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I Was in Crisis:

MOTHERWORK, AIDS AND INCARCERATION

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Abstract

This article explores the illicit labor and imprisonment of two women, Cynthia and Dinah, in the Santa Monica prison in Lima, Peru through the lens of gendered motherwork. Because the unequal distribution of care places the burden of this labor on women, Cynthia and Dinah were primarily responsible for the care of their adult children who were diagnosed with AIDS. Both women entered the transnational cocaine commodity chain in order to provide their children with medication that was not administered by the state. Neoliberal healthcare in the form of cuts to national health systems makes the motherwork of poor women more difficult to perform. In order to afford care for their children's health, Cynthia and Dinah entered a labor market that is criminalized by punitive war on drug policies and they were subsequently imprisoned. Illicit labor was therefore an extension of their motherwork and the removal of this care from their children resulted in tragic health consequences. This article is based on ethnographic dissertation fieldwork in 2008–09 in the largest women's prison in Peru.

Keywords

Peru; HIV; gender; care; incarceration; cocaine; crime

INTRODUCTION

This article is based on the narratives of two women interviewed in 2009 who were incarcerated in the Santa Monica prison in Lima, Peru on charges of drug trafficking. Cynthia was Peruvian and Dinah was South African. Although different in many ways, they shared important similarities. They were nonwhite, poor and were the primary caretakers of their dependents. They both had adult children who were infected with HIV and both women worked in the cocaine trade in order to pay for their children's medication. The search for one drug led to carrying and selling an illicit one and ultimately to their incarceration. Finally, their children died while they were detained by the state. The shifting, interlocking and mutually constitutive systems of gender, class, race and citizenship

Notes on Contributor

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oppression (Collins 2000) impact women's options to care for their dependents. I use an intersectional analysis to trace how these inequalities related to one another and how they rearranged themselves in the narratives of Cynthia and Dinah. Crenshaw (1989) coined the term intersectionality in describing how black women's experiences are erased when race and gender are taken into consideration separately rather than simultaneously. The matrix of domination, introduced by Collins (2000), is the distinctive way in which intersecting systems of oppression are organized and operate to structure privilege. Interaction is a key element of this framework (Hancock 2007), and citizenship, race, class and gender constantly negotiated with one another to shape the choices faced by Dinah and Cynthia.

The concept of "motherwork" is closely tied to intersectionality and is used in this article because "it challenges social constructions of work and family as separate spheres" (Collins 1994, 47). Reproductive labor is not limited to the home and therefore includes paid work, sometimes in criminalized labor markets. In addition, motherwork is performed not only to safeguard the survival of the family but also "recognizes that individual survival, empowerment, and identity require group survival, empowerment and identity" (Collins 1994, 47). In other words, this framework highlights the roles of race, class and gender and other systems of power in constructing the context within which motherwork occurs and centralizes the experiences of nonwhite women. It recognizes that mothers are members of groups, some of them subordinated by structural inequalities, and that the struggle to care for their families is not disconnected from these group memberships. Motherwork is therefore a useful conceptual tool for understanding the relationship between motherhood and incarceration. The majority of the women I met in the Santa Monica prison were mothers, poor and nonwhite. These factors are interrelated, and in order to expose the mechanisms behind the incarceration of low-income mothers of color, we need to employ a methodology that accounts for various dimensions of power and privilege.

Motherwork acts as an analytical bridge between the gendered responsibilities of motherhood, illegal labor and incarceration. For example, because of the unequal distribution of care by gender (Chopra and Sweetman 2014), women provide most of this care to their dependents. This is particularly so in the AIDS pandemic, where women have become the primary caretakers for dependents who contract the disease (Robinson 2005; Kittikorn, Street, and Blackford 2006; Kipp et al. 2007; Hejoaka 2009). The state's neoliberal approach to healthcare in the form of privatization and underfunding makes the motherwork of poor mothers more difficult to perform and leads some to make up for this gap through criminalized labor. Local and globalized racial hierarchies further limit opportunities for nonwhite women to secure a livelihood that supports an entire family. The undervalued work that women provide in the private sphere is duplicated in the illicit drug market because they are positioned in the lower levels of cocaine trafficking. This situation makes them vulnerable to imprisonment where they are subsequently cut off from providing care to dependents.

