

Brief Reflections from a Becas Para Aztlán Becario, 1979 – 1985

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Abstract: These are the brief reflections of a U.S. born Latino from Los Angeles, California who went to Mexico City to study medicine with a scholarship from the Mexican government from 1979 to 1984. I will limit describing my experiences to a few main topic areas chronologically beginning with Learning about Becas Para Aztlán (BPA), Travelling to Mexico City, Life in Mexico City during the 1980s, Medical school experiences and, Reflections about the BPA program 2019. Overall, the intent of this reflective summary is to describe the challenges, hardships, and rewards of being U.S. becario.

Introduction

This brief biography covers some of my experiences and tribulations as a becario in the Becas Para Aztlán (BPA) program from 1979 to 1985. This paper is a short synopsis of my experiences and is not intended to be a deeply self-reflective essay. The experiences are written from the perspective of a Southern California native living in a very diverse metropolitan area located in a “liberal” state. The format includes headings and questions, which are based on a set of topics presented to me to help me think about my experiences while participating in the BPA program. The six topics I develop are arranged in chronological order beginning with learning about Becas Para Aztlán program and preparing to travel to Mexico. I then describe a few experiences living in Mexico City as a becario and some of my experiences as a medical student that include comparing medical school curricula from both countries. This is important distinction to communicate since there were challenges to overcome, as both curricula differ vastly from one and another. I also describe returning home to California and life in the U.S. after BPA. Finally, I reflect on the BPA program and what it has meant to me and my career path.

Learning about “Becas Para Aztlán”

During the late 1970s, I belonged to an ethnic pre- health student organization at California State University at Long Beach called *Chicanos for Creative Medicine (CCM)*, a politically active pre-health professionals campus organization whose mission was to improve the health of the underserved, particularly in Long Beach. While participating in CCM, I learned about the BPA program through a small advertisement in a Latino magazine called *Hispano*. The magazine advertisement called on Chicanos wanting to become physicians, to apply for a scholarship to study medicine in Mexico. The advertisement provided a Texas address if interested in receiving more information. The purpose in providing scholarships for Chicanas/os was based on the disparity of culturally competent Chicana/o physicians and other Latino professionals in the 5 Aztlán designated U.S. states (California, Texas, Arizona, Colorado, and New Mexico) where the majority of these state’s population was becoming Latino¹, if they were not already.

Wanting to become a physician and being an older applicant, I was not motivated about having to endure more years of reapplying to U.S. medical schools or not having the economic resources to apply to affluent foreign medical schools. Therefore, I responded to the solicitation. The application was a lengthy process of securing transcripts, having degrees translated and certified and, requesting letters of recommendation. I somehow managed to collect all the required documents and sent them before the deadline. I submitted all the documents before November of 1978 and did not receive any correspondence until April of 1979 that I was accepted. I did not know about the selection criteria but felt that it may have been due to the amount of coursework I had completed totaled nearly 2 ½ undergraduate degrees.

Preparing to Travel to Mexico City

¹ As a member of CCM at California State University at Long Beach in the late seventies, the term Chicano and Chicana were the preferred self-reference ethnic terms at the time, however, the demographic composition in California has become more diverse since the 1980s, therefore I also use the term Latino as a pan-ethnic term that includes Chicanos and other Latino-origin ethnic groups.

After being accepted to BPA, I received a letter stating that I needed to attend an orientation in Mexico City to find out my designated medical school among other important information. Therefore, I began preparing myself to confront my main obstacle, learning Spanish. Spanish was not spoken at home and the only Spanish that I did hear was when my father was speaking to his mother on the phone. I had the opportunity to take Spanish classes in high school like other Latino students but being a science major I was counseled to take three years of German, which was a college requirement. However, during my last year of college at Long Beach I did take two semesters of Spanish that was helpful in learning sentence structure. What also helped in learning Spanish was that my neighbor was second-generation and parents born in Mexico. He was also planning on attending medical school in Guadalajara (an affluent private medical school) in the state of Jalisco where his parents were from and owned apartments there. His parents invited me to spend a week in Guadalajara with their son and then travel to a small town outside of Guadalajara where they had relatives and where I would be able to only communicate in Spanish. Soon, I flew out of the Tijuana airport suitcases packed bound for Guadalajara and spent the next two weeks in a small town before taking a train to Mexico City for a one-week orientation provided by CONACYT².

During the orientation, besides learning that my medical school was located in Mexico City, I also met other becarios that would be attending the same medical school as I, and others that were assigned to medical schools in different states. Additionally, there were other becarios who would be matriculating through various graduate schools aided by the BECAS program. After orientation many other logistical problems remained such as where to live, how to travel to the designated medical school, enrolling into classes, etc. Luckily, I learned that I was part of the second BPA generation, meaning that there was a cohort of becarios already located in Mexico City and who already had confronted these logistical situations.

