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Tourism Labor, Embodied Suffering, and the Deportation Regime in the Dominican Republic

Mark Padilla,

Global and Sociocultural Studies, Florida International University (marpadi@fiu.edu)

José Félix Colón-Burgos,

Global and Sociocultural Studies, Florida International University

Nelson Varas-Díaz,

Global and Sociocultural Studies, Florida International University

Armando Matiz-Reyes,

Latin American and Caribbean Center, Florida International University

Caroline Mary Parker

Sociomedical Sciences Columbia University

Abstract

In this article, we use syndemic theory to examine socio-structural factors that result in heightened vulnerability to HIV infection and drug addiction among Dominican deportees who survive post-deportation through informal tourism labor. Through an ongoing NIDA-funded ethnographic study of the syndemic of HIV and problematic drug use among men involved in tourism labor in the Dominican Republic, we argue that the legal and political-economic context of the global deportation regime contributes to structural vulnerabilities among deportees in the Dominican Republic, most of whom are men with histories of incarceration in the United States and/or Puerto Rico. While Dominican laws and institutional practices work conjointly with foreign policies to reconfigure non-criminal deportees as hardened criminals unworthy of full citizenship rights, the informal tourism economy provides one of the few absorption points for male deportee labor, linking the deportation regime directly to the Caribbean tourism industry.

Keywords

deportation; health; Caribbean; tourism; Dominican Republic

Introduction

In this article, we explore the connection between deportation and labor exploitation within the Caribbean tourism industry as a means for examining the embodied effects of this little-understood nexus of deportation and tourism labor. At first glance, deportation and tourism would seem to be disconnected phenomena, and indeed they are rarely discussed in combination in the social science literature on migration and tourism. While scholars of tourism have documented the commonality of migration among persons employed in this industry, there are few analyses of the ways that global deportation regimes are linked to

global tourism economies and labor practices. The Caribbean—a region witnessing an historic increase in repatriations, primarily from the United States—is a prime site for research that examines the structural and ideological roots of what might be theorized as a global assemblage of tourism and forced migration.

Drawing on ethnographic engagement and in-depth interviews with migrant men working in the tourism economies of the Dominican Republic (DR), we argue that patterns of deportation and labor exploitation within the tourism economy are intimately interrelated and we elucidate the social and structural processes and ideologies that bind them together. Ultimately, we argue that global neoliberal logics are expressed in the generation of this apparently whimsical nexus, whereby the risks and costs of managing the social suffering of global capitalism are shifted from governments onto the most vulnerable (Somers 2008). This neoliberal logic is exemplified by the absorption of marginalized and criminalized migrants into informal labor markets of sex and drugs. We conclude with a consideration of what this nexus tells us about the global political economy of labor, pleasure, and health in tourism-oriented economies of the Caribbean.

The first author's prior research in the DR described the ways in which the global political economy of pleasure shapes the sexuality and social relations of local populations working in and around Dominican tourism areas (Padilla 2007). In line with similar ethnographic analyses of the global sex tourism industry in the Caribbean (Brennan 2004; Cabezas 2009; Kempadoo 1999), one key theoretical contribution of this previous work was the conceptualization of tourism areas as globalized spaces where local bodies and sexual labor are incorporated into transnational markets of desire and consumption (Padilla 2007; Padilla et al. 2010). The highly constrained opportunity structures encountered by many Dominicans who work in tourism areas compose the backdrop for the emotional and sexual exchanges they often develop with foreigners (Padilla 2008). In the context of a struggling economy, pervasive labor exploitation, and an expanding and highly racialized global market for Dominican sexuality, Dominican men involved in sex work often come to view their bodies and sexuality as resources for establishing global connections or as avenues for social and economic advancement (Padilla 2008).

Researchers have proposed the concept of “structural vulnerability” to understand how individuals' positions within a social structure renders them vulnerable to illness and suffering (Quesada et al. 2011). In HIV research, structural vulnerability has been a useful alternative to epidemiological conceptions of risk that analyze individual-level risk behaviors to explain the social distribution of HIV (Quesada et al. 2011). In highly tourism-dependent countries such as the DR, tourism areas have become sites where migrant laborers face heightened structural vulnerability. Our prior research in the DR—a country visited by over 4.5 million tourists annually (Caribbean Tourism Organization 2013)—demonstrates that several factors characteristic of tourism zones can facilitate drug and alcohol abuse, as well as heighten vulnerability to HIV infection (Padilla et al. 2010). Among these are: business norms that encourage unfettered alcohol consumption by locals as well as tourists; the proliferation of escapist, eroticized social geographies, fostering excess and risk-taking; profound social and economic inequalities between tourists and locals circulating within confined areas; stigmatization of commercial sexual exchanges and same-sex practices,

which reduces risk communication and access to prevention services; and migration-related social isolation from families and communities (Padilla et al. 2010). Importantly, these findings show that the effects of tourism areas are not limited to transnational tourists, but also dramatically affect the sexual practices, identities, and experiences of local populations who live and work in these environments. While tourists come and go, the health conditions that this global industry engenders become locally entrenched, shaping the public health profile of entire regions such as the Caribbean.

A key feature of the Caribbean tourism industry that has driven its expansion is the confluence of expanding global sexual markets and intense social inequalities, providing easily exploitable labor in tourism zones (Kempadoo 1999). Social, political, racial, and bureaucratic inequalities at local and global levels are the basic fuel for this industry, providing a vast margin of profit for multinational tourism investors and state actors (Gregory 2014). Male deportees—who confront almost insurmountable legal and social barriers in accessing formal wage labor in the DR due to their association with criminality, their registration as “criminals” in the Dominican government’s files, and the social stigma of the status “failed immigrant” (Brotherton and Barrios 2011)—are part of the drug economy that thrive in tourism zones, ensuring tourists have access to the drugs and sex that some view as an essential aspect of their get-away vacations. In a broader sense, these men occupy a critical position in a circuit of pleasure and embodied exchange between the Global North and the Global South. They assume the personal risks required for the informal market of drugs and sex to thrive in a treacherous context of intense criminalization of drugs, systematic abuse by the authorities, and labor exploitation. Stated differently, they assume the “structural vulnerabilities” that are the byproducts of the global assemblage of deportation and Caribbean informal tourism labor (Quesada et al. 2011).

