

**LATINAS/OS/XS/ES IN MEDICAL CARE: CONTEMPORARY ISSUES**  
Chicano/Latino Studies 211 ABC | Public Health 211 ABC | Medical Education 553 ABC  
Fall 2021, Winter 2022, Spring 2022

**Meeting Dates:** 9/15/21; 10/6/21; 10/20/21; 11/10/21; 12/8/21; 1/12/22; 2/2/22; 2/23/22; 3/30/22; 4/13/22;

**Meeting Times & Locations/Formats:**

Irvine Hall Conference Room 207 (9/15/21 & 4/13/22 from 5:30pm-8:00pm); Otherwise, meet by Zoom (see link below) from 5:00pm-7:30pm

**Canvas Site\*:** <https://canvas.eee.uci.edu/courses/39707> **\*\*Check Canvas Site Periodically for Announcements**

**Instructor's Office Hours:** Meetings by appointment.

**INSTRUCTOR**

Dr. Alana M.W. LeBrón, PhD, MS

Assistant Professor

Department of Chicano/Latino Studies & Department of Health, Society, & Behavior

Anteater Instruction & Research Building, Suite 2020, 2<sup>nd</sup> Floor, Room 2026

Mailbox: Room 2181, 2<sup>nd</sup> Floor

Email: [alebron@uci.edu](mailto:alebron@uci.edu)

**ZOOM INSTRUCTIONS**

Join Zoom Meeting

<https://zoom.us/j/97939969775?pwd=Y2NVeEtBd0o0aHRTOVdQYmJhMVJBQT09>

Meeting ID: 979 3996 9775

Passcode: 713489

One tap mobile

+16699006833,,97939969775# US (San Jose)

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Dial by your location

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+1 253 215 8782 US (Tacoma)

+1 312 626 6799 US (Chicago)

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+1 301 715 8592 US (Washington DC)

Meeting ID: 979 3996 9775

Find your local number: <https://zoom.us/u/aeemv80EAI>

**COURSE DESCRIPTION AND OVERVIEW OF REQUIREMENTS**

This course introduces the student to contemporary issues relevant to the medical care of U.S. Latinas/os/xs/es from the perspective of interdisciplinary social and behavioral sciences. Like the 2<sup>nd</sup> year class, the course begins with a refresher examination of biomedicine as a cultural system and a critical examination of “cultural competence” to analytically situate the rest of the course material. Issues

covered throughout the course include the role of power in health care access, COVID-19 and health inequities, the so-called Latino paradox, immigration, structural racism, the politics of reproduction, morbidity, caregiving, and medical futures. Discussion will be focused on analyzing how the experience of health and illness is shaped by these factors and, consequently, how Latinas/os/xs/es are interpreted and constructed through the lens of medicine. To orient the discussion toward possibilities for future social change that would benefit underserved populations, readings on social influence and examples of social change in the U.S. are also included.

The seminar will primarily consist of discussion. Discussions will be student lead and all members of the class are expected to participate. To help structure our thinking for discussion and ensure that discussion is relevant to all interests: **(1) each student will be required to generate one question/comment from each weekly reading and (2) each student will lead/moderate class discussions on 1 article of the assigned readings.** Student discussion leaders will use the questions generated by their reading as the starting point for class discussion.

Maintaining an informative and intellectually engaging seminar is the joint responsibility of the instructor and students. I do my best to organize and prepare an engaging and productive learning experience. Your part of this joint responsibility is to **read all assigned materials before coming to class and lead/contribute to a thoughtful discussion of course material.**

## LEARNING OBJECTIVES

By the end of this course, the student will be able to:

- Demonstrate a broad understanding of social factors at the individual, community, and societal levels that shape the health, wellbeing, and medical experiences of heterogeneous Latina/o/x/e communities.
- Articulate and critique assumptions regarding health inequities and the wellbeing of Latina/o/x/e communities.
- Discuss and critique theories, conceptual frameworks, and constructs about western medicine, the health of Latina/o/x/e communities, and health inequities.

## Secondary Outcomes

- Integrate clinical experience with theories and conceptual frameworks pertaining to health inequities.
- Constructively discuss and synthesize literature for medical and public health audiences.
- The student will be able to develop writing skills using well-organized and supported arguments tailored to the audience.

## REQUIRED COURSE MATERIALS

**Books:** The following books are required reading for the course. Both books are available through the UCI library. The second book is available as an audiobook. Note that there is another recently-released immigration book also titled “Separated” – please make sure that you are accessing the book authored by William D. Lopez.

Otis Webb Brawley, M. D., & Goldberg, P. (2012). *How we do harm: a doctor breaks ranks about being sick in America*. St. Martin's Press.

Lopez, W. D. (2019). *Separated: Family and Community in the Aftermath of an Immigration Raid*. JHU Press.

