

MEXICALI  
(CENTRO)



# MEXICALI!

A mini-gem guide to surgery  
in Mexicali, Baja California

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Dr. Carlos Ochoa, MD

**Mexicali:**

*A 'mini-gem' guide to surgery in Mexicali, Baja California*

Kristin Eckland

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*Additional titles*

*Bogota! a hidden gem guide to surgical tourism*

*Cartagena! A hidden gem guide to surgical tourism*

*The Thoracic Surgeons: Bogota, Colombia*

## Acknowledgements

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This project would certainly not have been as much fun without **Dr. Joanna Calzada, MD** who adopted the role of unofficial historian, chauffeur, tour guide and companion and eventually morphed into one of our major contributors. No question was too silly to research, no venture too ridiculous to explore during our wild rides in and around Mexicali. As a Mexicali native, her keen insight and insider knowledge really brought some of the more intriguing facets of the city to life. I am indebted to her in some many ways. When I first arrived at Hospital General de Mexicali, things could have gone much differently, but she immediately embraced me, and became a close, trusted and beloved friend.

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As always, I need to extend my gratitude to my friends and family who served as my support system and lifeline during this project. There are few people in the world more supportive than my husband, **Peter Gustafson**. He is endlessly patient and understanding of my drive and need to contribute to the betterment of patient care through these books. He is also skilled at packing and remains uncomplaining despite the various situations that my travels have often engendered.

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### Author's Note:

While many of my readers are more familiar with my previous guidebooks that specialized in the medical tourism genre, this offering is different. This book was created during my time as a student in Mexicali, and is not intended to be a comprehensive guide to the surgical services of this city. In contrast to my prior books, which provide readers with critical analysis and objective information on hospitals, facilities and procedures in Latin America, this book gives more a personal look at Mexicali. The surgeons interviewed were, in part neighbors, colleagues and people I encountered during my day-to-day activities as a student. This creates a significant but unavoidable bias that must be acknowledged here, since surgeons who encountered me in the role of a student were probably more likely to consent to be interviewed. While I attempted to balance this by specifically seeking out other surgeons from different facilities across Mexicali, I quickly realized that this is *not* Bogota, and in many cases, even after formal introductions, surgeons were unwilling to be interviewed.

While *Mexicali* was written with a different audience in mind, I created it for the same reason as all of my previous works – as a labor of love, to provide readers with more information on topics essential to their health and well-being in an age of international health care.

This volume is more casual and relaxed in nature and was created to serve as an informal guide to friends, families and others traveling to Mexicali, Mexico. I created it based on my observations during the several months I lived and studied in Mexicali, Mexico. As such – this is not a definitive or exhaustive guide to the city, but just some shared tidbits, news and other information. During my time in Mexicali, I came to love this charmingly chaotic city, and its friendly and kind inhabitants.



## *Why Mexicali?*

While I've written several books, I don't make my living as a writer. I am a nurse by trade, specifically a nurse practitioner in thoracic surgery. I wasn't looking to write another book when I came to Mexicali. Initially, I traveled here to interview a surgeon for another one of my projects.<sup>1</sup> But after interviewing Dr. Carlos Cesar Ochoa Gaxiola, and following him around for an exhausting 43 hours in a 48 hour period – I knew that I needed to return to Mexicali. Not as a writer, but as a student.

As a nurse practitioner in the eastern United States, the majority of my experience in thoracic surgery was related to the treatment of cancer; esophageal, lung and mediastinal cancers with some occasional infectious processes and other pathologies mixed in. In the short time I spent with Dr. Ochoa during my first few visits, I knew all of that was about to change. The realm of thoracic disease is heavily correlated with the demographics of the area, meaning that in the wealthier communities of the United States, surgery for tuberculosis or advanced pulmonary infections are relatively uncommon.<sup>2</sup> However, this is not the case in a city like Mexicali, which draws many of its clientele from outlying rural or more impoverished areas. In these areas, diseases like tuberculosis, complicated pneumonias and advanced empyemas are endemic.

Many of the conditions I was previously familiar with only from textbooks and journal articles became part of my daily routine as a student at Hospital General de Mexicali. These diseases and their treatment were often complicated by many of the hardships that go along with poverty; a high prevalence of HIV/ AIDS, Hepatitis C, intravenous drug use and chronic alcoholism. All of this is complicated by a national epidemic of obesity, diabetes and related malnutrition, and delayed access to healthcare.<sup>3</sup> While these conditions certainly do not recommend Mexicali or Mexico as a destination for health care, it is an excellent opportunity for health care providers like me to get another glimpse at the realities of public health care, shortages and epidemiology at a time when many of us are cloistered within private healthcare systems.

These are my reasons for choosing Mexicali – certainly yours are very different.

Kristin Eckland

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<sup>1</sup> [www.cirurgiadetorax.org](http://www.cirurgiadetorax.org), a website devoted to thoracic surgery.

<sup>2</sup> But according to the CDC, due to antibiotic resistance, many of these diseases are making a rapid comeback.

<sup>3</sup> Malnutrition is not restricted to insufficient caloric needs; it also refers to inappropriate caloric intake; thus patients can be obese but deficient in necessary vitamins and nutrients needed to fight infection and maintain wellness.

## Mexicali: the city by the fence

To the outsider looking in, Mexicali, Mexico is just one of a string of border towns between the United States and Mexico. Less infamous or crime-ridden than its counterparts; Tijuana to the west and Juarez to the east – Mexicali sits just across the border of the frankly unimpressive agricultural community of Calexico California. Mexicali is the big sister of the two, dwarfing Calexico's modest population of 36,000 with almost a million and a half residents of its own.

Despite negative attitudes and stereotypes regarding Mexican workers, without the thousands of Mexicans that cross the border into Calexico daily, this small California town would cease to exist. Certainly, now during one of the worst economic periods for the United States in recent decades, Calexico would not have the thriving economy it does today.<sup>4</sup>

While many of the people crossing the border into Calexico every day are agricultural laborers working at less than minimum wage, picking crops and caring for the farms that dot the Calexico landscape, the real economic force behind the influx of daily visitors is commerce. If the myriad of clothing stores, discount shops, grocery stores and restaurants on the California side of the border wasn't evidence enough, a recent article in the Imperial Valley press brings home this fact: every day, Mexicali residents spend over three million dollars in Calexico. If anything, this should bring home both the purchasing power of our southern neighbors and our own dependence on their good will.<sup>5</sup>

As the capitol and seat of government for the Mexican state of Baja California, this relative wealth and financial resources of Mexicali are readily apparent. Just a few streets in from the central border crossing, the commercial areas give way to grandiose homes and upscale neighborhoods.

At first glance, Mexicali seems ideal for medical tourism due to the close proximity to the United States, low crime rates and the installation of a new 'fast pass' lane for medical tourists to bypass long customs lines. But as one takes a closer, more in-depth view of the city, and its facilities, the truth becomes more complex. While there are excellent physicians, as profiled in this book, many of the working conditions, particularly in the more public facilities are less than optimal. There are supply shortages and disruptions in internationally accepted protocols in almost every area, from acute myocardial infarction care to general and specialty surgery. Nowhere is this more apparent than in the realm of cardiac surgery and transplant procedures, both of which will be discussed in more detail.

Does this mean that medical tourists should avoid Mexicali? By no means! With care and due diligence, people can access themselves to lower cost treatments without sacrificing care, quality or their health. By reading this book, you have taken the first step.

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<sup>4</sup> A recent story in the *Imperial Valley Press* highlights this fact, stating that Mexicali residents spent over three million dollars a day in Calexico during these mundane shopping runs. "Mexicali residents urged to shop locally," 5 April 2012.

<sup>5</sup> Mexican visitors also play an important role in the economy of Yuma, Arizona, and other nearby American cities. Knaub, M. (2012). "Tourists spend mucho dinero in Yuma," *Yuma Sun*, dated June 30, 2012. Available on-line at <http://www.yumasun.com/articles/mexican-80080-yuma-visitors.html>.

## Getting Here

### From Calexico: Central Gate

Whether arriving to Calexico by car, bus or plane, the easiest way for many people to get to Mexicali is to walk. Many people drive to Calexico and park their car at a secure lot before walking across the border to Mexico, and taking a cab to their destination once they crossed into Mexico. This usually makes for a much quicker return, since the lines for pedestrians are always much shorter than the motor vehicle lines to the United States.

If you are coming from the Calexico Airport, it is about a mile walk to the border (see Map 1). Taxi cabs are also available to bring visitors to the border, with taxis readily available on the Mexican side once you have successfully crossed.

### Parking at the border

If you are arriving to Calexico by car, turn down Imperial Avenue toward the border. Turn right on Second Avenue and proceed about half a block. Just across the railroad tracks is a secure parking lot. The prices are fair (about 3 dollars per day – with discounts for long-term parking) and there are on-site bilingual attendants 24 hours a day. Take your valuables with you – and proceed down Imperial Avenue about four blocks to Rockland Street. Then turn right onto Rockland Street. There is a large government building at the end of the street. On one side of the building is a small sign, “To Mexico” and a set of turnstiles. Enter the turnstiles and you are on your way. There is a small walkway – and a second set of turnstiles. When you emerge from the second set of turnstiles, you are in Mexico.

You will then proceed down the walkway which leads to Avenue Madero. Take note of the line of people on your right. This is the line to return to California. Depending on the time of day and day of the week – the line can be relatively short (fifteen to thirty minutes) to several hours long.

### Driving to Mexicali:

Prior to entering Mexicali, you will be strongly encouraged to purchase Mexican Auto Insurance. It is a legal requirement for visitors to Mexico to carry this insurance unless you plan to stay within the ‘border zone’.<sup>6</sup> However, having additional coverage while in Mexicali is a good idea since many American carriers balk at paying claims for accidents even within this zone.

This insurance, while costly at daily rates, is more reasonable for longer stays. (Daily rates can be as much as 12 – 15 dollars a day, while 6 month and yearly rates run around 300 to 350 dollars, so if you are planning on a several week stay, consider purchasing a six month policy.) There are several agencies on Imperial Avenue and the surrounding streets offering insurance for purchase.

Driving into Mexicali, is easy and stress-free. There are no lines and the majority of cars enter without incident. However, if you are stopped for inspection, this is usually only a brief delay.

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<sup>6</sup> The area surrounding the city of Mexicali is considered a ‘border zone’ where many of the requirements for living, traveling or staying in Mexico are waved due to the proximity to the United States.

Returning to California once again – is not so easy or hassle-free. The lines may be several hours in length. Luckily, vendors hawk their wares including ice cold soft drinks and water for thirsty motorists on the sun-baked streets.

The US Border control maintains a website, [www.apps.cbp.gov/bwt](http://www.apps.cbp.gov/bwt) with estimated border wait times for motorists at each of the several crossing gates, but the actual time to cross are often twice the time listed. This site also posts the hours of operation. Generally, the border is closed from midnight to three am in the morning, but this may vary. The Mexicali papers also publish wait times, but these wait times are retrospective to the previous day, which may be less helpful for people traveling on weekends and holidays.



*Returning to California by car may entail a lengthy wait*

### **Medical Lane**

However, there is a new option to speed the wait through customs when returning to California. Implemented in May of 2012, the US – Mexican border and customs departments have initiated a 'medical tourist' lane. This lane entitled returning patients (with a doctor's note, proper documentation and a small fee) a chance to skip the longer lines when traveling home after receiving care in Mexicali.<sup>7</sup>



*Traffic waits while the Medical Lane remains clear*

There is also second border crossing area for motor vehicles, called the 'new gate' by locals. The East gate is located in a more industrial area on the east side of Mexicali.

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<sup>7</sup> This medical tourist lane only applies to the central gate, and at the time of this writing, it was too early to see how effective the lane was at easing congestion for medical travelers.

Frequent visitors to Mexico can apply for Sentri, and Fast Passes to facilitate rapid travel between borders. In several northern states, these passes are a part of the official driver's license. For the rest of us occasional travelers, the Sentri passes are an expensive hassle with several sets of fees.<sup>8</sup>

### **Flying to the Mexicali Airport:**

Mexicali International Airport, also known as the General Rodolfo Sánchez Taboada International Airport, is a small but busy place which serves domestic destinations. It is located several miles outside the city, but the highway is well marked for travelers traveling both to and from Mexicali. Unfortunately, at the present time, there are no direct flights to Mexicali from the United States.<sup>9</sup> Currently, direct flights are limited to Mexico City, Guadalajara, Hermosillo, Monterrey and several small vacation destinations within Baja California.

Inside the airport, random luggage screening applies to all travelers whether your final destination/ origination is foreign or domestic. Travelers are selected as they pass through the hallway to exit the airport. If selected, soldiers and policemen will check your luggage for narcotics, weapons and other restricted items. They will check your luggage in a public area, in front of you. Stay calm and polite if this happens.

### ***Other Practical Matters***

**Cell phones and cellular service:** USA based phones will work in Mexicali, however, international fees and roaming will apply. In some areas, very close to the border, it is possible to continue to pick up United States based carriers, but please check your cellular display before making calls. If you are planning to stay in Mexicali for an extended period of time, consider investing in a Mexican SIM card<sup>10</sup>, which costs about ten dollars. Ask for a prepaid SIM, "prepago" which you can add money to as needed. Adding money to prepaid plans is fast and easy, and can be done at numerous vendors including the Oxxo convenience stores which are located on just about every corner.

### **Currency Exchange**

The standard unit of currency is the Mexican Peso.

Most places accept American dollars though it is often considered poor form to expect to pay this way, and the exchange rate at a restaurant or grocery store is unlikely to be as competitive as one of the money changers on the street.

**Do not change money in California.** The exchange rate offered on the American side of the border is usually worse than the exchange rates offered by vendors in Mexico with a few notable exceptions. Surprisingly, some of the most competitive and fair rates are offered on the walkway leading to Madero Avenue after walking across the border. Currency exchange offices are located throughout the city, and post their exchange rates in large numbers on the windows, and electronic billboards nearby. If you are exchanging cash there are no additional fees.

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<sup>8</sup> Information about Sentri passes is available at the US Customs and Border Protection website, <https://goes-app.cbp.dhs.gov/main/goes>

<sup>9</sup> Inquiries to the local carriers serving the Mexicali airport regarding service to the United States were not answered.

<sup>10</sup> Unfortunately, certain companies such as Verizon offering CDMA phones are proprietary and do not allow you to swap out SIM cards.

Using an ATM or a credit card for currency exchange is a bad bargain – typically users can be charged as much as 5 % of their transaction.



*The border fence (Mexicali side)*

## *History of Mexicali*

No trip to Mexicali would be complete without a brief overview of the history of the city and the surrounding area. Without this, Mexicali is merely a desert city of scorching heat, dry baked roads and large swaths of industrial areas. But the rich history of this city brings the culture, charm and friendliness of its residents to life.

While the history of Baja California is extensive, with numerous archeological finds dating back through all of the pre-historic eras, particularly in the coastal regions, the history of Mexicali is significantly younger.<sup>11</sup> In Baja itself, evidence of early humans is rampant, with multiple burial sites, including the nearby archeological discovery, El Vallecito.<sup>12</sup> While there were native Indian tribes in the Baja California region, including the Yuman, Kumiai, Cucapa, Cochimi, Pai Pai and Kiliwa bands, these hunter - gatherer tribes were generally nomadic in nature due to the climate and seasonal resources of the area.<sup>13</sup>

In other areas of Baja California, Spanish explorers first arrived in 1533, and the extensive network of missions (Los Cabos, Loreto, San Pedro Martir, San Felipe and others) dotting the coast began during a 70 year period of religious exploration starting in 1697.<sup>14</sup> Due to the relatively isolated nature of the region, as well as the extreme climate, the first permanent settlement in Mexicali was not formed until the beginning of the twentieth century. This initial agricultural community forms the basis for modern Mexicali.

The word "Mexicali" is a combination of "Mexico" and "California" and is attributed to Colonel Augustine Sanchez in 1902. Colonel Sanchez was the head of the Northern district of Baja California at that time. Several years earlier, in 1888, the Mexican government had given a large tract of land including the area containing modern day Mexicali to Guillermo Andrade to encourage the development of settlements in the areas close to the border of the United States. Actual development of this area had to wait for the completion of an irrigation system to bring water to the area, and make the land suitable for agriculture. This water system was completed in 1898.<sup>15</sup> The city itself was officially founded on March 14, 1903.<sup>16</sup> The early residents of Mexicali were primarily farmers and agricultural laborers.

Many of these residents were Chinese immigrants, and for several years, these Chinese residents outnumbered Mexican-born citizens, by 3 to 1 at one point.<sup>17</sup> The Chinese workers were brought from mainland China by several companies such as the British company, *China Mail*, or the American *Colorado River Land Company*; first to build the irrigation system, and then to pick cotton and perform other manual fieldwork, similar to the importation of Africans in the preceding

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<sup>11</sup> However, remains of animals such as the woolly mammoth have been excavated in the nearby area of Rancho Algodones in Mexicali, and early human cremation sites have been found in El Vallecito.

<sup>12</sup> El Vallecito is located near the town of El Rumbero (about 85 km/ 52 miles west of Mexicali), and is noted for the recovery of multiple Mesoamerican artifacts as well as cave paintings documenting the daily activities of these early inhabitants.

<sup>13</sup> Los Algodones, now a nearby town was a Cocopah community.

<sup>14</sup> Information from the Regional Museum of Universidad Autonoma Baja California.

<sup>15</sup> Information from the Government of Baja California, official history.

<sup>16</sup> Love, S. (1990). The Chinese border: Many agree that Mexicali owes its development to Asians. LA Times, August 16, 1990.

<sup>17</sup> There are several interesting immigration patterns in Baja California. In Ensenada, around the same time period, large numbers of Russian immigrants arrived, fleeing the Tsar.

centuries in the United States.<sup>18</sup> However, unlike slavery, these Chinese immigrants were able to settle into the growing Mexicali community, and by the early 1920's, had branched out into other industries, and established their own businesses in Mexicali's early Chinatown. By the height of prohibition, this included the majority of the city's bars, casinos, brothels and opium dens.<sup>19</sup>

**Museo Regional de la UABC**

**Av. Reforma y Calle Pino Suarez**

**(on the corner after calle K)**

**Mexicali, B. C.**

**Hours of operation: 9 am to 6 pm Monday to Friday**

**10 am to 4 pm weekends**

**Cost of admission: 15 pesos**



*Museum (spring 2012)*

While there is no printed information in English, several of the guides speak English and are happy to answer questions. The museum consists of three permanent displays about Baja California, including information about pre-historic finds (fossils), early inhabitants, native tribes, and settlement of the Mexicali area. One of the interesting things about this museum is that even the building serves as a canvas and is frequently repainted to display new art. Adjacent to the museum is both the Institute of Culture of Baja California and the Baja California informational archives.

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<sup>18</sup> While many of these workers were misled with promises of good wages, they were 'free men', free of the burdens of indentured servitude or slavery, which had befallen early generations of commercially imported peoples to the USA.