The U.S. Deportation Regime and the Syndemic Embodiment of Social Conditions

In the United States, deportation soared to an all-time high under President Obama, whose administration deported over 2 million individuals (Gonzalez-Barrera and Korogstad 2015). Although the Obama administration was somewhat contradictory on deportation—creating policies of partial amnesty for certain undocumented immigrants under the Deferred Action for Childhood Arrivals program while presiding over the accelerated privatization of an increasingly militarized deportation regime—the Trump administration has openly championed the intensification of deportation and the social labeling of all immigrants as criminal others. While Trump’s rhetoric has taken xenophobia to the level of policy, his policies are a continuation of upward trends in deportation that have a much longer historical time depth, including and pre-dating Obama. As described by De Genova and Peutz (2010), the global deportation regime stems from a late-20th-century period of heightened and all-encompassing securitization justified in part by states’ ideological and infrastructural investment in three distinct but interrelated global wars: (1) the war on terror; (2) the war on drugs; and (3) the war on immigration. In this section, we use this framework to examine the Dominican deportation regime and its relationship to the health of young Dominican men who are “repatriated.”

According to Brotherton and Barrios (2011), who studied Dominican deportees pre- and post-deportation, the escalation of Dominican deportation has to do with the broader emergence of “geonarcotics,” a concept they borrow from Griffin (1997) to refer to the interconnections of drugs, geography, power, and politics. This is a useful framework for examining Dominican deportation in the era of the global war on drugs and the increasingly privatized criminal justice system of the United States, on the one hand, and the touristic economies of drugs and sex in the Caribbean, on the other. Historically, Dominicans who immigrated to the United States in the late 20th century were often incorporated into informal labor markets relying on cheap immigrant or undocumented labor, which generated extremely precarious social and economic conditions for urban immigrant communities where informal drug economies have flourished, such as New York City (Brotherton and Barrios 2011). In this context, opportunities for informal labor circulated within urban drug economies and became strategies for survival for some immigrant communities. As Brotherton and Barrios (2011,12) explain in talking of undocumented Dominicans in the urban United States:

Such immigrants are vulnerable to labor market fluctuations, are easily exploited and victimized, and have little cultural capital to pass on to their children. The resulting combination of poverty, low social mobility, the lure of the informal economy, and the unprecedented expansion of the social control industry have effectively criminalized entire African American and Latino communities.

The deportation of Dominicans from the United States began to escalate dramatically with the passage of the Illegal Immigration Reform and Immigrant Responsibility Act in 1996 (Brotherton and Barrios 2011). The increasing influx of deportees to the DR garnered relatively little attention in the migration research among Dominican populations prior to 2005, but a few recent studies have begun to describe the social impacts on Dominican society (Brotherton and Barrios 2011; Martin 2012; Rodkey 2016; Siulc 2009; Venator Santiago 2011). Brotherton and Barrios (2011) were the first to identify the pathway from deportation to tourism labor in their ethnography of deportees in Santo Domingo, but this linkage was not their primary object of research. As described in our ethnographic research, our research among male tourism employees is an expansion of one component of their analysis and seeks to critically engage the meanings of this intersection for the health and well-being of deportees post deportation.

While there is a growing literature on deportation and its cultural and legal underpinnings globally, there are significant gaps in knowledge, particularly regarding the lived experiences, perceptions, and social and health consequences of deportation for the growing number of people experiencing such forced migration, many of whom return to “homelands” with which they are entirely unfamiliar. For example, in most parts of the world there is relatively little information on processes of return and adaptation post-deportation (Dingeman and Rumbaut 2009; Drotbohm and Hasselberg 2014; Zilberg 2011). How do individuals reconstitute identities postdeportation? How do they cope with the social and cultural dislocation brought by ruptures in family and social networks when they returned to the DR? How and to what extent are they reincorporated culturally and socially? What are their strategies and resources for economic and social survival? And, finally, for those of us

concerned with documenting and understanding the health effects of these dynamics, what are the impacts on overall health?

Traditionally, when public health researchers have examined the health-related consequences of industry practices, they have focused on local or micro-level issues such as workers' beliefs or decision-making regarding exposures to contaminants or injuries in the workplace (Driscoll et al. 2005). As Holmes argues in his vivid ethnography of Mexican migrant agricultural laborers in the United States, such approaches contribute to the symbolic violence that migrants experience, since they blame workers for their "bad decisions" rather than examining the structural conditions of labor and migration that link the provision of fresh fruit on the global market to the broken bodies of migrant workers (Holmes 2013). Our project uses the framework of syndemic theory to theorize the intersecting social and structural conditions that lead to hyper-vulnerability to multiple health concerns—including but not limited to HIV/AIDS and problematic drug use—among deported tourism laborers in the DR.

Syndemic theory emphasizes the role that social and structural inequalities—such as discrimination, poverty, and structural violence—play in the generation of multiple, mutually enhancing epidemics in populations (Singer and Clair 2003). Harmful social conditions increase the likelihood of developing illness, which, in turn, increase the risk of contracting, or exacerbating, other illnesses. The term syndemic thus describes a relationship between two or more epidemics that synergistically drive each other, such that the health impact is much greater than the sum of the individual epidemics, offering an explanation for the dramatically high morbidity and mortality burden of multiple health conditions among disenfranchised populations (Singer and Clair 2003). A syndemic approach to our research highlights the function of deportee labor in the informal economy and describes the vulnerabilities and social suffering that this labor entails. Using the stories of our participants as a lens onto structural processes, we argue that vulnerability to HIV and drug addiction is generated by a global political-economic climate in which the increasing pool of criminalized, isolated, forcibly relocated individuals provides a critical source of informal labor that sustains the pleasure industry. It is therefore important to maintain an analytic focus on the intersections of deportation with the structures of inequality and labor in the tourism sector.

