# Integrating the Strengths of Folk Medicine into Western Medical Practice in Contemporary Societies

By

**Johnathan Tran**

**Abstract**

In contemporary society, characterized by Western cultural influences as well by increased globalization and immigration, Mexican immigrants have limited access to, and quality of, healthcare compared to U. S. citizens (Martinez-Donate et al. 2018). However, Mexican immigrants reveal an epidemiological paradox because, despite their healthcare disparities, they are much healthier than Mexican citizens who use Westernized biomedicine (Waldstein 2010). Waldstein's (2010) research on a Mexican immigrant community in Georgia found that folk healing, traditionally done by females, was the primary approach to treating sickness in this Mexican immigrant community (Waldstein 2010). Folk healers also encouraged healthy eating habits, self-care, interacting with family members, and maintaining a positive attitude. The purpose of this paper is to understand the epidemiological paradox identified here and how aspects of folk medicine might be integrated into Western biomedicine. Given the successes of integrating folk medicine into primary care in India and into U. S. medical residency training (Tapan 2014, Kelser et al. 2015), there is a strong probability that viewing health from a more holistic approach will improve health outcomes for migrant populations.

**Keywords**: folk medicine, Western biomedicine, Mexican immigrants, improving healthcare

## Introduction

The thesis of this paper is that, *regardless of whether folk healing practices are empirically demonstrated to be effective, immigrant communities' lack of medical knowledge, health insurance, and health literacy sustains and fuels informal systems of healthcare* (Tran 2019). It follows that exploring folk's medicine potential strengths to complement Western medical practice is relevant.

### *The Health of Mexican Immigrants in the United States*

Research has shown that the Mexican immigrant population, as well as the general Hispanic and Latino population in the U. S., suffers from unusual health issues (Tran 2019). For example, compared to white Americans, Mexican immigrants to the U. S. have higher risks for cardiovascular and chronic liver disease (Feiden 2013).

Although Mexican immigrants have access to affordable healthcare through the Affordable Care Act (ACA), disparities still exist for this population because of their legal status, income, and lack of English proficiency (Lagasse 2018, Tran 2019). These disparities combine with other social determinants of health, such as low socioeconomic status, low quality and level of education, and substandard housing conditions, to result in worsening health and lower life expectancy of Mexican immigrants in the U. S. (Waldstein 2010).

It is crucial to evaluate the relative health of Mexicans as immigrants to the U. S. before migration, after migration, and relative to their U. S. citizen counterparts. Although the health of Mexican immigrants seems to be better than it once was because of their access to the ACA, their access to health care, in general, remains unequal both to what their pre-immigration lives afforded and to their U. S. citizen counterparts (Martinez-Donate et al. 2018). A recent Drexel University study (2018)

estimates that roughly 84% of Mexican immigrants had health insurance **before** they crossed the U. S. border. After they were in the U. S., the likelihood of having health insurance fell from 50% to 25% (Drexel University 2018). The ability of newly-arrived Mexican migrants to acquire health services became more difficult, dropping from 78% to between 47% - 60% (Drexel University 2018). Mexican immigrants who return to Mexico face the loss of their previous healthcare, now ultimately suffering from a double-fronted barrier to health care access (Martinez-Donate et al. 2018). These disparities may be explained by the rules of the health care systems in each country, including minimum-stay requirements for treatment and employer-based policies (Martinez-Donate et al. 2018). According to Martinez-Donate et al. (2018), fewer Mexican immigrant adults (47%) have access to healthcare than do their Mexican-American counterparts (74%).

U. S. and Mexican healthcare policies make it difficult for Mexican migrants who migrate either by choice or by necessity. The research cited here reveals the need for an intervention regarding access to the healthcare as Mexican immigrants move between national borders. Without such an intervention, these immigrants will suffer from unnecessary, preventable illnesses.

## Literature Review

### *The Epidemiological Paradox*

The health of Mexican immigrants is affected by their immigration as well as by other social determinants of health including low income and language barriers. It is interesting, therefore, that this population introduces an epidemiological paradox, commonly known as the "Hispanic Health Paradox" (Waldstein 2008). This paradox states that, while migrants face multi-faced health complications, the health of Mexican immigrants is better than that of their U. S.-born counterparts (Waldstein 2008). While it is believed that Mexican immigrants might improve their health as they assimilate to U. S. society, over twenty years of research states that the health of Mexican immigrants worsens when they attempt to become more like their U. S. counterparts (Waldstein 2008). Waldstein thought that the crux of the issue lay in Mexican immigrants' loss of their traditional culture-oriented medical knowledge. Although those who attempt to assimilate to American ways find themselves with worsening health, Waldstein's (2008) study of a Mexican immigrant community in Athens, Georgia, demonstrates that many undocumented, low-income Mexican migrants *who retain their traditional knowledge of medicine* are in quite good health (Waldstein 2008).