<sup>19</sup> Cummings, J. (2002). Sweet & sour times on the border: a review of chinese immigration to mexico. Published on-line at: <http://www.blueroadrunner.com/chinos.htm>



*Museum (August 2012)*

### *Mexicali during prohibition*

During the American prohibition of the 1920's, the Mexican border cities were a popular escape for many Americans including film stars of the silent era.<sup>20</sup> While Tijuana is better known for its luxurious, glittering excess including the famed *Agua Caliente* casino during this period, Mexicali wasn't entirely ignored by the hordes of alcohol-starved thrill-seekers from the United States.<sup>21</sup>

Most famously, Rudolf Valentino, the Italian heartthrob, known as the "Latin Lover" married his second wife, Natacha Rombova, in Mexicali on May 13, 1922. They were married at the home of Otto Moller Lizardi, who was the mayor of Mexicali. This might have remained a little known historical footnote, except that this marriage resulted in Valentino's arrest for bigamy.<sup>22</sup> On his return to the United States, Valentino was arrested and imprisoned until several of his friends were able to collect funds and post bail for the actor after his studio, the *Famous Players – Lasky Corporation* refused to do so.<sup>23</sup>



During the roaring 20's the domination of the seedier side of Mexicali (and other parts of Mexico) by the Chinese led to the "Tong wars" as rival Chinese organizations battled over territory, prostitution and gambling. This wave of organized crime resulted in an anti-Chinese movement which resulted in the murders of hundreds of Chinese in northern Mexico. By most accounts, the sheer size and strength of the Chinese community in Mexicali spared residents from the fate of Chinese immigrants in other communities of northern Mexico.

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<sup>20</sup> As a Mexican city, Mexicali was exempt from the Volstead Act (or the 18<sup>th</sup> amendment) which prohibited the sale of alcohol in the United States, and was enacted in 1919 and repealed in December of 1933.

<sup>21</sup> Reynolds, C. (2007). Before Las Vegas, Tijuana was Southern California's glitzy escape. *LA Times*, 16 September 2007. Published on-line at: <http://www.latimes.com/travel/la-trw-before-las-vegas-tijuana-was-escape12sep07,0,3622015,print.story>

<sup>22</sup> Technically he had divorced his first wife, Jean Acker, in 1921 but California law at that time required a one year wait prior to remarriage. As a side note, his marriage to Jean Acker had been an attempt on her part to shield her from gossip surrounding a lesbian love triangle which also included actresses Grace Darmond and Alla Nazimova. His hasty marriage to Acker was reportedly never consummated, but information obtained from the Rudolf Valentino Society suggests that Valentino was unaware of her sexual orientation and married Acker for the traditional reasons.

<sup>23</sup> Readers may be more familiar with Famous Players by their current name, *Paramount Pictures*, which they assumed in 1927.



*The wedding of Rudolph Valentino, 1922, Mexicali<sup>24</sup>*

### *Mexicali and the Second World War*

At the beginning of European hostilities in the late 1930's, President Cardenas declared neutrality on behalf of Mexico. But in the midst of presidential elections, political maneuvers and German submarine attacks, all of this changed. As Cardenas had previously nationalized the oil industry within Mexico, these submarine attacks against Mexican tankers was tantamount to a direct attack on the nation of Mexico, and Mexico responded accordingly. Thus in 1942, Mexico declared war against the Axis nations.<sup>25</sup>

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<sup>24</sup> Photograph preceding page, still from *The Sheik*, 1921, one of Valentino's most famous roles.

<sup>25</sup> During the Second World War, Mexico was one of only two Latin American countries (along with Brazil) that sent troops in support of Allied forces in Europe.

## What is the “Mexicali Rose”?

### The “Mexicali Rose”

Contrary to a popular misconception, ‘Mexicali Rose’ is not the name of a desert hybrid variety of a flower or plant. It was the title of a popular song which was originally written in 1923 by Jack Tenney and Helen Stone. It was popularized by numerous singers including Bing Crosby, and cowboy crooner, Gene Autry. The identity of the woman referred to as the “Mexicali Rose” in the song has never been confirmed, but Mexican actress Dolores del Rio fought against the nickname and ‘fiery Latina stereotype’ for much of her career. Mexicali Rose later served as the title of several films including an early talkie, the 1929 romantic film starring Barbara Stanwyck and the 1939 Western starring Gene Autry.



<sup>1</sup> A story regarding the origins of the song can be found at:

<http://www.chapala.com/chapala/ojo/best-articles/mexicali.html>

A recording of Gene Autry singing Mexicali Rose can be found on YouTube.

In addition to serving in the armed forces of both Mexico and the United States, Mexicali residents supported the Allies in other ways; such as the Bracero program (the US Emergency Labor Program) which encouraged Mexican laborers to come to California to replace American agricultural workers that were serving in the armed forces. Over four million Mexican workers, many from Mexicali, participated in this program which ran from 1942 to 1964.<sup>26</sup>

However, an artifact at the Mexicali Municipal Cemetery No. 1 (Pioneer Cemetery) also gives rise to speculation to another twist in this dark period of human history.<sup>27</sup> While many of the gravestones in the cemetery harken back to the earliest settlers of Mexicali, there is one grave of particular local interest.



*Unmarked grave at Pioneer Cemetery*

This mysterious, unnamed grave lends credence to earlier published histories of Nazi activity in Mexico in the 1930's. The grave, with a large swastika appears to confirm reports of a Nazi presence in the city in the 1930's.<sup>28</sup> A book entitled, *Secret Armies, the New Technique of Nazi Warfare* alleges that there were Nazi party meetings in Mexicali in 1933, and secret shipments and caches of

<sup>26</sup> University of California photography collection, Bracero program.

<sup>27</sup> Morales, V. (2008). Mexicali grave flaunts Nazi association. *Imperial Valley Press*, January 19, 2008.

<sup>28</sup> The grave may have been vandalized since it was first reported by Mr. Morales. It appeared significantly different in appearance during our visit to previous reports of additional iron cross and swastika decorations.

weaponry including guns, projectiles and explosives.<sup>29</sup> However, the credibility of much of these reports by a known socialist and muckraking journalist of that era leaves much to be desired. Even without the dramatic reports of John L. Spivak on secret weaponry and splinter cells, the grave itself is popular local folklore. A local reporter gives details of mysterious annual uniformed visitors to the gravesite, reminiscent of Valentino's own "lady in black" who visited annually to leave flowers. But without more information, or reliable sources, the unmarked grave remains just another interesting facet of Mexicali's past.

### **Mexicali Municipal Cemetery No. 1 (Pioneer Cemetery)**

#### **Open 8 am to 3pm**

The cemetery custodians were friendly and helpful. They offered a tour of the grounds including the history of the cemetery and notable residents. The cemetery is located across the street from Plaza Cachanilla shopping center on Blvd Lopez Mateos.

The cemetery itself is worth a visit for anyone interested in Mexicali's history or funerary art as it is the oldest cemetery in Mexicali. Interestingly, the first interred person in the cemetery, who resides in the bright yellow tomb labeled, "Rotunda de Hombres Ilustres" is dated 1919, making one wonder where the graves of the earliest builders of Mexicali reside. The first governor of Baja California is also buried here. There are several graves stones inscribed in Japanese and Chinese, reflecting the cultural diversity of this city from its very beginnings.

In the 1960's, as land in central Mexicali became increasingly valuable, in a *Poltergeist*-like plot device, the headstones of several hundred graves were removed and piled in a corner of the cemetery. Large portions of the cemetery were paved over to make room for a school, police station and parking lot behind what is the cemetery today. The graves themselves were not disinterred due to the expense and effort involved.



*What remains of a pile of headstones removed to make way for new construction in the 1960's*

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<sup>29</sup> Spivak, John L. (1939). *Secret Armies, the New Technique of Nazi Warfare*. Available on-line at: [http://archive.org/stream/secretarmiesb00spivrich/secretarmiesb00spivrich\\_djvu.txt](http://archive.org/stream/secretarmiesb00spivrich/secretarmiesb00spivrich_djvu.txt)

During the time period around the Day of the Dead or '*Dias de los muertos*' at the beginning of November, the cemetery is decorated, and thousands of Mexicali residents visit their deceased loved ones.



*Pioneer Cemetery*

### *Hollywood and Mexicali*

In the 1950's, Mexicali was the setting of several low budget Hollywood films including *Under Mexicali Stars* (1950), a western featuring Rex Allen and Buddy Ebsen as well as the dark tale of film noir, *The Hitch-hiker* (1953), directed by Ida Lupino, based on the true story of psychopathic spree-killer, Billy Cook.<sup>30</sup>

More recently, movies such as *Resident Evil: Extinction* (2007) were filmed in Mexicali.<sup>31</sup> A sequel to the James Bond franchise named *Mexicali* has been rumored to be in the works since 2000 but has suffered multiple delays and disruptions.<sup>32</sup>

### *Paranormal/ Haunted Mexicali Mexicali*

Visitors to the Hotel Azteca de Oro on Calle Industrial have reported strange sights and sounds, but this story appears to have been made in jest. More locally famous are stories about a young child haunting the hallways of the IMSS Hospital No. 31.

Another local story, "*The story of Ana*" details the supposed homicidal acts of fifteen-year-old, Ana, a paranoid schizophrenic who murdered her entire family in a now abandoned home in the Colonia Industrial area of Mexicali. In the story, Ana murdered her family as part of retribution for their treatment of her, which included tying her up and locking her away her room in a desperate but misguided attempt by her family to deal with her delusions, and subsequent behavioral problems.

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<sup>30</sup> Movie review, New York Times archive, originally published April 30, 1953. Published on-line at: <http://movies.nytimes.com/movie/review?res=9A06EED71F3AE23BBC4850DFB2668388649EDE>

<sup>31</sup> Resident Evil Production notes, Fall 2007, Sony Pictures.

<sup>32</sup> Box Office Prophets, 2010.

In a scene that seems almost lifted from the Lizzie Borden/ Ronald DeFeo files<sup>33</sup>, the crazed Ana freed herself from her bonds, and then stalked from room to room, murdering family members, starting with her younger brother, Arthur, who was sleeping in bed, to her older sister in the bathtub, then finally killing her mother and father in a mad stabbing frenzy. Ana then disappeared into the Mexicali night, never to be seen again. Meanwhile, 1339 Carroceros (between Calle Voceadores and Calle 'F') is reported to remain abandoned, as stories circulate of lost and tormented souls roaming the property.<sup>34</sup>

There is also a Mexicali version of Chicago's most famous ghost, "Resurrection Mary." In this vanishing hitchhiker tale, a young woman appears at the side of the road seeking a ride to her home in Mexicali. In various published and oral accounts, dating back to the 1950's, the young woman had been attending a dance in the valley outside of Mexicali. At the dance, she was mortally injured but did not die immediately. In some versions, she was stabbed accidentally during a fight, and in others, she was targeted by a jealous rival. In several of the accounts, the hapless drivers were infatuated with the young hitchhiker and unaware of her ghostly nature at the time of the ride. In these versions, the (male) drivers only became aware of her supernatural side upon returning to her home to ask for a date. On arriving at the home where the young woman had been dropped off previously, they are greeted at the door by the young woman's grieving parents who inform the startled visitors of her demise (several weeks to years) previously. The rumored site of the long-ago dance is several miles outside of Mexicali, toward San Felipe. The building, a former casino, burned several decades ago, adding to the intrigue.



*The ruins at the site of the fateful dance*

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<sup>33</sup> Ronald DeFeo is the real life murderer on whom the Amityville Horror films were loosely based.

<sup>34</sup> Story of Ana courtesy of 'La Casa de Industria'. The actual address in question is an unassuming street of well-maintained homes.

Additionally, there are widespread reports of a recent police chase, as well as multiple sightings of a possible UFO in January of 2012. These reports along with popular YouTube footage provided by *La Voz de la Frontera* give a more light-hearted look at the city.



*the School of Architecture*

## The City

### *Christopher Alexander, Underground Living and the Architecture of Mexicali*

There are several books and websites that talk about the Cervceria, historic sites and churches in Mexicali but few dig deeper into the architecture of daily life here. Unfortunately, there are no English language texts that devote any time to the interesting and often eclectic mix of homes in different neighborhoods as well or the pioneering developments in modern architecture in this city.

Mexican architecture as a whole is heavily influenced by Spanish architecture during the preceding centuries as well as concepts borrowed from the indigenous cultures and peoples of Mexico. However, in young cities like Mexicali, the main architectural influences appear more modern in design; but some of this impression is due to the predominant types of housing materials in this area.

Much of Mexican architecture and home construction in Mexicali uses concrete and cement as the primary building material. While this style of construction has become more common in the southwestern United States, it remains somewhat of a novelty to North American residents in other parts of the United States. As a result, to the untrained eye, it gives many of the homes and buildings a 'modernist' feel such as is often associated with the work of Frank Lloyd Wright<sup>35</sup>, Mari Pani Darqui, Juan O' Gorman and Jose Villagrán García with emphasis on geometric lines, as well as curved shapes and open floor plans.<sup>36</sup> In fact, much of the Universidad Autonoma Baja California central campus, including the school of architecture and surrounds appears heavily influenced by this school of thought.<sup>37</sup> Then too, many of the older buildings in Mexicali are based on these designs which first gained popularity in the 1920's and 1930's; sleek, innovative concepts have adapted well to this area and its extremes in environment.

However, there is no one predominant style of architecture that can be applied to Mexicali. More than anything, the city demonstrates a mixture of styles, influences and textures. This home (on page 21) in Colonia Nueva is an excellent example of how recent remodeling of some of older homes creates a eclectic mixes of cultures, styles and construction techniques. The house was originally a California, mission style as noted by the pitched clay tile roof, and textured concrete walls. The roof ornamentation of a dome and a minaret are more recent additions and give the home more of an eastern flavor. The warm color of the home itself, and the landscaping is in keeping with traditional Mexican fashion.

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<sup>35</sup> This style is typified by the William H. Winslow house and the Guggenheim museum, in particular.

<sup>36</sup> Wright himself was reportedly influenced by Mexican architecture, namely the patterns and construction of indigenous ruins in Oaxaca. Anthony Alofsin, *Frank Lloyd Wright: the lost years, 1910–1922 : a study of influence*, 1993, University Of Chicago Press

<sup>37</sup> For examples of the work of Oscar Miemeyer: Choueiri, E. (2012) Niemeyer's Brasilia: a tribute. Available at: [http://www.princeton.edu/~choueiri/brasilial1IMG\\_1829e%20Title.jpg](http://www.princeton.edu/~choueiri/brasilial1IMG_1829e%20Title.jpg)



*Culture, color and construction blend for a style unique to Mexicali*

Another example of the changing architectural style in Mexicali is the orange-pink home on the next page. This home was initially built in the 1950's with a modern, streamlined style, as seen by the sharp detailed lines of the walls and flat roof. In the last few years, more classical Mexican hacienda architectural features such as the freestanding entryway arch that precedes the structure, as well as cornices and window frames of quarry stone have been added. The contrast between the richly colored walls of the home with the gray color of the natural stone adds to the architectural interest of this home.

In several neighborhoods, particularly the more affluent areas, the influence of both contemporary and historic designs more typical in the United States featuring brick and wood construction, intermixes with adobe, mission and other cement type styles. It gives Mexicali its own individual look in comparison to the cookie-cutter neighborhoods to the north in suburbs of Los Angeles, Las Vegas and Phoenix. While examples of this architectural medley can be noted throughout the city, several excellent examples are found in Colonia Nueva. Here you will find authentic mission style homes such as "Mexicali's Graceland" interspersed with Tudor revival, Raised Ranch and brick neo-colonials.<sup>38</sup>

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<sup>38</sup> Examples of these homes are found later in the chapter.



*Another example of an amalgamation of styles*

The extremes in climate, as well as the need for practical and affordable housing for the rapidly growing city and its residents have combined to create several remarkable housing projects, including Dr. Christopher Alexander's Mexicali project of 1975 and more recent developments by Dr. Eduardo Vasquez Tepox from the School of Architecture at the Universidad Autonoma Baja California.

#### *The Mexicali Project*

While some aspects of Dr. Alexander's experiment in community living spaces based on concepts of shared community called Pattern Language have largely failed, this combined effort with the Mexican government remains innovative.<sup>39</sup> Dr. Alexander envisioned a community made up of homes contained within a communal space that would foster a sense of community, friendship and cohesiveness among its residents. He also believed that a community building center would help residents become self-sufficient and knowledgeable in home construction techniques. Part of the project involved teaching self-sufficiency and construction to the residents, with assistance from local architecture students.

Ultimately, the concept of community space was unsuccessful; the initial five families ended up walling off their properties into individual spaces due to friction among the residents, and concerns about safety. According to Dr. Alexander's adherents and disciples, while these sociological aspect went unrealized, the practical sides of home ownership, and low maintenance living were successful.

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<sup>39</sup> Fromm, D. & Bosselmann, P. (1984). Mexicali Revisited: Seven years later. *Places*; 1 (4); 78-90.



*Construction of Mexicali Project (Photo courtesy of Dr. Robles)*

### *Subterranean Homes and eco-friendly housing*

The subterranean homes project was spearheaded by Dr. Vasquez.<sup>40</sup> The concept is driven by the need to develop housing which is practical and energy efficient. This project which began in 2010 is an experiment in energy conservation and eco-friendly living.

However, the underground home project isn't the only eco-friendly housing solution in Mexico. Several new private companies are encouraging the widespread use of solar panels for hot water heating with the help and support of the federal government.<sup>41</sup> Former President Felipe Calderon also set a goal of building a million green homes during his tenure as president as part of a campaign to address problems in housing and environmental damage in the country.<sup>42</sup> This comes on the heels of another, successful program to build sustainable housing during his presidency. These programs are in addition to long-standing government programs promoting home ownership among all socioeconomic classes of citizens. In one of the best known programs, the government supplies all the materials and land for a basic home which owners can then customize (or not) to their tastes and budget with additional floors or living space, garages, air conditioning and other features. In the photo of several of these homes below, you can see the first home in the beginning stages of construction while the neighboring homes are occupied, and complete, with the home on the right featuring the addition of a garage.

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<sup>40</sup> More information on this project and underground homes can be found at: <http://www.arquitecturadeldesierto.com/>

<sup>41</sup> Maes, F., Modak, A., Safabakhsh, M. & Tucker, H. (2011). Sustainable housing: A solution for Mexico. *Knowledge@Wharton*, 26 Jan 2011. Available at: <http://knowledge.wharton.upenn.edu/article.cfm?articleid=2697>

<sup>42</sup> Striatum energy (2010). El gobierno de México lanza programa de casas ecológicas  
Article available at: <http://www.gstriatum.com/energiasolar/articulosenergia/294-millon-casas-ecologicas-mexico.html>



*Home ownership expanded via a government program*

In many neighborhoods, while the original layouts are identical, subsequent modifications have made the homes unique and not readily identifiable as clones of their neighbors.

In more recently developed areas of Mexicali, many homes retain their 'cookie-cutter' configurations similar to newer housing developments in the United States.



*A row of identical homes on the outskirts of the city*

### ***Zona Centro***

Once you've crossed into Mexicali from the central gate, you've entered the Zona Centro section of the city. This commercial center is dotted with dentists, doctors' offices, and private hospitals in addition to the usual assortment of restaurants and shops.