Methods and Participant Characteristics

The data we draw on for this analysis derive from a larger mixed-methods study funded by the National Institutes of Health (The Syndemics Project) that focuses on understanding the social conditions for HIV and drug abuse syndemic in the tourism areas of Santo Domingo and Boca Chica, DR. The current analysis is restricted to the ethnographic data from Phase 1, which included field notes, in-depth interviews with 37 male tourism workers who reported histories of migration, and socio-demographic data from the in-depth interview participants. All participants were adult men (18 and over) employed at the time in formal or informal tourism work in one of the two research sites, who reported a history of either international or internal migration at screening.

The purpose of the ethnographic phase (Phase 1) was to provide a broader social, political, and economic context for examining how health vulnerabilities are generated among male tourism workers, particularly those related to HIV/AIDS and drug addiction. The project is designed using a conceptual framework elaborated in prior research on sex tourism in the DR (Padilla et al. 2010). During Phase 1 (January 2014-May 2015), we conducted extensive ethnographic observations in a wide range of environments and qualitative semi-structured interviews (SSI) with 37 male tourism migrants, each interviewed twice. Our analysis in this article focuses on 23 of these participants who, in addition to meeting our eligibility criteria, also reported a history of deportation from the mainland United States or Puerto Rico (PR). Below, we describe the procedures for both the ethnographic observations and the SSI.

The ethnographic phase involved participant observation in areas where men employed in tourism work socialize and make their livelihoods, as well as key informant interviews and observations in 35 agencies and organizations that are directly involved in HIV and/or drug prevention and treatment in Santo Domingo and Boca Chica. Due to our focus on tourism, our fieldwork and interviews occurred in the primary tourism areas in each city, including the Zona Colonial (Colonial Zone) in Santo Domingo and a cluster of hotels and shops in the beach area of Boca Chica. The team engaged in casual conversations with a wide range of tourism workers such as taxi drivers, beach vendors, artisans, hotel employees, waiters, security guards, shoe shiners, and sex workers. Each of the four ethnographers (the first four authors), all of whom are fluent in Spanish and are deeply familiar with the DR, wrote extensive field notes following participant observation sessions and key informant interviews, and conducted all interviews. These field notes were shared and discussed in our regular team meetings.

During our SSI recruitment, nearly every male tourism worker with a history of international migration we approached was a deportee. Of the 23 SSI participants who reported international migratory experience, 21 (91%) were deportees. Deportation history was not an eligibility requirement, nor was it intentionally sought during SSI recruitment; rather, we believe the prevalence of deportees in our sample is primarily due to the overall representation of deportees in tourism labor. We applied a brief socio-demographic questionnaire to each SSI participant; some relevant results are shown in Table 1. The team engaged in numerous collective analytic meetings in preparation for this article, and conducted formal coding of interview transcripts in NVivo textual analysis software.

Pathways to Structural Vulnerability among Dominican Deportees

Tracing the connections between social conditions and structural vulnerabilities, we focus our analysis on three intersecting processes that emerged in our ethnographic research that we argue generate vulnerability to HIV and drug addiction among deported men working in the Dominican tourism sector: (1) the combination of social stigmatization and the Dominican government's registration of deportees, which contribute to formal labor exclusion; (2) the legal and public health frameworks in the United States and the DR, which relegate many migrants to cyclical histories of incarceration and substance use; and (3) the structure of demand for sex and illicit drugs in tourism environments, which canalizes informal sector labor toward activities that exacerbate drug and HIV risks. We argue that

while all migrants are disadvantaged by these social conditions, deportation generates a cascade of overlapping harmful conditions for forced migrants that are ethnographically visible in the life stories of our participants and that place them in situations of extreme or heightened health vulnerability.

The Effects of Migratory Status and Social Stigma on Labor Exclusion among Dominican Deportees

The deportees we interviewed experienced intense and institutionalized stigma and discrimination as a consequence of their legal and social status as *deportados* (deportees) in the DR. Our prior work has shown that in local media and discourse in the DR, deported persons—and especially male deportees—are often described as the fundamental cause of the growth in the local drug trade and gang-related activity, and *dominicanyorks* (Dominicans from New York) are commonly assumed to be criminals by nature or *dañados* (damaged) due to their socialization on the streets of New York and presumed criminality (Padilla 2007; Padilla and Castellanos 2008). Dominican and international media often make *deportados* functionally synonymous with *drogadictos* (drug addicts) or even *narcotraficantes* (narco-traffickers), severely complicating post-deportation adjustment and social integration (Brotherton and Barrios 2011).

In our interviews, participants described a downward trajectory in terms of social, political, and institutional exclusion beginning with their incarceration in the United States or DR—often for small-scale drug offenses—and continuing post-deportation in the constant barriers and abuses they experienced due to their identification as a deportado in Dominican society. “As a deportee, you’re treated as a leper,” one deportee told the first author during fieldwork, expressing the social death that accompanies deportation, despite the historic rises in deportees on the streets of Santo Domingo. Deported tourism workers often describe experiences of intense stigmatization due to deportation and the resulting labor exclusion, as employers often assume all deportados have criminal backgrounds or are otherwise morally suspect. For these men, the stigmatization of being a deportado was instrumental in their decision to work in the informal tourism economy as a survival strategy, since tourism provided one of the few economic niches for entrepreneurial activities available to them, often leading men to engage in the informal sale of sex and drugs to tourists. While the sale and trafficking of drugs is explicitly criminalized in Dominican law, prostitution exists within a legal gray area in which it is neither criminalized (among consenting adults) nor is it explicitly legalized or regulated. In both cases, the activities involved are also deeply stigmatizing, despite the temporary suspension of some of this stigma within particular social spaces, such as globalized tourism zones.

Examining men’s labor participation from pre-deportation to post-deportation demonstrates some parallels, in particular the ways that formal labor exclusion resulting from migratory status and stigma shapes engagement in illicit markets in both contexts. Criminal justice and migration-related regulatory regimes in both countries function to constrain options for productive activity among migrants, a group that already suffers disproportionately from the global burden of disease. In discussing their time in the United States, participants described how their documentation status, their imperfect English, and their limited social connections

to employers prevented them from finding formal wage work and meeting basic needs, sometimes leading to desperation and vulnerability to illicit drug markets. Many of our interviewees told stories of homelessness or tenuous social support upon arrival in urban centers such as New York City or San Juan, PR, stories often culminating in small-scale drug sales—the rationale for the bulk of Dominican deportations in our sample. This is consistent with data that we have obtained independently from a Dominican government department charged with tracking returning deportees (see below). The social connections these men had at their disposal were often restricted to friends or relatives who had also worked in the drug trade, further canalizing their decisions to engage in drug sales.

