

# synapse

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## Chale Con Los Would-Be Whippers

by Roberto Montoya, M.D.

Over the past few years there has been a sizeable increase in numbers of minority students attending various professional schools in the U.S. In 1969 there were 92 Chicano medical students, or 0.2 per cent of the total U.S. medical student population. Comparable figures for Blacks in 1969 were 1,042 or 2.8 per cent of the total enrollment.

By 1973-74 there was a total of 496 Chicanos enrolled in medical school or 1 per cent of the total, and 3,041 Blacks or 6 per cent of the total (JAMA, November 19, 1973, page 913, and AAMC, Fall enrollment questionnaires.)

If one figures that Spanish-surnamed people represent approximately 7 per cent of the total U.S. population *Los Angeles Times*, May, 1974 and Blacks approximately 13 per cent, it is apparent that Chicanos, especially, and Blacks are still grossly underrepresented in the medical student population, to say nothing of the practicing physician population.

Despite the obvious inequities reflected in the above figures, there are those who are attempting to make minorities whipping boys for several problems in medical education.

Among the several allegations made against minority medical students are: the quality of medical education has suffered by our presence, none or limited scholarship funds are available for needy Anglo students, and "qualified" Anglo applicants are denied admission and "unqualified" minority students are accepted instead. This paper will deal with this last allegation.

The basic fallacies in this latter allegation revolve around four points:

too many Anglos desire to become physicians relative to the number of slots available; not enough first year

positions are available in U.S. medical schools;

the major criteria used by admissions committees in determining "qualified" applicants are bullshit; and who is best able and willing to care for 20 per cent of the U.S. population?

1. Too many Anglos desire to become physicians relative to the number of slots available. Over the last few years, interest in medical and dental careers among college freshmen has increased from 3.7 per cent in 1968 to 5.5 per cent in 1972 *AMA News*, March 5, 1973, pg. 2).

This increased interest in health professional careers may reflect an increased desire for an almost certain ticket to a \$30-\$60,000 income, but this is probably not the major factor for the large increase in applicants.

Rather, the large increase in applicants probably reflects many young people's realization that working for Standard Oil Co., Bank of America, Lytton Industries etc., is in many ways a vacuous, empty and non-fulfilling life — as they have seen in their parents.

The result of this increased interest in the health professions is that the number of applicants to medical school has almost doubled between 1967 and 1972, from 18,724 to 36,135 *JAMA*, November 19 1973 page 909). Since there were 13,757 first year positions in 72-73, this means that almost two out of three applicants were rejected.

2. Too few first year positions relative to the total number of applicants are available in U.S. medical schools. The 13,757 first year slots in 72-73 is really a considerable expansion from the number through the mid-1960's when only about 8,000 positions were available.

Organized medicine generally, and the AMA specifically, had for a long time

opposed any actions to increase the number of physicians in the U.S. The logjam was finally broken in the late 1960's when state legislatures and the federal government took action to increase the number of U.S.-trained physicians.

Most of the increase has been in Anglos admitted to medical school, as the following figures show. In 1968 a total of 9,863 students were admitted to first year medical school classes in the U.S. Of that total, 292 were minorities (266 Black, 20 Chicano, 3 Indio and 3 mainland Puerto Riqueno) and 9,571 were non-minority.

In the 1973 entering classes, there were a total of 14,044 positions: 1,292 were filled by minorities (1,019 Black, 174 Chicano, 44 Indio and 55 mainland Puerto Riqueno) and 12,752 non-minority.

Thus the great majority of new positions at medical schools have gone to non-minority applicants, with 3,181 more non-minority applicants accepted as opposed to 1,000 additional minority applicants accepted.

3. The major criteria used by admissions committees in determining "qualified" applicants are bullshit. Those who would use minorities as whipping boys for the rejection of Anglo applicants say that "qualified" Anglo applicants are rejected in order to accept "unqualified" minority applicants.

The problem here revolves around the term "qualified." As anyone who has considered applying to medical school knows, the most heavily weighted criteria used in determining admission to medical school are overall G.P.A., science G.P.A. and MEDCAT science scores.

Rated fourth in importance are premedical committee letters. The *Journal of Medical Education* is replete with references and data showing

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### Higher Disease Rate

## Chicano Health Status

by Becky Cesena

The Mexican-American (spanish-surname, Chicano) has health problems due to and aside from poverty. Health statistics for Mexican-Americans are difficult to come by. We are often lumped with Anglos as "white" or "Caucasian."

This is probably done with noble but misguided intentions. While seemingly non-racist, it is a great disservice to our people. Poor health parameters often result from this. Therefore, estimates of morbidity and mortality are difficult to determine for the Chicano population.

Some studies which have used the Spanish surname as a category, however, have provided valuable data. These studies have shown that Mexican-Americans share the same poverty-related health problems as Afro-Americans.

A mortality rate study conducted in Colorado showed that Spanish-surnamed individuals are more likely to die from rheumatic fever, pneumonia, and influenza than the affluence-associated causes of death, i.e., hypertensive vascular diseases and neoplasms.

The Colorado study revealed that chronic heart disease, malignant neoplasms, and

many areas. Indeed, high incidence of these diseases may represent the lack of acute care, to say nothing of health maintenance care, for many Chicanos.

The same study showed that infant mortality was *three times* that of the Anglo population, reflecting either little prenatal care or poor post-natal follow-up care (probably both), as well as possible malnutrition.

Interestingly, fatal accidents were a major cause of death. This was in part attributed to the extensive use of old cars, the proverbial "old clunker" that is so much a part of barrio existence, and in part to the severe alcoholism sometimes seen among Mexican-American men.

Unlike California cities, the city of San Antonio publishes statistics annually which permit comparisons of Mexican-American, white and non-white populations. Overall, these statistics support the results of the Colorado study, i.e., respiratory diseases are a major cause of death and neonatal death rates are high.

Health maintenance is a concept poorly understood by the traditionally-minded Mexican-American. It has been demonstrated that Mexican-American women



A typical tenement apartment in South El Paso.

vascular lesions accounted for 38.5 per cent of all deaths for the Spanish-surnamed population versus 60.6 per cent for the rest of the population. Commonly associated with longevity, these afflictions have a low incidence among all poverty populations, no doubt because of the shorter life span.

The mean life span for Spanish-surnamed persons living more than one year was 56.7 years compared with a mean life span of 67.5 years for all others. Since it is now believed by many researchers that life styles associated with affluence may help cause heart and vascular diseases, it is clear that affluence is not yet a problem for Mexican-Americans as a group.

Why are Mexican-Americans subject to diseases like rheumatic fever, pneumonia, and influenza, diseases which medical science has supposedly "conquered?"

Since antibiotics can be administered for the prevention of rheumatic fever developing from streptococcal infections, and since mortality from pneumonia and influenza can be significantly lowered by early treatment, the prevalence of these diseases demonstrate the lack of medical care in

tend to be the last to seek prenatal care of all the ethnic groups compared.

In Los Angeles County, according to one official, it is more difficult to induce Mexican-American families to accept preventative programs such as polio vaccination. The Mexican-American patient may stay away from Anglo physicians for several reasons:

1) *language barrier* — medical care is often delivered by sign language. No doubt this precludes much history-taking, not to mention contributing to the anxiety of the patient. Can you imagine trying to explain to someone that you had to do a lumbar puncture or something equally grisly by sign language? Try it.