## *A Note about Lodging in Zona Centro*



*Hotel del Norte on calle Madero (2012)*

### **Hotel del Norte**

Hotel del Norte has been a fixture of downtown Mexicali since 1951, and was the first hotel in Mexicali with air conditioning. The original hotel was had only two floors, with another floor added later. The hotel was constructed of reinforced concrete with an Art Deco decor, with slender cubic partesoles porch and windows that protect from the sun.

During the golden age of the hotel in the 1960's, the hotel hosted such notable guests and celebrities as the lovely Argentine actress Libertad Lamarque "the Sweetheart of the Americas", superstar Mexican film actor and singer Pedro Infante, ranchera singing sensation, Lola Beltran "Lola La Grande", and Mexican wrestler, El Santo, in addition to several presidents of Mexico.

This modestly priced hotel offers surprisingly good value to travelers seeking to avail themselves of the nearby dental or medical facilities. However, people seeking more upscale accommodations should plan to stay elsewhere. While the rooms are clean and the employees friendly and helpful, the furniture (the beds in particular) have seen better days. After several stays at this hotel, I can say with some certainty that sagging mattresses are the norm.

The hotel offers free wi-fi and frequently provides coupons for discounts on both future stays and for food in the restaurant downstairs. The meals at the restaurant are both reasonably priced and good quality. Flour tortillas are made on-site in the dining rooms, with locals often stopping in to purchase fresh tortillas daily.

According to William T. Vollman, author of *"They came out like ants! Searching for the Chinese tunnels of Mexicali"* a tunnel leading to the United States was discovered in beneath the Hotel de Norte in the 1980's (and subsequently blocked off).



*Postcard, circa 1952 showing main border crossing & Hotel del Norte*

With the exception of **Hotel del Norte** – there are very few suitable hotels or places for weary travelers to sleep. The remainder of facilities offer hourly rates and are generally feature an array of chubby teenage prostitutes plying their trade during all hours of the day and night. The Hotel 16 de Septiembre is particularly notorious for this – with young, scantily clad girls draped around the doorway and on the stairs while an older, more haggard madam oversees her employees. Prostitution has been decriminalized in about 18 of the 32 Mexican states, including Baja California but is generally restricted to designated areas.<sup>43</sup>

While this is only a guide to Mexicali, readers should be cautioned about soliciting the services of sex workers of either gender. While some cities such as Tijuana have attempted to regulate and enforce health screenings and sanctions on sex workers, the effectiveness of this practice is debatable. More likely, it promotes a false sense of security among the workers and their customers while forcing known HIV+ individuals to pursue their activities in more underground, and less secure environments. Even in casual observation, there is a high rate of HIV/ and full-blown AIDS among young people in Mexicali, in addition to the usual assortment of sexually transmitted diseases.<sup>44</sup>

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<sup>43</sup> For more on prostitution and human trafficking in Mexico, please see the report by Ugarte, Zarate & Farley (2008) available on-line at: <http://www.prostitutionresearch.com/Mexico-U.S.%20Trafficking.pdf>

<sup>44</sup> There was a significant percentage (in proportion to the total number of beds) of people aged 35 or less with HIV/ AIDS among the population of patients at Hospital General de Mexicali.



*Some of the seedier hotels downtown*

Within Zona Centro lies El Hotel Centenario, a former luxury hotel that is now a hostel for deported migrants, as featured in a recent LA Times story, “Without a country.”<sup>45</sup> This lost grandeur is typical for the downtown area.

But despite the somewhat seedy areas of Zona Centro, it remains one of my favorite parts of the city. The hustle and bustle of the area, combined with the traditional flavor of the shops and commercial businesses in this area are a refreshing change to the increasingly blandness of global cities, dotted with McDonald’s, Starbucks, Costco, and Wal-mart. All of this exists in Mexicali, but far from the Zona Centro which remains dotted with medical offices, individual vendors hawking their goods, and numerous tailoring shops whose windows feature glamorous creations for girls dreaming of their quinceanera, and other formal events. More than anything else, Zona Centro represents the contradictions that are modern Mexico.

Many of the older buildings that are evidence of the rich cultural heritage of this young city are located within the Zona Centro, including the building, which appropriately, now houses the Municipal Cultural Center.

**Centro Cultural Municipal (Casa de Cultura)**  
**Av. Madero y Altamirano**  
**Zona Centro**  
**Mexicali, B.C**

This building is located about two blocks from the border, adjacent to the *Parque de los niños*. Originally built in 1915 as the Cuauhtemoc School, this building hold the distinction of being the

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<sup>45</sup> Marosi, R. (2012). Without a country: in Mexicali, a haven for broken lives. LA Times, 26 May 2012. Published online at: <http://articles.latimes.com/print/2012/may/26/local/la-me-hotel-deported-20120527>

first planned and 'built to order' structure in the city.<sup>46</sup> The completed school was inaugurated on September 16, 1916, as part of Independence Day celebrations for the city. The building itself is a classic example of neo-classical architecture of the period as seen by the elegant columns, dentil moldings and balustrade that forms the railings of both the entry level and second story porches. However, it was neither a classic or common design for Mexicali. Unfortunately, the name of the architect of this work was lost to history. However, the building engineer, Edward Trijillo became well-known due to his use of concrete construction materials (concrete reinforced walls with floors and mezzanines made of wood) that was considered innovative at the time. In fact, as detailed by Gonzalez and Robles, while this type of construction was common in California, this was the first building of this type in all of Mexico.



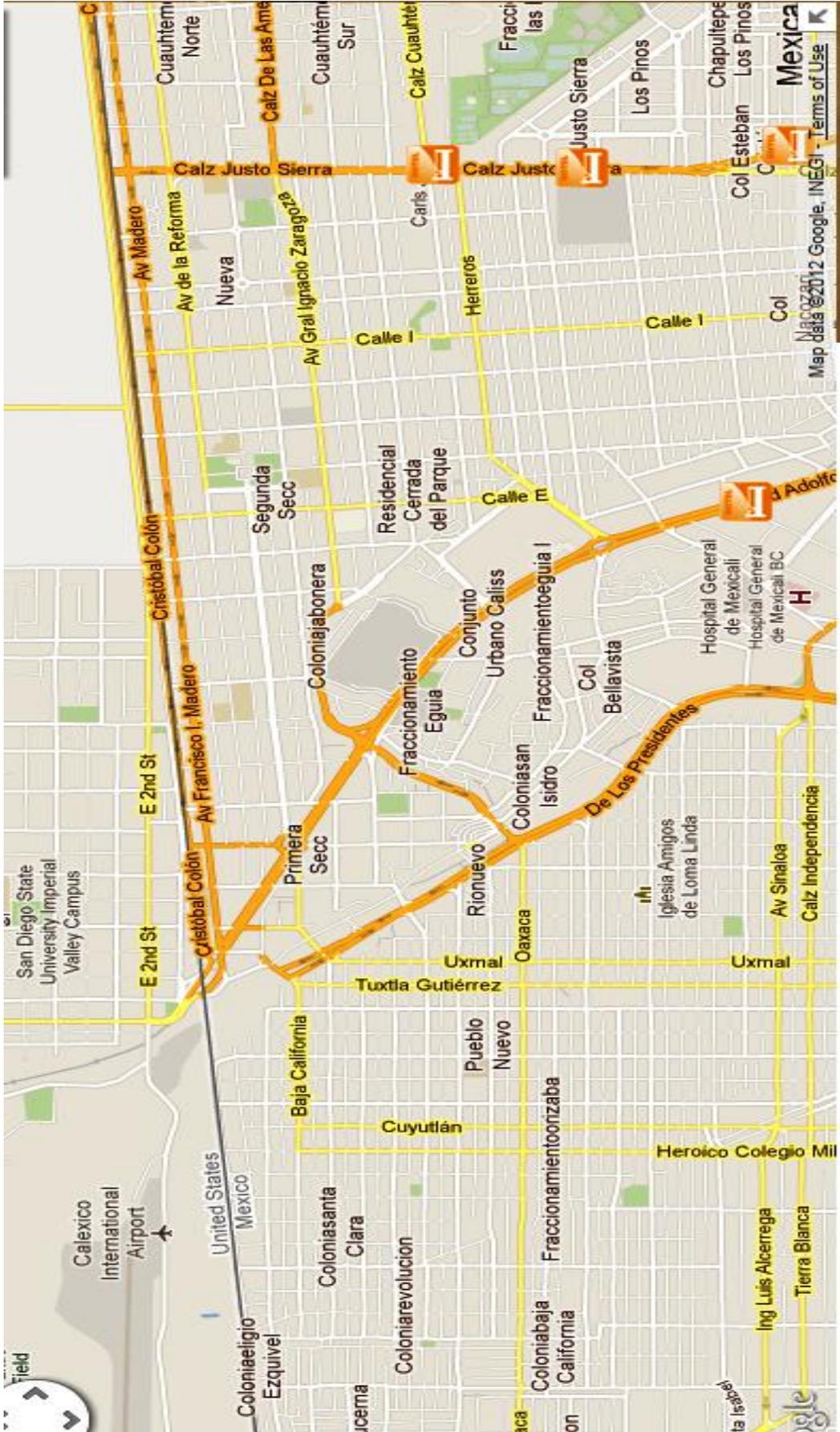
The school was also the site of a major skirmish at the beginning of the Mexican Revolution. The school was successfully defended by the students, including children as young as 13 years of age. Several of the students were killed in the battle, and have been memorialized at the adjacent park.



*A postcard showing the Cuauhtemoc School in 1915*

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<sup>46</sup> Information about public buildings in Mexicali is translated from the work of Gonzalez Gonzalez, A. M. & Robles Cairo, C. (2009). *Arquitectura Historica de Mexicali: Escuelas y Edificios Publicos*. Universidad Autonoma de Baja California.

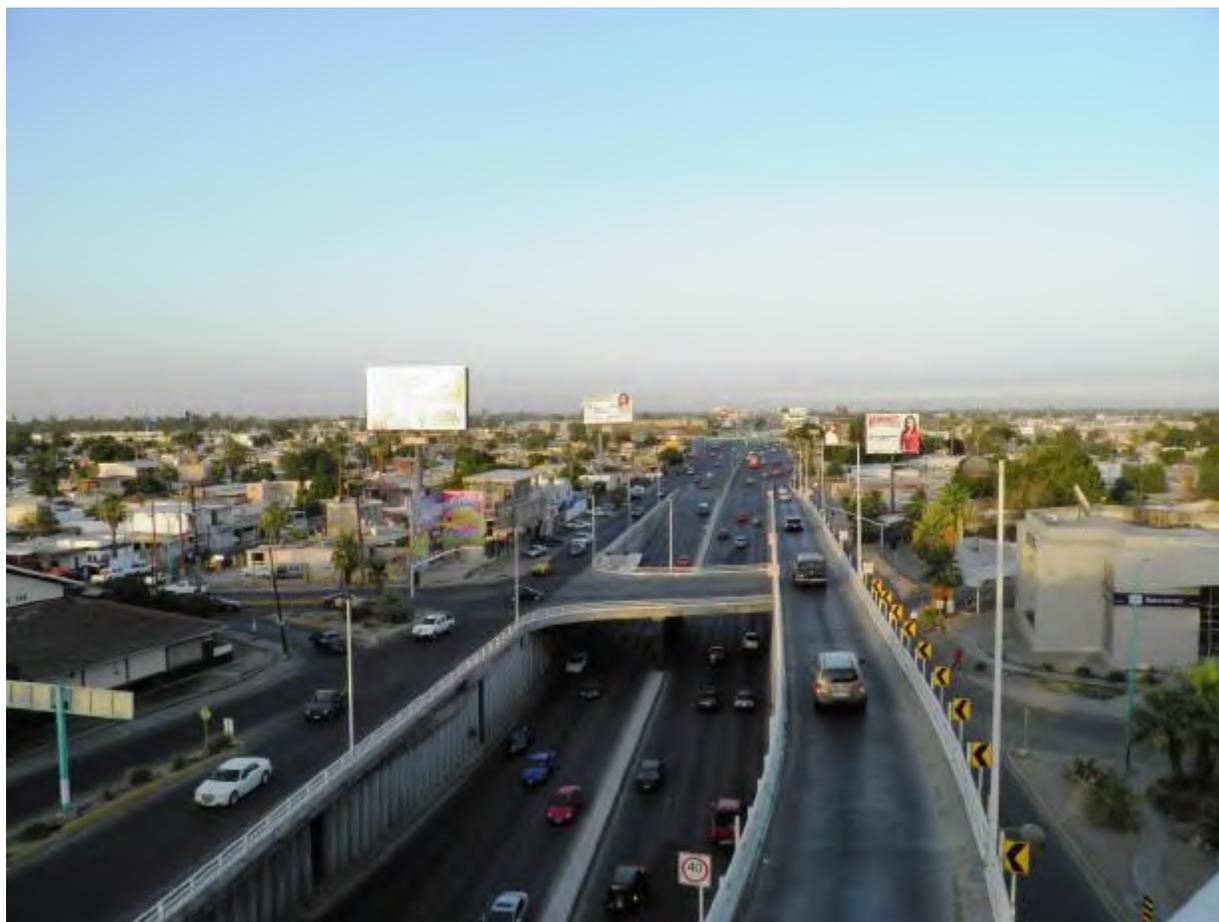


### *Zona Hotelera*

This is where the tourism board and the city of Mexicali would like you to stay during your visit. In this case, they happen to be correct; while less colorful than the downtown areas, for your comfort, this remains the best option for most visitors.

In a city that routinely reaches more than 100 degrees Fahrenheit (and often greatly exceeds that during summer months), this is the section of the city that features the majority of lodgings with such amenities as swimming pools and central air conditioning.<sup>47</sup> While this humidity thankfully remains low year-round in this city, the sheer temperatures can prove daunting to even the hardiest of travelers. Care should be taken to avoid performing outside tasks during peak daylight hours, and to maintain adequate hydration. Ample sun protection including hats, long sleeves and high numbered sun block are essential for jaunts across the city, or lazy afternoons poolside.

Zona Hotelera lives up to its name. The main streets of this area, Justo Sierra and Benito Juarez are liberally dotted with elegant resort hotels, upscale restaurants offering a variety of international and Mexican cuisine along with perennial American favorites such as Applebee's, Subway, Pizza Hut and Burger King. Several new shopping areas and small clothing stores also line this major artery through the city.



*One of the main arteries that criss-cross Mexicali*

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<sup>47</sup> Versus ineffective wall units. There are surprisingly few public pools in Mexicali.

There are several other interesting neighborhoods within the city.

### **Colonia Nueva**

This upscale area runs from about Calle B through Calle Justo Sierra east to west, from Cristobal Colon to Avenida General Ignacio Zaragoza. The housing in this area is elegant in nature, from an earlier era in Mexicali's development. Many of these historic homes have been recently renovated to conform to more modern styles as discussed previously. Others are hidden behind high walls and gates for privacy.

However, there are several notable examples of the architecture of this area including Mexicali's Graceland and The Brady Bunch House.<sup>48</sup>



*"Mexicali's Graceland" aka the Guajardo home, circa 1935*

At first glance, the Guajardo home is arresting; the pale pink walls and rounded edges contrasts with the white ironwork to create an impression of timeless elegance. But when viewed in an aerial photo, the sheer size of the property is overwhelming and extends deep into the property, hidden from street view. Unlike many of the properties in this area, this home is essentially unchanged in appearance and architectural style since being built in the 1930's.

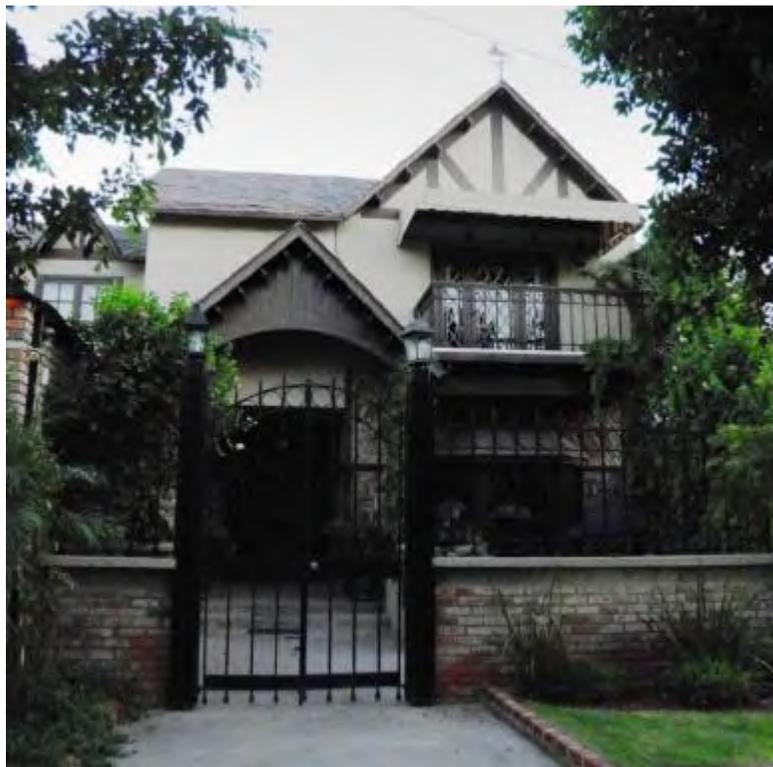
Just a few streets away from the classically elegant Guajardo home is this lovely example of modernist style, first made popular in the United States in the 1920's, and brought to Mexicali around the same time. This home features gracefully interspersed circular and rectangular elements including solid curved windows. Many of these houses were made of wood through a system of structural racks (frames), while the walls were constructed with a flat concrete over metal lath. This home is a wonderful example of the marriage between practical, durable, low maintenance construction and high design that was typical of the era.

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<sup>48</sup> These are not the actual names of these properties, but names that have been adopted to describe these homes to others.



*Curved elegance*



*Tudor with a twist*

With steep rooflines, and wood finishing on this concrete and stone exterior, the home tells an interesting story of traditional Tudor design adapted to local construction materials. Another example of the differing array of architectural styles in this neighborhood is the “Brady Bunch House”. Located near the UABC Museum, the home exemplifies the modern architectural style with glass and wood accents. This is one of few homes in Mexicali to be built on a sloping lot, in successfully incorporates the landscape features into the design of the home. The terraces give this home a “unique, simple and elegant” look (Robles, 2012).



*The "Brady Bunch House" circa 1940's*

Notable residents of this neighborhood include the mayor of the city, and the official residence of the Governor of Baja California.

The Governor's Mansion is located on the corner of Calle K y Mariano Arista, and encompasses most of the block but is hidden behind high fences.

### **Calzada Cetys**

Across the city from the sedate neighborhood of Colonia Nueva, Calzada Cetys is one of the newer areas of the city. This area is primarily commercial and has shopping, restaurants and other entertainment for visitors.

### **Plaza Cachanilla**

While this is not a neighborhood, the Plaza Cachanilla is worthy of notice for visitors interested in the lives of the average Mexicali citizen, as this is the shopping mall for the 'masses' or lower middle class Mexican society. There are numerous stores, and a large food court. Across the street from the mall is Mexicali Municipal Cemetery No. 1, as mentioned in the previous section on the history of Mexicali.