Georgia was selected as a key state to investigate because the 1986 Immigration Reform and Control Act made this state a significant destination for Mexicans looking to immigrate to the United States (Waldstein 2010). Waldstein found that Hispanic migrants, particularly migrant women, found ways to promote healthy behaviors. She observed that female members of households were 1) diagnosing sick family members, 2) prescribing home remedies, and 3) retaining practices that stemmed from long traditions of self-medication and family care.

Specific methods of self-care include folk healing, eating nutritiously, keeping active, spending time with family, and having a positive attitude (Waldstein 2010). It is believed that these practices result in less stress and depression; and although they may sometimes not directly treat a disease, they do provide a healthy environment for the body to cure itself. Another reason for why immigrant may view traditional practices as preferable to western medical practices is that the migrant community has a large social network where they can draw upon the medical knowledge of many experienced women. The alternative is to rely on commercialized medicine bounded by financial and nonfinancial barriers (Waldstein 2010).

Use of such practices is significant because they are less disrupted by the biomedical perspectives and barriers of the western medical system (Waldstein 2017). Traditional practices seem to be more protected from those of the American health system because migrant women prefer to treat sick family members at home using traditional Mexican folk medicine. This approach is based on the belief that U. S. practitioners do not understand folk medicine (Chavez 1984).

It has been suggested that a correlation exists between U. S practitioners' lack of understanding of folk medicine and the reduced quality of care they can provide during a primary care visit. Clearly, further investigation is needed into this matter (Chavez 1984). When western medical care **is** needed however, migrant women know how to utilize social service systems and networks to help individuals in their communities overcome barriers to professional healthcare services (Waldenstein 2008).

Evidence of poor health that is caused by diminishing use of traditional medical knowledge initially was noticed as health became worse in each successive generation (Waldstein 2010). Previous knowledge of Hispanic medical beliefs stemmed from research

conducted only from an ***etic*** perspective (outside observer) and concluded, through quantitative research and a biomedical perspective, that somehow the migrant population was able to manage their own health (Waldstein 2010). As a result, western medical practitioners severely overlooked the ethnographic and cultural knowledge that women were the guardians of health in the family household (Lopez 2005, Waldstein 2010). By analyzing the cultural aspect of traditional medical practices from an *emic* perspective (an insider perspective with the goal of fully understanding a culture through deep anthropological analysis and immersion), Waldstein's observed that folk medicine was a success, whereas modern medicine had failed.

The paradox raises questions about the efficacy of Western medicine and whether it might be wise to integrate folk medicine with Western health practices. While immigrations is often associated with poor health and less access to health care, the Mexican case suggests this connection is *not* inevitable (Waldstein 2008). Improving their access to Western bio-medical health services, however, would likely be detrimental to Mexican immigrants' health IF improved access to western health care comes at the cost of giving up their traditional medical practices. Researchers should strive to understand better the paradox as a way to improve American medical practices and, by extension, people's health by finding the missing pieces of Westernized medicine that may be hidden in folk medicine. Although over-medication has had a negative effect on the health of white Americans, under-medication is an issue faced by impoverished communities that cannot purchase western medication essential to improving their health. Waldstein's (2017) study revealed that the Mexican immigrant community in Georgia thrived because they found a holistic approach to medicine by complementing traditional folk medicine with Western medicine.

### *Understanding Folk Medicine*

Lopez (2005) has shown that, although Mexican Americans have assimilated to U. S. traditions, they have retained some indigenous healthcare beliefs, but *not* to the degree that Mexican migrants have. Mexican Americans are more likely to seek out biomedical alternatives than are their immigrant counterparts who turn first for folk medicine (Waldstein 2010). Nevertheless, Mexican American women do use the practice of *curanderismo* (Lopez 2005). In Latino cultures, *curanderismo* is used to treat illnesses believed to result from impaired social and spiritual relationships due, for example, to jealousy, forces of nature, or the loss of one's soul (Lopez 2005). Folk healers and practitioners are recognized as having the gift of being able to *diagnose* and *treat* such illnesses (Lopez 2005). Both male *(curandero*) and female (*curandera*) healers use herbs, incantations, prayers, and massages to dispel the negative influences that they think cause illnesses that afflict their patients. They also use other components of folk healing including artifacts and providing non-commercialized potions administered orally (Hufford 1997).

