Precarious Work, Health, and African-American Men: A Qualitative Study on Perceptions and Experiences

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Abstract

Precarious work has steadily grown in the United States since the rise of neoliberal policies. The continued expansion of this type of work has led to precarious employment as a recognized category within social determinants of health work and to a growing literature within public health research. African-American men are disproportionately vulnerable to precarious work, which in turn contributes to adverse health effects. Nevertheless, African-American men's experiences of employment and the perceived impact on their well-being remain underexplored. This study was part of the formative exploratory phase of a 5-year community-based participatory research project to examine the biopsychosocial determinants of stress among low/no-income, African-American men. Through thematic analysis of 42 semi-structured interviews, 3 themes emerged: (*a*) occupational hazards and health, (*b*) internalization of neoliberal ideology, and (*c*) constraints of structural factors. Neoliberal economic policies cause material deprivation and exacerbate systemic injustices that disproportionately affect communities of color. The accompanying neoliberal ideology of personal responsibility shapes men's perceptions of success and failure. Public health research must continue to push against health promotion practices that predominantly focus on individual behavior. Rather than exploring only the granularities of individual behaviors, health problems must be examined through prolonged historical, political, economic, and social disenfranchisement.

Keywords

Secure employment is the most basic means to acquire the necessary economic resources for full participation in today's society. Work type and employment status are primary drivers of one's identity and place within society, which influence social gradients and resulting physical, mental, and social well-being. Employment status is a result of a complex interplay of factors at structural, sociocultural, and individual levels, including the detrimental influences of pervasive racism and disproportionate divestment in social structural resources.

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Nevertheless, empirical evidence exploring how these intersecting factors influence the health of the most disproportionately affected and vulnerable populations is gravely lacking. Empirical findings are especially scarce for men of color in the United States, and this information is needed to formulate better approaches to work and engage with these populations. This article presents qualitative findings from interviews with low/no-income, middle-aged (35–70 years), African-American men to better understand their perceptions of employment status, how this influences conceptualizations of their own success or failure, and its perceived impact on their health and well-being.

The expansion of nonstandard forms of employment, also known as "precarious work," has greatly altered the landscape of overall health and quality of life. Although there are varying definitions of precarious work,[1,2] this type of employment is most often characterized by low wages, variable hours, little to no benefits, involuntary part-time work, contract or temporary work, and work that entails hazardous conditions.[2–5] Labor scholar Kim Moody argues that regardless of the debates on defining precarious employment, major changes in working class conditions overall in the last 3 decades have led to declining living and working standards, especially in terms of wage stagnancy and the rise of low-skill work. Precarity is a facet of the capitalist labor market. Within capitalism, as Moody writes, "there has always been a strong element of contingency in working-class reality."[2(p23)]

Despite this permanent fixture of precarity within capitalism, the regularity of this work has steadily grown since the period of post-industrialization and the rise of neoliberal policies enacted beginning in the mid-1970s.[3,4,6–9] With increased deregulation, privatization, compression of wages, and reduction of public aid—main tenets of neoliberalism—"a new class of workers"[7(p404)] emerged. Guy Standing[10] has described this new class as "the global precariat," or as sociologist Loïc Wacquant writes, precarious employment is the "the new norm of citizenship."[9(pxv)] For instance, post-1980, the retail sector and big box chain stores took over the declining reigns of the manufacturing industry, these new supply chains facilitating the global distribution of labor.[11] One of the largest of these, Walmart, has labor practices that provide a good illustration of how deregulation and wage compression led to increased precarious work situations. For a majority of its global 2.2 million workers, the 40-hour work week no longer exists; instead, workers receive varied and unpredictable hours. For the 1.5 million U.S.-based workers, half of them are part-time, up from 20% in 2005 and well above the industry average of 30%.[12,13] A 2018 report from the Organization United for Respect (OUR) stated that 60% of Walmart's United States-based part-time workers (approximately 450,000 workers) had their hours decline after 2016; 55% of those surveyed are on food stamps, one of the largest labor groups in the United States receiving such benefits.[12]

