On Pandemic Privilege: Reflections on a “Home-Bound Pandemic Ethnography”
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Abstract
This essay examines the experience of conducting a “home-bound pandemic ethnography”—one that toggles back and forth between the ethnographer’s own experience of the pandemic while in quarantine and the very different pandemic experiences of her Latina immigrant essential worker interviewees. Maintaining a split gaze between one’s own experience and those of one’s interviewees, a home-bound pandemic ethnography lends itself to a kind of reflexivity and comparison that traditional ethnographic “immersion” does not. Involving the disjunctive knowledge of “being here” while listening to the very different experience of “being there,” it throws into stark relief asymmetries built deep into the ethnographic relationship. While ethnographic immersion rests on the illusion of ethnographers’ acculturation so they become a kind of insider-outsider, a “home-bound” ethnography refuses the claims of traditional ethnography to “truly understand” the plight of the marginalized populations with whom we work. Just as critiques have emerged of anthropologists’ silence regarding our relative immunity from climate catastrophes (Jobson, Am Anthropol, 122, 2020, 259) and from state violence (Gomberg-Muñoz, J Anthropol N Am, 21, 2018, 36) in comparison to those whom we research, the pandemic also demands an honest reckoning with the chasm that has widened anew between the lived realities of ethnographers and those of our research “subjects.” Highlighting the discomfort of disjunctive lived realities, a home-bound pandemic ethnography creates a careful ledger of the ethnographer’s comparative privilege, and questions the very premises of ethnographic immersion.

Keywords: reflexivity, privilege, Latinx immigrants, COVID-19

In March 2020, Alma—a domestic worker and single mother of four—was on her lunch break in Vail, Colorado, when her friend told her that there had been an outbreak of the COVID-19 virus at the luxury hotel next door. A guest had fallen ill, and eleven domestic workers had tested positive and had been sent home. At the time, the Vail and Aspen areas on Colorado’s Western Slope were early virus hotspots. The county had declared a state of emergency, and the state had announced the “extensive spread” of the virus in its resort areas (Bradbury 2020), seeded by visiting skiers. And yet the hotel that Alma cleaned had not provided its workers—all Latina immigrant women—with masks or gloves. Each day Alma left for work that March, she feared infection. “I was really scared—I have a girl of four. What would she do without me?” She says. A week later, Alma lost her job when the hotel shut down after a guest tested positive; within days, a statewide stay-at-home order had shuttered the tourist economy in which the area’s immigrants worked. As for many other undocumented immigrants in the Slope’s tourist economy, the year portended great financial and family hardships for Alma: she would remain out of work for months, be excluded from federal aid and unemployment, would witness the illnesses and deaths of family and friends, and would be forced to withdraw funds she had saved for her children’s college education merely to pay her rent.

When I spoke to Alma, I—as a White, non-Latina, and privileged remote worker—was facing an entirely different pandemic reality and a disparate set of “riskscapes.” Alma had daily faced a choice between the possibility of exposing herself at work and remaining at home only to face possible eviction.
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at the trailer park where she lived. When she was sent home to quarantine, like many other immigrant workers, she was not offered paid leave as required by federal law. In contrast, when COVID-19 struck Colorado, I was sent home by my university in Denver to teach classes from the comfort and safety of my living room. Although my colleagues and I faced a furlough, we were gainfully employed. And unlike Alma and her four children—who had to share their three-bedroom trailer with a renter so Alma could pay her rent and bills—I was able to quarantine with my partner in a home I owned. Finally, because I had employer-provided health insurance—unlike tens of millions of others—I had the solace of knowing I could find care (albeit in an overwhelmed health care system) should I fall ill.

This essay examines the experience of conducting a home-bound pandemic ethnography—one that toggles back and forth between the unfolding of two dramatically distinct pandemic realities. Although anthropologists have long discussed the promises and perils of conducting fieldwork at home (Carter 2019; Narayan 1993; Williams 1995), conducting fieldwork on disparate pandemic experiences while literally quarantining at home provides new insights. Conducting a home-bound pandemic ethnography involves the disjunctive knowledge of “being here” while listening to the very different experience of “being there,” intimately experiencing one pandemic reality while remaining alert to and aware of the very different contours of another. It is eye-opening and unsettling, offering notes toward a different mode of fieldwork. As the ethnographer, in quarantine, remains resolutely at home, home-bound fieldwork resists the illusion of ethnographic immersion that is ethnography’s claim to authority, although that remains an elusive—and problematic—goal. Unlike traditional fieldwork “at home,” conducting a “home-bound” ethnography is inescapably comparative, insisting upon the ethnographer’s reflexivity, awareness of privilege, and action.

