

The Mountains

Andrea Banuelos Mota, MD, MPH

AUTHOR AFFILIATION:

Department of Family Medicine, Southern California Permanente Medical Group, Mission Hills, CA

CORRESPONDING AUTHOR:

Andrea Banuelos Mota, Department of Family Medicine, Southern California Permanente Medical Group, Mission Hills, CA, andreabanuelosmota@gmail.com

HOW TO CITE: Banuelos Mota A. The Mountains. *Fam Med.* 2025;57(3):228–229. doi: [10.22454/FamMed.2025.623705](https://doi.org/10.22454/FamMed.2025.623705)

PUBLISHED: 10 February 2025

KEYWORDS: medical school admissions, residency recruitment

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I was sitting next to a tree, listening to a virtual presentation from a mentor, when I learned that only 2.4% of physicians in the United States are Latina.¹ Despite being surrounded by few Latina colleagues during my medical training, I was disheartened to learn that the percentage was *that* low. In disbelief, I called my mother and shared this statistic. She asked, “Why is it that low?” Stemming from her question, I reflected on my experience as the daughter of Mexican immigrants who became a family physician.

For years, the mountains I climbed to become a physician felt unsurmountable. At times, I felt that becoming a doctor was a stroke of luck. However, after seeing this data, I began to think that other Latina physicians and aspiring physicians may feel similarly. Compelled to do something in response to this data, I decided to share my story.

Throughout my journey, many factors made the mountains feel so steep. First, I did not know any Latina physicians growing up, in my family or otherwise. This concept was so foreign to my family that a close family member once told me that “girls don’t become doctors.” I still remember feeling the knot in my throat after hearing those words. This made me doubt that my dream was attainable.

Poverty robbed the privilege of education from my parents as they did not complete grade school. It also forced them to migrate to this country at a young age to work manual labor jobs. This limited how they supported my educational journey. For example, the last time my mother helped me with homework was when I was learning long division. She stared at the paper with sadness in her eyes and told me, “I am sorry, *mija*, I don’t understand the symbols, I can’t help you anymore.” At the time, I was too young to fully process what that meant, but now I realize how impactful that moment was. While it motivated me to pursue my education, it also left me to navigate the educational system without a map.

From there, I slowly trekked the trails of grade school and made it to UC Berkeley. I was shocked when I sat down in my first undergraduate class, and I learned that the student next to me was the daughter of a lawyer from Sherman Oaks. This was a community I worked in, mowing lawns with my dad and cleaning houses with my mom. We were from opposite worlds. I wondered whether I was on the right path and whether I deserved to be there.

Throughout my premed years, I worked to make ends meet and to pay for the medical school application expenses. I still recall the weight of working long hours, taking courses full-time, and finding time to study in between all of it. Unlike others applying to medical school, I did not have the privilege of focusing only on my education. This made me realize that the starting points and mountains we each climb are not the same.

Looking back on my path, I find strength in it. Through each obstacle, the light of my calling shined brighter across the mountains instead of derailing me. Now, I am back in my community, serving as their family physician.

While I did not possess the formal social and financial capital of many of my peers, there were protective factors that helped me become a physician, such as mentors and programs that targeted students like me. Many mentors believed in me, each showing me the path, from which undergraduate classes to take to choosing my first attending position. I also participated in pipeline programs, starting in my undergraduate years through residency. Their support and expertise guided me across the mountains.

My family supported me with *comida* (food), *consejos* (advice), *abrazos* (hugs), and *buen humor* (good humor). The thought of my mother’s wholesome meals still fills me with warmth. My father did not live to see me become a doctor, but the memory of his playful spirit lit up the darkest moments along this journey.

I also think of my cultural values: my work ethic, integrity, and appreciation for community and family. These characteristics are part of my *Latinidad*.² They are my hiking shoes, flashlight, rope, and water, which helped me keep forging forward. My parents’ courage to migrate to this country motivated me to continue even when the path was not well-delineated. I invite every Latina to take inventory of the tools that they have in their repertoire to help find a way to chisel through their mountains.

Looking at the larger picture, let’s consider how medicine can make those mountains more equitable. We need to strengthen the grassroots, such as through mentorship among doctors, premedical students, and pipeline programs, but we also need to act on a larger scale. For example, legislation was introduced to Congress to declare October 1 as the National Latino Physician Day.³ This will help create more visibility and shed light on this issue.

In the spirit of understanding that not all mountains are the same, another avenue is to continue adapting holistic review in medical school applications,⁴ such as reforming the way that extracurricular activities are valued—for example, appreciating the reasoning of paid work experience, even if it is not related to health care. The skills that they gained at their job may be translatable to medicine. Additionally, grades and standardized test scores could be reviewed within the context of the applicant’s responsibilities. Latinx students from low-income backgrounds often must work to support their families or are the primary caretakers of a family member. This provides a valuable perspective that can be leveraged when they become physicians.

I hope that sharing my perspective and ideas motivates all of us to think about what we can each do to address this shortage. Though the mountains are overbearing, if we each contribute one tool or compass, we can graduate more Latina physicians in the United States.

REFERENCES

1. Anaya YB, Hsu P, Martínez LE, Hernandez S, De HB. Latina women in the U.S. physician workforce: opportunities in the pursuit of health equity. *Acad Med*. 2022;97(3):398–405.
2. Padilla FM. *Latino Ethnic Consciousness: The Case of Mexican Americans and Puerto Ricans in Chicago*. University of Notre Dame Press; 1985.
3. Expressing support for the designation of October 1 as “National Latino and Latina Physician Day”. *118th Congress of the United States House of Representatives*. 2023. <https://www.congress.gov/118/bills/hres734/BILLS-118hres734ih.htm>.
4. Fenton JJ, Fiscella K, Jerant AF. Reducing medical school admissions disparities in an era of legal restrictions: adjusting for applicant socioeconomic disadvantage. *J Health Care Poor Underserved*. 2016;27(1):22–34.