Globalized economic inequalities affect how motherwork is carried out. For example, both Peru and South Africa have been noted as having "emerging markets" (Bloomberg Markets 2013) and being "upper middle-income countries" (World Bank 2014). They do not rank among the world's poorest nations and in fact have growing economies partly due to the

adaptation of neoliberal strategies. The term “neoliberal” is used here to describe “the ideology and practice of the dominant classes of the developed and the developing world” (Navarro 2007, 53), which include (but are not limited to) the deregulation of labor and financial markets and commerce, a decrease in public spending and an emphasis on privatizing services, all of which result in increasing class inequality (Navarro 2007). The implementation of these policies has been partial, has varied by cultural and state context and has also been contested. Moreover, they have placed financial pressure on mothers of the Global South living in or at the edge of poverty who must often make up for the rollback of the state in sectors such as public health. Some may therefore enter the transnational cocaine commodity chain (TCCC) as a way to provide the healthcare that the state does not deliver. The TCCC is understood “as an end product of a global commodity chain” (Wilson and Zambrano 1994, 297), and the concept leads us to a more precise understanding of drug trafficking. It is also useful for demonstrating how “countries become linked to the global economy in a variety of ways via participation in commodity chains” (Blair 2009, 29). With this model, we can trace the movement of cocaine and those who work transporting and selling it.

The motherwork of low-income mothers in countries connected by the TCCC is affected by counternarcotics effort spearheaded by the United States. Muller (2012), for example, states, “The emergence of the Latin American penal state is inseparable from the transnationalization of the United States’ war on drugs” (68). The war on drugs was declared by the Reagan administration in the 1980s and has been a major contributor to the enormous growth of the prison system both in and outside of the United States. As a result of war on drug policies, “many Latin American countries introduced new mandatory minimum sentences and new drug laws into their penal codes” (Muller 2012, 62). In the late 1980s, the United States Vienna Convention assured the exportation of the United States’ punishment approach to the drug economy. Member states accepted policies that moved away from a medical or social response to drug use. Corva (2008) states that “U.S. narco-intervention has been leveraged through the articulation of neoliberal structural adjustment conditionalities, and aid conditionalities related to the augmentation and militarization of local police functions” (182), and this has been the case for Peru. A joint report by the Transnational Institute and the Washington Office on Latin America exemplifies this point:

The growth in prison population since 2003 corresponds to a period in which the Toledo administration practically submitted Peru’s position on the drug questions to international demands in order to make it possible to continue negotiations on the free trade agreement (FTA) with the United States. (Metaal and Youngers 2011, 9)

The Peruvian government has therefore complied with war on drug policies largely set forth by the United States and has relied on financial and military support from its agencies. Peru’s “orthodox, law and order approach” (Tegel 2012) has resulted in the increase of the number of incarcerated men and women. For example, in January 2009 there were 2,799 women in Peruvian prisons, and this number had risen to 4,372 by December 2014 (INPE 2009, 2014), an increase of 56 percent in five years. About 60 percent of female inmates were arrested on charges of drug trafficking (INPE 2014). Women have become casualties of

the region's war on drugs and this has implications for the care labor that is expected of them.

NATIONAL HEALTH SYSTEMS AND GLOBAL NEOLIBERAL EXPANSION

The growth of counternarcotics efforts has corresponded with the restructuring of the public health sector, and both have occurred within a globalized neoliberal framework. For example, the World Health Organization (WHO) recognizes that “national health systems are increasingly influenced by international policies and agreements, and cross-border market forces” (Alliance for Health Policy and Systems Research 2008, 2). Healthcare systems at the state level must cope with the pressures of global health governance (such as the United Nations and World Health Organization). Global health funding has increased significantly (McCoy, Chand, and Sridhar 2009), but much of it comes “with strings attached and must be spent according to donors’ priorities, politics, and values” (Garrett 2007, 21).