2) *cost* — the prices charged by Anglo-American physicians often seem exorbitant to Mexican-Americans in light of their ability to pay. This is generally true for most people, but hits the lower income groups the hardest.

Hospitalization is often feared and avoided by Mexican-Americans. Frequently the reasons for treatment and hospital procedures are not understood, if and when they are explained. In the Chicano culture, good

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## Editorial

## International Workers Day

Close inspection of a U.S.-made calendar will show that today is Loyalty Day (or Law Day), a time for right-wing politicians and labor leaders to honor capitalism and denounce "godless Communism." But throughout the rest of the world, May first is one of the most important holidays of the year. It is a day to stop work and express solidarity with working people everywhere.

Ironically, International Workers Day celebrates the events of the American Labor Movement. On May first, 1886, some 350,000 U.S. workers from a whole spectrum of labor unions staged a militant general strike for the eight-hour day.

Most industrial cities were targets for the strike, with some 40,000 demonstrators marching in Chicago alone. The eight-hour movement involved so many different workers and was opposed so uniformly by an employer-police-National Guard alliance that it took on aspects of an armed class struggle.

The May Day demonstrations succeeded in bringing the eight-hour day to many industries, but others continued working twelve hours a day, seven days a week, until 1938, when the Fair Labor Practices Act established a universal eight-hour day in industries covered by federal laws. But this struggle is not over. For example farmworkers have never been covered by federal law, and to this day are expected to work sunup to sundown without overtime compensation.

In 1889 the International Workingmen's Association, at a world socialist conference, declared May first as International Workers' Day. Since that time May Day has been celebrated everywhere, including in the U.S.

However, after a peak of May Day celebration in the 1930's and 1940's, the Cold War era squelched anything that smacked of socialism. Called a Communist holiday, and an import from Russia, May Day was designated Loyalty Day by an act of Congress in 1958.

Nonetheless, this year offers unprecedented reason for working people in this country to celebrate May Day. Historically, the economic, military, and political entrenchment of American capitalists in the Third World has brought hunger and suffering to countless millions: with only 5 per cent of the world's population, the U.S. consumes 35 to 40 per cent of the world's resources. But the struggles in Cambodia and Vietnam have shown that it is possible for a small but determined nation to oust American presence and return the control of its resources to its own work force.

The example of Southeast Asia should give hope to others, at home and abroad, who are striving to free themselves from the grip of American big business. Several May Day rallies and demonstrations are scheduled for the next few days in the Bay Area and in Los Angeles. *Synapse* urges you to celebrate May Day in whatever way you can, and express support for working people everywhere.

## ASUC Elections Postponed

Because only two students have as yet picked up petitions to run for ASUC office, the ASUC elections have been postponed. The new deadline for filing a petition for candidacy is May 8, and elections will be held from May 9-16.

ASUC offices are: Executive Director and Executive Vice President (or, if a proposed

amendment is ratified, Co-Directors for Internal and External Affairs), and Vice Presidents for Student Affairs, Academic Affairs, Community Health, and Community Relations.

If you are interested in running for office, drop by the ASUC office in 249-MU or call them at 666-2010.

## Farmworkers Column

## Increasing Power of Farmworkers

The trade union is a first step towards increasing the power of workers, who face employers in a perpetual conflict of interest. The United Farmworkers is not simply a union working to get contracts with benefits like higher wages for its members; it wants the workers to have the power to determine the conditions of their employment.

For this reason, three important contract provisions are health and safety protection, ranch committees, and the union hiring hall.

The first of these, health and safety protection, is crucial for farmworkers, who for years have worked in the midst of harmful chemicals. As one worker described, "we would spray DDT and different pesticides with no special clothing, no gloves, just open tractor, and the spray would come to us. When the crew was working there, we had orders to go ahead and spray."

Teamster sweetheart contracts do not improve this situation, since they ask only that employers obey state law, and no mechanism exists for enforcing these laws. In March, 1973, when the State Assembly investigated nerve gas-based Monitor IV, since banned as unsafe, a Teamster representative showed up to say that, "Teamster farmworkers have no problem with it."

In contrast, UFW contracts create a health and safety committee with both union and company members, which is responsible for enforcing contract provisions including toilets, drinking water, protective equipment, limits on dangerous chemicals, and a

safe interval before employees can work in a newly-treated field.

The second item of UFW contracts, the ranch committee, is a key to democratic process in the union. It is composed of rank-and-file farmworkers, not foremen, and carries on negotiations and grievances with the growers.

This is not just an attractive idea, but a necessity, because workers will not be protected by any contract unless they themselves know what its terms are and can actively enforce them.

One member of a Gallo ranch committee, now on strike, recalls when there was a UFW contract and how he brought the first grievance Gallo had heard in three years.

"They told me I couldn't do that. I said, 'What do you mean? We have a contract.' . . . I knew I had some rights. And we were the same type of human beings, not like he was the grower-lord-master."

The third point, the hiring hall, is more than simply the traditional hiring mechanism used by unions whose members work for more than one employer, whereby those with most seniority get first choice of available jobs. It replaces the labor contractor system which has been used in California for a century, as described by a lettuce grower:

"The labor contractor tells me what he pays to get the workers. I pay him that much plus 25 per cent. At least that's what the contractors tell me they pay; I don't know if they really do."

Contractors bring in workers from as far as a hundred miles away — travel time unpaid —

and the dilapidated buses they use to cut costs often cause accidents. In January 1974 one such unsafe bus plunged into a ditch, killing nineteen.

Said the employer, "The workers on that bus? Hell, I don't even know who they were . . . I pay the labor contractor to take care of that. I don't pay them."

By putting white workers in preferred jobs, the contracting system has fostered racism; by hiring the youngest and strongest first, it has meant speed-up and early unemployment; and by guaranteeing no one a job at any place or time, it has made migration a necessity.

At Schenley Industries, 2200 workers used to be hired for 900 jobs a year. The first year of the UFW contract they hired 1000 workers for the same 900 jobs.

This new stability for farmworkers means they can have homes, establish residency, they can vote — potentially in great numbers — and their children can go to a full year of school. Further, growers cannot fire or blacklist a worker for political activity, and farmworkers who have had to organize on the move have a focus and base for continued organization.

The objective of the UFW is to win contracts, but not at the price of negotiating away rights, such as the three above, that ensure the contracts will serve the workers' interests.

The growers are uneasy; as one said, "If they were talking primarily about wage scales, I'd be happy. But they're going too far." "Too far" means a long-overdue shift in the balance of power.

## Letter to the Editor

## Financial Aid

## To the Editor:

This letter is being written in response to the statements by the Clinical Dietetics staff which appeared in last week's issue of the *Synapse*. In that letter, the dietetics staff took exception to several comments made by "an anonymous patient" in the Food Day issue, April 17th.

To comment on every point in their letter would not serve the purposes for which I originally wrote my views. My article was composed verbatim from conversations which I jotted down during several days in the hospital. Since the newspaper was a Food Issue, food was used as a major example. The unfortunate impression was that the only issue at hand was a complaint with the dietary department, and for that, I'm sorry.

However, inappropriate though it may seem for me to have posed as a patient of the opposite sex and with different circumstances, the observations which I made regarding other patients were carefully recorded and reflected, I thought, the larger problem which I had hoped that the article addressed.

Since I have a nutrition background, I felt qualified to make a critical assessment of the gaps in dietetic information being conveyed.

