“They Tried To Bury Us, They Didn’t Know We Were Seeds”: The Latino Experience in the United States in Regards to Health Care Services

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Abstract: Although immigrating typically to improve their living situation and despite the boast of the American dream, Latino immigrants often experience various difficulties following their adjustment into the American culture. This research, completed through interviews with Latino immigrants, is aimed at determining the various barriers these individuals face in regards to accessing American health care and is applied to the theoretical work of Pierre Bourdieu, specifically to his ideas in reference to capital and habitus. The respondents remarked various experiences in the United States in correlation to different levels of discrimination, concluding that safety net services and American perceptions of Latinos can impede their access to quality health care; a pressing concern Americans should have for our Latino neighbors.
“It’s not easy to be an immigrant; you have to start at the very bottom.”

--Victoria, Cuba

As a nation founded on immigrants and individuals pursuing the American Dream, why are Americans not invested in the success of our non-American Latino neighbors? Latino immigrants enter the United States primarily to improve their living situations and their quality of live yet there is a lack of what should be logical American empathy regarding their decision to emigrate. Latino immigration continues to be a sensitive and pressing issue among news outlets and public discourse as Latino immigration is a phenomenon that is likely to maintain its prevalence.

As a minority, Latinos face an increased degree of discrimination and racial profiling. It is assumed that non-American Latinos are entirely from Mexico, live in the states illegally, and work jobs at fast food facilities or in other low wage positions, and lack the ability to speak English. Latinos report higher levels of poverty, depression and other mental illnesses, and personal trauma. They report lower levels of education, literacy, socioeconomic status, access to safety net services, and living conditions. They are at a disadvantage living in the United States yet they are so prevalent and offer several contributions to our society, that we may or may not recognize.

With so many factors making their lives in the United States more difficult, Latinos may not have a strong focus on their health status. Latinos living in the United States are 44% less likely to have a primary care provider than their white counterparts (Becker 2004: 259). With Latinos equaling 16% of the United States population, this is an alarming amount of individuals going without proper health care (Lopez-Cevallos 2014: 781). The health care services in the United States are limiting to Latinos; they may not have fluent Spanish speakers, they may
require insurance, something that is not necessarily guaranteed for Latino immigrants, or they may be located in areas that do not cater to those living in lower socioeconomic neighborhoods. It is not to say that all Latinos in the United States do not have access to health care because it is quite possible that many choose not to receive health care services from the American system. This, too, becomes a concern because they may choose to avoid health care because they have worries regarding deportation, translation, cost, insurance, or discrimination. If Latinos are afraid to seek health care, this is a problem that Americans should care about because they are contributing members of our communities. Their possible lack of a college education or firm grasp of the English language should not determine their quality of health care.

It is necessary to determine the various factors that act as barriers to health care services because immigration into the United States is likely to continue. Additionally, until these services are understood and are given proper attention, the stigma of the Latino will continue, stereotypes will be perpetuated, and they will go without the health care services that they deserve. Throughout this paper, I will attempt to determine the various factors that impede the assimilation of Latinos into the American culture, with specific attention regarding the health care system and prove that the health status and well-being of our Latino neighbors should be a concern. The barriers, discrimination, insurance, cost, language, and fear of deportation, are explored through both literature and six interviews with Latinos currently living in the United States. Through the literature and interviews, I conclude that discrimination against Latinos exists at different levels and their health status is often overlooked and ignored due to American preoccupation with various issues surrounding the immigration debate. Compared to theories regarding power structures and minority dynamics, the actions of minority groups in relation to majority groups can be better understood and applied to this thesis discussion. The difference
among power and how it relates to life within a marginalized group is exhibited in both the literature and the interviews and is the sociological focus of this paper.

**Literary Analysis of Latino Demographics and Barriers:**

**Demographics:**

With immigration as one of the defining features or the United States, the advertisement of the American Dream creates a sense of opportunity, hope, and fulfillment. These promises, in addition to many other important factors, entice those in other countries hoping to escape a different reality. Immigration has become a phenomenon that is prompted by individuals that are attempting to improve their living situations. This phenomenon has been occurring since the discovery of new territory and new modes of transportation and it is likely that it will continue as long as people are experiencing “some level of economic hardship and sociopolitical instability” (Ramírez-Garcia 2012: 305). Because there is no clear or current plan to alleviate the sociopolitical instability of many of these nations, it is likely Latinos are searching for political stability, which is advertised in the United States.

The Latino population in the United States is growing at a monumental rate and between 2000 and 2010 the number of Latinos in the United States grew by 43%. By 2050, it is expected that that Latinos under the age of 17 will make up 35% of the American population (Rubens et all 2013: 390). Aside from Mexico, the United States has the highest concentration of Latinos with over 50 million individuals (Ramírez-Garcia 2012: 306). Because of this considerable percentage, Latinos are often referred to as the “majority-minority”; they comprise 16% of the US population, which makes them the largest minority group in the United States, followed by blacks/African-Americans at roughly 13% (US Census Bureau 2013). With the political and
social instability that continues to occur in their home countries, it is likely that Latino immigration will increase. Of these 50 million Latinos, roughly 11 million of them are undocumented workers and are therefore living in the United States illegally (Lopez-Cevallos 2014:781). Illegal immigrants, or “border crossers”, are here primarily in search of jobs and although their jobs “represent low wages and hard earned labor (e.g. picking produce in fields, washing dishes in restaurants, cleaning houses and hotels), such jobs represent a much better proposition than unemployment in their country of origin” (Ramírez-Garcia 2012:308).

Futhermore, “Mexicans living and working in Mexico earn in average, between 10 and 20% per hour what they can earn in the U.S.” (Sierra et al 2000:539). Additionally, the citizenship process is quite lengthy, expensive, and requires an extensive understanding of the history of the United States and a firm comprehension of the English language. The citizenship process is an eight step process that costs individuals roughly $800-900 and requires an in-person interview and a mental stability test.

In a study done by Fortuna et al in 2008 showed that studied 1630 Latinos, 76% of the Latino immigrants reported having had experienced personal trauma in their home country. 11% of the respondents remarked political violence as the root of their personal trauma. Latino individuals that are victims of political violence are twice as likely to immigrate and 78% of immigrants reported experiencing political violence prior to their entry into the United States. The overwhelming majority of the respondents expressed a strong desire to immigrate due to political instability in their home country (Fortuna 2008: 443). This, in addition, to employment are the major motivators for Latino immigration. The United States has a consistent need to fill low-wage positions, which insures and encourages the steady flow of immigrants:

“A number of sectors of the U.S. workforce are particularly dependent on immigrant laborers, including agriculture, janitorial services, restaurant and hotel services, garment-
making, manufacturing, and many forms of informal sector services such as child and elder care and domestic services” (Sierra et al 2000:539).

The incentive to immigrate is clear; Latinos are aware they are able to make more money than at a similar job in their home country and the United States has a constant need to fill these positions. The Sierra et al article argues that despite the employment void that Latinos fill, Americans’ fundamental weakness is the failure of immigration policies to recognize and acknowledge how Latino immigrants fulfill certain economic needs. These positions, however, both affect and mold the perception of the Latino in the American culture.