Indeed, in our interviews, participants described this process of absorption into the informal drug economy as a survival strategy they had learned in the United States, and often referred to the decision as *“cogiendo para la calle”* (taking to the streets), particularly in moments of constrained work opportunities. In other words, these men used *la calle* as a metaphor for the illegal drug market more generally and tended to reference a reluctant but necessary decision to cope with the isolation and economic pressures of migration by resorting to the illegal economy. For example, Fernando explained that when he arrived in New York: “I couldn’t work because I didn’t know anyone. ... I came alone. So I took to the street again [*salí para la calle de nuevo*]. I found a friend that lived there. [voice of friend] ‘You’re working?’ ‘No. I’ll go buy drugs.’ And he brought me to the drug department.” Similarly, Osvaldo explained that: “My experience in New York was that I had to work— and I had to be out on the street, early, selling drugs. It started to take me away from friends. And that’s how I started. Always looking for money. I had to work a lot.”

Collectively, these narratives emphasize the intense constraints on formal labor that these men experienced and the resulting need to resort to illicit drug work as a coping strategy. Among those men who did find formal work, they generally obtained temporary, low-income and insecure positions, for example, a janitor in a hospital or a busser at a restaurant. Some men, particularly those who had migrated to the DR, described having their wages withheld regularly by their employers, who were aware of their undocumented status. Over half of our participants were involved in some form of drug work in the mainland United States or PR; the work ranged from being a look-out and a street-level dealer to being involved in large-scale distribution and smuggling. In general, our participants described multiple and intersecting barriers to formal employment in New York and PR, most prominently their lack of documentation, which drove them to the street-based drug trade.

Post-deportation, our participants were also constrained from obtaining formal work, but often the explanations for this centered on the administrative procedures that re-criminalized them within Dominican territory. That is, post-deportation these men were re-labeled as criminals through social and regulatory regimes, despite being formal Dominican citizens and having committed no crimes in the DR. This process is illustrated in our ethnographic research by the bureaucratic procedures we observed in processing and registering deportees following their repatriation. Drawing on our team’s connections to a newly created department of the Dominican government called the Unidad de Reinserción de Repatriados (Unit for the Reinsertion of Repatriates), we were allowed to directly observe the arrival and registration of 102 deportees in September 2014, the same month that the unit was

inaugurated by the attorney general. The unit was created with the rationale to offer assistance and services to Dominican deportees returning to the country, including social work and mental health assistance. The following excerpt from a field note taken by the first author describes the process of registration of Dominican deportees upon arrival from the United States:

When we arrived upstairs [in the deportee processing area], we were taken past several police officers into a large open room with shiny marble floors and around 100 white folding chairs organized in auditorium style facing a large wall of windows covered with white, see-through shades that did nothing to block the Caribbean sun, making the room very well-lit with natural light. Outside the only curtained windows was a large wrap-around balcony where, we were told, some of the families of the deportees would gather to meet their arriving family members. “Some of them have no family to meet them,” said G, one of our hosts, a high-level administrator at the Unidad de Reinserción de Repatriados.

Around the perimeter of the auditorium were several tables, with various printed signs reading “Migración” [Migration], “DNI” (Departamento Nacional de Investigaciones, or National Department of Investigations), “DNCD” (Dirección Nacional de Control de Drogas, or National Department of Drug Control) and “Di-Crim” (Dirección Central de Investigaciones Criminales, Central Department of Criminal Investigations). Our host explained that these tables were staffed by their respective representatives from these offices and that each deportee needed to “register” with them.

Suddenly, we were told to move behind the counter that separated the main floor from the small kitchen area. A few moments later there was a commotion to our right as the first deportees began entering the room through a long adjacent hallway. I immediately heard negotiation with the guards, and several men pleaded rather desperately to go to the bathroom, which was located down a hallway just around the corner. Their faces clearly distressed, I noticed many of them breathing heavily—were they hyperventilating?—and the previously tranquil and pristine environment became quickly inundated with the smell of sweat and humidity as more men flooded in. Many were still dressed in what appeared to be prison-issue uniforms; others in sweat pants and t-shirts. We had heard that the plane that returned them had been traveling for several days, beginning in Louisiana and stopping in Atlanta and Haiti to transfer passengers before finally landing in Santo Domingo. They were clearly exhausted, and the uncertainty of what was awaiting them was manifest in their confused behavior. With much noise and commotion, the officers began to corral the men to the chairs, who gradually but restlessly relented and took their seats. I saw the blue forms that had been delivered to the families downstairs circulating around the room, and our hosts spoke to them about their rights.

At this point a tough-looking officer wearing bright lime-green pants, who we later learned was the chief of police, stood in front of the group and, in an authoritative but understanding tone, announced: “We understand that you are all tired and want

to go see your people. But we have to go through a registration process. We are going to call each one of you on the list, and you will go to the blond woman on this side. But we have to do it in an organized and efficient manner, and that way all of you will be with your families today. The more calm and organized you are, the faster this process will be. Welcome to your country.” Throughout the lengthy registration process, we were aware that every single man in the room was passing from one table to the next to have his mug shot taken and to be fingerprinted. Strangely, each agency implemented the same procedure: fingerprints and mug shot. I got a quick shot of one man being photographed by the DNCD [see Figure 1]. How would an individual deportee understand this to be any different than the same criminal intakes that they had undoubtedly undergone many times before?, I wondered. Surely, this action left them with no doubt as to their criminal status in this, their “home” country. When we asked G about these procedures, he simply remarked: “Each agency wants its own registry. It’s absurd! Why take these pictures in this way, with a digital camera? We have biometric prints that we should use!” The solution G offered (a biometric print) is not one that would seem to reduce government surveillance of deportees or the resulting abuses of the registry in employment background checks. (edited field note dated 9/17/14)

Through such registry procedures, Dominican deportees are reprocessed as criminals and entered into a database referred to by unit staff and many deportees simply as “*la ficha*” (the registry), although many of them are non-criminals who were deported simply for illegal entry into the United States. Indeed, for the group of 102 arriving deportees that our team observed, a significant proportion of the U.S.-based charges that served as justification for deportation were non-criminal, such as illegal entry (14%) and non-criminal offenses (4%), as summarized in Figure 2. (The data on deportee charges used to construct Figure 2 were provided to our team by unit personnel on the day of the field observation described above.)

