

Natalia Molina

Why Didn't More Mexicans Sign Up For Obamacare?: The Answer as Seen from the Long Fetch of History

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Abstract

The Affordable Care Act (ACA) passed in March 2010, but the Mexican population, a significant portion of whom are uninsured and underinsured, enrolled in the program in low numbers. Officials considered various reasons for this but overlooked more than a century of medicalized racialization and structural discrimination against this population. This working paper examines aspects of the history of Mexicans in the US to shed light on this group's relationship to access to health care. It argues that we need to understand the role that history plays as more than a backdrop that informs present debates. Past medical and public health practices and discourses endure as cultural representations and are built into institutional structures and practices. This history signals to some Mexicans that they are not fully accepted into US society. Hence, this may inform their decisions when weighing whether or not to seek government-sponsored insurance, which could benefit them.

Biographical Notes

Dr. Natalia Molina a Professor of History and Urban Studies at the University of California, San Diego. Her scholarship addresses US History, Latina/o History, Public Health, Immigration History, Racial and Ethnic Studies and Urban Studies. She is the author of two award winning books, *How Race Is Made in America: Immigration, Citizenship, and the Historical Power of Racial Scripts* and *Fit to be Citizens? Public Health and Race in Los Angeles, 1879-1939*.

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Introduction

On March 23, 2010, President Obama, a vocal champion of the Affordable Care Act (ACA), signed the legislation into law. Popularly known as “Obamacare,” the healthcare law reflects not only the strong support of the president but also the efforts of coalitions who had worked for this reform for decades.¹ The ACA provides enrollees with affordable health insurance and regulates certain aspects of the insurance and healthcare industries. The new law eliminates the use of past or existing health conditions as a bar to insurance coverage and removes lifetime caps on benefits. It also makes healthcare more accessible and affordable by expanding Medicaid eligibility and instituting “Health Insurance Exchange Marketplaces,” which offer federally regulated health insurance. Moreover, it permits persons up to age 26 to remain covered by their parents’ health insurance.² The federal government opened enrollment in the ACA on October 1, 2013. Potentially eligible members of the American public had six months, until March 31, 2014, to formally apply for participation in the program.

In 2013, Latinos were the largest ethnic minority in the United States, representing 53 million of the country’s 313 million inhabitants.³ Since many Latinos work in lower paying service-industry jobs that provide few or no benefits, a significant portion of this population was either uninsured or underinsured in 2013.⁴ The ACA, which included documented immigrants in the pool of potential enrollees, was projected to make 10.2 million previously uninsured Latinos eligible for healthcare coverage.⁵ Despite the advantages of participation in Obamacare, Latinos’ early enrollment lagged. Some of this was because of problems with the design and implementation of the program. For instance, the government website that provided the portal for online registration to federally run exchanges was riddled with problems, presenting major obstacles to many members of the public when they tried to sign up.

¹ Republicans originally coined the term in a derisive manner but it has since been accepted into mainstream discourse.

² See <http://www.obamacarefacts.com/> accessed on June 2, 2014.

³ Population statistics are from <http://www.census.gov/>, accessed on July 1, 2014. For data collection and analysis purposes, the government uses the terms “Latino” and “Hispanic” interchangeably. According to the US Census Bureau, “The U.S. Office of Management and Budget (OMB) requires federal agencies to use a minimum of two ethnicities in collecting and reporting data: Hispanic or Latino and Not Hispanic or Latino. OMB defines “Hispanic or Latino” as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. The 2010 Census included five separate response categories [“Mexican, Mexican Am., Chicano”; “Puerto Rican”; “Cuban”; and “another Hispanic, Latino, or Spanish origin”] and one area where respondents could write in a specific Hispanic origin group.” See <http://www.census.gov/topics/population/hispanic-origin/about.html>. Respondents’ preference for “Latino” versus “Hispanic” or vice versa may vary by region, generation, or political viewpoint.

⁴ “ACA deadline approaches/Se acerca la fecha limite de ACA,” Ernest Gurulé, *La Voz Bilingüe*, 12 Mar 2014: 1, 13, 15.

⁵ ACA explicitly prevents undocumented immigrants from purchasing private health insurance through health exchanges and access to premium subsidies.

However, even after the enrollment process was streamlined and “navigators” were hired to assist those who needed help signing up, Latino enrollment remained low.⁶

In trying to understand the disappointing level of Latino involvement, some officials acknowledged flaws in the program’s rollout and poor Spanish translations on the exchange websites, both of which made it more difficult for non-English speakers to enroll. More often, however, officials suggested Latinos were unaware of and/or misunderstood the provisions of the new healthcare law. As a result, strategies for increasing enrollment centered around educating the Latino population as to why they should enroll in the program. Groups that serve Latino and immigrant populations launched outreach campaigns aimed at bringing up enrollment by increasing community awareness and understanding of the ACA. For example, the Service Employees International Union (SEIU), whose membership includes a large number of immigrants, held enrollment events and conducted extensive outreach to inform their members about their healthcare rights and opportunities.⁷ In California, home to seven million uninsured residents and a large Latino population, outreach also centered on education. In November of 2013, the California Endowment spearheaded an outreach campaign to increase awareness of the ACA and promote healthcare enrollment.⁸ The organization hired Cristina Saralegui, the iconic Spanish-speaking television star and host of her eponymous show, *Cristina*, as their spokesperson. Sounding as if she were channeling Progressive Era reformers who reached out to immigrant communities during the opening decades of the twentieth century, Ms. Saralegui encouraged Latina mothers and grandmothers to obtain health insurance as a way of protecting their families.⁹

What these education and outreach efforts did not confront was the mistrust, even fear, of government that some Latinos, citizens and documented alike, held. On the surface this fear may seem inexplicable. Since only US citizens and legal residents were eligible for the ACA benefits, eligible Latinos who did not sign up did not fear they would suffer deportation or any other kind of redress. (And to be clear, ACA is not accused of engaging in discriminatory policies or of serving as a smokescreen for targeting Latinos). After open enrollment for

⁶ “Support for President Obama health care law has eroded among Hispanics,” Jens Manuel Krogstad, *New York Beacon*, April 3 2014: 4. On low Latino enrollment, see “Obamacare’s Hispanic enrollment is low, new HHS report shows,” Jason Millman and Sandhya Somashekhar 1 May, 2014, *The Washington Post* wonkblog, <http://www.washingtonpost.com/blogs/wonkblog/wp/2014/05/01/obamacares-hispanic-enrollment-is-low-new-hhs-report-shows/>, accessed on August 15, 2014.

⁷ “SEIU continues to push the Affordable Care Act,” Maya Jones, *New York Amsterdam News*, November 7, 2013: 23.

⁸ According to its website, the California Endowment “is a private, statewide health foundation with a mission to expand access to affordable, quality health care for underserved individuals and communities, and to promote fundamental improvements in the health status of all Californians.” See <http://www.calendow.org/about/overview.aspx>.

⁹ “Seguro Médico: El Mejor Regalo Navideño,” *La Opinión*, December 23, 2013.

