

A trip to the doctor's office can often feel like swimming in a bowl of alphabet soup. Multi-syllable words and acronyms describe conditions more complicated than their names. To find out if a medicine will interact with others, or if a side effect is normal, can be difficult to understand as a native English speaker. But the stakes raise when the wrong interpretation can have major health consequences.

Currently, there's a lack of physicians and healthcare professionals that identify with the communities they serve and treat. At Loyola University Chicago, members of the Latinx community make up a sizable portion of the pre-health class. They intend to bridge the divide and be an encouragement for others.

"I spoke Spanish at home all the time because my parents were immigrants. As I was growing up I really enjoyed science but I realized that not a lot of physicians were Spanish-speaking," says David Velasquez, a Loyola graduate about to commit to a medical school. "I found myself translating or interpreting English into Spanish so my parents could understand the different healthcare things that were going on."

Velasquez's experience is far from uncommon, and prompted his decision to volunteer as a Spanish Interpreter at CommunityHealth Clinic during his undergraduate career. His interactions with patients inspired him to pursue clinical research that delivers healthcare for the patient in a space they feel they can ask questions.

"It's often called white coat syndrome," says Melanie Izquierdo, Senior Neuroscience and Molecular Biology major at Loyola. "The level of patient care that could be had is lost because of it. More often than not you have patients who have a language barrier so the level of care a physician can give is limited because there are no interpreters. Not just in Spanish-speaking communities but in all disparaging communities."

Izquierdo used Medicare as an example of a healthcare system that most don't understand and are too intimidated to ask about. Eventually, confusion leads to frustration and frustration leads a patient to distrust their doctor.

"You can better the experience of the patient by bringing in more familiarity," says Izquierdo. "Having physicians who look like you is huge."

Both Velasquez and Izquierdo had opportunities to shadow and learn from physicians whose shared backgrounds built confidence and connections for the first-generation college students. Organizations like Medical Organization for Latino Advancement (MOLA) and Chicago

Academic Medicine Program (CAMP) offered experiences crucial for pre-med students that many first-generation students don't know how to approach.

“For me the biggest hurdle was, ‘How do I actually become a doctor?’ None of my family are physicians. I kind of trial and error-ed for a while,” says Velasquez. “We all know the great help of providing the pre-med track but where do I need to get volunteer experience? Where do I get research experience or how do I apply for the MCAT. For a while, no one was telling me what to do.”

That's where the multiple organizations and mentors helped the most.

“I had a physician mentor through MOLA and got to see what it was like to be a first-generation physician,” says Izquierdo. “I could see how competent she was culturally with her patients. I could see her ability to empathize with her patient's problems and how they were more receptive to her because of that. Finally, I had a mentor who looks like me, talked like me, spoke the languages and I could speak and had accomplished what I wanted to accomplish. That means I can do it.”

While MOLA and others are open to a variety of Latinx members, CAMP is a competitive summer program that accepts less than ten students from an applicant pool of nearly 500. For both Izquierdo and Velasquez to be accepted reflects on their hard work, schooling and community involvement.

These examples of success aren't lost on Loyola administration. Concerns of healthcare equity prompted the Pre-Health department to create classes such as Spanish Medical Terminology and set up mentorships with students that attend Stritch.

“If you get on the Blue Line downtown, it takes only eight stops to get to where the life expectancy is 20 years less,” says Dr. Jim Johnson, the Associate Director of Career Services for the Pre-Health Professionals Program. “That really makes it difficult because a lot of underserved students come from structural violence or structural racism, it shades their experiences. The stories of David and Melanie are about more than that, they're individuals, but their stories are inspiring to others as well which makes what they've accomplished even more special.”

Melanie Izquierdo is taking a gap year after graduation to volunteer at CommunityHealth and apply to higher summer research programs. David Velasquez has received acceptances to multiple medical schools including Loyola's Stritch School of Medicine and the University of Chicago Pritzker School of Medicine.