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## CULTURAL AND HISTORICAL PRECEDENTS FOR LATINOS AND MEDICAL CARE

Chicano/Latino Studies 210 | Medical Education 552  
PRIME-LC COHORTS who are MS1 in 2022-2023 & MS2 in 2023-2024

*in-person classes:* Hewitt Hall 1042 (1<sup>st</sup> floor conference room) on selected Thursdays 5:30-8:00PM

*Zoom classes if needed:* @ 209 958 3655 on selected Thursdays 5:30-8:00PM

**Class Meeting Dates, 2022-2023:** October 13, November 10, January 12, February 16, March 23

**Class Meeting Dates, 2023-2024:** TBD

Note: According to Lucero, we still need to change the January 12 date/time.

### PROFESSOR

Dr. Belinda Campos

Office: 395 Social Science Tower or Zoom PMR 209 958 3655

Office Hours: Tuesdays 1:30-3pm by appointment

Phone: 949-824-1792

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

### COURSE DESCRIPTION AND OVERVIEW OF REQUIREMENTS

This course is the 2nd of three Chicano/Latino Studies seminars that PRIME-LC students complete during their medical training. This course is an introduction to the history, culture, and societal experience of Latinos in the United States as pertains to health and medicine. An examination of biomedicine as a cultural system in the first class sets the stage for subsequent course material. Historical eras surveyed in the class include pre-Colombian life and the Latin American colonial period with an eye on how these eras shape contemporary aspects of Latin American societies and U.S. Latino experiences with health, medicine, and medical systems. Issues examined include race, ethnicity, citizenship, social structure, social belonging, family dynamics, gender, and the institutionalization of medicine in the U.S. To orient the discussion toward possibilities for societal and health care system change that would benefit marginalized populations, readings on the effects of life stress on health and successful social movements are also included. The goal of the class is to provide the foundational knowledge necessary to have an effective, informed, and thoughtful discussion of changes to medicine that would benefit underserved populations with a focus on U.S. Latinos.

Class meetings will primarily consist of discussion. Discussions will be student led and all members of the class are expected to participate. To help structure our thinking for class discussion and ensure that discussion is relevant to all interests: **(1) each student will be required to generate 1 question/comment from each assigned 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

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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 material before coming to class, offer thoughtful questions/comments that set the stage for interesting class discussion, and lead/contribute to engaging and thought-provoking class discussion.**

### **COURSE LEARNING OBJECTIVES**

By the end of this course, you should be able to:

- Demonstrate knowledge of Latin American history as pertains to health, medicine, and U.S. Latino experience;
- Demonstrate an understanding of the social and political issues facing U.S. Latinos in their historical context;
- Demonstrate knowledge of prevalent ways of understanding health and medicine among U.S. Latinos as well as variation among individuals, national heritage groups, and cultural groups;
- Demonstrate knowledge of legal and social issues concerning U.S. immigration and citizenship, particularly as relates to resource and health care access, in historical context;
- Demonstrate an understanding of social hierarchies and stress processes as well as be able to articulate the implications of the two for U.S. Latino health;
- Demonstrate an understanding of power, and power dynamics, as pertains to future role as a physician leader.

Additional outcome:

- Grow verbal and written communication skills necessary for an effective physician advocate.

### **REQUIRED READINGS**

**Readings:** PDF copies of articles and book chapters that are required readings for this course will be made available to all enrolled students via UCI's gmail shared drive system. You are responsible for downloading the readings and completing them on time.

### **UCI GMAIL GOOGLE SHARED DRIVE**

This syllabus and class readings are available on the class UCI gmail shared drive. Revisions, handouts, additional readings, and other materials will also be uploaded to the shared drive. You are responsible for checking the shared drive periodically for the most updated information.

### **GRADING**

Grading is based on class attendance, weekly questions, discussion participation, and midterm and final paper assignments.

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

**Class Attendance (10%):** Attendance is **required**. The format is a graduate seminar that requires active participation and discussion. Class attendance is an important part of your

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learning, and therefore, your grade. Throughout the course, you will be developing your ability to compare and contrast different perspectives; to recognize when patterns of evidence support or challenge assumptions; to consider how research findings might be applied; to identify methodological problems in research studies and generate ideas for generating necessary new knowledge; to think critically and logically about ways to address the 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.

