

## Why Dr. Julie Ramos Insists You Take Care of Your Heart

She tells Alicia her Latina identity plays into every aspect of her medical career, from the big hoop earrings in her professional headshot, to her pragmatic approach to becoming a successful cardiologist. Hard to believe she almost flunked out of med school, and now practices at one of the country's leading hospitals. We stan a legend.

## Alicia Menendez:

Let's talk about your heart. Did you know that nearly 50% of Latinos suffer from heart disease, or that we, as Latinas, are likely to develop heart disease 10 years earlier than non-Latinas? I didn't know either, and that's why Dr. Julie Ramos, a cardiologist, is ringing the alarm about what we as Latinas need to know about our health, our family history, and our community's higher risks. Dr. Ramos and I recently talked about her journey to medicine. She gets real about nearly flunking out of medical school, providing care to the women who need it most, and the challenges doctors are up against in the middle of the COVID pandemic.

Dr. Ramos, thank you so much for doing this.

Dr. Julie Ramos: Oh, thank you. I am happy to be here.

Menendez: Your mom's Costa Rican, dad Puerto Rican. Growing up, what were the messages you got

about healthy living?

Dr. Ramos: Actually, we did not talk about healthy living. The only thing I could really remember my

dad saying was no to fast foods. So, we always ate at home. He felt that fast foods were unhealthy, so the rice, the beans, the meat, lots of plantains, that's just how I grew up. Very traditional. And culturally, food wise, and nobody ever went to the gym. I mean, that was

unheard of growing up.

Menendez: Your parents, especially your dad, like so many immigrant parents, really big on the value

of education. Was the dream always to be a doctor?

Dr. Ramos: I always say my father brainwashed me. Ever since I was in first grade, he said, "Look, the

only way to progress in the United States is to get a diploma. Get a degree. Get some sort of recognition through education." He gave me three choices. He goes, "You either

become a doctor, a lawyer, engineer. Pick one." That's it.

Menendez: I just want to tell you everyone's listening right now and raising their hand, because it's

like, "Yeah, those are the options."

Dr. Ramos: There you go, so I kept hearing that. Of course, as a kid you're like, "Oh, God. Now he's

annoying me, and I just want to be a kid." But I did realize probably around fourth or fifth grade that I was actually achieving significant goals, and scores, and things came not

easily, but with studying and hard work, I think there was a positive impact. So, that was a self-reinforcement of I can actually do this. I'll be okay.

If my mom had to work two jobs, my dad had to work two jobs, they did. They included tutoring if it was needed just to be sure that I was able to keep up with the challenges.

Menendez:

You go to Rutgers for undergrad, then Tufts for your MS in nutritional sciences. Why get the MS instead of going directly to medical school?

Dr. Ramos:

So, that was the argument I had with my dad for a few years when I told him I was going to probably not do a traditional biology undergraduate, I wanted to do nutrition, and in my head I said, "Well, if I was an nutritionist or a dietician, I could get a job." Okay, so I was a little pragmatic from the beginning. He was like, "I don't know. I hope you can get into medical school." But then I decided I really thought having a bachelor's in nutrition was not enough, that it needed to have a master's in order to get an acceptable sort of position. My dad was disappointed. He thought I let him down. I think looking back, he realizes that I took a little bit of a longer route, but he actually thinks it was probably a smart move.

Menendez:

Went to UMDNJ, now known as Rutgers School of Biomedical and Health Sciences, for your MD. Cardiology fellowship at Emory. Your residency at Cornell. When I spoke to Dr. Laura Scott, she's a dermatologist in Miami, we talked about how almost every medical student has a moment or a series of moments where they worry that they are on the wrong path. And this is particularly complicated in medicine, because you're normally pretty deep in at the point at which you realize that, both deep into your schooling and deep into debt. What was that moment for you?

Dr. Ramos:

Oh, goodness. From the beginning. I think that by the time I had applied for medical school, been pretty successful, I got a full scholarship for all four years at UMDNJ for my tuition. They had a very supportive system at the medical school. We were a Hispanic center of excellence. They had some infrastructure to help, but I think in my mind, I did not have the basic tools of really how to sit down, how to study, how to organize my thoughts. That was something I kind of haphazardly learned on my own, but it wasn't taught by my parents. It wasn't taught by anyone. I had no organizational skills. I was all over the map.

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Dr. Ramos:

So, I'll tell you, and I'm gonna be very, very honest with you. I actually failed most of my first year of medical school classes.