(I have a B.A. in nutrition and

and dietetics from UC Berkeley, completed a dietetic internship at the UCSF hospitals, have an M.P.H. from UC Berkeley with a specialty in nutrition, and have several years of experience as a dietetician and nutritionist.)

This does not mean that many other comparable sorts of gaps, where patients become "lost in the shuffle," were not observed as well.

I did not feel that a recasting of characters was unfair since I

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Students interested in planning a special study or project and carrying it out under faculty supervision are invited to apply for a President's Undergraduate Fellowship for 1975-76.

The Fellowship program was established to enable "unusually talented" students to undertake independent study, which may include research and/or other creative activities.

At this time \$3,000 is available to support

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The *Synapse* seeks to act as a forum for responsible dialogue between the authors and the readers of the campus community, representing the spectrum of belief and action. Articles and columns published in the *Synapse* represent the viewpoint of the authors and not necessarily those of the editorial staff.



To the Chicano seniors, I dedicate this article. We Chicanos here at U.C.S.F. would like to take this opportunity to give you *nuestra gracias por todo que nos has dado*. Each one of you has given of yourself to *La Causa de nuestra Raza* and more than this you have dedicated your lives to *esa misma Causa*.

I give you this quote from *Los de Abajo* to remember:

"The revolution benefits the poor, the ignorant, all those who have been slaves all their lives, all the unhappy people who do not even suspect they are poor because the rich who stand above the, the rich who rule them change their sweat and blood and tears into gold . . ."

*Esta revolucion es parte de La Causa, una revolucion de cambio y mejoramiento para La Raza, una revolucion in which health care is for all — a right that we deserve as human beings. I have seen a consciousness in you that I praise muchísimo.*

It is this consciousness *que nuestra Raza* needs and is screaming for. These are not the screams of an angry *Raza*, but of a proud *Raza*. They are proud that you are here at this University and graduating from a health professional school. The screams are shouts of *gusto y alegría*.

It is this same consciousness that will help us in *la revolucion. Nuestra Raza nos espera*. The waiting period of hundreds of years is almost

over because more and more of us are getting out of our respective schools and joining *La Raza*. The waiting has been long and hard, *antes de la revolucion de Zapata y antes del Cinco de Mayo Battle* at Puebla in 1862.

Aqui venimos!  
Que viva nuestra Raza!  
Que viva la revolucion!

*El orgullo que siento* for the Chicano health professionals who are graduating is because I have seen and experienced our struggles here at U.C.S.F. I have seen you at your endeavors to become a highly specialized *y Numero Uno Chicano* health deliverer — and each one of you is. I am proud of you just as *Raza* is proud of you.

A term that I have continually used is *mijitos*, a term of endearment. I feel when each of you feel, *Raza* bleeds when one of us bleeds, we all cry when one of us cries. *So mijitos que se cuiden cada uno porque nestra Raza nos necesita.*

You ask, what is so hard about being a *Numero Uno* health deliverer? Well, Chicanos have not only struggled with the hassles of being a student (mentally and physically) but they have continually devoted time and provided for the *movimiento*.

They have participated in (to mention only a few): working with C.H.E., UFW; being on the professional admissions committee, working in the A.S.U.C. or in

## LAS GRACIAS

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C.H.E. on different committees; tutoring; working on summer programs like Medicare, Tijuana Clinic or Flying Samaritans; tutoring *Raza* students; volunteering at *Raza* clinics; working for Bay Area *Raza* Coalition for Health as counselors and Chicano models in a health profession; working on C.H.E. benefit dances; working on *La Semana de La Raza* and the Health Conference *y mas y mas . . .*

Our paths have crossed at this university for the past four years and it has been a long struggle but one with many rewarding moments and

knowledge that *es para La Causa de nuestra Raza*. Our struggles are by no means yet over, but our paths are still beset with peculiar difficulties of one kind or another. *Ah! pero todavia tenemos mas chingasos para darles, ¡Watchale! porque aqui venimos y no estoy sola en esta movimiento.*

Here, I depart from each of you Chicanos for only a while because we will meet again and again.

*Preparense para la revolucion, y hay te watch!*  
*Que Viva Nestra Raza!*

—Rosemary Leon

## ACM Elective at La Clinica de la Raza

by Tony Molina

Today for students the term "community involvement" unfortunately may sound somewhat cliched. Not too long ago, though, I remember that in being interviewed for medical school you were asked to give a brief rundown on your "community involvement," which we all know, of course, was a very significant facet of your academic portfolio.

But now that we are very much into our professional careers, the tendency is to bury ourselves under a mountain of books and to relegate personal involvement in the life of the community we are surrounded by to a low priority.

I find myself faced with real academic pressures and my own responsibility to become the best professional that I can, to make the most of the limited time I will be here. In addition we are inevitably surrounded by a lot of really uptight people whose "hyperness" gets communicated to us (old premeds never die- they just get into medical school.)

But this approach to one's medical education, I think, is lacking in perspective, or at least, I don't feel right about it. It seems too narrow because of the fact that a large part and often the most important parts of education is the experiences

outside the classroom, i.e. the people you meet and the things that happen that shape the direction of your thinking — and ultimately your life.

To get to the point, the people in the community, *la gente*, are out there patiently waiting for us to graduate. In the meantime we get to continue with the ivory tower trip and say to ourselves that when we get out, we will return to the community. Maybe so. But as far as the community goes, I think I have to agree with those who say, "If you don't do it now, *ese*, you probably won't."

Recently articles have appeared in the *Synapse* about *La Clinica de La Raza* in the Fruitvale district of East Oakland, so I won't get into what it's all about except to say that it's a pretty unique place and has been remarkably successful in serving the health needs of the Spanish-speaking population in the East Bay area.

My first introduction to *La Clinica* occurred last fall after I arrived in San Francisco and felt that I ought to familiarize myself with the place that I was going to spend the next four or more years in.

Other first year students turned me on to a seminar format elective entitled "Health Care Delivery in the

Chicano Community" given at *La Clinica* by Joel Garcia, its executive director and a recent graduate of the UC Berkeley Law School. The elective dealt with the services rendered by *La Clinica* and its relation to health care on a community, county, state, federal, and also a global level.

I liked *La Clinica* and I stayed, spending my Wednesdays there as an ongoing ACM 198 elective. Since that time I have been helping Yolanda Baldovinos, administrative assistant for *La Clinica* and graduate student at the UC Berkeley School of Social Welfare, with a project to systematically monitor the quality of care delivered by both medical and dental sections at the clinic.

One of the most outstanding features of *La Clinica* which I have come to appreciate has been the degree of conscientious concern for the well-being of its patients. The high priority of this concern is well-evidenced by the development of the idea of doing quality-of-care audits.

Another thing I have found at *La Clinica* is an openness on the part of the staff to working with students. For example, recently there have been a couple of students on work study at *La Clinica* from as far

away as Antioch College. Visiting students from UC Berkeley are frequently seen. This openness to students is due to the fact that many people on the staff are or recently have been students themselves.

I think that my experiences at *La Clinica* have been very valuable to me in terms of my future career in medicine. To me it represents strong evidence that a *Raza* clinic run for the community and by the community can successfully function as a viable alternative to the larger health matrix and can serve as a model for other such outpatient clinics.

My experiences at *La Clinica* have forced me to critically re-examine my own role in the traditional health care system and have helped me to shape my concepts of future alternative health care delivery. Now I must ask myself the question, "to what extent will I permit myself to be absorbed by the existing system?"