These funds may also be disease specific rather than providing infrastructure support for national healthcare systems of poorer countries. Structural adjustment programs of the past thirty years that stressed private sector development while reducing the public sector affected the same nations that are now targets of public health international aid and initiatives. Cuts in public sector spending had a detrimental impact on national healthcare systems in these countries (Pfeiffer and Chapman 2010). Low-income populations experienced reduced access to healthcare, untreated diseases and long-term poverty due to the costs of medical care. More recently, the global financial crisis of 2007/08 has had and will continue to have an impact on the health of vulnerable populations in the forms of: decline of overall economic activity; additional cuts in the public health sector; reduction in foreign aid; growth of unemployment and “flexible” jobs in healthcare; pressure to make national health systems more efficient; and an “ideological climate of austerity” (Ruckert and Labonte 2012, 276).

Low-income women are vulnerable to the impacts of neoliberal globalization on national health systems. They have had to absorb reductions in public health services that were mandated by structural adjustment programs. They have done so by taking on additional unpaid labor through their role as caregivers. They have divided their time between caregiving work, paid labor and in some cases community support efforts in the attempt to make up for cuts in social welfare programs (Craske 2003). Therefore, aspects of neoliberal globalization such as deregulation, liberalization and privatization are gendered in that “they assume women’s ability to bear increasing demands on their labor in household obligations for food pension, child rearing and education, and caregiving for the elderly” (Mittelman and Tambe 2000, 175). Motherwork carried out by women thus makes globalization possible.

RESEARCH METHODS

Entering Santa Monica

The Establecimiento Penitenciario de Mujeres de Chorrillos (commonly referred to by its previous name, Santa Monica) is an innocuous, flat green building sitting on the edge of the wide and busy Huaylas avenue in Lima, Peru. It is surrounded by restaurants, grocery stores, internet cafes and homes. You can walk past the prison and not know what it is unless you happen to look up and notice the barbed wire that sits on top of the building's high walls or the small gray iron doors that have the acronym INPE (Peru's Instituto Nacional Penitenciario, the federal agency that runs the prison) painted on them. On a typical day of fieldwork, I pound on the thick iron door a couple of times with my fist and after a minute or two a rectangular peephole slides open and I see the top half of a female guard's face peer out. I show her my pass and after she decides it is acceptable, she opens the door. The front room is wide and large in order to make space for those who come on visiting days. The sounds of cars and trucks rumbling and honking on the avenue and the voices of laughing and talking pedestrians are now muted. From the entrance I head straight to the main desk, where I show the guard there my pass and also my passport. Most guards in this prison are female. After careful study of both, my arm is stamped. This labels me a visitor. From here I walk through the visitor inspection area and wait to be called by another guard who leads me into a small closet-like space with curtains on either side.

The guard closes the curtain and proceeds to inspect my clothes, bra and sometimes underwear (the thoroughness of these searches vary by staff person), and asks me to take off my shoes. After looking inside them, I am given permission to put them back on. The guard asks who I am and why am I there. She instructs me to hand her my notebook and I wait silently while she flips through its pages. After this inspection is complete she opens the curtain on the other side and tells me that I am done. I walk into a small and tidy courtyard surrounded by the administrative offices. Staff workers, mainly women, walk busily from one end to the other. One or two prisoners go from office to office, delivering food and drinks for staff or cleaning up. I can tell that they are prisoners because they are not wearing the business suits or skirts worn by the staff. They are dressed in street clothes. Prisoners do not wear uniforms but the dress code forbids skirts or shorts. I am largely ignored until I walk past these offices and reach a small gate squeezed in between two concrete buildings. Past this gate is where the prison population lives. On one side stands a female guard and on the other a few prisoners hang about waiting for their turn to speak to a lawyer or trying to convince a guard to let them speak to someone in administration about a complaint or request. Most are Peruvian, but I notice a foreign woman or two in the group. I show the guard the stamp on my arm and she opens the gate door. I step through and finally enter into the prisoners' patio.