Menendez: Thank you for that honesty.

Dr. Ramos: Yeah. I'm being very realistic. I think that that was probably the lowest part of my life since

> I can remember. And I wasn't alone. I think most of the people that I know that were going through struggles in that first year of medical school were Latinos and minorities, which is surprising. I could say probably very few of us failed first year or were failing, and I would

say probably 90 to 95% were Latinos or African American.

Menendez: How did you turn things around?

Dr. Ramos: So, I actually was given a choice. I was told you could either go the easy route, retake your

> exams, and if you pass, you pass, and if you don't, you're booted out. Or you have a choice to repeat again. And I said, "You know what? If I am going to really do this right, I'm gonna do it all over again. I'm gonna start from the beginning. I am going to get some study help, tips, advice." And that's what I did. I reached out to the administration and I said. "I am not going to just take my exams and scoot by." Back then it was, "Here's a

thousand things to memorize. Memorize them and spew them out."

I wanted to really have a good foundation. That's what I did. It was not a failure. I believe that it turned my life around, to be honest. It made me a very strong learner and really

someone who learned skills that I had not had by that point.

Menendez: You believe culture eats strategy for breakfast. What does that mean?

Dr. Ramos: You know, we are who our parents raised us, and it's a thing that I bring even to my care,

> and it's funny because I deal... In New York City, I've dealt with a very wealthy, affluent, Caucasian patients, versus Latinos, versus African Americans, and although they all may have the same disease state, hypertension or whatever, all of them react very differently to their diagnoses, and are either accepting of traditional medicine or a little bit more skeptical of it. I find that as a clinician, when I'm dealing with whatever background it is,

you have to kind of adjust to your perspective, you know?

Menendez: Well, you've talked about the fact that when you were working at Cornell, you were

working with a much more affluent community, and that was a little awkward, especially as

a younger provider to assume authority in that context. How did you navigate it?

Dr. Ramos: Wow. That was another hurdle, of course. You are coming out of now five years of medical

> school training, had that little devil in your head saying, "You know, you failed. You can also create some faux paus here." So, I think it was learning to navigate certain formalities that a certain educational level expected, versus you know, in Newark, we as medical students were many times the primary providers. We had a lot of autonomy, which taught me to be a self-sufficient physician. But when you go to a place like Cornell, where the attending is the ultimate rule, and patients are like, "Who are you? Where's the real doctor?" And we all face that whether you're Caucasian or not, or Latino, or African American, that is just a blanket statement, but more there because they had their assigned doctors, and a lot of people in urban and poorer segments don't have their own doctor. They get a whole bunch of doctors that rotate and have no identity to them. They don't

> have any affinity to them. They can't relate to them. It's very much a different world. A very different world that you had to learn to navigate.

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Menendez:

Which experiences shaped your decision to pursue cardiology?

Dr. Ramos:

You know, gosh. I'd been beaten down a few times and I said, "You know what? I want the most challenging. I really do." I wanted to really push the limits of things that I learned. I want to deal with, as a former physician friend of mine said, the Cadillac of medicine, right? You deal with the life and death situation, and I found that the most challenging was cardiology, that you had to learn EKG, you had to learn echo, you had to listen to the patient, you had to also, as well, use your hands. I was an invasive cardiologist for many, many years, for the last 12 years. I thought that those challenges of learning to not only use my brain, but use my skills, my hand skills, I love that challenge.

Menendez:

After medical school you were in private practice in Phoenix when you got a call to interview for a position with Montefiore Medical Center. Take me back to that conversation.

Dr. Ramos:

A friend of mine, who I had trained with at Emory, she called me, and she had been at Montefiore for four or five years already. She was an advanced heart failure attending. And she said, "Ramos," that's what people call me. She's like, "Ramos, I know you may be interested coming back, but my chief of cardiology says this may be a long shot, but he is looking for a Spanish-speaking female cardiologist, and the only one I can think of is you." And so, I said, "Are you kidding?" And then I thought, "Okay, Montefiore is in the Bronx." That was one of the medical schools that I had applied to and had been accepted, was Albert Einstein, which is affiliated with Montefiore. And I thought, "Wow, what other greater calling could I have to serve the mostly minority, Hispanic, Spanish-speaking community of color?" So, I thought it was a great, great, phenomenal opportunity.

Menendez:

You're bilingual and I'm sure that that is just incredibly helpful in providing care. Beyond language, though, how does your knowledge of this community, of these women, affect the care that you are able to provide?