On a less political level, it has been interesting to see *La Clinica* function. It is a tightly knit, structurally well-defined, and efficiently operating unit which at the same time maintains a flexible, innovative

environment.

While some of the "free"-type clinics that have sprung up within the past few years are experiencing serious difficulties, *La Clinica* is expanding, thanks to administrative competence and organizational ability. It is rewarding to me to see the growth that it is currently enjoying.

On a personal level, my involvement at *La Clinica* has been worthwhile to me in terms of "mental health" value- it is really refreshing to get away from the Med Center. I find working with the friendly, down-to-earth people at *Clinica* very relaxing and enjoyable. As a result I tend to look forward to Wednesdays in Oakland as one of the high points of the week.

If you're like I am and sometimes tend to feel isolated by the sterile ivory tower environment here at UC, I highly recommend *La Clinica de La Raza* to you. In light of our future careers I feel that involvement at *La Clinica* or other places such as *Centro Latino* is useful in helping us to maintain contact with the community, especially in maintaining an awareness of the health care needs of that community.





**THE MAN SAY  
WE MAKING NOISE**

the man say we making noise  
when we quiet all the time  
calladitos, sin hablar  
sin decir nada nos calla  
pos a hablar  
hacer ruido vidrios rotos  
lumbres calles gasolina en llamas  
en banquetas fired-up  
con mariachis  
sentados en el suelo serenata relieving suenos  
bunuelos y pinatas de papel  
feria and fire crackers  
cracking skulls no more but running  
bailando en las calles  
descalzos en el sol ardiente  
ashamed—sin calzones running gringos  
the man say we making noise  
hacer ruido pues  
mariachi orquesta corrido  
mucho ruido  
muchu fiesta  
when we quiet all the time

— Alurista

**APOLITICAL INTELLECTUALS**

One day  
The apolitical  
intellectuals  
of my country  
will be interrogated  
by the simplest  
of our people.

They will be asked  
what they did  
when their nation died out  
slowly,  
like a sweet fire,  
small and alone.

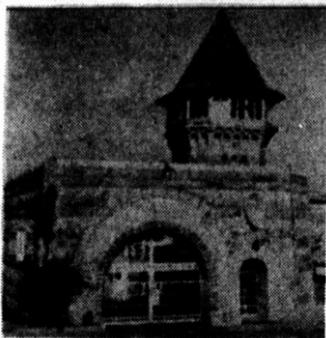
No one will ask them  
about their dress,  
their long siestas  
after lunch,  
no one will want to know  
about their sterile combats  
with "the idea  
of the nothing"  
no one will care about  
their higher financial learning.  
They won't be questioned  
on Greek mythology,  
or regarding their self-disgust  
when someone within them  
begins to die  
the coward's death.  
They'll be asked nothing  
about their absurd justifications,  
born in the shadow  
of the total lie.

On that day  
the simple men will come.  
Those who had no place  
in the books and poems  
of the apolitical intellectuals,  
but daily delivered  
Their bread and milk,  
their tortillas and eggs,  
those who mended their clothes,  
those who drove their cars,  
who cared for their dogs and gardens  
and worked for them,  
and they'll ask:  
"What did you do when the Poor  
suffered, when tenderness  
and life  
burned out in them?"

Apolitical intellectuals  
of my sweet country,  
you will not be able to answer.

A vulture of silence  
will eat your gut.  
Your own misery  
will pick at your soul.  
And you will be mute  
in your shame.

— Otto Rene Castillo



The entrance to Folsom prison.

**EL FOCO DE LA CELDA**

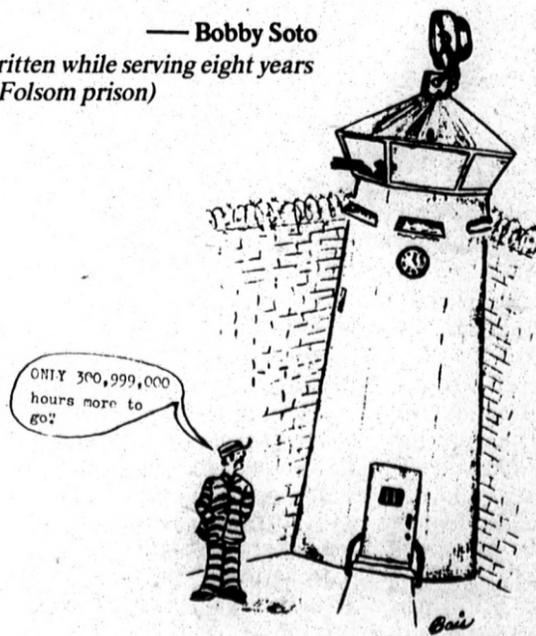
Lost in a Whirl of Confusion  
Caught with a 5 to Life  
Locked down 24 hours a day  
In a C.D.C. Destruction Center  
Lead, tear gas, and long hard sticks  
The punitive prevail  
Order of the day  
Blinded one eye, scars on my flesh  
Kill me if you can  
Not if  
You please.  
El Foco De La Celda Da Luz  
on the wall  
Deeply carved a pride without question  
El Paso/El chuy de Norwalk/La Lopez Mara/El chino de San-Fran  
Que viva La Causa, La Huelga y Aztlan

Y La Gente  
Caught between borders y territorial boundaries  
Separating families and racial issues become products  
Available in Markets  
Enforcing confusion  
In search for identity  
In racist Amerikkka  
Y el pobre en su tierra  
La tierra they toil  
La tierra de Aztlan  
Strangers and slaves  
Mercilessly slaughtered  
Pushed out of school  
History is scattered pushed on  
Without question  
Lost in Confusion.  
Orale Pues  
Carnal y Carnala, Madre y Padre  
Estes es  
El abrazo  
Estuda bien  
Asia in Struggle hand in hand  
Con Aztlan  
Pobre Mexico 1908  
You Fascist Amerikkka  
Quickly to Cuba  
Asi ahi muchos mas inevitably moving

A la Esquina  
Del Barrio  
A la esquina  
De nuestra mente  
A higher rampart  
Una ala comenza  
Que Viva La Raza.

— Bobby Soto

(written while serving eight years  
in Folsom prison)



**"QUE ES LO QUE PASA"**

Hermanos y hermanas  
que es lo aue pasa  
Te vas lejos de casa  
para subir y ser superior  
Hablas de ayudar a tu raza  
pero dime' que es lo que pasa  
Estas muy educado  
mucho mas que tus antepasados  
pero tu lenguaje y tu  
nombre como hay cambio  
se te olvida todo  
especialmente lo pasado  
y hasta con las weras ya estas casado  
pero mira hermanitos  
el amor desconoce color  
pero no hay que olvidar  
lo que nuestros padres han  
sufrido para comenzar  
realmente para que no volvemos a rebajar  
no hay que perder esta herencia  
que nuestros enemigos tratan de reprobar  
pasen la vergunza  
y vuelvan con la meta  
De Chavez y la raza!!!!

—Connie Garza



**BRONZE RAPE**

la india se arrodillaba  
en el rio,  
a recoger agua iba.  
mujer de fibra.  
bronze tez; apenas  
notables the round  
moons of her breasts  
and hair dark; flowing  
to the breath and  
will of Ehecatl padre  
del viento;  
y de la aventura alada-  
que prendio al criollo.  
en su bronzuada caida  
kissed her forehead  
and raped the slience  
of the trickle, trickle  
of the stream  
pulling the ground  
to her red plumage screaming  
el mestizo  
ante el altar  
nacio sin padre  
pero si con much madre

—Alurista



This uniquely Mexican motif was done by Guadalupe Posada.

