

LATINA/O HEALTH DISCOURSES IN NEWSPRINT MEDIA FROM 2006-2010:
A CONTENT ANALYSIS OF FOUR SYNDICATED NEWSPAPERS

A Thesis

by

FRANK JESUS ORTEGA

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Chair of Committee,
Committee Members,
Head of Department,

Joe R. Feagin
Edward Murguia
Felipe Hinojosa
Jane Sell

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ABSTRACT

Latina/o health discourses stem from historical and social notions of biological, cultural, and racial inferiority. Popular U.S. newspapers pay scant attention to Latina/o health concerns and often inaccurately portray Latinas/os as undeserving foreigners that continue to drain social services such as health care. A content analysis of 291 *New York Times*, *Los Angeles Times*, *Chicago Tribune*, and *Houston Chronicle* newspaper articles (2006-2010) reveals that Latina/o health discourses are grounded in a racialized medical narrative that justifies and sustains white racial oppression. Systemic racism and the white racial frame are utilized as theoretical frameworks to better understand how mainstream newspapers construct the medical racialization of Latinas/os and contribute to health disparities, unequal access to health services, and inadequate health care. The findings reveal that Latina/o health issues concerning high costs, population increase, and political marginality, influence anti-Latina/o legislation, sustain prevailing racism, and create exclusionary health practices. Fundamentally the anti-Latina/o sentiment presented in the newspapers and disseminated throughout society equates to the denial of resources, the denial of health care, and thus the denial of life. Challenging racist Latina/o perceptions is an important area of social science and anti-racism research. Ultimately, without a healthy Latina/o workforce, the economy could not sustain itself and society would be susceptible to economic, social, and political collapse.

DEDICATION

I would like to dedicate this thesis to my wife Cindy Ramos Ortega, my mother Roberta A. Ortega, daughter Gabriela Izel Ortega, and grandmother Elizabeth Gonzales. This project would not have materialized without their unyielding love, encouragement, affection, patience, and understanding.

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CHAPTER I

INTRODUCTION

Health inequalities are one of the great social, cultural, political, and economic problems of the United States of America. The access to health care continues to be stratified along race, class, and gender lines. Not all groups of people in the U.S. have had sufficient access to adequate health care coverage and affordable medical treatment. Latinas/os, in particular, have been repeatedly barred from traditional medicine and routinely excluded from being full-fledged citizens based on racist notions of cultural and biological inferiority (Molina, 2011). Denying Latinas/os health care and using medical science as a pretext to discriminate has been a recurring theme throughout U.S. history (Molina, 2006a). Barriers to health care and medical justifications to further marginalize Latinas/os are a significant problem that have serious health implications and can even lead to death. This master's thesis intends to uncover how the racialized media discourse surrounding Latina/o health disparities in the U.S. influences mainstream society's perception of Latinas/os and thus the everyday health outcomes of Latinas/os.

This area of research demands further inquiry because Latinas/os make up the most uninsured group in the entire country (Rivers and Patino, 2006). Yet, the Latina/o population represents the second largest racial group, behind white European Americans, or 17% of the entire U.S. population (Pew Hispanic, 2013). Projected to increase in size (Pew Hispanic, 2013), Latinas/os require additional scholarly attention in order to better understand their health needs and concerns to provide improved health coverage, access,

treatment, and services. As racial minorities, Latinas/os persistently face deleterious health outcomes as they enter and live in the U.S. social system (Molina, 2006a; Stern, 1999). It is in the nation's best interest to invest in the health of Latinas/os as they contribute to the social, political, and economic growth of the U.S. (Aguirre-Molina et al., 2010; Cobas et al., 2009; Acevedo-Garcia and Bates, 2008). Moreover, the social, historical, and material causality concerning the medical racialization of Latina/o health deserves and requires substantial academic research (Aguirre-Molina et al., 2010; Viruell-Fuentes et al., 2012; Viruell-Fuentes, 2011; Viruell-Fuentes, 2007; Molina, 2006a; Subervi-Velez, 1999; Vargas and De Pyssler, 1999).

This project will employ structural, systemic, and institutional racism theories to examine how media constructs Latina/o health discourse, including a structural analysis of race and racism (Corneau and Stergiopoulos, 2012; Gee and Ford, 2011; Feagin, 2010; 2006; Feagin and Feagin, 1978; Ford and Airhihenbuwa, 2010; Kieger, 2003; Nazroo, 2003; Jones, 2000; Bonilla-Silva, 2010; 1999; 1997). The overarching framework guiding this thesis relies on the theories of systemic racism and the white racial frame (Feagin, 2010; 2006). Systemic racism provides a background to understanding how race relations operate in the broader U.S. (Feagin, 2006; Feagin and Feagin, 1978) and traces the unequal distribution of power in society to the fundamental beginnings and current realities of racial oppression in the U.S. Stemming from this historical foundation of racial oppression, whites have maintained their ideological, material, and social superiority over people of color by developing a racial hierarchy that perpetuates inequalities and racial animosity within societal interactions, institutions,

organizations, and structures (Feagin, 2006). As the key beneficiaries in the subjugation of people of color, whites justify their material and psychological gain by operating from a dominant white racial frame or white worldview (Feagin, 2010). The centuries-old white racial frame helps explain how whites rationalize the safeguarding and preservation of racial hierarchies, inequalities, and injustices. Racial oppression not only continues to exist but impacts every component of U.S. society, negatively altering the life chances of people of color (Feagin, 2010). This project utilizes two key sub-frames, the intensive and arrogant pro-white frame and the multifaceted anti-Latino frame. Systemic racism and the white racial frame remains a pertinent element to comprehending contemporary racism and racial oppression (Feagin, 2010; 2006).

Systemic racism and the white racial frame will provide an insightful sociological lens into how the media contributes to the social construction of race and racism and the impact this has on the health outcomes of Latinas/os. Therefore, the following research question will guide the direction of this thesis: How does mass media discourse, particularly in U.S. newspapers, contribute to the medical racialization of Latinas/os? This question attempts to examine how the racialized framing of Latinas/os, latent with systems of oppression, justifies the exclusionary policies that restrict and deny social services such as medical care. Not only will this project highlight the historical and contemporary significance of negative attitudes associated with health and Latinas/os, but it will also reveal the modern stereotypes that continue to exist and flourish within white mainstream media and U.S. culture.

The research question leads directly into the main focus of this thesis: an investigation of the racialization of Latina/o health discourse within four syndicated U.S. newspapers (2006-2010). The *New York Times*, *Los Angeles Times*, *Chicago Tribune*, and *Houston Chronicle* were chosen for the two reasons: high circulation rates and large Latina/o population centers. A five year period, between 2006 and 2010, was chosen to gain an ample amount of relevant and contemporary articles. Mainstream newspapers are appropriate sources of data for two reasons, information and control. The information present in newspaper stories and articles not only operate from a white Eurocentric perspective that undermines the human dignity of Latinas/os, but is readily accessible and consumed via the internet. Furthermore, whites control and work at all levels of the newspaper business including: owners, publishers, manufactures, distributors, editors, and journalist (Awad, 2011; Dolan, 2011; Correa, 2010; Pritchard and Stonbely, 2007). Although people of color work in various positions in the mainstream newspaper industry, they do not control the means of production nor the overall white hegemonic practices of the newspaper business. Thus, analyzing the information consumed by the public and underlining who controls newspapers are central to countering the anti-Latina/o medical racial frame.

Content analysis was chosen as the methodology to help answer the research question and to collect and analyze data specific to the project. Content analysis provides a systematic examination of written documents that exposes patterns and assists in developing codes that can be used to draw valuable inferences and observations (Berg and Lune, 2012). Moreover, newspapers are available social artifacts open to any

researcher and tend to provide as well as maintain validity and reliability (Berg and Lune, 2012). Qualitative newspaper research lends itself to content analysis due to the fact that newspapers are public, cost effective, and longitudinal. However, newspapers represent prerecorded written communication documents; therefore relying on existing data rather than generating data can make causality difficult to grasp (Berg and Lune, 2012). Nonetheless, the utilization of content analysis will assist in uncovering the underlying framing of Latina/o health issues in the mass media.

This thesis will explore the construction of medical racial oppression in order to provide further awareness regarding the use of language and communication and analyze the impact media discourse has on the health status of Latinas/os. Additionally, the aim of this project is to critically explore racism in health by challenging mainstream media's reification of race, white hegemony, and anti-Latina/o sentiment. There are significant gaps in the research that fail to address how the white dominant media fashions Latina/o health and how this racialized framing becomes endemic to U.S. society and culture. To provide the necessary information, this study will rely on newspaper articles as the primary source of data and content analysis as the methodology. As a result, this research design does not have any insurmountable limitations and follows the sociological tenets of critically assessing social processes, institutions, functions, and structures through empirical investigation. In order to position this research within the social science literature, the following section will provide a literature review of the medical racialization of Latinas/os.

Research Questions

Despite the substantial literature on Latina/o health, not much literature discusses the mass media's role in creating, reproducing, and sustaining health disparities. This study is designed to expand the literature surrounding the impact of mainstream newspapers' discursive framing on the lived reality of Latinas/os. The research question directing this investigation is, "How does the mass media contribute, construct, and modify the prevailing health status of Latinas/os?" This question captures the macro-level structural processes while also addressing micro-level discourse and public communication. This study investigates larger sociological issues concerning the influence of social forces on: health, illness, race, gender, class, immigration status, and culture.

This research question aims to better understand the health realities of Latinas/os. In order to gain an adequate knowledge-base concerning the role mainstream newspapers play on the health of the Latina/o population, the first set of questions stemming from my initial framing question will help foster a wider understanding: (1) How are symbolic forms of racist language coded in newspaper articles? (2) How do whites benefit from newspaper stories that effectively racialize and marginalize Latinas/os from health care, particularly across race, class, and gender? (3) How do structural factors (immigration status, language, and health insurance access) facilitate anti-Latina/o sentiment in newspapers and ultimately contribute to deleterious health outcomes? The purpose of these questions is to find out how Latinas/os are depicted within white American mass media. The questions also address how the authors' choice

of words, concepts, and themes shape the perception of Latinas/os within mainstream white newspapers, all in an effort to inform and improve Latina/o health services.

Organization of the Chapters

The data, findings, and analysis presented in this thesis provide detailed evidence of the racial medical framing of Latinas/os in the U.S. The data lie in the four syndicated newspapers that were carefully reviewed and analyzed. A content analysis of each paper revealed the dominant discourse concerning Latina/o health. The medical discourse of Latinas/os will be presented in the subsequent chapters. The findings are organized by each newspaper and have been arranged by order of article quantity. Chapter IV analyzes the *New York Times*, Chapter V examines the *Los Angeles Times*, Chapter VI investigates the *Chicago Tribune*, and Chapter VII reviews the *Houston Chronicle*. Each chapter underscores the omnipresent racist health frame that permeates beneath the stories, words, phrases, and letters of the newspaper articles.

Chapter IV analyzes the *New York Times* articles and divides the chapter into seven themes. The following categories were created during the coding process: (1) population and illness increase, (2) health costs, (3) preventive care and treatment, (4) health insurance, (5) health legislation and politics, (6) criminality, and (7) Latinas/os briefly mentioned and/or a comparison group. The *New York Times* and *Los Angeles Times* are more circulated and thus have a larger following and influence in framing public health discourse in comparison to the *Chicago Tribune* and *Houston Chronicle*. Subsequently the *New York Times* and *Los Angeles Times* have more articles concerning Latina/o health and disclose overriding themes that portray Latinas/os as draining social

services including overwhelming population growth, perpetual foreigner, and disease carrier. Moreover, Chapter V examines the *Los Angeles Times* and follows the same organizational pattern of the *New York Times*: (1) population and illness increase, (2) health costs, (3) preventive care and treatment, (4) health insurance, (5) health legislation and politics, (6) criminality, and (7) Latinas/os briefly mentioned and/or a comparison group. The next two chapters do not have the same themes and categories as the *New York Times* and *Los Angeles Times*. As a result, the organization of Chapter VI and VII differ slightly.

Specifically, Chapter VI investigates the *Chicago Tribune* and encompasses four new categories (4-7) for a total of seven: (1) population and illness increase, (2) health costs, (3) preventive care and treatment (4) health legislation, health insurance, and politics, (5) Additional medical personnel (6) health disparities, and (7) Latinas/os briefly mentioned. The *Chicago Tribune* and *Houston Chronicle* tended to have less oblique racial contestation than the larger national papers. Moreover, Chapter VII analyzes the *Houston Chronicle* and is divided into six categories, including a new theme represented in the sixth category: (1) population and illness increase, (2) health costs, (3) preventive care and treatment, and (4) health legislation and politics, (5) health disparities, and (6) considering the other. Finally, Chapter VIII concludes the thesis by reiterating the key findings and presenting potential avenues for future research.

Furthermore, the proceeding four data chapters discuss commonplace misconceptions of Latinas/os by investigating media discourse often embedded with white purity, white virtue, and white supremacy. The thesis findings, patterns, and themes along with the

theories of the white racial frame and systemic racism reveal how the mass media, particularly newspapers, have historically influenced and contemporarily shaped the lived reality for Latinas/os in the U.S. social system.

CHAPTER II

LITERATURE REVIEW

The proposed research questions connect four areas of scholarship: (1) media and newspapers; (2) Latina/o news print media; (3) medical racialization of Latinas/os; and, (4) structural racism. Each section will incorporate literature specific to Latina/o media, health, and race while emphasizing the need to further integrate Latinas/os into anti-race scholarship. This literature review critically analyzes and discusses literature associated with Latina/o health inequalities. I will present an analysis of applicable Latina/o social science scholarship in order to capture and strengthen the wider discussion of Latina/o media, health, and race literature.

The Social and Cultural Construction of Media

Contemporary U.S. mass media (film, television, radio, magazines, newspapers, video games, and the internet) reproduces, preserves, reflects, and spreads racist attitudes and beliefs in the form of traditional racial stereotypes and myths (Gil de Zuniga, 2012; Gonzalez and Torres, 2011). The cultural construction of media, as expounded by Pierre Bourdieu, plays a significant role in the process of socialization (Bourdieu, 1998). The messages presented in the media are internalized by audiences and affects their worldview, resulting in the preservation of cultural and social scripts (Gil de Zuniga, 2012; Hesmondhalgh, 2006). However, the images, messages, and the resultant cultural behaviors stemming from the mass media are often saturated with harmful racist images and stereotypes, which reinforce the mistreatment of subordinate groups by dominant group members. Media has contributed to the racial oppression of minority racial groups

in the U.S., influencing their daily lived realities. This phenomenon is apparent through historical and present-day health inequalities. Latinas/os are one racial group that has endured a long history of vilification in the media. Mexicans in particular have encountered racist images in a variety of medium including books, newspapers, movies, television, and cartoons. Many of these distorted caricatures and stereotypes inform our contemporary understanding of Latinas/os.

The prevailing representations and sensationalism of Latinas/os in the media are misconstrued across race, class, gender, nationality, and sexuality lines (Valdivia, 2004; Kim, 1999). Latinas/os in general are continually portrayed as foreign, criminalistic, illegal immigrants, illegal aliens, and poor (Gil de Zuniga, 2012; Kim et al., 2011; Molina Guzman and Valdivia, 2004; Chiricos and Eschholz, 2002). Furthermore, Latinas are routinely commodified and objectified into two categories: (1) exotic hypersexual beings or (2) domestic service positions (Molina Guzman and Valdivia, 2004; Kim, 1999). In addition, Latinos are labeled as criminals, gang affiliated, sexually promiscuous, unintelligent, and violent (Burgess et al., 2011; Everett and Watkins, 2008; Chiricos and Eschholz, 2002). The mass media's ill-conceived depiction of Latinas/os not only informs the public's understanding but regularly has a negative influence on governmental policies, educational institutions, judicial proceedings, employment, housing, identity, and health.

Newspapers are one form of media that exposes and ingrains common racial assumptions concerning people of color, subsequently conditioning the minds of whites as well as people of color. How does the media, specifically newspapers, influence the

way people view the world and society? The public's psyche is informed by news reports that work as cultural narratives with essential values and meanings (Berkowitz, 2011; Hesmondhalgh, 2006; Schudson, 1997). Additionally, the information attained from news media outlets are culturally and socially constructed, these cultural artifacts are a reflection and product of social processes (Berkowitz, 2011; Hesmondhalgh, 2006; Schudson, 1997). For example, the market location of the newspaper has a significant influence on the frame of reference journalists impart when discussing topics such as Latina/o immigration. A study found that border-state news articles are more prone to negative views of Latina/o immigrants than non-border-state newspapers (Kim et al., 2011). Another point of emphasis underscores the business side of journalism. In order to remain profitable, newspapers become susceptible to yellow journalism and/or sensationalism (Berkowitz, 2011; Turkewitz, 2010; Bourdieu, 1998; Park, 1932). Newspapers that strive to develop entertaining and interesting news articles and stories are prone to slanted views, prejudices, and misprints (Berkowitz, 2011; Turkewitz, 2010).

Furthermore, newspapers are particularly influential since the stories and narratives are usually considered to be objective and unbiased. However, the master narratives in newspapers are not neutral and often present a narrow and thus a simplistic view of complex issues (Berkowitz, 2011; Park, 1932). Ignoring the importance of underlying social forces and failing to directly challenge white supremacy and racial antagonism based on gender and class, newspapers reinforce and maintain systems of oppression that are detrimental to Latinas/os. Moreover, since news articles function as

public sources of information, the use of discourse analysis research can reveal the cultural and social norms concealed throughout newspapers and greater society (Berkowitz, 2011; Turkewitz, 2010 Berkowitz, 1997; Park, 1932). Although circulation rates have dramatically declined, virtually all printed newspaper articles are posted online, making newspaper text analysis a continual and pertinent field of inquiry (Turkewitz, 2010).

The main beneficiaries and producers of skewed and disingenuous representations of people of color in television and newspaper reports are whites; white males are overrepresented in ownership and staff positions including editors and writers (Gonzalez and Torres, 2011; Heider, 2000). White elite males control the dominant print news outlets; as a result a white hegemonic worldview is implicit in the creation of the news and presented in the form of biases, opinions, ideological viewpoints, and racial framing of Latinas/os (Feagin, 2013; Gonzalez and Torres, 2011; Heider, 2000). Whites are overrepresented in the mainstream news media whereas Latinas/os are underrepresented; however when Latinas/os are discussed, they are often associated with harmful misrepresentations (Vargas, 2000). Latina/o health concerns are particularly susceptible to damaging response due to longstanding racial stereotypes, images, narratives, and misconceptions. Therefore, a central component of this project is to critically examine how newspapers further marginalize and disenfranchise Latinas/os through the racial framing of their health in relation to high cost, immigration, and population increase.

Examining Latinas/os in News Print Media

The significance of print media in disseminating racist images, symbols, stereotypes, and discourse is not a widely discussed topic within Latina/o health literature. Media and communication-related scholarship faintly addresses this topic, but rather promotes the idea that Latina/o media can serve as vehicle to prevent health problems and be used as a tool to disseminate medical information helpful to the Latina/o community (Molina Guzman, 2008; Wilkin and Ball-Rokeach, 2006). There are few studies that investigate Latina/o health discourse in newspapers; three examples will be used to highlight this scarcity. First, Vargas (2000) examined newspaper articles but did not specifically focus on health. Second, Subervi-Velez (1999) emphasized health but through an analysis of television. Third, Molina Guzman (2008) discusses Latina/o media, but does not distinctly advocate a health perspective and alternatively encourages critical analysis research of mass media in order to reflect and capture the changing complexities of Latina/o population, media, and culture.

Though newspaper analysis strictly investigating Latina/o health concerns is limited, there are two works (Bueno-Olson, 2013; Vargas and De Pyssler, 1999) which utilize content analysis to examine Latina health in newspapers. Vargas and De Pyssler (1999) found that Latina/o Spanish newspapers articles concerning health did not provide sufficient information beneficial to the Latina/o community. Instead of being utilized as an effective health communication resource, newspapers “fail to adequately provide news and analysis of political, socioeconomic, and public policy developments related to health care” (202). Health coverage in newspapers tends to focus on clinical

outcomes and suggest medical information related to diseases, symptoms, and treatments (Vargas and De Pyssler, 1999). As a result, the materials presented in the newspapers underserve the Latina/o community. Taking this project a step further, Villar and Bueno-Olson (2013) compare English and Spanish language newspapers from Miami and Los Angeles. They found that health content varied by location and language “While the *Los Angeles Times* had a greater volume of health stories than *The Miami Herald*, the Spanish-language *El Nuevo Herald* contained a higher proportion of health news information within the sampled weeks than *La Opinion*” (Bueno-Olson, 2013:67). Language itself was not statistically significant in this project; however both studies agree that additional and alternative forms of information within newspapers are needed to address the health concerns of the Latina/o population (Bueno-Olson, 2013; Vargas and De Pyssler, 1999).

Moreover, although Santa Ana (2002) does not explicitly discuss Latina/o health, his research is significant to this study. Santa Ana (2002) analyzes the racist metaphors embedded in the discourse of the *Los Angeles Times* and concludes that Latina/o immigrants are systematically depicted as inferior, burdensome, foreign, and illegal. Metaphors associated with health are manifested through the use of such words as illness, disease, cancer, and pathogens to frame Latinas/os as intruder and other. These dominant metaphors disseminated throughout the *Los Angeles Times*, whether deliberate or not, exclude Latinas/os from social policies, economic integration, and social services. According to Santa Ana (2002), anti-Latina/o discourse becomes transfixed in the minds of individuals “As the discursive practices are enacted, ideological practices are

reproduced and reaffirmed. These subject positions define and confine both oppressor and oppressed in terms of knowledge and beliefs, social relationships and social identity” (253). Thus, metaphors and public discourse act as the basis to the everyday framework people use to make sense of the world (Santa Ana, 2002). This worldview provides insightful understanding into how Latinas/os are racialized in mainstream media. Santa Ana (2002) traces this racial discourse by connecting newspaper articles to the prevailing anti-Latina/o sentiment in U.S. society and culture.

The Medical Racialization of Latinas/os

The effects of racial oppression and stratification have had a profound impact on the formation of the U.S. racial hierarchy, inherently altering the life courses of people of color (Feagin 2013; 2010). Race, as a social construct, informs our understanding of how intergroup power dynamics influence health behavior in society. Furthermore, the reproduction of racial ideologies and racism requires ongoing analysis as race is privy to time and context (Ford and Airhihenbuwa, 2010; Jones, 2000). Research on how racism and racialization influences the health of people of color requires additional attention (Ford and Airhihenbuwa, 2010; Jones, 2000). Specifically, the process of racialization has been under-researched in relation to Latina/o health status (Viruell-Fuentes, 2007). Cobas et al. (2009) contend that “the racialization of Latinos refers to their definition as a ‘racial’ group and the denigration of their alleged physical and cultural characteristics, such as phenotype, language, or number of children” (1). The label of Mexican has become synonymous with immigrant, outsider, and foreigner (Viruell-Fuentes, 2011; Chavez, 2013). As Mexicans enter the racialized social system, they are ascribed certain

social locations and employment, which dramatically stigmatize their racial identities and in turn, their ability to resist and become integrated into the U.S. (Viruell-Fuentes, 2011). Regardless if the individual chooses to identify as Latina/o or not, they are forced to deal with the negative framing associated with their group based on racial markers such as speaking Spanish (Feagin, 2013). In the U.S. racial hierarchy, people of color are placed at the bottom, regulating resource allocation and life opportunities (Feagin, 2013; Hill, 2008). This lower status unequivocally leads to deleterious health conditions (Viruell-Fuentes, 2011; Williams and Sternthal, 2010).

The racialized framing of Latinas/os is a continuous process that continues to affect the health concerns of Latinas/os today. According to Gee and Ford (2011), the study of racism and health did not become fully integrated within health literature until the 1990s. Since then, racial health disparities research has increased but remains understudied (Gee and Ford, 2011; Krieger, 2003; Jones, 2000). However, more and more relevant research is coming forward, particularly with regards to Mexicans. For example, Molina (2011) methodologically connects past historical medical framing to current realities of racialization as indicated by Latinas/os' vulnerability and susceptibility to medical deportations, which often takes place during cycles of economic stagnation and decline. Hospitals are not only refusing care to undocumented Latina/o workers in the U.S. due to employers systematically denying employee health insurance, but have been regularly deporting them back to their home country often with devastating results (Molina, 2011). Medical officials representing hospitals claim that the deportations are purely financial: immigrants are unable to pay their hospital bills.

However, this individualizes the problem and puts the onus on the victim rather than the capitalistic system and the institution of medicine that preserves social injustice. Behind these cruel acts of humanity lie the macro-level systems of oppressive racist legislation. Anti-immigrant policies have defined current Latinas/os social position and health related inequalities. For instance, Arizona's SB 1070 is part of a larger historical trend that ostracized undocumented immigrants from societal inclusion such as health care (Gee and Ford, 2011). Race does not trump other forms of oppression such as gender and class, but remains crucial to the past, present, and future health outcomes of Latinas/os. Therefore, the racialization of Latinas/os in public health warrants immediate consideration; whether that means both action and research is up to the practitioner.

Although the vast majority of medical literature does not address systemic racism (Feagin, 2006) in the medical or health field, there are a few works that center their studies on racial oppression. For instance, Stern (1999) documents how Mexican bodies on the El Paso-Ciudad Juarez border were socially controlled by public health officials and their policies which were heavily influenced by the eugenics movement. Additionally, medical abuses such as sterilization (1920s-1970s) were also grounded in racist hereditary and reproductive movements which were also utilized as a form of systematic control against Mexican women (Molina and Birn, 2005; Stern, 2005; Vélez-Ibáñez, 1980). Border quarantine and delousing processes endured by Mexican-American and Mexican laborers became standardized and widespread during the restrictionism that characterized the 1910s-1920s (Stern, 1999). The early 20th century highlighted the fear and obsessions whites had with Mexicans as they perceived

Mexicans as foreign, contaminated, and diseased (Stern, 1999). As whites watched over the health of Mexican immigrants, the border became a distinct boundary separating whites from people of color (Stern, 1999).

Despite past and recent scholarship on Latina/o health, there remains a vast array of health and medical issues still uncovered. Sociology tends to lean on quantitative methodology and statistical analysis, which does not always address the fundamental causation of social inequalities (i.e. racism, patriarchy, and capitalism). These interlocking social systems, based on white supremacy, demand further investigation and critique, especially in regards to the Latina/o condition in the U.S. This project intends to challenge preconceived health ideology rooted in white racism and white power. One study that has examined the effects of racism has linked discriminatory stress in the workplace to physical and psychological effects that subsequently take a toll on the overall health status of Blacks and people of color (Feagin and McKinney, 2003). Furthermore, the process of racial incorporation into mainstream society, social space, identity, and health norms are important phenomena in the construction of medical exclusion (Shah, 2001). Additionally, the health discourse through mainstream media has contributed to the gross stereotypes of Mexicans and Asian immigrants which were pitted against white economic prosperity and their ideas of healthy and clean living neighborhoods (Molina, 2006b; 2003). Finally, public health literature set in the late 19th and early 20th centuries reveals and reflects the fluidity of racial construction, systems of control enacted by medical officials, and anti-immigrant policies laced with biological and cultural arguments (Molina, 2006b; Molina and Birn, 2005). The above literature

captures important medical knowledge, ideas, and concepts but leaves significant latitude for a critical content analysis of the racialization of Latina/o health.

Structural Racism

Newspaper discourse has a significant role in defining political, economic, social, and health opportunities for marginalized racial minorities. Literature examining the construction of race and racism state that the racial hierarchy adversely affects those races deemed subordinate while whites partake in the advantages afforded to them based on their dominant position (Feagin, 2010; 2006; Bonilla-Silva, 2010; 1999; 1997). Throughout the course of U.S. history, people of color have experienced higher rates of morbidity and mortality in comparison to whites (Gee and Ford, 2011). One of the first social scientists to connect health inequities with social inequities was W.E.B. Du Bois (Gee and Ford, 2011). Building on Du Bois' work, the health status of racial minorities deserves not only an individual perspective but must include a structural analysis of race and racism (Corneau and Stergiopoulos, 2012; Gee and Ford, 2011; Ford and Airhihenbuwa, 2010; Nazroo, 2003; Jones, 2000). Krieger (2003) also adds that “the serious scientific study of racism as a determinant of population of health remains in its infancy” (194). Latina/o race theorists also expose the social construction of race and the power institutional racism has on the everyday lived experiences of Latinas/os (Acuna, 1981; Delgado and Stefancic, 2013; Haney-Lopez 2006; 2003). Examining the fluidity of racism and the social context of structured inequality on the impact of Latina/o health requires improved methods of research particularly in regards to media discourse.

Structural racism hampers the lived reality for people of color. Gee and Ford (2011) define structural racism “as the macrolevel systems, social forces, institutions, ideologies, and processes that interact with one another to generate and reinforce inequities among racial and ethnic groups” (116). Furthermore, Krieger (2003) outlines five channels through which racism affects the health of people of color:

(1) economic and social deprivation; (2) toxic substances and hazardous conditions; (3) socially inflicted trauma (mental, physical, and sexual, directly experienced or witnessed, from verbal threats to violent acts); (4) targeted marketing of commodities that can harm health, such as junk food and psychoactive substances (alcohol, tobacco, and other licit and illicit drugs); and (5) inadequate or degrading medical care (196).

Racism operates in a myriad of ways over time, which contributes to the deleterious health outcomes for people of color on a daily basis (Feagin and Bannefield, *Forthcoming*). In the context of an inherently racist social structure, immigration policy as a means of social control can inevitably be viewed as a form of structural racism (Gee and Ford, 2011). The separation of groups along segregated neighborhoods, schools, workplaces, and hospitals directly connects to illness and health disparities (Gee and Ford, 2011). For instance, historically racist immigration policies unequivocally influence health inequities today “structural racism in the form of restrictive policies directly influences population size, our inferences about health, and the resources available for the study of a given population” (Gee and Ford, 2011:122-123).

Understanding how historical factors such as government policies impact structural, systemic, and institutional racism can help reveal underlying health disparities.

Structural racism is shaped by historical events and has numerous outcomes across

generations, diseases, and time (Feagin 2010; 2006; Gee and Ford, 2011; Ford and Airhihenbuwa, 2010; Nazroo, 2003).

Structural and institutional racism provides a framework to view the fallacies in arguments concerning cultural explanations of complex health problems, particularly when investigating first generation Latina/o immigrants (Viruell-Fuentes et al., 2012; Viruell-Fuentes, 2011). Furthermore, cultural paradigms and acculturation models ignore and obscure structural and institutional racism by focusing on the individual (Viruell-Fuentes et al., 2012; Viruell-Fuentes, 2011). Although individual health behaviors and cultural characteristics play a vital role in expanding immigrant health knowledge and eliminating negative health outcomes, Viruell-Fuentes et al. (2012) suggests an intersectional approach to capture the foundational and structural causes of health disparities. Additionally, the theory of intersectionality, which stems from Black Feminist scholars, combines the power dynamics of race, class, gender, and immigrant status to better understand Latina/o health inequalities (Viruell-Fuentes et al., 2012). These theories and ideas will help better understand how Latinas/os are racialized within the prevailing health discourse and media.

Moreover, further research examining structural racism is essential to uncovering how social institutions and policies produce and reproduce racialized health effects within the Latina/o community (Viruell-Fuentes et al., 2012; Borrell and Rodriguez, 2010). Gee et al. (2012) emphasizes the life course perspective to better understand racial health disparities. Further stating that models should resonate and evolve with the changing nature of social systems including historical context, racism, health factors,

and the functions of age and time (Gee et al., 2012). As a person ages, they enter different social systems and experience varying degrees of racism and discrimination. This interaction can exert long-term effects on well-being (Gee et al., 2012). These theoretical underpinnings provide a platform to critically analyzing how Latina/o health is constructed in mainstream newspapers.

Another component and consequence of white structural racism involves identity formation, lack of bilingual medical workers, and access to financial resources. These structural manifestations are rarely discussed in mainstream newspapers particularly in relation to Latina/o health outcomes. Constructing racial identity in a racialized system creates intra-group tensions, the use of stereotypical contradictions, strategies of distance, and emotional distress (Viruell-Fuentes, 2011; Brondolo et al., 2009; Brown, 2008). The psychological impact of institutionalized racism and racial identities can lead to adverse health effects (Feagin and Bennefield, *Forthcoming*). Moreover, institutional hiring changes with regards to medical personnel are needed in order to better serve the Latina/o community. One way to eradicate health disparities would be to increase the ranks of Latina/o physicians (Rivers and Patino, 2006). The lack of access to financial resources continues to define the lived reality for Latinas/os in the U.S. Health is stratified among people of color partly through the intergenerational transfer of wealth, resulting from structural discrimination across numerous financial institutions (Feagin, 2013; Gee et al., 2012). Socioeconomic differentials and inequalities play a fundamental role in shaping the health status of racial minorities (Nazroo, 2003).