**Articles & Book Chapters:** A set of required readings (i.e. PDF copies of book chapters and articles) are available on Canvas. These readings are in the folder for the respective seminar. You are responsible for downloading the readings and completing them on time.

Suggested additional readings corresponding with each seminar's discussion topics are noted in the syllabus. Several recommended readings are in the Canvas folder titled "Recommended Readings." These recommended readings are not required, but may be useful supplements to reference in preparation for course assignments.

### **COURSE WEBSITE**

Due to the ongoing COVID pandemic, this course is hybrid, meaning that the first and last seminars will meet in-person and the other seminars will meet online/remote through UCI's Learning Management System: Canvas and Zoom. We will use a mix of synchronous (interactions in real time) and asynchronous delivery methods for seminar discussions and other supplemental content. Use the Canvas site to find the seminar readings, find resources for the course assignments, and review class announcements and updates. **You are responsible for ensuring that you are notified about Canvas announcements and for checking the Canvas site periodically for updated information.**

### **ACADEMIC ACCOMMODATIONS**

Providing equitable access to learning opportunities for all students is important to me. If you have already established accommodations with the UCI Disability Services Center, please communicate your approved accommodations to me at your earliest convenience so we can discuss your accommodations for this course. If you have not yet established services through the Disability Services Center, but have a temporary health condition or permanent disability that requires accommodations (e.g., mental health, attention-related, learning, vision, hearing, physical or health impacts), you are welcome to contact the Disability Services Center at <http://disability.uci.edu> or (949) 824-7494. This office offers resources and coordinates reasonable accommodations for students with disabilities and/or temporary health conditions.

If you have an undocumented disability that you would like for me to know about, or are opting to not register your disability with the university, or just want to talk about learning to learn, you are invited to set up a conversation so we can plan for ways that you might collaborate with me, peers, others on campus, and family members to maximize your learning.

Disability Services Center  
Building 313 in Engineering  
Gateway Voice: (949) 824-7494  
TTY: (949) 824-6272  
Email: [dsc@uci.edu](mailto:dsc@uci.edu)

### **IMMIGRATION CONCERNS**

Throughout this course, we may be discussing several issues related to immigration policies, which may involve discussions about immigration enforcement and citizenship as a social construct. Please frame your contributions to the discussion in a way that is respectful of different experiences and perspectives.

If, during the course, you experience an immigration crisis that interferes with your attendance or the class assignments, please speak with Dr. LeBrón.

### **MENTAL HEALTH AND WELL-BEING**

As a student, you may experience a range of issues that can cause barriers to learning, such as strained relationships, bias incidents, financial challenges, mental health concerns, alcohol or drug use, feeling down, difficulty concentrating, and/or lack of motivation. I believe it is important to support the physical and emotional well-being of our students. If you are experiencing any of these issues, I encourage you to use the resources on campus such as those listed below. If you have a health issue that is affecting your performance or participation in any course, and/or if you need help contacting these offices, please contact me or the resources indicated below:

- On-campus work life & wellness: <http://www.wellness.uci.edu>
- On-campus mental health resources: Counseling Center: <http://www.counseling.uci.edu>
- On-campus disability services office: <http://disability.uci.edu>
- On-campus health resources: <http://www.shs.uci.edu>
- On-campus sexual assault resources: Campus Assault Resources & Education (CARE): <http://www.care.uci.edu>
- On-campus financial aid office: <http://www.ofas.uci.edu>
- On-campus department where bias incidents should be reported: <https://aisc.uci.edu>
- On-campus police: <http://www.police.uci.edu>
- On-campus career services office: <http://career.uci.edu>
- On-campus writing support: <http://www.writingcenter.uci.edu>

If your situation is not life threatening, but you have an urgent question that cannot wait for the Student Health Center to open, you may call the after-hours nurse at (800) 977-0027. If you find yourself in an emergency situation, please call 911 or go to the Emergency Room.

In the event that I anticipate that you need additional support, I will express my concerns and the reasons for them, and remind you of resources (e.g., counseling services, career services, Dean of Students, etc.) that might be helpful to you. It is not my intention to know the details of what might be going on, but simply to let you know that I am concerned and that help, if needed, is available. Getting help is a smart and courageous thing to do – for yourself and for those who care about you.

### **ACADEMIC INTEGRITY REQUIREMENT**

In keeping with the University of California-Irvine's (<http://inclusion.uci.edu/wp-content/uploads/sites/13/2016/11/Principles-Against-Intolerance.pdf>) values and the American Public Health Association's Code of Ethics (<http://www.apha.org/programs/education/progeduethicalguidelines.htm>), the faculty at the University of California-Irvine believes that the conduct of a student registered or taking courses in the University should be consistent with that of a professional person. Courtesy, honesty, and respect should be shown by students toward faculty members, class readers, guest speakers, administrative support staff, and fellow students. Similarly, students should expect faculty to treat them fairly, showing respect for their ideas and opinions and striving to help them achieve maximum benefits from their experience at the University.