LOS CAUDILLOS (THE LEADERS)

Stifling

Crystal City  
heat

rouses Texas sleepers  
the long siesta finally over  
at last, at long, long last

Politics wrested from  
tyrannical usurpers' clutches  
fires are stoked

flames are fanned

Conflagrating flames  
of socio-political awareness

Rich Dag vineyards  
Chavez doing his pacifist thing  
"Lift that crate

& pick them grapes"

stoop labor's awright—with God on your side  
Califas gold not ours to spend, baby

small wonder David Sanchez  
Impatient & enraged in East L.A.

dons a beret, its color symbolizing  
Urgent Brown

Voices raised in unison  
in northern New Mexico hills,  
"leste tierra es nuestra!"

cached clutter: invalid grants—unrecognized treaties  
their tongues are forked,

Tijerina,

their decks are marked  
Indio-Hispano

You're our man

Denver's Corky boxing lackey's ears back  
Let them live in the Bottoms for a while  
see how they like a garbage dump

for a next-door neighbor

Jose Angel Gutierrez: MAYO'S fiery vocal cat  
the world does not love energetic noisemakers  
or so says papa henry B. (the saviour of San Anto)

Who only saved himself

In eastern Spanish ghettos  
Portorro street gangs do  
Humanity

Young Lords: (Cha-Cha, Fi & Yoruba)  
Burglarize rich folks' antibiotics  
rip of X-ray mobile units/hospital  
become medics for the poor

ghetto children must not die  
of lead poisoning & TB

Latin Kings: (Watusi Valez & the rest)  
if you're doing social service

how can you be on

terrorizing sprees (with priest accompanist)  
in near Northside Chicago?

Ubiquitous? We're everywhere!

Arise! Bronze people,  
the wagon-wheels gather momentum . . .

—Raul Salinas

STUPID AMERICA

stupid america, see that chicano  
with a big knife  
on his steady hand  
he doesn't want to knife you  
he wants to sit on a bench  
and carve christ figures  
but you won't let him.  
stupid america, hear that chicano  
shouting curses on the street  
he is a poet  
without paper and pencil  
and since he cannot write  
he will explode.  
stupid america, remember that chicanito  
flunking math and english  
he is the Picasso  
of your western states  
but he will die  
with one thousand masterpieces  
hanging only from his mind.

— Abelardo Delgado



El Segundo children make the best of what they have.

A MEXICAN FACE

A lean tannish Mexican face.  
Contemplate her unique grace!  
Come with splendor, let me gaze.  
Nature in May bows to you.  
Your soft silky hair strengthens you radiance  
A paper can't tell the beauty it has seen.  
Your lips delicate as a white rose,  
A goddess may wonder if she had those.  
Their color of a red rose.  
Your voice records a place in mind,  
Listen! to the wind shyful murmur.  
One rejoices to think you are now mine.  
See! the ocean displayed in your honor.  
A toast of brandy to you in my decline.  
Look! Time records you in her book for other  
nations to look . . . . .

—Tigre



Photo by Francisco Camplis



The Significance of Cinco de Mayo

by David Hayes-Bautista

The United States had taken, by force of arms, the northern half of Mexico. This territorial loss plunged Mexico into economic and political difficulties that led to a civil war. Benito Juarez held the government together against the advances of conservative forces who wished to have a monarch.

Because of the financial difficulties of the country, Juarez suspended payment on a foreign debt. Because this debt was owed to Britain, France and Spain (it was contracted to raise money to fight the Americans during the American Intervention) these three formed an alliance to take concerted action against Mexico. Napoleon III of France had territorial ambitions. He persuaded Maximilian of Austria to sit on

the throne of Royal Mexico as soon as it could be established.

The European force of France, Britain and Spain landed in Mexico in January 1862. After the landing both Spain and Britain realized that they were aiding Napoleon's ambitions and withdrew their respective forces. But the proud modern, well-armed and drilled French army remained to fight.

Undaunted, the French marched into the interior. They engaged the Mexican forces at Puebla on May 5. The French were decisively beaten.

So, you say to yourself, this is all the Cinco de Mayo is all about?

Well, the story goes on. The French returned a year later with reinforcements. The new modern army finally managed to beat back the ragged, ill-equipped troops of Mexico.

The conservatives aided the French and soon got the king they had desired, Emperor Maximilian I.

To make a long story short, the French Intervention lasted only five years. Napoleon found he was pouring money into a Vietnam-like affair.

Maximilian was beaten finally in June of 1867. Why is the Cinco de Mayo (fifth of May) celebrated?

To understand this, it is necessary to remember that Mexico is basically an Indian nation. It is unfortunate, but few are the battles in which the Indian has emerged the victor.

The victory of the French on May 5 in 1862 was one of the rare instances wherein an Indian people's army, ill-armed and poorly trained, routed a thoroughly modern and well-equipped European army at the height of its power

and glory.

Ever since 1492, when you "discovered" us, we have been beaten and subjugated. Yet we survive. Europeans have tried to strip us of our culture, our lives and our land. Too often they have been successful.

Yet, while our old heritage has been stripped from us and destroyed, we are developing a new one, phoenix-like, from the remains of the old.

Look around you: did you hear of Chicano and Indian activists until recently? Probably not. You were too deaf to hear, and too blind to see. Now we are here. Yet, we have always been here.

We have lost many battles. Yet, we will win the war. We will not pass from this land. And until we win the war of survival, we shall remember the few battles we have won; Little Big Horn, Merida,

Calao, and the Cinco de Mayo.

To remember our past defeats and few victories, and to remind ourselves of the future struggle for survival, we Chicanos at the University of California Medical Center in San Francisco celebrate the Semana de La Raza.

VIVA LA RAZA!

CINCO DE MAYO

Cinco de mayo, fecha unica,  
unica batalla;  
Mexico, luciste tu destreza guerrillera  
siendo un momento de soledad,  
ahora te festejas con unidad.  
Los anos borran las causas,  
la necesidad se emigra al norte  
donde causa y batalla se juntan  
reviviendo antano triunfo;  
te celebran Mexico, tus lejanos hijos,  
te rinden homenaje Mexico,  
los chicanos, las chicanas;  
la hermandad; cinco de mayo  
David Rodgers

## Chale Con Los Would-Be Whippers

Continued from page 1

that these criteria are useless as predictors of physician performance. One article states:

"Several investigators have observed that criteria for selecting medical applicants correlate poorly with the students' performance in medical school and not at all with their performance as physicians. In particular, investigators have not been able to predict physician performance by college grade point average, a criterion greatly emphasized by medical school admissions committees.

"Similarly, the grade average obtained as a medical student, considered as an important factor in acceptance into internship-residency programs, has been found to have zero correlation with the physician's performance." (Freidin, 1972).

Thus it would seem that the criteria by which most people (Chicano, Black, Anglo, i.e., everybody) are rejected are bullshit as to the final product desired. At this point it is important to point out that another important part of the desired product is not even being considered in all of this discussion, i.e., the humaneness and compassion of the physician.

When our attempted whippers are talking about "qualified" applicants, what are they talking about? It seems that the main function of the GPAs and MEDCAT scores is to tell medical school applicants that by these objective (???) criteria (i.e., numbers which tell little about the human behind those numbers) that they are rejected.

These "objective" criteria, making some rejected Anglos more "qualified" than some accepted minority students, *es pedo, casi puro pedo*.