Field Methods

This article is based on nine months of ethnographic fieldwork conducted in the Santa Monica prison from 2008 to 2009 with fifty incarcerated women. Permission to conduct fieldwork was granted to me by INPE's Vice President after review of my research proposal. I used participant observation as a way to understand daily life inside Santa Monica. This

method consisted of me sitting on a bench in the prison's main patio and hanging out with women whom I saw and spoke with regularly during fieldwork. I listened to their conversations, asked questions when I didn't understand something about the prison, chatted about Santa Monica's daily life, as well as other topics such as food, music, movies, children, pets, men and any number of other things. It was after two months of doing this that I finally began to request formal interviews. I conducted participant observation first because this allowed some of the women to get to know me better and to become familiar with my research goals, and it contributed to building trust. Privacy was a valued luxury inside the prison and I purposely did not ask for interviews until I felt that at least some of the women there were comfortable with me as an anthropologist and as a person. I had permission to freely walk around the large open-air patio that was surrounded by the administration wing, chapel, beauty salon, nursery, clinic, auditorium and one of the dormitory buildings. On a typical day it was full of women walking, knitting, doing nails or hair, talking, gossiping, people watching and waiting for their turn to speak with a member of staff or with their lawyer.

The selection criteria for interviews included participants who (1) were in prison on charges of drug trafficking or drug consumption, (2) were 18 years old or older, (3) had been sentenced or were still waiting for sentencing and (4) were not pregnant (as this would require additional Institutional Review Board clearance). Sampling methods used included snowball sampling. Each participant gave written or oral consent before the beginning of each interview. Afterward, I asked her if she knew of another woman in the prison who might agree to participate in the study. This sampling technique allowed me to tap into diverse and multiple networks inside Santa Monica. Convenience sampling, a method that selects from any group readily accessible to the researcher, was also used (Bernard 1998). I approached different women in the prison, described the project and criteria for participation and gave them my contact information in the event that they would want to participate in the project. With both sampling methods I emphasized the voluntary nature of participating in the study.

Throughout my fieldwork, I also used life history narratives to bring out the sequence of events and to form probable explanations of why and how interviewees came to work in the drug trade. These also evoked the "multiple dimensions of women's lives" (Alacalde 2010, 6). As women spoke to me about their childhoods, families, relationships, children and work, I was able to piece together a multifaceted picture of those who had worked or were accused of working in the drug trade (Alacalde 2010). Through these narratives, which recorded "information from the informant's perspective from beginning to end" (Schensul and Lecompte 1999, 50), I tried to document the nature and conditions of their lives before incarceration and their motivations for undertaking criminalized work (Owen 1998) or, if they were not involved in this kind of work, how they nonetheless came to be imprisoned for it. This gave participants the option of providing only the information they were comfortable giving. The life history format buttresses intersectionality's emphasis on inequalities that are interrelated, unconfined and mutually constitutive because narratives "can illuminate hidden complexities while seeking to avoid simplistic generalizations and essentialisms" (Cole 2009, 563). Prisoners' accounts of lived experiences contained rich interconnections

between race, gender, class and citizenship. Other forms of inequality emerged from their accounts but time limited the possibility of adequately analyzing all of them.

Because of the nature of life history interviews, I asked few leading questions, none of which inquired into the details of work in the drug trade. This was one way to ensure that privacy was respected. As a way to begin the interview, I asked participants to tell me about their lives. I noted the work that they performed in both the criminalized and noncriminalized job sectors and how they came to do those particular jobs. These interviews provided information about the ways in which options for criminalized work were shaped. Further information that I tried to record (provided it was volunteered) was about education, migration patterns and changes in households. Participants could choose to end the interview at any time. In order to help maintain confidentiality I did not audio or video record conversations. All interview notes were hand written by myself only.

An intersectional analysis of the following narratives allows us to discover how converging systems of oppressions limited Cynthia's and Dinah's ability to care for their children, thus moving them into criminalized labor as part of their motherwork. The survival of their children depended not only on the physical care these mothers provided, but also on the care they offered through financial resources. Unable to access adequate medical care for their dependents from the state, they entered the cocaine market as low-level laborers in the hope of earning enough money to purchase medication. Counternarcotics efforts abruptly prevented Cynthia and Dinah from carrying out the motherwork needed by their ill children.