The structural health literature complements the theoretical framework of systemic racism and the white racial frame (Feagin and Bennefield, *Forthcoming*; Feagin, 2013; 2010; 2006; Feagin and Feagin, 1978). Systemic racism and the white racial frame provide a conceptual framework to interpret, analyze, and critically examine how individuals and groups interact with society and the subsequent subjugation of people of color. This project will utilize both approaches to investigate how white ideology frames Latina/o health issues. Written print in the form of newspapers offer a perspective into how racial oppression influences Latina/o health outcomes. The next chapter will outline how the data for this thesis was acquired.

CHAPTER III

RESEARCH METHODOLOGY AND METHODS

Understanding how newspaper authors frame Latina/o health issues is best described through qualitative research. Content analysis will be employed to collect, interpret, and analyze the data. Krippendorff (2004) defines content analysis as “a research technique for making replicable and valid inferences from texts (or other meaningful matter) to the contexts of their use” (18). Moreover, qualitative methodology is best suited for describing variation, explaining relationships, and describing individual and group experiences. Additionally, content analysis can be used to effectively test sociological theories of race (Feagin, 2013; 2006 and Bonilla-Silva, 2010; 1999; 1997). Particularly the theories of Systemic Racism (Feagin, 2006) and the White Racial Frame (Feagin, 2013) which will help uncover how racism influences the construction of written text. The time period and size of the samples will provide a closer examination of Latina/o health. Although limitations may hamper the project, they are not insurmountable and do not pose any substantial obstacle. The project design will help facilitate the understanding of how discourse shapes the medical racialization of Latinas/os.

Sampling Procedures

This research examines the public discourse surrounding the health status of Latinas/os by investigating the language, words, messages, and symbols of written newspaper documents. The data sample was extracted from newspaper articles ranging from the years 2006-2010. The time period, 2006-2010, was selected for accessibility

and to investigate how the 2008 economic recession influenced mainstream health discourse. Although, the study did not lead to any indication that the 2008 recession altered Latina/o health discussions, the data and findings did produce substantial insight into the medical framing of Latinas/os.

Moreover, the four newspapers, the *New York Times*, *Los Angeles Times*, *Chicago Tribune*, and the *Houston Chronicle*, were chosen for two reasons: (1) the newspapers are among the top circulated newspapers in the U.S.¹ and (2) each respective newspaper company resides in cities that are home to the largest Latina/o population centers in the country (see Appendix A for a detailed description of newspaper circulation rates and Latina/o population rankings). Furthermore, every article generated from the sample frame were read and analyzed; this census sample was purposefully selected and determined using relevant search parameters concerning Latinas/os and health (Macnamara, 2005; Krippendorff, 2004). The newspapers gathered for this study assist in revealing the national conversations concerning Latina/o health. Specifically, this study uncovers how newspaper location, local racial history, and widespread structural constraints impact the medical framing and racialized discourse of Latinas/os.

Data Collection

The articles were collected through the database ProQuest Newsstand, EBSCO, and InfoTrac Newsstand. The search terms that were used to conduct the search and produce the relevant newspaper articles include: “Hispanic,” “Latino,” “Latina,” and “Health.” The panethnic labels Hispanic and Latina/o were used as a means to

¹ Based on data derived from: Alliance for Audited Media: The New Audit Bureau of Circulations. 2013. “Total Circ.” Retrieved May 19, 2013 (<http://abcas3.auditedmedia.com/ecirc/newstitlesearchus.asp>).

standardize the findings across different regions and newspapers. Although more historically or nationalistic specific terms such as Mexican, Cuban, or Puerto Rican would reveal regional and cultural differences. Preliminary searches returned inconclusive or limited results. Therefore, Hispanic and Latina/o were utilized across all newspaper inquiries in order to gather the most useful, plentiful, and representative data, in accordance with the parameters and limitations of the search engines. As a result, the units of analysis and level of sampling in this study includes: words, phrases, sentences, concepts, paragraph, semantics, and topics (Berg, 2001). All materials extracted were in English. Focusing on the dominant language, as opposed to Spanish periodicals, captures the mainstream discourse that saturates and permeates society. The search criteria for each newspaper are presented in the following paragraphs.

The search engine ProQuest was utilized to find the *Los Angeles Times* newspaper articles applicable to this study. ProQuest yielded the most relevant results in comparison to EBSCO, InfoTrac, and LexisNexis. The following search parameters were applied to the ProQuest search: Los Angeles Times (Publication title) AND Latin* or Hispanic* (Anywhere) AND Health* (Document title). Specific date range was selected for the publication date option, starting January 1, 2006 and ending December 31, 2010. Also, the limit to full text box was checked. The ProQuest search generated 87 *Los Angeles Times* newspaper articles. However, not all the results were appropriate to the study. After meticulous examination, 26 out of the 87 were discarded, leaving approximately 61 articles that were reviewed and discussed. Some articles for all newspapers including the *Los Angeles Times*, *Chicago Tribune*, and *Houston Chronicle*

were removed from the study for a variety of reasons: duplications, irrelevancy, or completely unrelated newspaper articles based on the computer search return.

The same method applied to the *Los Angeles Times* was used to retrieve the *Chicago Tribune* newspaper data. Therefore, the search engine ProQuest was utilized to find *Chicago Tribune* newspaper articles. The same search parameters used in the *Los Angeles Times* search were applied to the *Chicago Tribune* ProQuest search: Chicago Tribune (Publication title) AND Latin* or Hispanic* (Anywhere) AND Health* (Document title). Specific date range was selected for the publication date option, starting: January 1, 2006 and ending: December 31, 2010. Also, the “limit to full text” box was checked. The ProQuest search generated 72 *Chicago Tribune* newspaper articles. However, not all the results were appropriate to the study. After careful analysis, 23 out of the 72 were discarded. A total of 49 *Chicago Tribune* articles were inspected for this study.

Unlike the search technique adopted for the *Los Angeles Times* and *Chicago Tribune*, EBSCO was used instead of ProQuest to conduct the *Houston Chronicle* search. Although ProQuest generated a tolerable sample size, the EBSCO search yielded a better focused search return with limited discards. The *Houston Chronicle* was the only newspaper the used the EBSCO search engine to acquire the relevant data. Using the EBSCO search engine, the following search criteria was entered: houston chronicle (SO Journal name) AND health* (TX All Text) AND (hispanic* OR latin*) (TI Title). The publication date range was specified from January 2006 to December 2010 (the days of the month are automatically pre-selected as the 1st and 31st upon submission of the

search). The full text box was also selected. The EBSCO searched yielded 26 articles with 2 duplications. Out of the 24 articles retrieved from the search, 6 were discarded. Ultimately, 18 *Houston Chronicle* articles were used for this study. Although the number of articles was smaller in comparison to the other newspapers reviewed for this study, this particular search returned the most relevant articles. Initial searches either resulted in too many or too little results. Additionally, these early searches tended to include irrelevant word associations making the overwhelming majority of articles insignificant to this project.

The *New York Times* was the lone paper for which I used more than one search engine (ProQuest and InfoTrac). This method was implemented for two reasons: 1) The *New York Times* was the only paper that had more than one applicable search engine available and 2) using multiple searches provided a strong concentration of results. LexisNexis yielded unreliable results that did not specifically address the topic of Latina/o health. Subsequently, the *New York Times* inquiry was divided into three searches. The first search used ProQuest and extracted 105 results. However, only 77 articles were listed as the other 28 were removed due to duplications, the following messages were stated: “Duplicates are removed from your search and from your result count” and “No results are available on this page due to de-duplication.” The criteria for the ProQuest search included: New York Times (Publication title - PUB) AND health* (Document title - TI) AND latin* OR hispanic* (Anywhere). Under the “limit to” option the full text box was selected. January 1, 2006 - December 31, 2010 was chosen as the specific date range under publication date. In order to supplement these articles, an

additional search was conducted using the search engine InfoTrac Newsstand. The *New York Times* search was also the only paper in this study that used InfoTrac.

The InfoTrac search engine was used in the second and third *New York Times* searches. The following parameters were applied for the second search: health* (document title) AND latin* (entire document) AND hispanic* (entire document), and new york times (by publication title). The “documents with full text” option was also selected along with the following dates (01/01/2006 -12/31/2010). The search manufactured 11 results, all 11 articles were used in this study. The boolean term AND was used instead of OR to narrow the search. Using OR yielded 4,054 results. Although, using health* to search within the results resulted in 886 returns, many of these were not specific enough to the topic of interest.

Moreover, the search parameters for the third search included: health* (document title) AND latin* (document title) OR hispanic* (document title). The “documents with full text” option was also selected along with the following dates (01/01/2006 - 12/31/2010). This yielded 114 results, to narrow these findings “search within results” was selected including the term (health*) resulting in 27 responses. In this search OR yielded a satisfactory outcome rather than generating numerous unworthy articles as in the first preliminary InfoTrac search. However, not all the articles were relevant within the 27 results. To correct this and bring forth the most appropriate data “article” was selected under “document types” which was located within the “limit search by” option. This method retrieved 20 responses. The 20 results were again not all relevant (1 duplicate, actual results 19). Although, this search resulted in 20 articles, there were

several duplications that needed to be removed when crossed referenced with the other two searches. For instance, one duplicate article matched with the ProQuest search, two duplicate articles also matched with the 1st and 2nd InfoTrac search. The 2nd and 3rd results (InfoTrac searches) were compared with the 1st search and resulted in a total of six duplicate articles.

As a result of the above described search methods, the grand total of *New York Times* articles used for this study was 108. The final tally was combined with the first search (77), second search (11) and third search (20). However, out of the 108 articles, 45 were discarded; consequently, 63 articles were elicited for this project. Using the same search criteria for both the first and second InfoTrac searches that were applied to the *New York Times* search was also applied to the *Houston Chronicle*, *Chicago Tribune*, and *Los Angeles Times* searches. However, no articles were generated, the following message was produced: “No Results matching your search term(s) were found.” This is due to the fact that infotrac does not have access or an exclusive contract with these newspapers and therefore cannot search their archives.

The total online newspaper search(s) generated 321 results. The search engines ProQuest and EBSCO automatically omitted 30 articles producing a total of 291. After my initial review of the news reports, exactly 100 articles were disregarded as irrelevant to the study. As a result, this study used quotations from 191 total articles. A complete list of the newspapers search results are presented in Appendix B.

Limitations

The search terms and search engines presented limitations when conducting the

data collection. Due to the nature of online newspaper search engines, separate terms and the placement of the terms yield different results. Other vocabulary such as “medical” was left out of the search; initial searches did not return positive results. The difficult part in the process was finding the best combination of search criteria to return the most relevant and appropriate data. One way to facilitate significant results was to employ the technique of truncated words; for instance I used the asterisk symbol (*) to locate additional terms, and latin* was used to find all words associated with latin such as latino, latina, latinos, and latinias. Additionally, each search engine encompasses different newspaper subscriptions. Therefore, several search engines (EBSCO, ProQuest, and InfoTrac) were used to generate the articles. The numerous search engines made standardization difficult. Although, the search criteria were slightly altered, the end results were not significantly changed. The limitations encountered when extracting the newspaper articles were not insurmountable and did not pose impassable constraints.

Data Analysis

Qualitative content analysis was used to analyze and condense the data. The combination of inductive and deductive content analysis helped uncover and provide meaning to categories, themes, and patterns stemming from the collected data (Robson, 2011; Berg, 2001; Mayring, 2000). Content analysis is an ideal methodology because it reduces large quantities of text to manageable categories and themes. Additionally, accessible data and systematic coding techniques make the information reliable and replicable (Elo and Kyngas, 2008; Stemler, 2001). Furthermore, content analysis provides the researcher with an organized and methodological platform to read, review,

and analyze the newspaper articles. This process includes open coding, category defining, and abstraction of data (Elo and Kyngas, 2008). This method added to the validity of the project, providing a theoretical description within the context of Latina/o health while offering a framework to understanding the racialization of Latina/o health in newspapers. Content analysis was used to test and verify theory. Grounded in qualitative data, content analysis helped uncover patterns and phenomena related to Latina/o health narratives.

The content analysis approach allows for openness and flexibility, ideal for a comprehensive review of newspaper articles. Using content analysis, the data was divided into several categories derived directly from the data. The classifications were further scrutinized and the findings are presented in the following chapters. Furthermore, the strengths of content analysis include easily accessible longitudinal data and since researchers deal with documents, the many issues that can arise when dealing with human subjects can be avoided (Elo and Kyngas, 2008; Krippendorff, 2004; Berg 2001). In contrast, the weaknesses include extensive time constraints and subjectivity with data interpretations (Elo and Kyngas, 2008; Krippendorff, 2004; Berg 2001). The limitations of content analysis are not insurmountable and can be mitigated by properly implementing the process of content analysis and the utilization of relevant search terms. Qualitative content analysis helped answer the research questions because it contextualizes the problems of public discourse associated with Latina/o health.

CHAPTER IV

THE NEW YORK TIMES

Seven categories emerged after careful analysis of each *New York Times* article. The following labels were given to describe the broader themes of the newspaper reports: (1) population and illness increase, (2) health costs, (3) preventive care and treatment, (4) health insurance, (5) health legislation and politics, (6) criminality, and (7) Latinas/os briefly mentioned and/or a comparison group. The ensuing sections will present quotes from each article to provide sufficient examples of how the *New York Times* frames Latina/o health.

Population and Illness Increase

The rhetoric of an ever-growing Latina/o population and increases in illness rates are consistently reiterated throughout the *New York Times*. Latina/o population discourse often frames Latinas/os as a threat to public health. Furthermore, the articles in this section frequently depict Latinas/os as relentless nuisance bent on disrupting the American way of life. Even an article discussing the names of newborns highlights the increasing Latina/o presence:

There are **more Angels in America** than ever before: the name ranked 32nd nationwide, a record high, among all baby boys in 2005 and in Arizona it is now the most popular name among all male newborns (Roberts, 2007:B1).

However, the article does not provide any logical reasoning for the rise in the Latina/o population “cultural anthropologists were generally at a **loss** to suggest a single reason for the popularity of Angel” (Roberts, 2007:B1). The absence of a rational reason

suggests that the Latina/o population is out of control and is reproducing at such an alarming rate that academics have no rationale for the growth.

Providing limited evidence to substantiate the author's claim is a recurring theme throughout the *New York Times*. For example, the following article states that Latinas/os face numerous societal obstacles and inequalities, specifically “**Hispanic youngsters -- the fastest-growing** group in the United States by age and ethnicity” (Roberts, 2010:A17). Yet the news report fails to contextualize the problems confronting Latina/o youth and contributes their plight to their growing population, recasting cultural and biological inferiority arguments of the past. White racism is not mentioned as a possible obstacle to equality but in fact poverty's legacy, discrimination, and alienation are direct causes of negative health outcomes for Latinas/os. Thus any discussions examining institutional racism or the white racial frame are ignored. The same article only offers a brief description of Latina/o health outcomes:

Still, third-generation youngsters born in the United States of America-born parents (concentrated in the Northeast, where more are likely to be **Puerto Rican**, and in the northern Midwest) fared **worse in health** and proportion of single parents than first- and second-generation Latinos (Roberts, 2010:A17).

This passage raises more questions than answers: Why are third generation Latinas/os experiencing worst health outcomes than subsequent generations? Are the health status of Cubans, Mexicans, and Puerto Ricans the same, different, or both? Emblematic of systemic racism the article problematizes Latina/o health and perpetuates a misconstrued image of Latinas/os as growing, sick, and unexplainable.

Another news report describes the state of the elderly in the U.S. by describing the poverty levels of Latinas in comparison to whites and Blacks. The article nonchalantly states that Latinas and Black women live in poverty without referencing the social and economic institutions that restrict their economic longevity:

Ms. Velkoff said that while the **aging** population was more diverse than previous generations, **poverty hit** blacks and **Hispanics**, especially **women**, harder than whites. While 10 percent of older white women lived in poverty in 2003, 21.4 percent of older Hispanic women and 27.4 percent of older black women did (Lyman, 2006:A19).

According to the article, Latinas were **hit** with poverty; the onus is placed on Latinas, while the role of white elites is completely left out of the narrative. Newspaper editors are not going to sell papers by critically analyzing how white actors facilitate the marginalization of Latinas/os. As a result, there is no sustained discussion or in-depth reflection regarding either white capitalistic interest or racialized economic policies. Never mind the significant health impacts poverty has on people of color.

The next set of articles describes population increase in accordance with a rise in illness. The succeeding quotes discuss the following topics: obesity, AIDS, and Alzheimer's, and the unexplained. The ensuing article investigates obesity rates in the U.S. and reports that "Over all (sp), blacks and **Hispanics** were more likely than whites to be **obese**, and the **more education** people had, the less likely they were to be heavy" (Grady, 2010:A11). Not only are Latinas/os more susceptible to being obese they are also less intelligent; as a result, Latinas/os are portrayed as overweight and uneducated. This depiction of Latinas/os places a serious health concern such as obesity directly on the individual. This discourse reframes Latinas/os with obesity as the primary

perpetrator in their own bad health. Consequently family, friends, and medical personnel are less likely to be compassionate, helpful, and understanding.

The next article discusses the rise of AIDS/HIV diagnoses in the Latina/o community. The news story misses an opportunity to establish a dialogue centered on the causal factors that have led to an increase in AIDS/HIV cases:

For the past decade, however, **new infections** continue to occur at **troubling rates**, and the population affected has changed drastically, with blacks and **Hispanics** accounting for **80 percent** of **new diagnoses** and **deaths** (Santora, 2006a:B1).

Unfortunately an article discussing one of the deadliest diseases in the world is reduced to one dramatic statement. The news report fails to address the structural forces that impact AIDS/HIV infections. Many more questions arise than are answered in the article such as: Why are Latinas/os and Blacks disproportionately affected by AIDS/HIV? And, why are AIDS/HIV cases rising among people of color? These questions go unanswered and the reader is left with their own rationalization and speculation as to why Latinas/os continue to suffer from AIDS/HIV. Although Alzheimer's has become a serious health concern for Latinas/os, like AIDS/HIV, the disease also remains unexplained:

Besides being young Alzheimer's patients -- most Americans who develop it are at least 65, and it becomes more common among people in their 70s or 80s -- the three are **Hispanic**, a group that Alzheimer's doctors are increasingly concerned about, and not just because it is the **country's largest, fastest-growing minority** (Belluck, 2008:A1).

Illness is associated with a rise in the Latina/o population. Latina/o health issues are overlooked by the constant reiteration of the growing Latina/o community. Although vitally important to health outcomes, serious illnesses and diseases that affect Latinas/os are effectively marginalized in the face of an imposing invasion of sick Latinas/os.

Subsequently, population growth is linked with an increase in disease, thus the historical stereotype of Latinas/os as disease carriers is reproduced and maintained effectively serving white interests.

The next group of quotes discusses Latina/o life expectancy, cancer, and child development in relation to population and illness increase. However, these articles tend to forego an adequate explanation of Latina/o health concerns:

A theory is that **Hispanics** who **immigrate** are **among the healthiest** from their countries (New York Times, 2010:A29).

...so the **mystery remains** (Kolata, 2007:A16).

The difference among the Hispanic groups were somewhat **surprising** to the researchers (Mabayoje, 2009:NA).

Eugene Garcia, an education professor at Arizona State University, said the Berkeley-led study confirmed findings by others that the children of Hispanic immigrants, for **reasons** that **remain unclear**, tend to fall behind white students by as much as a grade level by the third grade (Mckinley, 2009:A19).

The first two quotes describe Latina/o life expectancy as a mystery. The discussion centered on life expectancy is explained by the Hispanic Paradox theory but that theory does not fully explain the nuances of Latina/o life expectancy. The reasons why Latinas/os have relatively longer life expectancy than their counterparts goes largely unexplained. The third quote exemplifies the cancer researcher's lack of knowledge when examining the nuances within the Latina/o subgroups. The white racial frame helps explain how whites generally ascribe a monolithic Latina/o experience to the entire Latina/o community; they are not required to know the differences between Latinas/os. In the minds of whites Latinas/os are part of a non-white racial group, as a result, all

Latinas/os are placed in the same category as a racialized other. Social markers such as accent, dress, and phenotype are cues that whites use to racialize Latinas/os and effectively marginalize them. Subsequently, a white person conducting cancer research that compares and contrast different Latina/o subgroups, ends up being surprised with finding varying Latina/o health outcomes. The fourth passage contends that second generation Latina/o children are not developing linguistic and cognitive skills on par with their white counterparts. The news report offers one potential explanation for his disparity:

One possible explanation is that a high percentage of Mexican and Latin American immigrant mothers have less formal **schooling** than the average American mother, white or black, the study's authors said. These mothers also tend to have **more children** than middle-class American families, which means the toddlers get **less one-on-one attention** from their parents (Mckinley, 2009:A19).

The author fails to provide an answer that contextualizes Latina/o educational attainment by discussing studies that critically examine educational resources, residential segregation, or anti-Latina/o racism. The education reference questions the intelligence of Latinas/os and frames Latinas/os as innately deficient. The reporter's value judgment ignores systemic racism, poverty, or the parents work schedule, as plausible factors that influence childhood development. Additionally, this statement reiterates the stereotype that Latinas/os have big families and reduces the health inequalities to individual failures rather than structural or systemic forces. Families and mothers are blamed instead of capitalism, racism, or patriarchy. The news report concludes that bad Latina/o parenting is the culprit, not white elites.

Based on the articles in this section, the overall health picture of Latinas/os is incomplete, there is no critical discussion regarding systemic racism, poverty, differences in subgroups, depressed wages, or diet. The unexplained variables that impact Latina/o health individualize the problem and deflect culpability from white elites. The above passages and quotes regularly ignore the structural forces that contribute to increases in diseases among Latinas/os. The articles often fail to provide an accurate analysis of Latina/o health outcomes by placing blame on the patient. By offering virtually no plausible solutions other than the need for further research, the population and illness increase discourse found in the newspaper articles frequently diminish the immediacy and importance of Latina/o health issues.

Health Costs

According to the news reports in the *New York Times* hospitals are unable to provide the necessary services to the general public due to financial instability. Health costs are exacerbated by Latina/o population growth, uninsured patients, budget cuts, and educational opportunities. The following passage underscores the impact changing demographics have on the type of patients that frequent the hospital:

Just three days after she was born in late October, she slept in the lee of her mother's hospital bed. Tucked into a bassinet with a knit cap and blanket, she was an oblivious example of the **explosion in Hispanic growth** in Georgia and at Grady. A third of the hospital's newborns are now children of Hispanic parents (Dewan and Sack, 2008:A1).

Reporting the health costs of local hospitals reframes the news story by interjecting Latinas/os as contributing to hospital expenses. The quote brings attention to the population increase of Latinas/os and forces the reader to consider what this change in

demographics means for them. Now that Latinas/os are increasingly becoming part of the hospital's clientele; hospital staff, patients, and members of the community must reevaluate their role and place in the local community. As a result, Latinas/os are constructed as threats to whiteness, accordingly this image stems from the white imaginary or white racial frame.

Latinas/os are also presented as uninsured newcomers that cause financial hardships. Latinas/os are depicted as burdens to the white public, for example “**Hispanic immigrants** who might come to work one farming season in a town like Madras, up the road, but stay after finding other **jobs** that often offer **no health care benefits**” (Yardley, 2008:A12). Latinas/os are described as uninvited immigrants, who stay past their allotted time frame or in other words have outlived their use, only to become costly health care recipients. The author provides no context concerning what factors motivate Latinas/os to migrate and stay in this particular community. Moreover, larger white-controlled structural forces such as U.S. economic policies, poverty, and unemployment are overlooked and ignored. Latinas/os are automatically assigned a role--that of the needy immigrant, one that requires health care and jobs.

The following article associates budget cuts and hospital costs with poor Latinas/os. The news report suggests that Latina/o serving hospitals that are partially supported through the community should be subject to stricter fiscal scrutiny. Hospitals that serve “primarily **low-income Hispanic community**” (Abelson, 2007:31) are perceived as mismanaged. One way hospitals offset costs is through fundraising and donations. However, Latina/o serving hospitals adhere to a different set of standards;

they must justify and openly reveal their finances “But some fund-raisers say there is more **need to show** that hospitals are trying to contain costs” (Abelson, 2007:31). If the hospitals do not comply they may be accused of inefficient spending, wasting valuable resources, and shut down. The message is clear: Latina/o serving institutions must be fiscally monitored.

Furthermore, health costs are correlated with poor uninsured racial minorities. Whites are also poor and uninsured but they are not depicted as contributing to rising hospital costs. The ensuing passage links Latinas/os and Blacks to past money problems:

Despite millions of dollars in county subsidies each year, it faced repeated **deficits** while contending with **rising health care costs** and **lagging revenue**, against a backdrop of political infighting and complaints of mismanagement (Lambert, 2006:B3).

In a departure from past efforts to attract a larger proportion of middle-class patients with health insurance, the new plan also stresses the **agency’s historical mission**: It calls for the hospital to primarily **serve the surrounding communities** of East Meadow, Westbury, Hempstead, Freeport, Roosevelt and Uniondale, most of which have large black and **Hispanic populations** (Lambert, 2006:B3).

If the health agency is reevaluating the type of patients they serve than that implies they were admitting whites at the expense of Latinas/os and Blacks. Health practitioners have an obligation to help the surrounding community. The quote infers that the medical agency was serving white middle class patients and neglecting the people who live locally; the socially unacceptable, poor uninsured Blacks and Latinas/os. These passages highlight how systemic racism is pervasive to U.S. race relations.

Health costs also hinder future Latina/o prospects from going to medical school and becoming a physician. Although Latina/o doctors are in dire need, the cost of

medical school deters many students from attending. Programs that focus on racial minorities are usually the first to be eliminated when the government readjusts and refocuses their budget:

These days, Mr. Romo and other **Hispanic** students **fear** that their already difficult task will be made even more difficult. **Budget cuts** in Washington are **threatening** the **future** of the federally financed center (Fernandez, 2006a:B2).

“It’s very **worrisome** to all of us,” said Mr. Romo, who is an American citizen of Mexican descent. “There’s a very strong need for **physicians** who not only **speak** the **language** but understand the **culture**” (Fernandez, 2006a:B2).

Understanding Latina/o cultural nuances has less to do with educational constraints, hiring practices, and institutional racism. However, the Latina/o community requires competent bilingual medical doctors. Communication in the medical field is an essential part of the patient experiencing, without a common understanding patients will not receive the highest care. Therefore, creating educational opportunities to train future Latina/o physicians is a significant step toward addressing health inequalities.

The above articles often describe health costs in relation to Latina/o population increase, uninsured, and budgetary cuts. Increases in the Latina/o population were depicted as putting undue financial strain on local hospitals. As a result, Latinas/os are characterized as scapegoats who are responsible for rising hospitals costs. The prevailing view in the articles often contends that uninsured Latinas/os contribute to health costs which are enviably subsidized by the taxpayer (read: white). Therefore, hospitals that are underfunded and overwhelmed are tied to low-income uninsured Latina/o immigrants.

Essentially, Latinas/os are framed as depleting the system and taking resources away from good, hardworking, deserving folk, which is a euphemism for whites.

Preventive Care and Treatment

This section examines Latina/o health issues pertaining to preventive care and treatment. The articles in this segment cover a wide range of topics: food consumption, bone marrow donors, health clinic, circumcision, skin whitening cream, and diet. The news stories offering preventive health advice and solutions include words and phrases such as Latina/o neighborhoods, underrepresented, poor, and low-income.

The following article highlights the paternalistic role of city health officials in disseminating healthy dietary practices “So in an effort to provide **healthier food choices, city health officials** have enlisted bodega owners in an effort to encourage the sale of low-fat milk” (Santora, 2006b:B3). In the context of New York City’s Latina/o population the term “bodega owners” probably refers to Puerto Ricans, yet the article makes no mention of Latinas/os. However the author uses the phrase “city’s poorer neighborhoods” which in relation to the topic of the article, posits that Latinas/os are poor and unhealthy. Although public health officials encourage the sale of healthier food products “There is no financial incentive for the bodegas to participate” (Santora, 2006b:B3). How will store owners maintain their business if they are required to sale expensive health food in an impoverished community? The article fails to provide any discussion on poverty, structural racism, or the health initiatives performed by the city. There is also no indication that city officials have made any concerted efforts to work within the community or have even asked people living in the community if they would

drink low-fat milk. Instead, bodegas that sell “sugar-laden sodas and sports drinks” and “advertised cigarettes” are to be blamed. As a result, the responsibility of providing better healthy food options falls on the bodegas and not city health agencies.

Another preventative measure promoted in the *New York Times* deals with the lack of Latina/o bone marrow donors. Bone marrow is used to help treat patients with leukemia. According to a commentator, there is a significant gap in Latina/o bone marrow volunteers, “But I’m too old to call for **more volunteers**, especially those from **minority ethnic and racial groups** who are **vastly underrepresented** as potential **donors**” (Brody, 2006:F7). The article does not present a detailed explanation as to why there is such a low bone marrow turnout among Latinas/os. The article goes on to cite the following statistic without acknowledging the legacy of Latina/o medical exclusion; out of the six million donors nationwide, Latinas/os make up 400,000 donors or 6.7% of all bone marrow donors. This statistic leads to the logical question, why are the bone marrow donations so low among Latinas/os? The reader cannot ascertain from the news article, only infer that Latinas/os are not compassionate or altruistic.

The next article praises the implementation of a onsite health clinic to treat and prevent medical problems among Latino horse stable employees. A health clinic serving the **mostly Hispanic** backstretch workers (horse caretakers) is valued as an admiral contribution to the health outcome of Latino employees. The article frames the clinic as providing essential medical treatment by providing, “blood tests, immunizations, physical exams and first-aid treatment” (Fernandez, 2006b:1.42). Although this description appears inoffensive, the Latino workers are referred to as “**Hispanic**

immigrants who tend to them have **not** been as **lucky**, who **dreams of working** his way up to exercise rider, **backbone** of this industry” (Fernandez, 2006b:1.42). Latinos are depicted as workers who are relegated to their position by unlucky circumstances. If Latinos are considered the backbone of the industry why have they not had access to a health clinic in the past? Latinos are also viewed as docile workers “who dreams of working his way up.” The news report ignores the significance of structural forces including how the racialization of Latino males limits their job opportunities to demanding service positions.

The next two articles discuss New York City’s Department of Health and Mental Hygiene campaign to reduce AIDS/HIV through circumcision. Blacks and Latinas/os are specifically targeted because they “are **less likely** than **whites** to **circumcise** their baby boys, according to the agency” (Rabin, 2009:A10). Efforts to prevent sexually transmitted diseases and other infections may seem like a worthy cause, but the community is not included on preventative measures. City officials are faceless entities “I’m **white**, Frieden’s **white**,” he said. “It’s going to sound like **white guys telling black and Hispanic guys** to do something that would **affect** their **manhood**” (McNeil, 2007:B1). However, what the white health officials fear is exactly what transpires in this scenario, white authorities dictating the health practices of Blacks and Latinas/os. Without constant dialogue and inclusion between health officials and Latinas/os, whites are going to come off as paternalistic and authoritarian. For instance, not everyone appreciated the circumcision campaign:

Many black men who have sex with men, he said, already face **discrimination, stigma** and an inability to talk about their sex lives with

family members and sometimes even with doctors. **‘No amount of circumcision is going to change that,’** he said (McNeil, 2007:B1).

Circumcision is one part of the overall health challenges that Latina/o and Blacks endure as they engage in sexual activities. Moreover, other pressing issues such as discrimination, racism, and social stigmas have a greater impact on the sex lives of men, rather than if someone is circumcised or not. White health officials are clearly operating out of the white racial frame when devising campaigns focused on Latino sexual practices.

Another preventative measure aimed at Latina/o consumers and other racial group members involves the use of skin lightening creams. There are few instances when news journalists are able to challenge whites and control the discourse. For example, the following news article briefly mentions why darker skinned women would engage in this risky health practice:

Evelyn Nakano Glenn, a professor of gender and women’s studies [and recent American Sociological Association president] at the University of California, Berkeley, said it was **wrong to assume that skin-lightening** was a cultural anachronism or an effort to **negate one’s racial heritage**.

“In fact, it’s a **growing practice** and one that has been stimulated by the companies that produce these products,” she said. “Their advertisements connect **happiness** and **success** and **romance** with being **lighter skinned**.”

Moreover, it is not as if dark-skinned women are imagining a bias, said Dr. Glenn, who is president of the American Sociological Association. “Sociological studies have shown among African-Americans and also **Latinos**, there’s a clear connection between **skin color** and **socioeconomic status**. It’s not some fantasy. There is **prejudice** against **dark-skinned people**, especially **women** in the so-called marriage market,” (Saint Louis, 2010:A1).

The explanation provides a surface analysis of the deeper issues surrounding race. The U.S. social system benefits and privileges whites and whiteness; therefore, people of color strive to attain whiteness to gain material goods such as employment, education, health, and income. A person of color whitening their skin is an attempt to increase their racial standing and therefore social standing on the racial hierarchy. Unfortunately large white-male-controlled corporations and mass media contribute to the self-perception of women. Women with darker skin internalize the racist notion that white is good and dark is bad. People view skin lightening creams as a pathway to achieve whiteness even at the expense of their own health. Sadly women (as well as some men) are willing to risk their health and whiten their skin tone to receive the nonmaterial and material privileges and benefits attached to whiteness.