Before I returned to Los Angeles to prepare my materials, I was given an address with a phone number to contact one of the earlier generation becarios when I returned to Mexico City. This was not comforting when arriving back in Mexico City with an address where I did not know the location and a phone number that rang without a response. I therefore had to take grand leap of faith that there would be someone waiting for me at the airport that would provide information on where I could initially stay. My prayers were answered as there was someone (unknown to me) at the airport who asked if I was a becario. Leaving the airport, we took a taxi to a house where other becarios were living. The rented house was occupied by female becarias. Luckily, I brought my sleeping bag so sleeping arrangements were not a problem. I learned that the becario who brought me to the house was living in a separate house with other male becarios and invited me to join the house famously named “Casa Aztlán.” Before leaving the house, which was a two-story dwelling, a beautiful becaria came running down the stairs as I was looking up at the staircase and for a brief moment our eyes locked. Fast forward 6 years later and that becaria became my wife. In retrospect, that was probably my most positive experience during the entire BPA program. Upon arriving at Casa Aztlán, I met the five other becarios from different U.S. states and my friend who picked me up at the airport said that he would be attending the same medical school as I. As for the other becarios, they would be attending various graduate schools in Mexico City.

² Consejo Nacional de Ciencia y Tecnología

Life in Mexico City 1980s

The “1980s” were politically exciting times, especially in Mexico City. Unlike the 1960s and 1970s in the U.S., which were about protests against the Vietnam War and ethnic identity recognition, the 1980s were about confronting the international conflicts like the U.S. military intervention in Central American countries that supported authoritarian dictatorships. What I liked about living in Mexico City was being exposed to a population who were more open to express their political opinions, especially how they felt about their own government and about the U.S. involvement in Central America. These opinions often were manifested as protest marches. Another aspect of living in Mexico City was the cultural climate of a city with more than 21 million people living in an area the size of Phoenix, Arizona. Culturally, Mexico City, the culture capitol of Mexico, having an abundance of museums, top universities, cultural arts, and the pyramids. Mexico City also contains the most racially and ethnically diverse populations in the country.

Travelling around in Mexico City was a mixed situation: the good, bad, and ugly. The good part was the availability of the budget minivans (a.k.a. peseros) that ran during the daytime and most of the night that would take customers to their destinations and points in between. The bad was a large network of subways that during rush hour divided the passenger cars between men and women. The ugly was trying to ride a bus or trolleybus, the cheapest form of transportation. These buses would become so packed that they would travel the boulevards tilting sideways with people hanging out and some of them did not use their head lights in the nighttime. I must relate a couple of these experiences. Because most of the time the busses were so packed, people would sometime have to enter through the back of the bus, the passenger would need to send their money for the bus ticket from hand to hand to the front of the bus and then receive their change and ticket, again hand by hand back to the passenger. Regarding the trolleybus rail, powered by electricity, kids would sometimes climb to the top and stand while the trolleybus traveled down the rail. I once had to climb through the back window of trolleybus that was the last one to leave that night in order to get home. Living circumstances were also challenging.

As mentioned, during my first years at Casa Aztlán I lived among six male becarios from the U.S. in a two-story house. The house had intermittent electricity where we would often experience both neighborhood and house blackouts. Regarding our house, the blackouts were attributed to an old fuse box that with the least electrical resistance such as turning on a light, would cause a complete blackout. There was also a lack of heat because the house was made of brick and therefore did not contain any central or gas lines. If you have ever lived in brick house with no heat during the winter, the bricks become mini air conditioners due to the convection of the cold, so there was a constant cooling effect. Sometimes it was colder in the house than outside during the winter. The only gas supplied to the house was a gas line to the stove from a gas tank. We had to purchase the gas from a truck vendor who would come by every couple of weeks. Usually we would have to walk a few blocks to purchase the tank that weighed at least 60 pounds when full and carry the tank on our shoulders back to the house.

In addition, our house had a continuous rat problem. There would be a cow-bell in the kitchen and when a rat was spotted, and sometimes the rat would be as large as a small cat, one of us would ring the bell which signified all hands-on deck and we would grab broom, shovel, hammer or whatever object to confront the rat. We referred to this common event as Rat Patrol. We did purchase manual rat traps to place around the house but soon removed them for fear that we would accidentally step on one of the loaded traps in the dark. A regular weekend night for us,

since we received minimal living stipends, would be sitting in the kitchen with a pot of boiling water to warm the kitchen and play cards or backgammon. For eating, we would chip in and buy food and designate one of us to cook a nightly meal and if we arrived late at night from school, we would be having dinner sometimes at 10 or 11 PM. For our dishes and utensils, the glass peanut jar became our best crystal.