Another substantial group of precarious workers is the expanding immigrant workforce.[7] Migrants coming to the United States, mostly from Latin America, not only fill extremely hazardous positions within worksites such as meat factories and the agro-industry food systems, but also face the precariousness of their citizenship status. Research documents the highly dangerous work and particularly vulnerable positions that these immigrant workers occupy. These workplaces treat migrant labor as "expendable machinery,"[5(p87)] ensuring profits over the health and well-being of their vulnerable workers.[14,15]

Precarious employment status in the United States mirrors global trends. Katz and Kruger[16] found that the percentage of precarious workers went from 10.7% in 2005 to as high as 15.8% in late 2015, with today's numbers likely to be considerably greater—up to 50% in some locations.[17] The continued rise has led to precarious employment as a recognized category within social determinants of health work[18] and to an abundance of public health research.[6,7,14,17,19,20] Schrecker and Bambra[4] describe the links between precarious employment and ill health as "neoliberal epidemics"—their research illustrates that there are direct material and psychosocial health impacts for workers due to these policies, and they call for concrete political action to address these inequities. Chronic job insecurity brings on the individual deterioration of health,[3] such as increased mental stress, depression, and anxiety,[20,21] and increases in obesity rates.[18] Stuesse details the occupational injuries of Black and Brown industrial poultry workers, with one worker describing these dangers as producing "three generations of cripples."[5(p79)] Precarious employment also negatively impacts the well-being of family and community. The ability to financially provide adequately for the family's needs can be a constant source of stress, and community disintegration produced by transient housing that comes along with bouts of unemployment is a reality faced by many precarious workers and families.[21]

While there is a substantial amount of quantitative research addressing the relationship between precarious employment and health, these topics have not been extensively explored using in-depth qualitative approaches that could provide imperative data on the subjective experience and how people make sense of their situation, particularly when it concerns people of color in the United States.[1,17] Although neoliberal policies and the subsequent poor health and social disruption these policies produce have impacts on workers overall, there are important racial and gender disparities that remain understudied and must be examined. This issue is vital in light of COVID-19, which has hit Black Americans especially hard, in terms of both health and employment.[22]

Branch and Haley[23] critique that an historicized racial and gendered lens is often left out of the literature on precarious work. Historically, for instance, educational attainment has been inversely related to bouts of precarious employment; this association initially weakened due to the proliferation of insecure jobs that affected all workers, regardless of race. However, in the last 2 decades, white men have experienced less precarious employment compared to the rest of the population,[23] and overall, racialized minorities are overrepresented in precarious employment.[2,3,17,20] Discrimination manifests in the "racialized and gender conception of skills"[23(p208)] and plays out in the labor market, therein reproducing social, racial, and gendered health inequities. COVID-19 both exposes and intensifies these inequities. On one hand, African-American men and women are experiencing the steepest climbs in unemployment: an overall unemployment rate of 16.7%, compared to that of white workers at 14.2%.[24] On the other hand, African-Americans make up a larger portion of essential and frontline workers, placing them at increased exposure to the virus.[24] Due to African-Americans' higher incidences of chronic diseases such as hypertension, diabetes, and asthma, they also are at increased risk of COVID-19 complications.[25] According to the Centers for Disease Control, African Americans make up 2.6 times the cases of COVID-19 compared to whites, 4.7 times the hospitalizations, and 2.1 times the deaths.[26]

Regardless of the added strains of COVID-19, it has been well-documented that systemic racism creates higher unemployment rates, lower pay, and worse benefits for African-Americans compared to their white counterparts. African-Americans face overall "occupational segregation" and are "last hired, first fired" employees.[27(paras. 1 and 2)] An additional factor regarding work instability is the impact of racism and incarceration on African-American men— disproportionately and systematically tossing them into the precarious employment hole: "Moreover, young Black men in particular have often been at the mercy of a coercive criminal justice system, experience with which diminishes their labor market chances and forces many Black men into the informal economy," write Kalleberg and Vallas.[21(p18)]