ACA closed, newspaper coverage and studies began to question what role fear played in Latinos' decisions not to enroll in ACA). Both the *Los Angeles Times* and the *New York Beacon* ran stories that explored how "mixed households," meaning families consisting of citizens and/or legal immigrants along with undocumented family members, were reluctant to enroll in the ACA for fear of reprisal not for themselves but for their family members.¹⁰

A few months later, the Kaiser Family Foundation conducted a survey that linked Latinos' fears with their lack of enrollment. The survey found that in California, 52% of uninsured Latinos received health coverage in 2014; another 22% were ineligible because they were undocumented. That still left 25% of uninsured Latinos who were eligible for insurance but did not seek it. According to the survey, of this group 37% were "very worried" or "somewhat worried" (24% and 13% respectively) that signing up for health coverage would draw attention to a family member's immigration status. That left 6% that were "not too worried" and 57% that were "not at all worried." While the majority of eligible Latinos who remained uninsured appear to fall into the "not worried" spectrum, 37% -- almost four in ten -- reported that they were worried enough about their family members' immigration status to forego health insurance. (Of course, one has to wonder about the validity of the "not worried" results. After all, if someone is foregoing health insurance because they are worried that seeking it would draw attention to their family members, would they then admit to that in a survey?]¹¹). This fear and reluctance to sign up for such an important benefit as health insurance was barely discussed publicly during the ACA's open enrollment period.

In addition, in the months leading up to the launching of the ACA and during its six-month open enrollment period, Latinos were under siege daily in the nation's political and cultural discourse. In June 2013, the immigration reform bill passed by the Senate proposed a path to citizenship for the estimated 11 million undocumented immigrants then living in the United States. It required immigrants applying for citizenship to pay any fines and/or back taxes they might owe, undergo background checks, and pass an English language competency test. The bill also secured funds for increased border security, including the use of drones. Latino immigrants were at ground zero of the debate around this bill, as conservative politicians and media pundits discussed the need to secure "our" borders from penetration by "illegals" and called for an end to any consideration of amnesty or a path to citizenship. The

¹⁰ "Support for President Obama health care law has eroded among Hispanics," Jens Manuel Krogstad, *New York Beacon*, April 3 2014: 4.

¹¹ Kaiser Family Foundation Survey, cited in Soumya Karlamangla and Chad Terhune, "Many Latinos Shun Obamacare for Fear of Getting Relatives Deported," *Los Angeles Times*, 9 November 2014.

bill failed in February 2014, and in both tone and content, opponents' reasons for rejecting immigration reform made it clear that Latinos were not welcome in the US.¹²

During this same time period, the Obama administration was engaged in a draconian deportation program that removed nearly 2 million undocumented immigrants, a rate 1.5 times greater than that of his Republican predecessor, George W. Bush, and a record for any American president. The great majority of the deportees are Mexican, and many being deported for minor infractions, such as traffic violations, rather than for serious felonies.¹³ Not surprisingly, the deportations, which often split apart mixed-status families, are perceived by members of the Latino community (and others) as harsh and unjust. The ongoing forced removals have led to a mistrust of the Democratic party in particular, and of the government in general.

In this article, I demonstrate that the fear and mistrust that some Latinos expressed towards ACA was not an aberration. Instead, we can couch their responses within a longer history of mistrust between communities of color and medical and public health institutions. Cultural historian George Lipsitz coined the term "the long fetch of history" to draw attention to the hidden power of the past. As he puts it, events that seem to arise out of nowhere actually have a powerful history behind them; whether consciously or not, we tend to be swayed by the force of past arguments. He argues, "The purpose of studying history is to train ourselves to look for its fetch...Historical knowledge reveals that events that we perceive as immediate and proximate have causes and consequences that span great distances."¹⁴ The fear and mistrust that Latinos cited for not signing up for government backed health insurance did not need to stem from fear of discrimination from that one particular policy (tied though it is in a Gordian knot of anti-immigrant fever) but their collective memory of discriminatory experiences, historical and contemporary. For groups who can claim such systematic racism as part of their relationship to health care and policy, these incidents are not aberrations but, taken in the aggregate, comprise their long fetch of history. These experiences color the choices Latinos make as they weigh their options regarding access to health insurance, *whether they are being actively discriminated against or not.*

To bypass discussions or strategies for addressing such fears and to mainly focus on education, as seen above, is to ignore the multitude of examples and cases in which people of

¹² "Boehner Is Hit From the Right on Overhaul for Immigration," Jonathan Weisman and Ashley Parker, *New York Times*, February 7, 2014.

¹³ "More Deportations Follow Minor Crimes, Records Show," Ginger Thompson and Sarah Cohen, *New York Times*, April 6, 2014.

¹⁴ George Lipsitz, *Footsteps in the Dark: The Hidden Histories of Popular Music* (Minneapolis, Minn.: University of Minnesota Press, 2007), Introduction.

color's fear and mistrust of the government affected how they did--or often, did not--seek medical care. In 1959, Franz Fanon warned of such a dynamic in his book, *A Dying Colonialism*. In a chapter entitled "Medicine and Colonialism" Fanon uses the case of Algeria to describe what he calls a native "ambivalent attitude" towards all things related to colonialism, including medicine. "The colonized perceived the doctor, the engineer, the school-teacher, the policemen, the rural constable, through the haze of an almost organic confusion," he writes.¹⁵ Similarly, when Latinos in the U.S. question whether they received fair treatment at the hands of a police officer, judge, loan officer, teacher, or employer because of a history of discrimination in these areas, we immediately understand the source of these concerns, even if some may not agree they are justified.¹⁶ We do not propose education campaigns for Latinos to ameliorate these situations because we recognize that such perceptions are rooted in a history of racism (though some may argue it is *perceived* racism). So why do we overlook such perceptions and histories of unequal power relations when it comes to Latinos' relationship to institutionalized medicine and public health and their decision to access government sponsored health insurance?

In the case of the U.S., we are not talking about a system of colonialism, but we do contend with a history of racism. Medicine and public health are not objective sciences divorced from such racial politics. One only needs to look at nineteenth century experiments fueled by scientific racism in which the bodies of black slaves and Native Americans were used for both medical experiments and to produce scientific findings to justify slavery and Native American genocide. The twentieth century witnessed eugenics programs, which included forced sterilizations, immigration policy that systematically linked race and disease to bar immigrant groups from immigrating to the U.S., segregated hospitals, public health clinics, and medical schools, and persistent racial disparities in infant mortality, disease, and death rates.¹⁷ Some of these episodes have resulted in the US government issuing formal apologies: in 1997, President Clinton apologized for the 48-year Tuskegee Syphilis Study (1932-1947) in which the U.S. Public Health Service withheld medical treatment of the disease.

¹⁵ Fanon, F. (1980). *A Dying Colonialism*. London, Writers and Readers.

¹⁶ Ruiz, V. L. (2003). "We Always Tell Our Children They are American": *Méndez v. Westminster* and the California Road to Brown." *The College Board Review* (200): 21-27, Gonzalez, G. G. (1990). *Chicano Education in the Era of Segregation*. Philadelphia, Balch Institute Press, Haney-Lopez, I. (2003). *Racism on Trial: The Chicano Fight for Justice*. Cambridge, Mass., Belknap Press of Harvard University Press, Gonzalez, G. G. (2006). *Guest Workers or Colonized labor?: Mexican Labor Migration to the United States*. Boulder, Colo., Paradigm Publishers.