While the charges summarized in Figure 2 were not crimes in the DR, deportees are officially monitored and can be barred from formal jobs due to the registry, since nearly all such jobs require criminal background checks. In 2014, the attorney general’s office explained to our team that the deportation registry was no longer being used to deny jobs to deportees. Despite this, our team witnessed the continued registration, fingerprinting, and taking of mug shots of all arriving returnees. In an interview with one of the high-level administrators at the unit, we were told that even though no one in the Dominican work force is supposed to know whether a person has a deportation background, some employers’ human resources offices use illegal contacts through the police department to check the registry, resulting in regular denials of employment. This admission by this unit representative explains the contradiction that we observed between formal government norms and the actual experiences of Dominican deportees in searching for work. While the government denies ongoing use of the registry for background checks, in practice many deportees report that background checks produce evidence of deportation and nearly always result in an applicant being removed from consideration. Importantly, we were unable to verify that the unit offered these men any of the services they purportedly offered to deportees, including counseling and mental health services. Rather, they seemed primarily involved in the coordination of the biweekly arrival and registration of deportees.

For many of the men with whom we spoke, the effect of the deportee registry was to create nearly insurmountable barriers to formal work or career advancement post-deportation. Theoretically, we understand these effects as constraints on the opportunity structures for deportees, tied to state regulatory functions and reinforced by the stigmatized status of being a deportado. As a result, many men felt they were trapped or unable to escape informal tourism work—most often involving the regular or intermittent sale of sex and drugs—despite the moral, legal, and health-related risks they often associated with these activities. Some lamented their inability to apply to state educational institutions to pursue their desired careers; others described their frustrations with the unstable or temporary positions to which they had resorted, due in large part to the deportee registry.

Although the registry was the primary institutional or administrative barrier to formal work, social stigma against deportees further constrained labor opportunities for these men. To fully convey the operation of stigma among deportees, it is essential to describe how the status of deportado functions to link the individual with other stigmatized statuses, thereby amplifying the negative effects on the deported person. Because many of the Dominican deportees we interviewed were relegated to the sale of both drugs and sex—either directly or indirectly, as in the case of intermediaries who charge a commission to connect consumers to producers—they had to manage the stigmas of sex work and illicit drugs in addition to deportation. These statuses tended to reinforce commonly held assumptions about deportees, since a key stereotype in the DR is that deportees are inherently delinquents and morally corrupt. Sex work stigma, for example, magnifies the social exclusion that these men already experienced because of their deportee status, and creates additional barriers to formal work. Engaging in sexual-economic exchanges with tourists as a survival strategy complicates access to formal work as it often damages one's social reputation in the tourism area. It also contributes to abuse by the authorities, such as the occasional cleansing campaigns conducted by the tourist police to remove individuals considered problematic or dangerous from the tourism zone. Men who engage in sex work or sell drugs are regularly targeted for arrest in Dominican tourism areas. And because deportees are often excluded from formal work, they are overrepresented among sex workers and small-scale drug dealers working in tourism zones. Conversely, a deportee encountered during such a raid may be automatically labeled a sex worker or a drug dealer. Each stigmatized status implies the others.

Ernesto, 44 years old and deported from New York, articulated this convergence of stigmatized statuses when he described the abuses he experiences due to his deportee status and engagement in sex work. When asked in an interview about how he was treated in society because of his sex work with tourists, Ernesto elaborated on the police persecution and brutality led by the *Politur* (tourist police) chief in the area of Santo Domingo where he worked. He described how the tourism police took photos of the workers—many of them involved in transactional sex—and then displayed them in the police station for further investigation or arrest: “They take pictures and they put them big on that thing (*la vaina*). ... You enter in that place now ... in the [police station] ... and you see a mural of all the photos of—my picture and everyone's pictures.” As we have documented in much of our ethnographic research, Ernesto explained that the police chief relentlessly pursues sex workers and “*bugarrones*” (a local term for men who engage in sexual-economic transactions with tourists) in the tourist area, “and he removes them with a beating” (*los saca*

a palo). Such experiences are part of a recent initiative in the Zona Colonial of Santo Domingo to clean up the area of undesirables, promulgated by the new police chief. Predominant among the targets are informal workers and deportees, who are presumed to be involved in the sale of sex and drugs.

In sum, participants in our study described multiple, intersecting forms of social stigmatization and labor exclusion that combined to place them in positions of structural vulnerability, both in terms of their access to stable forms of labor and their exposure to the sex and drug markets that heightened their vulnerability. These men's experiences demonstrate a dramatic segmentation of labor; they are essentially forced into informal, stigmatized, and highly replaceable positions in the workforce, which, in the Dominican context, is largely temporary service sector work that exacerbates economic precariousness. We have found that trajectories into present conditions were framed in these narratives in terms of prior struggles in the United States mainland and PR, where many of these patterns of labor exclusion initiated, but were based primarily on legal documentation status and related struggles to make it as an immigrant abroad. Back in the DR, these conditions are shaped more by the government's deportee registry combined with the operations of stigma against deportados, which, in turn, is linked to other denigrated social categories of labor in the tourism sector. The treacherous dimensions of these tourism environments are further complicated by the ways that deportees are subsumed within Dominican drug laws and public health frameworks for managing drug abuse, as described in the following section.

The Effects of Drug Laws and Public Health Frameworks on Dominican Deportees

In this section, we draw on our institutional ethnography data to discuss how the zero tolerance laws in the DR—modeled on 1980s U.S. law but even more draconian—limit the possibilities for drug prevention and treatment, mainly due to the prohibition of drug treatment medication, such as methadone or buprenorphine—two drug treatment rehabilitation drugs used in different jurisdictions throughout the United States and globally. This legal climate makes it easy for informally employed men to become repeatedly incarcerated or subject to arbitrary policing; at the same time, it makes drug rehabilitation treatment for these men virtually inaccessible.