Although some potions (i.e. herbal remedies) are effective by changing biological processes, other folk healing options can likely be understood best as having a placebo effect. The use of cultural healing practices may work through suggestibility (Vance 2018). In 1970, it was discovered that neurotransmitters (i.e., endorphins) can be relieved of pain via internal modulation triggered by belief that what is taking place will help (Vance 2018). The use of storytelling and ambience combined with its presence of a social gathering empowers the placebo effect which can amplify in a group setting (Vance 2018). A *curandera* stated: "if the person doesn't have faith, it (*the cure*) won't work; if you don't have faith, it (*the cure*) would be pointless" (Vance 2018).

In the case of the Mexican immigrants in Georgia, the notion of faith in folk healing, regardless of any empirical health outcomes, encourages patients to be physically active, eat healthily, and engage in stress reducing activities as additional supplements to their treatment (Waldstein 2010). Thus, folk medicine focuses on a holistic approach to health through which the effects of a placebo[1] on the ill person are reinforced through maintaining a healthy lifestyle, spending time with family, and having a positive attitude.

The existence of folk medicine itself is evidence of the flaws of contemporary Western medicine. The reason that traditional folk healing approaches continue to be practiced is because they fill the gaps in healthcare coverage and cost relatively little to impoverished inhabitants in the U. S. (Lopez 2005). Regardless of whether folk healing practices prove to be effective, the lack of medical knowledge, insurance, and health literacy is what sustains and fuels these informal systems

[1]Although *curanderas* may not call it a "placebo" I believe that they do use what is essentially a placebo. They understand that belief is a critical factor in a person's healing. Belief is also critical to the notion of placebos.

of healthcare and self-healing[2] (Tran 2019).

***Folk Medicine in Contemporary Society***

The World Health Organization defines folk medicine as the "sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement, or treatment of physical and mental illness" (Kelser et al. 2015). It appears that Mexican immigrants who have *less* access to healthcare than both their U. S. citizen and pre-immigration counterparts have better health outcomes due to the practice of folk medicine playing a role in their treatment.

In contemporary society, there already seems to be a pocket of effort towards integration of folk medicine into modern western medicine. However, the momentum of this effort seems frail at present relative to its potential. It is impossible to focus on the best approaches to patient-centered care without considering the cultural perspective of healing (Berube 2015). For example, the use of traditional folk healing does more than heal the *illness*; it also heals the *human being*. The patient's clarity of the mind, spirit, and emotions contribute to holistic wellness and can be impaired even if the illness is physically cured (Berube 2015).

Immigrant patient anecdotes highlight the greater respect shown between folk healers and their patients that optimized patient health (Chavez 1984). A lack of respect would lead to poorer patient health outcomes. Disrespecting either folk medicine or conventional Western medicine would turn a patient towards the other option. However, either option alone *may* not be enough to heal the patient.

To understand folk healing better, it is important to clarify the misconception that folk healing refers to false beliefs of healing or to old wives' tales. At its core, folk healing is inherently cultured (Hufford 1997). Folk medicine would add an important element to contemporary medicine because it reflects the cultural differences between patients and the cultured health behaviors that lead to illness/wellness (Hufford 1997). Folk medicine also individualizes patients and speaks to the idea of patient-centered care. Of course, the clear issue of integrating folk medicine with western medicine is the diversity of cultures with which a physician must become familiar to in order to execute a holistic intervention. The best approach is to understand the idea of folk medicine and for a practitioner to recognize when a culturally-relevant circumstance is interfering with a patient's health and behavior (Hufford 1997). Following this protocol would lead to an analysis of the risks, benefits, and efficacy of the consideration of folk medicine as part of the healthcare plan for the patient. Counterintuitively, folk medicine is also crucial to primary care because it offers a theological reason for illness. Contrary to popular notions, these ideas do not present themselves as disillusionment about the causes of disease but, rather, as preventions of disillusionment (Hufford 1997). Although western medicine appears to focus on treating symptoms, folk medicine aims to tackle the root cause of an illness. This is the case even if the root cause is culturally specific, like omens (Hufford 1997).