#### ***Who are the people the streets are named after?***

*Mariano Arista* – president of Mexico (1851 – 1853) army officer

*Coronel Esteban Cantu* – first governor of Baja California

*Lazaro Cardenas* – President of Mexico (1934 – 1940) He nationalized Mexican oil production and was the winner of the Stalin Peace Prize in 1955.

*Benito Juarez* – five term president of Mexico, first as an interim president (1858 – 1861), then as a constitutional president (1861 – 1872). Juarez was noted as a progressive who sought equal rights for the indigenous people of Mexico. The period of his presidency is known as *La Reforma del Norte*. March 21<sup>st</sup> is a national holiday in Mexico dedicated to celebrate Benito Juarez and his legacy.

*Jose Maria Larroque* – a 'hero of Tijuana' who died in 1911, defending the city.

*Francisco I. Madero* – leader of the Revolution, elected the 33<sup>rd</sup> President of Mexico at the age of 38, and the first president after the 1910 Mexican Revolution. President Madero and his vice- president, *Jose Maria Pinon Suarez* were assassinated in 1913.

*Adolfo Lopez Mateos* – President of Mexico (1958 – 1964). He instituted widespread social reforms including redistribution of land and multiple health and social welfare programs. He is rumored to have been born in Guatemala.

*Alvaro Obregon* – General Alvaro Obregon was President of Mexico (1920 – 1924). Re-elected in 1928 but assassinated before he could assume office. Well known for his educational and labor reform during his period in office.

*Hector Teran Teran* – Governor of Baja California, died in office in 1998.

*Ignacio Zaragoza* – Mexican army general known for his victory at the Battle of Puebla, which is now celebrated as Cinco de Mayo.

### **Estacion Palaco**

Despite the large urban sprawl that encompasses the city of Mexicali, Estacion Palaco is the only acknowledged suburb of Mexicali. This is a heavy industrial area, and the tiny hospital of Arce Quinones is located here.

### **Pueblo Nuevo**

This is a younger area of Mexicali, which is considered by local Mexicali residents to be the neighborhood of the 'Chicanos' or Hispanic individuals from Los Angeles and similar areas. The area is considered to be a lower socio-economic level, and housing in this neighborhood runs the gamut from well-tended to dilapidated in appearance. On weekends, prostitutes including the transgendered variety and groups of drunken young men are visible on street corners, side streets and outside the bars and billiards clubs in this area. Most locals tend to avoid this area at night, and lone young women in their cars often ignore stop signs late at night when traveling in this neighborhood.



*One of the less affluent areas of the city*

### **Chinesca**

Mexicali's "Chinatown." As a predominantly Chinese city during its early history, Mexicali has one of the largest Chinatowns in Mexico. While today's percentage of Mexicali residents of Chinese origin is drastically decreased from its peak concentration in the 1920's, Chinesca and its Chinese residents remain an important part of Mexicali at large. Modern Chinese immigrants continue to settle in Mexicali, with the majority of émigrés coming from Guangdong province. Mexicali remains one of the most heavily trafficked areas for illegal entry into the United States for Chinese immigrants.

Modern Chinatown runs along the border through Zona Centro (along Madero) to Calle Melgar and includes ZuaZua and Altamirano, which remain infamous among local residents for the prostitution and stripclub scene.

During the peak of prohibition when the thriving bars, brothels and opium dens in Mexicali were under the exclusive control of the Chinese community, underground tunnels criss-crossing Chinesca were used extensively to smuggle alcohol and other contraband across the border into California. Many of these accounts, including the 2004, Harper's magazine story by William T. Vollman are a mix of fact and folklore and sound similar to the accounts of 'Mole' people beneath the streets of

New York City. Rumors persist of underground communities of Chinese living in these tunnels to this day, being fed and cared for by the Chinesca community.



*Chinesca, or Mexicali's Chinatown*

A symbolic representation of the continued friendship between China and Mexico is the Chinese pagoda at the Plaza de Amistad on Madero. This pagoda was created in China and given to the city.



## *Safety and Security in Mexicali*

Safety and security can vary drastically in different parts of Mexico, with Ciudad Juarez, for example, receiving the infamous distinction of “murder capital of the world.” Likewise, other border cities such as Tijuana and Nogales have deservedly unsavory reputations. But, for the most part – Mexicali is decidedly different. While there is a significant amount of petty theft, homicide and violent crime rates are among the lowest in Mexico. A recent report compared the murder rate to that of Savannah, Georgia, which is only one-third the size of Mexicali (Torres, 2012).<sup>49</sup>

The reasons behind Mexicali’s status as an oasis from the maelstrom of drug-related violence that plagues border cities are unclear, with several different theories abounding. The favored theory states that Mexicali has been spared much of the drug related violence because this territory has never been in dispute, and has remained in the hands of a single drug cartel.<sup>50</sup> However, there is little evidence to support these claims.

### *Traveling in Mexico*

Visitors to Mexicali should take commonsense precautions and avoid flashing large amounts of money, fancy cameras or other electronics during their stay. Tourists, particularly women traveling alone, should use caution when traveling at night and avoid the more unsavory parts of town. While Mexicali is, in general, a safe city it is part of a foreign country so motorists should obey all traffic symbols, wear seatbelts and avoid speeding. Traffic lights will blink green several times before turning yellow to give motorists time to come to a full stop. Many streets, even major motorways, utilize four-way stops instead of stoplights, so be prepared to stop at most intersections. In town, with the exception of Cristobal Colon, there are no high speed roadways.

Roads in certain areas of the city as well as rural areas in Baja California may be poorly maintained with large potholes or flooding during the rainy season (October). Use caution before proceeding on flooded roadways.

The general poor condition of the roads, as well as the relatively small size (two lane and four lane highways) means that even limited travels to nearby cities and towns may take several hours. Several of the larger highways leading to Tijuana or the neighboring state of Sonora are toll roads. If you are involved in an accident, pull off the road to a safe area before exiting your vehicle. Notify the police and contact the Mexican insurance agency using the information from the paperwork received when purchasing Mexican auto insurance. While numerous tales of rampant police corruption exist, as a foreign traveler, you should not attempt to bribe police or military officials.

### *Military Checkpoints*

Due to heightened awareness of narco-trafficking activities and related violence, the Mexican government has set up several military checkpoints between different areas of Mexicali. The checkpoints are very similar to the recently established checkpoints in Arizona and California. Some of these checkpoints are located near the borders of other Mexican states. Other checkpoints are located near popular tourist destinations. These checkpoints have been established for your safety and protection, so be patient.

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<sup>49</sup> A copy of the crime statistics and report presented by Professor Francisco Velez Torres on February 29, 2012 can be found here: <http://www.mexicaliindustrialpark.com/2011/wp-content/uploads/2012/03/Security-Conditions-in-Mexicali-Homicide-Rate-29feb2012.pdf>

<sup>50</sup> Marosi, R. “One border city is quiet, maybe too quiet,” *LA Times* article, dated September 16, 2009. Available on-line at <http://articles.latimes.com/2009/sep/16/world/fg-mexicali16>

Some of these checkpoints, such as the Sonora checkpoint in San Luis del Colorado may wave your car through without having to exit the vehicle. Others such as the checkpoint near San Felipe require all vehicles to stop, and all passengers to exit the vehicle while soldiers check the undercarriage and trunk for weapons or drugs. Information and instructions are posted in both English and Spanish, and the soldiers are generally friendly and efficient. Be polite, calm and follow all instructions and you will soon be back on your way.

*It is important to remember that you are a guest while you are traveling in Mexico. Your rights and privileges may differ significantly from what you are used to in your home country.*

## Food/ Cuisine

While most people in the United States are fairly familiar with the basics of Mexican cuisine, restaurants, street vendors, taco stands and grocery stores in Mexicali have so much more to offer than the generic 'Taco Bell' style offerings. In fact, despite the collection of American fast food eateries in Mexicali, you will be hard-pressed to find a Taco Bell or similar-style entry, offering processed cheese food.<sup>51</sup> While many of the same considerations regarding food vendors and sanitary conditions exist in Mexicali, it would be remiss to ignore the extensive 'taco stand' offerings that predominate the Mexicali landscape. Not only that, but readers would miss several opportunities to sample the best of Mexicali cuisine.

In compromise to health safety issues, use of hand sanitizer and hand-washing is strongly advised.<sup>52</sup> In many of these roadside stands, the main culprit of unsanitary conditions is the patron who wanders in after exploring the dusty streets of Mexicali. This probably engenders an equal risk of food borne illness versus a well-cooked carne asada taco.

For readers feeling less adventurous, a quick venture onto Justo Sierra in the Zona Hotelera offers a plethora of choices, including more familiar options in all price ranges to suit individual palates.

Even casual visitors to Mexicali will note the predominance of Chinese food offerings in Mexicali. This is due to the large Chinese population in this city, who originally migrated to Mexico in the years immediately before the founding of the city in 1903. These Chinese workers are responsible for much of the original infrastructure of this thriving city, and are the original residents. In fact, at one point during Mexicali's early history, there were more Chinese immigrants than Mexican residents. The descendants of these workers are surviving and thriving in Mexicali and make significant contributions in the areas of art and culture in addition to culinary offerings.

Note: There are some traditional customs related to the normal operating hours in the local geographic area. Due to the extreme heat, many family-owned businesses and restaurants are closed during part of the afternoon (usually 2 – 4 pm.) This is done for several reasons, such as to permit the owners to enjoy lunch and to conserve energy (and money) by allowing the owners to turn off the air conditioning during peak usage.

In contrast to this practice, the typical taco stand is a good place for late night hunger. Most taco stands are open until midnight or later during the week, and 2 am on weekends.

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<sup>51</sup> Ironically, one of the many factories here in Mexicali makes the taco shells used at Taco Bells throughout the United States.

<sup>52</sup> Please see the previous section on travel basics for special considerations for avoiding food borne illnesses for surgical patients, and the immunocompromised.



### **Betty Diner**

**Av. Honduras esq. Bogota**

**Col. Cuauhtemoc Sur**

**Mexicali, B. C.**

**Tele: 686 568 2070**

**Email: [betty\\_diner@hotmail.com](mailto:betty_diner@hotmail.com)**

**Open 9am to 9pm, Closed Mondays**

A fifties style diner named in honor of Betty Boop, the interior décor features typical fifties styling as well as an extensive collection of automobile memorabilia and collectibles. The restaurant offers a combination of classic American fare (cheeseburgers, chiliburgers and malts) and traditional Mexican dishes, and includes the standard chips and salsa and has an extensive breakfast menu. Entrée prices in the 75 – 95 pesos range.

### **Cenaduria Selecta**

**Av. Arista y Calle "G", No. 1510**

**Col. Nueva**

**Mexicali, B. C.**

**Tele: 686 552 4047**

**Website: [http://www.cenaduriaselecta.com/Cenaduria\\_Selecta/Bienvenida.html](http://www.cenaduriaselecta.com/Cenaduria_Selecta/Bienvenida.html)**

Cenaduria Selecta has been part of the Mexicali landscape since the 1940's and is a local's favorite for breakfast, as well as the weekend buffets.

### **China House**

**Justo Sierra 1001**

**Mexicali, B. C.**

**Tele: 686 554 8805**

This moderately priced restaurant (around 70 pesos per entrée) is typical of the many Chinese restaurants in Mexicali and is popular with the local residents. 'Comida corrida' is highly recommended by several locals.

### **Hotel Araiza**

**Benito Juarez 2220**

**Valley Gardens**

**Mexicali, B. C.**

**Tele: 686 564 1100**

**Website: <http://www.araizahoteles.com/araizamxl/index>**

This is a moderately priced restaurant within one of the popular hotels in the Zona Hotelera. The main restaurant is known for their breakfast buffet.

### **La Carniceria**

**190 Panama Avenue (corner of Justo Sierra)**

**Mexicali, B. C**

**Tele: 686 568 1011**

**Website: <http://www.lacarniceriasteakhouse.com/>**

This moderately priced steakhouse located in the Zona Hotelera features a more upscale interior, and business casual dress is more appropriate here than the standard tourist costume of t-shirts and shorts.

### **Las Brasas Asadero**

**Website: <http://www.asaderolasbrasas.com/lasbrasas/>**

This is a local chain restaurant offering affordable Mexican cuisine, fast food style. There are four restaurants located in Mexicali.

### **Los Arcos**

**Calle Calafia 454**

**Mexicali, B. C**

**Tele: 686 556 0903**

**Website: <http://www.restaurantlosarcos.com/en/>**

Los Arcos is a moderately priced restaurant specializing in seafood, located next to the bullfighting Coliseum.

### **Mr. Pampas**

**Calzada Justo Sierra 1051**

**Fracc. Los Pinos**

**Mexicali, B. C.**

**Tele: 868 565 6558**

**Website: <http://www.mrpampas.com.mx/sucursales/mexicali.html>**

Mr. Pampas is moderately expensive in comparison to other restaurants in Mexicali.<sup>53</sup> This is one of three Brazilian steakhouses in Mexicali.

**Merendero Manuets**  
**Av. Pino Sudrez S/N**  
**Colonia Nueva**  
**Mexicali, B. C.**  
**Tele: 686 552 5694**

Manuets is the classic Mexican diner and has been serving traditional Mexican cuisine since 1949. Manuets has an extensive alcohol selection, and a friendly atmosphere. Prices are in the moderate range, and well worth the money.



*Manuets, a Mexicali classic*

### **Other flavors of Mexico**

Some of the most interesting and enjoyable cuisine in Mexicali, is not the food – it is the array of different beverages, some alcoholic, some not. While margaritas, daiquiris and the other typical mixed drinks are readily available, some of the more unique local mixtures are well worth a try. These include:

*Tejuino* - a drink made with a corn, lemon, salt, ice and alcohol.

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<sup>53</sup> However, in fairness, American style chain restaurants such as Applebee's are equally expensive here.

*Cebada* (wheat), *Jamaica*, *Horchata* (rice), *lemon*, *pineapple*, *tutti-fruti* are some of the many flavored 'waters' available from street vendors. They also offer similar versions as an 'icee' made with freshly shaved ice and rich syrups.

*Champurrado* is a winter drink, similar to hot chocolate.

### **Beer in Mexicali**

Mexicali has a long history as the home of bottling, and distribution of beer and other alcoholic beverages. Most famously, Mexicali was the home of the massive Cerveceria which took up an entire block at Calle D and Dr. Gaston Salazar.



*Cerveceria circa 1920's (photo courtesy of UABC archives)*

Sadly, the Cerveceria is now closed, but the main buildings of the plant have been restored and are used as business offices. An adjacent graffiti-covered building which was once part of the Cerveceria is now used (informally) by locals for as a climbing and repelling wall.



*Former cervceria, 2012*

Beer drinkers should not despair however, as Mexicali retains an excellent reputation as the home of bottling and distribution plants for several Mexican beers. **Cucapa** is the local microbrew beer, and is available in several varieties including dark lager, light and honey ale as well as the infamous “Chupacabra” variety. Cucapa is easy to find throughout the city.

There are also several different beer mixtures there are very popular in Mexicali:  
*Michelada* is a mix of lemon, salt on the edge of glass and beer.

*Chabela* is a mix of beer with salt, chili spice, a little bit of hot sauce and lemon. It is named after the local tavern where it first became popular which is located on Calle F, near the corner of Jose Maria Larroque.

*Submarine* is a mix of beer with tequila

*Caguama* is a beer in a very large bottle. While not a specific blend or flavor, its size gives rise to this terminology.

## Nightlife

While many people see the recent construction of several casinos in Mexicali, and the availability of multiple nightclubs and bars catering to gay and alternative lifestyles to be signs of changing times, anyone familiar with the history of Mexicali in the 1920's would argue that the city is returning to its roots as a rival to Tijuana for tourist entertainment. With a legal drinking age of just 18 in Mexico, college students and others have been traveling to Mexican border cities for generations as a 'rite of passage' prior to entering into independent adulthood.

While Tijuana will always surpass Mexicali in the sheer scale and size of its assortment of venues, Mexicali holds its own for providing a variety suitable for any lifestyle or interest.

### **Applebee's Mexicali**

**Calle Francisco L. Montejano 1066**

**Mexicali, B. C.**

A familiar place for people not ready to explore the rest of Mexicali. Live music on weekends on outside patio.

### **Arenia Casino**

**Avenida Republica de Panama # 15**

**Mexicali, B. C.**

Casino, bar and restaurant. Slot machines, table games and bingo.

### **Chabelas de la "F"**

**Calle F y J. L. Larroque**

**Mexicali, B.C**

Chabela's namesake beverage is a combination of beer, clam juice, lemon, salt and sauce. Chabela's has a relaxed atmosphere, perfect for visiting with friends, a neighborhood bar with prices to match.

### **Chiltepinos Wings**

**Calzada Cetys #1800**

**Plaza Catavina**

**Mexicali, B. C**

Sports bar: wings, beer and music. This is a good place to catch the game, with outside patio area. Moderately expensive.

### **El Sume**

**Justo Sierra, #845**

**Mexicali, B.C.**

**686 588 4465**

**Mon-Sat 4PM-1AM**

**Website: <http://elsume.com/cervezas.html>**

El Sume is located in the Zona Hotelera along the strip of bars and restaurants that line Justo Sierra. What distinguishes this small establishment from the neighboring bars is its reputation as a 'beer connoisseurs' favorite. El Sume likes to advertise that they have over 100 beers on the menu, from different parts of the world. This is true, but the stock is limited, so favorites such as the apple timbered brews quickly sell out. The majority of their stock is Mexican, American, and traditional

British beers but there are also selections from China, Japan, Germany, Chile and several other countries with several different varieties on tap. Alcohol is a bit pricey, around \$8.00 – 9.00 a drink. El Sume is owned and operated by Dr. Gustavo Gaspar, the somewhat elusive plastic surgeon.

### **Irish Pub**

**Blvd Benito Juarez 1807**

**Mexicali, B. C**

A lively place, but the rowdy ambience may make it difficult for groups wanting to converse. Live music, night club.

### **Bar Miau Miau Men's Club**

**Avenida Reforma No 604**

**Zona Centro**

**Mexicali, B.C**

**Tele: 686 554 1461**

**Website: <http://www.zonacomercial.com.mx/detalle.php?ClaveCliente=3304&Palabra>**

**Monday to Sunday: 2:30 pm to 3 am**

A well-known part of the Mexicali scene; a traditional men's club with table dances, private massages and other adult activities.

### **La Cantina de los Remedios**

**Blvd. Justo Sierra y Calzada Aviacion # 16**

**Mexicali, B. C.**

**Hours: Monday to Sunday 1:30 pm – 1:30 am, valet parking service**

Popular Mexican franchise, restaurant and bar. Traditional Mexican food, grill, beer, drinks and tequila.

### **Shots Factory**

**Francisco L. Montejano #1100**

**Mexicali, B. C**

While this bar has two locations, the Montejano location is one of several bars and nightclubs that are located in one small block off of Benito Juarez.

### **Reforma # 1085 (second location)**

**Mexicali, B. C**

"A precopeo" place where people gather to have drinks before going to the main event. Large selection of shots, cocktails.

### **Slow down café**

**Paseo del Roble 1**

**Fracc Los Pinos**

**Mexicali, B. C.**

Café/ lounge, inexpensive food and beverages. The Slow down café is popular with young adults. Live, ambient but not overpowering music, casual food: pizza, wings, Mexican favorites. This is a good place to relax with friends and has a reputation as a location for clandestine rendezvous.