Having available cash on hand was also a problem. In the beginning of the program, becarios would receive monthly living stipends as part of the scholarship from CONACYT. During my third year a recession occurred in Mexico due to over speculation of the newly found oil reserve, which caused a devaluation of the peso. When this occurred, the stipends were rescinded and we were economically on our own. In order to supplant income, my girlfriend (and future wife) landed me a job teaching English to bank executives after classes. In addition, during my last year of medical school, I became involved in research that paid a small monthly check that was usually two months late. My last year, I spent a Christmas break in an empty house because of low funds. I did not find these circumstances unbearable since in my previous life experiences I already experienced harsher circumstances as an undergraduate student, so living and studying in Mexico was not that difficult. It also helped being an older becario, which facilitated coping in a different environment easier.

Attending Medical School as a Becario in Mexico City

Before describing my experiences as a medical student in Mexico City, I will provide a brief background on the differences between U.S. and Mexico's medical schools. This is important for the reader to understand the adjustments and challenges required to transition back to a U.S. Attending medical school in Mexico was a very different experience than what I envisioned from a U.S. traditional medical school. First, studying at any university in Mexico is different in terms of the age of your fellow students who are usually four to five years younger than their U.S. counterparts. This is due to the format of the Mexican education system which, after graduating from high school, a pre-professional bound Mexican student would attend a preparatory school for two years before entering a professional or graduate school. Second, it is important to describe the standard medical school curriculum in Mexico to contrast it to the medical school I attended. In the traditional U.S. medical school, the first two years are dedicated to basic sciences that focuses on studying the normal and pathological processes of the human body followed by two years of hospital and clinic exposure that are taught by physicians. After the two-year clinical introduction, a U.S. medical student would graduate and spend a year internship in the hospital rotating through different medical services before deciding their specialty, which if they passed three required board exams, basic sciences, clinics, internship, they would enter a medical specialty. Certain specialties are more competitive than others, but a specialty is guaranteed. Mexico, follows the same format without the three required board exams, however, there is an additional year requirement of social service before a student is awarded his or her title of Medical Surgeon that is the equivalent of General Practitioner or MD.

Another difference between U.S. and Mexico's medical schools is the academic competition. In the U.S., the competition is to get into medical schools as there are more than hundred sometimes thousands of applicants per one medical slot. After the U.S. medical student passes a third exam, he or she enters specialty training to an abundance of U.S. hospitals. In Mexico as previously mentioned, a student graduates from a 2-3 preparatory school after high school and then enters medical school. The academic challenge in Mexico is that after graduating from medical school the competition is for getting specialty residencies in a few hospitals, as the medical school's main focus is on training primary care physicians for community healthcare.

The lack of hospitals and clinics perpetuates the problem of finding employment as the supply of non-specialized physicians is far greater than available paid positions in community settings. Therefore, because of large enrollments, there are a lot of unemployed doctors. With this background setting I will now describe my medical school experience at the Universidad Autonoma Metropolitana (UAM-X), one of three campuses located in the southern portion of Mexico City called Xochimilco, which is famous for its floating gardens.

At the UAM-X, all medical subjects, both basic sciences and clinics, were presented as modular blocks rather than separate courses as described previously in the traditional approach where UAM medical students are exposed to the clinics during their second year instead of the third year under traditional systems. This early clinical exposure is integrated with the basic science coursework so that at the end of four years a UAM-X medical student would accrue enough clinical time to count as two years of clinical introduction and a year of internship but without the patient responsibility since we were still taking basic science classes. A year of social service follows the fourth year. The medical school's philosophical approach differed from the traditional system and was focused on an underlying socio-economic context. It follows that a person's standard of living determines the type of health (and type of diseases) that person would encounter. As a result, UAM-X believed that it was important to learn medicine at the community level and therefore as part of the curriculum we learned how to conduct various community health assessments, which entailed assessing the community in terms of what is known today as the Social Determinants of Health. I feel that this an important point to make in that we were involved in conducting numerous community projects in impoverished areas of Mexico City such as administering vaccines to babies or measuring the eye sight of school children. Each project assessment included a detailed project paper.

On the clinical side, we rotated through the medical services at Mexico's finest hospitals where the type of health services a citizen received is based on a his or her profession. During clinical training, the medical student needs to learn how to suture, which is a requirement in all medical schools, especially in Mexico since surgery is the pride specialty. Usually suturing techniques are first practiced on animals, such as dogs where in the U.S. medical students are presented with the animals. This did not happen at UAM-X. Each student was given a piece of rope and the student had to go out to the community streets and find a dog on their own to practice this technique.