Another way that integrating folk medicine with western medicine is beneficial is to fill in the gaps where western medicine may be lacking. This involves acknowledging the moral aspect of a treatment plan. For example, although the treatment of heart disease by synthetic digitoxin is faster, it is less safe than using the herbal leaf "digitalis purpurea" (Hufford 1997). Folk medicine highlights the importance of the moral dimension and points to the commercialization of medicine that has led to the laziness and greed that has produced more illness.

Folk medicine is being implemented in training medical residents in New Mexico. Residents there are involved in a curriculum where they train with a *curandero*. The objective is to help them to understand the value of culturally-based practices in medicine (Kelser et al. 2015). The curriculum highlights the importance of establishing a fundamental knowledge of traditional healing, improving communication with patients who may be using traditional healing, applying cultural competency, demonstrating professionalism and respect for both traditional and Western medicine, and learning to assess health management plans from a holistic perspective (Kelser et al. 2015). The study demonstrated the success of integrating traditional healing to improve modern medicine by helping future healthcare providers develop cultural sensitivity and effective communication (Kelser et al. 2015). Another important aspect of this study was highlighting the

[2]I do not know if folk medicine practioners set a distinction between folk medicine and healing through faith. However, these two ideas are not mutually exclusive. I strongly believe that folk medicine--regardless of actual biological benefits, needs faith because faith is an essential part of folk healing. Although I cannot empirically say that *curanderas* attribute their healing solely to faith, faith is a strongly valued aspect of folk medicine.

importance of ridding each approach of its flaws-- for example, recognizing the toxicity of some traditional folk herbal medicines and personalizing the generalized model of biomedicine in the case of modern medicine (Kelser et al. 2015).

Other places have shown successful implementation of folk medicine. In India, for example, folk medicine plays a vital role in the treatment of various diseases (Tapan 2014). As mentioned before, folk healing in contemporary society provides a way of treating patients without the necessary access to professional health care; this study reinforces the notion that folk medicine helps reach out to the health of those in marginalized and rural environment (Tapan (2014). The Tapan (2014) study showed that certain herbs have the potential to heal major primary health symptoms and diseases including high blood pressure, fevers, diabetes, and liver disease. The study also gave a detailed outline of the elements crucial to sustaining the implementation of folk medicine in primary care settings. These elements include local government support of the social and professional environments needed for the proper use of folk medicine; an improved educational system that teaches folk medicine; increased public awareness and protection of folk medicine; and resources to preserve and grow plants needed for folk medicine. Insights provided by these cases of folk medicine implementation, combined with a better understanding of the health paradox of Mexican immigrant communities, make it clear that there is a place for the integration of folk medicine into contemporary medical practice.

Specific interventions to implement folk medicine should be focused not only on the period of medical residency for healthcare providers but also on the community level. In the state of Georgia, the usefulness of folk medicine came greatly from the medical knowledge of its Mexican immigrant community. Although Massachusetts is the state ranked second highest in the U. S. for healthcare, the Hispanic population in Massachusetts suffers disproportionately from certain diseases compared to non-Hispanics. Two prominent examples, reported by the Massachusetts Health Disparities Council (MHDC) are cardiovascular disease and diabetes. These two diseases shed light on the potential for integrating folk medicine with conventional medicine because both diseases can be ameliorated through the use of folk practices, as shown in the immigrant population in Georgia. A branch of folk medicine practiced by Mexican immigrants focuses on promoting healthier life style through including a balanced diet and a stress-free environment that supports a cardiovascular health. These lifestyle changes *may* explain why Mexican immigrant populations have a significantly lower rate of both diabetes and obesity than Mexican Americans (Afable-Munsuz et al. 2013).