¹⁷ Gould, S. J. (1981). *The Mismeasure of Man*. New York, Norton, Kraut, A. (1994). *Silent Travelers: Germs, Genes, and the 'Immigrant Menace'*. New York, Basic Books, Hammonds, E. (1999). *Childhood's Deadly Scourge: The Campaign to Control Diphtheria in New York City, 1880-1930*. Baltimore, Johns Hopkins University Press, Wailoo, K. (2001). *Dying in the City of the Blues: Sickle Cell Anemia and the Politics of Race and Health*, University of North Carolina Press, Roberts, S. (2009). *Infectious Fear: Politics, Disease, and the Health Effects of Segregation*. Chapel Hill, University of North Carolina Press, Nelson, A. (2011). *Body and Soul: The Black Panther Party and the Fight against Medical Discrimination*. Minneapolis; London, University of Minnesota Press.

And in 2010, the U.S. issued another apology to the country of Guatemala for an experiment that lasted from 1946-48 in which American doctors in Guatemala infected soldiers, prostitutes, prisoners, and mental patients with syphilis without their consent.¹⁸

In this paper, I demonstrate the power of the past by showing how cultural and structural forms of racism that have shaped the historical experiences of Mexicans in the US continue to operate in the present, including coloring some Mexicans' decisions to apply, or not to apply, for the ACA. Most of the media coverage relating to ACA discusses Latino groups in the aggregate rather than focusing on specific nationalities. But since Latinos are a heterogeneous group whose members vary across many dimensions, including country of origin, religious beliefs, ethnic background, skin color, and (sometimes) language, in this paper I will focus on the historical experiences of Mexicans and Mexican Americans as a more specific case study of long-standing power dynamics and their effect on contemporary behavior. (Unless the distinction of citizenship is necessary, I use the term "Mexican" to refer to both Mexicans and Mexican Americans.) I focus my analysis on the Mexican community in particular because they are by far the largest ethnic Latino group in the United States, comprising two-thirds of the total U.S. Latino population.¹⁹ In this paper, I review key aspects of the wide-ranging disenfranchisement of Mexicans in the US over the last century and argue that the "long fetch of history" has shaped how Mexicans see themselves in relation to the US body politic and has impacted many Mexicans' willingness to enroll in government sponsored health insurance. I do not mean to suggest that every Mexican American who did not sign up for the ACA cited or even thought about this history. Rather, my point is that because this history endures in cultural representations and is built into institutional structures and practices, it is an ever-present reminder to Latinos that they remain less than fully accepted into US society.

The Legacy of the US-Mexico War

Before turning to the specific way in which Mexicans have interacted with the public health system, it is important to understand how Mexicans were, and more importantly, were not, accepted into US culture and society in the wake of the war between the United States and

¹⁸ Alison Mitcheel, "Clinton Regrets 'Clearly Racist' U.S. Study," *New York Times*, 17 May 1997; Donald McNeil "U.S. Apologizes for Syphilis Tests in Guatemala," *New York Times*, 1 October 2010. Of course, the U.S. is an imperial force and there are those outside the U.S. who mistrust it, including its health care, such as in the recent example of the Taliban forbidding polio vaccines from Western health workers. See Declan Walsh, "Taliban Block Vaccinations in Pakistan," *New York Times*, 18 June, 2012.

¹⁹ Puerto Ricans are the next largest group, at 9% of the Latino population. See <http://www.pewhispanic.org/2013/06/19/hispanics-of-puerto-rican-origin-in-the-united-states-2011/>, accessed on July 28, 2014.

Mexico (1846-48). Long before there was institutionalized public health care, ideologies rooted in prevailing scientific understandings of race helped deem Mexicans as unfit to be members of US society. During the war with Mexico, politicians and pundits cited the doctrine of Manifest Destiny—the idea that the US had a divine right and obligation to extend its boundaries from sea to sea—as justification for westward expansion. The deep belief in the cultural and racial superiority of white Americans that lay at the center of the ideology of Manifest Destiny also sustained the view that Mexicans' Indian ancestry rendered them less biologically fit to govern than white Americans. Moreover, expansionists argued that after US takeover of the land historically owned and occupied by Mexicans (and Native Americans), these races would eventually die off.

In debates over whether or not to incorporate Mexican lands, and by extension Mexican people, biological difference was readily given as a reason to resist annexation. Former Vice President and then South Carolina Senator John Calhoun, argued, "...we have never dreamt of incorporating into our Union any but the Caucasian race--the free white race. To incorporate Mexico would be the very first instance of the kind of incorporating an Indian race... I protest against such a union as that!"²⁰ Calhoun was not alone in his sentiments. Pennsylvania Congressman (and originator of the phrase, "In God we trust," used on US currency) James Pollock, citing fundamental racial differences, also vehemently opposed incorporation of Mexicans:

The Mexican provinces are filled with a population, not only degraded, but of every possible shade and variety of color and complexion, from the deep black of the negro, to the sallow white of the Mexican Indian...If we annex these provinces to our Union, will we admit those who are now the free citizens of Mexico to the privileges of American citizenship? Will we disfranchise them?...If this policy should be pursued, nine-tenths of the people must become slaves. One of two consequences must follow annexation: either all these people with colors as various as the rainbow, must be placed on an equality with each other, and with us, or they must be reduced to servitude... The American slave must become free, or the Mexican negro and mulatto must become slaves.²¹

These quotes do more than underscore the racism of the day. They demonstrate that biological fitness was understood to be directly and closely tied to fitness for self-government. Race was an organizing principle in US society from its founding.

²⁰ 30th Congress, 1st Session, January 4, 1848. pages 96-98, <http://www.heinonline.org/HOL/Page?collection=congreg&handle=hein.congreg/conglob0022&terms=Caucasian150&id=150>, accessed on July 14, 2014.

²¹ Appendix to the 29th Congress, 2nd Session (1847), p. 133. See <http://www.heinonline.org/HOL/Page?collection=congreg&handle=hein.congreg/conglob0021&terms=provinces&id=741>, accessed on July 14, 2014.

The Treaty of Guadalupe Hidalgo, signed in 1848, formally ended the war with Mexico. Under the provisions of the treaty, Mexico ceded a third of its lands to the United States; these holdings comprise much of what we know today as the Southwest. The treaty also extended full US citizenship to Mexicans who were living in the ceded territory. In practice, however, these residents were often treated as second-class citizens. Perceptions of their racial difference trumped their juridical citizenship. In the twentieth century, such explicit biological racialization would give way to more cultural understandings of race and ethnicity. But, as I explain below, understandings of race, whether biological or cultural, continued to define Mexicans' place in the US for generations to come.

The Emergence of New Perceptions of Mexican Immigrants in the Early Twentieth Century

For decades after the war with Mexico, and on into the early twentieth century, immigration debates in the United States seldom mentioned Mexicans. They certainly were not seen as the immigration menace they are considered today. In fact, until 1908, the US government kept no record of Mexicans as they entered the country.²² The border patrol was not even created until 1924. Faith in the predictions of Manifest Destiny led many white Americans to believe hope that all traces of the Mexican presence in the United States would disappear in due time.