The next three articles examine the dietary practices and food consumption habits of Latinas/os by discussing the development of a community garden and the introduction of a bilingual recipe book. The succeeding news report demonstrates that public health practitioners are not always qualified to understand the multifaceted needs of the Latina/o community. For instance, the racial makeup of these communities are depicted as unidentifiable and unknown “**This community** is going to be a **tough one**,” Mr Derryck said” (Severson, 2010:D1). The diversity and complexity of racial minorities requires understanding and respect for the community’s intellectual capacity and cultural values.

Furthermore, Latinas/os and Blacks are excluded from the formation of health initiatives such as community gardens. Community gardens provide “**healthy food**

readily **accessible to marginalized urban neighborhoods**” (Leigh Brown, 2010:A16).

However, pessimism concerning the effectiveness of community gardens remains:

“If you don’t understand what ownership of anything other than a television or a cellphone is, the notion of being a shareholder in a **cooperative farm** is a **hard concept to understand**,” she said. But at this point, anything that gets good food into the South Bronx is worth a try (Severson, 2010:D1).

Questioning the intelligence of Latinas/os and demeaning programs that are geared towards cultivating healthy diets renders Latina/o health inconsequential. Additionally, the article fails to acknowledge institutional constraints such as the physical constraints surrounding the garden such as accessibility, time commitment, and the amount of energy it takes to maintain a garden.

One way to influence the dietary practices of Latinas/os is to create a bilingual cookbook. However, even offering a free cookbook, filled with recipes to reduce the rates of Latina/o diabetes and obesity, can be denounced as opportunistic and paternalistic:

But Scott M. Stringer the Manhattan borough president and a frequent caller at takeout restaurants, is seeking to change the neighborhood’s **unhealthy eating habits**, starting with a **cookbook**, (Williams, 2008:B5).

Although in a position to cultivate better health outcomes in the community, Mr. Stringer is unmistakably operating out of the white racial frame when he espouses what he believes is optimal healthy eating. Furthermore, the cookbook does not address the hindrances to better dietary practices such as cost, preparation time, food accessibility, or poverty. The prevention and treatment articles in the *New York Times* often exhibit white paternalism, ignore broader

structural issues, and routinely exclude Latinas/os from health prevention campaigns and treatment programs. Subsequently, Latina/o health prevention concerns are managed on white terms and the solutions and responses to Latina/o health issues generally serve white interests.

Health Insurance

This section discusses the issue of health insurance among Latinas/os in accordance with child service, legislation, uninsured, citizenship, undocumented, and the spread of diseases. Additionally, health coverage is usually linked to cost. The articles often frame the issue of cost by whether or not Latinas/os can afford insurance and how the lack of insurance leads to unpaid bills and overcrowded emergency rooms. The first newspaper article brings attention to the fact that many Latinas/os do not utilize health services and programs:

That misconception is among the obstacles to signing up children of working parents. For **Hispanic parents**, there may be **barriers of language and immigration status**. In other instances, parents may struggle with the **stigmatizing** perception that they might be taking **welfare** (Sack, 2007a:A1).

The reasons listed form a partial understanding of the health barriers that dissuade Latina/o families from participating in child health services. Anti-Latina/o sentiment, white racism, discrimination, systemic racism, and fear of mistreatment also negatively impact Latina/o enrollment.

However, universal health coverage has become a contentious issue in U.S. politics. Latinas/os in particular have been singled out as the major beneficiaries of health insurance. This assertion is simply not true; the health bill provides no insurance

coverage for undocumented Latina/o immigrants. Yet universal health care legislation repeatedly becomes attached to Latinas/os:

But Cecilia Muñoz, director of intergovernmental affairs at the White House, said the law would be a **boon to Hispanic-Americans**.

Of the 32 million uninsured people expected to gain coverage under the law, Ms. Munoz said, 9 million are Latinos. About **14 million Latinos are now uninsured**, she said, and more than 60 percent of them will gain access to coverage (Pear and Herszenhorn, 2010:A12).

This quote is an example of how covert racist language operates among Latinas/os. What this passage implies is that the American people, white American people, will be stuck with financing Latina/o health insurance. The overall focus of the article does not explicitly address Latina/o insurance but includes this small snippet at the end of the article to sway the overall message of the article: universal health care largely benefits undeserving Latinas/os. Furthermore, being uninsured is mainly a Latina/o problem, in comparison to other racial groups:

In that age group, members of ethnic and racial minorities are more likely to be uninsured than whites — more than a third of African-Americans and **half of Hispanics nationwide are uninsured, compared** with roughly **one in four whites** (Buckley, 2009:A23).

Moreover, the reader understands that Latinas/os are uninsured but are not made aware of the fundamental causation. Latinas/os along with Blacks are framed as the racial groups that stand to gain the most if universal health care is passed:

Of the 10 Congressional districts with the **least health insurance**, seven are in Texas, two in California and one in Florida. Nine of those districts are **largely black or Hispanic**, and are represented by Democrats who faced little if any Republican opposition in the last election (Norris, 2009:B1).

As the largest uninsured group in the U.S., Latinas/os are consistently depicted as burdens to society. The logic persists that Latinas/os do not deserve social benefits because they are non-citizens. This belief contends that if a person is not born in the United States than they should not be afforded the same rights and privileges (i.e. health care) as a native born American. However, some groups of people (i.e. Latinas/os) are restricted from obtaining citizenship whereas other immigrants (i.e. white europeans) are socially acceptable and encounter less scrutiny overall. Additionally, the news reports provide no analysis regarding the pervasive white ideology that continues to restrict Latinas/os from obtaining health care. Little discussion, if any, connects the lack of Latina/o health coverage to white elite males or institutional racism.

Even newspaper articles acknowledging the role policies, language barriers, poverty, low wages, and immigration raids have on the health access of Latinas/os, continue to embrace American ideals of meritocracy. As illustrated by the numerous opportunities afforded to Latinas/os when they receive a green card:

Now, a World of Options

The **possibilities** are now **boundless**. Mr. Tajiboy can **travel freely** to Guatemala, obtain a **driver's license**, perhaps **buy a house** with bedrooms for each of his children, and maybe one day start his **own refinishing business**. The day after his green card arrived, he bought three plane tickets so he could take Antony and Jessica to Guatemala for Easter. Neither child had ever met their grandmother, 3 aunts, an uncle and 17 cousins (Donaldson James, 2006:NJ 1).

The fundamental ideology of becoming an American still holds true; you can be and do whatever you want. In the case of the Guatemalan immigrant; you can even buy a house, own your own business, drive a car, and visit your family. Mr. Tajiboy is but one case,

but what about the other millions of undocumented immigrants? Do hard work, merit, and American liberties work for them or are they relegated to living in the **shadows** (as the title of the article implies)?

The complexities surrounding the images formed around Latina/o health indicate the lack of interest and seriousness whites give to the health status of Latinas/os. For example, an article describing undocumented Latinas/os appears to be sympathetic to their social predicament:

The people need help because they are in the United States **illegally** and because they are **poor**. Few have **health insurance**, but the **backbreaking** nature of their **work**, along with the **toxicity** of **American poverty**, insure that many are **ailing**.

They may visit a clinic or hospital if they are severely ill. But for many **illegal immigrants**, particularly **indigenous Mexican** groups like the Mixtecs, much of their health care is provided by **a parallel system** of spiritual healers, home remedies and self-medication (Sack, 2008a:A1).

The term undocumented captures the nuances and complexities of the immigrant experience as opposed to illegal, illegal alien, or non-citizen. These labels encompass anti-Latina/o sentiment, hostility towards the Latina/o community, illegality, and ultimately deny Latinas/os their human rights. To counter these negative views and attitudes, the term undocumented has been adopted. Undocumented challenges the connotations of illegality particular in regards to U.S. immigration, while recognizing the laws concerning citizenship but also other issues such as employment, family, education, gender, and race.

Therefore, in the context of the previously stated article, undocumented Latinas/os have to turn to alternative health measures because they are ineligible to

receive health insurance and their employers do not provide coverage. Additionally, the above analysis appears favorable to Latinas/os, but the subsequent paragraph depicts Latinas/os as disease carriers threatening public safety:

Public health officials also worry that the lack of access to conventional care may contribute to the **spread of communicable diseases**. They warn that the rampant use of antibiotics, often without medical direction, may speed the development of resistant bacterial strains, (Sack, 2008a:A1).

There is no evidence that Latinas/os are spreading disease, the image projects Latina/o bodies as sites of disease and thus undesirable. The racist perception that Latinas/os are disease ridden justifies white discriminatory health practices. Moreover, the article provides no solutions to help mitigate the lack of Latina/o health access.

This section underscores the controversy surrounding the health care debate, a discourse that often includes racist views of Latinas/os. One of the overarching arguments contends that undocumented Latinas/os will receive health insurance under the universal health care act. This contention has been disproved; undocumented Latinas/os cannot turn to the government for aid “Contrary to some reports, they would **not be eligible** for any new **health coverage** under any of the health overhaul plans circulating in Congress” (Wilson, 2009:16). White politicians that continue to perpetuate the idea that undocumented Latinas/os will receive health coverage under the universal health care bill, refocus the health debate on immigration rather than health coverage. The health debate becomes centered on costs and citizenship rather than humanitarian need, this reframing is an attempt by white elites to garnish support for refuting universal health care.

Health Legislation and Politics

The newspaper reports covering the political side of health care emphasize voting, politicians, population, immigration, and universal health coverage. The *New York Times* often frame Latina/o politicians as consistently asking, advocating, and seeking health coverage. The articles also convey the intensity of the universal health care debate by depicting intragroup political races. For example, the following passage documented the political race between two Latino candidates in San Antonio, Texas:

This year **Republicans** are backing a conservative Hispanic businessman, Francisco Canseco, who they hope will **split** the **Latino vote** and carry the banner for **white conservatives angry** at President Obama's economic and **health care policies** (Mckinley, 2010:A18).

White conservative Republicans only backed a Latino candidate to placate their own constituents to create support for their platforms. According to the article Republicans used this political tactic to undermine the President Obama's health care legislation. As a result, Latina/o health coverage becomes a catalyst for spite and resentment as opposed to a serious issue that requires political action.

Countering the Republican stance against health coverage, the Democratic Latino nominee "**Defended the health care bill**, arguing that the mandate to give insurance to everyone would save Texans **money** because they currently **pay** for the care of the **indigent** through property taxes" (Mckinley, 2010:A18). The quote states that any costs incurred in relation to Latina/o hospital care is already being paid through property taxes, therefore Republicans should be more open to universal health insurance. Instead of working to develop a more efficient medical system, Republicans create an atmosphere of hostility that denies Latinas/os essential social services.

Furthermore, health topics concerning clinics, political nominees, campaigns, and immigration were specified to individual politicians and often met with resistance by white conservatives. For instance, President Bush's decision to provide more community health clinics met opposition because "**More than a third of patients** are now **Hispanic**, according to the National Association of Community Health Centers" (Sack, 2008b:A1). Any attempt to modify existing health outcomes is characterized as political pandering to Latinas/os and adamantly opposed by Republicans. Health is also used as a vetting tool to potentially deny political appointments. The following article traces the health status of Sonia Sotomayor in relation to her Supreme Court nomination:

To dispense with any **health concerns** about Judge Sotomayor, officials said the White House contacted her doctor and independent experts to determine whether **diabetes**, which she learned she had at 8 years old, might be **problematic** and concluded it would not (Baker and Jeff Zeleny, 2009:A1).

Although Sotomayor was eventually sworn in as a Supreme Court Justice, her racial status as a Latina brought additional attention to her health and nomination.

Additionally, Republican Presidential nominee John McCain received low approval ratings from Latinas/os because his campaign was not focusing on the political issues that were pertinent to the Latina/o community:

Contrary to what **non-Hispanic politicians** often assume, **immigration** does not rank high on the list of **Hispanic** concerns as the economy, education and **health care** (Rohter, 2008a:A23).

Along with the economy and education, health care was listed as a more pressing issue to Latinas/os rather than immigration. The next article describes a Latina supporter for universal health care:

And as a mother without medical insurance who said she had occasionally put her own health at serious risk in order to keep the rest of her bills paid, **Ms. Perez** said **universal health care** was much **more important** than **affordable health care** (Thompson, 2008:A14).

Perhaps immigration does not define the total experiences of Latinas/os in the U.S. as politicians operating out of the white racial frame would have us believe. Furthermore, immigration might be viewed as secondary to Latinas/os due to the fact that the majority of Latinas/os in the U.S. are citizens and do not feel the daily impact of immigration in contrast to access to health care. Moreover, the next two quotes illustrate why candidates choose to discuss the topic of health when addressing Latinas/os:

Both presidential campaigns are taking care to **avoid that trap**, emphasizing issues like education, **health care** and housing as much as, if not more than, **immigration** and related **border issues** (Rohter, 2008b:A16).

Mr. Richardson said he wanted his **candidacy** to be identified with other issues -- an immediate withdrawal of troops from Iraq, a **national health care program** -- rather than **immigration** (Nagourney, 2007:A1).

The first quote describes how both Senators Barack Obama and John McCain attempt to gain the Latina/o vote by using the topic of health to deflect the issue of immigration.

The second quote reinforces this focus on Latina/o health by highlighting Bill Richardson's attempt to distance himself from the contentious issue of immigration.

Richardson wants to be seen as a legit candidate rather than a racialized minority; however, the governor cannot overcome his Latino identity by avoiding immigration.

Again, it is clear that people of color adhere to mainstream pressures of whiteness especially in the white controlled arena of politics. Systemic racism and the white racial

frame underscore the benefits of white privilege and the overwhelming force to conform to white normative standards.

Although Latinas/os overwhelmingly support universal health care, the bill was framed by neo-conservatives as a socialist leaning entitlement packaged handed out to people of color. As a result, Obama's efforts to pass his health bill were met with firm resistance:

“If the **health care bill** goes through this weekend, that will, in my view, pretty much **kill** any chance of **immigration reform** passing the Senate this year,” Mr. Graham said (Preston, 2010:A14).

Senator Graham positioned the health bill as an ultimatum by employing the tactic of divide and conquer to mobilize would-be supporters of immigration reform to reject the health bill. This political maneuver by white politicians effectively diminished Latina/o health concerns by reducing serious issues to nothing more than a negotiating asset.

Moving away from individual candidates and their attachment to Latina/o health, the next set of articles reveals the back and forth exchanges between Latinas/os and white politicians. However, the conversations are usually one-sided and favor white political interests. Some white officials often promote the exclusion of undocumented Latinas/os from gaining health coverage, however, this racialized framing also affects the health coverage of all Latinas/os:

One of the Republicans' chief concerns is that the bill “would provide free taxpayer-funded health care to illegal immigrants,” in the words of Representative Marsha Blackburn, Republican of Tennessee. The bill itself says that nothing in the legislation allows federal payment for illegal immigrants, but that is not enough for some Republicans, who want to establish tougher requirements for low-income families to prove they are citizens or legal immigrants (Pear, 2007a:A22).

Part of the bill deals only with legal immigrants. But it could revive the **emotional debate** over immigration, as many Republicans want to establish stricter verification procedures to **prevent illegal immigrant** from getting **health benefits** (Pear, 2009a:A12).

The bill would end an inequity that we have been trying to eradicate for more than a decade,” said Jennifer M. Ng’andu, a health policy specialist at the National Council of La Raza, a Hispanic rights group (Pear, 2009b:A16).

Denying health insurance to undocumented Latinas/os exacerbates and preserves the health problems already inflicting the Latina/o community. Generally Republicans do not support universal health coverage, but with the looming passage of the bill, Republicans are forced to digress from their anti-health care platform. Consequently, Republicans decided to make their mark on the bill by advocating for the denial of health care to undocumented Latinas/os.

The population size of Latinas/os and their political clout are depicted as a looming concern that needs to be addressed. The following four articles briefly mention Latinas/os in the context of universal health care. Latinas/os are depicted as large, uninsured, illegal immigrants, and increasing population rates:

It will provide an early test of voter sentiment in a Sunbelt state with a **large Hispanic population**, and the results here could help create momentum for a Democratic candidate going into New Hampshire (Pear, 2007b:1.22).

The state’s **large Hispanic population** – which tends to lead the numbers of **uninsured** – further contributes to the high numbers (Steinhauer and Cox, 2009:A16).

Under **pressure from** members of the **Congressional Hispanic Caucus**, House leaders did not include a provision in their bill to bar **illegal immigrants** from shopping for **insurance** on the exchange (Pear, 2009c:A24).

Readying for the first floor test of legislation months in the making, top Democrats appealed to undecided lawmakers while trying to quell resistance from **Hispanic House members** worried the measure was too punitive regarding **illegal immigrants** and anti-abortion lawmakers who fear that **public money** could be funneled toward **abortions** (Hulse and Herszenhorn, 2009:A18).

The week before the health care vote, The Times reported that births to Asian, black and **Hispanic women** accounted for 48 percent of **all births in America** in the 12 months ending in July 2008 (Rich, 2010:WK.10).

The above phrases frame Latinas/os as uninsured illegal immigrants or in other words poor, criminal, and economic burdens. This discourse justifies whites desire to deny undocumented Latinas/os health coverage. Standing in direct opposition, Latina/o health advocates have made an effort to counter the misconceptions and racist views that shape and restrict Latina/o health concerns. The formation of the Hispanic Health Council stands as an attempt by politically motivated Latinas/os to organize in the interest of health. However, as indicated by the following article, Latinas/os have a long way to go to achieve health equality:

The keynote speaker at the summit was Dr. Elena Rios, president and chief executive of the National Hispanic Medical Association. She spoke about the need for **universal health care**, paying doctors to do health education as part of routine office visits, **training more Latino health professionals**, and providing more mobile clinics (Gordon Fox, 2008:P6).

The health insurance articles in the *New York Times* often frame Latinas/os as undeserving immigrants that pit whites against Latinas/os rather than a dilemma that affects everyone in the social system. The wording in this section frequently implies that Latinas/os are overrunning society and pose a danger to white America. Documented and undocumented Latinas/os disproportionately work in hazardous jobs that affect their long-term health outcomes. Latinas/os are systematically assigned to agricultural,

construction, custodial, and other service positions that are physically demanding and unsafe. Universal health care is not just a matter of finances, but a humanitarian concern, and medical care is essential to the livelihood of all people. Finally, Latina/o politicians and health advocates have countered the racial animosity embraced by whites by forming health coalitions and favoring true universal health care.

Criminality

This section is divided into two parts, one suggesting an element of criminality and the other involving outright crimes. Latinas/os as criminals is a theme with historical roots that date back to the early formation of the U.S. during the 19th century. This criminal connotation allows whites to control and mistreat Latinas/os. The first article talks about the positive health outcomes of utilizing mechanical massaging beds and the role of Latinas/os as primarily customers. However, the article quickly centers the discussion on the fraud committed by the company responsible for developing the beds:

In Texas last year, Ceragem International Inc., the company's American wing, paid a **\$180,000 settlement** after the **authorities** said it made **false claims** that the beds **cured cancer** and **heart disease**. Greg Abbott, the Texas attorney general, said the beds' marketing amounted to "orchestrated **consumer health fraud**," and Dr. Eduardo J. Sanchez, the commissioner of state health services, agreed (Newman, 2006:A24).

"Our investigators documented an alarming incidence of **false health claims** associated with Ceragem's beds," Dr. Sanchez said after the Texas investigation. "Consumers should not rely on these claims. These beds are **not substitutes** for prescribed **medicines** and **treatments**" (Newman, 2006:A24).

As a result, Latinas/os are linked to criminality when they are not even the perpetrators of any crime. Stemming from the white racial frame the mere presence of Latinas/os suggests an element of suspicious behavior and corrupt business practices.

The next article follows the story of a local clinic serving the Spanish-speaking community. However, the article perpetuates criminality rather than celebrate the selfless work and positive aspects of offering medical care to Latina/o patients:

“Some have already lost a child,” Dr. Divertie said of the **gang violence** in other cities.

“She must have had a **good coyote**,” Dr. Divertie said.

“Most of my patients are **illiterate**, the majority, and they’re **ashamed** of it,” Dr. Divertie said. “They don’t tell you.”

But immigrants are used to dosing themselves because antibiotics are widely available in Mexico without a prescription, and some Hispanic stores in Minneapolis sell them that way, too -- 1\$ apiece for loose capsules -- even though it is **illegal** (Grady, 2009:P1).

Crime and criminality are central to the narratives surrounding Latinas/os in the U.S. In the *New York Times* the idea of unethical public officials is another category that corresponds to Latina/o health. The ensuing article reports that Antonia c. Novello, the first woman and Latina/o to serve as the U.S. Surgeon General was indicted for misusing funds while Commissioner of Health for the State of New York:

But the **New York State inspector general’s** office says that she turned her staff at the Health Department into her personal **chauffeurs, porters** and **shopping assistants** during her seven-year tenure, and has referred a **criminal case**, including potential **felony charges**, to the Albany County district attorney (Hakim, 2009:A1).

Novello’s conviction was especially damaging to the Latina/o community. Once one of the highest ranking public health officials in the U.S.; Novello’s conviction relays the idea that all Latinas/os are untrustworthy criminals. Health care in the U.S. generates billions dollars, Latina/o politicians caught stealing is a telling sign of the enormous

influence the medical industry has on politics. The next two articles describe the charges levied against Senator Pedro Espada Jr. for mishandling a health network's finances:

All in all, the six-count **indictment** obtained by **federal prosecutors** in Brooklyn **charges** that Mr. Espada, 57, and his son, 37 **abused** their positions at Soundview between 2005 and 2009 to divert more than **half a million dollars** from the nonprofit organization and related companies for their **own benefit** and the use of **family** members and **friends** (Rashbaum, William and Confessore, 2010:A22).

Mr. Espada, a Democrat who has served as the State Senate majority leader, and the son, Pedro Gautier Espada, each pleaded not guilty to five charges of siphoning more than **half a million dollars in federal money** from the network of Bronx **health care clinics** Mr. Espada founded and spending it on meals, theater tickets and a **lavish** birthday party, among other **expenses** (Confessore and Moynihan, 2010:A32).

They each face **five charges of embezzlement** and **one count of conspiracy**. If convicted on all counts, Mr. Espada and his son would face a maximum sentence of **55 years in prison** and a **\$1.5 million fine** (Confessore and Moynihan, 2010:A32).

The **criminal trial** will be presided over by Judge Frederic Block of the Federal District Court for the Eastern District (Confessore and Moynihan, 2010:A32).

The news story of Senator Espada Jr. not only shows the greed and audacity of a public official but the criminal exposure of Latinas/os. Consequently, Latina/o crimes that are political in nature like Novello's and Espada Jr.'s are reported and emphasized in the *New York Times*. Issues concerning Latina/o health are not exempt from criminality, furthermore, newspapers tend to sensationalize and aggrandize specific cases that are not exemplary of the wider community. That is not to say crime do not occur or that the officials described above are guilty or not guilty, but Latinas/os as criminals remains a consistent theme within Latina/o health discourse.

Latinas/os Briefly Mentioned and/or a Comparison Group

The *New York Times* often mentions Latinas/os in passing or utilizes the group as a comparison between other racial groups, mainly whites. What this literary exclusion does is create a discourse that overlooks and therefore minimizes the significance of Latina/o health. The ensuing articles cover a variety of topics but offer no sustained discussion concerning Latina/o health outcomes. The focus of the articles and quotes include: melanoma, hospital experiences, vaccination rates, transplant surgery, and death rates. The following news articles provide examples of how Latinas/os are not only briefly mentioned but repeatedly used as a comparison group to examine white health outcomes:

A 2006 study in *The Archives of Internal Medicine* looked at more than 1,500 people with **melanoma**. It found that **whites** were **far less likely** to have **late-stage melanoma** than blacks, **Hispanics**, American Indians and Asians (O'Connor, 2007:F6).

An independent federal panel, the Medicare Payment Advisory Commission, conducts annual surveys of beneficiaries and says they generally have good access to care. But, it said, some beneficiaries have difficulty finding new doctors, especially primary care physicians, and blacks and **Hispanics** are **more likely** than **whites** to **report problems** (Pear, 2009d:A19).

The Centers for Disease Control and Prevention reported that a survey found **no statistically significant difference** in 2005 among blacks, **whites**, Asians and **Hispanics** in vaccination rates for children ages 19 months to 35 months (New York Times, 2006:21).

While the risk of dying within 90 days of the transplant surgery was low - - with a rate of 3.1 deaths per 10,000 donors - - some people were at **higher risk** than others, with men, blacks and people with high blood pressure at greater risk than women, whites, **Hispanics** and people without high blood pressure (Rabin, 2010:D7).

After controlling for severity of injury and other factors, they found that compared with **whites**, African-Americans had a 17 percent increased **risk of death** and **Hispanics** a **47 percent increased risk** (Bakalar, 2008:D6).

When they looked at patients with health insurance, they found a greater disparity. Insured African-Americans had a 20 percent increased **death risk** compared with insured **whites**, and **Hispanics** a **51 percent increased risk** (Bakalar, 2008:D6).

This juxtaposition between white and Brown ignores the diverse and complex health concerns of Latinas/os. Each passage covers a different aspect of health but analyzed collectively, Latina/o health issues are often ignored. Furthermore, key words such as high risk, increased risk, and more likely are repeatedly used when discussing Latinas/os in comparison to whites. This discourse oversimplifies Latina/o health outcomes and clouds sustained analysis concerning systemic and institutional racism.

The succeeding passages frame Latina/o health issues in three distinct categories by vaguely discussing the racial makeup of a particular community, employing a color-blind listing of all racial groups, or stating a specific disease as privy to Latinas/os:

The \$4 million program sent ombudsmen to 25 social service agencies across the city, including the Legal Aid Society and agencies serving **Latino**, Asian, Polish, and Jewish communities across the city. These ombudsmen were trained to help people obtain **insurance**, get **health services** and contest claims that had been **denied** by **insurance companies** and **hospitals**. The program helped about **10,000 people a year**, said David R. Jones, president of the Community Service Society, which administered it (Hartocollis, 2010:A17).

Whether you left school at 16 or have a doctorate; whether your annual income is in four figures or six; whether you are black, white, **Hispanic**, Asian or American Indian, chances are there have been many **medical encounters** that left you with less than optimal **understanding** about how you can **improve** or **protect** your **health** (Brody, 2007:F7).

The **development** is poised to be a **rare economic success** story for Upper South Providence, a mostly residential community of some 5,000 people, most of them black and **Hispanic**, which was largely **overlooked** in the so-called Providence Renaissance that reshaped the downtown section of the city in the 1980s and '90s (Abbott, 2010:B5).

Some **geneticists** have long argued that human genetic variability is so profound that **race** is not a scientifically useful label. Others point to clear **disparities in health outcomes** to argue that **race matters**. Recent research has found **clusters of genes** that can be used to identify broad racial categories like white, African-American, **Hispanic** or East Asian (Gardiner, 2008:A16).

It is primarily **Latino**, with a **high number** of **H.I.V.**-related **deaths** and **high infant mortality rates** (Warren, 2009:A 29A).

The aforementioned news articles cover a range of subjects: insurance, prevention, hospital development, genes, HIV, and infant mortality rates. However, the articles often fail to specifically address Latina/o health concerns. Latinas/os are lumped together with other racial groups; this marginalized status does not provide a critical view of Latina/o health disparities. Latina/o health issues are relegated as trivial and irrelevant. As a result, Latinas/os are briefly mentioned or used as a comparison group to advance the interests of white elites. Also, listing each racial group fails to ascribe and acknowledge each racial group their own cultural differences, health requirements, and medical needs. As outlined in the *New York Times* people of color are sometimes depicted as all the same and therefore do not need culturally specific attention. However, people of color are identified and given racial labels are used when news reporters write about the negative outcomes associated with a serious illness or disease.

Conclusion

The theories of the white racial frame and systemic racism underscore how racist

discourses define the health circumstances of racial minorities. Newspapers often reproduce white racist ideology by evoking anti-Latina/o sentiment. The *New York Times*, for example, regularly depict Latinas/os as overpopulated burdens on the social system. The articles attribute the rising cost of health care to uninsured illegal immigrants. Furthermore, the lack of sufficient discussion regarding social inequalities across race, class, and gender lines effectively individualizes Latina/o health concerns. As a result, Latinas/os are regarded as biologically and culturally deficient. This racialized framing has serious consequences on Latina/o health outcomes as white male politicians avoid passing true comprehensive health coverage or Latinas/os are described as criminals. The findings also suggest that Latina/o health concerns are often ignored all together. The following chapter examines how the *Los Angeles Times* describes Latina/o health issues.

CHAPTER V

THE LOS ANGELES TIMES

The same categories used for coding the *New York Times* were applied to the *Los Angeles Times*. The labels include: (1) population and illness increase, (2) health costs, (3) preventive care and treatment, (4) health insurance, (5) health legislation and politics, (6) criminality, and (7) Latinas/os briefly mentioned and/or a comparison group. The next sections will present quotes from each article to provide relevant examples of how the *Los Angeles Times* frames Latina/o health.

Population and Illness Increase

The increase of the Latina/o population is correlated with an increase in disease; this fact remains a present reality of epidemiology. Fundamentally, illness and disease grow as the Latina/o community continues to grow; however demographic increases are often depicted as a health threat to the social order. The rise in Latina/o demographics becomes associated with sickness. Some of the key words used to describe Latina/o health include: growing, risk, and epidemic, such language and discourse depicts Latinas/os themselves as a societal health problem:

California is experiencing a “developing **epidemic**” of melanoma among Latinos, according to a study by a USC researchers released Monday (Maugh, 2006:B4).

But the rate of the **skin cancer** among **Latino males** has been **growing** by nearly 7% per year for the past five years, about **double** the **rate** for **whites**, according to the study (Maugh, 2006:B4).

Latino children demonstrated “the **highest risk** for **dental health problems**,” with almost **twice the rates** found among their Anglo counterparts, the study said. Seventy-two percent of Latino youths

surveyed had experienced tooth decay, with 30% identified as needing treatment and 26% suffering rampant decay (Gencer, 2006:B3).

As California's **Latino population** continues to **grow**, those numbers have serious implications for the future and suggest that the prevalence of **oral disease** in the state is actually beginning to **rise**, said Wynne Grossman, executive director of the Dental Health Foundation (Gencer, 2006:B3).

The study also cited **barriers to dental care** as part of the problem, including **lack of dental insurance** and **parental education**. Its findings echoed a 2000 U.S. surgeon general's report, which described oral disease as a "**silent epidemic**" throughout the United States (Gencer, 2006:B3).

Klausner said, however, that dealing with Los Angeles County's syphilis **epidemic** was more problematic than San Francisco's, where syphilis is almost entirely confined to gay and bisexual males (Chung, 2006:B5).

The image and message are clear: the rise and growth of the Latina/o population often leads to more sickness and disease, as a result the demographic increase of Latinas/os presents a danger to public health. The white racial frame underscores the view that Latinas/os are biologically inferior. For example, Latinas/os are increasingly contracting and developing such diseases and illness as syphilis and AIDS:

Cases among women rose from 89 in 2004 to 139 last year, constituting 11% of **new syphilis reports**. The **vast majority** of those infections occurred among African Americans and **Latinas** (Chung, 2006:B5).

In 2004, nearly **half of new AIDS diagnoses** in Los Angeles County involved **Latinos**, according to county statistics (Lin, 2006:B3).

Nationwide, blacks account for 50% of new HIV/AIDS diagnoses, even though they make up just 12% of the population, according to the CDD. **Latinos are 14% of the population but make up 20% of new cases** (Lin, 2006:B3).

According to the above passages Latina/o bodies are sites of illness and not just any illness, sexually transmitted infections. The social stigmas attributed to STIs are

effectively linked to Latinas/os, not only are they engaging in risky sexual behavior but they are harboring diseases as well. This racial framing of Latinas/os, negatively affects the overall health status of Latinas/os. If Latinas/os are viewed as sexual deviants and disease carriers, than it only posits that they deserve their plight. Subsequently, Latinas/os are not treated with compassion and civility nor given the medical resources for STI treatment or prevention. Increases in STIs and other diseases will continue if Latinas/os are not offered the proper medical services.

The increasing Latina/o disease theme can work to provide justification to prevent specific health initiatives and programs or work to further marginalize Latina/o access to health. For instance, fatty liver disease is a precursor to the rise of childhood obesity “It’s more prevalent in adolescents than in younger children, most **prevalent in Latinos** (12%) and least in blacks (less than 2%) and more prevalent in boys and girls” (Ravn, 2007:F1). The obesity and liver disease becomes constructed as a Latina/o health dilemma. Furthermore, the article focuses on treatment and testing but not on the issue of combating against medical poverty or structural problems associated with poverty such as lack of healthy food choices or community spaces to exercise, garden, or socialize. Restricted access to food and medical resources has no discernible age limit:

In addition, Asian American, black and **Latino** seniors were three times as likely to report **difficulty getting enough to eat** (Lin, 2008:B3).

Fresh fruits and vegetables are not cheap and often are **scare in low-income South L.A.** (Lin, 2008:B3).

“**Laborers “can’t afford the medication; they can’t afford the ongoing chronic disease management,”** Primavera said. “They **don’t have access to good food**, and it’s **not safe** for them to go out and be active” (Lin, 2008:B3).