CYNTHIA

Cynthia¹ was 50 years old when I met her and was in her seventeenth month of a five-year sentence. This was her second time serving a prison sentence for drug trafficking. In her narrative, the state disappears as a safety net but reappears in the form of policing and legal enforcement. It enforced war on drug policies while providing little to no medical aid for Cynthia. Consequently, she was caught between the state and the illicit cocaine chain. Race also contributed to structuring her pathway into the prison. The Peruvian women I met in Santa Monica did not speak about race directly, nor did they note racism as a reason for their incarceration. In fact, race was largely a silent character in the stories they told me about their lives. This silence was extended to the prison system itself – none of the official statistical breakdowns of the prison population included race and/or ethnicity as a category. There were various other demographic categories of information on incarcerated women such as work, motherhood, marriage and the crime committed, but none on race or ethnicity. Despite this erasure in both the official discourse of the prison and the unofficial dialog of incarcerated women, I noted that the population of Peruvian women in Santa Monica primarily consisted of women who would not be considered white by Peruvian standards. A racial hierarchy was at work in Peru that was insidiously helping to move nonwhite Peruvian women into the prison through labor in the drug trade.

¹Names of those interviewed have been changed. Interviews with Spanish-speaking individuals were conducted in Spanish and translated by me.

Peru's government has unwaveringly implemented market-oriented economic policies since the beginning of Fujimori's presidency in 1990, and this has included the public health sector. Despite a fiscal surplus, Peru ranks last in Latin America in public health spending (Taj and Wade 2012). Privatization of the country's health system includes decentralization, user fees for medical services, for-profit health insurance companies and private hospitals and clinics (Alva-Diaz 2012). Peru's informal sector remains large: 74.3 percent of the country's employment is informal (Un 74.3% de Los Empleos En El PeruEs Informal 2014) and these workers are at a particular disadvantage with regard to access to healthcare. In addition, the cost of medicine rose as a result of deregulation and limited access to pharmaceutical drugs (Font 2015). Although the Peruvian government has made recent advances in making healthcare accessible to low-income citizens, this process has been uneven. Sitting together on a bench in the prison courtyard, Cynthia spoke to me about her life and how she became incarcerated for the first time. She married when she was 19 and did not foresee how this relationship would eventually lead her to Santa Monica.

My mother-in-law and my husband began to sell drugs. I didn't know what drugs were; I didn't understand what it was. When I asked, I was told to mind my own business. My husband would hit me. My mother-in-law hit me, too. Only my husband and mother-in-law controlled the money they made from selling drugs; they drank with the money and had parties. After the third child was born he started forcing me to smoke with him. I started consuming drugs and became addicted. I was pregnant then with my fourth child. My husband would threaten to leave me if I didn't smoke. I accepted that and I screwed myself. My fourth child, a girl, died when she was nineteen days old. I consumed even more drugs. Time passed and I neglected my children – I used in the house. One day, when my youngest son was 12 years old, my husband sent me out to buy drugs. I bought the drugs and when I got home my husband was dead – he had had an asthma attack. That's when I woke up, like waking up from a dream. I took my husband to the hospital but he was already dead. I threw my drugs away and started crying. I took my children to the cemetery where my husband was buried and told them the truth about my drug use and promised them that we'd start a new life. I don't really know why I accepted using drugs. I started working selling cosmetics and brought my children along with me.

Cynthia became involved in the drug trade through her husband and mother-in-law's labor in the cocaine commodity chain. She had a subordinate position in her marriage and therefore had few resources from which to draw from order to resist the pressure to consume drugs. The death of her husband was a turning point for Cynthia. Her work as an independent retailer allowed her to earn an income and provide care for her children at the same time.