**Sugar's Place "Men's resort & spa"**

**Alta Mirano #480**

**Zona Centro**

**Mexicali, B.C**

Sugar's is a popular nightclub located in the slightly seedy nighttime tourist area in Zona Centro, and caters to the gay, lesbian and transgender crowd. Along with Sugar's there are several other bars, table dance/ strip clubs and other saloons in this area seeking to attract the well-heeling tourist, and the local college student crowd.

## Travel Basics for Medical Tourists

The world is becoming a smaller place, and healthcare services are increasingly offered as a commodity as part of a global marketplace. Medical tourism has changed since the days of the Laetrile clinics.<sup>54</sup> It is important to note that Mexicali is not Bogota, or any of the other locations that we have previously highlighted in other editions. The level of care and technological sophistication may vary significantly from what Americans are used to, and certain forms of treatment in Mexicali simply do not exist.<sup>55</sup> However, this should not be a barrier to seeking care; there are excellent providers scattered throughout the city.

With the advent of the internet, the medical tourism marketplace can be overwhelming, and finding objective information can be difficult, particularly for individuals seeking surgical treatment. In a recent poll, over 70% of medical tourists chose their destination by viewing websites on the internet. As a healthcare provider, this is particularly disturbing. The lack of published materials and third party, objective, informational sources is problematic and concerning. It was these concerns for both consumer safety and patient advocacy that led to the writing and publication of *Hidden Gem: A guide to surgical tourism in Cartagena, Colombia* and subsequent volumes. However, unlike my experiences and research in Colombia, the level of fraud and questionable care here in northern Mexico is substantial, and potential medical tourists need to be forewarned. Also the most dangerous sources of information remain the most prolific; with unverified and unchecked internet advertising for medical tourism exploding into consumers' faces, with new websites appearing at a phenomenal rate. Like late night television infomercials masquerading as legitimate programming, there is no way for consumers to judge the veracity of the information provided online.

Despite the limited and more casual tone of this publication, this book remains true to the original formula: Information provided in this book was collected through interviews and first hand observation. The participation of all the parties listed within was entirely voluntary and without financial remuneration. The author has no financial interests in any of the clinics or services discussed within this book.

### *Before you go:*

1. **Research** the procedure including risks, complications and post-operative recovery times. Make sure you are well informed about the desired procedure, no matter where you plan to have it done. There are several reputable medical websites including WebMD.com and mayoclinic.com.
2. Consider geographic features of the location and travel time as part of the risks and health concerns for the procedure. As mentioned elsewhere in this book, the extreme summertime temperatures of Mexicali are not suitable for all individuals. However, in comparison to the longer travel times involved for trips to Asia, or Eastern Europe, which contribute to significant health risks, Mexicali may remain a safer option.<sup>56</sup>
3. **Bring a list of questions to ask your doctor.** You can often email these questions directly to the doctors themselves prior to travel. Be frank and truthful about your medical history and habits.

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<sup>54</sup> Though during my time in Mexico, this sort of clinic is still very much in existence.

<sup>55</sup> We will talk about this in further detail within the text.

<sup>56</sup> These risks include bodily discomfort after surgery as well as increased risk for life-threatening complications such as pulmonary embolism.

Everything about your medical history is relevant and important. For example, people with a history of radiation have poor wound healing in the irradiated area, even years later. People with certain food allergies are likely to have cross-sensitivities to certain medications. It's not worth risking your health due to embarrassment or shyness. **Be sure to mention if you or any first degree blood relative<sup>57</sup> have had any of the following:**

- Sudden unexplained death (or sudden cardiac death)
- Problems with anesthesia such as difficulty waking up after surgery, or allergic reactions to anesthesia
- Bleeding disorders, or previous reactions to blood transfusions.

4. **Plan** to spend at least a week at your medical tourism destination. This may be shorter for patients who live near Mexicali (in southern Arizona or California, for example) but be prepared for a longer stay.

5. Choose your travel companion carefully. **Do not travel alone or bring small children.** Your travel companion needs to be someone who is capable of assisting you after surgery. This person should also be someone who you trust to make decisions for you while you are incapacitated (during and after surgery).

It is a good idea to have family members with you during your stay as this is the custom in Mexico, and family members often stay in the hospital rooms with patients. In public facilities it is particularly important to have friends or family available as many of the supplies that are traditionally provided in American hospitals, such as fresh sheets, blankets or pillows, may not be available. Family members may need to assist you with bathing, toileting or other activities of daily living in the first few days after surgery even if you remain hospitalized, particularly at the public facilities.

While a few surgeons offer nursing services as part of the package, this is not the norm in Mexicali. In general, when these services are offered, the nursing services are limited to daily visits or phone calls to your hotel room after you are discharged from the medical facility.

6. Arrange for hometown **follow-up** with your primary care provider. Schedule a follow up appointment with your primary provider before you leave, for approximately one to two weeks after your return home. Ask your surgeon for a copy of his surgical report and other medical records to give to your primary doctor. Be aware that your primary care doctor may attempt to discourage you from seeking treatment outside of the local area.

7. While many people prefer to undergo cosmetic procedures with a veil of secrecy, safety is paramount when travelling away from home. **Notify** at least one family member or friend of your departure and return dates, along with hotel information. Alternatively, you can register your travel with the state department at <https://travelregistration.state.gov/ibrs/ui/>.

8. **Use caution** and good judgment when buying or consuming food, particularly when purchasing from street vendors.<sup>58</sup> Restaurants and grocery stores are safe but the hygienic condition of products sold by numerous street vendors can be questionable. While local fruits are delicious, exotic and inexpensive, wash thoroughly before consuming. Before dismissing these concerns please consider

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<sup>57</sup> i.e. parents, siblings, children.

<sup>58</sup> This does not mean that all 'street food' should be avoided, but that people with specific conditions and illnesses should use more precautions.

that the vast majority of transmittable illnesses encountered during travel, including serious or life-threatening illnesses, such as Hepatitis A, occur from fecal contamination of uncooked foods such as unwashed fruit, and vegetables, such as lettuce. This is very similar to numerous serious and potentially fatal food contaminations with E. coli that have occurred in the United States. This is especially important for all potential surgical patients and in particular, bariatric surgery patients. Surgery itself weakens the body's ability to fight infection as immune system reserves are engaged in healing from the surgery itself. Taking a few extra precautions to prevent contracting a serious food borne illness, when planning to undergo surgery or after a recent surgery, is essential for maintaining comfort, health and well-being. In bariatric patients or patients who have undergone abdominal surgery, forceful vomiting may disrupt surgical sutures. Dehydration and electrolyte imbalances may also occur more readily in bariatric patients who can only consume very small portions following surgery.

#### **9. Pack light.**

- Travel limitations will be limited by your means of transportation. People driving to Mexicali will have more flexibility than air travelers.

For people traveling by air:

Travel only with one small, preferably wheeled bag if possible, for your own comfort, convenience and safety. Travel can be tiresome enough even in the best of circumstances. Struggling with excessive baggage can be frustrating when weary and sore. Post surgery restrictions may limit your ability to lift or carry for several weeks to months after surgery. Don't rely on others to keep track of or carry your luggage.

- Limit yourself to the absolute essentials.

- Bring easily washable clothing in synthetic fabrics such as nylon, or polyester. This will allow you to bring less clothing and wash clothes during your stay. Light fabrics such as polyester dry quickly with a minimum of fuss and no need for ironing.

10. **Talk to your insurance carrier**, if you have one, as well as representatives from the hospital. Many of the hospitals here in Mexico readily accept American insurance. The hospital will help submit your claims.

### *Do I need a travel company?*

For many people, particularly people who are comfortable traveling internationally, books such as this eliminate the need to arrange for medical travel through a travel company. People interested in surgical travel are able to contact the surgeons directly and negotiate their own arrangements.

This will save you money but may be stress-inducing for first time travelers. For people who are hesitant or nervous about traveling for surgery, a formalized travel company may be a better option, particularly in locations where doctors have not established their own ancillary services. However, some doctors and their staff have already established networks of hotels, taxis and nursing care which they will recommend and provide if desired. It is also important to be aware of how travel companies operate; travel companies charge for their services by increasing the total cost of the package, sometimes by as much as fifty percent.<sup>59</sup> However, depending on the popularity of the destination, the travel companies may be able to negotiate for cheaper hotel and other typical travel amenities.

Another important consideration when deciding to use a travel company is that most companies chose the provider themselves. These providers are chosen by destination and the current arrangement with the travel company, independent of patient input. They establish arrangements with providers based on profit, not surgical qualifications.<sup>60</sup> For the most part, these companies are run by people with backgrounds in business and marketing, not medicine. They may or may not be willing to accommodate your surgeon or anesthesiologist preferences.

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<sup>59</sup> This profit is usually not shared with the surgeon, who usually receives a set fee regardless of the price paid by the patient. Of course, practices vary across the industry. The lack of a vetting process by these companies is the basis for my interest in writing about medical tourism and patient safety.

<sup>60</sup> For more on this topic, please see my website and other writings.

### *What to bring on your medical trip: Checklist<sup>61</sup>*

[ ] All necessary travel documents (with photocopies of all photo identification) including **driver's license and passport**. Your passport is very important; keep it handy during your stay. This document is used for additional purposes such as credit card purchases, and will be your primary source of identification during your stay.

[ ] Copy of written documentation related to medical procedure, medical facility with local addresses of hotels, medical clinic, and other local contact numbers.

[ ] Copies of all **pre-operative testing** performed prior to your trip. X-rays and other imaging studies should be copied to CD-ROMs or DVDs for travel. Other medical information can be emailed directly to your surgeon with your preauthorization. Make sure one copy of your medical records travels with you. Since most diagnostic tests are significantly less expensive in Mexico, some people may elect to have some of their testing performed after their arrival. This may lengthen your stay but if your travel plans are flexible, or you have sufficient vacation time, this may be a more affordable option. If you have diabetes, or a previous heart history, your surgeon may require you to see an internal medicine physician or a cardiologist prior to scheduling surgery. However, most doctors are able to accommodate patients much quicker than American doctors, and this should not delay your procedure.

[ ] Copy of form from **Appendix A** in this book. Keep this form with you. This will inform medical providers of your medical information in an emergency. Depending on your medical history and scheduled procedure, your surgical team may need you to have some testing before traveling to your destination. You may need to undergo additional blood tests or diagnostic testing after your arrival.

[ ] **Current medications** along with a typewritten list of medications. Pack medications in carry-on luggage only. Be sure to know the generic names of your medications as these names are the same internationally.

- If you are diabetic, and require insulin or frequent blood glucose testing, be sure to have adequate supplies on hand. Insulin can be packaged in insulated containers to maintain medications at appropriate temperatures. Notify all security screeners at airports that you are carrying insulin and syringes to prevent delays or damage to supplies.

[ ] **Support garments** as recommended by your surgical team (i.e. sports bras, or girdles). Abdominal binders are helpful to reduce pain with movement following abdominal surgery. Sports bras and other wraps help reduce pain and speed healing after surgery.

[ ] **Anti-embolic stockings** / socks for air travel after surgery.<sup>62</sup> These are available at pharmacies, medical supply stores, and large chains like Wal-mart. Measure your calves at the widest point for

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<sup>61</sup> Printing of checklist pages, and Appendix A are expressly permitted.

<sup>62</sup> Clarke, M., Hopewell, S., Juszczak, E., Eisenga, A. & Kyeldstrom, M. (2006). Compression stockings for preventing deep vein thrombosis in airline passengers. *Cochrane Database Syst Rev.* 2006, Apr 19 (2): CD004002.

Philbrick, J. T., Shumate, R., Siadaty, M. S., & Becker, D. M. (2007). Air travel and venous thromboembolism: a systemic review.

proper fit. Socks should be snug but not painful. Individuals with a history of peripheral arterial disease (PAD), ischemia or other lower extremity conditions should check with their physicians prior to wearing compression socks or hosiery. These stockings are also important for use during and immediately after your surgery, while you are less mobile. Many of the facilities here in Mexicali do not have commercial or hospital-grade ted hose so you should supply your own.

- Be sure to inform your surgeon if you have a past medical history of a previous deep vein thrombosis (DVT), “blood clot” or pulmonary embolism (PE), “clot in the lungs.” He/She may want to prescribe additional medications to prevent a blood clot on your trip home, particularly if your flight or drive is of long duration.

- **Know your own medical history.** It is your responsibility to be able to recite important medical details about your previous hospitalizations, illnesses and treatments. This will help to safeguard your health, as medical records are often fragmented and piecemeal.<sup>63</sup>

[ ] Small supply of **ibuprofen** and **acetaminophen** for pain and fever post-operatively. Be sure to inform your surgical team of all the medications you are taking. Patients with kidney disease, hypertension or diabetes should limit their ibuprofen consumption. Be cautious using acetaminophen in combination with other medications (acetaminophen is an added ingredient to multiple medications including over the counter cold remedies, and prescription narcotics. Current medical recommendations limit acetaminophen to less than 4 grams (4,000 milligrams) in a 24 hour period.<sup>64</sup>

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GenClarke, M., Hopewell, S., Juszczak, E., Eisenga, A. & Kyeldstrom, M. (2006). Compression stockings for preventing deep vein thrombosis in airline passengers. *Cochrane Database Syst Rev.* 2006, Apr 19 (2): CD004002.

Philbrick, J. T., Shumate, R., Siadaty, M. S., & Becker, D. M. (2007). Air travel and venous thromboembolism: a systemic review. *J. Gen Intern Med.* 2007 January 22 (1): 107 – 114. Both of these articles review existing medical data to examine risk factors and prevention of blood clots during air travel.

<sup>63</sup> Contrary to popular belief, it’s not “all in the chart,” and there is no master computer record maintained in cyberspace.

<sup>64</sup> This is equal to eight extra strength acetaminophen tablets. Currently, these recommendations are under consideration for revision, to a lesser threshold of approximately 2.5 grams per 24 hours. Recommendations also vary for patients with a history of liver disease, alcoholism or use of certain medications.

## Pharmacies and medications

While many people assume that all medications are cheaper in Mexico than the United States, this is not always true. In fact, with the popularization of four dollar medications at several large chains such as Target, Kmart and Wal-mart, many of these medications are significantly more expensive in Mexicali.



*Chain pharmacy in Mexicali*

Pharmacies in Mexico, particularly smaller pharmacies, are usually independently owned and operated. Even in the large chains such as Far+Cia, most of the employees of these pharmacies have no medical or pharmacy training, so visitors relying on local pharmacies for medication advice may run into serious problems and medication errors. For example, during a recent visit to a local pharmacy, one of our researchers was offered a 25 mg dose instead of the prescribed 3.125 mg of a blood pressure medication. Had this discrepancy gone unnoticed, there could have been significant side effects from the excessive medication.

### Antibiotics

In 2010, the Mexican government passed a law requiring a prescription for all antibiotics, in an attempt to limit the spread of antibiotic-resistant infections. Since that time, large chain pharmacies have installed physicians on-site (similar to Minute Clinics in the USA) to help patients with minor medical complaints and ailments. Fees are usually nominal for these evaluations but antibiotics remain quite expensive.<sup>65</sup> Despite this, antibiotic use is still heavy-handed among medical professionals with a 'when in doubt' approach. For visitors to Mexicali with head or chest colds, or sinusitis with a possible viral origin, I advise a 'wait and see approach'.<sup>66</sup> For all surgical patients, a return visit to your surgeon is warranted.

### Narcotics

Use of narcotics is exceedingly limited in surgical practices even after large surgeries. Most surgeons will attempt to limit post-operative pain by the use of peri-operative epidural analgesia, or

<sup>65</sup> One of the largest pharmacies in Mexicali advertises medical consultations for sixty pesos, which was around five dollars at the time of this writing but prescriptions for a full course of antibiotics may cost anywhere from 25 to 60 dollars.

<sup>66</sup> See the section on medical emergencies for signs and symptoms of more serious illness. The overuse/ inappropriate of the antibiotics for viral and minor illnesses in immunocompetent people are a significant cause of resistant strains of bacteria such as "MRSA", and VRE. Antibiotic use is also associated with the development of Clostridium difficile diarrhea (also known as "C. diff") which is also becoming resistant to the existing forms of treatment.

instillation of local analgesics at the end of the case, to help manage the pain for the first 48 or 72 hours. In addition, there are several potent non-narcotic pain medications that are available in intravenous or other formulations not available in the United States. However, if you have a history of chronic narcotic use, or chronic pain problems, please discuss this with your surgeon prior to surgery so that your treatment plan can be altered accordingly.

### **Laboratories and pathologies**

Depending on the facility and the studies being performed, on occasion, patients and their families will receive surgical specimens to bring to outside laboratories for further testing. This often occurs when surgeries are performed late in the day, or results are needed in a hurry. Personal delivery from family members is more likely to result in speedy delivery of specimens enabling more timely results. On other occasions, where the diagnosis may be more complicated, the surgeons may direct the family to take the specimen to a specific pathologist to ensure accuracy.

In discussions with physicians, there is one pathologist that was universally mentioned and recommended repeatedly by doctors in multiple facilities and specialties.

**Dra. Maria Elena Marin Fragoso, MD**  
**Surgical pathology and diagnosis**  
**Unidad Medica MARBE**  
**Bravo 137 – C**  
**Planta Baja**  
**Mexicali, B.C.**  
**Tele: 686 554 1005**

## **Mexican Culture**

Despite being our closest southern neighbor, and having strong ties to the United States, Mexican culture differs from Anglo-Saxon culture in many ways. Without propagating stereotypes, suffice it to say that the typical laid-back, relaxed appearance of many Mexicali residents belies a keen intellect and astute understanding of Mexico's position within the global community.

However, many cultural traditions remain based in their Catholic origins, with persuasive sex role stereotypes and gender bias even among educated professionals. Within the medical community, this traditional way of thinking is particularly apparent in relationships between doctors and nurses. Sexual innuendo, coarse language and crude gestures remain the mainstay of the humor of many of the medical providers, particularly the older generation.<sup>67</sup>

While less transparent than in other Latin American countries, (specifically, Colombia, where nurses are often addressed as "ninas"), nursing remains an often poorly regarded occupation and is paid accordingly. An interesting side development within this culture is the apparent animosity and disrespectful attitudes and behaviors specifically displayed by female medical providers to nursing staff.<sup>68</sup>

Despite how casual-appearing the attitudes of many of the providers I interviewed may appear to be to outsiders, do not be fooled into thinking these are anything less than intelligent, professional, and competent medical providers.<sup>69</sup>

## **Surgical culture**

However, the surgical culture also differs considerable from what many American health care providers and patients may be used to. Salaries are exceedingly low in comparison with American standards even when cost of living differences are taken into account.<sup>70</sup> The average base salary of a Mexican surgeon in Mexicali is around 20,000 dollars a year. While this is more than the average Mexican worker, medicine and surgery are not considered glamorous or prestigious occupations as they are often depicted in American media.<sup>71</sup> In fact, many day laborers, or unskilled workers can make similar or equal wages working at Wal-mart or other such chains in Calexico, making the California minimum wage.<sup>72</sup> This means that many of the stereotypical trappings that 'the successful surgeon' such as lavish homes, and fancy cars are absent. Despite these differences, surgeons still command respect among patients, peers and the general public for their advanced skill set.