Student academic misconduct refers to behavior that may include plagiarism, cheating, fabrication, falsification of records or official documents, intentional misuse of equipment or materials (including library materials), and aiding and abetting the perpetration of such acts. The preparation of reports,

papers, and examinations, assigned on an individual basis, must represent each student's own effort. Reference sources should be indicated clearly. The use of assistance from other students or aids of any kind during an assignment, except when the use of aids such as electronic devices, books or notes has been approved by an instructor, is a violation of the standard of academic conduct.

The University of California-Irvine website provides a user-friendly definition of plagiarism: <https://aisc.uci.edu/students/academic-integrity/index.php>

### **CLASSROOM EXPECTATIONS**

I expect everyone to participate in seminar discussions and exercises. Students are expected to come to class having read the assigned material and prepared to engage in discussion and/or application of the material. Because many of the issues we will be discussing are topical, students are encouraged to also read media reports of social and public health issues and bring those to class discussions. I also expect that each of us will listen respectfully to each other's ideas and encourage vigorous, but civil, debate over controversial topics.

### **MODIFICATION TO SYLLABUS**

The syllabus is a living document and a starting point for the course. It is subject to change as the term unfolds, in response to your feedback and my assessment of how things are going. Adjustments may involve altering assignments or adding, removing, or modifying readings. Any changes will be discussed in class and announced via Canvas announcements, so attend class and check Canvas announcements.

### **COMMUNICATION**

It is the student's responsibility to check the course Canvas site for any class communications. Students are welcome to email me (Dr. LeBrón) at [alebron@uci.edu](mailto:alebron@uci.edu). **Please put CLS 211 in the subject line of emails.** You can generally expect to receive responses to your emails within 24-hours during weekdays, and 48 hours on the weekends. Plan your questions in advance and do not email me the night before an assignment. **Please email with discrete (not open-ended) questions. I will not answer substantive questions via email.**

### **CLASS DIGITAL CONTENT ETHICS**

These days, class consists of more digital content than ever. For this reason, it is important that we all clearly understand what constitutes appropriate use of digital course content.

Readings, and our comments on them, are stored in Canvas for class purposes. Any unauthorized sale or commercial distribution of course notes or recordings is a violation of campus policy. Specifically, Section 102.23 of UCI's [Policies Applying to Campus Activities, Organizations, and Students](#) states that the following activities constitute grounds for discipline: *Selling, preparing, or distributing for any commercial purpose course lecture notes or video or audio recordings of any course unless authorized by the University in advance and explicitly permitted by the course instructor in writing. The unauthorized sale or commercial distribution of course notes or recordings by a student is a violation of these Policies whether or not it was the student or someone else who prepared the notes or recordings.*

Most class meetings will be conducted over Zoom. Video class meetings, like our physical meetings, contain the presumption that the class is not recorded. I do not record our Zoom meetings and ask that you do not either.

In sum, please do not share any digital class material (e.g., readings, videos, etc.) with anyone outside of our class without permission, this quarter or anytime thereafter.

### **PRIVACY PREFERENCES**

I do **not** give my permission to record live interactions or to share my video or voice recordings with people outside of the class.

### **COVID-19 CAVEATS**

This syllabus reflects my best effort to plan ahead for our class, but this is 2021 and things might change with short notice. I'll make every effort to announce to you any changes that need to be made as quickly as possible. You might find these UCI guidelines helpful, especially for anticipated in-person classes: <https://sites.uci.edu/teachanywhere/home/teaching-in-person/syllabus-health-guidelines/>

### **COURSE REQUIREMENTS, EXPECTATIONS AND GRADING**

Grading will be based on class attendance, weekly questions, discussion participation, and written responses.

**NOTE: If you already know you will miss a class, you still need to plan to complete assignments or video into class (Zoom). Missing 2 or more classes without completing assignments/video'ing in will result in a final grade of not pass.**

All students are expected to attend every class session and to actively participate in the course discussions. The expectation is that everyone will participate in these discussions by keeping up with course readings and contributing to the class discussion. Students will be graded on their class participation and discussion of assigned readings, and their written and poster assignments. Please recall that grades are *earned*, they are not given. The requirements/assignments are as follows:

**Class Attendance (10%): Attendance is required.** The format is a graduate seminar that requires active participation and discussion as well as completing in-class activities. Class attendance is an important part of your learning, and therefore, your grade. Throughout the course, you should be developing your ability to compare and contrast different perspectives; to recognize when patterns of evidence support or challenge assumptions and hypotheses; to consider how research findings might be applied; to identify methodological problems in research studies and generate ideas for future research; to think critically about how to address existing limitations in health care for underserved populations in terms of research, practice, and public advocacy. Attending class and actively participating in discussion will help you develop these abilities. There will be no way to make up for the loss of points incurred by missing class meetings.