Defining “Latino” affects both Latinos perceptions of themselves and the American perception of Latinos. Researchers struggle to define “Latino” because the term has “exploded into a racial, political, and ethnic category that covers such a vast number of contradictory traits and elements of group membership that it enrages some as much as it emboldens others” (Calderaro & Quesada 2006: 731). Latinos emigrate from several different countries throughout Central and South American; individuals come from Colombia, Honduras, Guatemala, Costa Rica, in addition to Mexico, from where the majority of Latinos are assumed to be. The use of “Latino” versus “Hispanic” has long been debated but it is important to look at how these individuals identify themselves. Hispanic is a term that was coined by the United States Census Bureau in 1970 to define anyone that is a descendants of Spanish speakers (Hernandez-Curiel 2012:517). The term, however, is sometimes used to define those from Spain; it refers to the conquest of the Spaniards following their arrival at the Hispaniola, the island comprised of Haiti and the Dominican Republic. Latino proves to be a more appropriate term, as it does not refer to Spain, but rather individuals from the former Spanish colonies; in other words, individuals from Central and South America and the Caribbean Spanish-speaking countries. These individuals,
nonetheless, commonly refer to themselves in regards to their country of origin, for example, Mexican, Cuban, or Peruvian (Hernandez-Curiel 2012:517) so it is important to note that that Latino and Hispanic are often not considered racial categories.

It is possible that these individuals have indigenous, European, or African descendants and with so many ethnic influences, “the ethnic voice may assume a variety of identities…and the identities chosen may shift depending on the group’s allies and adversaries of that moment, the resources they seek, and, of course, timing” (Caldararo & Quesada 2006:734). In the United States, “Latino” has largely become a political term, despite however imprecise it is, to discuss the immigration patterns of those coming from Spanish-speaking countries south of the United States border. For literary purposes, Ramírez-Garcia offers a basic definition of the Latino by stating, “Latinos are an ethnocultural group that is often defined as individuals who live or have close ties with Latin language (primarily Spanish and some Portuguese) in the content of America” (2012:306). He continues by clarifying that these nations include the Caribbean nations and Brazil and these individuals share a collective history of being conquered by the European forces, contributing to the complexity of the phenotypic expressions.

**Discrimination:**

Many Americans view both non-American Latinos and Latinos through a stereotypical lens. For many American individuals, there is a sense of “us versus them” in regards to Latino immigration and through this relationship, Americans continue to stereotype Latinos as connected to crime, illegal immigration, and a “dysfunctional underclass that exists on the fringe of mainstream US society” (Branton et al 2011:666). In recent years, the relationship between Americans and Latinos has distanced from just immigration and has turned into an economic and political discussion. Branton et al argue that following the terrorist attacks of September 11, 2001,
outside influence has been a substantial threat to the American national identity. The threat to cultural identity and core values has translated into the anti-Latino sentiment and restrictionist views regarding immigration. These sentiments have been perpetuated through the American media, consequently leading to the continuation of stereotypes.

Immigration was a political discussion during the 1990’s as Latino immigration increased by 115% between 1992 and 2000 (Branton et all 2011:665). After the September 11th attacks, Americans turned their attention to their borders in the name of national security. With an increased sense of awareness, “widely publicized reports of apprehensions of individuals from ‘special interest’ countries appeared in the media and some politicians went so far as to explicitly link migrants to terrorist” (Branton et al 2011:665). The Border Patrol agents were encouraged to view “every economic refugee, every campesino and shopkeeper, as a potential terrorist” (Branton el al 2011: 665). As a result, Americans have formed rigid stereotypes regarding their Latino neighbors and these stereotypes have trickled into the post-September 11th era. Media coverage regarding immigration is often linked with “national security, crime, and cultural change” (Branton et all 2011:666). The rhetoric surrounding immigration was largely negative and the increased media attention was highlighting the large Latino population in the Untied States. Immigration became a pressing issue among political discourse but the Latino provided a face for the issue, evoking anti-immigrant, anti-Latino, and fears of acculturation.

Legally, the anti-Latino sentiment has resulted in two major legislative decisions: California’s Proposition 187 and 227. These legal decisions affect primarily Latino children that are in the American public school system and are trying to learn English. In the United States, there are more than 3 million children that are identified as limited English proficient (LEP) and nearly 73% of these children are Latino (Escobedo 1999:13). Latino children are falling behind
in school and are failing to receive adequate help from the public school system. The Latino dropout rate is 24%, which is 7% above the average, and the college attendance rate of Latinos is lower than any other group (Escobedo 1999:13). The goal of Proposition 187 is to essentially prevent undocumented immigrants’ access to benefits and public services, such as public education. The passage of this law created major hardships for Latino families and resulted in a severe dropout of Latino children and a decrease in Latino parent involvement in their children’s education. It was concluded that bilingual education was costly and one of the principal organizers of the proposition noted: “undocumented children take too long to learn English and that the bilingual programs provided for them were too costly” (Escobedo 1999:14). Proposition 227 had similar effects as it required that all English learners be placed in an English speaking classroom where their teachers only spoke in English and sought the elimination of the bilingual program. These two propositions show the systematic exclusion that exists within the legal system and the inability of the state to address the unique needs of their Latino individuals. These legal exclusions are translated into the everyday rhetoric of Americans and help to shape their perceptions of Latino immigrants.

Due to the complex racial and ethnic expressions and the perceived stereotypes Americans hold against Latinos, Latinos living in the United States face higher levels of discrimination than their white counterparts (Burgos & Rivera 2012:152). In comparison to white employees, Latinos will only make about 80% of the earnings of their white counterparts, making unemployment and poverty rates among Latinos twice that of white Americans (Lopez-Cevallos 2014:781). 25% of Latinos living in the United States are living under the poverty level and the majority of these immigrants live in immigrant-ethnic enclaves, where they are surrounded by individuals of similar backgrounds (Ramírez-Garcia 2012: 306). Because of these
higher rates of poverty and unemployment, safety net services are less applicable to Latinos. Due to increased rates of discrimination, unemployment, and poverty, health care becomes an important safety net service. Literature suggests that Latinos living in the United States report higher levels of depression and mental illness. In studies performed by Burgos and Rivera in 2009 and Cook et al in 2014, evidence suggests that higher levels of discrimination are triggers of higher levels of depression. These studies were performed by doing cross-sectional studies and MEPS, Medical Expenditure Panel Surveys, and imputed into a database to get statistical results. Discrimination was found to be a powerful cause of stress and ultimately a detriment to the psychological well-being of an individual (Burgos & Rivera 2009:53). Their research suggests that Latinos with darker skin type are more likely to experience higher levels of depression and therefore have a lower level of self-esteem. They conceptualized this by stating that discrimination is a social stressor that triggers distress among marginalized populations. This study provides an important foundation for investigating how these higher levels of discrimination affect Latinos in the field of health services. Individuals that are younger than eighteen who have immigrated into the United States report higher levels of mental illness and depression than their white counterparts (Ruben et al 2013:390). With higher levels of mental illness and depression, it is necessary to determine the factors that affect Latinos’ decision to seek or not to seek medical attention from the American health care system. As previously stated, Latinos living in the United States are 44% less likely to have a primary care provider than their white counterparts (Becker 2004:259). Throughout the literature, several key factors are highlighted that affect Latinos’ decision to utilize the American health care services: language and cultural barriers, lack of insurance, fear of deportation, and socioeconomic status.
**Language Barrier:**

As Latinos adjust to their lives in the United States, they are faced with many cultural differences. A crucial difference between the two cultures is the language barrier. As of 2009, 76% of Latinos that were five years or older spoke only Spanish at home (Ramírez-Garcia 2012:306). In a study designed at determining how medical clinics could be more accommodating towards Latinos, the Latino respondents remarked a desire for clearer communication as their top suggestion. They overwhelmingly encouraged the increased availability of Spanish speakers and Spanish materials in order to encourage Latinos to use the available services (Ford et al 2013: 33-34). Language is a key factor in regards education. Two-thirds of the Latinos living in the United States today have the equivalent of their GED or less (Lopez-Cevallos 2014:781). The discontinuation of a formal education can be due to a number of factors; the two factors highlighted throughout the literature are familial pressure and work. Latinos are more likely to be family-oriented than Americans and place more value on family and the hierarchical authority of the parents: “The family system plays a pivotal role in the lives of Latino families and individuals. Central are *familismo*, which refers to the importance of family unity that contributes to the well-being of the family and extended family (Ayón 2012: 91). It is common for parents to move in with their children once they are of age in which they require help and for individuals to live with their parents until their marriage. Therefore, if the family needs an increased income, Latinos are more likely to discontinue education in order to obtain a paying job (Ramírez-Garcia 2012:307). A lack of traditional education, however, can also lead to a lack of health education. A study, for example, done on Latino adults living in the United States showed the differences in perceptions regarding diabetes. Diabetes has a higher prevalence among Latino adults than non-
Latinos: 15% of Latino adults in the United States have Type 2 Diabetes, compared to the 9% of non-Latinos. Additionally, “Latinos are more likely to suffer from serious diabetes complications, including amputations and retinopathy due, in part, to inadequate diabetes education and lack of access to preventative health care” (Coffman et al 2012:4). With half of their sample reporting low health literacy, patients were often undiagnosed or under-diagnosed.