The health issue is clearly stated but the root causes to Latinas/os health disparities remains largely unexamined. The burden rests on the Latina/o community; their dire situation is articulated but not connected to the institutional denial of health access, residential segregation, or white racial oppression. For example, the increasing chronic health problems of children are accredited to “instead, **cultural, lifestyle** and **environmental conditions** appear to be the **root cause** of many **pediatric illnesses**” (Roan, 2010a:A11). As a result, the racial component implicit to health disparities becomes inconsequential, as expressed in the following quote “**Latino** and black youths and males were **more likely** to have **health problems**” (Roan, 2010a:A11). Illness is linked to other factors, neglecting the role white racism and white racial oppression has on the health status of Latinas/os. For example, whooping cough was also problematized as a largely Latina/o health concern:

Health officials also released demographic information showing that **77% of the hospitalized infants** younger than 6 months were **Latino**, as were eight of the nine **fatalities** (Lin, 2010:AA 3).

Health officials said they believe the **overrepresentation** of very young **Latino babies** is tied to the **larger than average size** of many **Latino families** and more frequent visits among family members than with other groups (Lin, 2010:AA 3).

Ken August, a spokesman with the California Department of Public Health, said the **rates of immunization** for **Latino children** are high and after 6 months of age, **hospitalization rates drop for Latinos** (Lin, 2010:AA 3).

The article alludes to several points concerning the medical inferiority of Latinas/os. Whooping cough and the deaths associated with the illness are distinctly Latina/o. The reasons cited for the dramatic increase in whooping cough relies on the stereotype that

Latinas/os have large families. The overwhelming statistical information, the **overrepresentation**, and the **larger than average size**, descriptions perpetuate the myth of the large Latina/o family. The inequalities and disparities in health care are framed as Latina/o in nature and origin, rather than a reflection of the surrounding Latina/o community. Furthermore, not only are Latinas/os and their families a health risk, Latina/o parents are also instrumental in propagating their children's poor health, by not taking their children to the doctor's office. There is no mention of costs, lack of insurance, poverty, distrust of medical staff, or communication issues (few Spanish language hospital workers). Consequently, Latinas/os are portrayed as having increased illness rates, large families, and bad parenting skills.

Furthermore, Latinas/os themselves are depicted as a pending **epidemic**, a rampant and widespread threat to the greater white public. Based on this rhetoric, Latinas/os require social control "You have much greater geographic diversity, **racial and ethnic diversity, socioeconomic diversity**, and that makes it much more challenging to **control**" (Chung, 2006:B5). Latinas/os are no longer viewed as humans but as entities that need to be controlled, Latina/o health is neither understandable nor important, keeping the rising levels of Latinas/os and their diseases to a minimum. Whites benefit from this arrangement of social concerns, beliefs, and actions concerning the health status of Latinas/os. Latinas/os are essentially marked as a threat, whereas the healthy citizens (whites) are in danger, ultimately Latinas/os are a health hazard to whites.

Health Costs

People of color are the first to feel the effects of health-related agenda setting by government officials focused on cost cutting and saving. The most unprotected and vulnerable populations tend to suffer under conservative economic policies.

Undocumented Latinas/os or as the newspaper articles generally refer to them as **illegal immigrants** are viewed as breaking the law and thus undeserving of social services such as medical care. This racial framing of Latinas/os is carried out by white decision makers, who knowingly enact and pass exclusionary legislation:

Walker said the national ambivalence on **immigration policy** means that **illegal immigrants** are **living here** but without federal or state **funding** to provide essential **medical services** to them. Walker, who began his medical career treating **undocumented farmworkers**, said that deciding to cut their services was difficult (Gorman, 2009:A3).

Health policies that restrict Latinas/os are rationalized by evoking monetary arguments.

Legislation based on budgetary regulations are combined with citizenship and immigration to justify the marginalization of Latinas/os. For example, Sacramento county officials passed legislation that barred medical assistance to undocumented Latinas/os. Although, William Walker, the director of Contra Costa Health Services expressed regret “deciding to **cut** their services was difficult” (Gorman, 2009:A3). Not everyone was as sympathetic about restricting undocumented Latina/os health care.

Barbara Cole a self-proclaimed anti-illegal immigration activist expressed her opinion concerning expenditure: “**Illegal immigrants** “have absolutely **no right**, No. 1, **to be here** and, No. 2, to **take the tax dollars** of **law-abiding American taxpayers** for **anything**,” (Gorman, 2009:A3). According to the commentator in the quote above,

undocumented Latinas/os do not contribute any taxes, purchase commodities, or contribute to the community in any meaningful way. Essentially Latinas/os are freeloaders that are taking resources from Americans, or in other words, white people.

However, another article counters the view of the parasitic Latina/o and offers a more developed and accurate depiction of how Latinas/os contribute to the social system “undocumented Latinas/os **use fewer healthcare services** and **underutilize the system**, this is partly because their **jobs** do not **offer health insurance** and they **fear** being reported to authorities” (Engel, 2007a:B1). Although this explanation presents a praiseworthy attempt to challenge the generalization that Latinas/os are taking more than their fair share of resources, this passage represents the minority and not the majority. Additionally, this counter-frame does not receive legitimacy or represent a shared belief. Counter-frames draw on a long history of resistance in which people of color have used to challenge and oppose the dominant white racial frame. Overall, the *Los Angeles Times* does little to curb anti-Latina/o sentiment.

Latinas/os continue to be presented as a drain on the system “**Healthcare costs** are significantly higher in areas of **poverty**” (Stobo and Rosenthal, 2009:A21). The articles often fail to mention the underlining social forces that perpetuate poverty, health costs, and reliance on state assistance. Furthermore, the people who live in poverty are disproportionately people of color “In L.A. County’s core -- Central and South Los Angeles -- the differences are even more striking: 56% of the residents are at or below the **poverty line**, 80% are black or **Latino**, and **41% are uninsured**” (Stobo and Rosenthal, 2009:A21). The high costs accompanying health reform and health care are

affiliated with Latinas/os. This association creates an image of Latinas/os as societal burdens straining social services as well as a dysfunctional group that is not able to maintain their own livelihood. This white racial framing of Latinas/os, creates an aura of dependency that whites must fulfill, as a result Latinas/os become the target of exclusionary and regulated health practices.

Preventive Care and Treatment

Preventive treatment and health recommendations involve a variety of issues and topics. Nevertheless, the *Los Angeles Times* consistently frames Latinas/os as incompetent, backwards, populous, and mysterious. For example, the following article presents Mexico as dangerous and dysfunctional by urging readers to be cautious when driving their vehicles abroad “In some countries, including **Mexico**, some drivers **don’t use their headlights** at **night** because they are afraid of running down the battery or the headlights don’t work” says Bonnie Ramsey, a researcher at the organization” (Doheny, 2006a:L2). This traveling tip ignores Mexico’s historical, social, and economic context by claiming that Mexicans are reckless and irrational drivers. Mexicans could very well conserve power by turning off their headlights, but other more viable reasons involve globalism, imperialism, and capitalism. Poverty levels in Mexico are heavily influenced by U.S. economic policies such as NAFTA (North America Free Trade Agreement). The impact of U.S. economic and political policies directly leads to Mexican unemployment, depressed wages, and purchasing power. As a result, many Mexicans are unable to buy a fully functioning vehicle and if they are fortunate enough to afford a car they may not

have the resources to maintain the vehicle. Therefore the above statement not only ignores U.S. imperialism but frames Mexico as archaic, backwards, and deadly.

The next article also offers traveling advice by endorsing the drug **Xifaxan** to prevent diarrhea “He recommends it for **travelers to Mexico and Latin America, Southeast Asia and Africa** if the trip is three weeks or less” (Doheny, 2006b:L2). Although advocating a pill to guard against sickness when traveling abroad appears rudimentary, Mexico along with other non-white countries are depicted as places of illness and disease. The cautionary and preventive traveling tips generate a fear of death, contracting a disease, and overall weariness when traveling to non-white countries. The white racial frame undergirds whites distorted perceptions of Mexico and Mexicans.

Physical activity was another preventive measure mentioned in the newspaper articles. Yet the problems associated with being physically active are simply stated and not sufficiently investigated. However, part of the reason Latinas/os are not active stems from a lack of park and school resources, as well as socio-economic factors:

Obesity, diabetes and hypertension rates among **inner city residents** (Esquivel, 2007:B3).

Inner city residents clearly **suffer** because there **aren't enough opportunities** to be **active**, said Frank Meza, physician-in-charge of Kaiser Permanente's East Los Angeles Medical Offices (Esquivel, 2007:B3).

If you live in an **inner city**, if you're **Latino**, if you're black, if you're **poor**, you're just not going to do as well as people who are more affluent,” he said. “Not only do **we have more diabetes and hypertension** and **lack of health resources**, but the **obesity rates** are also **growing** (Esquivel, 2007:B3).

The issues are clearly stated, the rising rates in disease and illness, but no solution is

presented. There is a discussion regarding who is suffering, Latinas/os and Blacks, but no real analysis on how to fix high rates of **obesity, diabetes, and hypertension**. What role do whites play in this scenario? Based on the article, there is no answer given to the question, why white obesity, diabetes, and hypertension rates are comparably lower than people of colors? No mention of systemic racism and the complexities of the medical system, white wealth, or inequalities in resources. Instead **inner city** is used as a synonym to describe the socio-economic position of the health victims and reframes the social construction of illness as endemic to the group.

Even positive announcements can sometimes entail negative connotations such as the construction of a new health clinic. Praised as a pivotal center for ongoing Latina/o health concerns, the health clinic (as described by the article), encompasses the notion of charity given to the poor. Additionally, the new health facility serves primarily poor and uninsured Latinas/os:

City and county leaders, as well as community activists, hailed the facility as a turning point for the district of 84,000 mostly **working-class Latino** residents, where **one-third of the population is uninsured** and most children come from **families living below the poverty level** (Covarrubias, 2008:B1).

According to Los Angeles County officials, residents in Sun Valley and adjoining northeastern San Fernando Valley cities register **high rates of asthma, obesity and diabetes**. A prime goal of the clinic is to provide **basic healthcare services to residents** who now **rarely see a doctor**. The emphasis will be on **preventive care**.

“A lot of it has to do with the fact that it's a **low-income neighborhood of color**, and I think people tend to **ignore those kinds of communities**,” she said. “There's **not as many voices advocating for the poor** in the Valley as there are in other areas of the city” (Covarrubias, 2008:B1).

The author does not write about a routine opening of a neighborhood clinic, the author writes about an **uninsured** health clinic pertaining to **low-income** and **residents who now rarely see a doctor**. The clinic is no longer about offering prevent care to an underserved population, but rather helping the poor with their health problems. This reframing can also influence the discourse surrounding Latina/o outreach. For instance, an article describes health outreach in the Latina/o community as numerous, illegal, needy, and superstitious:

At one gathering, **pregnant women, children** and a **number of Purepechas**, an **indigenous Mexican people** who make up **large percentage** of the park population, **crammed** into a **small, stuffy room** to hear him speak (Kelly, 2009:A7).

The students found multiple cases of **untreated high blood pressure, infections** and **diabetes**. **Back problems** were common, a **side effect of picking fruit and vegetables** year after year (Kelly, 2009:A7).

Many residents are **in the country illegally** and have **no insurance**. One man said a popular **treatment for diabetes** was to **kill a goat** and **drink bile from its gallbladder** (Kelly, 2009:A7).

Instead of offering preventive health tips or modifying behavior to improve health, the article effectively relegates Latinas/os as unworthy of social services. Latinas/os are viewed through the white racial frame as dependent on state support, rising population rates, sickly, uninsured, illegal, and participating in non-traditional medical practices.

Moreover, diet as a preventive measure also depicts Latinas/os as reliant on state intervention. Outlining the dietary changes in the federal Women, Infants and Children (WIC) Supplemental Nutrition Program distinctly becomes a Latina/o program as their participation and need continues to grow:

The **changing ethnic composition and dietary preferences** of WIC participants is being acknowledged too -- the **number of Latino participants has doubled** since 1988, and the number of Asian participants had grown sharply. Families will now be able to use vouchers to buy items such as soy milk, tofu and **whole-grain flour** or **corn tortillas** (Bowerman, 2008:F4).

Instead of emphasizing the need to help Latinas/os achieve satisfactory dietary habits, the article states that the program itself must change their list of approved foods due to the overwhelming Latina/o population. The author invokes the Latina/o stereotype of over population and the misconception that Latinas/os receive unduly social services. The author fails to deliver any constructive criticism or offer any tangible analysis. The article frames governmental food assistance as uniquely inherent to Latinas/os. Latinas/os are effectively viewed as social and economic burdens whereas whites are completely left out of the picture. Consequently, the food list is altered to reflect the growing need of Latinas/os and not the major beneficiaries of social services, white families. The next set of articles discusses the importance of diet and exercise as preventive measures to help improve health outcomes:

Here's another **behavioral difference**: According to a Stanford study, **white adults know more about nutrition than Latino** adults -- but **Latinos eat somewhat more healthfully**, with **higher consumption of fruits and vegetables**. Another possibility is **exercise**. In California, a 2005 study found, **Latinos walk more** than any ethnic group except American Indians, though another study found that **Latinos get less exercise**. Much of that walking is for **transportation** rather **than leisure**, because they are **less likely to own a car** (Los Angeles Times, 2010:A37).

Although, Latinas/os eat healthier, **white adults know more about nutrition**, this contradictory statement alludes to the moral superiority whites possess and simultaneously impose on people of color. This claim concerning white nutrition

knowledge has no empirical basis. How one knows more about food consumption and nutrition would be extremely difficult to contextualize and quantify. This subjective declaration assumes Latinas/os have a lower food intellect than whites. Additionally, the article goes on to present findings from a study concerning walking but does not elaborate or explain the findings, leaving more questions than answers. For example, why do Latinas/os **get less exercise** than other racial groups? Why are they **less likely to own a car**? This article does little to improve preventative dietary and exercise programs aimed towards Latina/o health.

Another interesting point concerning prevention and Latina/o health, involves the lack of available spaces reserved for physical activity in predominantly Latina/o neighborhoods “it took the group **seven years of lobbying** to win **City Council** approval to **build the park**” (Delson, 2007:B1). The city eventually supported the building of a park; however, the park is only half an acre. Along with the difficulties of city approval and size, getting money to maintain the park is a constant concern. The availability of community facilities such as parks, swimming pools, and gymnasiums are predicated on residential, economic, and political actions of local government. The following article ignores these issues and perpetuates racist ideology centered on Latinas/os and sports:

To **promote health and safety**, Santa Ana high schools are encouraging competitive **swimming and water polo** among **Latinos**, who don't traditionally participate in those sports (Barboza, 2008:B4).

The push is part of a larger effort to promote physical fitness and prevent drowning. Studies show that **most Latino children nationwide cannot swim** (Barboza, 2008:B4).

The community is also battling the **stereotype of swimming as a sport for the white and wealthy**. **Less than 5%** of swim club members who

belong to USA Swimming, the sport's governing body, **identify** themselves as **Latino** (Barboza, 2008:B4).

Generalizations such as **most Latina/o children nationwide cannot swim** reproduce untrue assumptions about Latinas/os. It may be true that Latina/o kids do not know how to swim or even avoid swimming but with a little training Latinas/os could learn to swim just like **white and wealthy** kids. Institutional racism along with class status and access to resources are more influential in barring Latina/o children from learning how to swim than sheer aptitude. Recreational and swimming for sport are expensive habits to sustain, as a result Latinas/os have less access to swimming pools because they have less income than whites.

Another racist stereotype that influences prevention and treatment deals with the misconception that Latinas/os are more family orientated than other racial groups. For example, the following quote focuses on Latina/o culture, family, and networks rather than structural factors “Many studies have found that **social networks** have a profound effect on **health**. **Latino culture** is particularly **family-oriented**; there also are strong community and neighborhood networks, often tied to the church” (Los Angeles Times, 2010:A37). This misleading categorization of Latinas/os as too **family-oriented** harbors the tendency to assume that Latinas/os families are at fault for continued health disparities. Although family and social networks are certainly important and influential to Latina/o health, the author misses an opportunity to engage in constructive dialogue. Historically, Latinas/os and their families have been systematically denied access to resources leading to an unequal distribution of income, residential segregation, and exclusionary health practices. This ideological perspective, originating from the white

racial frame, is also apparent in the Latino Paradox discussions. The Latino Paradox refers to the relative good health Latinas/os retain despite health insurance, access to medical treatment, and racial oppression:

Will take a large-scale epidemiological study to unravel the lessons in the **Latino paradox** for all of us (Los Angeles Times, 2010:A37).

Why Latinos aren't sicker - - a phenomenon known to health experts as the **Latino paradox** -- is **puzzling** to **public health experts**, given the link between disadvantage and high disease and mortality rates (Chung, 2006:B1).

No expert offered a comprehensive explanation of the **paradox**, and some wondered whether one was possible (Chung, 2006:B1).

Public health experts offer no tangible explanation when examining Latina/o health outcomes. The **Latino paradox** simplifies the degree, complexities, and variation of Latina/o health problems in the U.S. Also, the Latino paradox effectively structures the reality of Latina/o health as an enigma yet to be discovered and fully explained. In the meantime the health inequalities that Latinas/os face on a daily basis continue unimpeded. The preventative and treatment articles report stories that cover a range of topics including traveling, diet and exercise, opening of a health clinic, food assistance programs, parks, swimming, family, and the Latino paradox. In totality the newspaper articles consistently frame Latinas/os as less capable than whites, especially with concern to dieting and exercising. Moreover, Latinas/os are often depicted as an ever-growing population with unexplained health outcomes. The Latina/o medical discourse found in the articles makes advocating for health prevention programs and policies geared towards Latinas/os extremely difficult to enact, implement, and sustain.

Health Insurance

Hospital patients rely on health insurance plans to supplement medical expenses. As a result, people without insurance must pay out of pocket to cover medical costs. Therefore, positive health outcomes are intrinsically linked to insurance. Unfortunately Latinas/os have the highest rates of being uninsured in comparison to all other racial groups. Throughout the *Los Angeles Times* the lack of health insurance is often stated as a Latina/o problem, the articles repeatedly omit historical, social, and economic contexts, for example “Blacks and **Hispanics** account for nearly **half the uninsured**, and members of families living at or below the federal **poverty** line for more than a third” (Hiltzik, 2009a:B1). Latinas/os are regularly regarded as being uninsured, this connection links health insurance attainment to Latina/o deficiencies.

The following quote captures the association between the lack of insurance and Latinas/os “**Latinos** were more **likely** than any other ethnic group to be **uninsured**, with **more than a third lacking coverage**” (Gosselin and Alonso-Zaldivar, 2007:A1). This article begins by discussing all uninsured people in the U.S., but proceeds to specifically single out Latinas/os, while simultaneously failing to mention any other racial group. This viewpoint has negative results especially pertaining to the universal health care debate; consequently race is used to justify the denial of insurance. Denying social services to Latinas/os based on racist inclinations is a theme that is repeated not only in the *Los Angeles Times*, but also in the *New York Times*, *Chicago Tribune*, and *Houston Chronicle*.

Health insurance companies have capitalized on the high rates of uninsured Latinas/os by developing unique insurance plans catered to Latina/o clients. For instance, the health insurance company, Health Net, implemented a new policy plan aimed at providing health insurance to Latinas/os seeking care in Mexico and the U.S.:

Five years ago Health Net began offering employers group **insurance plans** that allow workers to see **doctors locally** or in **Mexico**, where **healthcare** is **less expensive** and preferred by some immigrants to the U.S. Until now, however, families that buy insurance privately have had few affordable options (Goldman, 2006:C2).

Health Net should receive praise for recognizing a serious problem and offering an alternative service to help Latinas/os obtain health insurance. According to another article providing health insurance to Latinas/os has several benefits “**Increasing the number of insured Latinos** would be **good for baby boomer healthcare costs**” (Hayes-Bautista, 2007:A25). Nonetheless, these positive remarks and products are not completely supported, especially by mainstream insurance companies. Health Net like most insurance companies is a privately owned business that seeks to maximize their profit margin. In the end who seeks to benefit from this arrangement, Latinas/os in need of health insurance or business owners?

Moreover, powerful whites dictate public policy, write newspaper articles, and actively campaign and argue against Latinas/os gaining universal health coverage. For instance, when California Governor Schwarzenegger proposed that everyone in the state be insured, including the undocumented, the plan was not well received particularly among white political conservatives:

“**No way, say most Californians.** Not for people who **sneaked** into the **state illegally**” (Skelton, 2007:B1).

But nearly **three-fourths** of **Republicans** and **independents** oppose guaranteeing **health insurance** for **illegal immigrants** (Skelton, 2007:B1).

Insuring illegal immigrants, says Assembly **GOP Leader** Michael Villines of Clovis, would “create a worldwide incentive to come to **California** for **healthcare**. The **magnet** would be **enormous**” (Skelton, 2007:B1).

The word **illegal** automatically connotes criminality. The white racial framing of white politicians views Latinas/os as illegals in strict violation of the law and must be deported. Whites as well as some people of color (Latinas/os included), believe undocumented Latinas/os do not deserve social services. Health care services are framed as a privilege and not a right; this inhuman logic justifies the mistreatment of Latinas/os. Furthermore, Latinas/os are depicted as draining vital financial and social resources. Taking an oppositional stance, pro-Latina/o supporters disagree with denying undocumented Latinas/os health insurance:

But critics say that **illegal immigrants** are already an **unchecked drain** on the **public healthcare system** and that such programs will only allow them to **reap even more benefits**” (Alonso-Zaldivar and Gorman, 2007:A1).

“If facilitates people remaining in the country **illegally**,” said Ira Mehlman, spokesman of the Federation for American Immigration Reform. “Clearly it is a policy of the Mexican government... to get **all the institutions** in the **U.S.** to provide **services** to their **citizens** who are living here **illegally**” (Alonso-Zaldivar and Gorman, 2007:A1).

Mehlman said Los Angeles County, especially, should not be partnering with the consulate to provide health services. “The county is **broke**, they are **cutting** back on **services**, they are **closing emergency rooms**, yet they are **dreaming** up new ways to provide **benefits** to **illegal aliens**,” he said. “It’s **lunacy**” (Alonso-Zaldivar and Gorman, 2007:A1).

According to the some of the new stories presented in the *Los Angeles Times* establishing health insurance plans for Latinas/os would be costly, illegal, and unfair. White political officials unduly perpetuate this narrative. Except for a relatively few news articles the majority of articles consistently reiterate the image of the undeserving Latina/o. Based on the newspaper discourse white anti-Latina/o supporters tend to overlook the sacrifices, hard work, and overall contributions of the Latina/o population. White humanity does not function independently of Latina/o humanity, whites indirectly and unconsciously stifle their individual humanity.

Health Legislation and Politics

The discourse surrounding Latinas/os in correspondence with the health care debate encompasses surface level analysis, high costs, immigration, and Republican backlash. The following article briefly describes the National Council of La Raza's agenda to draw more attention to Latina/o health issues but provides no real solution to the problem "**Latinos** suffer from disproportionately **high rates** of **diabetes, obesity, AIDS** and other **diseases**," the article goes on to add, "**health issues** as more **important community concerns** than immigration and even jobs" (Watanabe, 2006:B4). Other than stating the problem, there is no recognition of health concerns relevant to Latinas/os. Latina/o **health issues** are **important** but not significant enough to circumvent mainstream rhetoric in order to provide effective problem solving strategies or policies.

For example, white conservative Republicans successfully blocked a bill that would provide needed health coverage to low-income children, citing the belief that

undocumented immigrants would receive unsanctioned benefits “Some House **Republicans** say the compromise bill would **expand government** coverage to families making as much as \$83,000 and make **illegal immigrants** eligible for benefits” (Alonso-Zaldivar, 2007:A14). However, Republicans themselves admit undocumented families would not be eligible for health care, but that did not stop fellow Republicans from using immigrants to elicit fear and ultimately disrupt the bills intention “Under pressure from the Senate, House Democrats agreed to drop language that would have **allowed foreign-born children** who are here **legally** to get **coverage**” (Alonso-Zaldivar, 2007:A14). Although one article refutes this claim “More pertinently, to oppose healthcare reform because a few of these people might slip through the sieve and end up getting a public handout to pay for health insurance is almost comically counterproductive” (Hiltzik, 2009b:B1). The general message remains: citizen or not, immigrants and foreign-born, i.e. Latinas/os, should not receive health insurance.

Likewise when California Governor Arnold Schwarzenegger proposed statewide universal health coverage, his plan was well received by Latina/o health advocates but met resistance from white business owners and other Republicans “Most major **business groups** have opposed the **governor’s healthcare plan**, saying that a **new tax** on their payrolls to pay for coverage would hurt their bottom lines” (Rau, 2007a:B1). The governor’s own party members rejected the plan “The Assembly **Republican** leader, Mike Villines of Clovis, said the **state’s fiscal troubles** require retrenchment, not ambitious new programs” (Rau, 2007a:B1). The health care dilemma is divided between the haves and the have-nots: People that are uninsured stand to gain substantially while

white business owners backed by white politicians presumably lose potential profit and business, not to mention power and prestige.

Another reason some whites are opposed to health insurance reform rests on the idea that undocumented Latinas/os will indiscriminately come to the U.S. to receive free health care “But **proponents of tougher immigration enforcement** and others **fighting** to contain runaway **costs fear** that providing such **services** would **encourage** more **illegal border crossings**” (Olivo, 2009a:A12). Under the guise of protecting social resources, whites operating from the white racial frame call for restrictive immigration policies by eliciting fear, high costs, and claims of criminality. Debates and legislation surrounding universal health care invoke racial hatred, white politician’s xenophobic inclinations, and anti-Latina/o rhetoric. Newspaper authors are not always guilty of reiterating the white racial frame, sometimes commentators, public officials, and experts engage in racist logic.

During his presidential campaign, Barack Obama offered a health plan aimed at garnering the Latina/o vote “The plan would ‘help more **employers** provide **health benefits** for their **workers instead** of making it harder for them, as Sen. [John] McCain would do’ (Roug, 2008:A10). However, a little over a year later after being elected President, Obama, shifted his policy “Trying to quell a **conservative uproar** over his **healthcare** agenda, **President Obama** has **proposed barring illegal immigrants** from a possible government-arranged health insurance marketplace -- even if the **immigrants pay** with their **own money**” (Wallsten, 2009:A1). A month later the bill’s finer details are defined “As for **illegal immigrants**, the bills explicitly **prohibit** the government

from providing **insurance subsidies** to **anyone other** than **citizens** and **legal residents**” (Los Angeles Times, 2009:A30). Obama’s decision to extend universal health coverage for undocumented Latinas/os reflects the interests of the white elite power holders. This scenario represents the systemic nature of racism and the institutionalized function of racism.

Moreover, Republicans tried to take advantage of the potential implementation of the health bill for their own political gain. This shrewd political move enabled Republicans to exert control by establishing passage, of either the immigration or health bill, on their terms:

In a statement after the Obama meeting, Graham predicted that their effort would collapse if Senate Democrats proceeded with a strategy to pass a healthcare bill through a simple majority vote -- a process known as “**reconciliation**.” Senate leaders say they are committed to doing just that (Nicholas, 2010a:AA1).

“I expressed, in no uncertain terms, my belief that **immigration reform** could **come** to a **halt** for the year **if healthcare reconciliation goes forward**,” said Graham, who portrayed the documented handed to Obama as “a work in progress” (Nicholas, 2010a:AA1).

The lone **Republican** senator inclined to support the Obama administration’s bid to pass a major immigration overhaul said Friday that if a **healthcare bill passes** this weekend, the **immigration effort is dead** for the year (Nicholas, 2010b:A9).

Republican political tactics are employed to the detriment of Latinas/os by pitting immigration reform against universal health care. Such a shrewd political ploy stems from the white racial frame; to deny one potentially helpful bill because another one passes appears irrational. Additionally, this governmental maneuver excludes Latinas/os from the national political agenda. Systemic racism accentuates how Latinas/os are left

to the privy of white governmental officials and white power holders. Moreover, the above articles often highlight how whites use political fear to ignore Latina/o health issues by spreading myths concerning high costs and immigration.

Criminality

The *Los Angeles Times* reinforces the image of illegality by associating Latinas/os with criminal behavior. Labeling Latinas/os as criminals frames them as deviant, suspicious, and dangerous. Judges, police officers, lawyers, and prison officials, operate in favor of whites, in contrast Latinas/os are at the mercy of the U.S. justice system. Furthermore, whites manipulate the judicial process by implementing laws that allow whites an outlet for racist actions and behavior. For example, the following article details the story of Latina/o nursing home workers who filed a class-action lawsuit against Skilled Healthcare Group Inc. This company allegedly imposed an English only policy, forbidding workers to speak Spanish while on the job:

In one case at the Royalwood Care Center in Torrance, she said, a resident told her in Spanish that she needed to use the restroom. When Schilling **responded in Spanish**, she said, she was told by a **supervisor** that she would be written up or **fired** if she continued to **speak that language** (Watanabe, 2009:A9).

The healthcare firm's attorney, however, vigorously disputed the allegations and said the two sides settled the lawsuit without testing the claims as a way to **avoid costly and time-consuming litigation** (Watanabe, 2009:A9).

On the surface reprimanding workers for speaking another language sounds preposterous, however given the historical demonization of Spanish in the Southwest and the anti-Latina/o attitudes that continue today, such incidents come as no surprise. In the end the company neither admitted any wrongdoing nor was held accountable for

their workers hurtful actions, financial compensation was their only penalty. The U.S. court system works to protect the interest of whites, even racist ones; at the fundamental level laws allow whites to evade any real consequences for their discriminatory actions.

The next article demonstrates how institutional racism in the form of judicial proceedings can work to exclude Latinas/os from participating in the body politic. Concerns over public health can be used to exclude and marginalize Latina/o food workers. New Orleans city officials manipulated laws in order to claim that Latina/o food vendors were threats to the public's wellbeing. The following passages reveal the true intentions of city officials and their justification for their discriminatory actions:

Jefferson Parish **politicians**, who have long turned a blind eye to whites and blacks peddling shrimp out of pickup trucks and snow cones on the street, recently **outlawed** rolling **Mexican-food kitchens**, calling them an **unwelcome reminder** of what Hurricane Katrina brought (Bustillo, 2007:A1).

So far, the **revolution** looks one-sided: **Latino laborers don't** seem to **care** for shrimp Creole, oyster po' boy sandwiches - - or even hamburgers, as long as there is Mexican food around (Bustillo, 2007:A1).

Councilman John Young said the **motivation** was strengthening zoning standards that have deteriorated since the storm, **not racism** (Bustillo, 2007:A1).

In the tragic aftermath of Hurricane Katrina, Latina/o construction workers and laborers were welcomed to New Orleans to help rebuild the city. During this rebuilding phase, Blacks quickly dismissed the Mexican workers for undercutting their job opportunities and whites began to resent them once they decided to stay. The racial animosity and systemic racism directed towards Latinas/os is apparent in the implementation of new zoning laws that intended to ban Latina/o food vendors from selling on city streets. Part

of this effort to get rid of Latinas/os vendors was based on a racialized view of Latinas/os and public health:

“Look, I love Mexican food. But this is not a New York City type of environment. This is a suburb. We did get complaints from some of our civic leaders that the **taco trucks** were **unsightly**” (Bustillo, 2007:A1).

Jefferson Parish leaders also raised **fears** that **taco trucks** were **unsanitary**. But Louisiana **health officials** who investigated the mobile kitchens **found nothing wrong** (Bustillo, 2007:A1).

“**We don’t want** to be **another La-La Land**, that’s for sure,” Rock Pitre, 63 **joked** as he left a Jefferson Parish restaurant advertising an “**All-American Meal**” of fried chicken and mashed potatoes. “You gotta have some **standards**” (Bustillo, 2007:A1).

New Orleans was in a rebuilding phase and needed cheap labor, and Latinas/os filled that void. However, this new influx of Latinas/os was not always welcomed. Mainly because the laborers did not follow protocol, they were expected to do a job and then leave. When many stayed and tried to make a new life in New Orleans they became an **unwelcome reminder** and **inassimilable**. The fact that a councilman alluded to **not** exhibiting any **racism** probably means that officials knew their actions were prejudicial and discriminatory, especially since the food trucks were found to be sanitary.

Furthermore, New Orleanians expressed what they believe their city should look like and that does not include **New York** or **La-La Land** (Los Angeles), cities with the largest Latina/o populations in the U.S. This white racial framing and the utilization of public health safety remains a pertinent tactic employed by whites to exclude Latinas/os from all facets of society.

In addition, Latinas/os are marginalized by their citizenship and immigration status, the *Los Angeles Times* articles often refer to Latinas/os as illegal immigrants. This

racialized framing of Latinas/os is continually discussed in relation to President Obama's health care policy "Conservative critics have said that allowing **illegal immigrants** to participate in a government-run system **rewarded lawbreakers**" (Wallsten, 2009:A1). Although undocumented Latinas/os are not part of the proposed bill, opponents still demanded safeguards against the possibility that an undocumented Latina/o could access health care "They also call for the government to verify applicants' qualifications by checking their personal income tax returns, a step that would help **discourage fraud**" (Los Angeles Times, 2009:A30). Fraud, stealing, or the receiving of unearned resources creates an image of Latinas/os literally stealing health insurance. The following statement characterizes this sentiment "Some **illegal immigrants** have used **stolen Social Security** numbers to qualify for health programs -- a form of medical identity theft increasingly on hospital radars" (Olivo, 2009b:NA). This quote signifies that undocumented Latinas/os present a serious threat to the medical system, society, and thus whites. The indirect message: Latinas/os cannot be trusted and are plotting to take resources away from whites. Latinas/os as criminals stem from the white racial frame, this sub-frame establishes Latinas/os as troublemakers. This racist discourse justifies racist mistreatment across all aspects of society such as the denial of housing, education, and health care.