**NOTE WELL: Technology (e.g., tablets, laptops) are allowed in class, however during class discussion this technology should ONLY be used for discussion purposes (e.g., referring to the reading or to reading or course notes). Use of technology during discussions for non-class-related activities will affect class attendance and participation grades.**

**Reading Questions (10%):** Generating one question/comment per each assigned reading is **required**. This assignment will help you think critically as you complete the assigned readings and serve as your prepared contribution to subsequent class discussion. To obtain credit for completing this class requirement, you need to **upload your questions to Canvas discussion board for the seminar on Wednesday by 12pm at**

**the latest.** There will be no way to make up for the loss of points incurred by missing or late weekly questions. Late questions can be used for class discussion, but you will receive zero points.

**Discussion Participation (20%):** All students will be assigned to lead the discussion on one of the weekly readings. Discussion lead assignments are chosen randomly, although effort is made to distribute longer and shorter readings evenly. Discussion is central to the class. Everyone must come prepared to discuss readings and incorporate what they are learning into their medical training and patient-based experiences. It is also imperative that everyone show courtesy toward fellow classmates at all times. Do not interrupt others. On a more general note, all students are expected to conduct themselves during the class in a manner that does not interfere with the educational experience of other students in the course. That means arriving for class on time and turning off cellular phones, pagers, and other electronic devices that might disrupt class discussion. Your cooperation is appreciated. Consider addressing the following questions as you prepare to facilitate class discussions:

- What is the research question(s)?
- What is the thesis (main argument) of the paper?
- What methods did the author(s) use to address the research question(s)?
- What are the key findings?
- What data or evidence does the author(s) use to support these key findings?
- What patterns do you see?
- What stood out? What surprised you?
- What's missing?
- WHAT: Why did I assign this readings?
- SO WHAT: What do these findings mean?
- WHAT NOW: What do we do with these findings?

**Clinical Case Report (30%):** Students will interview an adult patient or practitioner met through clinical experience (age 21 or over) and write a **clinical case report** (personal narrative or brief life history) based on that interview. In the paper, you must connect the case report/narrative material obtained through the interview directly to course readings/course themes. Papers must include the following sections: Introduction; Narrative Material; Analysis; Conclusion. This paper will be 8-10 pages of double-spaced text with 12-point font and 1 inch margins. This assignment should be submitted via Canvas by 11:59PM Pacific on the due date. **DUE: DECEMBER 17, 2021.**

**Final Paper (30%):** The final assignment is an op-ed piece or commentary for a national or international venue (e.g., journal, newspaper, scholarly magazine, etc.). Papers should convey the significance of your topic and analytical insight to educated lay audiences. The paper should draw upon themes covered in class and be consistent with national guidelines for op-eds/commentaries (guidelines will be provided). Students are encouraged to read op-ed and commentaries on health themes to prepare for this assignment. This assignment should be submitted via Canvas by 11:59PM Pacific on the due date. **DUE: APRIL 29, 2022.**

#### **NOTES ON PAPERS**

Papers must be uploaded to Canvas by the stated due date. Late papers are not accepted and will receive zero points.

I will make time in class to discuss paper ideas and provide samples of previous excellent papers. I also encourage you to come to make an appointment to discuss your ideas and developing paper. However, I do NOT look at drafts because it is not fair to the whole class if I evaluate drafts of some papers and not

others. Also, this is not a writing course and I do not provide basic writing instruction. If you are concerned about your writing, please contact UCI Center for Excellence in Writing and Communication to take advantage of their writing workshops and other forms of writing assistance. Their website is: <http://www.writingcenter.uci.edu>.

### Summary of Grading

Maximum points for attendance, weekly questions, class discussion, and papers.

Class Attendance	10
Weekly Questions	10
Class Discussion	20
Clinical Case Report	30
Final Paper	30
<b>Total</b>	<b>100</b>

### CLASS POLICIES

People generally think of me as warm and approachable. Generally, this is true. And, I also need to maximize the learning experience, keep the class on track, and run a fair and democratic classroom. Therefore, some class policies are set up front:

**Enrollment, Add/Drop, and Incompletes:** Students are responsible for their own enrollment. This includes checking your status, filing appropriate paperwork, and paying appropriate fees.

If you wish to drop the course, it is your responsibility to go through the proper procedures to ensure that you are dropped from the course. Be aware that there are deadlines for dropping without penalty. If you drop the course after the deadline, you will need the Dean's signature and you will receive a "W" on your transcript. Incompletes are not given in this course except under extremely rare circumstances that require documentation and adherence to University policies.