4. Who is best able and willing to care for 20 per cent of the population of the United States of a Part of North America? It is readily apparent, both by observed actions and by the admission of many Anglo medical students, house staff, and practicing physicians, that they feel

inadequate in communicating with or understanding the subtle complexities of many of the Chicano, Black, Indio or Boricua patients under their care.

Sometimes this comes out as an honest admission, such as "I really don't know what is going on with Mrs. Perez, and I just don't know how to help her." Sometimes this frustration is expressed as hostility in the quaint phrase "those people."

Basically we are those people, and for 20 per cent of the population, our own *gente* are best qualified to care for them. A discussion with almost any Chicano, Black, Indio or Boricua student or physician should result in multiple instances where that person's race, cultural background and *carino* for our *gente* resulted in better communication and more effective treatment for a minority patient than would have been possible with an upper middle or upper class Anglo.

(In 1967 63 per cent of medical students came from families with incomes of over \$10,000, while only 34 per cent of the general population had incomes in excess of that figure.

Our qualifications as Chicanos with the minority of our population who are monolingual in Spanish have long been recognized — witness the absurdity and penny pinching niggardness of requests for Chicano medical students to serve as translators.

For the over 80 per cent of our population which is quite fluent in English, our 20 years or so of training in *being* Chicano is a great facilitator in communication. Communication is the obvious cornerstone of taking a history and is also exceedingly important in patient understanding and compliance, in maximally effective treatment.

In sum, our 20 years of experience in barrios or ghettos give minority applicants many real qualifications (not bullshit ones) for 20 per cent of the population of the United States of a Part of North America that

just are not earned in sterile middle or upper class United States of a Part of North America.

In conclusion, it seems that the would-be whippers are barking up the wrong tree with the allegation that "unqualified" minorities are stealing medical school slots from "qualified" Anglos. The same is probably true of the student support allegations.

This wolf pack would probably be better served if they focused their attention on state legislatures primarily, and the federal government secondarily, to increase the number of medical student positions available.

One warning to this wolf pack seems in order: legislatures may be reluctant to support more medical students (at a cost estimated at \$10,000-\$20,000 per year) if it is true, as the Assistant Secretary for Health, Dr. Charles Edwards, asserts, that the U.S. of a Part of North America faces a doctor surplus (Edwards, 1974).

The subject of a doctor shortage or surplus is very much debated in health manpower circles in this country. If in fact there is a doctor surplus, the Chicano community would be very reluctant to see its hard earned tax dollars going into the production of under-employed, or worse yet, mal-employed physicians (such as those who perform excess and unnecessary surgery) when these funds could be better expended to help solve the many pressing health problems in our barrios.

The overall shortage/surplus debate can go on and on, but one thing is perfectly clear: there is a fantastic shortage of trained Chicano, Black, Indio and Boricua health manpower.

So wolfpack, get off our back. We're busy enough preparing ourselves to address ourselves to our own problems and we just don't have the time, desire, or patience to deal with your wolfshit.

(Reprinted from the National Chicano Health Organization Newsletters, Volume IV, Number 1, 1974).

## Chicano Health

Continued from page 1

medical care requires that the patient remain at home for almost any illness, surrounded by the support and additional care the family can provide.

In the hospital, however, the individual must be isolated from this morale-sustaining support. Visiting hours are arranged for the convenience of the staff, not the patient.

The family may be thought by the staff to be in the way of treating the patient. Chicano patients also fear they will not be able to communicate with the staff, to make their needs known, and they fear discrimination.

Factors contributing to underutilization of outpatient services by Mexican-Americans include lack of transportation, child care problems, cost, poorly scheduled clinic hours, long waits, and fear regarding physical exams.

In a country with as sophisticated a medical technology as the U.S., it is embarrassing and outright negligent to deny basic care (vaccinations, pre-natal care, etc) to anyone, be they Black, white, yellow, red, brown, or whatever. We feel that medical care is a luxury in the present system and that it should move into the realm of availability for everyone, as a basic human right.



## Financial Aid

Continued from page 2

fellowships for the summer and school year of 1975-76. Each stipend is based on the cost of the project but may not exceed \$1,000. Final reports for projects will be due October 1, 1976.

All UCSF students who are in professional curricula and have not completed their first professional degrees are eligible, but graduate academic students are not. The fellowship is for one year and is not renewable.

To apply, a student must submit the name of a faculty sponsor, an outline of the proposed project, a statement of approval by the sponsor, and a budget. The project outline should specify when the project will be carried out, the approximate length of time necessary and the anticipated completion date.

Applications are available in the Financial Aid Office and are due May 9, 1975. The Selection Committee, composed of members of the faculty, will meet to select the recipients, and award notification will be made as soon as possible.

## CHE Dance

On Friday, May 9, C.H.E. is sponsoring its annual "Baile de La Raza" dance celebrating Cinco de Mayo. It will be held from 8:00 P.M. to midnight in the Milberry Union Cafeteria. Latin Rock music will be provided by "Bahia." Tickets are \$5 for singles and \$8 for couples, and each ticket holder will be given a bottle of refreshment (hiccup!) Contact any C.H.E. member or call the C.H.E. office, x4404, for advance tickets.

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Valley Mentality

# What, Me Worry?

(The following is a letter that was written to the editor of a small-town newspaper in the San Joaquin Valley. It is not an original article by a Chicano on campus.)

Editor:

Would you vote to have all U.S. citizens and aliens within the U.S. to be fingerprinted regardless of age, sex, nationality, or political preference?

Speaking for myself I believe a Law like this would greatly help the U.S. people to prevent crimes and apprehend criminals.

A law like this would help the police, sheriff, and F.B.I. to apprehend thieves who burglarize your homes, steal your cars, molest your children, and other crimes.

How often when you listen to the news or read the paper do you learn of felonies committed near your home?

I seriously believe all honest U.S. people who wanted honest government would vote for such a bill as quickly as possible.

Since 1976 is a presidential election year, the U.S. people might consider writing or calling their various political politicians to help this bill become a law and to be enforced by the law.

This bill would also help prevent criminals from entering the U.S. from Mexico, Canada and other foreign countries.

By fingerprinting everyone in the U.S. with no exceptions the police, sheriff and F.B.I. would have such a much better chance of apprehending more criminals.

Only three types of people would vote against such a bill in my opinion. (1) People who have something illegal to hide, (2) People who want to overthrow the U.S. government, (3) Various people who are criminals and depend on crime for a living.

It is also my firm conviction

that the U.S. should isolate itself away from Mexico and stop international trade with them if the people of the U.S. want to stop crime.

Every day you read in the newspaper, or hear on television or radio how illegal aliens have been arrested due to burglaries, thefts, narcotics, possession of stolen merchandise, or some other law that the aliens have broken.

Illegal aliens from Mexico and other countries take the jobs available for Americans.

Illegal aliens want the use of our country, its services, schools, colleges, but they don't want to pay for them.

Illegal aliens want social security benefits, employment disability benefits, welfare benefits, and yet don't want to pay anything in return in my opinion.

It is my firm conviction that the only way to help stop crime, stop illegal aliens, and help our American people is to pass a law where no Mexican people without exceptions will not be permitted in the United States.

We can do this or continue to be abused by the Mexican people by the crime they do.