Dr. Ramos:

In New York City, you have from every walks of life, and I ended up dealing with a few segments of Latinas, and I would say predominantly Dominicans, and a lot of Dominican women are recent immigrants that I dealt with because they were older women, so a lot of them reminded me of my mom a little bit. You know, where their health and medical literacy was quite limited. Even getting a prescription bottle and knowing how to pronounce the word, or even know how many milligrams was difficult. Extremely difficult. And that could be not just for my women of Dominican descent, but that's what I've predominantly dealt with.

So, you know, here I am having my medical assistants or myself write down their medication list, having them carry it around, or take pictures of their medications. There's always ways around any of these literacy difficulties, but it really takes you a little bit of extra time. And sometimes in medicine we feel so rushed that we forget that we're actually taking care of humans who need your help, that any discrepancy in their medications could cause additional illness or some sort of ill effect.

Menendez:

I want to say that I, in researching you, came across your professional headshot, and I love that you are in your white coat, you've got on a bold lip and big gold hoops. And that to me very much feels like a choice.

Dr. Ramos:

For sure. My culture, my identity, it's never gonna be lost, you know? You can't hide being Latina and I'm not here to hide. And I think I have found that as I cross into dealing with Hispanic, Latino community, versus the Caucasian community, we're all humans and we all appreciate somebody listening, and I think that's super important, and they always ask me about my background, and I love talking to them about my background, because I want to know about theirs.

Ad:

I want to tell you about a comedy podcast that I think you'll love. It's called Spanish Aquí Presents. Each week, Spanish Aquí Presents highlights the best of the Latinx comedy and experience with exciting guests, discussions about Latinx culture, and even a little improv. Spanish Aquí Presents is hosted by comedians Carlos Santos, Raiza Licea, Oscar Montoya, and Tony Rodriguez, with special guests like actor Luis Guzman, first Latina Disney princess and my girl, Aimee Carrero, Hija de tu Madre designer Patty Delgado, and even Mr. 305 himself, Pitbull. And if you're asking yourself, "Do I need to know Spanish to enjoy this podcast?" The answer is no, but you might learn a little along the way. Listen to Spanish Aquí Presents in your podcast app now and subscribe so you don't miss an episode.

Menendez:

Latinas are likely to develop heart disease 10 years earlier than non-Latinas. Heart disease, number one killer of Latinas. So, what do we as Latinas need to know about our own cardiac health?

Dr. Ramos:

You know, I think that when you sit around and find out, you really should talk to your family members, and I've found that in certain cultures we don't really like talking about like your grandmother had XY and Z, or your grandfather died of this, but I think that's really important. Knowing your genetics, nobody can change that, but only you knowing early can really approach your family and say, "You know what? We're getting a lot of risk. Let's mitigate it. Let's find out. Let's screen our children." I have generations that are testing their children because I've seen this, and it alarms me. So, I think really finding out number one, family history. And if there is a risk, you need to really address it as soon as possible. Doesn't matter how old you are.

Menendez:

You've been working on what's being called the third wave of the COVID-19 pandemic, patients who've delayed care for heart attacks and strokes due to fear of COVID-19. What has that meant for the work that you do and the communities you serve?

Dr. Ramos:

I worked through the entire pandemic in New York City, the epicenter. I actually came in every day knowing that even if I did a telemedicine with my patients, which we predominantly did for the first two to three months, I think it made a huge impact. It made them a little bit more aware of their health. I made them get a blood pressure cuff and measure their own blood pressure, report it, record it, write down their heart rate. They were ready with that information. I think they felt a little bit more engaged in their care, because even if it's that small interaction with them for 20 minutes, it actually made a huge impact, because all those patients eventually have shown up and have continued their care at this time in New York City.

But there's a lot of fear that still is in the community. A large amount of fear.

Menendez:

What is your best advice to a Latina who is listening, who is either considering a career in STEM or a career in medicine and wondering what the road ahead looks like for her?

Dr. Ramos:

Start talking to others. Networking is so important. Let's say you're thinking about doing medicine. Don't just focus on that. Talk to a bioengineer. Talk to somebody in the pharmaceutical industry. I would really try to network and there's so much more networking now and advice that is available to physicians, to each other, peer to peer, or even through those interested in groups that I think that you have to do your due diligence, because at the end of the day this takes some self-sacrifice. You have to be less selfish. There's sometimes the reward is not exactly all it turns out to be and the demand is very high, especially in medicine, and I can't say that being a woman will ever be easy, and we haven't even spoken about the challenges I had as a female. But I think that you have to know what you're getting yourself into.