In tourism areas, employees are subject to increased surveillance for drugs because of restrictive drug laws that harshly penalize the possession of small amounts of drugs. Modeled on the zero tolerance policies developed under the Reagan administration in the United States, the DR was among several Latin American and Caribbean countries to introduce increased penalties and mandatory minimum sentences for drug offenses during the 1980s (Brotherton and Martin 2009). Dominican Law 50–88 mandates that possession of a small amount of heroin residue in a used syringe would categorize an individual legally as a narcotraficante, justifying potentially decades of incarceration in some of the most violent jails in the hemisphere. Recent policy debates have sought to mobilize Dominican leaders to consider alternatives to the law that would soften the criminal justice response. These include recent pilot programs to experiment with drug courts modeled on those of the United States and a pilot program funded by the United Nations Office on Drugs and Crime to implement a small-scale pilot of opiate replacement therapy for active heroin users. These

changes could lead to harm reduction approaches to drug treatment. While this shows that the political context of drug services is in flux, the restrictive Law 50–88 remains in effect as of this writing.

Although the government’s official position in relation to drugs remains *mano dura* (hard line), the reality is that tourists seeking drugs can access them quickly and easily through networks of local men who survive as go-betweens and who assume the risks of incarceration and stigmatization associated with these activities. Tourists, for the most part, can use drugs in small amounts and access them quite easily with relatively little concern about criminal justice responses. In our interviews with the Ministry of Tourism and local community-based organizations, state agencies attest to the commonality of drug use in tourism environments and among employees of tourism businesses. This has led to corrupt and illegal labor practices by tourism businesses that often use random doping tests to exclude drug users from formal employment or force them into ineffectual rehabilitation centers as a condition of their continued employment. Formal employees of many tourism businesses are required to pay 350 pesos (approximately US\$7) to a private laboratory to conduct such drug doping tests. These businesses refer the names of positive results to the Ministry of Tourism for remediation, which often includes the confiscation of their identification to work in the tourism sector.

A representative from the Ministry of Tourism indicated that the ministry does not define what constitutes successfully completing treatment, but rather outsources this function to the drug rehabilitation centers. During our interview, this government functionary demonstrated the bureaucratic requirements for re-certifying employees by pulling a file to show the interviewer an example of the photocopied *medallas* (medals) earned by one tourism employee to demonstrate completion of particular steps in his drug treatment program. The ministry used this as supporting evidence and justification to re-certify this individual as rehabilitated and able to return to tourism work. Hence, local tourism employees, if they manage to obtain an official tourism job, must navigate constant risks of losing their tourism certification and the rather arbitrary requirements of drug treatment centers if they test positive for drugs, all the while struggling to scrape together a subsistence-level income that is often supplemented by the informal sale of sex and drugs to tourists.

Referrals to drug treatment for tourism employees who test positive for drugs are particularly ironic and abusive considering the ineffectual nature of most of these programs. Indeed, our own key informant interviews with drug agencies and organizations as part of our institutional ethnography reveal that there is a near total lack of evidence-based or harm reduction approaches to drug use and addiction. Some of these treatment facilities derive from therapeutic models such as *terapia de confrontación* (confrontation therapy), which uses the technique of collectively berating participants in the treatment program to make them aware of their *fallas de personalidad* (personality failings) that presumably drive their addiction and—when uncovered and altered—can lead to recovery. Despite these shortcomings, these programs are some of the only options for successfully returning to tourism work following a positive drug test, and, from one perspective, they at least offer a path to normalizing their status as a tourism employee. In practice, however, formal tourism employment is so tenuous that these procedures may actually result in heightened labor

insecurity, ironically pushing workers further toward the informal economy of drugs and sex. This is particularly the case for deportees.

Our research emphasizes the double-bind faced by deportees working in the tourism sector. They are working in one of the only viable sectors where they, as deportees, can find work, but if they get involved with drugs—either as consumers or informal salesmen—they could lose their jobs or serve extended jail sentences. The government's punishments for drug use—such as confiscation of official work certifications—contribute to the formal labor exclusion that ensures that drug abuse and small-scale drug sales will persist. These policies and practices maintain deportees in perpetually vulnerable positions within the labor market and are fundamental causes of the syndemic of HIV and drug addiction in this population.

"Rotten Tourism": The Embodied Effects of Illicit Tourism Markets

The doping policies in tourism areas are presumably to protect the tourists, but they also protect the corporate interests of tourism businesses and investors. Doping tests are selectively applied to employees of these businesses, not tourists. They serve the financial interests of the businesses to the extent that they minimize the business's problems with the police and the criminal justice system. However, these policies also ensure a constant supply of easily exploitable informal workers who can provide tourists with the illicit pleasures they require. Thus, even when a business fires an employee who fails a doping test, the same business may benefit indirectly from the broader structure of demand for drugs and sex that pervades tourism zones, and even from the informal labor of that same employee who provides drugs to tourists. Government and institutional actors such as the Ministry of Tourism engage in systemic practices that serve the interests of capital and the state and ultimately function to maintain the exploitation of tourism laborers. Whether an individual employer aims to do so or not, the effect of many of these policies and institutional practices is to create an environment in which tourists' desires for pleasure—and especially drugs and sex—can be provided by an exploited population of workers who are desperate enough to traffic in them despite the disproportionate risks they face. Deportees might be viewed as particularly important and skilled employees who possess language abilities and cultural knowledge that makes them valuable to all tourism businesses within this overall structure of tourist demand. However, they are rarely represented in this light, and instead are targeted for further exclusion, scapegoating, and incarceration.