**Reading Questions (10%):** Generating one question/comment per each assigned reading is **required**. This assignment will help you to 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 email your questions to the instructor the day before class –**Wednesday by 8PM at the latest**. There will be no way to make up for the loss of points incurred by missing or late reading questions. Late questions can be used for class discussion but will receive zero points.

**Discussion Participation (20%):** All students will be assigned to lead the discussion on one of the required readings for each class meeting. 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 and seek to handle disagreements in a civil manner. 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 cell phones and other electronic devices that might disrupt class discussion. Your cooperation is greatly appreciated.

**Midterm assignment (30%):** Students will create a photovoice project that shares their **reflections** on a Wk 1 through Wk 5 topic or topics. Each student will reflect on Wk1-Wk5 topics and use class reading material to consider how the topic relates to their experiences thus far as medical students, medical practitioners, or as a member of U.S. society more generally. Students will then curate five photos in various locations relevant to class topics and provide summaries that connect the photo images to their reflection in a coherent and compelling manner. **DUE: TBD.**

**Final assignment (30%):** Students will write a **reform paper** that is inspired by the knowledge gained throughout the course. This assignment gives you the opportunity to dive deeply into developing your own ideas for change that can benefit the health of U.S. Latinos and address current limitations of the health care system in terms of access, quality, and outcomes. Each student will write a comprehensive paper that addresses a specific policy, practice, or research topic. The topic is open but must relate to Latino populations and medical care. This paper will be 7-10 pages of double spaced text with 12-point font and 1 inch margins. **DUE: TBD.**

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**NOTES ON PAPERS:** Papers must be turned in to Professor Campos' email inbox 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 attend office hours or make an appointment to discuss your ideas and developing projects/paper. However, I do **not** look at drafts because it is not fair to the whole class if I evaluate the drafts of some papers but not others. Also, this is not a writing course and I do not provide basic writing instruction. If you would like to strengthen your writing, please contact UCI Center for Excellence in Writing and Communication to take advantage of their writing workshops and other forms of assistance. Their website is <http://www.writingcenter.uci.edu/>.

**Summary of Grading:** (Max. points for attendance, weekly questions, discussion, & papers):

Class Attendance	10
Reading Questions	10
Class Discussion	20
Midterm	30
Final	30
<b>Total</b>	<b>100</b>

**\*GOAL NOTE: If your point total at the end the class would earn an A+, your final School of Medicine grade will be converted to “pass with honors.”**

### CLASS POLICIES

People tend to think of me as warm and approachable. I like to think this is generally true but 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 upfront:

**Enrollment, Add/Drop & 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 able 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 by the next class following return of the graded assignment**. Only reasonable and well-justified arguments will be considered and instructor decisions are final. Please note that re-

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grades can result in a lower score if I determine that 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. So, please turn in your assignments on time. I've made an effort to coordinate around your SOM commitments, clearly note due dates on the syllabus, and remain flexible about midterm and final due dates. Take note and plan accordingly.

**Contacting the Professor:** Email is the most effective way to contact me. To ensure that your email message reaches me promptly and is not filtered, please put the course name and/or number in the subject line of your message (i.e., CLS 210/MED ED 552). You can generally expect to receive responses to your email inquiries within 24 hours during the week, and 48 hours on the weekend. Also, please feel free to make an office hours appointment:

<https://calendar.google.com/calendar/selfsched?sstoken=UUhOM0h4MjVRZG5ofGRlZmF1bHR8ODM2NTU2ZWQ0M2VIYmE4MmUyMDA4MTdmMmJmNjhkMGE>

**Being Contacted by the Professor:** You must have an active UCI email account to participate in this course. I use email to make announcements about the course as well as to correspond with you individually. I will reply to emails from non-UCI accounts, but course announcements made over email will be sent to your UCI email address, so please check this account regularly.

**Class Etiquette:** Students are expected to come to class having read the assigned material and prepared to engage in discussion and/or application of the material. Arrive to class on time and be courteous to others. I consider it a given that each of us will listen respectfully to each other's ideas and engage in vigorous, but civil, discourse on all topics, including controversial topics. Late arrivals, early departures, cell phone use, computer use for non-class activity and "quiet conversations" are all distracting and noticeable throughout the classroom. **Turn off cell phones and any other electronic device that may ring or otherwise disrupt class during class.**

**Class Digital Content Ethics:** These days, class includes 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 our shared class drive 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.*

Video class meetings, like our physical meetings, contain the presumption that the class is not recorded. I also do not record Zoom meetings and, if we have them, ask that you do not either.