An Abbreviated Pandemic Diary

The abbreviated diary that follows presents my interviewees’, and my own, pandemic experiences as a means of reflecting on pandemic privilege—an experience some may have not noticed, and many are all too eager to forget. If, as many have commented, the pandemic shined a bright light on the fault lines of social inequality in the USA, this is because it only intensified the raced, classed, and gendered forms of privilege of the prepandemic world. Conducting a home-bound pandemic ethnography provides a privileged yet jarring vantage point—“privileged” in both senses of the word—as these cracks split into chasms. But the pandemic not only held a mirror to US society, forcing us to reckon with entrenched structures of racism, classism, sexism, and legal privilege but it also forced anthropologists to reckon anew with our own privilege as “remote” academics and the ethical challenges posed by our methods. As the pandemic threw into stark relief the invidious effects of preexisting patterns of labor exploitation and exclusionary immigration policies on my Latinx immigrant interviewees, it also forcefully revived old questions about the ethics of ethnography without solidary action (see also Bejarano, Juárez and Mijangos 2019; Jobson 2020). Just as critiques have emerged of anthropologists’ silence regarding our relative immunity from climate catastrophes (Jobson 2020) and from state violence (Gomberg-Muñoz 2018) in comparison to those whom we research, the pandemic also demands an honest reckoning with the chasm that has widened anew between the lived realities of ethnographers and those of our research “subjects.”

Spring 2020

By mid-March, the restaurants, hotels, and janitorial services where Alma and other immigrant women in the Vail area worked had all shut down; the construction industry—where immigrant men
worked—had been hobbled as well. To provide support for jobless Americans, on March 27, Congress passed the Coronavirus Aid, Relief and Economic Security (CARES) Act, providing an economic stimulus payment of up to $1,200 per adult and $500 per child. The CARES Act also supplemented the unemployment compensation for which those who lost work were eligible, providing an additional $600 a week from the federal government. Yet, this so-called relief package offered nothing to undocumented immigrants and their families. The White House deliberately excluded from stimulus payments not only taxpaying undocumented immigrants but all citizen children and spouses listed on their taxes—a policy I write against (Horton 2020, 2021a, 2021b). Moreover, federal law already excludes undocumented immigrants from unemployment.

My friends and I anxiously watch these policy developments, and rising local infection rates, from Denver. My travel agent friend is thrilled with the additional unemployment payments; he is receiving more money each week than he did while employed. Yet, a very different reality is unfolding among immigrants on the Slope. By mid-April, most immigrants in the Eagle River Village Mobile Park are unsure how they will pay their May rent. The park charges $1,345 a month just for the lot on which a resident’s trailer stands; those who are paying down their actual trailers owe still additional payments. There is a federal moratorium on evictions in properties with federal financing, but this does not include the mobile home park. Some residents have already received eviction notices after being only five days late.

Amparo’s husband, for example, has had to sell his car to pay the rent, forcing Amparo to run the risk of exposure and infection by hitching rides with friends. Irma and her husband have disconnected their electricity, gas, and cell phone providers, as well as the local clinics and hospitals, to ask for a pause on their bills. Irma reckons she owes more than $2,000 in bills alone. Her husband, she says, is constantly on the prowl for work. He asks other men about their circumstances when he sees them at the gas station or in the supermarket; sometimes he swallows his pride and calls his friends to seek work. Irma shares her thoughts: “No one has any work. We’ve thought about returning to Mexico. But how can we leave for Mexico if we can’t even pay for gas?”