In 1998, her teenage son impregnated his girlfriend, and she moved in with Cynthia after her parents kicked her out of their home. A few months later the young woman fell and was rushed to the hospital:

At the hospital, my son and the girl found out that they had AIDS. My son called me at home and he was frantic. He was crying on the floor when I went to find him at the hospital. I thought that the diagnosis was a mistake and I took him to

different clinics for more tests. All of them came back positive. I started selling drugs again in order to buy medicine for my son and his wife. I had to drink alcohol while I sold drugs because I was tempted to take them. Now the AIDS medicine is free, but not back then. My son and his wife lost weight but after I went to nutrition workshops they started eating better because of me and they got better. I drank and drank alcohol but denied that the reason for this was because I wanted to take drugs again. I never let my children sell drugs. One day, I had pains and was taken to the hospital. The doctor told me it was because my body wanted drugs. He wanted me to go to a treatment facility but I never went. My sister and her husband lived next door to me. They also sold drugs. One day the police went to arrest them but they claimed that they were just consumers and that I had sold them the drugs. I was in Santa Monica for thirty-eight months. I was arrested in January of 1999 and in September of that year my son died. I went crazy and had to get psychological help. When I was released, I received the news that the baby didn't have AIDS. A few months later the baby's mother died and he was left to me.

After learning that her son and daughter-in-law were HIV positive Cynthia entered the cocaine chain again, but this time as a retailer rather than consumer. UNAIDS and the World Health Organization put the total number of those living with HIV/AIDS in Peru at 70,000. The Global Fund reported in 2008 that 10,610 people living with HIV/AIDS were on antiretroviral therapy. Before the Peruvian government made treatment available for free (via grants from the Global Fund) in 2003, only 700 people infected with the virus received this therapy. Unfortunately, Cynthia's son and his girlfriend were not included in this coverage, and Cynthia turned to other possibilities available to her as a low-income Peruvian mother living in Lima. This included working in the TCCC as a retailer despite her prior addiction and the risk to her own physical health. The illicit drug chain filled the gap in Peru's public health sector. She also took on the physical care of her son and daughter-in-law, thus becoming a "substitute healthcare worker" (Hejoaka 2009, 874). The accusation by Cynthia's sister and brother-in-law and her ensuing incarceration highlight her vulnerability. Higher-level workers such as (mostly male) managers are less likely to be arrested and sentenced in Peru due to bribery, less public exposure and having the means to pay others to do the work for them. As a low-level worker in a local drug market, Cynthia did not have this protection. Her incarceration made her unable to offer the motherwork her son needed, perhaps hastening his death.

When I got out, I started selling plastic bags and food on the street, sometimes selling more than twenty things at once. I got a job as a public cleaner and had this job for eighteen months. I went to talk to my boss because I needed money for my daughter; he owed me four months' salary. He refused to give me the money. So I got angry and hit him. He paid me but I was fired. I got another public cleaning job. But my old boss found out about this job and had me fired. Then I got the same kind of work in another part of the city but was fired again for the same reason. I asked my brother-in-law for a loan and he suggested that I sell again so that I could raise capital for a business that I wanted to set up in my house. I was arrested less than two months later.... The suffering isn't being stuck in these four walls, but feeling helpless to do anything for your children.

Cynthia had wanted to start her own home-based business in order to generate an income and simultaneously physically care for her children and grandchild. Thus care was a motivating factor in once again entering the drug trade.

DINAH

Dinah, a black South African, was 61 years old when I met her and was in her fifteenth month of a two-year sentence. She was a mother to three adult daughters, a widow and grandmother. Her narrative delineates how she came to Peru and her experience in the transnational cocaine chain in Lima up to the time of her arrest. The disregard of her daughter by South Africa's health system is the context within which her labor in the cocaine chain occurred. In addition, her experiences in this chain speak to what little power those at the lower levels possess.

My oldest daughter was in a psychiatric hospital and she had some blood tests done when she was there. It turned out that she was HIV positive. I had just spent my savings on my home; I had just finished expanding my kitchen when I got the news about my daughter.

Expanding the kitchen of her humble home was something she had wanted to do for a very long time: "I tried to buy medicine and food for my daughter with whatever I had left over from the construction expenses but I was in crisis, I didn't have enough money." Her second daughter's husband (now separated) was Nigerian. "He told me, 'I know that you are in crisis.' He told me that he had a friend who needed luggage brought from South America to South Africa and that this friend would pay for this." Dinah found this strange and asked, "Why so far away?", but her son-in-law assured her that it was safe and she agreed to do it.