More attention began to be focused on Mexican immigration as the number of new arrivals increased. From 1900 to 1930, the Mexican population in the United States more than doubled every ten years. By 1930, the population of Mexicans and Mexican Americans had reached an estimated 1.5 million. Most Mexicans arrived as low-paid laborers who worked mainly in agriculture and railroad building. Nativists denounced these immigrants as less able to assimilate, less intelligent and, being of mostly Indian racial stock, also racially inferior. Increasingly, these stereotypes took the form of negative, medicalized representations that had significant repercussions on the development of immigration and border security policies. Public health standards based on perceived racial difference influenced both the perceptions and treatment of Mexican immigrants not just at the time they crossed the border, but long after they had settled in the United States.

²² Bennet, W. S. and W. P. Dillingham (1911). Abstracts of Reports of the Immigration Commission. Washington, US Government Printing Office.

Although immigration laws did not severely restrict Mexican immigration at this time, public health standards helped shape attitudes and regulations directed at this new laboring class. As historian Amy Fairchild found in a study of health inspections at the nation's ports of entry, the highly routinized, assembly line approach medical inspectors used as they conducted mandatory, public screenings of huge numbers of immigrants introduced these newcomers to key social and industrial norms they would need to learn and adhere to in order to succeed as workers in the United States.²³ Fairchild concludes that in the first quarter of the twentieth century, rather than seeking to exclude large numbers of European immigrants, health inspectors at entry points such as Ellis Island attempted instead to shape them into an acceptable laboring class.

In the borderlands, however, the same health standards that deemed Europeans potentially fit for industrial labor would stigmatize Mexicans. Before the enactment of restrictive laws such as the 1917 Immigration Act, which imposed a head tax and literacy test, medical screenings of Mexican immigrants were already in use. Beginning in 1916, Mexicans who crossed the US–Mexico border underwent intrusive, humiliating, and harmful chemical baths and physical examinations at the direction of the US Public Health Service (USPHS). The rationale for these actions was the belief that Mexicans were bringing disease into the United States. Thus, public health policies helped to secure the US–Mexico border and to mark Mexicans as outsiders even before the advent of more readily identifiable gatekeeping institutions such as the border patrol, created in 1924.²⁴

As Mexicans increasingly settled in the United States, public health officials and medicalized discourse continued to help define their place in the US racial hierarchy. During this time period, interest in the study and practice of eugenics was rapidly expanding. Eugenicists believed that the quality of inherited characteristics varied across human populations and that controlling reproduction to increase offspring among those with superior traits and decrease or end reproduction among those with inferior traits would result in the overall improvement of the human race. These beliefs coalesced into two interrelated discourses--one of race betterment and one of race suicide. Those concerned about race suicide saw white America as threatened and urged white women to reproduce (but only if they did do with white men) in order to strengthen the racial stock of the nation through more white births.

²³ Fairchild, A. (2003). *Science at the Borders: Immigrant Medical Inspection and the Shaping of the Modern Industrial Labor Force*. Baltimore, John Hopkins University Press.

²⁴ Stern, A. M. (2005). *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America*. Berkeley, University of California Press.

Advocates of race-betterment called for a decrease in birth rates among immigrants and African Americans.²⁵

Racial betterment was a topic of great concern. As President Theodore Roosevelt reminded American women, protecting the racial superiority of whites was a way of safeguarding the nation itself. Reprimanding white women for their "willful sterility," the president noted that deliberately curtailing reproduction was the "one sin for which the penalty is national death, race death."²⁶ The prevalence and power of eugenic thought is perhaps most apparent in the passage of state laws, beginning in 1907, that mandated forced sterilization of those men and women considered "mentally inferior" or otherwise "unfit to propagate." California passed a sterilization law in 1909 and by 1964, the state had sterilized 20,000 people. The majority were poor women, with women of color and immigrant women sterilized at disproportionately higher rates than native-born middle-class white women.²⁷

The majority of public health officials distanced themselves from the most extreme eugenicist policies. But just as the foundation of eugenic thought rested on a belief in a racial hierarchy, so too did many early twentieth century public health programs that targeted immigrants. In cities like Los Angeles and El Paso, Texas, where large populations of Mexican immigrants settled, health officials launched Americanization programs (such as in child rearing) in hopes that assimilation would eliminate Mexicans as an obstacle to national progress. Mexican women and children seem to have been considered the best vehicles for achieving this goal. Officials perceived Mexican women as malleable and influential within their families, and they may have thought that small children, being too young to have absorbed their family culture, stood a chance of being successfully Americanized.²⁸

The Use of Medicalized Discourse and Public Health Standards to Oppose Mexican Immigration in the 1920s

In 1924, the passage of the Johnson-Reed Act (also known as the Immigration Act of 1924) established a national origins quota for southern and eastern Europeans. Because the new

²⁵ Kline, W. (2001). *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom*. Berkeley, University of California Press, Stern, A. M. (2005). *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America*. Berkeley, University of California Press.

²⁶ Quoted in Berg, A. (2002). *Mothering the Race: Women's Narratives of Reproduction, 1890-1930*. Urbana, University of Illinois Press.

²⁷ Stern, A. (1999). *Eugenics Beyond Borders: Science and Medicalization in Mexico and the U.S. West, 1900-1950*, University of Chicago, Kline, W. (2001). *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom*. Berkeley, University of California Press.

²⁸ Sánchez, G. (1993). *Becoming Mexican American: Ethnicity, Culture, and Identity in Chicano Los Angeles, 1900-1945*. New York, Oxford University Press.

law placed no such restrictions on immigrants from countries in the Western Hemisphere, Mexicans could continue crossing the border to provide the cheap labor that made possible (and profitable) an unprecedented expansion in large-scale industry and agriculture in the US. This boon to capitalism was not, however, sufficient to placate the many Americans who strongly disagreed with the exemption of Mexicans from the new restrictions on immigration. Many critics viewed Mexican immigrants as presenting a threat to the “purity” of the nation that was at least as great—and perhaps greater than—the one posed by their counterparts from Europe.²⁹

Restrictionists worked feverishly to extend immigration quotas to the Western Hemisphere. Texas Democratic Representative John C. Box proposed new legislation two years after the passage of the Johnson-Reed Act. During Congressional hearings held in 1926, Box attempted to show that Mexican immigrants created various social problems. Citing reports from Los Angeles-based healthcare facilities, he depicted Mexicans as overburdening charity departments, hospital services, and particularly maternity wards. He also claimed that Mexican children were overstraining the services of the children’s hospital.³⁰ Not surprisingly, agricultural employers and others who relied on the labor of large numbers of Mexican workers fought Box’s proposal to restrict immigration from Mexico. The debate grew so heated that the House Immigration and Naturalization Committee chose not to act on Congressman Box’s bill.³¹

Undaunted by this initial defeat, restrictionists renewed their efforts. In 1928, Congressman Box partnered with Democratic Senator William Harris of Georgia to introduce new legislation that would impose a quota on immigration from all Western Hemisphere countries. The Box-Harris bill proposed reinstating the national origin quotas established in the immigration acts of 1921 and 1924. The new legislation would allot each nation in the Western Hemisphere 2 percent of the total number of their citizens who were residing in the US as of the 1890 census. Under this formula, 1,500 Mexican immigrants would have been permitted entry. This time around, Box went beyond enumerating the social problems Mexicans engendered. Quoting from a 1926 report by the California Commission of Immigration and Housing, he noted that, “For the most part Mexicans are Indians, and very seldom become

²⁹ Reisler, M. (1976). *By the Sweat of Their Brow: Mexican Immigrant Labor in the United States, 1900-1940*. Westport, CT, Greenwood Press.