The state of Colorado, along with the county in which the trailer park where I work resides, have begun emergency rental assistance funds for those unable to pay. When we attempt to access those funds, my interviewees and I discover that both funds purposefully exclude undocumented immigrants (Horton and Duncan 2020). I receive a stimulus payment shortly afterward. In highlighting the disjunctive pandemic realities of the ethnographer and her subjects, a home-bound ethnography demands both activism and its less glamorous side—the everyday forms of solidarity and microresistance one might describe as “social work” (Horton 2016). A form of care work that is often undervalued, these acts of microadvocacy serve as a form of everyday activism (see also Saxton 2020) and are vital to the well-being of the vulnerable populations with whom we work. Virtually accompanying (Duncan 2018; Nuñez-Janes and Ovalle 2016; Saxton 2020) immigrants in an embodied, everyday way may be exhausting and at times demoralizing, but it is a form of solidarity that is ethically incumbent. As Dvera Saxton argues, accompaniment is a “more politicized way of applying the classic ethnographic method of participant observation” (2020, 213). Accompaniment is also diagnostic, providing important insights about where systems of assistance break down—whether due to deliberate exclusion or unintentional oversight.
Anti-immigrant policies have spill-over effects on citizens as well (Castañeda 2019; Getrich 2019), and over the following weeks, the economic damage mounts. Lupe, an undocumented mother, for example, has been forced to spend the college fund she had begun for her citizen daughters on rent. “We have absolutely no help at all,” she tells me. Yadira, a single undocumented mother, who used to clean private homes and lives with her undocumented and now unemployed parents, is in a similar boat. Her citizen son is the only one in the family with the valid work authorization papers that allow him to find work in the large box stores that remain open. He is now working thirty-six hours a week at Walmart while trying to complete high school. Although the youth will not speak to me, Yadira later tells me he will have to repeat his senior year. Equally devastating, Yadira has to use the money she saved for his college education to instead pay her rent.

Summer and Fall 2020

By late May, the governor has quietly opened the state’s rental assistance fund to undocumented immigrants. And there are new philanthropic funds specifically earmarked for immigrants ineligible for the stimulus and unemployment. In March, with funding provided by the city and county of Denver—known for its pro-immigrant policies—the state’s immigrant rights agency had partnered with a social impact investing firm to create the Left Behind Workers’ Fund (LBWF) to provide assistance for the county’s excluded immigrants. By summer, the fund received enough philanthropic donations to extend aid to eligible immigrants outside Denver. Although I am able to secure assistance for Amparo and Lupe—and several others—the scarce funds for non-Denver residents are quickly depleted. Moreover, despite my efforts at reassurance, fear that receiving aid will jeopardize future immigration status adjustments deters many eligible immigrants from applying.

Meanwhile, undocumented immigrants’ exclusion from pandemic aid and unemployment benefits continues to force them into risky workplaces, placing their own health—and the health of their family members—in jeopardy each day. Yadira, for example, is still largely without work. While her mother is also a sidelined domestic worker, her father has chronic obstructive pulmonary disease from years of inhaling dust as a stone mason. Because a COVID-19 infection would kill him, he is under strict doctor’s orders to not to leave the house. Yet, her son works at Walmart each day, and they share a three-bedroom trailer with one bathroom. Similarly, Juanita and her husband have taken out a high-interest loan to pay their rent and their eldest daughter’s college tuition. To put food on the table, Juanita visits a food pantry and takes her three children to the local high school each day for a peanut butter sandwich, an apple, cheese, and milk. To help pay the bills, her husband leaves for work each morning despite beginning to show signs of prostate cancer.

By summer, the massive outbreaks in meatpacking plants and agriculture have made it clear that COVID-19 is an occupational disease. A study of death certificates in California finds that working-age Latinx immigrants were 11.6 times more likely to die of COVID than non-Latinx US-born people of the same age (Garcia, Eckel, Chen and Li 2021). It has become clear that Latinx immigrants’ higher rates of infection and death stem from their concentration in industries the federal government has deemed “essential”—industries in which they are often not granted the workplace protections necessary to protect their health.
With higher infection rates come greater medical debt. In July, I call Elisa, an undocumented immigrant trained as a general practitioner in Mexico who now works as a medical assistant at a free clinic near Aspen. In mid-March, she says, her husband, Juan, developed a high fever and lung congestion. She tried to persuade him to go to the emergency room (ER), but he refused. “His oxygen was beginning to drop, his blood pressure was beginning to drop, but he didn’t want to go. And you know why? Because of the bills,” she says. She called the doctor she works with to seek advice. “And he said that with a pulse that low, he would die that night if he didn’t enter [the ER],” she remembers. She drove Juan to the local county hospital, where he stayed for three days before he was transferred to the Intensive Care Unit in a regional medical center. He remained there for two weeks before he died of pneumonia and septicemia. Compounding Elisa’s enormous grief and rage was the bill she received for just his three days at the county hospital—for $63,000. Although excluded from Medicaid, undocumented immigrants are eligible for Emergency Medicaid, and Colorado had explicitly expanded its coverage to include COVID-19 treatment. Although Emergency Medicaid should have covered his treatment, Juan was never offered the insurance.