**Grading Policy:** Final grades will be computed per the terms outlined in the grading section of the syllabus. Per University policy, final grades are permanent grades (i.e. non-negotiable and only available to be changed to correct clerical errors). If you have reason to challenge a grade you receive on an individual assignment, **you must state your case in writing and submit your argument via email (alebtron@uci.edu) within one week of the return of the graded assignment.** Only reasonable and well-justified arguments will be considered and instructor decisions are final. Please note that re-grades can result in a lower score if I determine there was an error in your favor during the first round of grading (so be certain that your argument is just and will benefit you).

**Late Assignments:** No late assignments are accepted. Assignments turned in after the due date will receive a zero. This policy is set up so that no one falls behind. To enforce this rule fairly, there can be no exceptions (except for extenuating circumstances of a catastrophic nature). So, please turn in your assignments on time. I've made an effort to coordinate around your School of Medicine commitments and clearly note due dates in the syllabus. Take note and plan accordingly.

**Contacting the Professor:** Please feel free to make an appointment to meet. Email is the most effective way to contact me. To ensure that your email message is read promptly and not filtered, please put the course name and/or number (e.g., CLS 211) in the subject line of your message. You can generally expect to receive responses to your email inquiries within 24 hours during the week.



**Class Etiquette:** Please be courteous to others and arrive to class on time. Late arrivals, early departures, cell phones, beepers, and “quiet conversations” are distracting and noticeable throughout the classroom.

**Technology Policy:** I will not be asking you to use your personal computer, tablet, or phone during class time. However, I realize that some students prefer to take notes or read from their electronic device. I ask that if you choose to use an electronic device that you please be mindful of the ways in which your technology might be distracting for your own learning and those around you. **Computer use during class is for class purposes only (e.g. referring to assigned readings, taking notes).**

**Students must turn off cellular phones and pagers during class** as well as any other electronic device that may ring or otherwise disrupt class.

**Course Evaluations:** Course evaluations are an important factor in evaluating instructor effectiveness and making decisions about future course offerings and content. Please plan on taking the time to complete an evaluation for this course at the end of the quarter.

**Extra Credit:** There is not extra credit in this class.

**Cheating:** Any student who cheats on the final paper will be given an F in the course and will not be permitted to withdraw. See the UCI course catalogue for a definition of cheating and a summary of further disciplinary actions that may be taken.

## **COURSE TOPICS, READINGS, AND ASSIGNMENTS**

### **Week 1, 9/15/21 – BIOMEDICINE AS A CULTURAL SYSTEM**

#### REQUIRED

Gordon, D. R. (1988). Tenacious assumptions in Western medicine. In M. Lock & D. R. Gordon (Eds.), *Biomedicine Examined* (pp. 19-56). London: Kluwer Academic Publishers.

Montoya, M. J. (2007). Bioethnic conscription: Genes, race and Mexicana/o ethnicity in diabetes research. *Cultural Anthropology*, 22(1), 94-128.

Braun, L. et al. (2007). Racial categories in medical practice: How useful are they? *PLOS Medicine*, 4, 1423-1428.

Bernstein, A. (2013). Transformative medical education and the making of new clinical subjectivities through Cuban-Bolivian medical diplomacy. In Burke N.J. (Ed.), *Health travels: Cuban health(care) on and off the island* (pp. 154-177). UC Medical Humanities Press. (Chapter 6)

#### RECOMMENDED

Goodman, A. (2000). Why genes don't count (for racial differences in health). *American Journal of Public Health*, 90, 1699-1702.

Hunt, L. & Megyesi, M. S. (2008). The ambiguous meanings of the racial ethnic categories routinely used in medical research. *Social Science & Medicine*, 66, 349-361.

## **Week 2, 10/6/21 – INEQUALITY AND HEALTH SYSTEMS**

### REQUIRED

Navarro, V. et al., (2006). Politics and health outcomes. *Lancet*, 368, 1033-1037.

Navarro, V. (2004). The politics of health inequalities research in the United States. *International Journal of Health Services*, 34, 87-99.

Phelan, J. C., Link, B. G., & Tehranifar, P. (2010). Social conditions as fundamental causes of health inequalities: theory, evidence, and policy implications. *Journal of health and social behavior*, 51(1\_suppl), S28-S40.

Becker, G. (2004). Deadly inequality in the health care “safety net”: Uninsured ethnic minorities’ struggle to live with life-threatening illnesses. *Medical Anthropology Quarterly*, 18, 258-275.

### RECOMMENDED

Nguyen, V. & Peschard, K. (2003). Anthropology, inequality and disease: A review. *Annual Review of Anthropology*, 32, 447-474.

## **Week 3, 10/20/21 – POLITICS OF STRESS, MENTAL HEALTH, DIABETES, AND OBESITY**

### REQUIRED

Garcia, A. (2008). The elegiac addict: History, chronicity, and the melancholic subject. *Cultural Anthropology*, 23, 718-746.