The systemic injustices faced by African-American men, in particular, increase their likelihood of precarious employment and consequential poor health. Rather than focusing on structural violence, however, public health solutions are too often tied up within what Carter calls the "neoliberalization of health"[28(p375)]—neoliberal policies bolstering the ideology of health as an individual responsibility and behavior change as paramount within the field of health promotion.[28–30] Keeanga-Yamahtta Taylor,[31] African-American scholar on Black politics and racial inequality, writes that, along with these economic policies, "the mantras of the 'culture of poverty' and 'personal responsibility' reemerged as popular explanations for Black deprivation"[31(p9)] This observation echoes William Ryan's 1976 classic work *Blaming the Victim*,[32] which investigated the ways in which individuals are blamed for their own problems rather than looking at the structural layers of society that are at the root of social inequities. This deep-seated set of ideas, Ryan argues, is academically and socially supported, and as Taylor points out, the rise of neoliberalism facilitates the reemergence and reinforcement of these ideas.

Methods

The analysis presented here was conducted within the context of an ongoing 5-year community-based participatory research (CBPR) partnership between the University of Massachusetts, Amherst School of Public Health and Health Sciences and the Men of Color Health Awareness (MOCHA) program. Since 2010, MOCHA has brought together cohorts of low/no-income, African-American and Latino men, with the aim of improving the health of men of color in the Springfield, Massachusetts (MA), metropolitan area. With funding from the National Institute on Minority Health and Health Disparities since 2016, we have used a CBPR approach to examine and address the biopsychosocial determinants of stress among low-income, African-American men ages 35–70 living in Springfield, MA. The primary objective of this collaboration is to develop a culturally and gender-sensitized MOCHA curriculum designed to reduce chronic stress by increasing social connectedness, civic engagement, and collective autonomy in intervention participants. As part of the formative phase to elicit community perspectives that could be used in the sensitization of the MOCHA curriculum, we conducted 42 individual, semi-structured, in-depth interviews with low/no-income, African-American men aged between 35–70.

Study Setting

The African-American community is estimated to make up 22% of the city of Springfield, MA, relative to 8.1% of western MA and 13.2% of the U.S. population.[33] Although 21% of Black families in MA fall below the federal poverty level, 27% of Black families in Springfield live in poverty, similar to that of Black families nationally.[33] Springfield, MA, is a medium-sized city that, like many others across the country, has been struggling with the effects of deindustrialization and a faltering economy, which have led to crumbling infrastructure, decreased city services (e.g., public transportation, public parks), and the exodus of businesses.[34–36]

Recruitment and Participants

African-American men are historically not reached by standard recruitment methods used in health research projects. As such, MOCHA has developed alternative, community-based approaches to engage potential participants where they live, to offer a social support structure, and to join efforts to address the sources of detrimental health outcomes in Western, MA.[37] In brief, MOCHA conducts both direct and indirect outreach/recruitment activities. The 2 main types of direct outreach that MOCHA conducts are tabling at events and tabling at agencies. MOCHA recruits at a large number of community-wide, free public events held in Springfield throughout the year. MOCHA also tables in lobbies or waiting rooms at a small number of select community agencies, usually once a week during active recruitment efforts. All study procedures were approved by the University of Massachusetts, Amherst Institutional Review Board. Written informed consent was obtained from all participants.

Data Collection

All interviews were conducted in community-based locations in the greater Springfield, MA, metropolitan area between February and October 2017. Members of the MOCHA Steering Committee, who are MOCHA program graduates, were trained in interview techniques and they conducted many of the semi-structured individual interviews used in this analysis along with 2 graduate research assistants. These interviews focused on men's perceptions of the causes of health disparities and what could be done to prevent them. Men were asked to "tell me a little bit about your life—any stories that you want—you can start from the beginning, right now, or anywhere in between." Semi-structured interviews lasted approximately 45 minutes to complete. Participants had the informed consent process carefully explained before consenting to participate and completed a demographic survey. Participants received $25 in consideration of their time and participation in this study.