One of the cultural differences that act as a barrier to access is the actual doctor that the Latinos choose to visit. In a phone survey that asked over 3,000 Latinos living in the United States, 20.7% of the respondents remarked a preference for same-race health care providers and over half of the respondents said they had experienced discrimination in doctor-patient relations, and two-thirds of the respondents said that they were somewhat or very concerned about experiencing racial discrimination in their future (Malat & Hamilton 2006:179). This is a monumental study because it helps to demonstrate the perceptions that Latinos have regarding their health care providers and the stigma that they face while living in the United States.

**Alternative Methods:**

Another cultural difference that acts as a potential barrier to health care services is the belief in alternative medicinal practices. Although alternative, or sometimes indigenous, medicinal practices are very rare for Latinos living in the United States, they provide an important foundation in understanding the marginalized population and how they function in a dominant, Western culture. Furthermore, the indigenous population can represent the very core of some Latino populations and their culture, and when compared to the core of American culture, can remark very different values that could affect modern-day actions. Anthropologist T.S. Harvey performed an in-depth study in Guatemala, a country in Latin America that
continues to have a prevalent indigenous population, the Mayans. While Guatemala may not be
generalizable to the Latino population at large, it offers interesting insight into the dynamics of
one particular country. Harvey was interested in determining how Mayan medicine fulfills the
health care needs of the Mayan population and also how these methods of medicine teach
Westerners about how health care is defined globally (Harvey 2011:48). Harvey encourages
readers to resist the comparison of indigenous medicinal practices to Western practices because
this often creates a sense of inferiority and superiority and it is easy to assume that indigenous
practices in no way compare to the researched, scientifically supported, and widely recognized
Western methods. Indigenous methods are rooted in inclusion; all individuals take a preventative
medicine in order to foster a sense of community. Individuals are encouraged to eat a similar diet
and avoid the same foods and focus exclusively on natural ingredients, ingredients that come
from the earth that all individuals can access (Harvey 2011:60-62). The sense of community is
reflected in Latino action in the United States, as many Latino immigrants take residency in areas
where other Latinos have previously settled and they begin to network within the Latino
community.

**Lack of Insurance:**

The United States health care system is currently undergoing changes due to the
introduction of the Affordable Care Act but insurance is still a major barrier for Latinos in
regards to health care access. Because “Every Western industrialized nation except the United
States has some form of universal health care insurance”, Latinos without insurance are at an
extreme disadvantage in the event of a medical emergency. Becker’s commentary on the lack of
minority insurance coverage is extremely helpful in determining why Latinos would choose to
not to visit a hospital or health clinic. His study consisted of 70 in-person interviews with Latinos
that are not insured or were insured at some point but not currently. According to Becker, lack of
insurance reflects decades of structural inequality and has a strict focus on the “us versus them”
(Becker 2004:59). He argues that racism is structured into our political system and agendas and
our everyday narrative is coded with racism that is disguised as logic. He cites a study done in
2000 that noted of the 49 uninsured individuals, the number of uninsured Latinos is more than
double the number of insured non-Latinos. For immigrants of any ethnicity, the host society
holds all of the economic, political, and social power (Ramírez-Garcia 2012:308). Immigrants
are essentially working at the mercy of their host country and therefore a power-inequity is
inevitable. Becker mentions that “the proportion of poor and ethnic minority patients seen in
safety net settings is disproportionally high: 86% are low income and 64% are ethnic minorities”
(2004:260). Being uninsured can be a major cause of discrimination. The respondents in
Becker’s surveys remark that being insured is synonymous with a feeling of respect: “When I
had insurance, whenever I went to the doctor it felt great. They treat you with the utmost respect”.
When this specific patient returned to the same doctor after having lost his insurance, he reported:
“The doctor should have been asking to have these things [EKG and blood pressure test] done
because he was sincere and caring about my health…It was a situation where the doctor didn’t
want to deal with me as a person. He saw me as a number” (Becker 2004: 268). Becker’s
respondents noted that patients who do not have insurance are assumed to be unemployed and
therefore lazy and incapable of maintaining a job.

**Fear of Deportation:**

With over one-fifth of Latinos living in the United States illegally, the fear of deportation
is another major barrier in terms of health care access. Because hospitals and health clinics ask
for personal and government information, undocumented Latinos are hesitant to utilize these
services. The literature suggests that “policies and initiatives that intend to eliminate health disparities may not extend to Latino immigrants” and that in states that have a lower percentage of Latino immigrants there are higher levels of anti-immigrant sentiments (Ramírez-Garcia 2012:306). Immigration status is a difficult topic because their actions are often hidden from the public eye. Americans are not able to readily see the contributions of these individuals just as these undocumented individuals are hesitant to interact with their host country (Ramírez-Garcia 2012:306). This dynamic creates a divided society and an inability, or hesitation, to understand the culture of the other nation.

The fear of deportation affects the level of political connectedness that non-American Latinos are able to have with their host countries. “Political connectedness encompasses basic skills, attitudes, and behaviors that attach a person to the American political system” and “Latino immigrants continue to report low levels of political connectedness” (Staton et al 2007:470). Staton et al study the concept of dual nationality and how Latino immigrants are less connected to the United States because they are not integrated into the culture and report low levels of political activity (e.g. civic duties). Staton et al remark that undocumented Latinos are unlikely to attempt to assimilate into the American culture because they are in the United States to make money before returning to their home country and assimilation is therefore unnecessary. They lack the psychological attachments to their American communities and do not adopt the social norms, values, and social systems. Additionally,

“If fluency in a nation’s predominant language influences a person’s ability and opportunities for immersion into the nation’s political culture, then those who are more proficient in the dominant language should be more likely to be politically incorporated” (Staton et al 2007:473).

Lack of English fluency is noted as the primary reason for immigrants not choosing to apply for citizenship or the naturalization process (Baker & Espitia 2000:1061). The undocumented
workers living in the United States, that are here primarily for work, experience higher levels of stress due to the dangerous journey into the states and the type of work they perform while here. Undocumented Latinos typically work long hours doing repetitive motions, and depending on the job these individuals could be outside in the heat for many hours each day. It is also important to note that the major transition from one culture to another is an added stressor and can affect an individual’s mental state. Undocumented Latinos are forced to be constantly aware of their interactions, as they are susceptible to deportation (Ramírez-Garcia 2012:311).

The above literature contains a series of interviews and survey analysis that are aimed at understanding the experiences of Latinos living in the United States. The strengths of these studies are the interviews, specifically the interviews Becker conducted with uninsured Latino patients seeking health care. While it focused heavily on how insurance played a role in the accessibility of health care, it also touched on how insurance can be used as a form of discrimination. These interviews provide a direct insight into the minds of Latinos. Latino immigration and the problems associated with their new lives in the United States is an extremely relevant topic because the rates of Latino immigration are high and are expected to increase. Latinos are expected to comprise 25% of the United States population by 2050 and be the majority in several states (Staton et al 2007:471). With Latino immigration rates increased during times of political turmoil in the home countries, it is natural to assume that these individuals are immigrating to improve their living conditions. The safety net services offered in the United States are also changing with the new governmental policies but health care remains an important issue. Given the increased stress and discrimination that Latinos face, it is crucial that they are able to seek adequate health care services if they desire to do so. The literature, however, presents several major barriers that impede their ability to access these services. These
barriers should be studied and analyzed in order to improve and strengthen the relationships that Latinos have with their host countries.