³⁰ House Committee on Immigration and Naturalization United States Congress, “Seasonal Agricultural Laborers from Mexico. Hearings January 28 and 29, February 2, 9, 11, and 23, 1926 on H.R. 6741, H.R. 7559, H.R. 9036, (Washington: Govt. Printing Office, 1926), 14, 15.

³¹ Reisler, *By the Sweat of Their Brow*, 202-204.

naturalized. They know little of sanitation, are very low mentally, and are generally unhealthy."³²

Opponents of open Mexican immigration, including self-described eugenicists like wealthy New York lawyer Madison Grant, wrote numerous articles in support of the passage of the Box and Box-Harris bills. Medicalized constructions of Mexicans were a common theme in these publications. With titles such as "The Menace of Mexican Immigration," "The Influx of Mexican Amerinds," and "Mexicans or Ruin," authors showcased their belief in the inferiority of Mexicans. Some articles were published in extremist journals such as *Eugenics: A Journal of Race Betterment*, but others made their way into publications popular among the general public. These included *The Saturday Evening Post*, which claimed a circulation of over 2 million, revealing the degree to which eugenics-based notions of a racial hierarchy were an accepted part of mainstream culture.³³ (Evidence of the use of public health information to advance eugenicist arguments also undermines efforts to neatly separate eugenics projects from public health programs.)

Ultimately, the Box-Harris bill fell prey to the combined force of the lobbying power of southwestern agriculturists and the intervention of State Department officials who wished to maintain diplomatic relations with Mexico in order to resolve disputes over American-owned, oil-rich properties located in Mexico.³⁴ Despite their failure to pass, Box's two bills left their mark. They provoked intense, sustained national conversations on race that shaped the meaning of *Mexican* for decades to come.

The Impact of the Great Depression on Depictions of the Mexican Community in the 1930s

Over the first thirty years of the twentieth century, eugenicists and nationalists were an important force in determining how many white Americans perceived and treated Mexicans. With the arrival of the Great Depression at the end of 1929, everyday citizens and government officials alike began using Mexican immigrants as scapegoats. Nativists traced the country's economic woes to the combined evils of Mexican workers, who stole jobs from

³² House Committee on Immigration and Naturalization United States Congress, *Hearings before the Committee on Immigration and Naturalization, House of Representatives, Seventieth Congress, First Session* (Washington: U.S. Government Printing Office, 1928), 60.

³³ Kenneth Roberts, "The Docile Mexican," *Saturday Evening Post*, March 10, 1928 40-41, 165-66, Kenneth Roberts, "Mexicans or Ruin," *Saturday Evening Post*, February 18, 1928 14-5, 142, 45-46, 49-50, 54, Kenneth Roberts, "Wet and Other Mexicans," *Saturday Evening Post*, February 4, 1928 10-11, 137-38, 41-42, 46.

³⁴ Reisler, *By the Sweat of Their Brow: Mexican Immigrant Labor in the United States, 1900-1940*, 210-11.

American citizens, and unemployed Mexicans, who burdened the government's charity system. As the US economy continued its downward spiral throughout the 1930s, objections to the presence of immigrant populations grew louder and came from multiple sources. At the same time, the basis for this opposition began to change. Public health officials, policy makers, and ordinary citizens increasingly cited medical reasons as the grounds for their demands for greater restrictions on and broader removals of immigrant populations. The long-standing image of the impoverished, charity-seeking Mexican expanded to also encompass the sickly Mexican in need of publicly provided medical care. Earlier efforts to tout Mexicans as an important source of labor that could be Americanized, given the proper education by health experts, were abandoned. Now health officials charged that Mexicans overburdened the public health system. And public health reports began depicting Mexicans as a dual threat—a population at once large and unhealthy.

In Los Angeles, the city that hosted the largest Mexican population in the United States, health officials contended that Mexican families could not afford private medical care and thus would be more likely to use public health clinics.³⁵ County social worker Zdenka Buben, for example, cautioned that if left unchecked, the "large, socially under-privileged Mexican population...would unquestionably become a public health problem."³⁶ A 1932 health department report stated flatly that "there is no question that the Mexican race throws a great burden out of proportion to its percentage of population on both the Health Department and Charities Department."³⁷ These and similar comments had the cumulative effect of portraying the Mexican community in Los Angeles as excessively large and a major burden on public health services.

Medicalized constructions of Mexicans were not unprecedented. They had circulated during the Mexican-American war and again in the opening years of the twentieth century. The discourse of the 1930s not only reinforced these pre-existing stereotypes of Mexicans as disease carriers but also increased their legitimacy by rooting them in scientific authority. The timing of this re-inscription of medicalized racializations is important. It arose and gathered force as Mexicans were becoming a more permanent population in the United States, and as second-generation Mexican American citizens in Los Angeles were coming of age.

³⁵ Los Angeles County Health Department Annual Report, 1930-31, 76, Department of Health Services, Los Angeles, CA, hereafter cited as DHS.

³⁶ Zdenka Buben, "Medical Social Work in a Public Health Department" (paper presented at the Conference of Social Work, 1930) DHS.

³⁷ Los Angeles County Health Department Annual Report, 1932, 3, DHS.

Mexican Immigrants, Mexican American Citizens, and the Persistence of Medicalized Racialization in the 1940s

Recovery from the Depression, along with rapidly rising labor shortages and the unprecedented demands on industry and agriculture created by World War II, prompted the US government to seek help from Mexico. In 1942, collaboration between the two countries produced the *Bracero* Program, a guest worker system designed to ease the growing labor crisis in the US. The program, which remained in operation until 1964, brought 4 million male Mexican farm laborers to the United States to engage in hard, physical labor.³⁸ It is a measure of the strength of the cultural representations of Mexicans as both carrying disease and being susceptible to disease that even in the context of pressing labor shortages, the US government sought to ensure that recruits from Mexico were fit enough to be productive workers and that their presence in the US would pose no threat to public health.

The health policies that formed a central part of the *Bracero* Program focused on the workers as health threats rather than on the dire working and living conditions the program permitted employers to maintain. The health policies, overseen and sanctioned by the federal government, signaled a new era in medical racial profiling, and one that offered a new framework for disciplining labor. The recruitment of *braceros* took place in Mexico, but recruits underwent health screenings in both Mexico and the US. In Mexico, personnel from the USPHS, along with the War Manpower Commission and the Farm Security Administration, oversaw the contracting of workers, in collaboration with Mexican officials. Officials required every prospective *bracero* to undergo a physical examination that included chest x-rays (to screen for tuberculosis), serological tests (to screen for venereal disease), psychological tests, and a toxic chemical bath intended to kill lice (a source of typhus). Men who passed this initial battery of screenings underwent yet another physical examination in the *bracero* camps once they reached their destination in the United States.³⁹

Health standards ostensibly were an important part of the criteria used to select *braceros*. These laborers' employers, however, were under no obligation to provide them with sanitary or safe work and living conditions. *Braceros* came to the US in search of opportunity, yet many encountered dismal room and board provisions and sub-standard healthcare, as well as problems collecting their wages. According to a report of the California State Senate Fact Finding Committee on Labor and Welfare, the absence of adequate and hygienic employee

³⁸ Calavita, Kitty. *Inside the State: The Bracero Program, Immigration, and the I.N.S.* New York: Routledge, 1992.