Data Analysis

All interviews were audio recorded and transcribed verbatim. We used a thematic analysis approach to identify, analyze, and build upon emerging themes. Research team members independently read and then as a group discussed the semi-structured interviews to develop preliminary analytical codes. We refined the codebook through an iterative process examining both semi-structured interviews using the following sequence: (*a*) all responses were organized into a series of direct quotes to isolate responses that mentioned employment

in order to be understood outside of the context of distinct interviews (while keeping participant attributes), (*b*) quotes were coded into overarching sub-categories within the context of work/employment, (*c*) all coded statements were combined across interviews and individual participants to form a consolidated collection of relevant data, and (*d*) the consolidated data was iteratively reviewed to identify emerging themes and subthemes to be included in the findings. Finally, we explored respondent validity of our analysis by member-checking our findings with study participants. Interpretations of data were presented to study participants to check for accuracy, credibility, and consistency with their experiences and to ensure that our analysis was an accurate presentation of participant perspectives. In the early stages of data analysis, preliminary overarching themes were presented to a MOCHA steering committee composed of community stakeholders and former MOCHA participants. Members had no conflicting issue with the approach to data analysis or emerging themes and felt interpretations were accurate. NVivo 13 was used to facilitate data management and analysis.

Results

Three overarching themes emerged from the data and identify the ways in which African-American men both experience and perceive precarious employment: (*a*) occupational hazards and health, (*b*) internalization of neoliberal ideology and reflections on success and failure, and (*c*) external structural factors that inhibit secure employment. We present these themes below with illustrative quotes from the participants in support of our findings.

Occupational Hazards and Health

Participants described hazardous working conditions, impacting both their mental and physical health. These jobs often produced and/or exacerbated injuries and, at the more extreme end, led to known deaths, which in turn influenced their decision to leave a job. Men discussed the continual damage work conditions do to existing health problems. One participant spoke of current health conditions that deterred him from participating in manual labor but also impacted his sedentary work at a computer: "I had degenerative disc disease, arthritis in my shoulder, arthritis in my hip, slight curvature of the spine. Getting old, so any kind of hard labor job, I definitely can't do. Even in my field where I was sitting down in front of a computer sitting a lot, like this is killing me now." Another man spoke of a heart attack that he suffered, a consequence of strenuous landscaping work. He explained:

> Yeah, because before I had that heart attack, I was working with a friend of mine, R. He has a landscaping business. Landscaping is not easy. You're out there in all that sun, you're sweating, and then you have to pick this thing up, dump these leaves, and all of that…I was trying to also get enough money to get my own place again. It was basically the job, working in all that damn sun. The heat strokes, you're sweating, you're drained, and you start cramping up.

Another participant alluded to a long-term injury and the way it has impacted the type of work he can now do to sustain himself. He stated: "now, as years pass, I hurt my back…I can do some work, but I can't do the quality work that pays the boss and pays myself."

Another concern expressed by participants was known deaths at the workplace, which influenced their decision to leave their job. One participant talked about knowing that a few men had died from chemical exposure at work:

> After I did it for 7 years, I didn't want to go back, because the work we were doing plus the chemical they have you working around getting into your system, because there's a few guys done died from that place because of the chemical that we're working there, it got into your system and your lungs and stuff. A couple guys died working there, so I just stopped working there.

Similarly, another man spoke of injuries he suffered on the job and his decision to leave regardless of receiving decent pay, saying: "It was good work and good pay, the only thing about it, you just had to be careful. I broke my toe, because I [didn't have] the steel boots." Additionally, while working at the same job, he was aware of a few deaths at another work site, influencing his decision to leave:

> Then, after that, there was a job, the one on Freedom Street—HBA—I smashed my finger. I thought I lost my finger. I stayed there for a little bit. I just told people, I said, "I can't keep doing this kind of work." I said, "I'm not going to lose my life over no kind of work like this," because the job I was working at HBA on Freedom Street, a couple people got killed in the machines there.