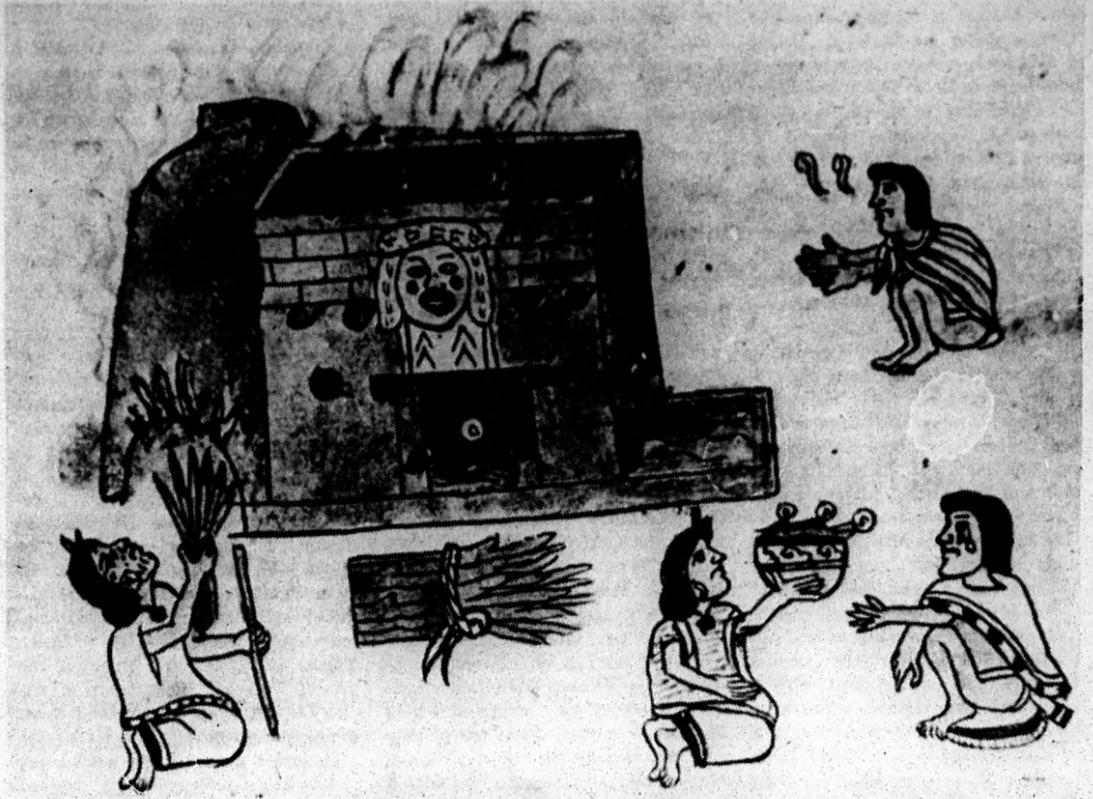
These are strictly my own opinions and not the newspapers.

C.M. Bakersfield

\* \* \*

It has been a few months since I first read this letter in my hometown newspaper. The presentation of it here is not meant to fire my vatos up with anger as it did me, nor is it meant to exalt this or any other "Ivory Tower." Rather, for those who know that these were not the words of one fanatic, it is meant to strengthen your spirit and endurance for the work that is yet to come. Celebrate with your *hermanos y hermanas* this week of revolution. *Chale con los Ben Dejos!*

Raton



This sketch depicts a steam bath with the face of the goddess Tetro Innan, a goddess of medicine. Doctors and patients are shown outside.

## Empirical Aztec Medicine

Most studies of Aztec medicine have focused on the religious and magical characteristics of the treatment, especially since the medicinal concepts of the Aztecs could attribute a disease to a specific duty. However, some indepth studies on Aztec hallucinogenic drugs have confirmed the effects produced and identified the native plants used.

In the April 18, 1975 issue of Science, Dr. Montellano employs anthropological sources and modern knowledge to evaluate the effectiveness of other Aztec medicinal plants. He identifies the plants and their chemical components to evaluate and determine whether they could produce the effects ascribed to the plant by the Aztec *ticitl* (physician).

In his methodology, Montellano uses only well-identified plants, assumes the dosage prescribed would be adequate to produce the desired result, and judges the effectiveness of the drug in the context of the beliefs of the Aztec informants.

"For example, the Aztecs believed that fever was caused by the interior head, which

could be delimitated by a diuretic, a purgative, or a digestive. If an herb they prescribed for fever, such as *totoncaxihuitl* (*Cassia accidentalis*), is in reality a purgative, then the herb should be considered to be an effective drug," writes Montellano.

"Whether a purgative is also a fever reducer is not relevant for the purpose of evaluating the empirical investigative quality of Aztec medicine. The ability of the *ticitl* should be judged according to their view of the etiology of disease," he concludes.

Using the above standards, this study concludes that of the 25 plants considered, 16 would produce most of the effects claimed in native sources, four may be active and five do not seem to possess the activity claimed by native informants.

Some of the chemical activities found in the effective drugs were: Antihelminthic, anti-inflammatory, antimicrobial, anti-psoriatic, sedative, purgatives, parasiticide, cathartic, Juncide, diuretic and stimulant.

"It is clear that although

magic and religion were quite important in the Aztec treatment of disease," Montanello writes: "there was a strong empirical underpinning which has not received the attention it merits."

Bernard Ortiz de Montellano is an associate professor of Chicano studies and adjunct professor of Chemistry at the University of Utah.

## Nursing Jobs

There will be a limited number of Hospital Assistant positions available this summer to UCSF Nursing students.

Priority to interview for these jobs will be determined on the basis of a lottery to be administered by the Student Placement Office.

Applications must be submitted to the SPO by Fri., May 9, to be included in the lottery, which will be held on Mon., May 12. Those applying after May 9, will be placed on a waiting list.