³⁹ Ana Elizabeth Rosas, "Flexible Families: Bracero Families' Lives across Cultures, Communities, and Countries, 1942-1964" (University of Southern California, 2006), 197.

housing ranked among the laborers' most frequent complaints.⁴⁰ Thus, despite the appearance of having strict health standards, the *Bracero* Program perpetuated the view of Mexicans as bearers of disease and adhered to the familiar practice of disregarding the role of systemic conditions that give rise to disease.⁴¹

Furthermore, the 1940s also marked the beginning of a demographic change in which the size of the Mexican American population began to eclipse that of Mexican immigrants in the United States. Despite being entitled to the full rights of citizenship, Mexican Americans, like their Mexican immigrant counterparts, often were confronted with discrimination that restricted where they could work, live, worship, and pursue leisure activities. Likewise, health discourse, which continued to play a central role in the marginalization of Mexicans, also shaped perceptions of Mexican Americans. This expanded reach of medicalized racialization is clear in two landmark events, frequently cited in Mexican American history.

The first of these well-known examples is the Zoot Suit riots.⁴² In 1943, simmering tensions between military servicemen and Mexican and Mexican American youth in Los Angeles known as "Zoot Suiters" (because of the style of the outfits they wore) erupted into a week-long race riot. Mobs of white servicemen descended on East Los Angeles, aiming to attack Zoot Suiters and literally strip them of their zoot suits, which the military men viewed as un-American and un-patriotic. The political establishment, law enforcement, and the media blamed the riots on Mexicans' and Mexican Americans' allegedly deviant and violent culture. These cultural stereotypes had long roots, as historians Miroslava Chavez-Garcia and Edward Escobar have documented.⁴³ From the 1920s to the early 1940s, a potent mixture of notions about race, biology, and crime was used to pathologize the behavior of Mexican and Mexican American (and black) boys as "deviant." This interpretation of the actions of youths led to the view that incarceration in juvenile hall or prison was the appropriate solution.

During the Zoot Suit riots, Los Angeles Sheriff Edward Ayres added institutional authority to the prevailing stereotypes by assigning responsibility for the violence to "the inborn characteristics" of "the Mexican element," which had a "desire to use a knife or some [other] lethal

⁴⁰ Ruben Salazar, "Braceros Cast in Complex Role," *Los Angeles Times*, November 26, 1962, p. 3, 2 pages.

⁴¹ For more on braceros and health during the Bracero Program, see Molina, N. (2011). "Borders, Laborers, and Racialized Medicalization: Mexican Immigration and US Public Health Practices in the 20th Century." *American Journal of Public Health* 101(6): 1024-1031.

⁴² See Alvarez, L. (2007). "From Zoot Suits to Hip Hop: Towards a Relational Chicana/o Studies." *Latino Studies* 5 53-75.

⁴³ Escobar, E. J. (1999). *Race, Police, and the Making of a Political Identity: Mexican Americans and the Los Angeles Police Department, 1900-1945*. Berkeley, University of California Press, Chávez-García, M. (2012). *States of Delinquency: Race and Science in the Making of California's Juvenile Justice System*. Berkeley, University of California Press.

weapon." Sheriff Ayres's statements echoed eugenic and biological racialization ideology dating back to the nineteenth century, but updated with a dash of contemporary theory regarding juvenile delinquency. Despite readily acknowledging the structural discrimination Mexicans faced at work, school, and recreational sites, Ayres argued that the "basic cause" of crimes committed by Mexicans was the "biological basis." Not to put too fine a point on it, the sheriff concluded, "Although a wild cat and a domestic cat are of the same family they have certain biological characteristics so different that while one may be domesticated the other would have to be caged to be kept in captivity; and there is practically as much difference between the races of man." Clearly, the Mexican male was a lawbreaker by biological design, whether or not he had actually committed a crime and regardless of how many generations he had lived in the United States. The best approach to such hardcore cases was a program of restraint, retraining, and constant vigilance. "The time to rehabilitate them," Ayers advised, "is both before and after the crime has been committed, as well as during...incarceration."⁴⁴

The depiction of Mexicans and Mexican Americans as innately criminal and intellectually inferior was all the more believable because even in the Los Angeles area, very few white people had sustained contact with Mexicans. Most Mexicans worked in low-paid jobs, usually alongside other Mexicans; most lived, shopped, and socialized in segregated neighborhoods, and their children typically attended segregated schools. Segregation lies at the center of the second major event in which the role of health discourse is especially vivid. The landmark case of *Mendez v. Westminster School District* challenged the practice of barring Mexican children from attending "white" public schools, arguing that Mexicans were being denied equal protection under the law. The case was tried at the state level and appealed at the federal level. It was heard by the U.S. Ninth Circuit Court of Appeals in 1947, seven years before *Brown v. Board of Education*. (And in his ruling, the appeals court judge used much of the legal reasoning that would later be seen in *Brown*, such as rejecting the principle of "separate but equal," the accepted standard since the Supreme Court's 1896 decision in *Plessy v. Ferguson*.)

Part of the defense in this case rested on the familiar argument that Mexicans were disease carriers and that they were intellectually inferior. These claims harkened back to earlier eugenics arguments and practices, such as using low IQ scores to justify institutionalizing and

⁴⁴ Ayers, E. D. "Statistics: The Nature of the Mexican American Criminal." Los Angeles County Sheriff's Foreign Relations Bureau, Sleepy Lagoon Defense Committee Records, Department of Special Collections, UCLA, <http://www.oac.cdlib.org/ark:/13030/hb6m3nb79m/?brand=oac4>, accessed on July 14, 2014.

even sterilizing youth of color.⁴⁵ The district superintendent in the *Mendez* case maintained that Mexicans needed to be segregated because they had "lice, impetigo, [and] generally dirty hands, face, neck, and ears" and that they did not have the "mental ability of the white children."⁴⁶ Thus, even though the Mexican American community was overwhelmingly second-generation U.S. citizens, health discourse was employed in maintaining constructions of them as unfit to be citizens.