Internalized Reflections on Employment Success and Failure

The men's responses about their employment status were expressed in terms of personal success or failure. Success in acquiring and maintaining employment was tied to working hard and being responsible for one's own behaviors. On the other hand, personal failure was related to one's individual mistakes and poor life choices. There were a number of reflections in which men expressed personal success with maintaining work by staying out of trouble and helping themselves. As one man explained surrounding his success at Job Corp: "they wanted to help me out as long, as I wanted to help myself." Another participant talked about the "really good job" he acquired once he quit school and how that kept him out of trouble and helped change his life:

> Once I got my job, I just started wearing nice stuff, but I wasn't going to school… "J, when you coming back to school?" I tell them, "I've got a good job. I'm not coming back." I said, "I'm doing good and I'm not getting in no trouble, in the streets and all this stuff," all this. Like I say, I just changed my whole life…After we had my first daughter, everything just changed for me.

Participants spoke of working hard to demonstrate their individual responsibility as men, in terms of taking care of both themselves and their loved ones. One participant wanted to be recognized for taking responsibility, saying, "I'm not there for evil. I can't ask for anything more than that. Just want to be acknowledged sometimes. You work hard." Others expressed the way in which they had worked hard and landed good work: "When I quit school I went out and got me a good job, though. I got me a good job, made sure I took care of myself, and made sure I had money in my pocket. I made sure my ma was taken care of." Similarly, another participant explained: "I was doing brick masonry, masonry work, stuff like that…I

ended up liking what I was doing. I had to get up, be responsible, make my bed, do this, do that."

Men who spoke of their individual job failure linked this failure to a number of issues, including their struggle with substance use, a lack of motivation, or self-described mistakes they had made. One man said that "every time I got paid, I got drunk," eventually leading him to quit his job. Another spoke about "getting kicked out of Jobs Corps for drinking" and being told that he was "an addict" and should seek help. Another man described his "cowardly" struggle with substance and wanting God to "relieve" him:

> I ain't going to put a gun to my head and just blow my brains out…I'm going to rob and hopefully somebody will take my life, because I am a coward…If this drug can do it for me, we good, but I always found myself waking up the next freaking day…That's the only thing I asked you to do, God, to relieve me from all of this madness, for you to not let me wake up again.

Some men expressed a lack of motivation that emerged while they were unemployed and how it spilled over to other areas of their life. For example, one participant explained:

> But not having a job or not having a job yet—let me put it like that—I don't have any more motivation to go to the gym. If I was able to luck up and get a job or a security job or something like that, knowing that I have someplace where I'm going to be going for 8 hours a day, I'll be like, "Damn, now I'm going to go back to the gym."

This participant insinuated that having full-time work supports him in other areas of his life, like going to the gym. Another man similarly described how lack of employment was compounded by difficult life events, impacting his motivation: "I was hoping I got this other job, and as time went on, I just ain't really been too motivated. With everything going on— something's always going on. Within the last five or 6 months, I've been going to nothing but funerals."

Finally, several men spoke of past mistakes that they had made on the job. By missing a number of days at work, one participant lost his job and spoke of "how stupid [he] was for losing a job like that with good pay." Another spoke about his mental health post-incarceration, linking this with work and his ability to maintain a job: "I didn't do nothing when I got out of jail to help me stay out. I got a job, but I masked all of the feelings." This participant held himself accountable for all aspects of his re-entry process. Similarly, another participant claimed full culpability for his life choices, stating: "Those are my mistakes. I don't blame the police; I don't blame the white, green, yellow man. There's nobody but me who did what I did for me to get what I got …I still made the decision to do wrong." Men took responsibility for their life failures and disruptions, perceiving this responsibility as firmly rooted in their own individual choice and behavior.

Experiences of External Structural Factors

Although a salient theme in the interviews revealed men's reflections on personal success and failure and the individual responsibility they assumed, they were also at times quite critical of the external structural factors that obstructed their lives and ability to maintain