Kaufman, L. & Karpati, A. (2007). Understanding the sociocultural roots of childhood obesity: Food practices among Latino families of Bushwick, Brooklyn. *Social Science & Medicine*, 64, 2177-2188.

Strings, S. (2015). Obese black women as “social dead weight”: Reinventing the “diseased black woman”. *Signs: Journal of Women in Culture and Society*, 41(1), 107-130.

Hunt, L., Valenzuela, M. A., & Pugh, J. A. (1998). Por que me toco a mi? Mexican American diabetes patients’ causal stories and their relationships to treatment behaviors. *Social Science & Medicine*, 46, 959-969.

Marquez, J. A. & Ramírez García, J. I. (2013). Family caregivers’ narratives of mental health treatment usage processes by their Latino adult relatives with serious and persistent mental illness. *Journal of Family Psychology*, 27, 398-408. doi: 10.1037/a0032868

### RECOMMENDED

Hubert, et al. (2005). Health status, health behaviors, and acculturation factors associated with overweight and obesity in Latinos from a community and agricultural labor camp survey. *Preventive Medicine*, 40, 642-651.

Gonzalez-Figueroa, E. & Koniak-Griffin, D. (2006). Understanding Cultural Influences on Health Behaviors of Latino Adolescent Parents. *Latino Policy and Issues Brief*.

Fuentes-Afflick, E., & Hessol, N. A. (2008). Overweight in young Latino children. *Archives of Medical Research*, 39, 511-518.

Menjívar, C. (2002). The ties that heal: Guatemalan immigrant women's networks and medical treatment. *International Migration Review*, 36, 437-466.

Viruell-Fuentes, E. A., & Schulz, A. J. (2009). Toward a dynamic conceptualization of social ties and context: implications for understanding immigrant and Latino health. *American journal of public health*, 99(12), 2167-2175.

#### **Week 4, 11/10/21 – LATINAS/OS/XS/ES AND CANCER**

##### REQUIRED

DeVecchio Good, M.J., Good, B. J., Schaffer, C., & Lind, S. E. (1990). American oncology and the discourse on hope. *Culture, Medicine, and Psychiatry*, 14, 59-79.

Hirsch, J. S., Higgins, J., Bentley, M. E., & Nathanson, C. A. (2002). The social construction of sexuality: Marital infidelity and sexually transmitted disease-HIV. *American Journal of Public Health*, 92, 1227-1237.

Arredondo, G. (2008). Of breasts and baldness: My life with cancer. In A. Chabram-Dernersesian and A. de la Torre (Eds.), *Speaking from the body: Latinas on health and culture* (pp. 14-30). Tucson: University of Arizona Press.

##### RECOMMENDED

Chavez, L. R., McMullin, J. M., Mishra, S. I., & Hubbell, F. A. (2001). Beliefs matter: Cultural beliefs and the use of cervical cancer screening tests. *American Anthropologist*, 103, 1114-1129.

Chavez, L. (2003) Immigration and medical anthropology. In Foner (Ed.), *American Arrivals: Anthropology Engages the New Immigration*. Santa Fe: SAR Press.

McMullin, J. M., Chavez, L. R., & Hubbell, F. A. (1996). Knowledge, power and experience: Variation in physicians' perceptions of breast cancer risk factors. *Medical Anthropology*, 16, 295-317.

#### **Week 5, 12/8/21 – POWER AND POLITICS OF REPRODUCTION**

##### REQUIRED

Chavez, L. R. (2008). *The Latino Threat: Constructing Immigrants, Citizens, and the Nation*. Stanford University Press. Chapter 3

Velez-Ibanez, C. (1995). Se me acabó la canción: An ethnography of non-consenting sterilizations among Mexican women in Los Angeles, California. In A. S. Lopez (Ed.), *Latina Issues: Fragments of Historia(ella)* (pp. 183-203). New York: Garland Press.

Lopez, I. (1993). Agency and constraint: Sterilization and reproductive freedom among Puerto Rican women in New York City. *Urban Anthropology and Studies of Cultural Systems and World Economic Development*, 299-323.

Stern, A. M., Novak, N. L., Lira, N., O'Connor, K., Harlow, S., & Kardia, S. (2017). California's sterilization survivors: an estimate and call for redress. *American journal of public health, 107*(1), 50-54.

#### RECOMMENDED

Chavez, L. R. (2008). *The Latino Threat: Constructing Immigrants, Citizens, and the Nation*. Stanford University Press. Chapter 4

Stern, A. M. (2005). Sterilized in the name of public health: Race, immigration, and reproductive control in modern California. *American Journal of Public Health, 95*, 1128-1138.

Browner, C.H. & Preloran, H. M. (2000). Interpreting Low-Income Latinas' Amniocentesis Refusals. *Hispanic Journal of Behavioral Sciences, 22*, 346-368.