As a mother, even to adult daughters, she was financially responsible for the care of her daughter's medical costs. Motherwork therefore does not end when the child reaches adulthood, it only changes form. The invisibility of this type of care in social and health policies places an increased strain on female caretakers. The rich literature on AIDS in South Africa has stressed its cultural and economic context (see, for example, Susser 2009; Decoteau 2013), including the role of South Africa's system of apartheid. Macro-level constraints such as inequality, mobility of migrant labor, violence, gender and racial discrimination and finally, the dissolution of family life have their roots in colonialism but were cemented during apartheid (Fassin and Schneider 2003; Coovadia et al. 2009). It also contributed to the creation of a healthcare apparatus that was segmented by racial privilege (van Rensburg 2014). Its collapse was accompanied by massive rural to urban migrations which intensified existing poor health conditions (Marks 2002). In addition, the government has largely aligned itself with neoliberal policies since the end of apartheid in 1994 and this plan "has not only exacerbated inequality in incomes in South Africa but also led to major deficiencies in social and health services" (Ele-Ojo and Alaba 2012, 758). Free-market policies have heightened social disparities (Hunter 2007). The choices available to Dinah as she tried to help her daughter were therefore produced by these larger historical and structural forces. Faced with financial crisis, she took her son in law's offer for work. She did not know that he was involved with cocaine trading and was largely unaware of drug trafficking. Her ignorance was manipulated by those who worked in the levels above her.

Dinah's subordinate status in South Africa was replicated and used to the fullest advantage by more powerful male drug traders.

I received a letter before I left with instructions on what to do when I got to Peru. A taxi picked me up at the airport in Lima and took me to a hotel. I had been told that I should stay in Peru for five days but it turned out to be more like three-and-a-half weeks. The contact came to my hotel room in Lima and told me to take my things out of my suitcase.

She did so, not understanding what this was all about: "I told him that I needed a suitcase for my things but the man kept saying 'no problem.' He came back three days later with a small carry-on bag for me. I put my clothes in there."

Dinah, who had never traveled outside of South Africa, found herself in a foreign country for much longer than she had anticipated. Her movements had been arranged by men from countries such as Nigeria, Peru and Bolivia. The less knowledgeable she was about what was going on, the less susceptible middle- and upper-level managers were to arrest and incarceration. South Africans comprise one of the largest groups of foreign women in Santa Monica, and many couriers who land in Peru are South African nationals. South Africa's insertion into the global economy has helped to make it a hub for illicit drug trafficking. These factors include the opening of its borders after apartheid, ports that link it to international trade, a well-developed financial sector and a rise in immigrant networks (Goga 2012). In addition, an influx of Nigerian criminal networks in the early 1990s (Shaw 2002) took over and expanded the cocaine market in South Africa and used the country as a base for international transportation. The ways in which South Africa has become inserted into the global economy thus impacted how Dinah entered the transnational cocaine chain and her experiences within it. Citizenship plays a salient role in Dinah's narrative. Like Kipnis (2004), I argue for the use of this concept "as an independent axis for the analysis of both social differences and inequality" (258). For example, it moved women into particular types of work in the drug chain. Almost all of the foreign women in Santa Monica were arrested for transporting cocaine. But compared to their northern counterparts, citizens of nations in the Global South were paid less, had fewer connections to drug organizations that might provide some support and protection and were more uninformed about the work they were doing. They also had fewer economic resources to draw from in the case of crisis (i.e. arrest). All of this contributed to their increased vulnerability.

Dinah was ready to return home and continued to follow the instructions she hoped would lead her back to her family:

I had gotten a call from my son-in-law's friend. He told me that it was time to leave, that my family was missing me and that I'd been in Peru too long. I checked in (at the airport) and just as my bag was going onto the belt, two women showed up and asked if I was from South Africa. I said yes and they checked my luggage. They didn't find anything and were letting me go when a policeman showed up running and yelling, "Wait! Don't let her go!" He said that he was familiar with that kind of luggage. He took me to a room and took out my things from the luggage. He put my things on the floor.