or find employment. Men described the ways that individually they were discriminated against and how that impacted both housing and employment, with one participant saying that all he could do was "plead my case, letting you know I'm not the person I used to be." Another participant stated that, regardless of how much he works to change his life, there is "still that speck" that others see, such as scarce employment histories and inconsistent housing records. Another man relayed an instance of racism that resulted in rippling life displacements: "I was attacked and hit in the head with a baseball bat, fractured my skull in 8 different places, and I lost my job and my house and everything…I ended up—my wife ended up leaving me and gone to North Carolina." One participant described the link between incarceration and institutional racism that has deliberating effects on African-American men. He spoke of being "incarcerated for the wrong reason" and that he "lost a job by it." Yet another man spoke to incarceration and personal fall-out: "When you get out, you're making shitty pay, and most people like me who don't know too much, you take a forbearance, I can't pay it. Look, if I'm paying my rent and this and that, and enjoying life, I ain't got money to pay you guys, I'll take a forbearance. Next thing, man, I owe Fannie Mae a whack." A lack of job opportunities within Springfield was another structural factor that a number of the men identified. One long-time Springfield resident explained: "You had jobs which you could make a living and raise a family on. Now the jobs are gone and they're replacing them with a casino. It's senseless. The politicians care nothing about the people of the city. All they care about is lining their own pockets." Presently, many of the men work temporary jobs or are in a seemingly constant search for work. One participant stated that "there's not a lot of movement" with jobs and he was "working all kinds of odd jobs." Another man described his scramble for work:

> Where I'm at now is that I'm just running around trying to do this and do that, but I figured if no job came up, because jobs are hard—I went to this other place to get back into machinery, but they told me I had too much experience …I guess it might also be my age…I'm nowhere now. I'm just getting little dollars here and there, whatever I can do, and I'm just going to go back to school.

Another participant relayed a similar sense of precarity related to his job prospects:

> I've been putting my feelers out on doing work like therapeutic mentorship or case management, but it's been real slow…I haven't got as many hits as I thought I was going to get…so it makes me have to reevaluate what do I want to do? I don't want to work nights…I'll never see my son.

Discussion

The purpose of this analysis was to examine how men experience and make sense of precarious employment and how these understandings shape their perspectives on their own health and well-being. This study extends the knowledge base on the impact of precarious work and associated perceptions of middle-aged, African-American men residing in a small Northeastern city. Overall, our findings suggest not only that men experience material deprivation from precarious work, such as loss of income and work injuries, but also that the way in which employment status is perceived is shaped by antagonistic reactions, whether one assumes individual responsibility while still considering the larger structural injustices.

The focus on precarious employment as a social determinant of health in our study revealed 3 main sources of stress for this group of men in Springfield: (*a*) dangerous work conditions, (*b*) internalized reflections on their individual success and failure around employment, and (*c*) structural factors impinging secure employment.

With regard to dangerous work, our results are consistent with previous scholarship that examines the links between increased austerity measures, weakening regulations at hazardous work sites, and health.[5,14,15] A result of neoliberal policies was the deregulation of many industries and a reliance on a flexible, expendable labor force, plus the weakening of labor unions and collective bargaining rights.[5,8] Many of these manual labor jobs now have little or no compensation benefits, and workers have less control over the work processes, therein producing varied occupational hazards, injuries, and in extreme cases death. Muntaner et al.[3] found that less control over working conditions, coupled with higher demand, leads to increased stress levels and more adverse health outcomes.

The men in this study spoke of existing injuries and/or fear of increased injuries or even death that prompted them to leave the workplace. These experiences parallel Premji's[17] exploration of precarious work among immigrant men and women in Toronto. Premji describes the ways that "social location"—racialized and gendered social positioning— results in disproportionate exposure to hazardous work conditions. As discussed previously, men of color in particular are more vulnerable to landing in dangerous, low-paid, and unregulated work sites; the Northeast is no exception. African-American men face the historical violent oppression and political and economic disenfranchisement that today continues to manifest in systemic racialized exclusion from the labor market. This combination of forces funnels many of these men into low-paid, hazardous employment, which in turn contributes to ongoing health disparities within this population.