The value of integrating folk medicine with western medicine is more than simply folk medicine's effectiveness as an approach to healing. Its value also lies in establishing a medical community whose knowledge is created by its own people. One way to retain traditional medical knowledge on a large scale, while adhering to medical accuracy and improved health outcomes, is to first integrate folk medicine into the offices of general practitioners. Because westernized medicine is already more popular than folk medicine, patients who have specific diseases can be treated by physicians trained in the knowledge of folk medicine of its varying uses. Furthering physician knowledge can also be achieved by implementing the hybrid medical curriculum practiced in New Mexico and by following mandates from the American Medical Association regarding the addition of folk practices to medical training in the U. S. (Kelser et al.2015). Doing this not only establishes a foundational knowledge of folk medicine for westernized practitioners; it also promotes the awareness of cultural traditions, reduces the amount of physician visits, and improves the community's knowledge of folk medicine. Another method to expand community knowledge is to promote the inception of local folk medicine offices for *curanderos*. These offices can be supplemental to, or referenced through, visits with primary care providers. The health outcomes of patients from diverse cultural backgrounds would benefit from access to a community-level system that integrates knowledge of folk medicine with Western medical practice.

### *The Complication of Trust*

The belief in folk medicine combined with the Mexican immigrant population avoiding U. S. doctors appears to stem from a general lack of trust. Trust in doctors in the U.S. eroded from 73% in 1966 to 34% in 2012. A recent survey further reported that patients have trusted their doctors even less in the past ten years. (Sweeney 2018). In an institution that once represented altruism and incorruptibility, it has forfeited its reputation over time. Unfortunately, Sweeney (2018) reports that institutions other than healthcare, including finance, religion, law enforcement, media, education, and other pillars of society, have also lost people's trust.

Internet misinformation about health issues,

treatments, and/or medicines is one cause of the decline in trust of doctors. Confusing and controversial media reports has allowed patients second-guess their doctors and to find a secondary outlet for medical consultations (Sweeney 2018). Another reason media has caused mistrust in physicians in patients' minds is the public perception of doctors as greedy (Girgis 2017). Advertisements for commercial medications appear daily in televised advertisements. Expensive treatments and surgeries make influence patients' thinking about doctors as driven by profit rather than by concern for patient welfare (Girgis 2017).

Changing interpretations and perspectives of health, such as those presented in media, spilled over into the medical culture of Westernized societies. This idea can be directly tied to patient mistrust of physicians, particularly patients from developing (non-Westernized) countries where the idea that culture defines disease is popular (Ibeneme et al. 2017). Western medicine is both diagnosis- and evidence- based (Ibeneme et al. 2017). A person may be very sick but, without a physician's diagnosis, her illness does not exist. On the other hand, a person may feel healthy but, in fact, be very sick. The reliance on a doctor's diagnosis to define the existence of a disease, combined with beliefs about the practitioner's lack of understanding of a patient's culture, a language barrier, and a practitioner's lack of patience, has caused some patients to become misdiagnosed, over-medicated, or under-treated (Ibeneme et al.2017). Overtime, the divergent understanding of patients' health leads to patient mistrust. Contributing further to patients' mistrust in general, cultures tend to define health and illness in an ethnocentric manner, with their own treatments valued and assumed to be the best, or only, treatment option (Ibeneme et al. 2017).

Studies have concluded that decisions regarding one's health are influenced by past experiences, family and friends, social networks, cultural beliefs, customs, tradition, professional knowledge, and intuition. However, all of these factors have been not been successfully accounted for in any singular medical system (Ibeneme et al. 2017). Therefore, there is a need for acceptance and collaboration between Western biomedicine (beneficial for its treatment of objective, measurable diseases) and traditional/ethnomedicine (effective for its treatment of illness as a human state and experience) (Ibeneme et al. 2017). Perhaps this collaboration will reestablish the trust of patients in their physicians and the physicians' cultural competence in their patients.

***The Complication of Policy***

Assuming that folk medicine can be successfully integrated into Western medical practice, the question of how it may be covered financially arises. To understand this potential complication, it is important to point out that, in the U. S., folk medicine would most suitably be categorized as *complementary* and/or *alternative* medicine. According to the National Health Statistics Reports, in 2012, an estimated 59 million people spent a total of $30.2 billion on some form of complementary medicine (Nahin 2016). Some of the treatments included visiting a complementary practitioner or purchasing natural product supplements and self-care products. Unfortunately, most of these complementary treatments are either **not,** or **only partially covered**,[3] by the health insurance coverage that the majority of those people who need these treatments. Consequently, the burden of cost (i.e., billions of dollars) for alternative treatment is on the shoulders on the lower-income patients who may need them (Nahin 2016). Despite the Affordable Care Act directive that insurance companies should not discriminate against licensed healthcare providers--including practitioners of alternative medicine, insurers are *not necessarily required* to include them in their coverage (U.S. House of Representatives 2010).