**Theory:**

As the literature and statistics on Latinos stated, it can be determined that discrimination exists at some level when comparing the Latino experience in regards to safety net services to the experiences of their non-Latino counterparts. These discriminatory experiences can be attributed to basic culture differences such as language or occupation and can include many other factors. These basic cultural differences play an important part in the social hierarchies that are experienced in the United States and these social hierarchies are the focal point of many sociological studies. Pierre Bourdieu, Michel Foucault, and Bonnie Urciuoli are all sociological theorists that comment on the institutionalized power structures and the elements that contribute to the reproduction of these systems. Latinos living in the United States often find themselves in a lower socioeconomic status and it is important to determine which political, social, and economic factors contribute to this stratification.

Discussion on class structure has been a popular discourse since the publications of Karl Marx. French theorist Pierre Bourdieu’s extensive work echoes a few principals of Marx when he establishes himself as critical of domination and of the “inherited and accepted ways of thinking and of the subtle forms of rule wielded by technocrats and intellectuals in the name of culture and rationality” (Stones 2008: 264). He additionally is a critic of the “patterns and privilege as well as the politics that supports them” (Stones 2008: 264). Bourdieu states that these power structures that allow for the privileged to be in control are continually reproduced due to our subordinate practical acceptance of these structures. These systems naturally produce
a divided society; Bourdieu has a typically agonistic vision of society where we continue to see competition and comparison among various groups. Just as our existence is dependent on difference, difference also indicates a form of social hierarchy, which can lead to “endless dialect of distinction and pretension, recognition, and misrecognition, arbitrariness and necessity” (Stones 2008: 265).

To understand how Bourdieu approaches the issue of social hierarchies and structural power, it’s necessary to unpack his more specific theories and determine how they potentially contribute to the reproduction of these systems. Bourdieu’s original concepts of habitus and capital are two elements of sociology that relate to the issues facing discrimination and relations between different membership groups. Habitus, specifically, refers to the set of dispositions that affect how we perceive, act, and judge in the world (Stones 2008: 267). Habitus is essentially is how society shapes individuals and how we learn to act in society, according to the societal rules. These dispositions are things that humans gain through social exposure, something that is likely to begin at birth and is solidified unconsciously. Because social conditions influence dispositions, individuals of similar nationality, gender, race, etc…have similar dispositions due to their similar life experiences, a possible explanation as to why similar groups feel more comfortable with one another rather than those of a different membership. Although dispositions begin to form at birth, they are also malleable “since they inscribe into the body the evolving influence of the social milieu, but within the limits set by primary (or earlier) experiences” (Stones 2008:267). These dispositions become normative and become a natural way of being. Because of this, habitus is something that is both structured and structuring. Habitus is structured because it is created by the social forces that produce it and it is also structuring because it gives patterns to these social forces. Bourdieu describes this phenomenon as “the product of structure, producer of practice,
and reproducer of structure” (Stones 2008: 268). According to Bourdieu, we are witnessing the reproduction of a divided and hierarchical society.

All individuals have different systems of dispositions; individuals of similar groups will have similar systems but even these will be slightly different depending on the individual’s place in society. This place in society is largely dependent on the amount of capital that the individual possess. Capital, a major theory of Bourdieu’s work, connects directly to habitus and the social hierarchies present in society. Bourdieu defines capital most generally as “accumulated labor (in its materialized form or its ‘incorporated’, embodied form) which, when appropriated on a private, i.e., exclusive, basis by agents of groups of agents, enables them to appropriate social energy in the form of reified or living labor” (Bourdieu 1986: 1). He furthers his analysis by equating capital to the underlying regularities of the social world. According to Bourdieu, capital is essentially what makes the games of society “something other than simple games of chance offering at every moment the possibility of a miracle” (Bourdieu 1986:1). Capital is something that all individuals accumulate over the course of their lifespan and like habitus, is something that can become normative and help to shape our character. Capital comes in three forms: cultural, social, and economic. Symbolic capital is often included as a fourth example.

Bourdieu first wrote about capital in his piece, “The Forms of Capital” where he offers explanations to each form of capital and their application in the social world. Alejandro Portes provides a modern application to social capital and explains how modern sociologists have applied capital in his piece “Social Capital: Its Origins and Applications in Modern Sociology”. He uses Bourdieu’s definition of capital “the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance or recognition” (Bourdieu 1985: 248) as his starting point for discussing
how participation and mutual dependence affect capital. Social capital is an intangible resource but is largely dependent on social relationships. This contrasts economic capital, something that exists primarily in bank accounts and is less dependent on personal relationships. Bourdieu’s idea of social capital has been linked to reciprocity and a sense of obligation because “identification with one’s own group, sect, or community can be a powerful motivational force” (Portes, 1998:8). These community networks create social capital because they seek to establish or maintain control within the various groups or sects and this can become a form of bounded solidarity, something that relates to various minority groups. Portes elaborates on Bourdieu’s thought of bounded solidarity by providing examples of how ethnic minorities utilize social networks. Ethnic minorities become largely dependent on each other for economic capital, “Members find jobs for others, teach them the necessary skills, and supervise their performance” (Portes 1998: 13). This system of networks, an important subset of social capital, also relates to everyday survival. An ethnic minority, Latinos for example, will depend on one another for housing, “survival in poor urban communities frequently depends on close interaction with kind and friends in similar situations” (Portes 1998:13). This is indicative of how ethnic minorities use those of the same group to gain economic capital in society but this can also be a negative consequence of social capital due to the exclusion it creates.

Portes mentions four examples of negative forms of social capital according to Bourdieu’s definition: exclusion of outsiders, excess claims on group members, restrictions on individual freedoms, and downward leveling norms (Portes 1998: 15). Portes analyzed a study that focused on outside social networks among Mexicans living in San Francisco that concluded “immigrant families compensate for the absence of the third form of social capital- outside networks- with an emphasis on social capital in the form of familial support, including
preservation of the cultural orientations of their home country” (Portes 1998:14). This evidence suggests that immigrant families maintain their social and cultural capital from their home country rather than adopting the capital of their host country, creating a heightened sense of exclusion.

The connection between power and inequality is also highlighted through symbolic capital and symbolic domination. Symbolic domination refers to the culturally bound knowledge and the control over the conveyed meaning. This connects back to the ideas of Marx; symbolic domination can be used to suggest why the powerless rarely revolt (Gordon et al 2011:38). Bourdieu suggests that often without realization, those of a lower class are subject to the social structures of the dominant class. Symbolic capital is used to express dominance throughout society and becomes a severe example of social distinction. Bourdieu theorizes that those of a lower social status are subject to the legitimate culture, or the “dominant taste of people with a high amount of cultural capital” (Gordon et al 2011:39). The legitimate culture in a Western society may value classical music, a specific cuisine, or a particular vernacular. Legitimate culture is perpetuated by the culturally elite and as a result the social hierarchies are reproduced. These symbolic dimensions of power correspond to the political structures and we see the symbols of the dominant culture as the “correct” or “legitimate” symbols. These forms of capital promote both inclusion and exclusion of various groups.