Latinas/os Briefly Mentioned and/or a Comparison Group

This section represents newspaper articles that did not explicitly center Latina/o health per se as the main topic of interest. The articles covered an assortment of issues: immigration, vaccines, pesticides, life expectancy, cancer, accidents, tuberculosis, a

television documentary, H1N1 flu, tuberculosis, unplanned pregnancy, lack of health insurance, children, health disparities, poverty, a medical student's story, religion, dental care, study ignoring the participants, diet, obesity, mortality rate, medical study, and the health care bill. Throughout the *Los Angeles Times* Latinas/os were often used either as a comparison group in contrast to whites, Blacks, and Asians or as a latent racial association.

Latent Racial Association refers to the hidden connection between the central messages constructed by written prose and the underlining racial group. In the case of this study, articles that were not clearly centered on Latinas/os effectively tied Latinas/os to the subject of the news report. Therefore, when Latinas/os were the only racial group mentioned by the authors, the ideas and messages from the article(s) became associated with Latinas/os. There were numerous instances where one sentence in the entire newspaper article(s) were dedicated to Latinas/os, while no other race or racial groups were described or stated. This literary technique effectively tied Latinas/os to the overall ideology, messages, images, and connotations of the article regardless if the article actively expressed interest in Latinas/os or not. This is a recurring concept seen within all the newspapers.

The health status of other racial groups are often compared and contrasted to Latinas/os. This juxtaposition often results in Latinas/os being depicted as inferior and defiant. For instance, the following quote compares Latina/o adolescents to Asians and whites “Meanwhile, similar **Latino adolescents** had **poorer diets** than their **Asian** and **white** peers and were **less likely to use seat belts, bicycle helmets or sunscreen,**

according to the study, published on the online edition of the American Journal of Public Health” (Engel, 2006:B3). Latinas/os are described as engaging in dangerous behavior and as noncompliant, refusing to heed to standard health prevention measures. Moreover, not only are Latinas/os engaging in risky health behavior, but they have a penchant for lower immunization rates “Vaccine access in industrialized countries can also be spotty. In the U.S., African Americans and **Latinos** have significantly **lower immunization rates** than **other groups**” (Costello, 2007:A1). However, the reasons behind Latinas/os’ lack of participation, unsafe behavior, and low rates of immunization is neither substantiated nor explained “It will be up to **future studies** to explain the **differences** across generations and among **Asians, Latinos** and **whites**” (Engel, 2006:B3). The idea that these actions cannot be understood and require further study, ignore immediate Latina/o health concerns.

The following article continues the trend of misrepresenting Latina/o health. Reporting on a criminal investigation of Amvac Chemical Corp. The article states that the company continued manufacturing harmful pesticides at the expense of the community and its workers “**Accidents** involving the **company’s pesticides** have led to the evacuation of neighborhoods and the **poisoning** of scores of **field workers** in California and elsewhere” (Miller, 2007:A1). The continued use of banned organophosphates are described as **accidents**, furthermore, the article fails to name the perpetrators and victims of the Amvac’s toxic pesticides. Instead the author chooses to harken the Chicano icon and migrant farm leader Cesar Chavez “In 1988, United Farm Workers leader **Cesar Chavez** went on a hunger strike to protest the use of mevinphos

and four other **pesticides**, which he blamed for **sickening field hands**” (Miller, 2007:A1). Latinas/os are referred to as field workers and field hands while the manufactures and perpetrators of this environmental racism are given the company title Amvac. Both parties are nameless and faceless; no one is at fault and no one is held accountable. The power divisions are clearly articulated, owners versus workers and community versus company. Yet the problem remains an accident and the participants anonymous, and whites are exempt from any responsibility.

In an article discussing life expectancy Latinas/os are used as a comparison group to differentiate between white and Black. This placement of white and Black in contrast to Asian and Latinas/os suggests a distinct separation of races on the racial hierarchy: white, Black, non-white, and non-Black. Latina/o health issues involving accidents, homicide, and cancer are not relational to white and Black health outcomes:

The study found that **Asians** and **Latinos** in California had **higher life expectancies** than **whites** and **blacks** (Engel, 2007b:B1).

Mortality rates for **Latinos** and **Asians** may be **underestimated** because those groups are less likely than **whites** and **blacks** to **report ethnicity on death certificates**, the study noted (Engel, 2007b:B1).

Accidents were the fourth-leading cause of death for **African American** men, and **homicide** was sixth. For **Latinos**, **homicide** was the **seventh-leading cause of death**; in **whites**, it was 20th (Engel, 2007b:B1).

High mortality rate, “**Black** women died from breast cancer at more than twice the rate of **Latinas** and **Asian** women, the report showed, while **black men died** at more than **twice the rate** of **Latinos** from **colorectal cancer**” (Hennessy-Fiske, 2010a:AA4).

Although statistical information and comparison between groups can help contextualize the realities facing society as a whole, the outright listing of stated facts can lead to

illogical conclusions. Listing statistics offers an opening to a multitude of topics and discussion, but without further analysis the statistics can contribute to further ideas of racial and medical subordination. The next articles take a similar formula but focus on tuberculosis, unplanned pregnancies, health insurance, and religion:

Although tuberculosis rates are down, “**Racial minorities and foreign-born** people continued to be **disproportionately affected** by the **disease**. In California, there was 22.9 cases of TB for every 100,000 **Asian American** residents; 8.7 for **blacks**; and 7.6 for **Latinos**. The rate was 1.6 per 100,000 for **whites** and 1.8 for **Native Americans**” (Lin, 2009a:A39).

Unplanned pregnancies, accidental conception, health risk, “About 80% of those at risk for **pregnancy** reported using a form of birth control the last time they had sex, although that percentage varied by ethnicity: **87%** of **whites** compared with **81%** of **Asians**, **80%** of **Latinas** and **67%** of **African Americans**” (Hennessy-Fiske, 2010b:AA3).

Minorities were more **likely** to be **uninsured**; 53% of **Latinos** and 38% of **blacks** were uninsured during the two-year period; for **whites**, 25% were uninsured (Lin, 2009b:A12).

Stereotypes and assumptions about Latinas/os can be inferred from the above information, such as, Latinas/os and other people of color, namely Blacks, are violent, develop higher rates of illness, and are promiscuous. Furthermore, being uninsured becomes a minority problem, since Latinas/os have the highest uninsured rates the problem becomes a Latina/o one. Poverty rates are also high among Latinas/os:

The **poverty rate** climbed to 23.2% for **Latinos**, up from 21.5%. It rose up 8.6% for **whites** from 8.2%, and to 11.8% for **Asians** from 10.2%. The poverty figure was statistically unchanged for **blacks** at 24.7% (Lee and Girion, 2009:B1).

Of the patients UMMA serves, about 98% are **non-Muslim**; about **70%** are **Latino** and about 25% are **African American**, with the rest being **Caucasian** and **Asian** (Trounson, 2007:B2).

The numbers are even more **striking** among **minorities**. According to a 2007 Harris Interactive poll, 20% of **whites** report only **fair** or **poor dental health**, but those percentages rise to 40% for **African Americans** and 43% for **Latinos** (Lunzer Kritz, 2009:E1).

The statistics stated in the above articles are not thoroughly explained nor discussed in combination with the social, economic, environmental, and political factors. Even religion is used as indicator to who is spiritual, who deserves treatment, the articles tend to briefly mention the main subjects but then use a brief statistic or phrase to articulate who the article is about. The last quote alludes to the concern of dental care and the delay of treatment. In this scenario the statistics mask reality. People of color do not have dental insurance as a result they often wait until they are forced to enter seek emergency care, therefore the emergency rooms become crowded and thus a burden on the tax payer. Using statistical analysis without properly explaining the numbers or providing the theoretical underpinnings of the research study does a disservice to the community under scrutiny. Ultimately, Latina/o health issues and concerns are ignored, unexplained, and untreated.

The Latino paradox attempts to understand Latina/o health outcomes by bringing attention to the complexities surrounding illness and disease. An article describing a PBS documentary mentions the complications surrounding Latinas/os in the U.S.:

Even the rule-proving-exception “**Latino Paradox**” -- recent **immigrants** from **Latin America** not only test **healthier** than **groups** of similar income but also surpass affluent **whites** -- fades with time and **exposure** to the local **diet** and **way of life** (Lloyd, 2008:E26).

Latina/o health remains an unexplained phenomenon. Their health is compared to that of whites, therein lies the paradox, after all, how can Latinas/os have better health outcomes than whites?

The next set of *Los Angeles Times* articles compares the health of Latinas/os to whites and Blacks. Depending on the context, different racial groups are used as a barometer to gage the health status of other racial groups. The combinations include white and Latina/o in comparison to Blacks, Black and Latina/o in comparison to whites, and Latinas/os in comparison to Blacks. The following excerpts cover a range of topics: vaccination rates, flu, obesity, and sexual behavior:

Whites and **Latinos** also were **vaccinated** at public clinics at **rates lower** than their overall county populations, but not by nearly as wide a margin as **blacks** (Hennessy-Fiske, 2009c:A37).

Blacks and **Latinos** are among those **most at risk** from **H1N1 flu**, primarily because they **suffer disproportionately** from **asthma, diabetes** and other health problems, and are four times more likely than **whites** to be **hospitalized** with **H1N1 flu** (Hennessy-Fiske, 2009c:A37).

Prenatal and early childhood health issues, “Many were **behaviors** that are often **passed down** through **generations** and are more likely to be found in **black** and **Latino families** than in **white families**, possibly accounting for the **high rates** of **obesity** in those communities. For example, **black** and **Latino infants** are more likely to be fed solid food before 4 months of age and to sleep less as infants” (Roan, 2010b:E1).

Latinas reported the **poorest health status** of women in all ethnic groups, with **disproportionately higher death rates** from **diabetes** (Hennessy-Fiske, 2010c:A37).

Referring to Black women, “They were **nearly twice as likely** as **white** or **Latina** women to have had **sex without a condom** during the last year” (Hennessy-Fiske, 2010c:A37).

These articles like many others do not offer any sound reasoning or explanations as to why Latinas/os and Blacks suffer greater health inequities in comparison to whites. Latinas/os are simply **more likely** to endure increased rates of disease and illness. Their **behaviors** alone are cited as contributing factors to substandard health with no discussion of racial oppression. Even when insightful and sound arguments are made on behalf of Latinas/os, the discussion ends there, no further analysis is provided, for example “Singhal said researchers suspect **African American** women and **Latinas** may suffer **racial inequality, discrimination** and **stress** in trying to maintain **healthful diets** and **access** quality **healthcare**” (Hennessy-Fiske, 2010:A37). The enablers of racial oppression are unidentified (whites); however the reader gets a clear sense of the victims (Black and Latina/o). Whites are completely left out of the equation and not centralized in this narrative; **racial inequality, discrimination, and stress** are to blame, not whites for their continued perpetuation of social injustices.

The white racial frame permeates throughout the newspaper articles, even the harmless story of a USC medical student and the health effects of childhood weight gain harness white racism, stereotypes, and fear of the other:

The oncology clinic’s **waiting room** was **packed**. It was far **different crowd** than at Norris. Most of the patients were **minorities**; many **Latino, Spanish speakers**. Some had **amputations**. They looked **desperate** and **broken** (Hennessy-Fiske, 2010d:A1).

Latino immigrants make up **much** of the **county’s poor**, the data show (Saillant, 2006:B4).

Both articles dedicate one sentence to Latinas/os, this latent racial association, effectively relegates Latinas/os as inconsequential and problematic. Their needs do not

concern the general public they are **desperate, broken, and poor**. Presenting the findings on the health effects of children's weight, Latinas/os appear as the sole racial group depicted throughout the article, with one sentence dedicated to them. Consequently poverty, crowded waiting rooms, bad health, and helplessness becomes equated with Latinas/os.

Another article examining the effects of toxic chemicals inside homes and schools describes the study with only a brief mention of the participants. The population sample was primarily Latinas/os from South Los Angeles, however the information was seldom mentioned "In Los Angeles, **all but two** were **Latino**" (Cone, 2006:B2). An entire article focusing on the Latina/o community yet Latinas/os are barely referenced, the victims are categorically ignored. There is no mention of whites or any other racial group suffering from air pollution. As a result, city pollution and environmental health factors are problematized as strictly Latina/o and therefore unimportant. Limited and scant mention of Latinas/os is a prevailing theme that the *Los Angeles Times* often utilizes to evade any concerted investigation or journalism to address capitalism, patriarchy, and white supremacy.

The following passages also reveal how a brief mention of Latinas/os connects Latinas/os to the broader message of the article. For instance, in an attempt to change the items offered in vending machines "The Santa Ana proposal has been pushed by **Latino Health Access**. "We don't want to be the **food police**," said Leah Frazier, director of policy for the **local nonprofit**. "But employees' only choices shouldn't be junk food" (McKibben, 2006:B1). As the findings have shown throughout this section Latinas/os

are mentioned in passing. The previous quote offers little information to help address the health needs of the Latina/o community. Additionally, the article produces more questions than answers; based on the following quote “**high rate of obesity and diabetes**” (McKibben, 2006:B1), the reader is left wondering who has high rates of obesity and diabetes, and why? The next two quotes highlight how authors contribute to the marginalization of Latinas/os and Blacks while framing them as disease carriers:

The school is one of five academic institutions nationwide to receive **funding for research on the higher incidence of diabetes, stroke and prostate, breast and pancreatic cancer in Latinos and African Americans** (Los Angeles Times, 2006:B4).

Assemblywoman Bonnie Garcia (R-Cathedral City) co-wrote the Berg bill, she said, to help reach the **Latina and African American women** who make up many of the **new cases of HIV**. Garcia noted that women don’t have to sign consent forms to get breast exams or **Pap smears** (Rau, 2007b:B1).

The preceding newspaper articles, concerning medical funding and the veto of a health care bill are examples of the white racial framing that depicts Latinas/os as increasingly infected, diseased, and sick. This predominant discourse contributes to the ongoing medical racialization of Latinas/os. These news stories along with the above articles contribute to a wider public discourse that frames Latinas/os as undeserving recipients of health care and medical treatment. Examined independently the articles are rather inconspicuous; however, a collective analysis reveals a pattern of white racism, exclusion, and subjugation. On the surface, the briefly mentioned or comparison articles appear rather harmless. However, a closer examination of Latina/o health articles reveals that racist images, stereotypes, and ideology are embedded within the *Los Angeles Times*.

Conclusion

The *Los Angeles Times* articles divulge how the white racial frame and systemic racism permeate mainstream discourse. The rhetoric surrounding population and illness increase depict Latinas/os as threats to public health. The medical framing of Latinas/os is often described as a rising epidemic that endangers the health of white people. Similar to the *New York Times*, the *Los Angeles Times* describes Latinas/os as illegal immigrants that are undeserving of social services such as medical care. Furthermore, political rhetoric often describes the health care debate as immigrants seeking unduly earned medical compensation. Also the utilization of Latinas/os as a comparison group diminishes serious conversations concerning health issues in the broader Latina/o community. Finally, the *Los Angeles Times* often fails to provide an adequate analysis of Latina/o health concerns, reducing Latina/o health to a relatively unknown and mysterious phenomenon. The next chapter investigates the *Chicago Tribune*'s discussion of Latina/o health issues.

CHAPTER VI

CHICAGO TRIBUNE

Similar to the *New York Times* and the *Los Angeles Times*, the analysis of the *Chicago Tribune* produced seven categories. The findings from the *Chicago Tribune* include three categories that were also used in the *New York Times* and the *Los Angeles Times* analysis, these categories are: (1) population and illness increase, (2) health costs, and (3) preventive care and treatment. Four new categories surfaced when coding the *Chicago Tribune* newspaper articles. The following four categories are entitled: (4) health legislation, health insurance, and politics, (5) additional medical personnel, (6) health disparities and (7) Latinas/os briefly mentioned. The last category labeled Latinas/os briefly mentioned² is divided into six sub-categories: stories, percentages, programs, illness increase, studies, and politics. The following segments present quotes from each article to provide palpable evidence of how the *Chicago Tribune* frames Latina/o health discourse.

Population and Illness Increase

The news correspondence surrounding the increase of the Latina/o population is linked to an illness increase. The *Chicago Tribune* frames the population growth of Latinas/os as problematic because this increase is consistently associated with higher rates of disease. Latina/o bodies are depicted as disease carriers that require their own medical facilities. The following article describes the opening of two non-profit groups that decided to combine their health clinics to better serve the community “At a time

² This category was renamed Latinas/os briefly mentioned as opposed to the *New York Times* and *Los Angeles Times* category of Latinas/os briefly mentored and/or a comparison group.

when the county is experiencing an **influx of Spanish – speaking residents**, the merger is intended to help both clinics better serve the needs of their clients, who are primarily **Latino immigrants**” (Flynn, 2006:2N.1). The syntax of the sentence underscores the need to emphasize the increase of the Latina/o population as the primary reason for creating a new clinic. As a result, the development of a local health clinic is not a clinic in itself; it becomes a distinctly Latina/o clinic. Latinas/os are allowed by whites to have their own clinics so as not to disrupt white clinics.

Another article reiterates the stereotype that Latinas/os are disease carriers by emphasizing the need to curtail the spread of disease “If those individuals have **communicable diseases**” Tolbert said, “there may be a risk [of] **spreading** that condition” (Olivo, 2009b:NA). This white racial framing of Latinas/os serves the interest of white elites; whites are able to demonstrate that they are proactively addressing health disparities as well as to placate their own consciousness. In other words, public health and separate medical hospitals are precursors to racial exclusion.

The next article contends that increases in the Latina/o population is enough of a reason to research disease causation “As this **population continues to increase--and to experience varying rates of disease--it is vitally important to understand the risk factors and health behaviors** that contribute to these **diseases**” (Graham, 2006a:2C.6).

Hypothetically if the Latina/o population were to plateau would understanding Latina/o disease rates be any less important? Risk factors and health behaviors are identified as the central contributors to disease. Although behaviors and activities like smoking and drinking may foster negative health outcomes. What about the role racism plays in

triggering substance abuse? How about the overwhelming amount of liquor stores in Latina/o neighborhoods? The article fails to answer the structural questions that impact and shape Latina/o health behaviors. The article also addresses the growth of Latinas/os by associating their population increase with uninsured rates:

Aida Giachello, director of the UIC's Midwest Latino Health Research Center, called the Institutes of Health project historic because of its scope and because it recognizes the "**growing concentration of Latinos** not just on the coasts but in Chicago and the Midwest" (Graham, 2006a:2C.6).

About 1.5 million Hispanics live in Illinois, including 800,000 in Chicago. Nationally, **almost 35 percent of Hispanics are uninsured, the highest rate of any ethnic group** (Graham, 2006a:2C.6).

The increase in disease and illness is not always distinctly connected to population increase but remains an inherent characteristic of the Latina/o population.

The ensuing passage discusses the effects of Latina/o childhood diabetes:

An American child born in 2000 has a 1 in 3 chance of contracting **diabetes** in his lifetime. An African-American has a 2 in 5 chance. At current rates, **every other Latina** born in 2000 **will get the disease**. **Fast food, soda and sugar snack companies** are well represented in the Fortune 500, but the costs on the other end are staggering (Jackson, 2006:21).

Along with diabetes, high obesity rates also become uniquely affiliated with Latinas/os. For example, a Chicago charter elementary school implemented nutrition, yoga, and exercises programs to combat rising obesity rates:

The 4-year-old Namaste, with about 250 pupils in kindergarten through 4th grade and **predominantly Latino**, was designed to help address the problem of **childhood obesity**. The **school's philosophy** is to **nourish** and **stimulate** the **pupils' minds** and **bodies**, Slade said (Sadoyi, 2007:2C.3).

High rates of diabetes and obesity are intrinsically linked and problematized to Latinas/os. Food companies and schools are areas that directly affect Latina/o health outcomes. But the articles fail to properly provide a deeper systemic analysis of the relationship between food corporations and schools or the responsibilities schools and food companies have in fostering healthy choices for kids.

Another area that could help Latinas/os achieve improved access to health acknowledges the need for additional Spanish speaking medical personnel. However, the discussion regarding enhancing bilingual medical workers evokes fear of an invading Latina/o population in suburbs, hospitals, and clinics:

Spurred by the **surge of immigrants** in the **suburbs** -- and a **growing** awareness of the potential **dangers** of miscommunication -- hospitals and clinics that once relied on secretaries, janitors or even children to explain complicated medical terminology and deliver life-altering diagnoses are increasingly hiring interpreters, training bilingual professional staff and using phone interpreting services to bridge the language gap (Bauza, 2007:4C.2).

Health-care advocates say the need has become especially acute in communities trying to keep pace with **fast-growing immigrant populations** (Bauza, 2007:4C.2).

The changing demographics theme in the U.S. is constantly discussed by whites. They remain fearful and cautious about living in a society that is not majority white:

“The **changing demographics of this country** mean more and more suburban hospitals are encountering patients [who speak limited English] on a regular basis,” said Mara Youdelman, an attorney with the National Health Law Program in Washington, D.C., that tracks the use of medical interpreters. “More hospitals are recognizing the importance of formalizing their language services” (Bauza, 2007:4C.2).

Sherman Hospital hired its first **two staff interpreters** in **2000**. Since then the team has **ballooned** to 11. Villanueva not only interprets symptoms, injuries and medical histories but also navigates cultural

nuances, **explaining patients' superstitions** or their use of herbal remedies to medical personnel (Bauza, 2007:4C.2).

Fluent Spanish speaking hospital and clinical workers will help provide adequate health care for Latinas/os. However, the problem goes beyond the use of medical interpreters, the issue involves institutional racism in terms of educational access to nursing programs and medical schools, racist hiring practices, and lack of health insurance. Up until now the attempt to include Spanish speakers remains unresolved, yet modest changes in Spanish speaking hospital workers is touted as a tremendous increase “the team has **ballooned** to 11.” The *Chicago Tribune's* focus on the increase of the Latina/o community ignores vital health concerns and problematizes Latinas/os as overwhelming the medical system.

Elected officials also extend this view by blaming Latinas/os for social ills. For example, political arguments between Republican and Democrats focus on the **wave** of Latina/o population and the perceived economic impact on the local community, rather than pressing political issues:

New Hampshire's French-Canadian influx peaked decades ago. Today, as the nation grapples with a **wave of immigrants crossing its southern border**, the state remains 94 percent white. Its Hispanic population, as a share of the state, is six times smaller than the national average. Yet polls show **immigration weighing heavily** on the minds of New Hampshire **Republicans** heading into Tuesday's primary (Tankersley, 2008:1.1).

What's making New Hampshire voters anxious about many of those issues, experts say, is how quickly they're **shifting**. The state's Hispanic population has grown by 40 percent since 2000. The **ranks of the uninsured** are **swelling faster** than the national average. **Wage growth** has **slowed**. Meanwhile, foreign competition has clear-cut the timber jobs that drew the Quebecois across the border in the early 20th Century, and a quarter of the state's residents moved here in the last eight years (Tankersley, 2008:1.1).

The political arguments surrounding health care stress the increase of the Latina/o population and connect this concern with immigration, being uninsured, and slowed wage growth. Moreover, some whites rationalize their racist views by perceiving Latinas/os as untrustworthy:

State residents also **were more trusting of immigrants and minorities** than the average American. But the foundation study found residents **losing their trust** in those groups at a faster rate than the national average -- even as the state's **foreign-born population grew twice as fast** as the nation's, and as New Hampshire residents reported higher-than-average increases in friendships with minorities (Tankersley, 2008:1.1).

Other analysts suggest that the Internet and cable news shows, rather than personal experience, are stoking the **anxieties** of New Hampshire voters on such subjects as **immigration** and the **economy** (Tankersley, 2008:1.1).

The article makes an attempt to recognize the role mass media plays in the constructing the perceptions of Latina/o immigrants. Yet the article goes on to state that many whites do not even have contact with immigrants to form an honest opinion about them:

At events for several **Republican** candidates last week, attendees almost always raised **alarms** about **undocumented immigrants** and their effects on **culture**, the **economy** and **social services**. Yet many of the questioners said in interviews that they had **little day-to-day contact with immigrants** (Tankersley, 2008:1.1).

“It's clearly **not about the absolute numbers [of immigrants], because the absolute numbers are not that great,**” said Kenneth Johnson, a Loyola University Chicago sociologist and visiting professor at the University of New Hampshire, who recently reported on New Hampshire's demographic shifts. “**You don't see a lot of evidence of a big Hispanic influx**” (Tankersley, 2008:1.1).

The white racial frame helps explain how whites frame undocumented and documented Latinas/os as social burdens, undesirables, and threats to white privilege. Societal

institutions such as the media (i.e. journalism) help reproduce and reinforce negative images and stereotypes. These misconstrued representations of Latinas/os elicit negative emotional responses often in the form of discriminatory behavior and actions. The population increase narratives and the reasoning used to support such viewpoints are rarely deconstructed or contested in the newspaper articles. The articles frequently perpetuate the myth that Latinas/os are an impeding threat to white's way of life.

Health Costs

One of the central frames often repeated in the articles is based on the belief that Latina/o immigrants are a financial liability. The misconception that Latina/o immigrants take more than they give constantly resurfaces when discussing health care “This is an issue at the heart of the debate over **immigration reform**: whether the **economic contributions** of **illegal workers** outweigh the costs, and whether they should remain in the U.S. at all” (Franklin and Little, 2006:1.1). Research and economic statistics have proven that undocumented Latinas/os pay a higher financial cost than their U.S. counterparts. Latinas/os actually receive less in social services than they pay in the form of taxes. This rationale advances the scapegoating of Latinas/os as the main perpetrators of rising health costs, packed emergency rooms, and overall government spending.

Additionally, dental care costs also disproportionately affect the health status of Latinas/os. The lack of dental treatment can lead to detrimental health outcomes “The **ailments** are distressing in themselves, but research also has **linked** them to **serious conditions** such as **heart disease** and **premature birth**, and they can worsen the effects of **diabetes**” (Graham, 2006b:4C.1). Such health concerns directly impact people of

color in a variety of ways, the following quote outlines a few of the systemic racist policies that cause unequal access to health care “Yet **low-income consumers** encounter many **obstacles** to getting dental care: **no insurance**, a **shortage** of city and county **services** and a “**pay up front**” **policy** by most private dentist” (Graham, 2006b:4C.1). Despite listing a few causes there are no supplementary critique of government service policies, insurance plans, or the operation of private practices. Whites as the beneficiaries, power holders, and gatekeepers of dental services are not directly identified, whereas Latinas/os or Hispanics are clearly articulated as the victims of financial costs and ineffective medical facilities:

In the communities Erie Family Health serves--Logan Square, Humboldt Park, West Town--**poor Hispanics** have been **neglected**. A recent survey showed that only 38 percent of residents had **seen a dentist in the last year**, about 56 percent of adults were **missing teeth** and 63 percent had **untreated cavities** (Graham, 2006b:4C.1).

More than **90 percent of private dental offices** in the area **don't have Spanish-speaking staff** members. Even with five dental chairs in its new facility, “we'd need **seven times that number** to take **care** of our **existing patients**” Francis said (Graham, 2006b:4C.1).

Health insurance remains one of the biggest problems Latinas/os face when seeking medical care. The majority of Americans receive medical coverage from their employers; as a result Latinas/os are often uninsured because a significant amount of Latinas/os work in employment sectors that do not offer health coverage. Undocumented Latina/o immigrants are especially susceptible to hazardous work environments, on the job injuries, and lack of employment based health coverage “When an **undocumented worker** has an accident or gets **sick**, it puts **pressure** on the **families**, who must do **without a paycheck**, and it puts **pressure** on the **public health system**, because the

workers are **less likely** to have **insurance**” (Franklin and Little, 2006:1.1). Furthermore, insurance costs along with hospital costs are linked to illegal workers and immigrants; this frames Latinas/os as a disruptive and unwanted burden to society and the health care system:

But because of the **risky** or **marginal jobs** held by **illegal workers** and the types of employers they work for, the **system** hasn't exactly **benefited Latino workers** (Franklin and Little, 2006:1.1).

“Many are **injured while working for small businesses** that have **neither health insurance** nor **worker's compensation coverage**, said attorney Jose Rivero. Some **larger companies**, he added, don't think they have to provide benefits for their “**clandestine**” **workforce**” (Franklin and Little, 2006:1.1).

“The presence of so many **Latinos** in **low-wage jobs** also pushes him toward **reduced-compensation settlements**. It is **hard to bargain for hefty settlements** when they earn so little. A missing finger or a burn that will linger for a lifetime winds up **discounted for the low-wage Latino worker**” (Franklin and Little, 2006:1.1).

The overall **bill** for **treating injured immigrants without insurance** is **not known**, but the federal government acknowledged the problem's depth in 2005 when it began setting aside **\$250 million a year** to **cover emergency medical-care costs** for **illegal immigrants** shouldered by communities across the U.S. (Franklin and Little, 2006:1.1).

Due to the oppressive nature of the justice system, anti-immigrant Latina/o sentiment, and lack of accessible resources such as medical coverage, employers routinely exploit Latina/o workers and in many cases do not provide health insurance. The lack of insurance directly leads to later staged diagnoses that can lead to premature death. Many undocumented Latinas/os use the emergency room as their primary source of care because they have no insurance. However, Latinas/os overall do not utilize the hospital in comparison to other racial groups. Moreover, some white employers are reluctant to

provide insurance in order to save money and turn profit. White business practices signify that the cost of insurance outweighs the health of Latinas/os. Economic constraints related to employment, insurance, and government expenditures are serious political decisions that create negative health outcomes for Latinas/os.

Preventive Care and Treatment

The *Chicago Tribune* covers a variety of topics concerning preventive care and treatment. However, health behavior modification is one of the major themes that arose from the articles. The following news story discusses modifying and improving the eating habits and food practices of Latina/o high school students “We’re willing to spend some money so we can get some **proper nutrition**,” Sierra said. “I’m especially **concerned** about the **Hispanic community** -- you see the levels of **diabetes** much **higher** among this population” (Keller, 2007:2C.3). However, structural inequalities, residential segregation, and poverty are not cited as potential problems to an unhealthy diet “The **lunch** they get **at school** might be as **good as it gets** for some of these **kids**,” said Michael Kucera, an English teacher at Pritzker” (Keller, 2007:2C.3). The reader assumes that the majority of students qualifying for the school’s lunch program are Latina/o without explicitly stating who the recipients are “Principal Pablo Sierra said almost **85 percent** of the **students** are on a **free- or reduced-cost lunch program**” (Keller, 2007:2C.3). Without a proper social and economic context, food nutrition is individualized specifically to Latinas/os leading to the image and connotation that Latinas/os are incapable of feeding themselves and require costly resources.

In addition, advocating breast cancer screening for Latinas also contains a rudimentary understanding of Latina health issues. The article attempts to include an analysis of Latina health by listing three factors to better understand why Latinas have a higher likelihood to die from breast cancer than white women. Nonetheless, the news story fails to further articulate why Latinas encounter medical disparities:

Tammy Fagan, a spokeswoman for the health network, said there are three factors behind the statistic: **Fewer Hispanic women** get regular **mammograms**, the **quality of testing** they receive is often **not as good** and **they** don't know where to find **follow-up care**, especially if they **don't** have **insurance** (Long, 2007:2C.3).

Health disparities are personalized to Latinas/os effectively ignoring such dynamics as distrust of doctors, lack of bilingual medical staff, anti-immigrant accessibility to treatment, and employee related health insurance.

Preventive programs and public health campaigns also offer tips that are meant to change the dietary practices of Latinas/os “**Fast food is cheap; fresh fruit and vegetables often are not**. In some **neighborhoods**, there **aren't grocery stores** to buy produce or open spaces to exercise, she said” (Pensa, 2010a:4.3). This statement is juxtaposed with the following passage “Garcia said **changing** her **diet** has given her **more energy** and helped her **lose weight**. She wants to be **healthy** for her **three sons** and set a good example -- even if they complain that they want fast food and soda, she said” (Pensa, 2010a:4.3). Including a human interest story supports the author's main ideas which include; how Latinas/os should behave and what they should eat. Garcia's story also promotes the incentive of following the advice stated in the article by including the family element “She wants to be healthy for her three sons and set a good

example.” If public health officials cannot reach Latinas/os through effective prevention campaigns, they tend to use the family angle to get their message across.

Furthermore, exercising and being physically active are part of maintaining a healthy lifestyle and preventing chronic illnesses. The following article discusses the participation of Latina teens in an after school running program called Girls on the Run:

The **girls** of San Miguel School -- all **Latino** -- have met twice a week this spring in one-hour sessions to prepare for the **run**, but also to **empower** the girls by **teaching** them **self-esteem** and **healthy habits**. They are part of a national program called Girls on the Run that uses running to **teach girls self-respect** (Graves Fitzsimmons, 2007a:2C.3).