In August, I call Norma, an undocumented immigrant who cleans a hotel that now hosts visiting nurses and doctors. I had called her earlier but she did not answer; I later learn that both she and her husband were struggling with COVID-19. After Norma tested positive, a county nurse called her and found her gasping for breath. Despite Norma’s resistance, she insisted Norma visit the ER. “And I jumped up crying, I was so scared. And my husband was begging, ‘Don’t go, don’t go, I don’t want you to die,’” Norma remembers. At the nurse’s insistence, Norma ultimately did go. Discovering that her lungs were badly congested, the doctors wanted to keep Norma in the hospital for a week. To avoid a hefty bill, she insisted on leaving that same day. Norma left with a rescue inhaler along with a bill for $3,800. Like Juan, she was never offered Emergency Medicaid. When we call the hospital financial assistance office, we learn the state will only accept retroactive applications for Emergency Medicaid within three months of a qualifying event.

According to the Centers for Disease Control and Prevention (CDC), Latinx individuals were hospitalized during the pandemic at nearly three times the rate of White, non-Latinx individuals (CDC 2021). Yet, like Juan and Norma, many immigrants avoided the hospital at all costs—due to fears of medical debt, infection, and disparate treatment. Yajaira, for example, had made a pact with her husband that neither would enter the hospital unless on the verge of death. “When you don’t have a social [Social Security Number], when you don’t have insurance, they treat you differently,” she explains. When her husband did come home from work with a fever of 104 degrees, she instead bathed him in ice cold water and used a vaporizer a niece had received from Mexico.

I am also afraid of entering a hospital, but this is entirely due to fear of infection alone. By now, I have fallen ill twice and received negative results, and both tests have been covered by my insurance.

Medical debt disproportionately affects people of color, and COVID-19 has exacerbated already existing debt disparities (Wells 2021). Nationwide, there is growing attention to the role that medical debt plays in the wealth gap, and momentum in state initiatives to tackle the hospital practices that lead to such debt. In Colorado, for example, advocacy groups are working with the state to make Emergency Medicaid more accessible to undocumented immigrants, and succeeded in passing a bill that requires hospitals to assess each patient for discounts and insurance (CCLP 2021)—a bill that should prevent
the kinds of circumstances Elisa and Norma faced. I have used their stories in my public testimony to support this bill and in reports advocacy groups’ negotiations with the state.

Each time I talk to immigrants on the Slope drives home the fact that I am living through a different pandemic. I fear for the safety of my sister, who works as a nurse, and often must wear the same gown and mask all day. I worry about my elderly parents who are quarantining at home. But I have neither family members nor close friends who have yet had COVID-19.

Winter 2020–Spring 2021

By the winter, ten of the twenty-six families I work with on the Slope have had an immediate family member who fell ill with COVID. A national controversy erupts over which group should be granted priority in vaccinations, pitting essential workers—whose risk of exposure is greater—against the elderly, among whom mortality rates are argued to be higher. While an advisory panel to the CDC initially recommends that essential workers be vaccinated first, accusations of the panel’s favoring “other racial groups over white people” instead leads it to reverse this decision (Goodnough and Hoffman 2020). Colorado and California largely follow the CDC’s recommendations, vaccinating those between the ages of 60 and 64 before restaurant and construction workers (CU Anschutz 2021). This prioritization of the elderly over essential workers leads to the uncomfortable irony that my parents, who have been home-bound in Berkeley since late February, are vaccinated before immigrants like Juana’s husband—those who leave their homes each day to keep the economy running.

This is only one of many vaccine inequities. Across the USA, states follow inconsistent policies as to whether professors, like K-12 teachers, should be included among essential workers. Although Governor Polis initially decrees that they should not qualify, political pressure leads him to reverse this decision. I am able to quarantine at home, and teach classes from my living room. A lack of federal support forces my interviewees to risk their health each day to survive. Yet, I am able to obtain a vaccine before some of my interviewees on the Slope.

By April, I am relieved to find that many of my interviewees have been vaccinated. Eagle County’s mobile vaccination program for the immigrant community does not require that they present any identifications—a barrier in other locations—and proves a success. Yet, the same sense of abandonment by the federal government has understandably led many immigrants—including some of my interviewees—to mistrust the vaccination effort. Yajaira, who bathed her husband in ice water rather than take him to the hospital, believes that public health departments are only providing the Johnson & Johnson vaccine to undocumented immigrants—a vaccine that has been linked to severe complications such as blood clots. She is waiting to see if the other vaccines will become available. “But I hear you can only get them if you have insurance,” she says. Meanwhile, Norma, who cried at the prospect of entering the hospital and who left with a hefty bill, is worried that a vaccine will make her as sick as COVID-19 did and will cause her to miss work. “I’m going to wait,” she says. “What’s worrying me now is that the governor said he’s going to lift the mask mandate on April 4. That seems too soon,” she says. “Because every day I go to work is a risk.”