To apply both capital and habitus and the effects on power structure to the hospital setting, Carolyn Rouse discusses the power inequalities that exist in the hospital when the health status of a family from a lower social status is at the mercy of the doctors. In this example, Rouse follows the story of two parents who are advocating for their young child’s health and she applies their situation to the theory of Bourdieu’s habitus and capital. Through habitus, the
family was able to gain an increased level of self-awareness that led them to experience
discrimination within the hospital. The doctors, in the position of power, expressed their
daughter’s inability to recover. The social capital of the doctors and the capital of the family
varied immensely and Rouse argues that the doctors are able to convey information in a specific
discourse, displaying their level of power. Because the sick child, and her family, had what was
considered a lower level of social capital due to their lower socioeconomic status, their
experiences at the hospital led to a different understanding of selves, not as an autonomous self
but as a self that is dependent on those in the power position in which they are not in charge of
their subjectivity (Rouse 2004:527). The power dynamic and capital accumulation are powerful
agents in the realm of hospital care.

Michel Foucault also questions the power regimes and the acceptance of the politics that
reproduce these unequal systems. Foucault claimed that power produces reality and that our
regimes of truth are continually defined and enforced through our institutional systems, such as
schools, the media, and political and economic ideologies. These institutions produce the idea
that truth is relative; culture is ultimately what decides what is “correct”, similar to Bourdieu’s
idea of legitimate culture. Although Foucault placed more emphasis on social discipline and
conformity, he also wrote extensively about power. In his piece “Power as Knowledge”,
Foucault claims, “power is everywhere; not because it embraces everything, but because it
comes from everywhere” (Foucault 1976: 518). He elaborates by stating that power is constituted
through accepted forms of knowledge, which contribute to the design of social order. He
continues with “relations of power are not in a position of exteriority with respect to other types
of relationships, but are immanent in the latter; they are the immediate effects of the divisions,
inequalities, and disequilibriums which occur in the latter…” (Foucault 1976: 519). Foucault, too,
comments on how power is a product of social inequalities and he recommends that we look not at those in power in regards to analysis but rather to those who are deprived of power.

Foucault’s theories on discourse connect both to Bourdieu’s ideas of capital and legitimate culture and also to theorist Bonnie Urciuoli’s writing on semiotics. Foucault claims that power and knowledge are joined together through discourse and he acknowledges the difference between the dominant discourse and the dominated one. Foucault suggests an analysis of “the things said and those concealed, the enunciations required and those forbidden…the variants and different effects-according to who is speaking, his position of power, the institutional context in which he happens to be situated” (Foucault 1976: 522-23). Here we see position as a form of cultural capital; language can be considered as a form of cultural capital. Urciuoli writes about the existence of language prejudice and how communication is politicized according to those in power (Urciuoli 1996:1). Similarly to Bourdieu and Foucault, Urciuoli acknowledges the inevitable class distinction according to those who control capital. She focuses much more heavily and specifically on the power of discourse and language. She begins by stating that the way in which people talk can be interpreted in regards to their social position, or their habitus or amount of social capital. In the United States, English is the valued language and people are subject to language prejudice when they are assumed to lack an understanding of the English language. Because of this, accents and dialects become constructs that classify groups of people in the same way that nationality and race classify individuals. This becomes an issue when considering the topic of ethnic minorities and their bilingualism. There is a distinct connection between prestige and language that relates back to the social stratification. If we value English more than we value Spanish, which is true of the dominant class in the United States, then we equate a higher level of prestige to English-speakers: “Spanish is equated with
Puerto Rican values and English with American values in ways that objectify both language and culture” (Urciuoli 1996: 5). Although bilingualism is a form of social capital, it is viewed very differently according to who is the bilingual individual. Because English is the valued language according to the legitimate culture, we expect those individuals speaking English to have a full comprehension of the language. When a Latino is heard speaking English with a heavy accent and perhaps speaking a form of “broken” English, it is assumed that he is from a lower social class because “accents play an important role in the interactive performance of identity, they cannot be reduced to quantifiable variable phonemes and variable rules” (Urciuoli 1996: 5).

Urciuoli offers the example, however, of the French businessman who is bilingual in French and English and his bilingualism is viewed as prestigious due to his social capital and title as a businessman. Because his cultural capital is not equated to a position as a fast-food worker or custodial employee, his accent or broken grammar is overlooked. Urciuoli takes this further by stating, “In such stereotypic American venues, Spanish has no legitimate place. It is marked. Any sign of speaking Spanish or being Puerto Rican puts one at risk” (Urciuoli 1996:8). Appearance aside, it is hard to escape the identification of being a minority when one has an accent because we have such strong associations with accents and a Spanish accent “may set up an interpretative frame where one is subject to judgments and reactions that one cannot fight because they are made by the people in positions of power” (Urciuoli 1996: 8). The imbalance of power is again highlighted as it uses examples of capital to create class distinction and further separate the legitimate culture from the other, less prevalent forms of culture.

Each culture has a different set of dispositions that lead to the accumulation of various forms of capital. When these sets of dispositions cross cultural lines, or even involve individuals of different membership groups, a power structure arises and those in the dominant positions
create the political ideologies to continue to reproduce these systems. These three theorists all
comment on, and are critical of, the degree of social stratification throughout society and the
level of acceptance we equate to these systems. Minorities continue to be at the lower levels of
the social hierarchies with a very different level of capital than those in the dominant position.
With a different habitus, various cultures will continue to have diverse ways of being.

Methodology:

In order to fully understand the reasons behind Latinos decisions to utilize the American
health care systems, interviews with these Latinos living in the United States are a beneficial
form of methodology. To gather data for this research topic, I have conducted interviews with six
individuals that are living in the United States but are originally from a Latin American country.
These interviews, combined with research on literature on the same topic, will be transcribed and
analyzed in order to make conclusions and generalizations.

For these interviews, the respondents are all individuals living in the United States that
were originally from a Spanish-speaking country south of the United States border. The
respondents are all over eighteen years old and reside in Ohio currently. With only six completed
interviews, the sample is not entirely representative but will provide a strong foundation from
which to draw an understanding of the Latino experience in the United States, specifically
central Ohio. A more representative study would include more Latinos from different parts of the
country, specifically in states with higher concentrations of Latinos. Despite a small sample size,
the sample is still applicable to the research because the respondents describe experiences similar
to the literature and research can be drawn from these comparisons. I was able to begin
conducting interviews in August 2014 after I received approval from the IRB board.
The snowball technique was used to find respondents; my first few interviews were conducted with individuals with whom I was familiar with and through these relationships I was introduced to new respondents. This technique is a non-probability method and is helpful for me because there are individuals that could offer helpful insight but are unknown to me. As I am introduced to more individuals, my data becomes stronger and more representative. It would not be beneficial to interview exclusively individuals that I am familiar with because I may not gain any new information beyond what I already know. A possible disadvantage, however, of this method is the idea of bias. The individuals that I ask to direct me to new respondents may choose individuals that they feel are best to interview, without knowing the full extent of my intentions with this research. This method also takes away the randomness that would be guaranteed in a community-wide survey. In my particular research, I asked American friends who have connections with the Latino community to introduce me and pass along my contact information. From email correspondence, I was able to schedule interviews and create a positive discourse with them. The individuals that I previously knew took place in more informal locations, such as a coffee shop and a restaurant. I interviewed one individual during his work break at a local Mexican restaurant and bar. The interviews took place mid-day so these locations were not very crowded, allowing for the conversation to feel comfortable and audible. A fourth interview with a respondent that I had just met took place in the public library. The final two interviews took place in the individual’s home. Through email correspondence, I was able to meet them at their residence, adding a sense of familiarity and comfort for them. The interviews last between 30 minutes to one hour. With the respondents that I am familiar with, the interviews tend to last longer. In these interviews, I am able to have a more comfortable discourse and the interview
becomes more of a conversation and strays from the established questions, adding to the time length. My sixth interview was conducted in Spanish.