One of the Latin American stereotypes which is generally true, (and often upsetting to outsiders) is the Latin American approach to time, which is less rigid than other cultures. This generally translates into a ten to twenty minute disparity among stated times, and actual times. This means that in many cases, both patients and providers will arrive to a three o'clock office appointment at

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<sup>67</sup> In my observations, the nurses are not accepting of this behavior but have little recourse in a society that openly tolerates these displays.

<sup>68</sup> Again, not entirely uncommon within both the medical community at large, but more obvious in Mexicali.

<sup>69</sup> Unless, of course, I provide you with evidence to the contrary.

<sup>70</sup> While some costs (housing and food) are less than most American cities, other costs are fixed such as vehicles, clothing and other necessities which equal or exceed American counterparts.

<sup>71</sup> Hawley, C. (2006). "Long hours, low pay heightens allure of opportunity in U.S. ", *Arizona Republic*, dated December 10, 2006. Available on-line at <http://www.azcentral.com/arizonarepublic/news/articles/1210gettingby1210.html?&wired>

<sup>72</sup> California minimum wage was \$8.00/hour as of January 1, 2012. Federal minimum wage is \$ 7.25/hour.

3:15 pm. However, when waiting for a surgical provider, delays may also be caused by an ongoing surgical procedure, so if your surgeon is delayed, please remain patient, or reschedule.

### **Quality of medical care in Mexicali**

However, despite these cultural differences, for the most part, the surgical care itself is comparable to the United States. This is due to the large numbers of young surgeons in Mexicali.<sup>73</sup> These surgeons are well-trained and more comfortable with newer surgical techniques such as minimally invasive surgery (laparoscopy, thoracoscopy and similar approaches).



*Dr. Abril using laparoscopy for abdominal surgery*

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<sup>73</sup> In comparison to many locations, there is a larger segment of surgeons aged 40 or less in Mexicali.

## Hospitals and Medical Facilities

In Mexicali, there are two basic types of facilities, public (or semi-public) hospitals and private facilities. The public facilities may be all encompassing such as Mexicali General Hospital, which accepts all patients, or semi-restrictive such as the Issstecali facilities which only accept government employees.<sup>74</sup>

Despite being a large city with an estimated metropolitan population of a million to 1.5 million people, there are no truly large academic facilities. The largest of the hospitals is the public facility, Hospital General de Mexicali, which is still rather small in size by American standards.

The private facilities run the gamut from small thirty-bed facilities to tiny facilities such as Arce-Quinones which has a total of ten beds, including one intensive care bed and one labor and delivery room. The advantages and drawbacks of each are unique to the patient situation. While the exclusive private facilities offer more amenities and private rooms, these facilities have less intensive care equipment and limited staffing. Thus, while the private facility may be ideal for a patient seeking anonymity while undergoing plastic surgery, that same patient may encounter difficulties receiving the appropriate level of care should serious complications arise during or after surgery. For the same reason, these facilities are less than ideal for large-scale operations such as cardiac bypass surgery, organ transplantation or bariatric surgery.<sup>75</sup>

In contrast, the public facilities are large, crowded, noisy and dated in appearance. Most patient rooms are shared, but there are larger numbers of specialty physicians, intensive care beds, and specialized staff such as intensive care nurses.<sup>76</sup> Despite this, these facilities suffer from chronic underfunding and supply shortages.<sup>77</sup> There is a higher patient to nurse ratio and less personalized attention. Friends and families are often expected to assist with many activities usually associated with nursing care, such as ambulation, bathing and other hygiene activities.<sup>78</sup> Medical tourism patients should not attempt to save money by seeking care or treatment in the public facility, where much of the post-operative care is delegated to residents and interns. **It is well-worth the money to 'upgrade' to a private facility**, which is what the majority of middle-class Mexicali residents do.<sup>79</sup>

Additionally, from a diagnostic imaging standpoint, there are no PET/ CT scanners in the city of Mexicali.

### Arce - Quinones

**Rio Tamazula Sur y Calle 4ta # 2600**

**Mexicali, B. C.**

Facility is located on the far side of Mexicali, past the industrial area.

This newly opened facility is tiny, with just a few patient rooms and a single intensive care bed, and one labor and delivery room, making this facility unsuitable for anything but smaller cases<sup>80</sup>, and same day surgery procedures.

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<sup>74</sup> Similar to a Veterans Administration facility in the United States but serves teachers and other government employees.

<sup>75</sup> As bariatric surgery patients often have a complex set of co-morbidities which places them at higher risk of complications.

<sup>76</sup> As teaching institutions there are also large numbers of medical students, interns and residents.

<sup>77</sup> More expensive supplies such as surgical clips, or compression hosiery/ sequential stockings are simply unavailable.

<sup>78</sup> Unfortunately, the same can often be said of some American facilities, particularly inner-city public hospitals.

<sup>79</sup> While the term private facility may imply exclusivity or extreme expense, this is not the case. Private facilities are widely used by the majority of middle class patients.

<sup>80</sup> Surgeries anticipated to require no more than an overnight stay.

There's a small one-suite lab, about 6' X 8' in size but able to perform the more basic lab studies and a radiography suite for x-rays and ultrasounds. They also have a small ER (but probably more suitable for an 'urgent care') with two beds. The place is brand-spanking new, with gleaming floors and smiling staff.

There are two operating rooms, with modern but dated appearing equipment.<sup>81</sup>

Patient rooms were small and cramped, but clean and new in appearance.

### **Bellus Clinic**

**Avenida Madero 573**

**Primera Seccion (Zona Centro)**

**Mexicali, B.C.**

**Website:** <http://www.belluscp.com/informacion.html>

**Tele:** 686 554 3254 or 686 554 0741

**From the US:** (760) 455 1227

This tiny clinic is owned and operated by Dr. Valenzuela, a local plastic surgeon. At first glance, the operating room appears dated, antiquated but this is mainly due to the heavy application of mint-green (circa 1950's) paint and similar styled tile. On closer inspection, the sole operating room is actually outfitted with an excellent array of equipment including 'crash carts' for cardiac arrest, emergent intubation and any other possible surgical/ medical emergency. There is a defibrillator inside the operating room and a large stock of a wide selection of medications including resuscitation medications such as epinephrine. While the ventilator and electrocautery base unit appear to be about 10 to 15 years old, the new hemodynamic monitor (with a large screen) actually rests alongside a more vintage unit. All equipment was in good repair, and appeared functional during my visit. All instrumentation appeared to be in excellent condition, and new or near-new condition.

The clinic has a one-room recovery area, and is designed for same day surgery procedures only.

### **Hospital Hispano Americano**

**Av. Reforma y Calle "B", No. 1000**

**Mexicali, B.C.**

**(52) (686) 552.2300**

**<http://hospitalha.com/>**

Website with English language option.

This small private facility is located on Calle 'B' between Reforma and Obregon Avenues. It is one of the few facilities in Mexicali to have a cardiac catheterization laboratory, with two cardiologists privileged to perform procedures at this facility.

Currently, one of the floors of the hospital has been leased by the public hospital after the public facility was damaged in the 2010 earthquake.

The operating rooms were large, clean and well-lit. Monitors were small but modern, with good picture quality. Anesthesia equipment (ventilators) was modern, and fully functioning.

Laparoscopic equipment appeared well maintained and fully functional during cases. Patient rooms are private and attractively decorated.

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<sup>81</sup> The ventilator for anesthesia appeared to be 10 – 15 years old, but fully functional. The hemodynamic monitors were single color units, making them older still.

## **Hospital Almater**

**Av. Francisco L. Madero 1060**

**Zona Centro**

**Mexicali, B.C.**

<http://www.almater.com/>

Website with English language version.

Widely considered by patients and physicians alike as the poshest of Mexicali's facilities, Hospital Almater boasts of a chest pain center, and cardiac catheterization laboratory.<sup>82</sup> The hospital has an eight bed intensive care unit, in addition to two wings of private rooms.

In one of the wings, there is a sign advising staff and visitors that Hospital Almater is currently seeking Joint Commission accreditation, however this sign dates back to 2010. As there are no facilities within Mexicali that have received this accreditation, with just a handful in the all of Mexico with JCI accreditation status, I expect that this venture was abandoned early in the process.<sup>83</sup> The operating rooms are clean, well-lit, with modern and fully functioning equipment.

## **Hospital de la Familia**

(formerly Hospital de la Mujer)

**Circuito Brasil 82**

**P.I. El Alama**

**Mexicali, B.C.**

<http://www.hospitaldelafamilia.com.mx/>

Website with English language section.

If Hospital Almater is considered the cream of Mexicali private facilities, then Hospital de la Familia is running a close second. This facility is located on the far side of Mexicali, close to the 'new' border crossing, and has an active interest in attracting and serving the medical tourism community.

Hospital de la Familia is one of several small private facilities that are heavily involved in attracting and promoting medical tourism in Mexicali. Hospital de la Familia is also heavily advertised with Planet Hospital, and several other medical tourism companies.<sup>84</sup>

Hospital de la Familia has several operating rooms including one operating room that has been converted into a make-shift cardiac catheterization lab.

## **Dr. Juan Fernando Medrano Martinez, MD**

Email: [jmedrano@hospitaldelafamilia.com.mx](mailto:jmedrano@hospitaldelafamilia.com.mx)

Tele: 686 565 7555

Dr. Juan Fernando Medrano Martinez is the medical director of this facility and states he is happy to assist travelers with their travel needs.

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<sup>82</sup> In reality, there is no actual 'chest pain center' but staff report plans for one – in direct contrast to advertisements on their website.

<sup>83</sup> Facilities that fail this process or withdraw from seeking accreditation after the initial process are noted on the JCI website. There was no mention of Hospital Almater.

<sup>84</sup> This includes advertisements for organ transplant with the tagline, "not just affordable, but with no waiting." *Disclosure: In a previous two part series, we discussed Planet Hospital's role in arranging 'grey market' organ transplants. The articles may be viewed at: <http://www.examiner.com/article/transplant-tourism-and-patient-safety>*

## **Hospital General de Mexicali, (aka Mexicali General Hospital)**

**Centro civico**

**Mexicali, B.C.**

Located on Del Hospital Avenue

While this busy public hospital boasts little in fancy amenities such as private quarters, or marble floors, it is home to some of Mexicali's finest physicians, since many of the city's surgeons are on salaried staff here in addition to maintaining private practices. It is also the hospital I am the most familiar with, as I spent several months in this facility in the role of a student.

As the city's largest public hospital and trauma center, Mexicali General sees over 80% of the traumas occurring within the city.<sup>85</sup> Despite this, the facility is surprisingly small by American standards with just three functional floors at present. (The two uppermost floors are undergoing renovation after being damaged in the 2010 earthquake). However, the emergency department is also undergoing extensive expansion. When completed, the new emergency department will have 24 beds in addition to specialty treatment areas (trauma bays, infectious disease quarantine areas and an operating room).

The hospital currently has CT scan modalities but does not utilize computerized viewing systems.

**Notably, there is no cardiac catheterization facility at this hospital. Patients with chest pain or possible chest pain syndromes should seek immediate attention at Hospital Almater, Hispano – Americano or another facility with a cardiac cath lab. Otherwise there may be a significant delay in treatment as patients are transferred to other facilities.**

There are four operating rooms, which are dated in appearance but well stocked with usable and fully functional equipment. This includes the availability of nitric oxide to all of the operating room suites. The rooms are large, and well-lit. While hemodynamic and video monitors (for endoscopic and thoracoscopic procedures) are small in size, they are of modern vintage, and image quality is excellent.

The quality of anesthesia at this facility varies by individual anesthesiologist but there were no gross departures from internationally accepted protocols during my visit; members of the anesthesia team remained in attendance during cases, alterations in hemodynamics were appropriately managed, proper airway placement was confirmed prior to the initiation of surgery, and no monitors appeared to be silenced during cases.<sup>86</sup>

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<sup>85</sup> Estimate according to one of the physicians interviewed for this project, Dr. Mayagoitia.

<sup>86</sup> In the past, at facilities profiled in editions covering other locations any or all of the offences listed above have occurred, including patient abandonment by anesthesia staff.



*Outside Hospital General de Mexicali*

### **Hospital Quirurgico del Valle**

**Alvaro Obregon 684**

**Nueva, C.P 21100**

**Mexicali , B.C.**

**Tele: 686 554 2783**

Heavily marketed by PlacidWay<sup>87</sup> as ‘the best hospital in Mexicali’, this facility is designed as a facility for surgical patients only, and aimed heavily at the medical tourism population. The floors are shiny, the furniture is leather, and the interior appearance belies the unattractive block on which it is located. Patient rooms are attractive and good-sized, but the operating rooms themselves are far more impressive. The facility has two operating rooms, which are new, and very large in size. The rooms are outfitted with three video monitors for laparoscopic procedures, making this the best equipped facility for these procedures thus far.<sup>88</sup> While the ventilator for anesthesia appeared to be about ten years old, all of the other equipment appeared to be in new or near-new condition. This hospital has an affiliated radiology division on site for CT scans and other diagnostic imaging.

### **IMSS No. 30 and 31**

**(Instituto Mexicano del Seguro Social)**

**Zaragoza y Calle D**

**Mexicali, B.C.**

IMSS is the local social security hospital system consisting of several facilities here in Mexicali.<sup>89</sup> Mexicali residents can elect to pay a monthly allotment to support this facility and to receive care at this hospital. The majority of Mexicali residents elect to participate in this program, but teachers, and employees of other facilities may omit these payments as they have their own facilities. Many of the local surgeons operate at the IMSS facility in salaried positions. IMSS No. 30 is the main hospital facility for adults. Adjacent to the main hospital is a large building housing the offices of

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<sup>87</sup> A large medical tourism company, which is contracted with this facility.

<sup>88</sup> Equivalent to a big-screen television in size.

<sup>89</sup> IMSS is a federal health system.

the various specialty departments (Consultorios de especialistas). IMSS No. 31 is also located nearby. IMSS 31 is the women and children's hospital (gynecology and pediatrics).<sup>90</sup>

### **Issstecali**

As previously mentioned this facility is for the exclusive use of government employees (teachers) and their families. It is also the nominal home to the Dr. Vasquez's cardiac surgery program.<sup>91</sup>

Like the public hospital, Issstecali is a busy, functional facility with an institutional rather than an aesthetically pleasing appearance.

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<sup>91</sup> Please read about Dr. Vasquez for more information about this program.

## Selected Medical/ Surgical Providers

In contrast to previous editions, the listing of Mexicali providers is extremely limited. It is primarily focused on surgeons, not medicine doctors.<sup>92</sup>

One item that has changed since previous books was increased reliance on electronic medias. We live in a digital age, and unless contact was made via happenstance, if a provider could not be contacted via a website or email address – no further attempts were made. In an effort to emulate the public, and their habits – surgeons were located through a combination of methods; the internet and the yellow pages. It seems unlikely that a medical tourist would call or contact a previously unknown provider simply after seeing a generic listing and telephone number on the internet, so I omitted those surgeons in the interest of conducting as many interviews and research in a limited time span.<sup>93</sup>

## About this directory

As part of my reporting, I have assigned a recommendation rating to surgeons that have been directly observed in the operating room. I have used standard criteria such as NSQIP<sup>94</sup> as the basis for my recommendations. This includes a ‘time –out’ prior to the initial incision to confirm patient, operation, correct surgical site with pre-operative site marking, timely initiation of prophylactic antibiotics, use of anti-embolic devices, and use of pre-operative medications such as beta-blockers, dependent on specific criteria.

Intra-operative anesthesia procedures were also observed using the following parameters, as well as the application of criteria set forth by the Surgical Apgar Scoring system devised by Gawande, et. al. in 2007<sup>95</sup>:

1. Presence or absence of continuous anesthesia monitoring by anesthesiology or qualified staff. Mexico does not recognize nor train nurses in advanced anesthesia, but anesthesia residents were considered to be members of the anesthesia team. If patients were left for more than two minutes unattended by a member of anesthesia, this was noted.
2. Hemodynamic monitoring and correction of significant alterations in vital signs. Anesthetics including conscious sedation can produce significant hypotension.<sup>96</sup> For the writing of this book; Hypotension was defined as blood pressure of 80 systolic or below. Sustained hypotension was considered to be greater than 5 minutes, without the use of medications to correct this condition. Pulse oximetry and oxygenation status within acceptable ranges, (pulse ox greater than 92%, arterial blood gases without significant

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<sup>92</sup> Another important phrase in medical terminology is ‘medicine doctor’ or ‘doctor of medicine.’ This term is used to distinguish non-surgeons (doctors of surgery) from internal medicine physicians who prescribe medications, treatments and therapies but do not perform operations.

<sup>93</sup> Quite simply, I didn’t have an extended period of time to try and chase down providers. During previous projects, I spent an enormous amount of time doing just that – in addition to endless hours spent in waiting rooms, waiting on surgeons who were hours late, or never arrived at all. But during those projects – the book was my primary purpose, and I was operating on an open-ended schedule (write until you run out of money).

<sup>94</sup> National Surgical Quality Improvement Project, which outlines several procedures to be followed in the operating room to reduce mortality and surgical complications.

<sup>95</sup> This tool is used both to predict surgical outcomes and to quantify the quality of anesthesia using a ten-point scale. This scale has been validated through several large studies involving thousands of patients. Gawande, A. A. et al. An apgar score for surgery. *J. Am Coll Surg.* 2007, Feb; 204(2): 201-8. More on the surgical Apgar score is detailed in the appendix.

<sup>96</sup> In some cases, patients were noted to have significant hypotension for the duration of the case, as noted in the text below.

hypoxia or acidosis). Heart rate including tachycardia, bradycardia as defined by the Surgical Apgar Scale.

3. Proper patient positioning to prevent injury, pressure sores to tissue and safeguard patient safety, using appropriate positioning devices, and padding as needed. This also included protection of patient airway during repositioning, and during cases using general anesthesia.

Using the surgical Apgar scale, surgeries are assigned a score from zero to ten, with ten being the highest.<sup>97</sup>

**Highly recommended:** All standardized protocols and surgical principles maintained, aseptic technique maintained, no obvious deviations from accepted practice. This grading was reserved for surgeons who demonstrated outstanding surgical skills or talents.

**Recommended:** Aseptic techniques and practices maintained, with minor variations in practice or other deviations as noted in text.

**Recommended with reservations:** Surgically proficient with errors unrelated to surgical technique itself or surgeon. Deficiencies noted in text.

**Not recommended:** This may be due to surgical performance, failure to follow standardized protocols or other factors as noted in text.

Another note I would like to make is that in Mexicali, few, if any providers follow formalized guidelines such as the World Health Organization (WHO) safety checklist or the National Surgical Care improvement Project (SCIP) checklists.<sup>98</sup> These guidelines follow a rigid verbal procedural checklist similar to pilot checklists to reduce the incidence of intra-operative complications such as wrong site surgery, inappropriate antibiotic administration and peri-operative heart attack.

