AMA Update covers a range of health care topics affecting the lives of physicians, residents, medical students and patients. From private practice and health system leaders to scientists and public health officials, hear from the experts in medicine on COVID-19, monkeypox, medical education, advocacy issues, burnout, vaccines and more.

Featured topic and speakers

In today’s AMA Update, in recognition of #HispanicHeritageMonth, Diana Ramos, MD, shares what her new role as California’s surgeon general means to her and how physicians' clinical experience can prepare them for leadership roles within government. She also discusses the first National Latino/Latina Physicians Day #NLPD and why it matters. AMA Chief Experience Officer Todd Unger hosts.

Email Dr. Ramos your health questions, concerns and community issues at DoctoraDiana@osg.ca.gov.

Speaker

- Diana Ramos, MD, California surgeon general

Transcript

**Unger:** Hello and welcome to the AMA update, our video and podcast series. In wrapping up Hispanic Heritage Month, today we’re talking with Dr. Diana Ramos about her new role as California’s surgeon general and how physicians' clinical experience can prepare them for leadership roles within government. I’m Todd Unger, AMA's chief experience officer in Chicago. Dr. Ramos, thank you so much for joining us today.

**Dr. Ramos:** Thank you so much, Todd, for the opportunity to be here.
Unger: Well, congratulations on your new role. You’re the first Latina California surgeon general. What does that mean to you?

Dr. Ramos: Well, actually that means a lot. For me personally, it feels like a Cinderella story and I’ll tell you why. I came from a really unprivileged, underprivileged background. I grew up in what some consider South Central LA, single mom, mom working up to three jobs at a time to provide all of the opportunities that she could never have.

And really, to have now been appointed as surgeon general, it’s a dream come true. I’ve been hearing from a lot of folks, especially the Latino population, the women, like, wow, this is actually something possible. So it is a privilege and an honor to be in this role and to help lead California.

Unger: Well, again, congrats. I’ve known you now for several years through the AMA. I’m very excited for this and also that you’ve been a practicing OB/GYN for most of your professional career, even as you held other roles in public health and state government involved in organized medicine. Why did you keep practicing and what experience from that work is going to help you in this new role?

Dr. Ramos: Well, you know, as most doctors do, I wanted to help people when I went into medicine. And I really enjoy helping that one person in front of me. And for me, as an obstetrician gynecologist, sometimes it was two, three patients if the woman was pregnant with twins or triplets.

So really, it's been an opportunity and a humbling experience to bring a new life into the world. There's nothing more exciting, nothing more satisfying to be part of those special moments in people's lives. So that experience has informed me on what we need in government, what we need in public health to really operationalize and understand the experiences that doctors go to. And it's a partnership. It's been a wonderful experience for me overall.

Unger: On the patient side of this, we know there is a great deal of value when patients see physicians who look like them. You know, in terms of your experience, do you have a story about what you experience as a Latina obstetrician gynecologist in LA and how that affects the patients that you care for?

Dr. Ramos: Absolutely. You know, a lot of us go into medicine, again, trying to make a difference in that one person's life. But to be able to not only make that difference, but to do it in a culturally understanding way, has been some of the best highlights in my career.

I can clearly remember one patient when I was working in East Los Angeles who was pregnant, 28 weeks, had depression. She was of Mexican descent and here in East LA alone, and she had a two-year-old, a toddler, next to her. And you can tell that they were struggling by the way that they were dressed. Her affect was flat.
But I was able to communicate with her in Spanish, understand what she was going through, eventually diagnosed the fact that she was depressed and started her on medication for depression. When she came in, following up two months later, to see her walk into the examining room and to see her now smiling and her toddler happy carrying a book, she said, "Thank you, Doctor. Gracias, Doctora." She said, "Nobody understood what I was going through."

And it was the conversation. It was understanding why it was important, for me at that time, for that patient to start medication, that it made a difference. She said, not only in my life, my child's life but my husband thanks you. He said, gracias, because that made a difference. And so, you know, we all go into medicine, we all want to help. But to be able to do it, to understand the cultural background, to be able to provide the information in Spanish, is a wonderful gift.