These interviews were recorded using an iPhone. The respondents were given a consent form that indicates that their answers will be recorded for a later transcription. Respondents were given a copy of this consent form if they should want to contact me later for additional questions or comments. For the final question regarding the respondent’s legal status, the recording device was turned off and this question was not transcribed. There are 30 official questions but each conversation produced additional questions. The first several questions were aimed at getting to know the person on a very basic level; they were asked about their age, job, home country, and family. From these questions, the respondents were then asked about their medical history and preferences regarding treatment. They were asked to describe their experiences using American safety net services and asked to comment on any specific circumstances that would promote or prevent their use of the health care services. They were asked about their proximity to medical clinics or hospitals and under what circumstances they would seek medical attention from these facilities. If an individual responded that they do not seek medical attention, it was then necessary to ask additional questions to determine which factors stopped them from accessing these services.

Through these interviews, I was able to unpack several key themes that also relate to the themes that were highlighted in the literature. Respondents were also asked for suggestions about possible changes to the American health care system and asked to offer any ideas about improvement. Because they are a minority utilizing systems that are often created by the majority, their input is essential and unique. Naturally, these questions produce commentary on
the differences between Latino and American life in the United States and highlights issues such as immigration, language barriers, and feelings of discrimination.

I chose to conduct interviews because they provide an opportunity to fully understand the answers of the respondent. In a survey, in contrast, I would not be able to ask an individual to expand on a certain idea or concept. Additionally, if there was any confusion that my respondent or myself had, we would be able to clarify. This is especially important for those who are native Spanish speakers. A survey could possibly be confusing to those who do not speak English as their first language. I also anticipate a higher response rate with interviews, rather than sending out a survey to individuals that are likely not to respond. Despite these benefits, it can be difficult to find individuals willing to be interviewed about the health status and preferences or respondents that are willing to speak about their status as a minority in the United States. It’s possible that these topics could unpack sensitive issues but I am confident that I will be able to control the conversation and focus on different issues of varying degrees of sensitivity.

**Discussion:**

The six interviews provided strong insight into the lives of Latinos living in the United States. The respondents collectively are from Mexico, Honduras, Cuba, and Puerto Rico. They represent individuals who came to the United States with an idea of improvement; one individual left Cuba during the revolution with her family, one individual was in the States to learn English in order to improve her job chances back at home, and the others came to the States for either education or employment. Two of the respondents living in the States illegally and they reported a strong contrast between their lives and the lives of American citizens. The respondents varied in age from 22 to 64 and have all been in the United States for a different amount of time. Spanish is their first language and they all speak English, proficiently at the very least. One
individual is in the process of learning English and spoke a combination of English and Spanish throughout the interview. One interview was conducted in Spanish and then later transcribed in English. The respondents were asked a series of questions regarding their personal experience with the United States safety net services, in addition to their experiences as a minority group. A few respondents remarked a positive experience regarding their assimilation into the American culture while others reported a more difficult adjustment.

All of the respondents agreed that discrimination against Latinos exists in the United States at some level. Carlos, the first respondent from Mexico, remarked that the discrimination tends to be less in cities such as Chicago, San Diego, Miami, or New York where Latinos make up a very high percentage of the population. Here in Ohio, he says, Latinos are able to create more relationships and connect with those who are experiencing a similar situation; they are away from their families sometimes, searching for jobs, and in some cases, hiding from the law. He states: “It helps very much to know people. That is the only way to make it here [The United States]”. This particular respondent is from Mexico originally and is living in the United States illegally. He has been living here for six years and crossed the border when he was twenty years old with various other immigrants. He did not elaborate much on his journey across the border but did remark that, “they [the coyotes] know what they are doing. It is their job to get us here and people pay a lot of money to cross with them”. A second young man, Kevin, from Mexico is also living in the United States illegally, although they did not previously know each other. They work together as part of the kitchen staff at a bar in Columbus. Carlos states:

“I do not have much worry about deportation. I have lived here for six years and I have a strong life here. My bosses do not ask me many questions. I am a good worker and I do what I am asked to do. But, I will say that I had a lot of fear when I first arrive. Every man that looked at me, I thought he would deport me. I did not speak any English and that was the hardest part. I study my books every night but I was too…(pause) afraid to talk with others. I got a job as a dishwasher and that was my first good day in America”.
Both of these individuals got jobs several weeks after coming to the States and they both stated that these jobs were a turning point for them in terms of their relationship with the United States. A basic understanding of English was all that was necessary for these positions; they were not asked to prove that they were citizens but one of the individuals commented that he was prepared, and still is, with a fake identification. The idea of economic capital can be related to the possession of an authentic identification. Owning an American identification card can seem like a basic commodity but its culture weight is tremendous; it allows Americans access not just to specific locations, but it access to job opportunity, which ultimately yields an income. With an identification card, individuals are able to apply for jobs, file taxes, and have something that proves their connection to the state. Even the ownership of fake identification proved a bridge to obtaining jobs and from these initial jobs, they were able to build relationships with other workers and they are now both working at a job that they say they enjoy. Their boss, they state, is helpful but also tough. He will not tolerate if they are late for work, or do a poor job, but he is willing to help them, for example, when their car breaks down or even paying them in advance so they are able to pay their month’s bills.

Regarding medical services, both of these individuals are uninsured and do not regularly visit a doctor. Their jobs do not offer these types of benefits, they say. One of the respondents thinks that maybe he is “playing with fire” by not getting insurance but without proper identification, he is fearful of what could happen. They claim to be healthy individuals that do not often think about encountering severe medical issues. Back in Mexico, they also said that they did not regularly visit a doctor but would not hesitate, cost permitting, if they were in need of serious medical attention. Kevin remarks:
“There are things we [illegal immigrants] cannot do. But there are things I cannot do at home. In my country, you cannot walk alone at night. There is danger in the streets. Here, I can do that. My life is improvement here, but I won’t go to a doctor visit. If my situation was very bad, I would ask for help.”

For Kevin, he would rather have the luxuries associated with physical safety instead of the safety net services, such as medical attention and insurance. He believes that these things will expose his identity and his life in America is not something worth risking. Their responses regarding medical care were short; they do not wish to obtain these services as they are not deemed necessary. When asked about what they would do in case of an accident, the respondents felt they had enough strong relationships that could provide a safety net. In terms of medical access, it is often assumed that illegal Latino immigrants crowd emergency rooms. Both individuals state they have never had to do this but would consider the option if absolutely necessary.

Illegal immigration is a difficult topic to discuss because the fear of deportation is a reality for many Latinos living in America. It is also a topic that is hardly ever discussed among Latinos and is certainly something that Americans do not commonly ask Latinos upon meeting them. The respondents remarked that sometimes other Latinos would ask, “Tienes papeles?” (Do you have papers?) but this question usually comes with an established relationship. Many Latinos have green cards that indicate their interest in becoming a citizen. Sometimes these green cards expire and the individual never pursues citizenship. These individuals indicate that applying for citizenship can be a difficult process, as some individuals do not qualify, some are not interested, others do not have a proficient comprehension of the English language, which is a necessity for the citizenship test, or some lack sufficient funds and resources for the application process.

“Initially, I did not know sufficient English for the test. I am sure I could pass the test now. But to become naturalized, the government requires we have a card here for five
years. I have lived here for six years but my card is not five years. It’s sad a little because I am living here for so long, I work, I serve people, but I am not a real part of the country.”