Although the overall message of the news story renders a positive tone, the connotation that Latinas/os are poor, criminalistic, and unhealthy still radiates:

They live in a poor, mostly Mexican-American community where the most reported **crime** is **domestic violence**, school officials said. And health-wise, they are also at **risk** - - **half of Mexican-American women are obese**, and they are almost twice as likely to **suffer** from **diabetes** as white women, according to the U.S. Department of Health (Graves Fitzsimmons, 2007a:2C.3).

Even a simplistic good natured story can perpetuate negative stereotypes. Similarly,

Activate Elgin, another health initiative, aims to reduce obesity and promote physical activity:

Each day after reciting the Pledge of Allegiance, 5th grader Joceline Molina and her classmates at an Elgin school launch into **five minutes of non-stop exercise** as part of a pilot project intended to promote **healthier living** (Fergus, 2008:2NNW.1).

About **70 percent** of **Highland’s students** qualify for a **free or reduced-price lunch**, and about the **same percentage** are **Hispanic children**, who, according to U.S. data, have **higher obesity rates**. “I’m sure one of the **challenges** that we’re talking about is that fresh fruit and vegetables are more expensive than processed food,” Uselding said (Fergus, 2008:2NNW.1).

Uselding also said many **parents work in shifts**, making it **harder to prepare** and sit down for a **family meal** (Fergus, 2008:2NNW.1).

Although pragmatic in theory, Active Elgin does not address systemic racism nor provide the necessary pathways, such as social organization efforts, needed to alter the lived circumstances of Latinas/os living in poverty. Officials recognize the challenges related to food access and family cohesiveness yet rarely offer any substantial solutions to structural, environmental, and political forces.

The next set of articles report on health prevention clinics, education programs, and community outreach campaigns. Latinas/os are depicted as a group in desperate need of help, a growing population, and ill-informed of traditional medicine:

Like many of the mothers, Medina is a **Spanish-speaking immigrant** living in a **neighborhood rife with poverty and crime**. The **Healthy Families program** aims to **combat child abuse and neglect** by offering services to mothers who lack support networks (Graves Fitzsimmons, 2007b:2).

The **nonprofit** hopes to continue to **expand** to more **neighborhoods**, especially ones with an **influx of Latinos**, he said (Graves Fitzsimmons, 2007b:2).

Like Hernandez, “Many have never been seen for these types of [cancer] screenings before,” Gonzalez said. She noted that **language barriers and cultural differences** often impede access to **community services**, especially **health services**. “Of the people we have seen, if they saw a doctor for [a **cervical, breast, prostate or HIV**] screening, it was maybe once in their entire life or not at all” (Presecky, 2007:2C.2).

On Saturday, though, **state officials** helped Gomez, 29, fill out **health-insurance** forms for the boys, ages 7 and 3, as the first Welcoming Center for **immigrants and refugees** in Illinois opened in Melrose Park (Smith, 2007:4C.3).

About 1.7 million immigrants live in Illinois, half of whom have arrived since 1995, and the **immigrant population is increasing** at a rate of 35,000 per year (Smith, 2007:4C.3).

Government health centers designed to address Latina/o health concerns are described as incapable of addressing the **influx** of Latina/o immigrants. Latinas/os are framed as a drain on the health system and in need of health education. Moreover, the white racial framing of Latinas/os marks them as a underprovided, unintelligent, and cumbersome plight on society. Latina/o health is reduced to a problem whites must contend with; ultimately Latinas/os are perceived as undeserving recipients of health care.

Many Latina/o immigrants express a lack of fear and trust towards mainstream medicine. Hospitals and clinics can be a daunting environment especially if there are no bilingual medical workers to help translate or provide understandable information.

Without health insurance immigrants are even more reluctant to seek treatment:

Overcoming what she called “**trust factor**” also poses a challenge to the outreach effort, said Mary Lou Castro, a health educator in the council’s Rockford office for the last 18 months (Presecky, 2007:2C.2).

Like many **immigrants**, some **Mayas** are reluctant to seek medical care for **fear** of being **deported** or because they don’t have insurance and don’t know that they can receive free services at Clinica Romero (Gorman, 2008:5).

Without insurance, Gomez, who recently moved from **Mexico** to Melrose Park, **fears** being **buried** under **medical bills** if **Jesus** and **Pablo** get **sick** (Smith, 2007:4C.3).

Fear of deportation and lack of trust causes Latinas/os to seek non-traditional or alternative health care. The above articles fail to examine the connection between fear and trust levels and legitimate claims of maltreatment and mistreatment by culturally insensitive medical doctors. Language barriers also contribute to an unfriendly

atmosphere. The lack of bilingual nurses and doctors complicate Latinas/os understanding of convoluted medical jargon.

Institutional, structural, and systemic racism are concepts that critically analyze the cultural, biological, and racial fallacies prevalent in Latina/o health. The following passages imply a sense of backwardness in terms of Latina/o parenthood, culture, and health. The articles also expose white American value judgments placed on Latinas/os by whites:

For instance, “A lot of these individuals who come from other countries have **never used a child restraint**,” she said. “**They usually have a child on their lap**” (Black, 2009:1.12).

“It’s not that they don’t want to be helped or be healthy,” Xuncax said. “Mostly **it’s cultural**, that we don’t see doctors where we are from. We don’t have the flexibility of having a hospital or a clinic nearby” (Gorman, 2008:5).

As a result of this active white racial framing Latina/o immigrants are depicted as unintelligent. This racist remark assumes all Latina/o immigrants drive around while holding a child on their lap or are unfamiliar with operating a car seat. To generalize from that Latinas/os do not take care of their children, see doctors, or visit hospitals suggests that all Latinas/os are not privy and therefore unintelligent to the inner workings of U.S. medicine. The following quotes further exemplify the white racial framing of Latinas/os:

She tries to teach her patients to take control of their own health care, but often she has to **start with basic information**, including what **diabetes** is and **how a woman gets pregnant** (Gorman, 2008:5).

“It’s very exciting when you see the response of people,” said Lara, 41, who moved to Highland Park from **Colombia** nine years ago. “We have

been talking about fever and diabetes. **You think people know a lot about it, but they don't**" (Black, 2009:1.12).

Assumptions regarding Latina/o health practices, country of origin, histories, and cultural critiques categorize Latinas/os as uncivilized, ignorant, non-American, foreign, and unhealthy. Latina/o immigrants entering the U.S., enter a society based on a longstanding racial hierarchy, this social order restructures Latinas/os and their health concerns as inferior to whites.

The next group of news stories describes preventive health programs and campaigns by highlighting diseases rates and food deserts. In the succeeding quotes Latinas/os are depicted as low-income, deficient, and living in urban settings where healthy fresh food is scarce:

The participants, of which **57 percent** are **Latina**, are **all low-income** and **minority** (Graves Fitzsimmons, 2007b:2).

"Some people will say, 'Well, people just don't have to eat it,'" said Jan Perry, the Democrat who represents the **city's overwhelmingly African-American** and **Latino** District 9. "But the fact of the matter is, what if you have **no other choices**?" (Chicago Tribune, 2008a:3).

"There's one set of food for one part of the city, another set of food for another part of the city, and it's very **stratifies** that way," said Marqueece Harris-Dawson, executive director of Community Coalition, based in South-Central. "**You try to get a salad** within 20 minutes of our location; **it's virtually impossible**" (Chicago Tribune, 2008a:3).

Based on these articles Latinas/os are low-income families that live in areas that offer no healthy food options. The health outlook for Latinas/os looks bleak, how can Latinas/os remain healthy in poverty ridden areas with no food resources? The following passages acknowledge the rise of illness and disease but do not present any background information or solutions to both food and health access:

“We know that in Latino communities, there are lot of issues with **diabetes, obesity, HIV, cancer and child car safety,**” said Vazquez, who said the organization offers 15 two-hour training session (Black, 2009:1.12).

Many of the state’s estimated 32,000 migrant and **seasonal farmworkers** and their family members are subject to **vitamin deficiencies, anemia, a higher incidence of disease and environment-related illnesses.**

Through its **health-education and prevention program,** the council is reaching about 8,000 people annually statewide, Gonzalez said (Presecky, 2007:2C.2).

Hispanics also are more likely to die before age 75 of **stroke, diabetes, chronic liver disease and cirrhosis, HIV and homicide,** according to 2001 data collected by the federal Centers for Disease Control and Prevention (Pensa, 2010a:4.3).

The issues and reasons involving the need for preventive programs are stated in a matter of fact way that links diet, poverty, environment, and higher disease rates to Latinas/os.

The *Chicago Tribune* often discusses preventive care and treatment in terms of modifying dietary practices and behavior. These health tips sometimes take a patronizing and condescending tone, consequently whites denounce Latina/o health behaviors and culture as fundamentally defective, impaired, and flawed. Singling out Latina/o health inequalities as opposed to other racial groups, such as whites, reflects the systemic nature of racism.

Health Legislation, Health Insurance, and Politics

The political discussions surrounding health care entail conversations on voting, health costs, and access to health care. Catering to the Latina/o vote during the presidential campaign, Obama used medical coverage as a political tactic to secure votes from Latinas/os. However, universal health care was and continues to be a contentious political issue:

At an earlier rally in Dallas, **Clinton** had stepped up her attack on **Obama's plan to expand health care** in comparison to her own proposal, which would **mandate that everyone get health insurance** (Dorning and Pearson, 2008:1.4).

Using health insurance as a platform to advocate for a presidential bid, Obama reached out to the Latina/o community by reiterating similarities in the Black and Brown experience. He used a passage from a correspondence between Cesar Chavez and Martin Luther King Jr. to foster political support among Latinas/os:

At a **rally** at the University of Texas-Pan American in Edinburg, **Obama invoked Cesar Chavez**, founder of the United Farm Workers union and a civil rights hero to many Mexican-Americans. He quoted from a letter Martin Luther King Jr. wrote to Chavez in which King said, “**Our cause is the same**” (Dorning and Pearson, 2008:1.4).

In another rally, Senator Obama also addressed his Latina/o constituents by discussing economic issues such as tax incentives for small business and health insurance:

Barack Obama on Sunday proposed up to a 50 percent **tax credit** for **small businesses** providing **health insurance** to their **employees**, a program he hopes has special appeal to **Hispanics** and **other minority groups struggling** for a toehold in the **U.S. economy** (Chicago Tribune, 2008b:4).

“We know that **small businesses** are the **engines of economic prosperity** in our communities, especially in **Latino communities**,” **Obama** told several thousand **Hispanics** attending the annual convention for the **National Council of La Raza**” (Chicago Tribune, 2008b:4).

Health coverage, health insurance, and universal health care became a popular topic throughout the Democratic and Republican primaries and eventually the presidential election. Health care was used to pander to Latinas/os, particularly because they are the highest uninsured racial group in the U.S. Protecting their interest and that of their

voters, elected Latina/o politicians expressed trepidation over their inclusion in the health care debate and did not completely trust their Republican counterparts:

Hispanic lawmakers said they had received assurances from House leaders that the **bill would not be changed to bar undocumented workers** from **purchasing insurance**, even with their own money, through newly created insurance marketplaces (Montgomery and Murray, 2009:41).

The **Hispanic lawmakers** said they remained concerned, however, that **Republicans** would attempt a **parliamentary maneuver** to add the provision to the bill -- and that the maneuver would attract enough votes from conservative Democrats to win approval (Montgomery and Murray, 2009:41).

Although, Latina/o politicians received assurances from House leaders they remained cautious and closely monitored the wording of health care related bills. Gaining the Latina/o vote became a priority for presidential candidates, recognizing the Latina/o voting bloc was a key component to the presidential race. Oftentimes candidates pitted immigration reform against universal health coverage in order to garner more votes and fracture the Latina/o voting bloc:

Obama immigration reform, “Failure to offer a **new immigration system** or lack of progress on the issue **could influence Latino voters to stay away from the polls** in November” (Superville, 2010:11).

Graham said he told Obama “in no uncertain terms,” that the **immigration** effort could **stall in Congress if the health care bill**, which **Republicans oppose**, moves forward under a special process known as “**reconciliation**,” which limits the minority party’s ability to derail it in the Senate (Superville, 2010:11).

Republicans continually offered to reform either immigration or health care but not both simultaneously. Latinas/os do not have the political power to enact favorable policies and laws. Issues important to Latinas/os are addressed only on white terms. Latina/o

concerns are not taken seriously by white elites. Whites dictate, control, and implement policies, at their discretion; meanwhile Latinas/os continue to face health disparities.

The mounting health crisis as reported by the *Chicago Tribune* often embodies the exclusion of illegal immigrants, cost concerns, and overcrowding:

Some conservatives have said they are concerned that there are insufficient identification requirements to prevent **illegal immigrants** from getting **public-funded health benefits**. On the other side of the issue, several **Latino lawmakers** are **angry** about a late addition to the bill that would effectively **prevent illegal immigrants** from using their own money to buy health insurance (Levey and Oliphant, 2009:1.10).

Free and low-cost clinics and **hospital emergency rooms** in **disadvantaged** neighborhoods are **bursting at the seams** with patients seeking care (Chicago Tribune, 2010a:9).

Even in flush times, these institutions struggle to **stay afloat**. But these are **dire times**, and the **future is uncertain** (Chicago Tribune, 2010a:9).

The articles sometimes present a dreary scenario for Latinas/os in need of medical care.

Ironically, Latinas/os play a significant role in the future of the medical system.

Although Latinas/os are denied health coverage and live in disadvantaged neighborhoods they remain central to health care reform:

But serious holes in the safety net would remain. Even with reform, 18 million to 23 million people probably would continue to **lack health insurance**, the Congressional Budget Office says. There is **no guarantee of medical coverage** for noncitizens. More than 272,000 **uninsured Latinos who aren't citizens** live in Illinois (Chicago Tribune, 2010:9).

Rising costs, high uninsured rates, and overcrowding medical facilities are directly connected to Latinas/os. These revolving themes negatively affect Latina/o health as they ensure that Latina/o health affairs are not seriously evaluated or considered high in priority. In many instances the health care debate was utilized by politicians as a political

talking point to either pander to Latinas/os or to limit Latina/o immigrants from receiving social services.

Additional Medical Personnel

The lack of Spanish speaking medical personnel is one of the central reasons Latinas/os do not utilize hospitals or partake in preventive treatments. This realization makes the inclusion of Latina/o nurses and physicians crucial to future Latina/o health outcomes. The insufficient amount of bilingual hospital workers corresponds with communication barriers and opportunities for higher education. The following *Chicago Tribune* articles address the shortage of Latina/o health care workers by emphasizing programs designed to enhance and encourage Latinas/os to pursue the medical field:

Many programs try to **recruit** students from **minority** and rural communities in hopes that graduates will return to their roots, which are typically **underserved populations**. For example, blacks, **Hispanics** and Native Americans together make up nearly a quarter of the U.S. population but **they represent only 7 percent of physicians and 6 percent of medical school faculty**, according to the American Medical Association's Minority Affairs Consortium (Mehallow, 2006:17.6).

Partnering with the Chicago Public Schools and Chicago Workforce Board, the Metropolitan Chicago Healthcare Council is encouraging partnerships between local hospitals and schools, such as the relationship among Children's Memorial Hospital, six Chicago public high schools and **GEAR UP**, a **college prep program** for middle and high school students. Each summer, 10 to 14 **Latino juniors** and **seniors** spend a six-week internship at Children's Memorial Hospital, getting a firsthand look at health-care professionals in action (Mehallow, 2006:17.6).

Programs such as GEAR UP are aimed to expand university health programs for Latina/o students. City officials have also promoted the increase of bilingual health providers “Cook County should sponsor **foreign-born nurses, pharmacists and radiologists** for legal **work visas** to help fill a **shortage of Spanish-speaking health**

professionals, a county commissioner said Monday” (Avila and Franklin, 2006:2C.1).

Though, this approach was not accepted by local government officials. The reasoning behind denying Latina/o immigrants the opportunity to work in the U.S. repackaged the white racial frame and the unsubstantiated claim that immigrants would take jobs away from Americans:

Commissioner Roberto Maldonado's **proposal** is **unconventional** enough, but he wants to take it even further: He wants the county to hire Illinois college graduates in the health field even if they don't have **legal immigration** status (Avila and Franklin, 2006:2C.1).

The **idea** is **clearly illegal, immigration** experts agree, but Maldonado said he will introduce the plan Wednesday to highlight the **shortage of bilingual health providers** at county facilities (Avila and Franklin, 2006:2C.1).

Both components of the proposal are likely to generate criticism--from opponents of **illegal immigration** and from labor unions that contend the legal work visas would **displace U.S.-born workers** (Avila and Franklin, 2006:2C.1).

In the case of hiring immigrants as medical workers, opponents (read whites) adamantly rejected the notion of offering Latinas/os health care jobs, citing the illegality of immigrants. Latinas/os are framed as a threat to U.S.-born workers, (or in other words whites). However, the opponents present no alternative solutions. Although education programs geared towards helping underrepresented Latina/o students enter the medical field is praised as a worthy enterprise, obstacles to educational attainment, access to educational resources, and white institutional university settings make such a goal unrealistic for the vast majority of Latinas/os. The call for additional Spanish speaking medical staff is clearly stated as a fundamental need crucial to the efficacy of Latina/o

health care, yet the effort requires additional insight, institutional changes, and substantial funding.

Health Disparities

The inequalities in health attainment and the disparities between racial groups are articulated across the following topics: medical transplants, food deserts, health clinics, and health care bills. The succeeding news report discussing kidney transplants presents a contradictory dilemma citing the unequal distribution of medical care while portraying a success story that is non-indicative of social consequences:

Similar problems face **Hispanics**, who are **three times more likely than non-Hispanic whites** to have **diabetes**, a main cause of **kidney failure** (Graham, 2006c:1.1).

“Minority patients may have to wait longer for matched **kidneys** and therefore may be **sicker** at the **time of transplant** or die waiting,” notes a U.S. government organ-transplantation Web site (Graham, 2006c:1.1).

The problems involving kidney transplants are complex and detrimental to people of color, but the article weaves the story of a Black and Brown kidney transplant, effectively trivializing the racial factor within organ transplants and disregarding the fact that many people of color have to be placed on longstanding waiting list. This one story is not representative of the dire situation facing Latinas/os patients who require kidney transplants:

“Let's talk about what's happening here,” he said. “A **black woman** is **donating** to a **Hispanic man**, and a **Hispanic woman** is **donating** to a **black man**, and there's **no fear** or **cause for concern**” (Graham, 2006c:1.1).

“Too many people waiting for **organs** are afraid to go outside their communities because of **prejudice** or **closed-mindedness**,” said Chandler, a minister. “We hope that this will motivate people to realize

there's **no color issue** here. There's just a **sickness issue**” (Graham, 2006c:1.1).

When the Torreses and Chandlers first met Jan. 27, that theme was an important part of their discussion (Graham, 2006c:1.1).

“We talked about how this was going to be something **good for the community**, because there are so many people who get **sick** the same way and we need all to try to **help each other**” Alfreda Torres said (Graham, 2006c:1.1).

The above story is a feel good anecdote of two underrepresented races coming together to help one another. Unfortunately this does not represent the medical realities of Black and Brown people who routinely suffer from limited organ matches as well as diseases such as diabetes and hypertension which precipitate organ transplants.

The reality of food deserts is another environmental factor that contributes to health inequalities. Latinas/os living in urban spaces are susceptible to cheap food sources and saddled by overpriced healthy food alternatives. The scarcity of grocery stores and the overabundance of fast food restaurants create an unhealthy environment. People of color disproportionately live in low-income segregated neighborhoods that fail to provide fresh fruit and vegetables:

People who live in majority white neighborhoods **traveled** an average of .39 miles to **grocery stores**, while **predominantly Latino** or diverse census tracts showed a .36-mile average trip for groceries (Briggs, 2006:1.1).

In majority white, **Latino** and diverse tracts, the distance to the **nearest grocery store** and the **nearest fast-food restaurant** is about **equal** (Briggs, 2006:1.1).

People who live in **food deserts** are **more likely to die prematurely** and at greater rates from **diabetes, cancer, cardiovascular disease** and **obesity**, according to the study, which also tabulated years of **potential life lost** (Briggs, 2006:1.1).

These food deserts create an imbalance of food choices; the physical distance of unhealthy foods versus healthy food constructs an environment that has negative implications for Latina/o health. Moreover, healthy foods often cost more than fast food; residential segregation, redlining, and economic discrimination also influence the scarcity of grocery stores.

Several articles add a human interest story to spur readership. This strategy results in opposing messages, the good work by a community health activist and the opening of a new health clinic does not eliminate the vast health inequalities inflicting the Latina/o population. The use of a positive story masks the reality of negative health outcomes:

“We were really impressed by her own journey... and her zeal to improve the **lives of the unfortunate**,” said Gabrielle Redford, the magazine's editorial projects manager. “She's really trying to shake people up and say, ‘This **system isn't fair**’ (Pensa, 2010b:4).

For the last decade, a top priority at the Midwest Latino center has been tackling **diabetes**, which the **CDC** says is most prevalent among **Hispanics. Puerto Ricans and Hispanics** in the Southwest have the **highest rates**. Compared with **whites**, minorities are **two to six times more likely** to **have the disease** (Pensa, 2010b:4).

“A number of people with it are not aware they are living with **diabetes** until they end up in the **ER**” Giachello said, (Pensa, 2010b:4).

Although the article relays the journey of one person doing positive work in the community, the news report also acknowledges that Latinas/os continue to suffer disproportionately. However, institutional and systemic racism are left out of the structural analysis concerning health inequalities. The following passages discuss some of the factors that influence Latina/o health outcomes:

Statistics show that **Hispanics** are **more likely** than non-Hispanic **whites** to **die before age 75** of **stroke, chronic liver disease and cirrhosis, diabetes, HIV and homicide**, according to **CDC** research from 2000 (Pensa, 2010b:4).

Two **culprits** are the **lack of health insurance** and **regular doctor visits** at **greater rates** than **non-Hispanic whites**, the research found. Giachello would add others, including **cultural differences**. It's a **barrier** she has attacked by **training health workers** locally and internationally (Pensa, 2010b:4).

“The **Hispanic** and **minority populations** in general are **growing** at an **accelerated rate** to the point that it's critical to respond to the **diverse needs** of **health** and **social service** in the **community**,” she said (Pensa, 2010b:4).

The root causes of health disparities and inaccessible health care are overshadowed by the rhetoric surrounding lack of health insurance, the growing population, and cultural differences. This discourse effectively ignores and reduces Latina/o health concerns to mere statistical facts.

Preconceived notions of people of color are also behind pending abortion legislation. The next article tries to unravel the complex arguments surrounding abortion by citing numerous racial and gender indiscretions. The author, not a *Chicago Tribune* reporter but a former elected official, ties the history of medical racism and discrimination endured by people of color to supplement her main argument:

Back in the 1980s, when I was a state legislator, I filed a lawsuit against Illinois Democratic Party leaders because the reapportionment they had created discriminated against **black** and **Hispanic voters**. Crosby vs. State Board of Elections was a hard-fought case, replete with the spectacle of black **legislators** (there were **no Hispanic ones at the time**) trooping into court to testify that, in their opinion, **the Democratic Party was fair to minorities** (Moseley Braun, 2009:1.36).

Unfortunately, the U.S. House-passed health care bill looks to me like **deja vu all over again** (Moseley Braun, 2009:1.36).

As written, the bill so eviscerates *Roe vs. Wade* as to practically **eliminate a woman's right to reproductive health choice** (Moseley Braun, 2009:1.36).

If public funding is not available, and private insurance is not available, then **millions of young women faced with this most difficult of decisions** will also have to face finding the **money to pay for a safe abortion** or **go back to coat hangers and back alleys** as was the case in the bad old days pre-*Roe vs. Wade* (Moseley Braun, 2009:1.36).

The author adamantly challenges the bill and argues that it limits women's reproductive choices. She goes on to state that the bill repeals the significant autonomy gained by the landmark case *Roe vs. Wade*. It is also interesting to reiterate that one of the only critically engaging articles in this entire project was not written from a newspaper reporter or an employee of the *Chicago Tribune*.

Examining health inequalities through the topics of medical transplants, food deserts, health clinics, and health care legislation, underscores the fact that Latina/o health is in critical need of effective health care services. The articles generally offer limited or nonexistent analysis that further explains why Latinas/os suffer disproportionately from health disparities or who controls the means to curb negative health outcomes. The news reporters make no effort to investigate the role whites play in the perpetuation of Latina/o health disparities. Subsequently, Latinas/os must wait patiently until whites decided that Latina/o health is a worthwhile undertaking.

Latinas/os Briefly Mentioned

The final category analyzed the remaining newspaper articles that did not exclusively write about Latina/o health. The preceding newspaper quotes capture the statements that briefly referenced Latinas/os. Naming Latinas/os as the only racial group

equates and problematizes Latinas/os with the prevailing topic of discussion. Similar to the *New York Times* and *Los Angeles Times*, this latent racial association effectively limits any critical analysis of Latina/o health concerns. This section examines the following topics: equal treatment, exclusion, numbers list, university grant, aging population, health program for kids, health insurance, doctor's passing, business announcement, after school program, public health campaign, asthma, cardiovascular disease, breast feeding, gonorrhea, disparities, and career change. These topics were further categorized into the resulting sections: stories, percentages, programs, illness increase, studies, and politics.

Stories

Personal stories are depicted as either success stories or cited as reasons to develop better health services. Success stories cloud the genuine lived experiences of Latinas/os and fail to address health disparities, medical racism, systemic racism, or structural inequalities. Success stories operate to validate additional funding for health services or expansion of programs. The authors manipulate the existing conditions of Latinas/os by presenting individualized sentimental stories without offering an explanation or critique of social circumstances. For example, the ensuing story presents a skewed view of retired life:

--Isidro Lucas
70, Retired college professor.

Situation: **In his mind, Lucas feels 45 years old. He's not sure why that is, or even if he's terribly healthy**, but he says he's **having fun** (Stone, 2007:10.19).

“He loves not having to be anywhere every morning and **advises people** to get their **finances in order** so they know how much time they’ll need to work as they get older, and when they can start to enjoy a slower-paced life. “It kind of **liberates you,**” he says (Stone, 2007:10.19).

The above story portrays an older Latino male as clueless, unserious, and affluent. The man suggests one tip for Latinas/os, to get their finances in order. Unfortunately many Latinas/os do not have the same experiences by the time they reach retirement age. The passage misses an opportunity to examine important economic factors such as the wealth gap, unequal earnings, intergenerational transmission of wealth, and unemployment. The next story also employs the individual narrative by announcing the passing of a Latina doctor:

Dr. Sophie S. Levinson came to Chicago from **Colombia** in the early 1960s and **worked for 15 years as a pediatrician** with the **Chicago Health Department**, overseeing efforts to eradicate lead paint, high blood pressure and other health menaces for **urban children** (Jensen, 2007:1.21).

Dr. Levinson, 69, died Monday, May 14, in the Midwest Palliative & Hospice CareCenter in Skokie of **complications from breast cancer** and multiple myeloma, said her son, Vic. An Evanston resident, she had been diagnosed with cancer in 2000 (Jensen, 2007:1.21).

Dr. Levinson was for many years the **medical director at the Chicago Health Department's clinic** at Division Street and Western Avenue, working in a **Hispanic community challenged by a number of health issues**, said Dr. Rosa Subero, a colleague at the clinic (Jensen, 2007:1.21).

The article praises Dr. Levinson for her work with urban children and the Hispanic community, her work and career is inherently connected to her racial background. This is important because physicians of color disproportionately serve people within their own community. The story also links Latinas/os with a number of health issues without

explaining the circumstances. Additionally, an interview with a health network CEO, utilizes the story description when discussing the CEO's decision to promote cancer awareness:

Q. Besides your family story, was there any one moment that spurred you to launch this breast cancer awareness campaign?

A. About seven years ago, I was up in one of our **clinics** talking to an **immigrant woman**. She had the cutest daughters, 9 and 7. I remember their eyes. She told me in **broken English** how she **cleaned houses** for a living, and her husband was an auto mechanic. She said, "We're immigrants in this country, and we own our first home." I said congratulations, and she smiled, but then she put her head down. She said, "I know **I have two lumps in my left breast.**"

I just froze. All of a sudden I saw my grandmother and my mother. She looked at me and said, "**I would rather die knowing that I've left my children with the American dream, which is a home, than have a bunch of medical bills.**"

I thought about my grandmother dying in her 30s, leaving eight kids. And I thought, oh my gosh, 60 years later, **women are still making heart-wrenching decisions at the peril of their families** (Mahany, 2009:2).

Working to eradicate cancer is a commendable action; however, the reasons and details as to why the CEO decided to begin a journey in the health field are vague. The news report refers to an immigrant woman, broken English, and cleaned houses for a living, but does not state whether the woman is Latina or not. Given the racialized framing of the article and descriptive racist social markers the assumption is that the woman is Latina. Based on the fact that Latina immigrants disproportionately work in the domestic service industry. Furthermore, broken English would not refer to a Canadian, British, or Australian immigrant. In the end, the woman's background and the outcome of her difficult situation are undisclosed and overlooked.

The generalization that Latinas/os are family orientated remains a salient theme in Latina/o health. The following passage frames family health issues as an acceptable reason to resign:

Robert J. Armband has resigned as chief executive and publisher of Chicago's La Raza, the ImpreMedia-owned Spanish-language weekly newspaper, effective Wednesday (Rosenthal, 2007:3.3).

Armband also said his decision was based in part on **family health issues** (Rosenthal, 2007:3.3).

"I'm at the stage of my life where the **quality of life** is very, very important to me," said Armband, 51, a married father of two." After 16 years as the driving force behind La Raza, you can imagine I missed a lot of the little things that mean quite a bit and I'm anxious to really spend that **quality time** with my **family**. But that's not to say I don't want to continue to pursue exciting new projects" (Rosenthal, 2007:3.3).

The reader understands the meaning behind family health issues but there is no further explanation presented. Family takes on special connotation within the Latina/o experience as family is often portrayed as essential to Latinas/os. Extended networks are a crucial survival element for Latinas/os. However, the stereotype of the large Latina/o family can be misleading and characterize Latinas/os as overgrowing and overpopulating. Stories presented in the *Chicago Tribune* are often individualized and ambiguous. Stories facilitate the marginalization of Latinas/os.

Percentages

Stating the percentages of certain diseases and illnesses, user rates, and health risks fail to capture or contextualize the experiences of Latinas/os. Although statistical information can help better understand the larger health landscape, when Latina/o health becomes quantified, underlying causes such as racism are overlooked. For example,

announcing the acquisition of a health grant and to research what type of hospice care people receive, Latinas/os are statistically insignificant “According to 2004 data, whites accounted for 89.5 percent of **Medicare hospice users** that year. Blacks made up 7.7 percent, **Hispanics 1.3 percent** and Asians just 0.6 percent, Chung said” (Napolitano, 2006:2C.6). The article does not articulate the study’s low enrollment of Latinas/os. This low percentage is juxtaposed against low-income and overweight Latina/o students:

“We have **kids** who **don't** have the **resources to be active; 98 percent of our students are low-income**,” Weidner-Carter says. “So during and after school is their main chance to be active.” The school serves as a **safe environment** in the Gage Park neighborhood, which has **problems with gang activity** (Stein, 2007:5.4).

In addition, 21 percent of female high school students in Chicago were at risk of becoming **overweight**; the national figure was 15.5 percent. And of **Hispanic girls** in Chicago, 21.8 percent were at risk of becoming **overweight**; the national figure was 16.8 percent (Stein, 2007:5.4).

Another report only referenced statistical data and did not include a story or explanation.

The simple listing of statistics reduces health inequalities to percentages and numbers:

460,000: Number of fatal heart attacks each year.

10: Percentage of hospitals that have a pediatric-care unit.

47: **Average** number of **minutes** a **patient waits to see a doctor in the emergency room.**

17: Percentage of children and adolescents (ages 2-19) who are **overweight** (Chicago Tribune, 2006a:19).

66: Percentage of adults who are **overweight** or **obese.**

24.1: Percentage of Hispanic children without health insurance.

7.2: Percentage of Caucasian children without health insurance.

20,019: Number of reported cases of **gonorrhea** in Illinois in 2005.

9,889: Number of reported cases of **gonorrhea** in Chicago in 2005.

1,321: Number of reported cases of **AIDS** in Illinois in 2005.

200,000: Number of people hospitalized by **flu** complications.

36,000: Number of people who **die of flu** each year.

Sources: Illinois Department of Public Health, National Center for Health Statistics; Centers for Disease Control and Prevention. Research by Megan Lee (Chicago Tribune, 2006a:19).

Whites are also mentioned in opposition to Latinas/os; however, the white percentage of children without health insurance is significantly less than Latinas/os. Health insurance is framed as a Latina/o problem. Percentages underestimate the impact racialized health disparities have on Latina/o families. Quantitative statistics in newspaper articles often fail to critically examine systems of domination (racism, patriarchy, and capitalism).