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

**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.

**Accommodations for Students with Disabilities:** Providing equitable access to learning opportunities for all students is important to me. If you already have established accommodations with the UCI Disability Services Center, please communicate your approved accommodations to me at your earliest convenience so we can discuss your needs for this course. If you have not yet established services through the UCI Disability Services Center but have a temporary health condition or permanent disability that requires accommodations, please consider contacting 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. For a detailed description of UCI Disability Services Center policies and procedures, go to: <https://dsc.uci.edu/dsc-policies/>. Disability Services Center, Building 313 in Engineering Gateway, voice: (949) 824-7494, TTY: (949) 824-6272, email: [dsc@uci.edu](mailto:dsc@uci.edu)

Please notify me as soon as possible if you will be using UCI Disability Services Center services so I can ensure that appropriate accommodations are made. If you have a disability that is not formally documented with the UCI Disability Services Center, choose to not register your disability with the university, or just want to talk about learning to learn, consider visiting me in office hours or setting up a meeting with me so we can talk out ways that might help to maximize your learning.

**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 no extra credit in this class.

**Academic Integrity:** See <https://aisc.uci.edu/students/academic-integrity/index.php> for an explanation of academic integrity policies at UCI. As you'll see, 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. Papers that are 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. **Any student who cheats on any class assignment, exam, or paper will be given an F in the course and will not be permitted to withdraw.**

**COVID-19 Caveats:** This syllabus reflects my best effort to plan ahead for our class, but we have all learned that things can change with short notice. I will make every effort to announce to you any changes that need to be made as quickly as possible.

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## ASSIGNED READINGS

### FALL QUARTER 2022

#### Week 1, 10/13/22 – BIOMEDICINE EXAMINED

Kleinman, A. (1980). *Patients and healers in the context of culture: An exploration of the borderland between Anthropology, Medicine, and Psychiatry*. Berkeley and Los Angeles: University of California Press. Chapter 3

Gravlee, C. C. (2009). How race becomes biology: Embodiment of social inequality. *American Journal of Physical Anthropology*, 139, 47-57.

Hunt, L. M. (2005). Beyond cultural competence: Applying humility to clinical settings. In G. E. Henderson et al., (Eds.), *The Social Medicine Reader* (2<sup>nd</sup> ed, Vol. 2). Durham, North Carolina: Duke University Press.

Goldberg, J. L. (2008). Humanism or professionalism? The white coat ceremony and medical education. *Academic Medicine*, 83, 715-722.

#### RECOMMENDED:

Taylor, J. S. (2003). Confronting “Culture” in Medicine’s “Culture of No Culture.” *Academic Medicine*, 78, 555-559.

Olayiwola J. N. (2016). Racism in medicine: Shifting the power. *Annals of Family Medicine*, 14, 267-269

Williams, M. J., & Eberhardt, J. (2008). Biological conceptions of race and the motivation to cross racial boundaries. *Journal of Personality and Social Psychology*, 94, 1033-1047.  
Student discussion leaders:

#### Week 2, 11/10/22 – FROM PRE-COLUMBIAN FOUNDATIONS TO THE 20<sup>TH</sup> CENTURY: HEALTH AND MEDICINE PRACTICES

Ortiz de Montellano, B. R. (1990). *Aztec Medicine, Health, and Nutrition*. New Brunswick: Rutgers University Press. Chapter 6

Mendoza, R. G. (2003). Lords of the medicine bag: Medical science and traditional practice in ancient Peru and South America. In Helaine Selene (Ed.), *Medicine Across Cultures: Historical Practice of Medicine in Non-Western Cultures*, pp. 225-257. London: Kluwer Academic Publishers.

Mitchell, P. (2005). Promiscuous expectionation: Medicine and the naturalization of Whiteness. In *Coyote Nation: Sexuality, Race, and Conquest in Modernizing New Mexico, 1880-1920*, Chapter 6, pg. 122-148. Chicago: Chicago University Press.

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Molina, N. (2011). Borders, laborers, and racialized medicalization: Mexican immigration and US Public Health practices in the 20th Century. *American Journal of Public Health, 101*, 1024-1031.