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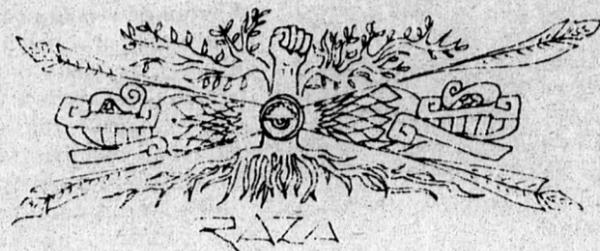
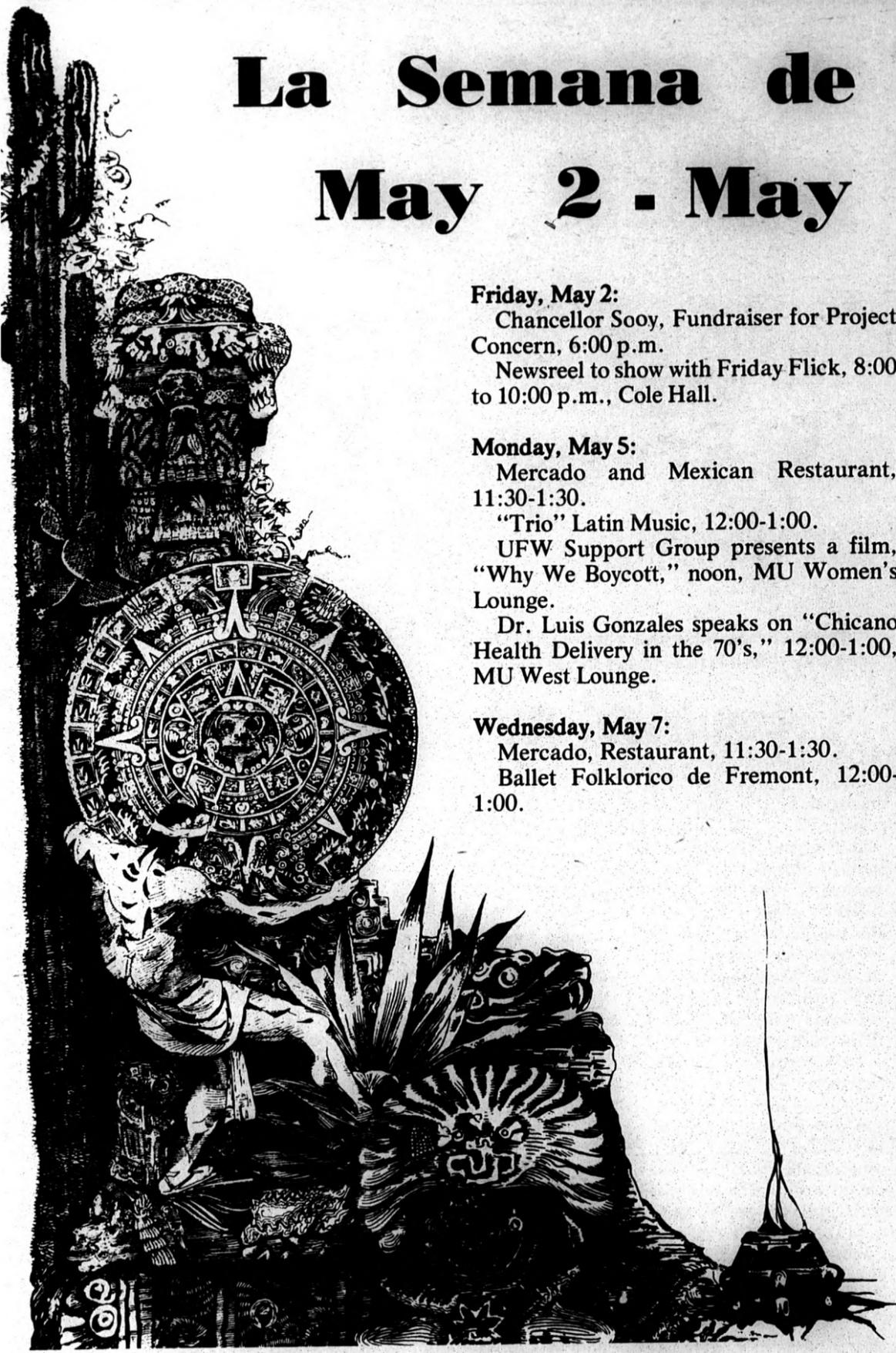
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# La Semana de la Raza

## May 2 - May 9, 1975



**Friday, May 2:**

Chancellor Sooy, Fundraiser for Project Concern, 6:00 p.m.  
 Newsreel to show with Friday Flick, 8:00 to 10:00 p.m., Cole Hall.

**Monday, May 5:**

Mercado and Mexican Restaurant, 11:30-1:30.  
 "Trio" Latin Music, 12:00-1:00.  
 UFW Support Group presents a film, "Why We Boycott," noon, MU Women's Lounge.

Dr. Luis Gonzales speaks on "Chicano Health Delivery in the 70's," 12:00-1:00, MU West Lounge.

**Wednesday, May 7:**

Mercado, Restaurant, 11:30-1:30.  
 Ballet Folklorico de Fremont, 12:00-1:00.

**Thursday, May 8:**

Health Conference, all day.  
 "Teatro de la Gente", noon.  
 Barry Winograd, UFW lawyer, speaks on "California Farm Labor legislation," noon, MU Madrone Room.

**Friday, May 9:**

"Mariachi Estrella de Jalisco," noon.  
 "Requiem 29" and "I Am Joaquin", noon, Cole Hall, sponsored by LACU.  
 LACU Bake Sale.  
 Baile de la Raza, 8:00 p.m. to midnight, MU Cafeteria, tickets on sale.  
 (All events in Steninger Gym unless otherwise indicated)



### Letter to the Editor

Continued from page 2  
 adhered, I believe, to the spirit and letter of the events which transpired. I felt, further, that it was becoming tedious for there to be this tight, constant association between things nutritional and my name. But I did not mean to avoid responsibility for my comments thereby.

Because my reasons for writing the article were apparently unclear, it seems worthwhile for me to restate that which I was attempting to convey.

The case which I tried to make regarding inconsistencies could be made in many realms of the hospitalization experience. Continuity in a patient's care, education, and return to the community clearly aren't simply the responsibility of any specific department or even the hospital staff as a whole.

However, as an example of the way in which people's needs get lost (and I have observed this and similar phenomena, many times and in several hospitals so that it is not a problem specific to this place), I stated that I had had a myocardial infarction at some previous time, and that I was in the hospital for something else . . . let us

suppose a hernia repair.

Rarely would my former cardiologist's wishes for my dietary care be reflected in the post-operative diet ordered by the surgeon, nor could they be expected to be. Blame for this sort of oversight cannot be assigned. One might argue that the patient should know his diet well enough and be confident enough to say something about his needs for minor or major alterations in the hospital routine.

But often people become very reticent about asking questions or making requests (certainly not just dietarily). A non-nutritional case in point: the woman next to me when I was in the hospital very timidly asked the other three of us in the room whether it was a good idea for people to be drawing her blood several times a day since she was already bleeding internally. But she "didn't want to bother the doctors or nurses," so her question went unasked.

Again, regarding my dietary department comments, it is quite clear that a major problem must be a financial one . . . it must be less expensive to buy pre-packaged creamers than to provide a small volume of low-fat milk, as I suggested.

But is there no way to encourage artificial cream manufacturers to pre-package a low-fat milk product instead? Couldn't the hospital accounting department be convinced that the added expense might be a valid one? The problem is again a more general one, not specifically directed at the dietary department.

I do think there should be some way for everyone to experience the frustration of receiving almost all sweet foods when one is on the verge of nausea. I never had any idea how repugnant that might be before.

In summary, patients are almost always reticent about asking questions, professionals are pushed into giving their time to patients with the most critical problems, and many, many patients are lost thereby.

The system does not provide an ombudsman to really be sure that each patient understands what is really happening and what he or she can do to help himself or herself — while hospitalized and at home.

Easy to say and very hard to pull off.

Erica T. Goode  
 medical student/nutritionist

### Medical Spanish Course

Are you interested in taking a course in Medical Spanish? terested in having a course in Medical Spanish. Students, faculty, and employees are encouraged to fill out the response form below. If you have any questions call 666-2445 (ask for Lydia Ahumada).

A campus survey will be conducted throughout the Month of May to determine how many people are in-

RESPONSE FORM  
 Return to ASUC Office (Academic Affairs)  
 Millberry Union 249 (M.U. 249)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

(Check One) If yes, which school?

STUDENT	NO <input type="checkbox"/>	YES <input type="checkbox"/>	_____
FACULTY	NO <input type="checkbox"/>	YES <input type="checkbox"/>	_____
EMPLOYEE	NO <input type="checkbox"/>	YES <input type="checkbox"/>	_____

1. Should a Medical Spanish course be offered on campus?    yes     no

2. Would you be interested in taking Medical Spanish?    yes     no

3. Should This course be offered in the Evening?    yes     no

4. Should this course be offered in the day?    yes     no

5. Comments and Suggestions \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_