Castaneda, X. & Zavella, P. (2003). Changing constructions of sexuality and risk: Migrant Mexican women farmworkers in California. *The Journal of Latin American Anthropology, 8*, 126-151.

Andaya, E. (2013). Conceiving statistics: The local practice and global politics of reproductive health care in Havana. In Burke N.J. (Ed.), *Health travels: Cuban health(care) on and off the island* (pp. 205-229). UC Medical Humanities Press. (Chapter 8)

Roberts, D. E. (1997). Who may give birth to citizens? Reproduction, eugenics, and immigration. In J. F. Perea (Ed.), *Immigrants Out! The New Nativism and the Anti-Immigrant Impulse in the United States* (pp. 205-219). New York: New York University Press.

Multimedia: Clips from La Operacion <https://www.youtube.com/watch?v=e3RPScdod6E>

### **CLINICAL CASE REPORT DUE DECEMBER 17, 2021**

#### **Week 6, 1/12/21 – POLITICS OF IMMIGRANT HEALTH AND MEDICAL CARE**

#### REQUIRED

Lopez, W. D. (2019). *Separated: Family and Community in the Aftermath of an Immigration Raid*. JHU Press.

Homedes, N. & Ugalde, A. (2003). Globalization and health at the United States–Mexico Border. *American Journal of Public Health, 93*, 2016-2022. doi: 10.2105/AJPH.93.12.2016

#### RECOMMENDED

Capps, R., Castañeda, R. M., Chaudry, A., & Santos, R. (2007). Paying the price: The impact of immigration raids on America's children. National Council of La Raza (NCLR), Urban Institute Report.

Derose, K. P. Escarce, J. J. & Lurie, N. (2007). Immigrants and health care: Sources of vulnerability. *Health Affairs, 26*, 1258-1268.

De Trinidad Young, M. E., & Wallace, S. P. (2019). Included, but Deportable: A New Public Health Approach to Policies That Criminalize and Integrate Immigrants. *American journal of public health*, (0), e1-e6.

Hiott, A. E., Grzywacz, J. G., Davis, S. W., Quandt, S. A., & Arcury, T. A. (2008). Migrant farmworker stress: Mental health implications. *The Journal of Rural Health*, 24(1), 32-39.

Holmes, S. M. (2007). Oaxacans like to work bent over: The naturalization of social suffering among berry farm workers. *International Migration*, 45, 39-68.

LeBrón, A. M., Schulz, A. J., Gamboa, C., Reyes, A., Viruell-Fuentes, E. A., & Israel, B. A. (2018). "They Are Clipping Our Wings": Health Implications of Restrictive Immigrant Policies for Mexican-Origin Women in a Northern Border Community. *Race and Social Problems*, 10(3), 174-192.

López-Cevallos, D. (2014). Are Latino immigrants a burden to safety net services in nontraditional immigrant states? Lessons from Oregon. *American Journal of Public Health*, 104, 781-786.

Kanaiaupuni, S.M. "Child Well-Being and Intergenerational Effects of Undocumented Immigrant Status." Institute for Research on Poverty, Discussion Paper No. 1210-00. June 2000.

Novak, N. L., Geronimus, A. T., & Martinez-Cardoso, A. M. (2017). Change in birth outcomes among infants born to Latina mothers after a major immigration raid. *International journal of epidemiology*, 46(3), 839-849.

Viruell-Fuentes, E. A. (2007). Beyond acculturation: immigration, discrimination, and health research among Mexicans in the United States. *Social science & medicine*, 65(7), 1524-1535.

## **Week 7, 2/2/22 – CLIMATE CHANGES HEALTH: TOWARDS CLIMATE AND ENVIRONMENTAL JUSTICE**

Hopkins H. (2020). Racism is killing the planet: The ideology of white supremacy leads the way towards disposable people and a disposable natural world. *Sierra*.

Available at: <https://www.sierraclub.org/sierra/racism-killing-planet>

Harvard TH Chan School of Public Health. (2020). Coronavirus, Climate Change, and the Environment: A Conversation on COVID-19 with Dr. Aaron Bernstein, Director of Harvard Chan C-CHANGE. Available at:

<https://www.hsph.harvard.edu/c-change/subtopics/coronavirus-and-climate-change/>

Bailey, Z. D., & Moon, J. R. (2020). Racism and the political economy of COVID-19: will we continue to resurrect the past?. *Journal of Health Politics, Policy and Law*, 45(6), 937-950.

LeBrón, A. M., Torres, I. R., Valencia, E., Dominguez, M. L., Garcia-Sanchez, D. G., Logue, M. D., & Wu, J. (2019). The State of Public Health Lead Policies: Implications for Urban Health Inequities and Recommendations for Health Equity. *International journal of environmental research and public health*, 16(6), 1064.