Programs

Health programs are designed to promote healthy choices, prevent illness, and supplement high medical costs. Latinas/os are briefly mentioned in the ensuing articles even if the article is not squarely focused on the Latina/o community. For instance, the CEO of a health company refers to Latinas/os in terms of advertising techniques but the phrases discount and uninsured are also attached to Latinas/os:

“Clearly, our messaging and outreach and advertising is focused on the woman who is the Boomer or the 40-plus woman whether she be African American or **Hispanic** or **single** or **married with children**,” said Roba Whiteley, executive director of **Together Rx Access**, which provides **drug discount cards to the uninsured**” (Japsen, 2008:3.1).

The “drug discount cards to the uninsured” is directly linked to Latinas/os. Whether Latinas/os are the central focus of the article makes no difference, the latent racial association depicts Latinas/os as drains on the social system.

School programs represent another facet of the Latina/o health discourse. According to the newspaper articles these programs are implemented to addresses the

health concerns of Chicago students; one such program is centered on being physically active:

Hispanic girls are especially targeted by Chicago's **GoGirlGo! program**, though girls of all races have participated. Hispanic girls face **tougher challenges** than others for multiple reasons, according to the foundation. These include **lack of transportation, opportunity, safe neighborhoods** and **money for expenses** (Stein, 2007:5.4).

At Carson Elementary School on the city's Southwest Side, physical education teacher Julie Weidner-Carter runs an **after-school program** for 5th- through 8th-grade girls that combines the GoGirlGo! curriculum with tennis in the fall, indoor fitness activities in the winter and a running club in the spring. More than 150 girls at the school, **95 percent** of whose **students** are **Hispanic**, participated in 2005-06 (Stein, 2007:5.4).

Camp Fitness a volunteer after school program focuses on prevention, healthy eating and exercise:

More than **half the student population** in Joliet School District 86 is **at the poverty level and the majority are either Hispanic (47 percent)** or African-American (31 percent). Studies have shown that **obesity** is higher among certain populations, including those two (Fabbre, 2009:1).

The first sports program **GoGirlGo!** encourages Latinas to become physical active. The second program, Camp Fitness, was strictly a volunteer after school program. Both programs offered students resources on prevention, healthy eating and exercise.

Moreover, the programs are created to address health problems that directly affect Latina/o health. The root factors that cause obesity are not examined. Health programs are helpful but will not mediate institutional contributions to health inequalities such as poverty, institutional racism, and mass incarceration.

Illness Increase

The increase of illness is briefly mentioned in relation to Latinas/os, furthermore,

Latinas/os are often used as comparison group to Blacks. The diseases mentioned in the articles include diabetes, hypertension, STIs, and asthma. Latinas/os are often utilized to contextualize Black health facts. The following passage discusses the health status of Blacks, whites, and Latinas/os but does not focus on the problems that create said health disparities:

African Americans as a group had the highest proportion of **hypertension**, while whites were more likely to have high **cholesterol** and **Mexican Americans** were more likely to have **diabetes**, the researchers found. The greatest **disparity** was in **hypertension**, where **42.5% of blacks** had the condition, compared with **29% of whites** and **26% of Mexican Americans** (Maugh, 2010:1.10).

The next article reports on the stigma of sexually transmitted infections and effectively relates STIs to Blacks in contrast to whites and Latinas/os:

The CDC researchers found that the **gonorrhea rate** among **blacks** is **20 times higher than** among **whites**, and almost **10 times higher than Hispanics** (Chicago Tribune, 2010b:3).

Blacks accounted for **48 percent of chlamydia cases** in 2009, putting the rate of chlamydia among blacks at **eight times higher than whites** and **three times higher than Hispanics** (Chicago Tribune, 2010b:3).

The rate of **syphilis** is **nine times higher among blacks than whites** and **four times higher than Hispanics** (Chicago Tribune, 2010b:3).

The statistics comparing each racial group help highlight health issues that affect Blacks and Latinas/os, but do little to help current health inequalities. Additionally, the reasons for health disparities are described as personal behavioral choices:

“This was pretty much what we expected,” Fryar said. “I don’t know that there is any one particular factor” to account for the **racial disparities**. That will require a lot **more research**, she added (Maugh, 2010:1.10).

Personal responsibility plays a big role in creating these three health problems, he said. “This trio begins with a quartet of **smoking, a junk**

diet, physical inactivity and obesity. Those are all things we can do something about” (Maugh, 2010:1.10).

The CDC said the **large racial disparities in STD rates** are consistent with other studies and reflect a range of factors, including **poverty, lack of access to health care** and high rates of STDs in predominantly **black neighborhoods** that **increase** a person's risk of infection (Chicago Tribune, 2010b:3).

Less than half of people who should be screened got the recommended **screening** tests for **STDs**, according to the report (Chicago Tribune, 2010b:3).

If undiagnosed and untreated, STDs increase a person's **risk for infection** by the human immunodeficiency virus **HIV**, which causes **AIDS** (Chicago Tribune, 2010b:3).

Although racism and poverty are mentioned as contributing factors an adequate discussion addressing the systemic nature of race-based health outcomes or an investigation into the maintenance of racial inequalities often remain missing from the articles. For instance, drawing attention to asthma prevention, the following article problematizes asthma as an individual phenomenon:

Maureen Damitz, senior director of programs with the Respiratory Health Association of Metropolitan Chicago, said in certain ethnicities where the incidence of **asthma is higher -- African-Americans and Puerto Ricans**, in particular -- **learning how to control the disease** is most important (Jasinski, 2009:4.1).

Older housing stock also contributes to poorly controlled **asthma**, Margellos-Anast said. **Landlords** are not always on top of potential **triggers** like **leaks** and **cracks** where **mold grows** and **mice live**. **Families** in the Sinai program who report landlord or legal issues are referred to people who can help (Jasinski, 2009:4.1).

The **death rates from asthma are highest** among **African-Americans and Hispanics in urban areas**, the Respiratory Health Association of Metropolitan Chicago said, adding that the hospitalization rate in Chicago is nearly double the national average (Jasinski, 2009:4.1).

Discourses regarding asthma, comparisons between racial groups, and lack of analysis, contribute to the racial understanding of Latina/o health. The health concerns of Latinas/os are repeatedly ignored and reduced to illness rates and statistics, but no solid explanation is given for their current health circumstances. Consequently, the health status of Latinas/os becomes reified as part of their culture and race.

Studies

Newspaper articles in the *Chicago Tribune* often quote academic and government studies that cite statistical information pertaining to health disparities. Moreover, in the studies Latinas/os are often used as a comparison group in relation to Blacks and whites. For example, the following passage discusses the ranking of medical treatment:

The survey of nearly 7,000 patients, reported Thursday in the *New England Journal of Medicine*, considered only urban-area dwellers who sought treatment, but it still challenged some stereotypes: **These blacks and Hispanics actually got slightly better medical treatment than whites** (Donn, 2006:4).

Blacks and Hispanics as a group **each got 58%** of the **best care, compared to 54%** for **whites** (Donn, 2006:4).

As a reader, information based on authoritative sources such as the *New England Journal of Medicine* are generally received as accurate and objective. The merits of the study would require substantial inquiry and follow-up studies. However, the effectiveness of citing studies function to support the author's claims. Studies can also work against an argument, for instance, the following study excludes Latinas/os:

The **disparities** in life spans around the country were so stark that researchers divided the country into eight clear segments: **Asian-Americans**, low-income **whites** in the rural northern Plains and Dakotas,

middle-America whites, middle-America **blacks**, low-income whites in the rural counties of Appalachia and the Mississippi Valley, southern low-income blacks, **Native Americans** in the West and high-risk urban **blacks**. (**Hispanics were excluded from the study** because of difficulties in checking demographic information and vital statistics.) (Chicago Tribune, 2006b:1.22).

According to the article, Latinas/os were left out of the study due to the complexities and diversity within the Latina/o population. As a result, Latina/o health disparities are relegated as unimportant. Effective use of studies can spark dialogue and began to solve and explain systemic racism, structural racism, and the racialized forces that influence negative health outcomes. For instance, the next article discusses the findings of a study and clearly states that income stratification and racism are integral to health inequalities:

“The **underlying issue** here is **racism** and **poverty**,” Whitman said. “In Chicago, it's exacerbated by **segregation**. Black people in Chicago are forced to live in neighborhoods where there are **no stores to buy fresh fruits and vegetables**, where **schools are failing**, where they **don't have parks to exercise** in and where they tend to go to **segregated health facilities** that are **poorly funded** and, in different ways, failing” (Shelton, 2009:1.1).

“**If we were serious about** doing something about **eliminating these disparities**, we would pay attention to the **social determinants of health** that put people in these situations to begin with,” he said. “At the end of the day, there is very **strong correlation between health and wealth**” (Shelton, 2009:1.1).

The **city health department** has initiated **programs** to **address** the **problem**, including a **federally funded project** focused on **cardiovascular disease among blacks** and **Hispanics** living in North and South Lawndale, Harrington said (Shelton, 2009:1.1).

The racial health gap is widening but the newspaper articles often state statistical facts from studies but do not follow them up with additional analysis, completely stemming any sustained dialogue. The studies referred by the authors do not address racism, racial

oppression, or institutional discrimination. Referencing studies can provide insight but more often than not prevent practical assessments of Latina/o health inequalities.

Politics

Latinas/os are briefly mentioned in political discussions involving health insurance, immigration, and breast feeding. Ignoring Latina/o health concerns does not give due diligence to pertinent health issues and often problematizes health discrepancies as wholly Latina/o. For example, the following article refers to Latinas/os as illegal immigrants when reporting on the health care debate:

That wasn't enough to offset other trends, such as the **increasing numbers of immigrants without health insurance** in Illinois. In 2005, **one out of every seven uninsured Chicagoans** were **Hispanics** who **weren't citizens**, according to the Gilead Center study; in the collar counties, the figure was more than one in five (Graham, 2007:4C.1).

The trend is **national**. Across the **U.S., immigrants accounted for 86 percent of the increase in people without insurance** between 1998 and 2003, according to the Employee Benefit Research Institute (Graham, 2007:4C.1).

The article frames being uninsured as distinctly a Latina/o problem. Additionally, the news report contends that Latina/o immigrants should not receive health care because they are illegal and a tax burden:

That concerns **conservatives** and other activists who think citizens shouldn't be asked to **pay medical bills for illegal immigrants**. The census data don't indicate **how many people without citizenship** are **undocumented** (Graham, 2007:4C.1).

Under the state's All Kids program, which began last year, all Illinois children, including those in the country **illegally**, can get **insurance** policies subsidized by the state. That **option won't be available** to **adult illegal immigrants** under the governor's proposed **universal health-care plan**, spokeswoman Abby Ottenhoff said (Graham, 2007:4C.1).

The language in the above article obscures white racist ideology and the white racial framing of Latinas/os. Ironically, it is whites who detest universal health coverage but stand to benefit the most in comparison to all other racial groups. Furthermore, the term health disparities is a racist-hidden word that ignores institutional racism at the expense of racial minorities. Covert racist language maintains the status quo and works to preserve white racial superiority.

The next news report covers breast feeding and the uneasiness some people feel when they see mothers publicly nursing their child. People bothered by breast feeding have proposed legislature to limit when and where a woman can feed her child. This news story manages to include a critique of the parental practices of Latinas:

While **breast-feeding in public** is widely accepted in many cultures, some **Americans are uncomfortable** or offended when a woman reveals even a portion of her breast to nurse a child. At least **34 states have strict laws securing a woman's right to breast-feed anywhere** she is allowed to be. Still, nursing mothers are routinely asked to leave public places because of customer complaints (Dahleen, 2006:1.1).

Still, **breast-feeding rates remain significantly low** among blacks and **Hispanics**, and research shows most **mothers abandon the practice after a few months**. A study released last year by the National Immunization Program, the National Center for Health Statistics and the Centers for Disease Control and Prevention found that while about 70 percent of children in the U.S. are breast-fed to some degree shortly after birth, only 51 percent still were breast-fed to some extent at 3 months, 35 percent at 6 months and just 16 percent at one year (Dahleen, 2006:1.1).

Instead of the discourse centered on public breast feeding, Latinas/os enter the discussion as insufficient breast feeders. Latinas are viewed as mothers who have breast-feeding rates that remain significantly low. Medical professionals promote breast-

feeding because it offers many health benefits to newborns. Since breast-feeding is recommended by medical doctors, Latinas are in direct contention of the doctor's orders. If Latinas do not participate in breast-feeding than they are not giving their child the best start in life, consequently Latinas who do not follow perceived white ideas of motherhood are bad mothers. Furthermore, briefly mentioning Latinas/os relative to politics ties them to issues that are not specifically Latina/o, yet the discourse frames Latinas/os in the context of illegality, uninsured, costly, and bad parenting.

The Latinas/os briefly mentioned section was divided into seven subcategories: stories, percentages, programs, illness increase, studies, and politics. Each subcategory presented the newspaper articles that briefly referenced Latinas/os. This section traced how Latinas/os remain on the margins of mainstream health discussions. The articles also revealed that Latina/o health concerns are trivialized and disregarded. Finally, this category highlighted how the latent racial association of an article can define the health discourse of Latinas/os.

Conclusion

The *Chicago Tribune* presented slight variations in relation to how the white racial frame and systemic racism influence mainstream ideology. The discourse concerning the categories of population and illness increase, health costs, and preventive care and treatment, and health legislation, health insurance, and politics, were relatively similar to the *New York Times* and the *Los Angeles Times*. The health disparities category rarely examined the role whites play in the reproduction of Latina/o health disparities including poverty, residential segregation, and racial inequalities. Another

finding involves the subsection labeled additional medical personnel. The newspaper articles in this category advocated for educational opportunities in order to increase well-qualified Latina/o medical workers. In comparison, the *New York Times* and *Los Angeles Times* did not actively discuss Latina/o physician recruitment or educational medical programs. This discussion is important because it begins to bring attention to structural limitations that negatively affect the Latina/o community such as the lack of bilingual hospital staff. The last category entitled Latinas/os briefly mentioned also presented similar findings in comparison to the previous chapters, but was further divided into six subcategories: stories, percentages, programs, illness increase, studies, and politics. The numerous articles in this section indicate brief discussions of Latina/o health issues rather than in-depth newspaper reporting that could perhaps contribute to the deconstruction of the racialized medical framing of Latinas/os. The ensuing chapter analyzes the Latina/o health articles in the *Houston Chronicle*.

CHAPTER VII

THE HOUSTON CHRONICLE

Unlike the *New York Times*, *Los Angeles Times*, and the *Chicago Tribune*, I divided the *Houston Chronicle* findings into six categories rather than seven. Although the *Chicago Tribune* encompasses four categories that both the *New York Times* and *Los Angeles Times* employ: (1) population and illness increase, (2) health costs, (3) preventive care and treatment, and (4) health legislation and politics. The next category (5) health disparities, uses the same category applied to the *Chicago Tribune*. The last category specific to the *Houston Chronicle* captured multiple themes and topics and is subsequently labeled (6) considering the other. The following sections present quotes from each article to provide detailed evidence of how the *Houston Chronicle* frames Latina/o health.

Population and Illness Increase

According to the *Houston Chronicle* social problems are associated with the increase of the Latina/o population. The newspaper articles often underscore the growing Latina/o community and link negative future occurrences to Latina/o population expansion. The idea of a rising Latina/o demographic is frequently reiterated throughout the following article:

The U.S. Census Bureau has marked the **birth of the 300 millionth American**, statistically predicted to be a baby **born of immigrant parents in Los Angeles**. The occasion should be a **wake-up call for Texans** to begin preparing for a **doubled population** three decades hence, with a **surging Hispanic majority** that will **confront the state with new challenges** (Houston Chronicle, 2006a:B6).

The surging Hispanic majority represents an impending threat to the white majority. The article also reacts to the changing demographics by referring to the Latina/o population increase as a wake-up call for Texans. According to the article, the rising Latina/o demographics will confront the state with challenges. In other words, the state, symbolic of white domination, is under attack by the millions of immigrants overpopulating the state of Texas. Current and future challenges are associated with the increase of Latinas/os:

While **Texas** in the **near future** might **resemble present day California** in its **demographics** and politics, the future **Lone Star economy** might **not** keep pace with **national** competitors if its **population** is **disproportionately mired in poverty, inadequate education and poor health** (Houston Chronicle, 2006a:B6).

If the demographics are increasingly Latina/o and if Texas resemble present day California than Texas' failures and troubles of poverty, inadequate education and poor health, are evidently predicated on Latinas/os. Moreover, lack of health insurance and poverty are mainly a Latina/o and Black problem:

In Texas, **29 percent** of **Hispanic children lack medical insurance**, three times the uninsured rate for whites. More than two-thirds of those children live in households earning far below the **poverty** level. In **Houston, 30 percent** of **Hispanics** and **blacks** are **economically deprived**, which the government defines as a family of four subsisting on less than \$19,971 annually. **Hispanics and blacks experience three times** the incidence of **poverty** among **whites** (Houston Chronicle, 2006a:B6).

Living in **poverty** and high **uninsured rates** are identified as exclusively Latina/o and Black in comparison to whites. The article does not investigate a broader analysis systemic racism, class and racial oppression, nor provide any viable answers to the

unequal distribution of money, power, and access to resources. In place of constructive critique is a bleak foreshadowing of Texas' future:

Instead of attracting new businesses and technologies, Texas could become a **backwater state** at the **bottom of national rankings** in the **quality of life** categories that attract young professionals. The fact that we already have the **highest percentage of citizens without health insurance** and the next to **lowest graduation** rate of students in the nation indicates that **dismal future** is not far away. Rice University political scientist Bob Stein says such a future would be **devastating** and would **damage** everything from **public services** to **medical care** to **tax revenues** to the ability of **residents** to **buy homes** (Houston Chronicle, 2006a:B6).

Immediately following the discussion of the rising Latina/o population, the author presents an unfavorable future assessment of Texas. Current and future economic, health, and educational problems are embedded with the idea that Latinas/os are responsible for overwhelming the social system. Therefore, the white racial framing that refers to the increase in Latina/o population corresponds with white fears related to politics, economics, demographics, and race.

Health Costs

The *Houston Chronicle* often frames health costs with the increase of Latina/o population and illness. Latinas/os are reduced to an economic liability that impedes white advancement and jeopardizes personal income. The economic downturn and the concern for rising health costs are affiliated with Latinas/os. As a result, newspaper articles and commentators sometimes describe Latinas/os as fiscal burdens. The following article speculates that Latinas/os could significantly impact the economic stability of Texas:

As the state's **Latino population continues to expand** over the next two decades, if current trends stay the same, **Texas** is in **danger** of developing what one academic describes as a "**permanent underclass**." Widespread **poverty could pull down the standard of living for all Texans** (Ratcliffe, 2010:A1).

The permanent underclass and the references to poverty refer to the expanding Latina/o population. Latinas/os are contrasted against the peril that poverty could pull down the standard of living for all Texans. In the context of the article all Texans refers to whites because if Latinas/os already live in poverty, than their standard of living is already down, consequently whites standard of living would be pulled down to the level of Latinas/os.

The following newspaper article adds to the idea of impoverished Latinas/os by connecting Latinas to risky sexual behaviors. Furthermore, early teen pregnancies is contributed to Latinas "**Hispanic girls** accounted for **62 percent of all births to teen mothers** in 2006, the most recent year reported by the National Center for Health Statistics" (Ratcliffe, 2010:A1). The article has characterized Latinas/os as growing threats, poor, and sexually active. The news story also entails contradictory language that normalizes their experiences while blaming Latinas/os for their own failures. The explanations cited for Latina/o health inadequacies and discrepancies are individualized and personal:

"It's not like its racism, where people are paying Latinos a lot less than whites," Orrenius said. **"They're paid less** because they have **less education**" (Ratcliffe, 2010:A1).

Flores said the **Latino middle class will grow** as the population expands, but he said the amount of **Latino children** who **do not finish high school** has the potential of creating an **ongoing cycle of poverty among most of the population** (Ratcliffe, 2010:A1).

The structural causes of high school dropouts and poverty are neither discussed nor expanded. Without a deeper analysis the reader accepts the fact that Latinas/os have the highest dropout rate out of all racial groups in the country. Public schools operate as sites of contention for many Latina/o students; curriculum, faculty, staff, and pedagogy are often at odds with the experiences of Latinas/os in the U.S. The belief that Latinas/os are paid less because they have less education places the lack of education squarely on Latinas/os inability to work hard and value education. Subsequently, the white racial framing that Latinas/os earn less income because they have less education ignores institutionalized educational racism and discrimination. Therefore, the ongoing cycle of poverty is contributed to Latinas/os capacity to gain a college education.

The discourse surrounding poverty and education directly leads to the rejection of health insurance and medical care for undocumented Latinas/os:

To their credit, no one involved is trying to sugarcoat the **new cost-cutting proposal** at University of Texas Medical Branch of Galveston. The **policy would deny treatment to cancer sufferers** who are **undocumented** (Houston Chronicle, 2007a:B8).

Nor is rejecting these patients likely to solve the **hospital's budget problems**. After all, **illegal immigrants** represent **only a quarter of Texas' vast population of uninsured**. A major new study in California confirmed that **illegal immigrants use far fewer public hospital services** -- including **50 percent less emergency room care** -- **than U.S.-born Latinos**. There is little evidence that their rate of cancer, or use of cancer treatment, would be very different (Houston Chronicle, 2007a:B8).

Finally, whether they live in Galveston or Harris County, **illegal immigrants** pay the **same taxes** for **medical care** that **other residents** do. In Harris County, **illegal immigrants pay rent**, which converts into landlords' **property taxes**, and goes to the **hospital system**. In Galveston County, they **pay taxes** on **shoes, clothes and cars**, most of which **goes** to the **state**, which in turn **funds UTMB** (Houston Chronicle, 2007a:B8).

No compassionate doctor, nurse, or other medical personnel would deny medical treatment to a desperate patient, but in the context of cost saving measures, poverty, citizenship status, rising demographic rates, and the racialization of Latina/o laborers; denying cancer treatment to undocumented Latinas/os is not only plausible but a reality. Therefore, rejecting Latinas/os from cancer treatment does little to help resolve hospital deficiencies or diminish city and state budgets. The article also states that illegal immigrants do not take advantage of social services. However, the article fails to contextualize the fact that Latinas/os have historically been excluded from white mainstream institutions; this systemic racist exclusion has profoundly affected the Latinas/os community's current reluctance of embracing and trusting the state.

Moreover, withholding medical treatment from Latinas/os does not fix the financial crisis "Without question, charity care for illegal immigrants adds pressure to overwhelmed hospitals. But rejecting undocumented cancer patients won't cure these chronic financial ills" (Houston Chronicle, 2007a:B8). The article further argues for a more proactive and collective approach to treat rather than exclude Latina/o cancer patients:

When gravely ill, they are **entitled** to the **cancer funds they help support** (Houston Chronicle, 2007a:B8).

Instead, the state has to aggressively **remake a system** in which **one-quarter of its residents** are **uninsured**. It's a system that -- when major illness strikes -- reduces 5.4 million Texans, the **great majority** of them **legal residents, effectively to indigents** (Houston Chronicle, 2007a:B8).

Denying help to illegal immigrants can't fix that. But it will make a society in which **untreated or self-medicated cancer patients** attempt to

work construction, care for our children or clean our homes (Houston Chronicle, 2007a:B8).

The mainstream racist arguments centered on denying Latinas/os medical treatment are presented in the above article. However, Latinas/os put more money into the system than they take out, on top of that they rarely use their share of services in which their taxes help fund. Additionally, institutionalized racism and the hierarchical structure of hospitals and the business models that inform the daily operations of hospitals lends itself to the firing of marginalized workers and the rejection of undocumented patients. These groups are the first to feel the brunt of cost effective measures. What is often left out of the monetary implications of health care savings is the fact that the majority of people suffering under these cost cutting procedures are generally Latinas/os and other people of color.

Preventive Care and Treatment

The themes concerning preventive care and treatment include diet, illness increase (diabetes, obesity, and swine flu), premature births, and health services. The articles offer numerous suggestions for combating against diseases. However, the advice often contains critiques of Latina/o culture and reduces health disparities to singular behaviors. The health problems faced by Latinas/os are individualized rather than contextualized in conjunction with structural factors that severely limit access to health care. According to the ensuing article, Latinas/os reject care and fail to understand their own health plight:

But no one at the predominately Hispanic senior center stood out more than one woman who made it plain she had absolutely no intention of signing up for the program, which aims to **help minorities** take greater

advantage of **cancer screenings** and other **prevention tools** (Ackerman, 2007:B1).

Prevention saves lives, but Hispanics and other minorities **aren't getting the message**. In two new studies, researchers are finding just how much minorities lag behind whites in using preventive services, and how the reasons aren't just socioeconomic (Ackerman, 2007:B1).

In the first, which found that increased use of **just five preventive services would save more than 100,000 U.S.** lives a year, **Hispanics**, blacks and Asians used them at the lowest rates. **Hispanics used them less than blacks and whites in 10 of 11 services** (Ackerman, 2007:B1).

In the second study, M.D. Anderson is **struggling to recruit Hispanics** for its part in the **prevention program**, which involves six hospitals around the nation, each representing a different minority group. The program pairs participants with “navigators,” who assess their health care needs and assist their efforts (Ackerman, 2007:B1).

The above statements do not investigate why Latinas/os exhibit fears and distrust towards hospitals, doctors, and often refuse to participate in medical studies. Fear of mainstream institutions such as hospital represent a real concern for many Latinas/os in the U.S. especially undocumented Latinas/os. Uncertainties involving cost, language barriers, and unfamiliarity with medical jargon and large institutions can prevent Latinas/os from trusting medical personnel. Furthermore, racism marred in the lack of insurance and undocumented status also deters Latinas/os from seeking treatment. These issues are not discussed as possible sources for Latina/o health disparities, Latinas/os are depicted as uncooperative and noncompliant:

But the study about the cost of not using preventive services found minorities used them at the lowest rates, even after adjusting for socioeconomic reasons. It said **many believe they're not at risk, don't know about recommended services or doubt the services' effectiveness** (Ackerman, 2007:B1).

Among the study's findings:

• **Hispanics** age 65 and older are 55 percent **less likely** to have been **vaccinated** against **pneumococcal disease than whites**; **Hispanics** 50 and older are 39 percent **less likely** to be up-to-date on **colon cancer screening**; and **Hispanic smokers** are 55 percent **less likely** to get **assistance from a health professional to quit smoking** (Ackerman, 2007:B1).

But the **biggest need**, said Jones, is for **celebrity survivors** — well-known **Hispanics** who can speak from experience about the benefits of prevention (Ackerman, 2007:B1).

The above article illustrates the common misconceptions that frame Latinas/os as ignorant, self-deprecating, and unresponsive to traditional medical care. These labels have negative health implications for Latinas/os. If the biggest concern for Latina/o health is the lack of spokes models than the problem confronting and eventually finding answers to health disparities is in jeopardy. White health educators and practitioners refer to media health campaigns as the answer to promote prevention behavior. However, what health practitioners fail to realize is that health inequalities will not cease to persist by simply including a recognizable Latina/o celebrity. Health inequalities call for a larger sustained effort that restructures economic and political channels to address racism and social inequalities in order to dramatically change the health care system.

The goal of intervention and prevention programs is to persuade Latinas/os to alter and adopt healthy behaviors. For example, the following articles depict the dietary practices of Latinas/os as contributing to the rise in obesity and diabetes. Modifying the food behavior of Latinas/os to resemble white ideas of food consumption is viewed as a viable method to reduce illness. However, the feedback or opinion of the Latina/o community is often disregarded when whites develop ideas regarding the food habits of

Latinas/os. For example, the following article reports how food advocates consider changing the recommended daily food intake to reflect the eating habits of Latinas/os:

“We really decided to focus on the **Latino population** because of the **health issue** that is facing the Latinos,” says Courtney Davis, media relations manager for Oldways Preservation Trust, a Boston-based **nonprofit food issues advocacy group** that oversees the coalition and has **created pyramids** for Mediterranean, Asian and vegetarian diets (Vuong, 2007:E1).

Problematizing the dietary choices of Latinas/os categorizes the very food Latinas/os eat as substandard. As a result, the article credits the eating habits of Latinas/os as major risk factors for diabetes and obesity:

Hispanic-Americans are nearly **twice as likely** to have **diabetes** than non-Hispanic whites. **Obesity** is a major **risk factor**, and **Hispanics** are more likely to be **overweight** than non-Hispanics (Vuong, 2007:E1).

The findings should be of special interest in this **city**, which is more than **one-third Latino** and where **Mexican food** is **beloved** by considerably more than one-third of the population. But **too many Houstonians of all ethnicities** are **obese** and **plagued** by adult onset **diabetes** due to their **eating habits** (Vuong, 2007:E1).

The news article frames Latina/o food as potentially hazardous to the health of all Houstonians. Consequently, Latina/o food is viewed as affecting the health of not just Latinas/os but non-Latinas/os as well; the pervasiveness of Latina/o food is a considerable risk to all racial groups. Furthermore, obesity and diabetes rates are relatively high for Latinas/os due to their over indulgence and consumption of Mexican food:

An **American of Mexican descent**, Juarez said **Latinos traditionally serve** tortillas, beans, rice, chicken or beef and a vegetable at the dinner table. But most people tend to eat three to five tortillas, plus a cup of rice and another cup of beans, she says, and that's just **too much food** (Vuong, 2007:E1).

As a result, traditional Latina/o food is depicted as unhealthy. Moreover, one article discusses the acculturation of American diets, whereas the following article emphasizes that Latinas/os take responsibility for their diet:

“When we talk about soaring rates of **diabetes** among Mexican-Americans,” Miller said, “it’s not just because they’re eating a highly **processed Western diet. They’ve lost their traditional medicinal foods**” (Houston Chronicle, 2008:B10).

The adoption of American diets requires additional insight and discussion regarding the effects of assimilation and acculturation on Latina/o diets. Fast food and processed food are considered unhealthy due to the high amounts of cholesterol, sugar, and salt. Yet, the subsequent quotes provide marginal guidance to improve Latina/o diets:

“You want to choose **foods from the ground**,” Veronica Juarez says. “You want to think outside the box for **healthy eating**” (Vuong, 2007:E1).

In that **five-year program**, community workers taught El Paso residents how to **improve nutrition** while enjoying their familiar **Mexican-American border diet**. El Paso's 72 percent **Latino population** embraced the program and got **strikingly more healthy** (Houston Chronicle, 2008:B10).

Restoring these ingredients in home-cooked meals could go a long way in this food-loving city. So could incorporating them into **Mexican dishes at schools** and **promoting them in food stores and restaurants** (Houston Chronicle, 2008:B10).

Although eating fresh fruits and vegetables, implementing an effective program, and using healthy Mexican dishes sound plausible and helpful. The ability to buy high priced healthy foods is not a reality for many Latina/o families. Barriers such as residential segregation, employment opportunities, lack of educational attainment, and economic exploitation are neither discussed nor intently examined. Additionally, the article does

not address food deserts, income disparities, and the time and money it takes to buy, prepare, and eat healthy foods. Diet directly leads to the rise of obesity and diabetes for Latinas/os, however systemic racism and the reasoning behind this increase is not examined but stated as a social fact:

It stands on the front line of one of the most **pressing battles** in modern **health care**, the **rise of obesity and diabetes**, both of which occur more **commonly in Hispanics** than **Anglos** (Berger, 2007:B1).

The **prevalence of diabetes in Texas** is slightly **higher in Hispanics than Anglos**, 8.1 percent to 7.5 percent, according to the Texas Department of State Health Services (Berger, 2007:B1).

But the **disease kills Hispanics at twice the rate**. Of people who have the disease, **23 Anglos per 100,000 are likely to die, compared with 47 Hispanics** (Berger, 2007:B1).

Implementing health intervention programs and establishing community health clinics are important practices to help mitigate against Latinas/os health disparities. Health campaigns and information relevant to healthy living may be applicable in theory but rarely translates to widespread practices or systemic change:

Officials say the project called **Assessment, Intervention** and **Mobilization** will help city officials in designing health services in the heavily **Hispanic community** that **traditionally** has had **poor health** (Bryant, 2007:B2).

“We have **a lot of people** who **do not have insurance**. There's a lot of **immigrants** over here. You need to be able to see a doctor,” Villarreal said. “**Magnolia Park is a forgotten city. They promise and nothing comes out of it**” (Bryant, 2007:B2).

The insufficient amount of well qualified medical personnel, ineffective intervention programs, and the lack of available economic resources are some of the challenges Latina/o health practitioners face when working in the community. Moreover, although

the goal of the health clinic is to curtail obesity and diabetes among Latinas/os, the article utilizes racist cultural and biological arguments to explain Latina/o health outcomes:

It was a modest beginning for the **tiny clinic** that opened in Denver Harbor, a **primarily working-class Hispanic neighborhood** hugging the East Freeway north of the Houston Ship Channel: **A single nurse practitioner** served a handful of clients, six hours a week, in a church (Berger, 2007:B1).

“There are just an incredible amount of obese teens, and **some** of the **problem is clearly cultural**,” said Daniel Montez, chief executive officer of the clinic (Berger, 2007:B1).

“There may be cultural or genetic reasons, and the medical care **Hispanics receive may not be as good**,” said Dr. Neal Barnard, an adjunct associate professor of medicine at the George Washington University School of Medicine and Health Sciences in Washington, D.C. (Berger, 2007:B1).