RECOMMENDED:

<http://bostonreview.net/science-nature/alex-de-waal-new-pathogen-old-politics>

### **Week 3, 01/12/23 – CULTURAL CITIZENSHIP**

King, J. (Ed.). (2004). *The Cambridge companion to modern Latin American culture*. Cambridge University Press. Chapter 1

Chavez, L. R. (2008). *The Latino threat: Constructing immigrants, citizens, and the nation*. Stanford University Press, California. Chapter 1

Chavez, L. R. (2017). *Anchor babies and the challenge of birthright citizenship*. Stanford University Press. Chapter 2

Chavez, L. R. (2017). *Anchor babies and the challenge of birthright citizenship*. Stanford University Press. Chapter 3

RECOMMENDED:

Chavez, L. R. (2008). *The Latino threat: Constructing immigrants, citizens, and the nation*. Stanford University Press, California. Chapter 7

Behrman, P., Fitzgibbon, M., Buscemi, J., Sanchez-Johnsen, L., Laroche, H., Yanez, B., ... & Gil-Rivas, V. (2019). Society of Behavioral Medicine position statement: Congress should protect immigrants seeking health care. *Translational Behavioral Medicine*, doi: 10.1093/tbm/ibz119

### **Week 4, 02/16/23 – LATIN AMERICA AND THE UNITED STATES: CULTURE & RACE**

Melville, M. (1994). “Hispanic” ethnicity, race and class. In *Handbook of Hispanic Cultures in the United States: Anthropology*.

Torres-Saillant, S. (2008). Problematic paradigms: Racial diversity and corporate identity in the Latino community. In *Latinos: Remaking America*.

Bonilla Silva, E., (2010). Reflections about race by a negrito acomplexao. *The Afro-Latin@ reader: History and culture in the United States* (445-453).

Gonzalez-Rivera, V. (2020). “Why my Nicaraguan father did not ‘see’ his Blackness and how Latinx anti-Black racism feeds on racial silence.

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<https://medium.com/@victoriagonzalezrivera/why-my-nicaraguan-father-did-not-see-his-blackness-and-how-latinx-anti-black-racism-feeds-on-738249ddd100>

Lopez, Krogstad, & Passel (2020), Pew Research, “Who is Hispanic?”

<https://www.pewresearch.org/fact-tank/2020/09/15/who-is-hispanic/>

Noe-Bustamante, Mora, & Lopez (2020), Pew Research on the term “Latinx,”

<https://www.pewresearch.org/hispanic/2020/08/11/about-one-in-four-u-s-hispanics-have-heard-of-latinx-but-just-3-use-it/>

#### RECOMMENDED:

Galemba, R. B., Dingeman, K., & DeVries, K. (2021). Gateway to the North? Contingent Journeys at the Mexico-Guatemala Border. *The Journal of Latin American and Caribbean Anthropology*, 26, 25-45.

#### **Week 5, 03/23/23 – INSTITUTIONALIZING MEDICINE: WHO IS A THREAT?**

<https://www.visionlearning.com/en/library/Inside-Science/58/Carlos-J.-Finlay/217>

For more about Finlay:

Carlos J. Finlay (1833-1915) Student of yellow fever. (1966). *JAMA*, 198, 1210–1211.

doi:10.1001/jama.1966.03110240118043

[https://en.wikipedia.org/wiki/Carlos\\_Finlay](https://en.wikipedia.org/wiki/Carlos_Finlay)

Kraut, A. M. (2010). Immigration, ethnicity, and the pandemic. *Public health reports*, 125, 123-133.

Mohanty, S.A., Woolhandler, S., Himmelstein, D.U., Pati, S., Carrasquillo, O., & Bor, D.H. (2005). Health care expenditures of immigrants in the United States: A nationally representative analysis. *American Journal of Public Health*, 95, 1431-1438.

Metzl, J., & Hansen, H. (2014). Structural competency: Theorizing a new medical engagement with stigma and inequality. *Social Science & Medicine*, 103, 126-133.

#### RECOMMENDED:

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(5), 781-786.