And unfortunately, there are not enough Latino/Latina physicians in the United States, so we have a lot of work to do because we are only 6% of all physicians in the U.S. And depending upon where you are in California, Latinos are 40% of the population. So we have a lot of work to do.

**Unger:** That is a big challenge. Well, speaking of challenges, this has to be kind of an interesting time to begin as surgeon general, coming off the pandemic. I'm curious, when you think about how your background as an OB/GYN, how does that prepare you for a job like this? And how do you think it affects your priorities as surgeon general going forward?

**Dr. Ramos:** Yeah, the pandemic has brought us a lot of opportunities for improvement. And by that, I mean it helped bring to light the disparities and the needs that were already there and a couple of those are with mental health. One is mental health and the other one, as an obstetrician gynecologist, is focusing on reproductive health, in particular with reproductive rights and improving the perinatal outcomes.

So with mental health, we know that about one in five people in the U.S. have some type of mental health issue. And really, if you look down even more in a granular view, the statistic that really stood out to me is that 46% of LGBTQ+ identified individuals have a mental health condition. And so that's even higher compared to the one in five.

So with COVID, all of this has just been aggravated and made worse. So for me, COVID just brought that opportunity to really be able to say, my focus is going to be mental health and reproductive health. We are very familiar with all of the changes that are happening nationally in regards to the *Dobbs* decision.

**Unger:** Well, one of the other things that we know coming out of the pandemic is just the importance of communication, especially between physicians and patients, where there's such a trusting relationship. So I'm really, really excited about hearing more about the campaign that you've got going on right now to let Californians know how they can reach you and ask health questions and share...
concerns about their community's health. Tell us more about that Doctora Diana campaign and why you're launching it.

**Dr. Ramos:** Yes. So the Doctora Diana campaign is the platform that we're using to listen to the issues, in terms of health, that are impacting Californians. Many times, we come up with programs that we think are going to work for our patients, but in reality, our patients know exactly what they need.

We know that only 20% of health happens in our offices. 80% of health is happening in their environment, is happening in their work area, is happening in their availability for food, all of the social determinants of health that we, as physicians, are now becoming familiar with that vernacular, social determinants of health. I'm asking folks to reach out and let me know what are the issues that are happening in your community.

Because we want to be responsive. We want to do that, connect folks to the resources in the language, in the accessibility that is available in their community. Communication, listening to our patients, is critical, and that's what I've learned as a practicing physician and as a communication trained person, that we need to focus on.

**Unger:** Well, that's just great. And we're going to include that link in the description of this episode, so you can get in touch with Doctora Diana and get involved with that campaign and let your voice be heard. That's so great.

Dr. Ramos, October 1 marked the first national Latino/Latina Physicians’ Day. Tell us more about the creation of that day and why it's so important.

**Dr. Ramos:** Well, this was a vision of Dr. Cesar Padilla from Stanford. He's an anesthesiologist, and I was so proud and so privileged to have been part of that initiative. And it was the first day, and they're trying to make it now into a legislative annual recurring event that we recognize the need—we made the public aware of the need of increasing the Latino physicians.

I shared earlier the story about being able to care for my patient in the language, understanding the culture that she experienced. But we have to realize the fact that by 2050, one in three people in the United States will be Latino, Hispanic. If you're not Latino or Hispanic, you're going to be related to one of those people. In California, one in two are going to be Hispanic by 2050.

And we really need to be able to provide the medical care in the language, in the culture, so that we can build that trust. We know that trust is so critically important to be able to communicate with our patients and provide the recommendations, the information, in the language, in the literacy level that patients know. So really increasing the number of Latino physicians is important.
There was a statistic that was cited, that if we were to fill every single medical school class in the United States with Latino medical students, it would take 95 years for us to meet the need of the reflective population. So we’re not going to get there. We’re not going to get there. That’s the reality. But if we can try and encourage and mentor our students, our Latino students, to enter and consider medicine, that would be fantastic.

**Unger:** Well, Dr. Ramos, we certainly have the right person for this challenge. I’m so thrilled for you and excited to see you take the reins of surgeon general of California. Thanks so much for joining us today. We’ll be back soon with another AMA Update, and you can find all our videos and podcasts at ama-assn.org/podcasts. Thanks for joining us. Please take care.

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