Public Health and the Ongoing Marginalization of Mexicans in the Later Decades of the Twentieth Century

Eugenics was widely discredited as a result of Nazi activities during and after World War II, but its influence on public health practices did not end. In California, in 1975, ten working-class Mexican immigrant women filed a class-action lawsuit against Los Angeles County General Hospital, seeking redress for having been sterilized without their voluntary consent. The women had agreed only after doctors and nurses repeatedly asked and pressured them while they were in extreme pain or sedated before or after giving birth. One woman had not signed any document consenting to the procedure. Some had been told--erroneously--that the operation was reversible. One plaintiff, Jovita Rivera, said that a doctor told her to have the operation "because her children were a burden on the government."⁴⁷ In the end, the judge who heard the case ruled that the sterilization of the Mexican plaintiffs was the result of cultural misunderstanding rather than malpractice or wrongdoing on the part of the doctors.⁴⁸

These women were targeted because they were Mexican and were believed to be burdens on US society. Karen Benker, a medical student at the time, was a key witness who testified against the doctors involved in the suit. She described a hospital culture in which Mexican patients were viewed as irresponsible breeders and welfare recipients. She testified that the

⁴⁵ Stern, A. (1999). *Eugenics Beyond Borders: Science and Medicalization in Mexico and the U.S. West, 1900-1950*, University of Chicago, Chávez-García, M. (2012). *States of Delinquency: Race and Science in the Making of California's Juvenile Justice System*. Berkeley, University of California Press.

⁴⁶ *Mendez et al. v. Westminster School District of Orange County*, Petitioners' opening brief, September 20, 1945, page 20, 6.

⁴⁷ "11 Latin Women File Suit on Sterilization," *Los Angeles Times*, June 19, 1975.

⁴⁸ For more on this case, see Velez-Ibanez, C. G. (1980). 'Se Me Acabo La Cancion': An Ethnography of Non-consenting Sterilizations among Mexican Women in Los Angeles. *Mexican Women in the United States: Struggles Past and Present*. M. Mora and A. Del Castillo. Los Angeles, Chicano Studies Research Center, Stern, A. (2005). "Sterilized in the Name of Public Health and Population Policy: Race, Immigration, and Reproductive Control in Modern California." *American Journal of Public Health* 95(7), 1128-38, Espino, V. (2007). *Women Sterilized as They Give Birth: Population Control, Eugenics, and Social Protest in the Twentieth-Century United States* Dissertation, Arizona State University, Gutiérrez, E. R. (2008). *Fertile Matters: The Politics of Mexican-origin Women's Reproduction*. Austin, University of Texas Press.

lead defendant, Dr. Edward Quilligan, the head of Obstetrics and Gynecology at County General, maintained that, "poor minority women in L.A. County were having too many babies, that it was a strain on society; and that it was good that they be sterilized."⁴⁹ We see here an extension of the same argument that sustained the eugenic logic and sterilization projects of the early twentieth century. Ironically, the procedures themselves were financed by government funds from the family planning initiatives of the War on Poverty, the 1964 legislation introduced by President Johnson to help the poor.

In the 1990s, legislative changes, particularly at the state level, affected the relationship between immigrants and local level public healthcare systems. California's Proposition 187 provides a prime example. Proposition 187 denied public health services, social services, and public education to undocumented immigrants. It also mandated that all public employees report anyone seeking public services whom they believed might be undocumented. The proposition passed by an overwhelming majority in 1994. The law did not go into effect, however, because a US District Court judge barred implementation pending resolution of legal challenges lodged against portions of the proposition.⁵⁰

The wording of Proposition 187 encompassed all undocumented immigrants, but within California's political and cultural climate, it was understood that Mexicans were the proposition's primary target. The authors and supporters of the proposition failed to recognize that denying healthcare to any group would necessarily undermine the health of the broader community. The nativism and racism directed at Mexicans during and after the Proposition 187 campaign resulted in immigrants' reluctance and even refusal to use public health services and/or government insurance, such as the Children's Health Insurance Program. In East Los Angeles, for example, the Edward R. Roybal Comprehensive Health Center reported a noticeable drop in prenatal appointments following passage of Proposition 187.⁵¹ Anti-Mexican sentiments fanned by the proposition were so widespread that even documented residents and citizens feared deportation.⁵²

Proposition 187 demonstrates how solidified the boundaries of social membership have become and how important race remains in setting those boundaries. Because the proposi-

⁴⁹ Quoted in Stern, A. (2005). "Sterilized in the Name of Public Health and Population Policy: Race, Immigration, and Reproductive Control in Modern California." *American Journal of Public Health*.

⁵⁰ For more on Proposition 187, see Hondagneu-Sotelo, P. (1995). "Women and Children First: New Directions in Anti-Immigrant Politics." *Socialist Review* 25(1): 169-190, Ono, K. A. and J. M. Sloop (2002). *Shifting Borders: Rhetoric, Immigration, and California's Proposition 187*. Philadelphia, Pa., Temple University Press, Martinez HoSang, D. (2010). *Racial Propositions: Ballot Initiatives and the Making of Postwar California*. Berkeley, University of California Press.

⁵¹ Mary Anne Perez, "East Los Angeles Rally Staged Lauding Clinic's 187 Position," *Los Angeles Times*, December 18, 1994.

⁵² Patrick J. McDonnell, "U.S. Seeks to Spur Use of Aid by Immigrants," *Los Angeles Times*, May 25, 1999.

tion mandated that public service employees report anyone *suspected* of being an illegal immigrant, regardless of their actual citizenship status, having dark skin or an accent or a home address in a certain part of town was enough to mark an individual as suspect.

Anti-immigration Policies, Racism, and Health Discourse in the Twenty-first Century

The attitudes and discourses that fueled Proposition 187 in the 1990s are alive and well today and continue to stereotype Mexicans as health burdens and as undeserving of health services. Two recent and powerful examples are Arizona's 2010 anti-immigration law, "Support Our Law Enforcement and Safe Neighborhoods Act" (S.B. 1070); and the public debate sparked by remarks Republican presidential candidate Mitt Romney made in 2012.

S.B. 1070 has been described as the most stringent immigration law in the country. It sanctions racial profiling and allows the police to demand proof of citizenship or immigration status from anyone they suspect of being "illegal." Anyone found to be undocumented is subject to immediate arrest and subsequent deportation.⁵³ The act has been a model for laws in other states. In the following two years alone, 164 anti-immigration laws were proposed in state legislatures across the nation. Many of the laws that passed have since been stayed when challenged in court by the federal government and/or civil rights groups. Even when they don't pass or are short-lived, however, these kinds of laws are significant because they contribute to a climate of fear and disenfranchisement for anyone even suspected of being "illegal." S.B. 1070 does not focus on healthcare access, but like Proposition 187, it has succeeded in deterring both immigrants and Mexican Americans from accessing healthcare services.⁵⁴

It is not just legislation, but discourse and cultural constructions that depict Mexicans as undeserving members of US society that contribute to this population feeling marginalized. In 2012, presidential candidate Mitt Romney was secretly taped making a speech during a private fundraising dinner, and the leaked video launched a media feeding frenzy. Romney touched on topics ranging from working conditions in factories in China to peace in the Middle East. The most famous of his comments, however, described nearly half of the

⁵³ Randal Archibold, "Arizona Enacts Stringent Law on Immigration," *New York Times*, April 23, 2010.

⁵⁴ Toomey, R. B., A. J. Umaña-Taylor, D. R. Williams, E. Harvey-Mendoza, L. B. Jahromi and K. A. Updegraff (2013). "Impact of Arizona's SB 1070 Immigration Law on Utilization of Health Care and Public Assistance Among Mexican-Origin Adolescent Mothers and Their Mother Figures." *American Journal of Public Health* 104 (S1): S28-S34. <http://www.ncbi.nlm.nih.gov/pubmed/24354823>, accessed on July 11, 2014.