However, this does not mean that surgeons were not following most of, or all of the current recommendations. In many cases, this was clearly apparent by the surgeon's actions and conversations with anesthesiology. However, poor communication with the remainder of the operating room team and a lack of clear documentation on the part of the surgical team will hurt many of these fine physicians in the future, if and when additional organizations such as Joint Commission arrive seeking to regulate the medical tourism industry and apply quality standards.

In today's medicine, it is not enough to do the 'right' thing, you need to do the right thing, *every* time and it needs to be documented clearly, in one easy-to-find area of the chart. Many of the checklists advocated by the World Health Organization, and the American National Quality Strategy were created to simplify and streamline the documentation process, while improving patient safety.<sup>99</sup> However, these processes are not universally applied or required.

With the incredible rise of the medical tourism industry combined with an absolute lack of regulation or oversight for medical tourism companies, the need for such measures is critical to

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<sup>97</sup> Further explanation of these scores is described in Appendix A.

<sup>98</sup> The main exception to this is Dr. Vasquez, the cardiac surgeon. Cardiac surgery as a rule is a highly regimented process and Dr. Vasquez's operating room is no exception.

<sup>99</sup> For more information on the National Quality Strategy created by the Department of Health & Human Services, go to their website at: <http://www.hhs.gov/news/press/2011pres/03/20110321a.html>

protect patients from outright fraud on the part of brokering companies as well as potential harm.<sup>100</sup> While this critical evaluation of providers will not address many of the shortfalls on the side of the brokers, it will help to ensure that informed consumers do not fall prey to unlicensed and unscrupulous individuals posing as physicians. It is also a vital tool for hospitals, medical facilities, and service lines as part of continuous quality improvement programs.

### *Anesthesia*

In Mexicali, unlike many locations, anesthesiologists operate as independent contractors on a per-case basis. Surgeons have their preferred providers and often schedule cases around their availability. This gives patients an opportunity to express their preferences as well, something that is usually not possible in the United States.

The quality of anesthesia provided during surgery has a direct and immediate effect on the condition of the patient, and the surgery itself. Recent research has continued to highlight the importance of high quality anesthesia on morbidity and mortality. In fact, the Surgical Apgar score itself is heavily weighted on the anesthesiologist's performance, more so, than the operating surgeon. The anesthesiologist is responsible for more than the administration of drugs to render the patient senseless, or unaware of the procedure.

During general anesthesia, the anesthesiologist assumes responsibility for maintaining the essential functions to maintain life during the surgery: management of the airway, respiration (through mechanical ventilation and oxygenation) and circulation. Depending on the nature of the surgery, the anesthesiologist may have additional, more specialized duties. Clear communication and shared understanding between the anesthesiologist and the surgeon is vital to a successful surgery; however, this is where communication often falls short. For example, if there are problems with hypoxia or hypotension during the surgery, this patient deterioration needs to be communicated to the surgeon as part of feedback on the operation. Conversely, the surgeons themselves should be certain to impart important information to the anesthesiologists, for correction of potential complications such as intra-operative bleeding.

In contrast to some of the previously documented experiences in both the United States and overseas, I encountered several outstanding anesthesiologists in Mexicali. Much of these differences were due to management style. Observed anesthesia management falls along a continuum from "passive permission" all the way to "over-aggressive intervention" and it is important to distinguish between these styles.

Some providers take a "passive" approach and "allow" blood pressure to slide and degrees of hypoxia to occur until noticed by the surgeon, or until the condition persists for an extended period of time. Others intervene appropriately to correct these conditions as they occur in a timely fashion, using a moderate approach (limited amounts of medication or oxygenation/ airway management). Others, who may be over-correcting for an earlier passive approach, will pile on too many medications too quickly, causing an equal amount of problems in their attempts to manage the initial condition, be it hypoxia or hemodynamic instability. It is important to be able to recognize, and identify quality providers who are both able to identify and treat potential problems during

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<sup>100</sup> This is the philosophy behind my publications; protecting the patients through honest and unbiased evaluation. More on the medical tourism companies and medical tourism brokers can be found at <http://www.examiner.com/article/medical-tourism-safety-do-your-homework>

surgery with an aggressive approach to limit the development of complications. Whether this is the recognition of the need to secure the airway during conscious sedation, administer fluids or medications for intraoperative blood loss or low blood pressure, it is essential that the anesthesia provider be in-tune to the patient's needs and not his iPhone.<sup>101</sup>



*One of the reasons we monitor anesthesia while they monitor the patient<sup>102</sup>*

**Dr. Alejandro Ballesteros S. MD**

**Anesthesia & Analgesia**

**Email: [ballesterosdoc@hotmail.com](mailto:ballesterosdoc@hotmail.com)**

Dr. Ballesteros was the anesthesiologist for a case with Dr. Sarinana and Dr. Ramos at the Hospital de la Familia. He speaks fluent English.

Dr. Ballesteros attended medical school at Universidad Autonoma Baja California, and completed his anesthesia residency at Hospital General de Mexicali, where he still works on the night shift several days a week. He has been a practicing anesthesiologist for over sixteen years, and was very

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<sup>101</sup> Smartphones, iPads and other such devices are now recognized as the number one cause of distractions in the operating room, particularly among anesthesia providers.

<sup>102</sup> Yes, this is what the anesthesiologist did for the duration of the case despite repeated reprimands from the operating surgeon.

conscientious of the patient during the case. He states that he likes to use aggressive pain control measures for optimal post-operative pain control and often implements a combination approach (i.e. epidural analgesia with intravenous and oral medications).

He was the primary author of a 1995 article comparing analgesic agents for use in obstetrics, and remains interested and up-to-date on the latest trends and advances in pain management and analgesia.<sup>103</sup>

Dr. Ballesteros remains present and attentive during the full duration of the case. He aggressively monitored for potential problems or hemodynamic instability and treated accordingly.

*Surgical Apgar: 8. Recommended.*

### **Dr. Octavio Campa Mendoza, MD**

#### **Anesthesia & Analgesia**

**Email: [drcampamendoza@hotmail.com](mailto:drcampamendoza@hotmail.com)**

Dr. Campa is fluent in English in addition to his native Spanish.

At 36, Dr. Campa, a San Luis native, has several years experience as an anesthesiologist for a wide range of procedures, including the more difficult thoracic surgery cases.<sup>104</sup> He shows skill and familiarity with both double lumen intubation and management of uni-lung ventilation as well as with pain management procedures such as thoracic epidural analgesia.

During all of the cases in which I observed Dr. Campa's anesthesia management, he remained in attendance *at all times*.<sup>105</sup> He also remained alert and involved in his patient's care for the duration of the case, with no episodes of hypotension, oxygen desaturation or tachycardia. Patient anesthesia actively monitored and maintained during all cases.

Several local surgeons mentioned that Dr. Campa was their preferred anesthesiologist, including two separate surgeons who stated that Dr. Campa "is on my short list. I call him first."

*Highly recommended with consistent surgical apgar scores 9 -10. Out of the many talented anesthesiologists I have met in Mexicali, I would probably choose Dr. Campa administering anesthesia to myself or my loved ones.*

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<sup>103</sup> The article, which is in Spanish may be viewed here:

[http://www.anestesiaenmexico.org/RAM\\_95/RAM6/art/art\\_originales/art1/art1.htm](http://www.anestesiaenmexico.org/RAM_95/RAM6/art/art_originales/art1/art1.htm)

<sup>104</sup> Thoracic surgery cases are more difficult due to the use of specialized equipment and procedures.

<sup>105</sup> I encountered Dr. Campa so frequently, in several different surgeon's operating rooms that it became a long-standing joke between us. In each of these cases, he was excellent – helping provide surgical apgar scores that were consistently 9 – 10.



*Dr. Campa keeping close tabs on his patient*

**Dr. Andres Garcia Gutierrez**

**Anesthesia & Analgesia**

**Email: [nanomd@hotmail.com](mailto:nanomd@hotmail.com)**

**Cell: 686 216 0839**

Dr. Garcia is primarily Spanish speaking.

I met Dr. Garcia and witnessed his anesthesia techniques in the operating room with Dr. Marnes Molina. For these cases, patients received conscious sedation and epidural analgesia. The patients appeared comfortable and pain-free for the duration of the cases. There was no intra-operative hypotension or hypoxia.

*Surgical Apgar: 8, Recommended.*

**Dr. Juan Carlos Medrano, MD**

**Anesthesia & Analgesia**

**Email: [jcmlt@hotmail.com](mailto:jcmlt@hotmail.com)**

**Tele: 686 232 8618**

Dr. Medrano is one of two anesthesiologists that works with Dr. Adrian Manjarrez, and is readily acknowledged to be the better of the two. While I only had the opportunity to observe Dr. Medrano

on one occasion, he remained in the room and attentive to the patient at all times. Patient's hemodynamic and oxygenation were optimally controlled during the general anesthesia case.<sup>106</sup>

*Surgical Apgar: 9, would have been ten but one point lost for surgical blood loss related to the procedure (unrelated to anesthesia.)*

**Dr. Luis Eduard Perez Fernandez**

**Anesthesia & Analgesia**

**Tele: 686 149 5978**

I had the pleasure of observing and talking to Dr. Perez for several cases with Dr. Victor Ramirez. Dr. Perez is primarily Spanish speaking.

For these cases, Dr. Perez used a combination of conscious sedation and epidural analgesia. The patients were comfortable and awake during the procedures.<sup>107</sup> Dr. Perez is my favorite kind of anesthesia provider; he remained engaged and attentive to the patient at all times, aggressively managing patients (but not overly so). Between cases, he discussed his management style and how he attempts to anticipate patient's needs as well as his pre-operative evaluation.<sup>108</sup>

*Surgical Apgar: 9, Highly recommended.*

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<sup>106</sup> In comparison, Dr. Manjarrez's other anesthesiologist, the senior anesthesiologist was more lackadaisical regarding the patient's hemodynamic status, and was more preoccupied with electronic devices than patient care. Dr. Manjarrez had to re-direct his attention several times.

<sup>107</sup> In fact, I was able to have a somewhat lengthy conversation with an English speaking patient during what is a considerably extensive surgical patient. The patient denied any pain or discomfort during the entire procedure, and remains coherent and conversational.

<sup>108</sup> To detect potential underlying problems, such as possible cardiac condition that would require further screening by a cardiologist.



*Dr. Perez, monitoring the patient during surgery*

### *The Surgical Lifestyle*

The surgical practices and lifestyles of providers in Mexicali differ from what many Americans are used to. Many providers hold a regular salaried position at one or more of the local public hospitals in addition to performing individual surgeries for 'private' patients at other, more exclusive facilities. This means that most surgeons juggle several sets of patients, clinics and surgeries as part of their public and private practices. Patients admitted to the public teaching hospitals are referred as either in-patients or for out-patient follow-up to the busy hospital 'consultorios' during office hours one or two days a week.

As mentioned previously, most salaried positions pay wages that are excessively low by American standards yet the costs of medical supplies are similar or more expensive than if purchased in the United States.<sup>109</sup> The surgeon bears the brunt of these costs as surgical material such as sutures, surgical staples and the like are paid for the surgeon. Most surgeons bring many of their own supplies to the surgical theatres of the private facilities as the mark up at the private facilities may be two or three times the actual cost. Thus, the profit margins for the surgeons themselves are small.

Private patients are either "self-referred", or referred by outside physicians. Like all business relationships in any industry, referral is based on the relationships between providers, not necessarily what is best for, or most appropriate for the patient.<sup>110</sup>

Initial consultations are often held at the surgeon's private office during afternoon and early evening hours but most surgeons can accommodate patients quickly, often with same-day or next-day appointments. Emergent or urgent in-patient consultations may also occur in the private facilities.

#### **A note about surgery and surgical complications**

Surgery by necessity contains risks of serious or even life-threatening complications. The risks may be large or small depending on the procedure itself and the patient (and the patient's other medical conditions.) At first glance, this seems to be an unfair system for an endeavor such as this – as the more serious surgeries engenders more risk of complications, thus potentially making those surgeons seem more reckless or accident-prone. But this book is not about whether complications occurred; it takes into account whether or not appropriate measures and international protocols and standards for surgery were applied in an attempt to lessen or mitigate this risk. Were reasonable efforts made to prevent foreseeable complications? Were the minimal standards for acceptable surgical procedures maintained (sterility of surgical fields, maintenance of anesthesia, and appropriate hemodynamic monitoring)? Those are the questions that we are asking, and these questions have very different answers depending on the circumstances and procedures themselves. It is reasonable, and appropriate to undergo general anesthesia with invasive monitoring lines for open-heart surgery. Additional steps and treatments may be needed for particularly fragile patients having this procedure. By the same token, general anesthesia with Swan-Ganz monitoring and hemodynamic support actually places a patient at additional risk for complications if performed during a routine office procedure.

Anyone can apply a checklist to these situations, but only a trained health care professional can identify the nuances between an 'adequately' trained surgeon and an excellent (or poor) surgeon.

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<sup>109</sup> For example, a Boston Scientific 'safety tube' used for tracheal surgery costs less than \$200.00 (American dollars) if purchased in the USA but may cost as much as \$700.00 if purchased by a reputable dealer in Mexico City. Obtaining specialized surgical supplies can be difficult as many representatives from surgical supply companies are unwilling to travel to Mexicali to make sales.

<sup>110</sup> This is universal in medicine and not specific to Mexicali.

While the opinions and observations on the food/ cuisine and culture in Mexicali are just that: opinions, the information provided regarding surgeons and observations in the operating room are borne of years of training, education and experience.



*in the operating room*

## *Bariatric & General Surgery*

Contrary to popular belief, gastric bypass surgery and other bariatric surgeries are not “the easy way” to lose weight. These procedures are life-saving for obese patients, particularly those suffering from obesity related conditions such as diabetes, cardiac conditions, fatty liver disease and degenerative joint disease. Unfortunately, in the United States, judgmental attitudes from the general public and providers alike often make the decision to pursue surgery more difficult. However, the widespread dispersion of recent of medical literature supporting bariatric surgery, particularly gastric bypass surgery is helping to change some of these attitudes among the general public. Unfortunately, many primary care providers remain firmly entrenched in outdated models regarding the treatment of obesity, including the American Heart Association recent statement recommending surgery only “as a last resort for morbidly obese,” and strongly encouraging less effective surgical techniques such as gastric banding. While surgery should never to be taken lightly, this attitude hinders care of these patients, who suffer severe medical consequence and decreased longevity due to obesity and obesity-related conditions.

This attitude is in direct contrast to international positions regarding the treatment of obesity and diabetes, as expressed by the International Diabetes Federation (IDF) who recently (May 2011) recommended early gastric bypass surgery in obese patients with diabetes as part of an aggressive strategy to prevent the development of diabetic complications such as vision loss, limb loss and cardiovascular disease (heart attacks.)

More recently, literature has suggested that bariatric surgery may be a solution to the growing problem of non-alcoholic steatohepatitis (NASH).<sup>111</sup>

Like any surgical procedure, bariatric procedures carry significant risk of complications, but for many people this risk is trivial in comparison to existing or developing obesity-related problems. There are several international guidelines related to performing bariatric procedures, specifically gastric bypass, which is the most drastic (and effective) procedure when compared to gastric balloon or sleeve gastrectomy. The criteria for bariatric surgery are based on BMI (Body Mass Index<sup>112</sup>).

### **Surgical guidelines currently state that surgery is indicated when:**

- BMI is 35 or greater **and** patient has an obesity-related condition (diabetes, hypercholesteremia, obstructive sleep apnea, hypertension etc.).

- BMI of 40 or greater.

### **Which gastric surgery procedure is right for you?**

The reasons for choosing bariatric surgery are multiple and varied. For patients with diabetes, gastric bypass (Roux- en- Y) is also the procedure of choice. Research has shown gastric bypass surgery to be an effective treatment at eliminating diabetes.<sup>113</sup> Within 48 hours of surgery, the majority of patients’ glucose has returned to normal, and these patients will no longer require oral or

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<sup>111</sup> Rabl, C. & Campos, G. M. (2012) [The Impact of Bariatric Surgery on Nonalcoholic Steatohepatitis](#). *Semin Liver Dis.* 2012;32(1):80-91

<sup>112</sup> There are numerous BMI calculators available on-line. One of my favorites is the West Virginia Dietetic Website at [www.wvda.org](http://www.wvda.org). The site also has activity calculators and dietary information.

<sup>113</sup> This is most effective in patients who have had diabetes for eight years or less.

injectable medications. Newer international guidelines to address the treatment of diabetes in patients that otherwise fail to meet the criteria are currently in development, but it is expected that these guidelines will recommend surgery for diabetic patients with lesser degrees of obesity.<sup>114</sup> However there are some experimental protocols aimed at treating these individuals.

For other patients with more limited problems (obesity without complications), lesser procedures may suffice. However, this is something that should be discussed with your surgical team during your initial and subsequent consultations.

Treatment of obesity requires a multi-disciplinary approach, in addition to surgery for optimal results. This includes diet/ nutritional counseling, physical therapy and psychological counseling. Psychological evaluation is particularly important during the post-operative period to identify food triggers and other components, which may otherwise lead to self-destructive behaviors and subsequent weight gain.<sup>115</sup>

### **Laparoscopic procedures**

Gastric bypass procedures used to involve a large abdominal incision, but are now usually done endoscopically with several very small incisions (ports). This means that risk of infection is decreased, mobility and recovery time is accelerated and overall morbidity is decreased.

**Dr. Juan F. Arellano Ramos, MD**

**Bariatric & General Surgeon**

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**Website: [www.laparoscopiaespecializado.com](http://www.laparoscopiaespecializado.com)**

**<http://www.mexdoctors.com/cirugia/>**

Dr. Arellano is a board certified general surgeon.<sup>116</sup> Despite lengthy correspondence by email with Dr. Arellano, he would not set a date for a formal interview.

**Dr. Armando Diaz Lerma, MD, FACS**

**General surgeon**

**Calle H 252 – 8**

**Col. Nueva entre Obregon y Reforma**

**Mexicali, B. C.**

**Tele:**

**Email: [drdiazlerma@hotmail.com](mailto:drdiazlerma@hotmail.com)**

Dr. Diaz never responded to email attempts to contact him.

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<sup>114</sup> An example: Patient with uncontrolled diabetes and a BMI of 32.

<sup>115</sup> The causes of obesity are multi-factoral and more complex than excessive calorie intake. There are sociological (cultural), psychological and biological components to obesity.

<sup>116</sup> Dr. Arellanos Ramos certification was verified. Current certification expires in 2014.

**Dr. Jose Juan Durazo Madrid, MD, FACS**

**Calle Bravo No 484**

**Mexicali, B.C.**

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**Tele: 686 551 9890**

**Website: <http://obesitysurgery-mex.com/>**

Websites are in English, with some notable translation errors on the bariatric surgery site.

Dr. Durazo is primarily Spanish speaking.

His office is located on the last block of Calle Nicolas Bravo before it dead ends into Lopez Mateo, and is located in an attractive dark green building that houses the offices of several other physicians. While Dr. Durazo has the reputation among fellow surgeons as being somewhat difficult, I found him very pleasant during our interaction. He was prompt and met me within ten minutes of our scheduled interview time.

Dr. Durazo is a board certified general surgeon by the Council of Mexican general surgeons, and is a fellow in the American College of Surgeons.<sup>117</sup> He has been operating for over 22 years.