Health behaviors are influenced by societal factors; however, bad health choices are attributed to cultural traits which than become naturalized to Latinas/os. For instance, an unhealthy diet may reflect the lack of a stable income, rather than cultural characteristics and behaviors.

Furthermore, health clinics also help address premature births, as an unfortunate reality that disproportionately affects people of color. Early pregnancy is a pertinent health issue that affects Latina/o health. The Aldine program was set up to help mothers and their families manage premature births:

Like several Houston **community clinics**, Aldine has been delivering **prenatal care to groups of pregnant women**. The appointments can last two hours. The **support** group and educational program, called Centering Pregnancy, has shown progress in reducing premature births (George, 2009a:B1).

Ten percent of the nation's premature babies are born in Texas (George, 2009a:B1).

Research shows that poor or nonexistent medical care of low-income pregnant women often leads to premature babies. Black and **Hispanic mothers of all income levels** have the **highest rates of preterm deliveries** (George, 2009a:B1).

The article does not provide any discussion on the role racism and discrimination play on the mental and physical health of Latinas/os. Moreover, including Latinas/os towards the end of the article applies a latent racial association, which refocuses the article from including all racial groups to strictly Latinas/os. For instance, the following article follows this canon by discussing swine flu and linking the illness to Mexicans:

The **swine flu bug that shut down schools** last spring didn't go anywhere for summer break, but educators plan to react differently this fall when the inevitable outbreaks arise on campus (George, 2009b:A1).

The new game plan relies heavily on **persuading parents to keep infected children at home for at least a week, a tall order for working families during a recession** (George, 2009b:A1).

And, if possible, the CDC suggests that a **sick child should have one caregiver** (George, 2009b:A1).

“If someone has approved sick leave, they should be entitled to take that time off,” Bontke said. “We did see **harsh backlash against individuals** who are of **Hispanic origin** because so many of the **Mexico City cases** were being **reported**” (George, 2009b:A1).

The central message of the article was to encourage children to stay home to prevent the spread of the flu. However, the public announcement exemplifies another aspect of how the white racial frame racializes Latina/o health issues, there is no further explanation concerning the backlash or the reported flu cases stemming from Mexico City. Mexico City the cultural, social, political, and financial epicenter of Mexico is

being described as a place of disease and illness; as a result Mexicans themselves are depicted as unhealthy. This damaging connotation affects the health outcomes of U.S. Latinas/os as they are perceived as disease carriers that should be excluded and avoided. The topics represented in the preventive care and treatment category cover a variety of health issues that are often intertwined with racist stereotypes, misconceptions, and incomplete information.

Health Legislation and Politics

The news articles in the *Chicago Tribune* that discuss the increase of children's health coverage often sparks backlash from white conservatives. Opponents to the bill argue that child insurance would be too high of a cost for the taxpayer. The law aims to help disadvantaged children in need of medical coverage. However, the bill becomes framed as exclusively Latina/o:

The U.S. House widened spending on children's health insurance Wednesday, handing President-elect Barack Obama a quick opportunity to sign a **law crucial** to the **estimated 1 million Hispanic voters in Texas who supported him** (Pinkerton, Powell, and Ratcliffe, 2009:A1).

Portions of the **bill, expected to be signed by Obama** soon after taking office, give states the option of **eliminating a five-year wait for coverage of children of legal immigrants and pregnant immigrants** (Pinkerton, Powell, and Ratcliffe, 2009:A1).

The health law is not **crucial** to other racial groups, such as whites; the law is directly associated with Latinas/os. This relationship frames the arguments of high cost as an argument against paying for the health insurance of Latina/o children. Although undocumented immigrants are not covered under the bill, some whites view all Latinas/os as perpetual foreigners who should not receive social services:

“This is welcome news for our community, because **we have been ignored** by the last administration on these issues,” said Nelson Reyes, executive director of the Central American Refugee Center in Houston. “It gives a message of hope” (Pinkerton, Powell, and Ratcliffe, 2009:A1).

Outgoing **President George W. Bush vetoed similar legislation** twice in 2007, and **Texas conservatives** who **opposed** the **bill** Wednesday are **outraged** not only by the **potential costs**, but the **extension of health benefits to immigrants** (Pinkerton, Powell, and Ratcliffe, 2009:A1).

Gaps in wealth and income affect Latinas/os and other people of color more than whites; as a result the bill becomes refocused as alleviating children of color, not whites, from lower socio-economic backgrounds. The law intended to promote health care among children, becomes distinct to the needs of children of color specifically Latina/o children. Subsequently, the white racial frame views Latinas/os as burdens to white citizens and a plight on society.

Health Disparities

In discussing Latina/o health disparities the *Houston Chronicle* covers issues dealing with employment, breast cancer, and the Latino/Hispanic Paradox. The first point of emphasis involves the overrepresented of Latinas/os in service position jobs. Labor intensive work has negative impacts on the health status of Latinas/os as these jobs pay less and are more dangerous. Particularly for Latinas as they endure racialization in the white employment sector which limits their job opportunities and often relegates their employment to domestic service positions. As a result, Latinas are reduced to a subjugated status that jeopardizes their health. For example, maid service work often leads to physical ailments:

Housekeepers are prone to repetitive stress injuries from such **continual work as changing sheets, washing bathroom floors** and

vacuuming, according to nine researchers who studied three years of government-required accident logs at five union-represented hotels (Sixel, 2010:D1).

More surprising, however, is that **Hispanic housekeepers** had a proportionally **higher rate of injuries** than non-Hispanic cleaners, according to the study. The **research didn't address possible explanations** for that (Sixel, 2010:D1).

More study needed (Sixel, 2010:D1).

Injuries from lifting patients in nursing homes are well-documented, as are ways to **avoid such injuries**, Barab said. However, in other occupations, including hotel **housekeeping**, the **problem hasn't been studied** as thoroughly, he said (Sixel, 2010:D1).

Latinas are forced into marginal service positions that are not conducive to healthy outcomes. The article also states that their experiences and health outcomes have not been sufficiently investigated. The *Houston Chronicle* frequently fails to provide any helpful solutions to addressing health inequalities; as a result Latina/o health goes unexplained and is often ignored.

Therefore, medical treatment and prevention must value Latina/o culture and be sensitive to the health characteristics of the Latina/o community. Although mainstream hospital practices adhere to a standard age range for Latina breast cancer screening, earlier detection among Latinas could help influence changes in screening:

Mexican-American women are diagnosed with breast cancer at a significantly **younger age than Caucasian women**, a surprising finding from a new study that raises more questions about the recent push to delay routine screening (Ackerman, 2010:A1).

“This study shows the need to consider all populations when developing **prevention and screening strategies**,” said Melissa Bondy, an M.D. Anderson epidemiologist and the study’s senior corresponding author. “The problem is there simply **haven’t been enough studies of minority**

populations to develop strong risk assessment models necessary for optimal screening strategies” (Ackerman, 2010:A1).

The study suggests a **huge number of breast cancer cases wouldn't be caught at early stages under new screening guidelines** issued last year by the U.S. Preventive Services Task Force. Those guidelines now call for women without known breast cancer risk factors to start getting mammograms at 50 instead of 40 (Ackerman, 2010:A1).

Health disparities in screening and preventive testing have little influence and value especially if Latinas/os cannot access medical care. Many Latinas/os with serious ailments are reluctant to seek treatment and are diagnosed in later stages, resulting in deleterious health outcomes.

The ensuing articles discuss the Latino or Hispanic Paradox which is also represent the inconsistencies in Latina/o health outcomes and data. The rationale behind the paradox goes as follows: as a marginalized and oppressed racial group Latinas/os should exhibit higher rates of illness and disease as opposed to lower rates in comparison to whites. The Latino/Hispanic Paradox reflects the inconsistencies in methodological and data gathering regarding Latina/o health:

Somewhat surprisingly, **income ethnicity and health care were not the only factors** in determining long life. **Texas** offered one of the most striking examples. **Residents of three mostly Hispanic, lower-income counties-- Hidalgo, Cameron, Starr-- outlive** many other Texans, the study found (Houston Chronicle, 2006b:B8).

That reflects what other researchers long have called the **Latino Paradox**: though **immigrants** from **Mexico** and other **Hispanic** countries have **lower income levels and less health care**, they tend to **outlive white and black** counterparts (Houston Chronicle, 2006b:B8).

According to Columbia University public health expert Ana Abraido-Lanza, the phenomenon seems linked to the **immigrants'** emphasis on **family bonds** (Houston Chronicle, 2006b:B8).

The Latino/Hispanic Paradox ignores the social, cultural, economic, citizenship, and historical complexities within Latina/o subgroups. The health status of Latinas/o is also influenced by racial identity, nationality, and social markers (i.e. dress, English language accent, phenotype, and physical features). The discourse dealing with Latina/o health disparities mirrors white attitudes and judgments about Latina/o health which in turn influences resource attainment and affects the health status of Latinas/os.

Considering the Other

The considering the other section captures the newspaper articles that did not adequately fit into a single category or theme. The considering the other segment does not represent irrelevant *Houston Chronicle* articles; on the contrary, the articles are highly significant to the study and often contain topics that reveal additional insights into the discourse surrounding Latina/o health. The following articles discuss Latina/o health experiences and concerns in relation to baseball, janitor unions, education, and policy restrictions. The first article centers on a Latino baseball player overcoming an injury that turns into a discussion on the influence of Latino players:

“I feel well this season, **thank God,**” said the **speedy Beltran,** who played through a quadriceps injury most of last year. “**I’m healthy again.** Sure, we all have aches and pains throughout the season, but **I feel healthier than last year**” (Ortiz and De, 2006:C13).

As the article continues, the injury becomes secondary to the influence of Latino players and Latina/o culture on the game of baseball. The ensuing article indicates the white racial framing of Latinas/os. Latino players are perceived as a threat to white players, although whites are not eating Latina/o food nor dancing **merengue** they are **almost** Latino:

Earlier this year, **some fools accused Minaya of trying to fill his roster entirely with Latinos.** Never mind that key contributors Lo Duca, Cliff Floyd, Wagner, Tom Glavine, Wright and Steve Trachsel **aren't exactly eating black beans and rice at home** frequently (Ortiz and De, 2006:C13).

“Am I almost Dominican?” Wagner said. “Yeah. There's a lot of energy because of what Omar brought in here with some of the talent. Delgado, Lo Duca bring a lot of energy. And with No. 7 (Reyes) and No. 5 (Wright), you can go a long ways” (Ortiz and De, 2006:C13).

That's not to say the Mets don't **embrace the Latino community.** They appreciate the **Latino support** and value playing for that constituency. Coming out and **dancing** with the crowd of over 53,000 on **Merengue Night shows** that Pedro Martinez, Minaya, Beltran and the others care (Ortiz and De, 2006:C13).

“You appreciate it, especially in New York,” Reyes said. **“There are a lot of Latinos here in New York. There are a lot of Puerto Ricans, a lot of Dominicans, a lot of different types of Latinos.** That motivates us a little bit more when you get on the field. We just have to keep playing together to try to get to the World Series” (Ortiz and De, 2006:C13).

Latinos have a long history of playing Major League Baseball; their presence and influence on the game of baseball is not a new phenomenon. Neither are the stereotypes of Latinas/os and Latina/o culture, particularly the racist image of Latinas/os as a menace to mainstream white America. Baseball is considered America's favorite pastime therefore the white racial frame concerning Latina/o food, music, and dance operates in opposition to whiteness. These features of Latina/o culture signify a threat to white America. Latina/o cultural traits are framed as anti-American and foreign. In this context Latina/o culture functions to serve white interest as they indulge in Latina/o culture without having to become Latina/o themselves. No matter what whites may believe or strive for, they will never be a person of color nor have the ability to give away their white privilege.

The newspaper stories within the *Houston Chronicle* rarely present constructive and practical stories regarding Latinas/os and their health. However, the following article traces how Latina/o workers collectively organized to fight for additional rights, wages, and health insurance:

Janitors who've been **on strike for a month** and the city's five major cleaning companies reached a tentative agreement Monday that calls for a **boost in pay, eventual health care benefits and longer hours** (Sixel and Hem, 2006:A1).

“Nobody thought that poor Latinos of Houston would be successful, but today we can stand up and carry our heads very high,” Flora Aguilar, a Houston janitor and member of the Service Employees International Union bargaining committee, told janitors gathered at the George R. Brown Convention Center on Monday night to celebrate their victory. **“We all won today”** (Sixel and Hem, 2006:A1).

By the end of the three-year contract, janitors will be up to **\$7.75 an hour and work longer days**. Janitors will also **receive individual health insurance**, but not until 2009 (Sixel and Hem, 2006:A1).

Presently, janitors have no health insurance and work four hours a night. They had sought a raise to \$8.50 an hour, fully paid family health insurance and full-time work (Sixel and Hem, 2006:A1).

The janitors will be **eligible to buy health insurance for themselves for \$20 a month**, beginning in 2009. For those who want **family coverage, they can buy it for \$175 a month** (Sixel and Hem, 2006:A1).

Although the gains achieved by the janitors are modest, small incentives such as wage increases and health coverage can alter the life chances of Latinas/os. Janitorial employment is difficult laboring work, cleaning chemicals and other contaminants can cause sickness and affect long-term health. The inclusion of health insurance as part of their agreement shows two outcomes: (1) Latina/o health continues to be undervalued

and dismissed and (2) Latinas/os value their health and recognize the importance of health coverage.

One of the areas that can help stem Latina/o health disparities and inequalities is access to medical education. The following article calls attention to the lack of Latina/o physicians and discusses several reasons why medical school enrollment is a critical problem facing the Latina/o community:

Today, **less than 10 percent of physicians** are black, **Hispanic** or Native American — even though those groups make up roughly one-third of the U.S. population (George, 2010:B1).

Failing to educate those students will only further contribute to a **shortage of physicians** and other **health professionals in an increasingly brown and medically underserved America**, Sullivan wrote (George, 2010:B1).

Black and Hispanic physicians are **three to five times more likely to establish their practices in black and Hispanic communities**, which have higher rates of Medicaid and uninsured patients (George, 2010:B1).

Educational institutions must reflect the changing demographics of the U.S. The incorporation of Latinas/os into medical schools is a serious issue that needs to be addressed. Furthermore, the patient-doctor relationship requires an understanding of cultural practices, effective communication, and similar experiences to deliver quality health care, and who better to address Latinas/os health issues than a Latina/o physician. If this problem accumulates, Latina/o health outcomes will continue to be unequal across prevention, access, and illness.

The last article underscores the marginality, racialization, racism, and criminality whites impose on Latina/o food workers. Consistent with the literature, public health is used as form of exclusion to problematize Latinas/os as disease carriers and threats to

whiteness. This misplaced fear heightened by white racism results in policies that target Latinas/os. Health inspectors use the pretext of public health concerns to advocate and eventually remove Latina/o mobile food vendors:

Every day, more than a thousand **small businesses**, the large majority owned by **Hispanics**, **dispense tacos, tortas, quesadillas** and other lunch foods from vehicles parked in lots and along roadways throughout Houston and Harris County. Although **no serious health problems have been associated** with their activities, residents of some areas consider the **mobile vendors an unsightly nuisance** (Houston Chronicle, 2007:B8).

In response to constituent complaints, state Reps. Dwayne Bohac and Kevin Bailey authored legislation — limited to counties as large as Harris County — that imposes **sweeping requirements** on **mobile vendors**. It also **burdens city and county health departments** with new responsibilities but no **new revenue to hire additional staff** (Houston Chronicle, 2007:B8).

A lawyer representing a number of **Hispanic vendors**, David Mestemaker, filed a **federal lawsuit** charging that the **state laws** are thinly veiled efforts to make it **impossible for his clients to operate** (Houston Chronicle, 2007:B8).

Lacking a problem, **concern for public health** should not be used as a pretext to deprive entrepreneurs of their livelihood and our community of **tasty, cheap and authentic food alternatives** (Houston Chronicle, 2007:B8).

Anti-Latina/o sentiment constantly constructs an overall negative narrative of Latinas/os. Whites describe Latinas/os as unsightly burdens. This oppressive language dehumanizes Latinas/os and confines their life opportunities, simultaneously affecting their health. Furthermore, whites use the legal system and arguments centered on health to reject Latinas/os from spaces whites deem Latinas/os as unworthy to frequent.

The considering the other section provides a closer look at some of the periphery issues that arise when discussing Latina/o health. The topics regarding baseball, janitor

unions, education, and policy restrictions encompass the white racial frame including racist assumptions, stereotypes, and images of Latinas/os. Repeated ill-conceived depictions of Latinas/os contribute to unfavorably health outcomes. Race is utilized by whites to justify and rationalize the dismissal of Latina/o culture. Systemic racism and institutional racism control Latina/o work incentives, restrict educational advancement, and systematically deny employment opportunities.

Conclusion

The fourth newspaper surveyed for this project, the *Houston Chronicle*, predictably reinforced the theoretical constructs of the white racial frame and systemic racism. The findings in the *Houston Chronicle* reflect that of the *New York Times*, *Los Angeles Times*, and *Chicago Tribune*. However, the *Houston Chronicle* as well as the *Chicago Tribune* tended to use less inferior descriptors of Latinas/os than the *New York Times* and *Los Angeles Times*. For example, the *Houston Chronicle* often used Latina/o and Hispanic rather than the racialized label of illegal immigrant. This choice of language may indicate an effort on the part of editors and other newspaper decision makers to adhere to the local audience rather than a national one, which reiterates the prevailing mainstream white viewpoints. In addition, the considering the other category covered the following topics: baseball, janitor unions, education, and policy restrictions. However, these topics at first glance may seem reasonably devoid of racially oppressive ideology, the discourse remains latent with anti-Latina/o rhetoric maintained by implicitly racist logic and framing. Although the *Houston Chronicle* often uses softer

and less racist discourse in contrast to the two larger newspapers, Latina/o health concerns remain in need of sufficient attention and action.

CHAPTER VIII

CONCLUSION

This study conducted a content analysis of newspaper articles from the *New York Times*, *Los Angeles Times*, *Chicago Tribune*, and *Houston Chronicle* during the years 2006-2010. This research examines the role mass media plays in the fabrication, creation, and maintenance of mainstream Latina/o health discourse and narrative. The study of Latina/o health is an important area to consider since Latinas/os are not only the fastest growing racial group in the U.S. but also the least uninsured among all racial groups. As a group, Latinas/os often face detrimental health outcomes across a variety of health illnesses, diseases, and services. Latinas/os also suffer disproportionately in comparison to whites in terms of access to treatment for HIV/AIDS, cancer, mental illness, diabetes, obesity, and heart disease. One facet of the reproduction of health inequalities and racial oppression stems from the messages, ideas, and images portrayed in mainstream newspapers. The views, biases, opinions, and stories stemming from newspaper editors and writers often entail a misconstrued representation of Latina/o health which frequently consists of racialized discourses comprised of stereotypes, color-blind ideology, and racist imagery. This study was designed to investigate this phenomenon and was directed by the following research question: “How does mass media contribute, construct, and modify the prevailing health status of Latinas/os?” Analyzing public discourse remains a critical element in deconstructing and challenging racial oppression and racism.

The research question informs the direction of the study and reveals several key conclusions. One of the overarching findings concludes that newspaper owners, editors, and reporters are repeatedly operating out of the white racial frame heavily influencing the content of news articles. This white worldview labels Latinas/os as racialized others and enters into society's collective imaginary directly influencing how medical personnel, including administrators and physicians along with governmental decision makers, view and perceive Latinas/os ultimately affecting the health status of Latinas/os. Therefore, understanding and deciphering the dominant racial Latina/o health discourse will help foster more informed and improved long-term economic policies related to hospital care, insurance, access, and medical treatment for Latinas/os. The research findings are synthesized into four categories: (1) population and illness increase, (2) health costs, (3) health insurance, legislation and politics, and (4) Latinas/os briefly mentioned and/or a comparison group, and considering the other. The major categories, themes, and language extracted from the news articles are presented in Appendix C. The results of the study will be discussed in detail in the following sections.

One of the main findings of this study concerns the idea that the Latina/o population coupled with illness is exponentially growing. The overwhelming population increase of Latinas/os is a recurring image that serves to construct Latinas/os as threats to whites. This long held denigration of Latinas/os is carried out through the white racial frame and systemic racism. Whites justify their anti-Latina/o sentiment in the form of exclusionary practices and policies. This faulty logic contends that, Latinas/os are

illegally entering the U.S. and barring children³, as a result their families and offspring will overrun the medical system and leave whites privy to higher costs and less health services. Therefore, it stands to reason that Latina/o immigration and by extension Latinas/os need to be controlled, curbed, and addressed before health care, jobs, and schools are overtaken by undeserving Latinas/os. Essentially, whites utilizing the white racial frame believe that Latinas/os are taking advantage of entitlements as well as destroying the social fabric of America.

Furthermore, Latina/o population growth was negatively juxtaposed and connected with increases in illness and disease. All four newspapers attributed the expansion of the Latina/o population to a rise in medical ailments. Fundamentally, illnesses and diseases will rise along with population increases; however, the newspapers often failed to contextualize Latina/o population based on immigration, fertility rates, or peer-reviewed statistical research. Rather, the articles indirectly described Latinas/os as dangerous outsiders that contributed to medical illnesses that could potentially inflict whites. The *New York Times* and *Los Angeles Times* repeatedly ignored the affects of institutional and systemic racism when discussing population and illness increase. The *Chicago Tribune* and *Houston Chronicle* tended to depict changing demographics as a current reality that needed to be addressed and considered rather than ignored. However, all four newspapers would greatly benefit from critically examining how structural racism constrains Latina/o health outcomes. Additionally, Latinas/os were often depicted as disease carriers that systematically threatened the stability of the U.S. social system.

³ This racist logic is referred to as anchor baby. Anchor baby is a racist term for describing the fallacy that immigrants are having children in order to maintain residency in the U.S.

The white racial framing of population and disease increase affects how the majority of whites treat Latinas/os. Historically, white elites have marginalized Latinas/os, ignored their health concerns, and subsequently used health as a justification or pretense to exclude Latinas/os from resources, institutions, and social life.

The second finding captured how expanding health costs were repeatedly cited as reasons to explain why Latinas/os endure inadequate health outcomes and why the health care system is not financially stable. Health costs were frequently used to exclude undocumented Latinas/os from receiving health coverage and medical treatment. The newspaper articles often blamed Latinas/os for the financial strain placed on hospitals and medical facilities. The white racial framing concerning Latina/o health cost frequently scapegoated Latinas/os as directly causing emergency room overcrowding, bankrupt hospitals and health clinics, and an overall uncertainty in terms of a financially feasible health future. According to the news articles Latina/o immigrants, in particular undocumented immigrants or as they are referred to in the articles illegal immigrants, are held responsible for increasing health care costs. However, Latina/o immigrants generate more local, state, and federal taxes than they receive back in social services such as health care. Moreover, the majority of Latina/o immigrants are documented workers that contribute to the financial sustainability of entire communities. Yet, the newspapers frame health cost associated with Latinas/os as illegal aliens trying to cheat the system in an attempt to take their undeserved share of resources such as education, employment, and health care. Latinas/os as thieves and freeloaders in the context of health cost allows

whites to rationalize their demonization of Latinas/os in order to serve their current and long-term interests.

The health cost narratives presented in the newspaper articles also frame Latinas/os as undeserving intruders invading white space and taking white resources. *The New York Times*, *Los Angeles Times*, *Chicago Tribune*, and *Houston Chronicle* often depict Latinas/os as freeloaders that siphon off public services and contribute to rising medical costs. The logic and images are as follows; not only do white Americans have to pay for unpaid Latina/o health bills but their own health costs have risen too. Therefore, whites must pay for the untold number of illegal immigrants who want nothing more than to deplete the system and receive handouts, all at the expense of whites. This distorted white racial framing of Latina/o health cost undermines Latinas/os and gives whites the necessary incentives to not only criminalize Latinas/os but also to imagine, develop, create, and pass restrictive health and immigration policies.

The third set of findings focuses on the newspaper discourse surrounding Latina/o health in relation to health insurance, legislation and politics. Collectively Latina/o health concerns are generally ignored or trivialized especially in regards to legislative and political discussions. The news reports almost never talk about how systemic or institutional racism affects the political arena and what that means for Latina/o health. Additionally, Latinas/os are rarely presented as a prominent force in the greater electorate, but when they are discussed they are often referred to only in the context of securing their vote. As a result, presidential and gubernatorial candidates are depicted as pandering or catering to the Latina/o voting bloc solely to gain support for

their respective campaigns. Although the voting influence of Latinas/os was consistently reiterated, universal health care was casted as an ultimatum rather than in combination with immigration reform. As a result, Latinas/os and Latina/o politicians were forced to choose and support either health care or immigration not both. These conditions expose how the white racial frame rationalizes white politician's conception that Latinas/os do not deserve either health care or immigration reform. This political posturing further reveals how Latina/o issues become irrelevant, unimportant, and ultimately omitted from mainstream political debate. If white candidates only address Latina/o health concerns to receive votes and serve their own interests, than how can insurance, transportation, bilingual medical staff, and other health related disparities ever be addressed? However, when Latinas/os are recognized they are at the mercy of white elite government officials and decision makers. Whites decided when and how Latinas/os will receive adequate political attention. Newspaper and other news outlets have an ethical and moral responsibility to critically engage social problems and racial oppression in order to help solve Latina/o health inequalities rather than disseminate misinformation and exacerbate the problem.

The fourth and final finding, referred to as, "Latinas/os briefly mentioned and/or a comparison group, and considering the other," underscores how the overarching negative health discourses presented in the newspaper articles are inherently connected to Latinas/os. This linkage or latent racial association helps explain how health news stories that are not explicitly focused on Latinas/os effectively misrepresents them by briefly mentioning them and therefore attaching any racialized messages, ideas, and

images presented in the news articles to the general Latina/o community. For example, Latinas/os were the only racial group mentioned in news reports that focused on medical costs, criminality, and increases in illness and disease. Subsequently, Latinas/os are blamed for perpetuating numerous negative health related outcomes. Giving marginal news attention to Latina/o health systematically subordinates their social status and treats Latinas/os as token citizens, dehumanizing them in the process.

Another facet of the “considering the other” category was the utilization of Latinas/os in comparison and contrast to other racial groups. For instance, the articles often used Latinas/os as a mediator group when addressing Black and white health statistics. Latinas/os were routinely placed as a buffer between Black and whites in order to draw attention to Latinas/os rather than the historically unequal and racially oppressive relationship whites continue to preserve against Blacks. Throughout the articles, Latinas/os were frequently overlooked and trivialized; this sporadic discourse surrounding Latina/o health illustrates how the white racial frame adds to the medical distortion and consequently racial oppression of Latinas/os. Providing marginal attention to serious health issues disregards institutional racism and undermines purposeful analytic Latina/o health discourse. Latina/o health deserves far greater consideration and analysis.

Although there were several limitations to this study, the overall findings were representative of the prevailing public discourse concerning Latina/o health. However, extra search features and options offered by the search engines would add to the richness of the data while providing further comprehension of Latina/o health discourse.

Furthermore, using the panethnic terms Latina/o and Hispanic as the search descriptors excludes regional variations of the Latina/o community. Additional studies would benefit from using more specific terms associated with family history or national origin, such as Mexican, Cuban, or Puerto Rican.

Future health content and discourse research should not only address written text but online websites, television news reports, and magazines. Investigating other medium such as billboards, advertisements, posters, film, product packaging, and radio will also produce noteworthy findings. Future research would also benefit from critically analyzing the medical racialization of Latinas/os in order to challenge white news manufacturers to consider their role in reproducing the status quo. The words chosen for a story can hinder or help racialized minorities. For example, reprinting the exact same story, the *Chicago Tribune* used “undocumented patients,” to describe Latinas/os whereas the *Los Angeles Times* used “illegal immigrants.” A simple label can alter how the public perceives and treats Latinas/os. Whites need to be held accountable for their contributions to the construction of damaging discourse. Whites also need to realize how their racist biases, stereotypes, and objectivity shapes the health outcomes of Latinas/os.

Lastly, this thesis increases sociological knowledge by expanding research associated with how discourse latent with racism, racial oppression, medical racialization, and structural inequalities impact the health outcomes of Latinas/os. This study will help medical professionals, policy makers, and academics better understand Latina/o health issues and can be used to inform the implementation of effective health programs designed to reduce or minimize potential health illnesses. Moreover, social

science literature needs to expand on the discursive framing of Latinas/os to reflect how the racial hierarchy, white supremacy, and white racist ideology affect their lived realities. Furthermore, the findings attempt to contextualize the influence public discourse has on the construction of mainstream narratives in order to contribute to the existing sociological health, communication, media, race, and medical literature. The sociological aspects of Latina/o health require further attention; this project contributes to that effort by adding additional insight into how the American racialized social structure influences the social interactions between groups, individuals, and society.

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APPENDIX A

APPENDIX A: SAMPLE RANKING (NEWSPAPER AND LATINA/O POPULATION)				
Newspaper	U.S. Circulation Rank (Daily)*	U.S. Circulation Rank (Sunday)*	U.S. Circulation Rank (Digital)*	Latina/o Population Ranking (Metropolitan Areas)**
New York Times	#2 (1,865,318)	#1 (2,322,429)	#1 (1,133,923)	#2 (4,243,000)
Los Angeles Times	#4 (653,868)	#3 (1,042,389)	#6 (177,720)	#1 (5,724,000)
Chicago Tribune	#10 (414,930)	#5 (781, 324)	#24 (46,785)	#5 (1,934,000)
Houston Chronicle	#13 (360,251)	#2 (1,042,389)	#10 (102, 341)	#3 (2,044,000)
<p>* Alliance for Audited Media: The New Audit Bureau of Circulations. 2013. "Top 25 U.S. Newspapers for March 2013." Retrieved July 19, 2013 (http://www.auditedmedia.com/news/blog/top-25-us-newspapers-for-march-2013.aspx).</p> <p>** Pew Research Hispanic Center. 2013. "Hispanic Population in Select U.S. Metropolitan Areas, 2010." Retrieved July 19, 2013 (http://www.pewhispanic.org/hispanic-population-in-select-u-s-metropolitan-areas/#top-60-hispanic-metropolitan-areas).</p>				

APPENDIX B

APPENDIX B: NEWSPAPER SEARCH RESULTS					
Newspaper	Search Engine	Results	Reviewed	Discards	Total Analyzed
New York Times	ProQuest	105	77*	34	43
	InfoTrac (1)	11	11	4	7
	InfoTrac (2)	20	20	7	13
	<i>Total (NY)</i>	136	108	45	63
Los Angeles Times	ProQuest	87	87	26	61
Chicago Tribune	ProQuest	72	72	23	49
Houston Chronicle	EBSCO	26	24**	6	18
<i>Grand Total</i>		321	291	100	191
* 28 Articles automatically removed due to duplications					
** 2 Articles automatically removed due to duplications					

APPENDIX C

APPENDIX C: CATEGORIES, THEMES, AND LANGUAGE				
Newspaper	New York Times	Los Angeles Times	Chicago Tribune	Houston Chronicle
Categories	<ol style="list-style-type: none"> 1. Population and illness increase 2. Health costs 3. Preventive care and treatment 4. Health insurance 5. Health legislation and politics 6. Criminality 7. Latinas/os briefly mentioned and/or a comparison group 	<ol style="list-style-type: none"> 1. Population and illness increase 2. Health costs 3. Preventive care and treatment 4. Health insurance 5. Health legislation and politics 6. Criminality 7. Latinas/os briefly mentioned and/or a comparison group 	<ol style="list-style-type: none"> 1. Population and illness increase 2. Health costs 3. Preventive care and treatment 4. Health legislation, health insurance, and politics 5. Additional medical personnel 6. Health disparities 7. Latinas/os briefly mentioned 	<ol style="list-style-type: none"> 1. Population and illness increase 2. Health costs 3. Preventive care and treatment 4. Health legislation and politics 5. Health disparities 6. Considering the Other
Themes	<ul style="list-style-type: none"> • Individualize • Non-contextualize • Unexplained • Disease carriers • Paternalistic • Threatening • Burden • Costs • Political pawns • Criminal • Overlooked 	<ul style="list-style-type: none"> • Threat • New illnesses • Unexplained • No context • Political denial • Public health • Stereotypes • Misrepresentation • Comparison 	<ul style="list-style-type: none"> • Bilingual • Undeserving • Unexplained • Political pandering • Threat • Ambiguity • Exclusionary 	<ul style="list-style-type: none"> • Threat • Burden • Unhealthy • Costs • Individualized • Uncooperative • Unexplained • Foreign
Repeated discourse (phrases and words)	<ul style="list-style-type: none"> • Fastest growing • Hispanic • Healthier food • Illegal immigrants • Diet • Undeserving 	<ul style="list-style-type: none"> • Epidemic • Illegal immigrants • High rates • Uninsured • Fraud • Poor • Diet • Obesity 	<ul style="list-style-type: none"> • Diseases • Growing • Influx • Undocumented • Poor • Diet • Diabetes • Health insurance • Immigration • HIV/AIDS • Illegal immigrants 	<ul style="list-style-type: none"> • Poverty • Illegal immigrants • Poor • Diet • Obesity