#### **MIDTERM PAPER DUE, TBD.**

#### **Week 6, TBD in 2023-2024 – FOLK HEALERS, CURANDEROS, SPIRITUAL HEALERS**

Ortiz de Montellano, Bernard R. (1990). *Aztec Medicine, Health, and Nutrition*. New Brunswick: Rutgers University Press. Chapter 8

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Avila, E., & Parker, J. (2000). *Woman who glows in the dark: A curandera reveals traditional Aztec secrets of physical and spiritual health*. Tarcher. Pages 15-86.

Hoskins, D., & Padrón, E. (2018). The practice of Curanderismo: A qualitative study from the perspectives of Curandera/os. *Journal of Latina/o Psychology*, 6, 79-93.

Holliday, K. V. (2008). “Folk” or “Traditional” versus “Complementary” and “Alternative” Medicine: Constructing Latino/a health and illness through biomedical labeling. *Latino Studies*, 6, 398-417.

#### RECOMMENDED:

Crum, A. J., & Langer, E. J. (2007). Mind-set matters: Exercise and the placebo effect. *Psychological Science*, 18, 165-171.

Alia Crum TEDMED talk: <https://www.youtube.com/watch?v=WcQnSW1wpGA>

Herrera, F. J. & Orr, D. (2020). Susto, the anthropology of fear and critical medical anthropology in Mexico and Peru. In Gamlin, J., Gibbon, S., Sesia, P., & Berrío, L., *Critical Medical Anthropology-Perspectives in and from Latin America*, UCL Press. Chapter 3.

Núñez Molina, M. A. (2001). Community healing among Puerto Ricans: Espiritismo as a therapy for the soul. In M. F. Olmos and L. Paravisnini-Gebert, *Healing cultures: Art and religion as curative practices in the Caribbean and its diaspora*. New York, Palgrave: 115-129.

Jiménez-Balam, D., Alcalá, L., & Salgado, D. (2019). Maya children's medicinal plant knowledge: Initiative and agency in their learning process. *Learning, Culture and Social Interaction*, 22, 100333.

#### **Week 7, TBD in 2023-2024 – GENDER, SEXUALITY & LATINO FAMILY DYNAMICS**

Hondagneu-Sotelo, P. (1997). “I’m here, but I’m there”: The meanings of Latina transnational motherhood. *Gender & Society*, 11, 548-571.

Ramos, I. F., Campos, B., & Dunkel Schetter, C. (2022). Pregnancy anxiety and beliefs surrounding motherhood in Latinas: A qualitative study. *Journal of Latinx Psychology*.

Ramirez, H. (2011). Masculinity in the workplace: The case of Mexican immigrant gardeners. *Men and Masculinities*, 14, 97-116.

Delucio, K., Morgan-Consoli, M. L., & Israel, T. (2020). Lo que se ve no se pregunta: Exploring nonverbal gay identity disclosure among Mexican American gay men. *Journal of Latinx Psychology*, 8, 21–40. <https://doi.org/10.1037/lat0000139>

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RECOMMENDED:

Guttman, M. C. (2005). "Scoring men: Vasectomies and the totemic illusion of male sexuality in Oaxaca." *Culture, Medicine and Psychiatry*, 29, 79-101.

Munoz-Laboy, M., Hirsch, J. S., & Quispe-Lazaro, A. (2009). Loneliness as a sexual risk factor for male Mexican migrant workers. *American Journal of Public Health*, 99, 802-810.

Zavella, P. (2003). "Playing with fire": The gendered construction of Chicana/Mexicana sexuality. In M.C. Guttman, F.V.M. Rodriguez, L. Stephen, and P. Zavella (Eds.), *Perspectives on Las Americas*. Malden, MA: Blackwell Publishing

**Week 8, TBD in 2023-2024 – LABOR AND HEALTH**

Massey, D. S., Durand, J., & Malone, N. J. (2002). *Beyond smoke and mirrors: Mexican immigration in an era of economic integration*. Russell Sage Foundation, New York. Chapter 2

Gilbert, G., & Fernandez, R. (2003). *A Century of Chicano History: Empire Nations, and Migration*. Routledge. Chapter 2.

Gany, F., Novo, P., Dobslaw, R., & Leng, J. (2014). Urban occupational health in the Mexican and Latino/Latina immigrant population: A literature review. *Journal of Immigrant and Minority Health*, 16, 846-855.