This section examines narratives from interviews in which deportees discuss their experiences of the climate of demand for sex and drugs in tourism environments and the effect of this environment on their health and embodied suffering. Thus far, we have sought to demonstrate that tourism areas are zones in which drug use and sex work are concentrated. They are also the primary informal markets, providing the greatest opportunities for economic survival and therefore the greatest absorption points for deportee labor. Here, we extend this argument to show that these structural and social processes produce embodied suffering for deportees and contribute to the syndemic of HIV and drug use in tourism zones. Participants' narratives expressed a deep frustration with the need to resort to this kind of market environment, which often further heightened their vulnerability to health risks. Many participants described how their work in tourism areas brought them

continuously in contact with their addictive triggers, and indeed the very substances, that endangered their health and drug recovery processes. The traumatic process of deportation itself could often be understood as predisposing conditions that provoked relapse or disrupted treatment or rehabilitation programs. As described previously, pre-deportation conditions and exclusionary labor practices had contributed to drug involvement and drug use, although many had entered recovery programs or were accessing treatment in the United States. Post-deportation, the probabilities of relapse or escalation of problematic drug use behaviors became more likely due to the lack of well-funded or evidence-based drug rehabilitation programs and the carceral emphasis of drug policies. Many of these dynamics are illustrated with two cases of Dominican deportees, summarized here.

Fernando was a 44-year-old man who was deported to the DR eight years prior to our interview in Santo Domingo in September 2014. After spending some time on the streets in New York, Fernando was arrested there for small-scale drug sales, spent six traumatic years in different U.S. prisons, and was forcibly returned to the DR in 1994. Since then, he has supported himself primarily through informal tourism labor, working in the colonial zone of Santo Domingo to connect international tourists to sex and drugs, a market that he describes as ubiquitous within the tourism areas of Santo Domingo, and one of the few ways to make a living as a deportado. “*Manejo el idioma*” (I speak the language), he says, referring to English, the lingua franca of tourism work and a skill that greatly improves one’s employment possibilities in the informal tourism market. Fernando’s experience with conversational, casual English allows him to make small commissions or tips when he connects tourists to drug dealers or sex work establishments. Fernando relies for his daily income on commissions of 800 pesos (approximately \$20 dollars) he regularly receives from a local brothel when he brings them clients who stay there overnight.

In the past, he also provided sexual services to male tourists to make ends meet, an activity that he was quick to clarify was only “due to the need to make money ... and thank God I took another path.” He is frustrated and ashamed by this type of work, however, which he regards as morally and physically dangerous, particularly regarding the risks of HIV infection or falling into drug abuse. In his interview, he discussed his dreams of going back to school and getting a job as a legal assistant—goals he viewed as remote possibilities given the labor discrimination he faces as a deportado. “Society hasn’t let me advance,” he explained. He lamented that his work with tourists regularly threatens to tempt him back into the drug addiction that he has battled for most of his adult life. He has gone through the *doce pasos* (twelve steps) in a Narcotics Anonymous chapter in Santo Domingo, and struggles on a daily basis to avoid relapsing while negotiating constant requests by tourists for cocaine, marijuana, crack, or party drugs. When asked how he envisioned his tourism work evolving in the future, Fernando explained that “tourism is rotten” in the DR, and that he is determined to abandon the “illicit” activities that characterize the zona colonial:

I’ve been perfecting my work as I’ve advanced. I eliminated—I didn’t want to look for women [sex workers]. I eliminated dealing with guys [engaging in sex work with men], looking for a kid for guys. I eliminated everything that’s going to be. ... I don’t want that life, you understand? I don’t want anything illicit in my life. ... But this is *rotten tourism*. And it’s everywhere. Everywhere. They are old men who

come to look for young girls, or gays who look for boys. ... There's nobody who says, "I came to get to know your country, to buy a painting, a work of art." Like to buy crafts. It's all women and drugs.

Fernando repeatedly expressed his desire to avoid selling sex and drugs, despite the near impossibility of putting this into practice given the configuration of demand and his role in the labor hierarchy. Indeed, he was still delivering tourists to a local brothel in our last interview with him. Our research team incorporated Fernando as a recruiter for our study, in part with the intention of offering him a formal role in a serious public health research project that might legitimate the knowledge he has gained of the tourism sector in Santo Domingo. The illicit work that men like Fernando engage in exposes them to the double or layered stigma that is so often confronted by deportees.

Juan's story reflects some similar overall patterns. Juan grew up in Santo Domingo and moved to Washington Heights, in Upper Manhattan, in search of work when he was 19. Arriving on a tourist visa, he soon got a job in a restaurant, but his income was low and he quickly began selling drugs—mostly crack, cocaine, and marijuana—to pay his rent, which rapidly fell into consuming his own supply, and—in his words—"ended in chaos." He developed an addiction to crack, became homeless, and survived by sleeping in the basements and cars of friends and acquaintances. Following arrest for a drug charge, he was given the choice of six years in prison or deportation and was deported back to Santo Domingo in 2009 after serving a reduced 18-month sentence. "*Trabajador social*" (social worker) was how he described his work—which for the five years since his deportation had primarily consisted of finding drugs and sex workers for tourists and organizing tourist excursions—all facilitated by his command of the English language.

Juan's use of "social worker" as a descriptor is reflective of a general tendency among local tourism workers to linguistically emphasize the interpersonal and professional dimensions of their so-called soft skills (i.e., their capacity to fulfill the pleasure-related needs and social desires of tourists). This skill set fundamentally requires a command of the English language. Juan's attempts to find other, more formal work have been severely restricted by his deportee status combined with his drug addiction, which he believes has worsened in the past few years. Juan feared for the welfare of his newborn son, and, motivated by his family, enrolled in Narcoticós Anónimos. He had not used drugs for five months. While he was trying to avoid drug work with tourists, he admitted that he occasionally slipped back in, and worried about how this may affect his chances to overcome addiction.

Reflecting on similar narratives among other participants, we found some consistencies in the ways the structure of demand in the tourism market is generative of structural vulnerability among deportees. Fernando emphasized his frustration about being trapped in an economic sector that endangered him and other deportees with what he perceived to be risky sexual and drug using situations. This rotten tourism further entrenches addictive behaviors through the high concentration of drug consumption in tourism areas and the associated accessibility of illicit substances to those employed in this sector. As mentioned previously, the elevated policing, arbitrary drug testing, and social exclusion that can occur in these environments result in a perfect storm of structural conditions, which we argue are

essential factors to be addressed in structural and policy interventions aimed at responding to the syndemic of HIV, drug addiction, and exploited labor in tourism environments.