Although it is true that access to insurance coverage for folk medicine poses a complication to the health outcomes of people who seek this option, the integration of folk medicine into modern medicine offers an *improved, holistic perspective* to treating some illnesses, as discussed previously. Once folk medicine is integrated and more accepted in contemporary society, the issue of its coverage can be approached on equal footing to any other treatment method that faces coverage disparity (e.g., biomedicine, alternative, and contemporary). Recalling one of the reasons for the appeal of folk medicine among Mexican immigrant communities, the use of folk medicine may *not* cost a lot. For example, people may choose to treat an illness with lifestyle adjustments instead of commercialized, financially-taxing treatments (Waldstein 2010). Therefore, regardless of cost, folk medicine may lead to significant benefits in patient health and *should* have a place in contemporary, Western medical practice.

[3]Understandably, the absence of coverage may be due to insurers' lack of trust in the effectiveness of alternative practices/treatments.

## CONCLUSION

Medical anthropologists use the term "popular medicine" to refer to self-treatment and/or treatment by close relatives (Waldstein 2010). However, in many parts of the world, self-care has been dominated by Western ideas of biomedicine. As a result, treatment is dependent on practitioner's professional expertise and on commodified medicines that reduce the diversity, resilience, and sustainability of healing strategies (Waldstein 2010). I find it curious that an immigrant community which faces financial and other barriers to Westernized medicine is healthier than others who have better access to conventional healthcare options. The immigrant community must be doing something right in treating illnesses. With its currently-successful implementation into the residency training of medical practitioners in some areas of the U. S., as well as in other countries, folk medicine should be more widely utilized to best optimize patient health outcomes. Research (Waldstein 2010, 2017) in the state of Georgia has shown that retaining tradition and culture in treating illness can be successful.

The use of folk medicine in the U. S. is a potentially-important supplement to the practice of conventional medical treatment. While the use of home remedies and popular medicine alternatives should be encouraged for those who cannot afford access to professional healthcare, advancing biomedical knowledge and practices by integrating folk medicine should be an immediate goal toward which the conventional medical field strives. Understanding folk medicine could improve Western biomedicine by shedding light on blind spots in biomedical assessments. It could also eventually lead to new avenues for medical research.

**Acknowledgements:** The author wishes to acknowledge the following organization and people: Massachusetts College of Pharmacy and Health Sciences (MCPHS); Dr. Ellen Ginsburg, MCPHS; and the reviewers at ***SBG*** for their detailed, useful suggestions, and support on revising the previous drafts of this submission.

## References

Afable-Munsuz, A., Mayeda, E. R., Pérez-Stable, E. J., & Haan, M. N. 2013 (May). Immigrant Generation and Diabetes Risk among Mexican Americans: the Sacramento Area Latino Study on Aging. Retrieved on November 24, 2019 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3686633/)

Berube, K. 2015 (April 25). Why Traditional Healing Has a Place in Modern Health Care. Retrieved on November 24, 2019 (www.theglobeandmail.com/life/health-and-fitness/health/whytraditional-healing-has-a-place-in-modern-health-care/article24126195/)

Chávez, L. 1984. "Doctors, Curanderos, and Brujas: Health Care Delivery and Mexican Immigrants in San Diego." ***Medical Anthropology Quarterly*** 15(2), 31-37. Retrieved on November 24, 2019 (www.jstor.org/stable/648612)

Drexel University. 2018. "Mexican Migrant Health Access Much Lower After US Border Crossing." ***Science Daily***. Retrieved on November 24 2019 (https://www.sciencedaily.com/releases/2018/01/180110163518.htm)

Feiden, K. 2013 (August 26). Studying the Health of Mexican Immigrants in the United States. Retrieved on November 24 2019 (https://www.rwjf.org/en/library/research/2013/08/studying-the-health-of-mexican-immigrants-in-the-united-states.html)

Girgis, L. (2017, December 18). Why Doctors Are Losing the Public's Trust. Retrieved on November 24, 2019 (https://www.physiciansweekly.com/doctors-losing-publics-trust/)

Hufford, D. 1997 (December). Folk Medicine and Health Culture in Contemporary Society. Retrieved on November 24, 2019 (https://www.primarycare.theclinics.com/article/S0095-4543(05)703079/abstract)