Stuesse, A. (2009). Race, migration, and labor control: Neoliberal challenges to organizing Mississippi's poultry workers. In M. Odem and E. Lacy (Eds.), *Latino immigrants and the transformation of the U.S. South* (pp. 91-111). Athens, GA: University of Georgia Press.

Flores, G. M., & Bañuelos, M. (2021). Gendered deference: Perceptions of authority and competence among Latina/o physicians in medical institutions. *Gender & Society*, 35(1), 110-135.

RECOMMENDED:

Flores, G. M. (2020). Indispensable and invisible: Latina Physicians as "essential" workers.

Fernandez, R. E., & Gonzalez, G. G. (2003). Integration of Mexican workers into the U.S. economy. In *A century of Chicano history: Empire, nations and migration*. Routledge. Chapter 5.

Holmes, S. M. (2011). The clinical gaze in the practice of migrant health: Mexican migrants the United States. *Social Science & Medicine*, 74, 873-881.

Walter, N., Bourgois, P., & Loinaz, H. M. (2004). Masculinity and undocumented labor migration: Injured Latino day laborers in San Francisco. *Social Science & Medicine*, 59, 1159-1168.

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## **Week 9, TBD in 2023-2024 – LIFE STRESS & FUTURE HEALTH CONSEQUENCES**

Calestani, M., & Montesi, L. (2020). The ethno-racial basis of chronic diseases: rethinking race and ethnicity from a critical epidemiological perspective. *Critical Medical Anthropology: Perspectives in and from Latin America*. Chapter 7.

Izquierdo, C. (2005). When “health” is not enough: Societal, individual, and biomedical assessments of well-being among the Matsigenka of the Peruvian Amazon. *Social Science & Medicine*, *61*, 767-783. doi:10.1016/j.socscimed.2004.08.045

Gonzales, R. G., Chavez, L. R., Boehm, D. A., Brettell, C. B., Coutin, S. B., Inda, J. X., ... & Stephen, L. (2012). “Awakening to a nightmare”: Abjectivity and illegality in the lives of undocumented 1.5-generation Latino immigrants in the United States. *Current Anthropology*, *53*, 255-281.

Chavez, L., Campos, B., Corona, K., Sanchez, D. & Ruiz, C. B. (2019). Words hurt: Political rhetoric and psychological well-being among Mexican-origin youth. *Social Science & Medicine*, *228*, 240-251.

Yim, I. S., Corona, K., Garcia, E., Acevedo, A. M., & Campos, B. (2019). Perceived stress and cortisol reactivity among immigrants to the United States: The importance of bicultural identity integration. *Psychoneuroendocrinology*, *107*, 201-207.

## **Week 10, TBD in 2023-2024 – POWER IN SOCIAL LIFE: IMPLICATIONS FOR HEALTH & HEALTH CARE**

Deutsch, M. (2006). A framework for thinking about oppression and its change. *Social Justice Research*, *19*, 7-41.

Campbell, C., Cornish, F., Gibbs, A., & Scott, K. (2010). Heeding the push from below: How do social movements persuade the rich to listen to the poor? *Journal of Health Psychology*, *15*, 962-971.

Waitzkin, H., Iriat, C., Estrada, A., & Lamadrid, S. (2001). Social medicine then and now: Lessons from Latin America. *American Journal of Public Health*, *91*, 1592-1601.

Paluck, E. L. (2010). Is it better not to talk? Group polarization, extended contact, and perspective taking in Eastern Democratic Republic of Congo. *Personality and Social Psychology Bulletin*, *36*, 1170-1185. <https://doi.org/10.1177/0146167210379868>

### **RECOMMENDED:**

*Pratkanis, A. R., & Turner, M. E. (1994). Nine principles of successful affirmative action: Mr. Branch Rickey, Mr. Jackie Robinson, and the integration of baseball. Nine: A Journal of Baseball History and Social Policy Perspectives*, *3*, 36-65.

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For more about the role of baseball in integration:

<https://sabr.org/research/blurring-color-line-how-cuban-baseball-players-led-racial-integration-major-league-baseball>

<https://www.theatlantic.com/past/docs/issues/84jun/8406brown.htm>

Keltner, D., Gruenfeld, D. H., & Anderson, C. (2003). Power, approach, and inhibition. *Psychological Review*, *110*, 265-284.

**FINAL PAPER DUE TBA.**