Conclusion

One of our primary goals in the Syndemics Project is to theorize the ways that the health status of migrants is affected by the social ecologies of tourism areas. Our ethnographic research with deportees in the DR demonstrates that a key aspect of these social ecologies is the structure and shape of the labor market, particularly the patterns of alienation from formal economies due to migratory status, and resulting involvement in illicit street economies of drugs and sex. Upon deportation to the DR, social stigmatization and legal and policy regimes (such as the deportee registry) lead many to resort to the tourism economies, where they often encounter additional risk factors that are embedded in the social and structural fabric of tourism areas themselves. As suggested by Fernando's comment above, tourism environments and their emphasis on abandon and escapism—the modality of tourism that predominates in this context—may be toxic for persons recovering from addiction, particularly when drugs are relentlessly requested in daily transactions with tourists. The informal tourism economy, while presenting one outlet where deportees can deploy their English language capabilities and cultural capital, further exposes these men to the stigma and structural risks embedded in tourism zones, including abuse, removal from the area, and police beatings or arbitrary arrest.

As rates of deportation among the Dominican population are increasing—reflective of a region-wide pattern requiring wide-ranging and critical policy work—we advocate for interdisciplinary social science research that is engaged with examining the effect of forced migration and labor regimes on health in the Caribbean region. Deportees working in the tourism sector exemplify the multiple ways migrants have become inserted into Dominican informal economies, and our work takes one step toward describing global patterns in neoliberal labor and deportation regimes and their effects on the embodied experiences of populations in the Caribbean. We found that informally negotiated sex work and small-scale drug sales have become key survival strategies for many of the men we interviewed, due in part to the demand for these services in tourism areas in the Caribbean. These men narrate past experiences in the mainland United States and PR that stress desperate attempts to cope with structural challenges wrought by a lack of documentation and constrained labor opportunities. Post-deportation, patterns of illicit informal labor continue, creating new personal and moral challenges for these men and exacerbating the suffering, stigma, and social exclusion many of them described. Men experienced tourism work as particularly hazardous, often creating a longing for other opportunities or careers that were not forthcoming.

In sum, we find that an understanding of the structural, social, and migratory factors that shape men's involvement in informal tourism economies is essential in developing policy and structural interventions to promote health in the DR. Our ethnographic research provides guideposts for such strategies based on men's own experiences and words. Addressing social and labor exclusion requires evidence-based policy initiatives at multiple levels, including using ethnographic research such as ours to inform legal advocacy for potential deportees in

the United States and elsewhere, based in part on the finding that deportation can lead to dire health and human rights conditions or exacerbate regional epidemics of drug addiction and HIV/AIDS in the receiving countries. Circular patterns of travel and migration that intimately link the Caribbean to North America and elsewhere underline the interconnectedness of global relations and highlight the urgency of an effective international policy response in conjunction with, perhaps, local migrant health movements oriented toward those who work in the Caribbean pleasure economies.

Finally, by tracing the histories of our sample of deportee tourism laborers, we seek to highlight the role of critical medical anthropology in describing how global neoliberal systems produce social conditions which drive the HIV and drug abuse syndemic. Our work illustrates the futility of separating the political, economic, and cultural processes that shape health vulnerabilities and social suffering among the Dominican deportees considered here. Documenting such connections identifies the intersection of structural factors and the formation of assemblages of phenomena—such as the nexus of exploited migrant labor and informal drug economies—that help link upstream factors with individual bodies. We hope that this project contributes to synthetic frameworks for the examination of intimate economies and deportation regimes that can serve as models for new strategies aimed at disrupting the neoliberal logics and institutional practices that endanger the lives of the men who shared their stories with us.

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Figure 1. Taking the mug shot of a newly arrived Dominican deportee. Santo Domingo, Dominican Republic, September 2014. Photo by Mark Padilla.

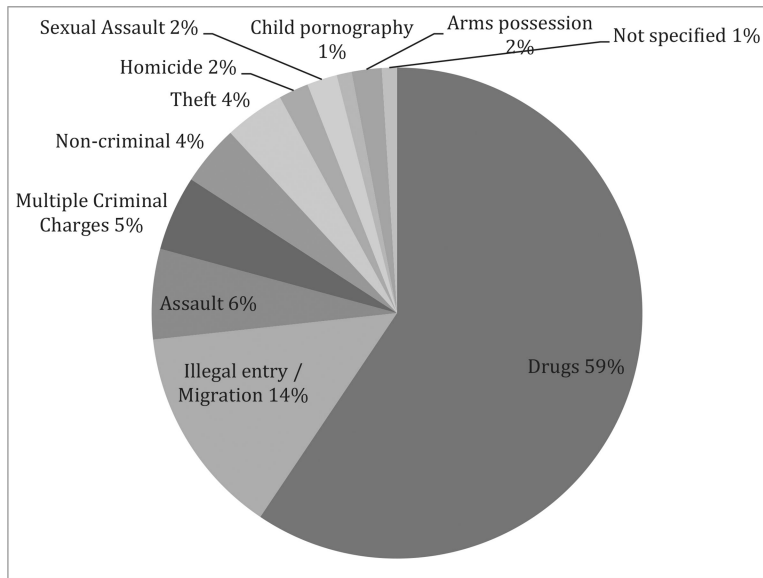


Figure 2. Charges filed in the United States against Dominican deportees observed during ethnographic observation ($N = 102$).

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Table 1

Age, Migratory History, Country where Primarily Raised, and Type of Tourism Work among Dominican Male Deportees (ss = 21)

	N	%
Age (Mean = 45)		
20–25 years	1	4.8
26–35 years	3	14.3
36–45 years	8	38.1
46–55 years	5	23.8
56 or older	4	19.0
Migration History		
Migration to the United States mainland	11	52.4
Migration to Puerto Rico	5	23.8
Both ^{††}	5	23.8
Country where primarily raised		
United States	4	19
Dominican Republic	14	66.7
Both [*]	3	14.3
Type of Tourism Work		
Salaried	5	23.8
Formal	6	28.6
Informal	10	47.6

* The participant said that he was raised in both countries, the United States and the Dominican Republic.

†† The participants said that they had migratory experience to Puerto Rico and the continental United States.