Another major issue that was highlighted throughout my interviews as a barrier to accessing medical attention and a barrier to fully engaging with the American population is the language differences. A young woman named Maria from Honduras was living in the United States in order to learn English so that she could obtain a higher paying job back in her home country. With her mother’s recent Parkinson’s diagnosis, she felt responsible to pay for the medical bills. After being denied various positions with the Red Cross due to a lack of English fluency, she came to the United States on a student visa to take classes at a community college in Ohio. While her English was already very proficient, her job required confidence in speaking English with native speakers, something that proved to be difficult for her. Her sense of responsibility to care for her mother’s medical condition shows the familial importance within the Latino culture. It is common for children to live with their parents until marriage, and sometimes even after marriage until the couple is financially stable. Additionally, when the parents reach an age when they are in need of assistance, it is seen as rude to suggest that they move into the equivalent of a nursing home and the children are usually willing to move their parents into their own home, which is the case of this respondent.

In regards to translation and learning English, the respondent noted that she would not feel comfortable going to a medical hospital or clinic and asking for assistance. She stated that she would ask for a native English speaker to accompany her to these visits, although she did feel comfortable visiting the grocery store, restaurants, or shopping malls. When asked about the difficulty of expressing herself in English, Maria stated: “I lose a part of myself when I speak English. You know, I cannot say everything I want to say. I use simple words, simple phrases. You can understand my words but they have more meaning in Spanish”. She elaborated on a
sense of isolation that accompanies the task of learning a new language: “It is hard! I am dependent on you, or other friends, to help me talk. I am very overwhelming in America especially because I do not know many people that speak Spanish”. The loss of self is an important feature to note, as it relates to the set of dispositions we adopt. Maria adopts a different set of dispositions, a different habitus, when in the United States and she feels restricted due to language to show her true self. Language serves as a strong feature of Maria’s habitus and is something that she struggles to maintain cross-culturally.

Another respondent remarked a feeling similarly regarding the isolation that speaking only Spanish can bring. This woman, Victoria, who immigrated from Cuba with her family when she was seven years old during the Cuban Revolution, spoke only Spanish upon her arrival and was quickly expected to integrate herself into a classroom of only English-speakers. She states that she was glad this transition happened when she was so young because she was less aware of how her classmates viewed her. But unlike many Latino families, her parents insisted that she only speak English at home and she quickly reached the same level of proficiency as her classmates. She is now a Spanish teacher at a small, public high school in central Ohio and she encourages her students to pursue the Spanish language, despite its difficulty:

“I absolutely know that learning a new language is difficult. It makes you vulnerable because you are not confident in your abilities to express yourself. But, at the same time, learning a new language forces you to think before you speak and say what is really important. When my students complain about learning Spanish, I remind them that the Spanish culture is taking over America”.

Because she has been in the United States and her citizenship was obtained at a young age, she does not experience barriers when accessing medical services. She is happy with her medical services thus far and has not experienced any forms of discrimination in that regard. She does,
however, remark that discrimination against Latinos is something that she has both experienced and witnessed.

“Sometimes when I go out, to a restaurant for example, with a bunch of Hispanic friends, we speak Spanish obviously, the waiter or whatever sometimes will speak extra loud or extra slow. They will talk like we have a mental disability or something. It’s like they assume that we can’t speak English because we are Hispanic…I would imagine this could be related to hospitals or whatever, maybe a doctor would feel the need to describe things in really simple terms. Which, I guess, is what some patients would need. I mean, gosh, there are plenty of Americans that would need a medical explanation explained to them in simple terms, that stuff can be confusing.”

In another interview, a middle aged man named Omar from Mexico discussed his journey from an immigrant to a United States citizen and the difficulties associated with gaining respect from other Americans. He came to the United States when he was thirteen years old after his father’s death. It was his mother’s hope that the United States would be a better environment for her children and they could escape the gang violence that had surrounded their lives in Mexico. On the gang activity, the individual responded:

“It is everywhere. People you know and respect, they can be dead the next day, or people you know can kill someone. It is a cycle that doesn’t stop. In my country, people are tough because you have to be. This helped me start my life in America. There is no respect if you show up at a job and don’t speak English. You have to learn it.”

This respondent remembers a day from his childhood, after having moved to Ohio, in which his younger broke his arm and required medical attention. His mother panicked because she was afraid that they could not pay for the hospital visit. She had to ask for money from other neighbors and family in order to cover the cost.

“It was embarrassing to her, because she couldn’t take care of her son. We had to pay in cash, that was also very embarrassing. The doctor must have known we had no money, nobody would think that a Latina woman with two boys coming to the emergency room with cash only is rich!”
The emergency room visit reflects a common stereotype of Latinos: that they do not have insurance or a primary care provider and are forced to visit the emergency room when a crucial medical issue arises. As a non-citizen, this can be a terrifying place to be due to the very real possibility that employees can ask for proper identification and proof of citizenship. This experience highlights the power dynamic expressed in both the ideas of Bourdieu and Foucault; the power dynamic is created through the social status of the doctors in comparison to the social status of the non-American Latino immigrant. This creates a stratified relationship within the hospital setting, a setting where the power dynamic already exists between doctors and patients. Today this individual still does not have a primary care provider and does not have any intention to pursue one. He states that his life in America has been relatively positive. He recalls a time where he was afraid to walk in public past police officers in fear that they would immediately ask for his papers.

“I think there is a rule in Arizona or something that states that any police or border patrol agent can ask you for your papers at any time. I would walk miles out of my way to avoid places where agents could be. I mean, come on, the government is deporting people that have been here for years. People that have a family here, children, jobs, they obey the law, and they could be forced to leave tomorrow.”

When asked about immigration policies, it was clear that this individual had strong feelings and felt the immigration policies in the United States were unfairly harsh. These immigration policies have been a prevalent topic among news forums lately and he is hopeful that the presidential administration will make changes in order to assure that families can stay together and work towards getting citizenship, rather than being deported.

“There is a Mexican proverb that says ‘They tried to bury us. They didn’t know we were seeds’. And I remember hearing that growing up, and now there are 43 students that were probably killed in Mexico. Um, hello, students are massacre victims, and the United States won’t let us at least try to escape this? Do you forget that the entire nation
[America] was founded on immigrants? Texas used to be ours, you know. We have seeds in America, we are planting seeds. We can’t be weeded out.”

This idea, that Mexicans have a right to claim the United States as their “home”, evoked a strong reaction from this respondent. It echoes the sentiment that Americans often forget its history of immigration and the importance to acknowledge our nation’s history of sometimes-violent foreign policy. The respondent was eager to note that Mexicans, and Latinos in general, have major contributions to offer the United States but they are often plagued with stereotypes. He mentions the missing students in Mexico and assumes that other nations will attribute this to the country’s violence and political problems while refusing to see nation’s potential, or more importantly, remark on the incredible sadness that the missing students represent. The idea that Latino immigrants cannot be weeded out is difficult to deny; Latinos are planting seeds in the United States. The rise in popularity in Latino food, holidays, dress, and tourism is reflective of their increased presence in the United States. Spanish words are entering our lexicon and bilingual schools are growing throughout the nation and this is attributed to the seeds planted by years of Latino immigration.

A final respondent, a university student at The Ohio State University, is originally from Puerto Rico, making her a citizen of the United States. She echoes the sentiments of the proverb; she does not feel as if she is an ordinary citizen but rather an international student, like those from Asia, Africa, or South America. She certainly has seeds in America, as she is a citizen, but is not allowed to vote, something that is continually frustrating to her and her family. She states that if Puerto Rico is to be considered a territory of the United States, the individuals should be able to access the same rights as the American citizens.

“I am a black Latina, so perhaps that puts me at more of a disadvantage. You know, someone once asked me if everyone from Puerto Rico is black. Some people just don’t know. I support Puerto Rican independence 100%. I am here because I am getting the
best education but I love Puerto Rico. I know Latinos would get deported, I also know that a French man would not be asked for his papers.”