Ibeneme, S., Eni, G., Ezuma, A., & Fortwengel, G. 2017 (March 4). Roads to Health in Developing Countries: Understanding the Intersection of Culture and Healing. Retrieved on November 24, 2019 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5717292/)

Kesler, D. O., Hopkins, L. O., Torres, E., & Prasad, A. 2015 (October 15). Assimilating Traditional Healing Into Preventive Medicine Residency Curriculum. Retrieved on November 24, 2019 (https://www.sciencedirect.com/science/article/pii/S0749379715003761)

Lagasse, J. 2018 (September 11). Affordable Care Act Reduces Healthcare Disparities Between Mexican-Heritage Latinos and Other Latinos. Retrieved on November 24, 2019 (https://www.healthcarefinancenews.com/news/affordable-care-act-reduces-healthcare-disparities-between-mexican-heritage-latinos-and-other)

Lopez, R. 2005. "Use of Alternative Folk Medicine by Mexican American Women." ***Journal of Immigrant Health***. Retrieved on November 24 2019 (https://link.springer.com/content/pdf/10.1007/s10903005-1387-8.pdf)

Martinez-Donate, A. P., Ejebe, I., Zhang, X., Guendelman, S., Lê-Scherban, F., Rangel, G., Amuedo-Dorantes, C. 2018 (January). Access to Health Care among Mexican Migrants and Immigrants: A Comparison across Migration Phases. Retrieved on November 24, 2019 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5728113/)

MHDC. (n.d.). Disparities in Health. Retrieved on November 24, 2019 (https://www.mass.gov/files/documents/2016/08/qz/disparities-in-health-2011.pdf)

Nahin, R. 2016 (June). Expenditures on Complementary Health Approaches: United States, 2012. Retrieved on November 24, 2019 (https://www.cdc.gov/nchs/data/nhsr/nhsr095.pdf)

Sweeney, J. F. 2018 (April 10). The Eroding Trust Between Patients and Physicians. Retrieved on November 24 2019 (https://www.medicaleconomics.com/medical-economics-blog/eroding-trust-between-patients-and-physicians/page/0/1)

Tapan, R. 2014. Role of Folk Medicine in Primary Health Care: A Case Study on West Bengal, India. Retrieved on November 24, 2019 (https://pdfs.semanticscholar.org/46eb/fc0f35773260f306e41ae44a683429098f78.pdf)

Tran, J. 2018-2019. "Reducing Health Disparities among Low Socioeconomic Status Hispanics in the United States." ***Sociology Between the Gaps***.4:.64-72. Retrieved on November 24, 2019 (https://digitalcommons.providence.edu/cgi/viewcontent.cgi?article=1049&context=sbg)

U.S. House of Representatives. 2010 (March). Affordable Care Act. Retrieved on November 24, 2019 (https://www.healthcare.gov/where-can-i-read-the-affordable-care-act/)

Vance, E. 2018 (April 11). The Placebo Effect's Role in Healing, Explained. Retrieved on November 24, 2019(https://www.pbs.org/newshour/science/the-placebo-effects-role-in-healing-explained)

Waldstein, A. 2008 (November 3). Diaspora and Health? Traditional Medicine and Culture in a Mexican Migrant Community. Retrieved on November 24, 2019 (https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1468-2435.2008.00490.x)

Waldstein, A. 2010 (February). Popular Medicine and Self-Care in a Mexican Migrant Community: Toward an Explanation of an Epidemiological Paradox. Retrieved on November 24, 2019(https://doi.org/10.1080/01459740903517386)

Waldstein, A. 2017 (April). Why Mexican Immigrants Are Healthier Than Their US-Born Peers. Retrieved on November 24, 2019 (https://theconversation.com/why-mexican-immigrants-are-healthier-thantheir-us-born-peers-75028)

**About the Author: Johnathan Tran** is a recently-graduated premedical student from MCPHS. His personal experiences, including volunteering and interacting with members of the Hispanic community, have inspired him to concentrate his career goals on helping underserved and neglected communities. His education continues to provide him with an understanding of the sciences and medical research as well as the public health concerns of the Hispanic community in the United States. Johnathan hopes to gain further experience and knowledge through seeking opportunities with current health professionals and community leaders. Ultimately, his goal is to apply his skills and knowledge to alleviate human suffering resulting from infectious diseases and chronic illnesses.