Neoliberal labor market policies have intensified precarious work and its material instability, such as deregulation that leads to increased occupational hazards and subsequent health problems. These policies also reinforce the ideological tendency of individual responsibility, evidenced in the way that participants took individual blame for their own personal successes or failures with employment. While much research on precarious work focuses on its material-related consequences (i.e., financial, lifestyle, and overall health), far less work centers on the ideological counterpart and the way that participants themselves makes sense of employment as a social determinant of health. "Healthism" was a term coined by Robert Crawford[38] to describe how solutions and problems of diseases are situated at the level of the individual. This health consciousness focuses on individual behavior and responsibility, and came into prominence in the 1980s in tandem with increased austerity measures and less government intervention of publicly supported social and economic programs. Healthism ignores macro forces such as hazardous working conditions, institutional racism, and a scarcity of secure employment. Rather, these ideas of healthism assume that the individual is structurally unconstrained and can simply work hard and take appropriate actions to ensure quality of life.

The idea of healthism is still salient today. Study participants often connected their employment status to their own internalized sense of success or failure. Although some

men made direct connections to the historical, prolonged, and current racist and structural inequities within the United States, and specifically the Northeast, what was striking overall was rather the individualized problematizing of their own precarious situation. Ayo, influenced by Crawford's work on healthism, critically examines health promotion practices within a neoliberal context, arguing that "healthism and neoliberalism mutually reinforces the vision of the responsible, entrepreneurial citizen."[39(p100)] It is no wonder that when these men lost a job or had trouble acquiring stable work, they very often blamed themselves.

Taylor's[31] work on Black politics in the United States helps explain the way in which this self-blame manifests within the African-American community:

> The point is that explanations for Black inequality that blame Black people for their own oppression transform material causes into subjective causes. The problem is not racial discrimination in the workplace or residential segregation: it is Black irresponsibility, erroneous social mores, and general bad behavior. Ultimately this transformation is not about 'race' or even 'white supremacy' but about 'making sense' of and rationalizing poverty and inequality in ways that absolves the state and capital of any culpability.[31(p25)]

These economic policies that push for less government intervention along with transferring enormous amounts of wealth and power from the public to the private sector takes the onus off state provision of basic needs such as safe and secure employment and places the responsibility on the individual. Men's perceptions and experiences about work illustrate Taylor's point of where culpability lands—"my mistakes," "I am a coward," "stupid for losing a job"—these are just some of the ways men situated their circumstances of job instability and/or unemployment. When they did acquire employment, it was because they had "stayed out of trouble," "worked hard," were "responsible," and ready to help themselves.

Taylor's analysis of the particularities of Black victim-blaming echoes epidemiologists Nancy Krieger and Mary Bassett's[40] discussion on the health of Black populations. Krieger and Bassett critique the blame-the-victim models of health expressed in both the genetic model (blaming victim's genes) and environmental model (blaming Black lifestyle choices). Both these models ignore the production of disease within capitalism and racial oppression and note that individualized models like these require that ill health "be acknowledged as the subjective reflection of objective power-lessness."[40(p83)] While some men were clearly critical of deep structural inequalities and their "objective powerlessness" in the face of racism, joblessness or underemployment, and incarceration, the consequences of these blame models are evident in the men's learned and internalized "subjective reflections" of their personal successes or failures.

Our findings are consistent with and build upon the relatively few studies examining the perceptions of African-American men on health and well-being. Ravenell et al.s'[41] Chicago-based study conducted focus groups within subgroups of African-American men aged 16–75 living in a low-income neighborhood in the city. The study looked at men's perceptions of health and found that predominantly work-related income, racism, and neighborhood- and relationship-based conflicts caused most stress, regardless of age or other demographic

factors. Similarly, a survey study by Chung et al.s'[42] of African-American men based in South Los Angeles, and Teti et al.s'[43] research conducted in Philadelphia exploring African-American men's perceptions on stress, both draw conclusions that finances, institutional racism, and limited economic and employment opportunities place inordinate stress on the lives of African-American men.

More recently, our results build on existing MOCHA research conducted by Buchanan et al.[44] that examined African-American men's perceptions on what factors have the greatest impact on overall health disparities. Most notably in relation to the analysis presented here is their findings that show men's disparate reactions to structural barriers: On the one hand, men felt there was nothing they could do, yet on the other hand, there was a firmly held belief that health disparities were a result of their own personal failings. Buchanan et al. stress that to counter the myth of individual upward mobility defined by the Protestant ethic of personal responsibility and bootstrap mentality, there must be "collective identity" and "collective responsibility"[44(p11)] within the public health discourse to push against stress emanating from structural constraints. Our study's findings on the internalization of individual success or failure reemphasize the perceptions held of individual culpability and reinvigorate its critique.