She is commenting explicitly on the words of Urciuoli and her comparison of the European immigrant and the Latino immigrant. Ultimately, the habitus and general behavior of the two individuals vary and this leads to increased discrimination. Her experiences with the safety net services are also limited, as she does not recall utilizing the health care system extensively. She is encouraged by the increased demands of translators in hospitals and views this as America accommodating the new wave of Latino immigrants. Interestingly, she noted that institutions such as hospitals can be intimidating for international individuals, especially those lacking confident English skills.

“Think about it, you go to a hospital that is bigger and more expensive than anything back home, and they tell you that you’re sick. And now you have to pay for treatment and now you’re a sick Latino. I’m going to guess that your doctor is a white guy that went to med[ical] school and maybe the Latino only has his GED. I wouldn’t feel comfortable.”

The contrast between the American doctor with a PhD and the Latino immigrant provides a clear contrast in terms of social and economic capital, the themes within Bourdieu’s works. The American doctor, who likely had sufficient economic capital to attend medical school, has collected a great deal of social capital and respect due to his or her status as a doctor. On the other hand, the Latino immigrant has a much lower accumulation of social capital, as he or she only has the equivalent of the GED. This difference in terms of capital accumulation directly relates to the power structure and the personal experiences highlighted in this interview. The respondent remarks a sense of fear regarding the American health care system and this fear stems from the difference in capital and therefore, the difference in power. According to Foucault, these power regimes are going to be repeatedly reproduced through institutions, such as the
hospital. The power structures within the hospital produce ideologies that travel outside the hospital walls and become the accepted ideologies.

Although the interviewees did not remark discrimination within the hospital setting, their experiences as a minority group highlight issues that could be translated to the medical arena. With the respondents fearing deportation and experiencing intimidating in regards to the language barrier, their decision not to seek medical treatment becomes more understandable. The woman from Honduras remarked that she was not even aware of the nearest hospital or health clinic. In the chance of a true medical emergency, she stated that she would be completely dependent on others. The man who recalled his experience in the hospital with his mother paying for the treatment with borrowed cash represents an example of self-reflection; he saw the judgment the doctor had for his mother, perpetuating his idea of self-identity. These experiences cause Latinos to be more self-aware and in some cases, self-critical. The respondent from Honduras says, “I hate when I can’t think of what to say correctly. I do wonder if I can get this job actually.”

A power dynamic exists in the United States that can be translated into the hospital setting, a dynamic that was depicted in the Rouse article. Latinos are very much aware that they are categorized as individuals of a lower socioeconomic status, as many of them truthfully are. For example, the respondent from Mexico remarked how wonderful his first job as a dishwasher was for him. While many Americans may not find this job fulfilling or desirable, for Carlos, this job was the indication that he could live in America. A dishwashing employee is much different than an employee of a hospital in terms of social and economic capital and the interaction between the two can be quite intimidating. Many of these respondents remarked lacking confidence in their communicative abilities and the literature suggests that lower levels of
confidence and self-esteem could be potential triggers to mental instability and higher levels of stress. If this is true, health status should be a concern and it would be ideal to encourage these individuals to seek medical help. Many of the respondents, however, stated that they would not seek medical attention unless absolutely necessary or with the help of a native English speaker.

When asked if the respondents though the American Health Care System could be improved, many of the respondents stated that they were not informed enough about the system to make suggestions. The respondent from Cuba stated, “It would be nice to see health care made available to more minority individuals. I see this especially important when dealing with young, pregnant woman here in the States. They need options.” She elaborated by saying that she knows many young woman who are pregnant in the United States and don’t have a strong support system. This again relates to the issue of immigration because if the mother is an illegal immigrant, her child, if born in the States, will be a legal citizen. This highlights the issue of child and mother separation, a major topic in the immigration discussion. Omar, from Mexico, stated that there should be options for individuals who are awaiting citizenship in regards to medical care. With such a lengthy process, these immigrants find themselves in a difficult situation; they are technically illegal citizens but are required to stay in the States until their citizenship is processed. Because this is typically a five-year process, it would not be uncommon for individuals to find themselves in a medical emergency. The respondent says, “There should be clinics, or centers, that we can go to for help. You know, like urgent care. We will pay for visits, obviously, but people shouldn’t be afraid.”

As a nation founded by immigrants, it is important to recognize that this is still a trend. All of the respondents came to the United States for an opportunity that was not available to them in their home countries. Americans tend to be fearful that Latinos are taking jobs away
from American workers but many of the jobs that Latinos accept are not appealing to Americans. Additionally, with all of the respondents able to communicate completely in English, it is unfair to assume that all Latinos are unwilling to attempt to integrate into our culture. Finally, the second respondent from Mexico remarks, “I came here and now I can speak English…can Americans do the same?”

Conclusion:

The respondents generally reported positive experiences while in the United States, as all of them came to the United States seeking improvement. Whether to learn English, find employment, escape political regimes or violence, the respondents have had opportunities in the United States that were not available to them in their home countries. While some of these opportunities come with risks, the respondents support their decision to come to America. Maria from Honduras stated that because she wanted to learn English, coming to America was the most sensible decision. Her English improved dramatically during her time in America and she is now a confident and fluent English speaker. She was able to obtain the job she wanted with the Red Cross after passing an English competency test. The respondent from Cuba thanks her parents’ decision to move to America during the revolution for her PhD and her current job as an educator. For her, life in the United States has been almost entirely positive but she notes the discrimination and lack of concern that Americans have for those south of the border.

The discrimination and lack of concern are both factors contributing to the “us versus them” mentality that continues to permeate throughout the social, political, and economic arenas. Many will argue that Latino immigration poses a threat to our national identity and core values and as a result, anti-Latino sentiment is encouraged and perpetuated. Initiatives, such as
California’s Proposition 187, are being passed in legislature that deny undocumented migrants access to social services, such as health care. We have adopted and become accustomed to the habitus that identifies the culture of the upper-class, white Americans as the dominant culture. We act in a way that equates us to a specific status. Our power structures are dependent on the “us versus them” relationships that create social hierarchies and social inequalities. Our ideologies and practices are creating a divided society. Latino families are becoming separated, despite strong familial ties, because of legality status. But despite these setbacks, Latinos continue to immigrate into the United States and they continue to remain hopeful that they will be able to achieve the American Dream. The respondents interviewed have largely been successful but the acknowledgement or experience of discrimination was highlighted in every interview.

With one of the defining features of the American culture being the English language, Latino immigrants, and the interviewed respondents, comment heavily on the difficulty and pressure to learn in English in order to integrate into the culture. Americans expect that immigrants learn the English language, as it is a core value and element of our national identity. Rather than praising their ability to be bilingual and accepting this as a prestigious form of social and economic capital, Americans instead denote their level of English to a lower socioeconomic status. This denotation once again is creating a divided society based on social hierarchies and power structures. If we refuse to see the prestige in English as a second language, we are perpetuating the cycles of inequality that Bourdieu warned against. This idea of a double standard can also be applied to the face of immigration. Certainly Latinos are moving to the United States in a higher concentration than any other minority group, but the face of
immigration is the Latino. Many Europeans are also moving to the United States because Americans and Europeans look more similar, the level of discrimination is much different.

The levels of discrimination that Latinos face are also crucial because it ultimately affects their health status. With higher levels of discrimination being indicative of lower levels of health, access to health care for Latinos should be a concern. Because Latinos make up 16% of our population and this is expected to grow, Americans should be invested in the success of other individuals throughout the nation. However, mass opinion regarding Latino immigrants seems to parallel racism and suggests a distrust of the Latino minority group. Latinos are not heavily considered in the political health care policies and we consequently see several barriers impeding access to adequate health care. For hundreds of years, generations of individuals have come to America in search of the American Dream and many have been successful; many individuals have started families and businesses and have helped to shape the ethnic foundation of this nation. This new wave of immigration is now seeking their opportunity to unearth their seeds in American soil and once again add another ethnic layer to the nation that calls itself a melting pot.
References:


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