Although COVID-19 is often discussed as an entirely “natural” event, a kind of viral disaster, public policies excluding immigrant families from disaster relief and from reliable health care have saddled
them with disproportionate illness, debt, and death. Tacking back and forth between my own experiences of the COVID-19 pandemic and the experiences of my Latinx immigrant interviewees, this essay has juxtaposed the disparate pandemic realities inhabited by the ethnographer, privileged to work remotely, and her Latinx essential worker interviewees. This disjuncture, and the discomfort it generates, in turn demands acts of solidarity and assistance. Activist work is a crucial complement to research, and has the sexy allure of Resistance (with a capital R). Yet, helping mitigate the effects of these disparate pandemic realities also demands less glamorous forms of everyday solidarity and microresistance. Virtually accompanying immigrants as they navigate the structures that constrain them is not diametrically opposed to organizing for social change; the two are complementary and interdependent activities. After all, accompaniment requires we vicariously experience the brunt of legal and structural violence and deepens our commitment to working alongside immigrants to dismantle these systems. At the same time, however, this kind of “deeply politicized care” (Saxton 2020, 122) must itself be complemented by organizing for political change. Otherwise, it is but a band aid slapped on top of the deeper structural issues that afflict immigrant workers, serving as a kind of “palliative ethnography” that leaves the existing structures of state violence and exploitation intact.

In widening the chasm between the ethnographer working at home and her essential worker research “subjects,” the pandemic shined a bright light on the starkly unequal, and often “extractive” (Bade and Martinez 2014) relationship on which ethnography is based (see also Bejarano et al. 2019; Jobson 2020). Even as the discipline is still reckoning with its colonial legacy and re-visioning its methods (Bejarano et al. 2019; Harrison 1991, 2008; Jobson 2020), the pandemic requires an honest accounting of the chasm that has widened anew to inoculate ethnographers from the difficulties faced by those with whom we conduct research. As Ruth Gomberg-Muñoz observed in the aftermath of racialized police violence, the pandemic rendered “an anthropology that expects to be politically neutral or detached in its research with marginalized peoples less tenable than ever” (2018, 37). By situating my own pandemic realities against the backdrop of those of the immigrants with whom I work, I aim to participate in a vein of scholarship that “troubles the tendency of anthropologists to refuse complicity in the structures of dispossession taken up as topics of research” (Jobson 2020, 261; see also Gomberg-Muñoz 2018). Toward the objective of decolonizing ethnography and frankly reckoning with ethnographers’ — and in particular, White US ethnographers’ — disparate privilege at this particular moment, ethnographers must produce multiple comparative ledgers of their pandemic privilege. Indeed, while “remote” ethnographers in the USA face particular privilege in comparison to their ethnographic subjects “at home,” our privilege in comparison to those in vaccine-poor countries across the Global South is even more pronounced. As I write, for example, more than a million “enterprising” middle- and upper-middle-class US residents following norms of toxic individualism and unreflexive entitlement have taken it upon themselves to receive unauthorized third vaccine shots (Mukherjee 2021), even as most residents in the Global South have yet to receive a first.

Beyond critiquing the inequalities of the current moment, this comparative pandemic diary holds a mirror to the asymmetries built into the foundation of the ethnographic enterprise. In requiring isolation, the onset of the pandemic posed a challenge to traditional modes of ethnography and participant observation (Rutherford 2020). While many have devised creative and resourceful strategies of continuing to conduct research during the pandemic (Lupton 2020), others have suggested that we “transform realities that have been described to us as ‘limitations’ and ‘constraints’ into openings for new insights” (Günel and Varma 2020). I suggest that as a privileged remote worker, conducting phone interviews with immigrant “essential workers” lends itself to a kind of reflexivity and comparison that tradition-
al ethnographic “immersion” does not. Traditional fieldwork rests on the illusion of ethnographers’ acculturation so they become a kind of insider–outsider, enabling them to make claims—sometimes exaggerated—to truly “understand” the plight of the marginalized populations with whom they work. In contrast, a home-bound ethnography refuses such disciplinary self-assurances. Maintaining a split gaze between one’s own experience and those of one’s interviewees, a home-bound pandemic ethnography instead highlights the discomfort of disjunctive lived realities, creates a careful ledger of the ethnographer’s comparative privilege, and questions the very premises of ethnographic immersion.

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