Strengths and Limitations

The results of this study have important research implications. The project brings into focus the voices of middle-aged and older African-American men, a population disproportionately impacted by precarious employment. Furthermore, this population is victim to distinctly racialized blame-the-victim rhetoric that consistently attacks Black lifestyle and behaviors. The impact of neoliberal ideology is an important contribution to the scholarship on precarious work and health— not only for the populations affected, such as the men involved in MOCHA, but also for public health practitioners and researchers. The MOCHA men's experience with employment must be historically situated not only in the U.S. Northeast, but also in the global trajectory and consequences of neoliberalism. Public health interventions must address both the individual and society blame-the-victim mentality that Ryan[32] and Crawford[45] so eloquently addressed decades ago, yet whose consistent presence and consequences linger. Critical global health scholars Navarro[30] and Carter,[28] who both focus on the political economy of health and disease, have long critiqued the ways in which economic policies shape health policies, discourses, and public health interventions, with interventions (and federal funding for them) largely predicated on individual behavioral change. Lifestyle behaviors, employment status, health—all become moralistic health issues wherein you, and you alone, are responsible. This individualization shifts public health from a public good to a personal matter. This ideology places the onus of success or failure on the individual, thereby exonerating the political and economic conditions of a given society.

Despite this study's many strengths, it is not without limitations. First, because the sampling occurred only in Springfield, MA, the findings may lack generalizability to other African-American populations. Nevertheless, our findings are confirmed by other studies conducted with African-American populations in locations distinct from our study, as presented above. Second, our sample was low/no-income men living in an urban environment plagued by

poverty, racial and class discrimination, and the effects of deindustrialization. Having a more socioeconomically diverse sample would have allowed us to conduct a comparative exploration of whether the challenges of middle- and upper-class Black men are similar to those documented, especially with regard to stress stemming from institutional racism and the internalization of individual success and failure.

Conclusion

A recent article by Navarro[8] points out that under the Trump administration, working-class people's quality of life has further eroded with the continued rise of precarious work. Navarro's contention is that with the current COVID-19 pandemic, coupled with continued neoliberal policies intensified under Trump, we will continue to see the entire working class struggle for social protections within all sectors of society. In light of this situation and the dearth of qualitative work on precarious work, continued research is needed to understand the ways in which vulnerable populations experience precarious work, how this manifests as stress and produces poor health outcomes, and how public health interventions can push against discourse and policies that focus merely on individual behavior change as a solution. Thinking about precarity as a consequence of political and economic policies requires searching for solutions that link the structural to everyday individual impact. Researchers must seek to address economic policies that produce adverse material conditions, such as insecure and unsafe employment, while also addressing the internalized and learned impulse to blame oneself.

Acknowledgments

Author Biographies

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Aline Gubrium, PhD, is a professor at the University of Massachusetts Amherst School of Public Health and Health Sciences. She has extensive experience in innovative research methodologies that focus on narrative, participatory, visual, and culture-centered approaches. She is a medical anthropologist with expertise in reproductive health disparity and social inequality. Working in the field of community health education, her research lies at the intersection of ethnography, narrative intervention, and action. Dr. Gubrium serves as a coprincipal investigator on the National Institutes of Health-funded Men of Color Health Awareness (MOCHA) Moving Forward study (R01MD010618).

David Buchanan, DrPH, is a professor emeritus at the University of Massachusetts Amherst School of Public Health and Health Sciences. He has been actively involved in community-based participatory research throughout his professional career, starting with the very first national initiatives in the early 1990s, including the SAMHSA Community Partnership Demonstration initiative and the Kellogg Community Based Public Health initiative, and in working with communities of color on the development and testing of health promotion programs. He serves as the lead principal investigator on the Men of Color Health Awareness (MOCHA) Moving Forward study (R01MD010618).

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