Saxton, D. I. (2015). Strawberry fields as extreme environments: The ecobiopolitics of farmworker health. *Medical Anthropology*, 34(2), 166-183.

#### RECOMMENDED

Hanna-Attisha, M. (2019). *What the Eyes Don't See: A Story of Crisis, Resistance, and Hope in an American City*. One World/Ballantine.

Bojorquez, Kim 2020 "'It's real.' Latinos, African Americans most likely to view pollution as a serious health threat." Available at: <https://www.sacbee.com/news/politics-government/capitol-alert/article244577292.html>

Carter-Pokras, O., Zambrana, R. E., Poppell, C. F., Logie, L. A., & Guerrero-Preston, R. (2007). The environmental health of Latino children. *Journal of Pediatric Health Care*, 21, 307-314.

Evans, A., Webster, J., & Flores, G. (2021). Partnering With the Faith-Based Community to Address Disparities in COVID-19 Vaccination Rates and Outcomes Among US Black and Latino Populations. *JAMA*, 326(7), 609-610.

### **Week 8, 2/23/22 – POWER, ACCESS, AND THE PROFIT PRIORITY**

#### REQUIRED

Brawley, O. W. with Goldberg, P. (2011). *How We Do Harm: A Doctor Breaks Ranks About Being Sick in America*. St. Martin's Griffin: New York, NY.

#### RECOMMENDED

Farmer, P. (2003). *Pathologies of Power*. Berkeley & Los Angeles: University of California Press.

### **Week 9, 3/30/22 – RACISM IN HEALTH CARE**

#### REQUIRED

Gunaratnam, Y. (2001). 'We mustn't judge people... but': staff dilemmas in dealing with racial harassment amongst hospice service users. *Sociology of Health & Illness*, 23(1), 65-84.

Hall, W. J., Chapman, M. V., Lee, K. M., Merino, Y. M., Thomas, T. W., Payne, B. K., ... & Coyne-Beasley, T. (2015). Implicit racial/ethnic bias among health care professionals and its influence on health care outcomes: a systematic review. *American journal of public health*, 105(12), e60-e76.

Sabin, J. A., & Greenwald, A. G. (2012). The influence of implicit bias on treatment recommendations for 4 common pediatric conditions: pain, urinary tract infection, attention deficit hyperactivity disorder, and asthma. *American journal of public health*, 102(5), 988-995.

Paul-Emile, K., Smith, A. K., Lo, B., & Fernández, A. (2016). Dealing with racist patients. *New England Journal of Medicine*, 374(8), 708-711.

#### RECOMMENDED

FitzGerald, C., & Hurst, S. (2017). Implicit bias in healthcare professionals: a systematic review. *BMC medical ethics*, 18(1), 19.

### **Week 10, 4/13/21 – INFLUENCE: RELEVANT PRINCIPLES FOR SOCIAL CHANGE**

#### REQUIRED

Goldstein, N. J., & Cialdini, R. B. (2009). Normative influences on consumption and conservation behaviors. In M. Wanke (Ed.), *Social Psychology of Consumer Behavior* (pp. 273-296). New York, NY: Psychology Press.

Lynam, D. R., Milich, R., Zimmerman, R., Novak, S. P., Logan, T. K., Martin, C., et al. (1999). Project DARE: No effects at 10-year follow-up. *Journal of Consulting and Clinical Psychology*, 67, 590-593.

Brotherton, P. S. (2013). Fueling la revolución: Itinerant physicians, transactional humanitarianism, and shifting moral economies in post-Soviet Cuba. In Burke N.J. (Ed.), *Health travels: Cuban health(care) on and off the island* (pp. 129-153). UC Medical Humanities Press. (Chapter 5)

Salles, A., Arora, V. M., & Mitchell, K. A. (2021). Everyone Must Address Anti-Black Racism in Health Care: Steps for Non-Black Health Care Professionals to Take. *JAMA*, 326(7), 601-602.

#### RECOMMENDED

LeBrón, A. M., Cowan, K., Lopez, W. D., Novak, N. L., Ibarra-Frayre, M., & Delva, J. (2018). It Works, But For Whom? Examining Racial Bias in Carding Experiences and Acceptance of a County Identification Card. *Health equity*, 2(1), 239-248

Feinsilver, J. M. (2013). Fifty years of Cuba's medical diplomacy: From idealism to pragmatism. In Burke N.J. (Ed.), *Health travels: Cuban health(care) on and off the island* (pp. 105-128). UC Medical Humanities Press. (Chapter 4)

Lane-Fall, M. B., Butler, P. D., & Mahoney, K. B. (2021). Promoting Racial Justice and Equity in Academic Medicine: Moving Beyond the Honeymoon Period. *JAMA*, 326(7), 603-604.

**FINAL ASSIGNMENT DUE FRIDAY, APRIL 29, 2022**