American public as unlikely to vote for him because they did not pay taxes and were dependent on government handouts. According to Romney, "There are 47 percent of the people who will vote for the president [Obama] no matter what. All right, there are 47 percent who are with him, who are dependent upon government, who believe that they are victims, who believe that government has a responsibility to care for them, who believe that they are entitled to health care, to food, to housing, to you name it. That's an entitlement."⁵⁵

These remarks make clear that government handouts include not only the supports many people typically associate with the word "welfare"—a government check, food stamps, public housing—but also healthcare, which in many modern societies is considered a basic public service. That this definition of handouts came from a man who as governor of Massachusetts had spearheaded a statewide health coverage and insurance initiative that served as the foundation for Obamacare gave Romney's message special weight. Who would choose to voluntarily enroll in a program that necessarily meant being included in a group toward which so much vitriol is directed?

Romney did not specifically mention Mexicans or Latinos in his reference to the "47 percent." However, throughout his speech, he explicitly referred to "Hispanics" in pejorative ways. He commented on immigrants who cross the border and remain in the United States but contribute nothing to the nation, thereby simultaneously invoking stereotypes about lazy and inferior Mexicans and fears about border security.

In choosing to use terms like entitlement, handouts, and government dependency, Romney tapped a reservoir of assumptions that the root causes of poverty are cultural. That this theory is almost entirely associated with poor communities of color reveals its roots in earlier scientifically racialized concepts of who is fit for citizenship. We see such assumptions, for instance, in anthropologist Oscar Lewis's 1940s "culture of poverty" argument, which purported to explain Puerto Ricans' poverty as arising from their own bad choices. These alleged choices, in turn, were said to have been conditioned by a deficit culture that encouraged pleasure-seeking and bad behavior. Twenty-some years later, sociologist (and at the time also Assistant Secretary of Labor) Daniel Patrick Moynihan gave the stereotype new life and shape through his oft-cited 1965 study of black families, commonly referred to as "the Moynihan Report." In the report, Moynihan focused attention on what he described as the disintegration of the black family and tied that dissolution to ghetto life and the emergence

⁵⁵ The full transcript can be accessed here, <http://www.motherjones.com/politics/2012/09/full-transcript-mitt-romney-secret-video>.

of black mothers as matriarchs.⁵⁶ As in the debates over Proposition 187, culture of poverty arguments frequently characterize women of color as bad mothers—welfare queens who have too many children and live off white taxpayers' money.

Resistance

In reviewing some of the factors spanning the previous hundred years of US history that may have led Latinos, and Mexican immigrants especially, to forego enrolling in Obamacare, I have described events, legislation, court cases, government policies, public health programs and standards, popular ideologies and discourses, and cultural perceptions that have bundled notions of race, public health, and science to directly or indirectly marginalize Mexicans. But there is more to the story. Mexicans and Mexican Americans have not simply accepted and endured anti-immigrant rhetoric, policies and attitudes. Throughout the last century (and continuing today), individuals, communities, and organizations have worked hard to rebut stereotypes, overcome racism, and improve the conditions of everyday life. Often, the very health injuries and social indignities that have most seriously threatened Mexicans' well-being have become catalysts for building positive Mexican and Mexican American identities.

Throughout their history in the US, Mexicans have protested and resisted discriminatory treatment in various ways, ranging from subtle, everyday practices to legal challenges and large public protests. In the early twentieth century, Mexican women protested being depicted as overly fertile, bad mothers by refusing to attend the well-baby clinics and classes sponsored by health officials. By the 1930s, some of the earliest Mexican and Mexican American civil rights organizations had been founded, including *El Congreso del Pueblo de Habla Española* (the Congress of Spanish-Speaking Peoples, or "El Congreso"). El Congreso appropriated legal and medical discourses to successfully challenge dominant assumptions and make such gains for their community as the establishment of better housing and health services.⁵⁷

Some of the earliest individual champions of Mexican and Mexican American communities were involved in health campaigns. Edward Roybal is one example. As a social worker for the California Tuberculosis Association in Los Angeles, Roybal had first-hand experience

⁵⁶ Kelley, R. D. G. (1997). *Yo' Mama's Disfunktional!: Fighting the Culture Wars in Urban America*. Boston, Beacon Press.

⁵⁷ Molina, N. (2006). *Fit to Be Citizens?: Public Health and Race in Los Angeles, 1879-1939*. Berkeley, University of California Press.

with the inferior municipal services and housing conditions available to Mexicans, and he had many opportunities to see how these factors affected Mexicans' health. He turned to politics, in part, as a way to advance his public health agenda, becoming the first Mexican elected to the Los Angeles City Council (1949-1962) in nearly one hundred years. He then went on to serve multiple terms in the US House of Representatives (1963-1993). Roybal championed public health issues in Congress and his strong record is memorialized through the main campus of the Centers for Disease and Prevention (CDC) in Atlanta, which is named after him.⁵⁸

Health injuries and environmental injustices have served as rallying points for Mexicans at other times and in other communities as well. The United Farm Workers union (UFW), along with its legendary and charismatic leader Cesar Chavez, is well known for notable achievements on behalf of its mainly Mexican members. Beginning in the 1960s, the UFW negotiated union contracts, initiated collective bargaining, and guaranteed seniority rights and job security. In addition, it made gains in establishing safe and healthy working environments for union workers. These priorities are evident in the first UFW contracts, which required "rest periods, toilets in the fields, clean drinking water, hand washing facilities, protective clothing against pesticide exposure, banning pesticide spraying while workers were in the fields, outlawing DDT and other dangerous pesticides, lengthening pesticide re-entry periods beyond state and federal standards, and the testing of farm workers on a regular basis to monitor for pesticide exposure."⁵⁹ In addition, in the 1970s, the UFW fought for and achieved abolishment of the use of short-handled hoes in agricultural work. These tools required farmworkers to stoop over, resulting in intense back pain and over time, in spinal degeneration.⁶⁰ As these examples indicate, forms of racialization that have harmed and excluded communities of color may also, eventually, become focal points for empowering and affirming groups through acts of solidarity and collective mobilization.

Conclusion

Examining the role that public health has played historically within the projects of nation building and racialization deepens our understandings of these processes by challenging the notion that public health operates solely on the basis of scientific objectivity. The ideological footprint left by health practitioners and the health policies, practices, and discourses

⁵⁸ Gutiérrez, D. (1995). *Walls and Mirrors: Mexican Americans, Mexican Immigrants, and the Politics of Identity*. Berkeley, University of California Press.

⁵⁹ United Farm Workers. "Successes Through the Years." <http://www.ufw.org/>, accessed on July 8, 2014.

⁶⁰ United Farm Workers. "Successes Through the Years." <http://www.ufw.org/>, accessed on July 8, 2014.

they promulgate is a lasting one. Understanding this long fetch of history makes it clear why public health cannot be divorced from socio-historical processes. Mexicans have received the message, over and over, decade by decade, generation after generation, that they do not deserve full social membership in the US. Perhaps if health policy experts (and media commentators) had been more familiar with both the past and present experiences of the Latino community in the US, they might have expressed less surprise over low enrollment in government-sponsored healthcare and might have been less inclined to blame the community for its hesitancy to sign up.

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