Dinah protested, asking him to please put her possessions onto the bench instead. He took a hammer and a rod and opened the seams of the luggage. She protested again because,

He was ruining this brand new luggage. A black American officer tried to calm me down because now I was very upset and I was crying. He said to me: “You South African girls don’t learn. It was a Nigerian man who sent you here, wasn’t it? You don’t learn not to listen to the Nigerian men.” They found two kilos in my luggage. The black officer told me that I was in trouble. I was put in handcuffs even though I begged to please not be put in handcuffs and I was arrested.

As illustrated above, her low status in the drug market and intersecting hierarchies of race, gender and class increased her exposure to arrest, unlike the male workers she encountered during her first few weeks in Lima. These upper-level workers were able to literally disappear into the background as Dinah took the fall for their illegal transaction. The transnational cocaine commodity chain intersected with war on drugs enforcement bodies. The goal of the former was to use Dinah to transport cocaine back to South Africa. Her capture, however, also ensured the continued existence of networks within the chain. Nothing was lost except the two kilos. It was costly, but her ignorance of the networks and transactions worked to the benefit of upper-level members. Besides, there would always be someone willing to take the risk of transporting cocaine.

Dinah’s goal was to serve her sentence and return home as quickly as possible. Her daughter’s health was worsening. She was released before her daughter’s death, but according to Peruvian law she had to wait for authorization to leave the country. It did not arrive in time and Dinah’s daughter died while her mother was still in Peru. She quietly left Peru without official permission after weeks of raising money for airfare from her church communities in South Africa and Peru. She wanted to arrive home in time to attend her daughter’s memorial. She had entered the cocaine chain in order to provide for her daughter’s medical care. Ironically, it had pushed her even further away from her family and taking care of her daughter.

DISCUSSION

The gap between the rich and poor in Peru and South Africa is vast, and Dinah and Cynthia struggled to make ends meet. Both countries have sought to transform their economies largely via neoliberal strategies. They are also less economically and politically powerful than nations in the Global North and are more susceptible to pressure from international governance institutions. These factors have had negative effects on the health systems of both countries. Dinah’s and Cynthia’s marginalization was also racialized and gendered. Dinah was black and Cynthia was mestiza, therefore making them members of subordinate racial groups. Both were also widows and solely responsible for their children. They took on criminalized work when faced with a health crisis – the need for HIV medication that was not provided to them by the state. Cynthia returned to the transnational cocaine commodity chain as a retailer rather than a consumer. Dinah unwittingly entered the chain as a transporter. These positions were low level and highly visible to transnational antinarcotic bodies. Imprisoned and unable to provide the care that sustained their households, their children died from AIDS.

Both women were located at the center of interlocking systems of inequality. As such, their ability to perform motherwork was influenced less by options and more by limitations. Paid work and hands-on care of children overlapped as they strove to ensure their children's survival. Motherwork made up for the healthcare the state failed to provide and was the impetus for working in the drug economy. This labor resulted in their subsequent arrest and imprisonment and they – as well as their dependents – became victims of the same structural forces that led them to the drug trade. The prison keeps oppressed populations at bay, out of site and disempowered. Motherwork is a vital resource for marginalized communities and when it is institutionalized, the children of prisoners are made even more vulnerable to exploitation by profit-driving markets. Incarceration therefore upholds neoliberal strategies by helping to reproduce a pool of cheap labor. In addition, the war on drugs has led to an increase of imprisoned women and consequently creates an invisible public health crisis for their dependents. Children of prisoners face precarious health conditions when the state does not provide adequate healthcare and the motherwork that substitutes this is removed.

Poor access to health resources did not end with incarceration. Cynthia was diagnosed with a possible brain tumor but lacked the money to pay for more tests, and Dinah struggled to afford medication for her high blood pressure and tried to acquire it through the dizzying bureaucratic prison channels. Their experiences highlight the negative consequences of neoliberal economic strategies on national health systems as well as the public health effects of the war on drugs.

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