In the long run, if you're not happy, you cannot satisfy your patients, you cannot fulfill what service you really want to do the community. It doesn't have to be just being a doctor to serve your community. It could be so many other ways.

Ad:

I want to recommend a podcast that offers big ideas and surprising stories. It's called Pindrop from TED. You'll journey across the globe with filmmaker Saleem Reshamwala in search of the most imaginative ideas from each place. This season, hear from a handful of musicians, like Renata Flores, who are bringing pride back to Quechua, Peru's native language, with their music. And listen to locals from Rapa Nui, AKA Easter Island, to find out what happens to the tourism paradise when people stop showing up. Be sure to check out Pindrop wherever you listen.

Menendez:

Tell me about the challenges you were up against as a woman as a doctor.

Dr. Ramos:

Whoa. Well, I could tell you specifically during fellowship, within the first six months I was called into the office by my director of the fellowship and said, "If you don't step up," and I have no idea where this came from. I have no idea where this comment came from, what it was based on. He says, "If you don't step up, I'm gonna fail you out of this program, because if I had it up to me, I would never accept a woman in this fellowship."

Menendez:

Which year is this?

Dr. Ramos:

Right? That's what I'm telling you. This is way before MeToo. This was in 2004. He said, "You're gonna fail your boards." And here goes that little devil in my head, right? That had already gone through, and I'm like... I go home and I was with my fiancé and I'm just in tears. In tears. That was one. And number two was, and this is a whole conversation of itself, women, motherhood, pregnancy, and all the challenges, and being that I was a working woman, exposure to lead, to radiation, wearing heavy lead in the lab, I actually became pregnant with my first child and had a difficult pregnancy. Basically, almost died, and I lost my child. This was my third year, and the fellowship was a four year fellowship, and at that time I was covering an attending, a male attending.

And I had missed a week because I almost died, I almost hemorrhaged to death, and I had lost my son, and I had to mourn, of course. I come back the following week, and I could have easily taken FMLA and gone out, but you know me, God forbid I take the easy route out. I said, "I just gotta go back. I can't stay home and commiserate and be depressed." Because obviously you go through some emotions. I get this blast email from this male attending that CCs all administration, all the directors, all the higher ups, including the

Latina to Latina: Why Dr. Julie Ramos Insists You Take Care of Your Heart

director that told me that if it were a woman, he wouldn't hire people. So, this other attending blasts email saying that I was delinquent in my duties, that I had not shown up for work, and that I should be reprimended for it.

This was in 2006, so it was a year before my daughter was born. I cried, but then I said, "You know what? I'm done. I've had enough." And I CC'd everybody, replied to all, and just blasted them. Because I said, "I can't." This is like... It doesn't make sense to me. And I told them. I spelled it out. I said, "Listen to me. I almost died. I lost my son. I came back in 7 days, okay? This protects me. I have a federal law. I almost died. I'm a doctor." Well, what can I say? So, that really kind of... and I have to say, these are very proper Southern men. Old, traditional doctors, who I respect, and I love them to death. Their hearts were torn out. And one by one, called me into their office and apologized and said, "This is highly unacceptable for him to have sent out that email and we're here for you, and whatever you need, we will help you."

And I'm not alone. There's other women who were in the fellowship with me that now talk to me and say, "I went through hell, too." Unbelievable.

Menendez: I'm so sorry. That is a trauma on top of a trauma.

Dr. Ramos: Very traumatic. Very traumatic. But you know, we as women will be challenged, but I say

stand back, recollect yourself, talk it out with family, friends, your support system. This is why having a strong support system is extremely important, even if we're in this 2020 era, and really stand up for your rights. Because people will walk all over you if you let them.

Menendez: Dr. Ramos, what did I miss?

Dr. Ramos: Just one last mention, SCAI, which is the Society of Cardiovascular Angiographers and

Interventionalists, we are very concerned that people are delaying care, especially in the minority community. This is why I'm doing this. We want you to know that physicians are there. You should call ahead. Make sure that there are security things taken in place just like you would do in a nail salon, a hair salon. You know, more people feel comfortable going to those than to the doctor. I think that should not delay your care, especially if

you're having symptoms.

Menendez: Thank you.

Dr. Ramos: Thank you.

Menendez: Thanks for joining us. Latina to Latina is executive produced and owned by Juleyka

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