It is also important to note the inter-personal dynamics between U.S. becarios and the other medical students. Actually, there was not any friction as the majority of the Mexican students came from other Mexican states rather than Mexico City, which added a richness in the cultural experience. In fact, in our class, there were students from Germany, Central, and South America. It may be important to ask, after putting in six years of medical training, "Did the medical program meet my expectations?" I would answer both yes and no. From a curriculum perspective based on my previous experience with coursework in U.S., the basic science courses at the UAM-X were not very rigorous compared to those in the U.S. but my friends who attended U.S. medical school also complained that their basic science experiences were also not that great. Knowing that I had to present U.S. basic science and clinical board exams once I returned, I felt academically deficient in both basic sciences and clinical practice. During my year of social service, I was lucky enough to be assigned to a community clinic not far from the university. This proximity helped me to seek assistance from professors at other medical schools located in the city into auditing their classes in the areas where I felt deficient. They were happy to oblige and without any financial cost. Moreover, in areas where I needed more practice in clinical

rotations, I was granted permission by clinical department chiefs to shadow attending physicians during their hospital hours. When I returned home for the summers, I completed externships in family medicine at a university hospital, local government clinics, and volunteered at non-profit clinics. If you were to ask me if I would do it over again? I would reply with, *“I really wouldn’t change anything as life is what you make it and accept the challenges as they present themselves.”*

Reflections about the BPA Program 2019

“How did the BPA program affect me?” My personal reflections on the program’s accomplishments is, I feel that the Becas program’s achievements had more of an indirect effect on me than the attainment of an advanced degree, which in medicine is only a preliminary step to practicing. The life experiences of living in Mexico City enhanced my political beliefs and provided many exciting physical and cultural challenges that had more of an impact on me than matriculating through medical school. The political enhancement was partly the result of the required readings of Marx, Hegel and Engels during my first year at the UAM-X and having discussions with my roommates who were studying social sciences. Another part, especially for those of us living in Mexico City for more than two years, was being culturally immersed in the world’s fourth largest city with a cosmopolitan population during the 1980s and witnessing what was occurring in Central America through a Mexican/Latino perspective. The physical challenges previously mentioned were surviving after the living stipend was rescinded and tuition was drastically reduced and finally withdrawn.

Another reflection concerns certain short comings for those who studied medicine through BPA program. One of those short comings occurred after graduation from medical school, as there was no establishment of any post graduate preparatory assistance or transitioning when returning to the U.S., such as internships or preparing for the medical board exams. Since the BPA covered many professional careers and the goal of most becarios was attaining their professional degree; practicing medicine is very different and requires additional post graduate training after graduation. Maybe the organizers did not have the experience to make these connections. In comparison, what I see happening with the M.E.D.I.C.C. program³ today is U.S. students going to Cuba to study medicine and upon returning graduates are able to participate in internships through a network of U.S. clinics.

Briefly, my own post graduate professional experiences after the BPA program began by pursuing my initial dream as an undergraduate; I wanted to practice public health. Also having attended the UAM-X only strengthened that desire. Upon arriving back to the U.S., I entered U.C.L.A.’s Graduate School of Public Health and received a master’s degree. As for certification in medicine, after many attempts, I was able to pass the board exams. I even did fellowships in Nephrology at Martin Luther King Hospital as a basic science researcher and another in Occupational and Environmental Medicine at U.C.L.A. as an academic fellow whose director offered me a residence slot. However, the timing was bad as the director of Family Medicine who oversaw both the Occupational and Preventative Medicine programs, eliminated both residency programs. The only option left was to complete a residency outside the Los Angeles area but this was not a viable option for me due to family circumstances.

³ MEDICC – Medical Education Cooperative with Cuba. According to Wikipedia, “MEDICC is a non-profit organization founded in 1997 that works to enhance cooperation among the U.S., Cuba and global health communities through its programs.” [En.m.wikipedia.org](http://en.m.wikipedia.org). Retrieved 2019-09-08.

Regarding my employment and maybe as a result of the BPA program, I have worked with multiple health advocacy agencies in a severely medically underserved area of Los Angeles where I lived during my early childhood (Watts). I have also worked as a director for Clinica Oscar R. Romer, located in highly dense Central American community. Academically, I had the opportunity of being employed as a Program Manager at Charles R. Drew University to help organize cervical cancer prevention campaigns in Belize and Guatemala and have traveled to Cuba four times as part of a joint faculty research team with UCLA. Currently I work as public health researcher for a local government and teach as an Assistant Professor in the Master of Public Health Program for Charles R. Drew School of Medicine and Science.

My final comments are, I wish the BPA program could have continued as a binational academic exchange. With better infrastructure, this program would be even more relevant today. *What did BPA mean to me?* In the beginning of the application process, as there was no Google at the time, for a science major living in California, I had no clue what BPA was about other than an opportunity. However, after finishing the BPA program and unaware at the time, when I returned home during summer break and engaged in conversation concerning the conflict in Central America with my fellow Latino colleagues attending U.S. medical schools, it was apparent to notice their limited perspective of this international conflict. In conclusion, my opinion of what BPA program meant is ultimately reflected in my personal transformation and reinforcement of previous held values.