, danger and risk were not only caused by slips, trips, and falls, but also policies (e.g., shrimp import prices) that impact how much money a shrimper will make and, thus, how much they can reinvest in their boats or whether they can afford housing.[31] In this way, we see how shrimping is more dangerous because of a lack of social and regulatory (i.e., structural) policies that impact their physical and psychological health.

Therefore, the power fishermen have regarding their safety or housing was intimately steeped in social–structural conditions that grow out of neoliberalism, which is a political–economic theory focused on industry deregulation, decreased labor power, free enterprise, and personal responsibility that disciplines people to act in certain ways that may be against their best interests.[24,32] Neoliberalism becomes

FIGURE 3— Photo of the Sky Taken by a Shrimper in the Gulf of Mexico

Note. The photovoice participant who took this photo, when asked why he took so many photos of the sky and birds, replied, "I found it peaceful out at sea."

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knowable and actionable not only through legislative policy (i.e., how power is operationalized as repressive) but also through the diffused discursive practices that produce subjects to a particular mode (i.e., how power is operationalized as disciplinary).[12,32] In the case of im/migrant shrimpers, they are not only expendable commodities of the state, or what Harvey calls "disposable people," but they have also been disciplined to act in certain ways that produce more precarity, such as not wearing a flotation device to work faster.[32] To unpack our findings through these conceptions of power, we examine how we can disrupt exploitative systems through (1) a research-to-practice intervention that was the idea of and implemented with the shrimpers and (2) research-to-policy approaches to dismantle social–structural barriers to health care access.

Public Health Implications

Research-to-practice. One approach to reducing inequities among shrimpers was a mobile clinic that our team implemented at the docks. The Docside Clinic, as it became known, has served more than 300 patients since July 2021 by providing access to services they requested. The clinic, which emerged as a result of our research and is funded by the National Institute for Occupational Safety and Health and the Southwest Center for Agricultural, Health, Injury Prevention, and Education was intended to be a 1-time event, but is now held once a month and is expanding to 2 other docks in the Gulf of Mexico. For the existing clinic, there is an on-call physician, resident, nurse practitioner, social worker, and medical student each month, plus our research team. Specific services shrimpers requested, which they mentioned during informal conversations as part of our participatory approach and captured in our field notes, included diabetes and blood pressure screenings, antibiotics, influenza kits, dental exams, and COVID-19, influenza, and tetanus vaccines, as well as food, socks, blankets, sun hats, sunscreen, and sun shirts. In addition to these requested services, we also offered occupational therapy, HIV and sexually transmitted infection testing, and podiatry services based on extant research of fishing industry needs. The clinic is an example of what can be created when we listen and respond to the needs of participants. Its genesis grew out of conversations with shrimpers and their continued requests and needs to have primary health care access.[28]

Although our team is proud of the Docside Clinic and the health care access it provides to shrimpers, we also

must address what makes the clinic necessary in the first place: a complicated and expensive health care system in the United States with real or perceived barriers to entry for non–English-speaking im/migrants. Health care access, in this sense, is understood broadly from a social–structural dimensions of health lens to include everything from diabetes or cancer screenings to housing or food assistance (and how those issues interact with and impact each other). Primary health care, including physical, mental, and social health care needs, is complicated to access among im/migrant workers in the United States because of costs, language and cultural barriers, documentation requirements, not having employee-sponsored health insurance or sick leave benefits, fear of deportation, and antiimmigrant rhetoric.[13,33] However, the access issues that shrimpers faced were (and are) a result of policy choices. Systemic oppression does not simply appear, but is imagined and intentionally designed. In the case of shrimpers, from import prices to cheap labor, multiple and complex factors (e.g., economic exploitation, neoliberal ideals) create their health inequities.

Research-to-policy. Addressing access to health care among im/migrants in the United States is not a new phenomenon and has been reported on by researchers, journalists, advocates, and im/migrant patients,[13,33] but it is important to explicitly state that these social–structural factors will not be eliminated through a mobile clinic alone. We contend that a multipronged research-to-practice and -policy approach is more sustainable and equitable, which provides health care access to people who need it now (i.e., research-to-practice) while also working toward long-term policy change that addresses issues of exploitation and health care access (i.e., research-to-policy). Therefore, our approach involved not only providing clinical services in real time but also working directly with participants, policymakers, and other decision-makers. For example, we created policy briefs for staffers in state and federal offices about the fatality rates and health care access issues among im/migrant workers, participated in the US Department of Labor's listening sessions about needed changes to the temporary worker visa program, worked with union and labor-organizing representatives to address issues of cheap and dangerous labor, and met with legislative representatives and their staffers to find out how we can better provide information to them in ways that move evidence-informed research into policymaking.

Conclusions

Occupational health scholars in the Gulf of Mexico have increasingly shown how slips, trips, and falls are a major contributing factor to injury and death, yet the voices of shrimpers are lacking in terms of whether or how these injuries are seen as a crisis or local solutions to mitigate these inequities. Although we do not purport that our results can take all the varied and diverse experiences of shrimpers into account, we do maintain that a more critical public health approach is the first of many necessary steps in elevating the voices of people most impacted by policies by working to equalize knowledge production toward coproduced solutions.[16,34] Similarly, as much as we have tried to be unbiased, we know that our history, knowledge, and experiences are not disconnected from this work; we, like the shrimpers, are not immune to the ways power operates in our research. With that said, we took steps to ensure the experiences of shrimpers were centered by spending time outside of official interviews with them, both casually on the docks and through the Docside Clinic, as well as asking them to show us their work-worlds, which are often hidden from public view, through photovoice. The results contribute yet another case study regarding the health impacts of underregulated, high-risk, and physically demanding work performed primarily by im/migrants. These highlight the larger social–structural conditions and context of hardships endemic to migrant labor and suggest implications for practice and policy interventions. AJPH

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PUBLICATION INFORMATION

Full Citation: Guillot-Wright S, Davis L, Truong L, Castañeda H, Rodriguez A. "The hotel of 10,000 stars": the impact of social-structural determinants of health among im/migrant shrimpers in the Gulf of Mexico. *Am J Public Health*. 2024;114(8):824–832.

Acceptance Date: April 9, 2024.

DOI: https://doi.org/10.2105/AJPH.2024.307696

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S. Guillot-Wright led the writing of the article and conceptualized and designed the study. L. Davis and L. Troung helped with data collection and analysis. H. Castañeda and A. Rodriguez provided

theoretical context. All authors provided drafting and revision feedback and helped shape the research and article.

ACKNOWLEDGMENTS

Funding for this research was largely supported by the Southwest Center for Agricultural Health, Injury Prevention, and Education through cooperative agreement U54-OH007541 from the Centers for Disease Control and Prevention (CDC), National Institute for Occupational Safety and Health (NIOSH). Partial funding support was also provided by CDC/NIOSH (T42OH008421) at The University of Texas Health Science Center at Houston School of Public Health.

We are humbled and grateful to the many shrimpers who let us into their lives and to our hilarious and gracious interpreters, CucHuyen (Cecile) Roberts and Cuc Hoa Trieu. We also could not have carried out this work without the support and friendship of Vanessa Casanova, PhD, Jeff R. Temple, PhD, Jeffrey L. Levin, PhD, N. Miles Farr, PhD, and Martha Diaz, RN, as well as Amanda Wickman, Leonard Wang, Bibiana Toro Figueria, Nhu Nguyen, and Ellie Cherryhomes. We are grateful to the many volunteers who gave their time and resources, including Dean Wright and Bruce M. Guillot.

Note. The authors' views do not necessarily reflect the opinions of the CDC or the institutions with which the authors are affiliated.

CONFLICTS OF INTEREST

The authors have no conflicts of interest to declare.

HUMAN PARTICIPANT PROTECTION

The study was approved by the institutional review board at The University of Texas Medical Branch at Galveston and deemed exempt on March 25, 2021.

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