Dr. Durazo reports to me that his primary practice and preferred specialty is gastroenterology and GI endoscopy, followed by general surgery. He reports bariatric surgery as a distant third in his practice. As part of his endoscopy practice he performs ERCPs and well as diagnostic and therapeutic endoscopies for gastritis, gastroesophageal reflux disease (GERD), suspected GI bleeding and other digestive problems. He also performs capsule endoscopy, which utilizes a small camera placed inside a capsule for examination of the GI tract. Patients swallow the capsule which continuously takes pictures as it travels the length of the digestive system.

He also performs the full range of general surgery procedures including cholecystectomies, appendectomies, hernia repairs, Nissen fundaplication / anti-reflux procedures, hemorrhoid surgeries, bowel resections and other surgeries for conditions of the GI tract, including cancer.

He does not perform chromoendoscopy or uniport surgery.

He has added bariatric surgery to his practice, and has been performing bariatric procedures for the last ten years.

He currently does the majority of his procedures at Hispano – Americano Hospital, Hospital Almatel and the IMSS hospital. He is also a professor of surgery at the Universidad Autonoma Baja California, School of Medicine.

He reports that he received a large volume of patients from Calexico and El Centro but that the majority of these patients are Mexican – American (and Spanish speaking).

**Dr. Gabriel G. Fernandez V. MD**

**Mariano Arista # 1576**

**Col. Nueva**

**Entre G y H**

**Mexicali, B.C**

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**Website: <http://www.oncologiaydolor.com>**

**Tele: 686 553 6463**

Website address taken from yellow pages listing, but unable to find during internet searches. Did not respond to email requests for interview.

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<sup>117</sup> Certification for Dr. Durazo has been verified as active as of May 2012.

**Dr. Omar Fonseca Gutierrez, MD**  
**Bariatric & General Surgeon**  
**Av. Reforma No. 990**  
**Consultorio 7**  
**Entre Calle A y B, Segunda seccion**  
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**Tele: 686 554 2382**  
**Website: [www.clinicadeobesidad.info](http://www.clinicadeobesidad.info)**

Website re-directed immediately to an un-related blog (about skiing), and email bounced.  
I was unable to verify current certification with the Mexican Council of General Surgeons for Dr. Fonseca.

**Dr. Ricardo Garcia Audelo, MD**  
**General & Bariatric Surgeon**  
**Unidad Medica Reforma**  
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**Entre G y H**  
**Mexicali, B.C.**  
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**Hospital Quirurgico del Valle**  
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**Mexicali, B. C.**  
**Tele: 686 554 2783**

Dr. Audelo owns and operates the Hospital Quirurgico del Valle, the private surgical hospital mentioned previously. I attempted to contact Dr. Audelo on several occasions to arrange an interview but received no reply.

**Dr. Horacio Ham , MD**  
**Dr. Rafael Abril, MD**  
**Dr. Jorge Maytorena, MD**  
**Bariatric and General Surgeons**  
**DOCS (Diabetes & Obesity Control Surgery)**  
**Plaza de Espana en Madero y Calle E**  
**Mexicali, B. C.**  
**Email: [drham@docs-mx.com](mailto:drham@docs-mx.com)**  
**Tele: 686 555 6591**  
**Tele 760 545 4200 (USA)**  
**Website: <http://www.docsmexico.com/xhome.php>**

While the website has an English section, most of the text remains in Spanish. It took several attempts after physically meeting and contacting Dr. Ham to arrange for an interview.

Meet Mexicali's own Dr. Oz, Dr. Horacio Ham Pujol, bariatric surgeon and host of the popular radio show, "Los Doctores", which is broadcast every Wednesday at 8 pm on 104.9 FM.<sup>118</sup> Dr. Ham, along

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<sup>118</sup> This show has since been cancelled after the radio station changed broadcasting formats.

with several other specialists make up the practice, DOCS, which stands for the Diabetes & Obesity Control Center. Dr. Ham's practice consists of several physicians including two other bariatric surgeons, **Dr. Rafael Abril** and **Dr. Jorge Maytorena**. Together they perform a range of bariatric surgery procedures including gastric banding "lap band", sleeve gastrectomy, gastric plication and the 'gold standard' for obesity surgery, gastric bypass, also know as the Roux -en -Y).

As general surgeons, they also perform an array of general surgery procedures such as laparoscopic surgery for reflux disease (Nissen fundaplication), hernia repair, cholecystectomies for gallbladder disease and appendectomies.

There is also a plastic surgeon, **Dr. Gustavo Gaspar** on staff who specializes in post-bariatric surgery procedures as well as the full complement of other cosmetic procedures. However, despite multiple attempts to contact Dr. Gaspar for interview, I never received a reply.

The practice is rounded out with two medicine specialists, **Dr. Mario Bojorquez** who specializes in nutrition and **Dr. Rebecca Loustanau**.

Dr. Loustanau is an internal medicine physician who specializes in the treatment of obesity-related illnesses. This is especially important as bariatric surgery patients are at higher risk of serious complications with any surgical procedure due to numerous pre-existing conditions such as sleep apnea, hypertension, diabetes, liver diseases such as NASH and cardiovascular disease.<sup>119</sup>

Dr. Ham attended Universidad Autonoma Baja California (UABC) and completed his five year general surgery residency at the Universidad Nacional de Mexico (UNAM) in Sonora in 2007. He received additional training in bariatric surgery and laparoscopic surgery in Tijuana, Mexico. He is a board certified general surgeon (Mexican Council of General Surgeons<sup>120</sup>) and a member of the societies of the Mexico endoscopic surgery, the Mexican society for obesity and metabolic surgery, and the Mexican Society of General Surgeons.

Both Dr. Abril and Dr. Ham reported that they perform on an average of around 4 bariatric procedures per week, and state that bariatric surgery makes up around 30% of their total case volume. They estimate that around 50% of their patients are from the United States, the vast majority from California, Arizona and surrounding areas, but that they do see patients from all over the USA. The prices for their procedures are posted prominently on their website, and include all aspects of care once patients arrive in Mexicali. They report that they have a partnership with the city of Mexicali division of tourism, who assists in providing patients with transportation and lodging.

They operate at several facilities but most frequently at Hospital de la Familia. For most surgeries, patients should expect to remain in Mexicali for 2 to 3 days after surgery.

I observed surgery with Dr. Rafael Abril and Dr. Horacio Ham at the Hospital Hispano Americano, as well as several cases at Hospital de la Familia. While the doctors did not appear to follow a formalized "time out" procedure, they did verify the patient, the procedure, administration of appropriate antibiotics and other aspects of this checklist at different points while the patient was being readied for surgery. Sterility and proper patient positioning were maintained. The cases which included both bariatric surgery and general surgery procedures proceeded quickly with no hypotension, bleeding or other complications.

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<sup>119</sup> The incidence of all of these conditions even in young bariatric patients is alarming, particularly in regards to the incidence of fatty liver disease, which leads to cirrhosis and if untreated, liver failure and death. However, recent literature suggests that gastric bypass surgery (Roux-en-Y) and pancreatobiliary diversion procedures may be an effective treatment for this serious condition.

<sup>120</sup> I was unable to verify current certification for Dr. Ham on-line, along with several other physicians, so the organization was contacted directly. Dr. Ham was notified in May 2012, and immediately produced copies of original certification showing an expiration date of 2014.

While the primary interview was with Dr. Ham, there were several opportunities to talk to and observe both Dr. Rafael Abril and Dr. Jorge Maytorena in the operating room. Both Dr. Abril and Dr. Maytorena are native Mexicali residents.

Dr. Abril is best known for his role as radio personality, and is very congenial and easy going. Dr. Maytorena appeared more reticent but all three surgeons are exceedingly friendly, outgoing and personable as well as fluent in English, with excellent clinical and surgical skills.

*Surgical Apgar: 9, consistently. Excellent service on all levels.*



*Dr. Ham and Dr. Abril in the operating room*

**Dr. Jose Mayagoitia Withron, MD, FACS**

**Bariatric & General Surgeon**

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**Tele: 686 552 2400**

**Emergencies: 686 556 1121**

Speaks fluent English.

Dr. Mayagoitia is a well-respected professor of surgery at the Universidad Autonoma Baja California (UABC) and has been teaching medical students for over 20 years. He also teaches surgical residents and has been doing so for over fifteen years. He gives lectures daily at the University, in addition to his busy schedule as the Supervising Surgeon for the Intensive Care Unit at Mexicali General, and private surgical practice (with evening clinic hours). Prior to the interview, I observed Dr. Mayagoitia instructing medical students as part of his role as a professor, at which he excels.

He speaks in clear, unaccented English (my Southern accent is thicker than any accent he might possess) which may be as a result of his fellowship training in San Diego. He completed his general surgery residency right here at Mexicali General after attending UABC.

He remains active in the research community as a supervisor for resident research projects including two ongoing projects worthy of note: a new study looking at the treatment of open abdomens, (from massive trauma, infection, etc.) and a study looking at the early initiation of enteral feedings versus delayed (72 hours or greater) in surgical intensive care patients.

He, along with his wife, **Gisela Ponce y Ponce de León, MD, PhD** (a family medicine physician and instructor at the UABC nursing school) recently presented a paper on obesity research in Barcelona, Spain.

He does all of this in addition to a steady diet of general surgery; cholecystectomies, appendectomies, bowel surgery (such as resections) and the occasional bariatric surgery. As one of the lead surgeons at a major trauma hospital, he also sees a considerable amount of emergency and trauma cases.

He reports that he has mixed feelings about bariatric surgery. While it has become a popular staple for the treatment of obesity and obesity-related complications – he questions its role in a society that steadfastly ignores the causes. “I wonder if we will look back one day and realize that we [surgery] did a real disservice to our patients by doing so much of this.” So, while he does perform some bariatric procedures, he is very selective in his patients. “It’s not a quick-fix, and they are going to be dealing with this [changes from bariatric surgery] for the rest of their lives so they [patients] need to understand that it’s a lifelong endeavor.” When performs bariatric procedures, he prefers the gastric sleeve, which he believes is more effective than lap-band, and smaller procedures, which are less devastating in terms of complications and dramatic life alterations.



*Dr. Mayagoitia*

**Dr. Cuauhtemoc Morfin F.**  
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**Tele: 686 551 9042**

No reply to emails requesting interview. Unable to verify current certification with the Mexican Council of General Surgeons.

**Dr. Gabriel Omar Ramos Orozco, MD**  
**General surgery & surgical oncology**  
**Unidad Medical Integral**  
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Despite living in a neighboring apartment, catching up with Dr. Ramos proved to be more difficult than anticipated. But after several weeks, I was able to catch up with the surgeon to set a date for the operating room.

Outside of the operating room, he is young, a bit cocky with an off-beat charm and quirky sense of humor. But inside the operating room, Dr. Gabriel Ramos Orozco is all business. As much as I enjoy the neighborly banter with Dr. Ramos, from a provider or potential patient perspective, the serious, focused surgeon is much preferred. Originally from San Luis Rio Colorado in the neighboring state of Sonora, Dr. Ramos now calls Mexicali home. Like most surgeons here, he has a staff position at a public hospital separate from his private practice. It is here at IMSS (Instituto Mexicano del Seguro Social) where Dr. Ramos operated on several patients during part of the first extended interview.<sup>121</sup> Dr. Ramos also has a new office in San Luis where he sees patients five mornings a week. This is the first step of his plan to bring integrative and comprehensive cancer care to the patients of his hometown, and surrounding areas.

Dra. Brisa Magdaleno was the anesthesiologist for both cases at IMSS, and anesthesia was not particularly good.<sup>122</sup> The patients received a combination of epidural analgesia and conscious sedation. While the anesthesiologist was not particularly involved or attentive to the patients during the cases, there was no intraoperative hypotension/ alterations in hemodynamic status or prolonged hypoxia.

The first case was a straightforward general surgery case utilizing laparoscopy. The case proceeded quickly, normally without incident or complication. However the second case was more of a testament to this young surgeon's actual surgical skill, as it concerned a more complicated patient

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<sup>121</sup> Like many of the surgeons profiled here, I was able to observe Dr. Ramos on multiple occasions, at several facilities.

<sup>122</sup> At times, Dr. Magdaleno seemed more concerned with her iPhone than with patient monitoring. Monitor alarms were not silenced but were turned down to low levels. She also left the operating room on several occasions to varying periods of time. During the second case, a large tumor resection, the patient became restless and indicated that she had pain several times. While the pain was treated after several minutes, I would not have wanted Dr. Magdaleno as my anesthesiologist. Hopefully the patient will not remember this experience.

undergoing a more complex and involved procedure, for surgical resection of a large abdominal tumor with multiple areas of intra-abdominal metastasis or sites of implantation.

During subsequent visits to the operating room, Dr. Ramos demonstrated the same proficiency in technical skills and operative techniques. In one of these cases, a more complex surgery requiring extensive chest wall resection and breast reconstruction, Dr. Ramos worked in conjunction with additional surgical specialists in thoracics and plastics. During this case, despite additional challenges posed by the nature of the surgery which required intra-operative repositioning, and single lung ventilation, the anesthesia provided by Dr. Ramon Gastelum Esquivel was superior to that of previous cases witnessed at this facility.

Dr. Ramos also operates at the many private hospitals in Mexicali, as well as the Centro Medico del Noroeste in San Luis Rio Colorado, Sonora.<sup>123</sup>

*Surgical Apgar: 8 – 9. Excellent surgeon but quality of anesthesia variable at IMSS facility.*

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<sup>123</sup> Frighteningly, PlacidWay advertises this facility for cardiac surgery. After several visits to this hospital, it is readily apparent that it does not have the necessary equipment to adequately support procedures such as open-heart surgery.



*The view over the shoulder of Dr. Gabriel Ramos, MD*

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**Dr. Mario Rivera Sepulveda, MD, Oncology Surgeon**  
Contacted Dr. Rivera by email several times with no reply. Dr. Rivera is the director of a freestanding Breast and Cancer Clinic

**Dr. Marco Antonio Sarinana G.**

**Dr. Joel Ramos**

**Bariatric and General Surgery**

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Website is in Spanish only but both doctors speak English. Like all of the bariatric surgeons interviewed here in Mexicali, Dr. Sarinana and Dr. Ramos maintain an active general surgery practice in addition to performing bariatric procedures such as sleeve resection, gastric bypass, and lap-band. They have been performing surgery for about five years, since completing their residencies in Zacatecas and Aguascalientes. Following his residency, Dr. Sarinana went to Tijuana to work at IMSS in clinica #1 with Dr. Lopez Corvala and Dr. Covarrubias. He later worked with Dr. Pedro Kuri before returning to Mexicali.

Both doctors are native Mexicali residents and attended the University Autonoma Baja California. They report that they do not use any medical travel companies and quoted me procedural prices of \$6,500 for a gastric sleeve procedure and \$8,000 for gastric bypass. They report that this price includes round-trip transportation from Yuma, Arizona, consultations with the surgeons, Dr. Medrano (internal medicine), Dr. Delgado (cardiologist) as well as counseling with Dr. Adriana Rodriguez, a psychiatrist.

They are listed as contracted providers with several medical tourism companies offering procedures in Mexico.

Surgery was performed at the Hospital de la Familia with the director of the facility in attendance for the surgery, which was a sleeve gastrectomy. The patient was sterilely prepped, draped and properly positioned. The case proceeded normally without complications. Following stapling of the sleeve, the surgeons over sewed the staple line to reduce to possibility of post-operative leak or rupture. The case took approximately fifty minutes.<sup>124</sup>

General anesthesia was used, with Dr. Alejandro Ballesteros S. as the anesthesiologist in attendance. He also used a combination of medications with a continuous delivery device for post-operative analgesia. During the procedure, the patient experienced a brief period of hemodynamic instability which was rapidly corrected by Dr. Ballesteros, who remained vigilant and present during the entire case.

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<sup>124</sup> This time is the average for most surgeons performing this procedure.



*Dr. Marco Sarinana and Dr. Joel Ramos, bariatric surgeons*

## *Plastic Surgery*

The majority of plastic surgeons in Mexicali are well-represented by numerous travel companies. When possible, these companies have been listed to assist readers interested in working with a third party for their health care travel.

It is important to note that while North American beauty ideals are constantly evolving, they can differ significantly from Latin American standards of beauty, which can appear exaggerated to North Americans. In general this often means bigger breast implants, larger lip plumping, and a larger variety of procedures overall.

Be sure to bring photographs and to clearly communicate your thoughts to your surgeon using a translator if necessary. Be realistic in your expectations for outcomes and be sure to bring a list of questions. Ask to see before and after photographs of incisions and specific procedures. All surgical procedures create scars, and the size and placement of surgical incisions depends on the procedure performed and the technique used. In general procedures such as breast reduction and abdominoplasty create larger scars than liposuction or face-lifts. These scars are sometimes, but not always, hidden in the scalp or natural skin folds. However, there can be significant residual scars from some of these procedures. This should be a point of discussion with you and your surgeon prior to undertaking any surgical procedures to prevent false expectations or unwanted outcomes.

Plastic surgery is often used after bariatric surgery for excess skin removal, and some surgeons advertise these procedures for weight loss. However, while corporal procedures may drastically change a person's appearance, in general, none of these procedures produce actual weight loss, akin to bariatric procedures.

In Latin America, Brazilian trained surgeons are considered superior to all others, and Latin Americans, in general utilize plastic surgery more commonly than most people from the United States, though cosmetic surgery is becoming increasingly utilized by Americans due to the popularity of surgical makeover television programs, monthly payment plans and surgical tourism. The last two have made cosmetic surgery more widely available to the average consumer, instead of the exclusive province of the rich and famous. In cosmetic surgery, the most popular procedures remain breast augmentation and liposuction, with liposuction often being a substantial portion of most plastic surgeons' practices<sup>125</sup>. However, abdominoplasty and fat grafting, particularly for buttock enhancement continue to rise in popularity as consumers seek the 'enhanced' hourglass figures of popular celebrities such as Jennifer Lopez and Kim Kardashian.

While multiple procedure, marathon surgeries remain a staple of reality television, please limit your plastic surgery plans to one or two procedures. Additional operating room time incurs additional surgical risk. A very safe two-hour procedure becomes incrementally more dangerous as it morphs into a ten-hour multi-procedure event.

Another note of caution regarding injectables such as Botox while these are widely available outside of physicians' offices, in places such as hair and nail salons, please use good judgment and common

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<sup>125</sup> According to both published estimates, and in conversations with numerous surgeons, liposuction usually makes up approximately 50% of all procedures performed.

sense. These treatments are not entirely benign in nature<sup>126</sup>, and since the purpose of injectables is cosmetic, be sure to see a licensed plastic surgeon or dermatologist for optimal results.

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**entre A y Calle de Commercial**

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**Email:** [drjosebarragan@yahoo.com](mailto:drjosebarragan@yahoo.com)

Website appears broken.

Despite a previous meeting with Dr. Barragan at Hospital General de Mexicali, he failed to respond to several emails requesting an interview. He is a licensed plastic surgeon and is a member of the Mexican Association of Plastic, Esthetic and Reconstructive Surgery.

Dr. Barragan is listed as a plastic surgeon for Healthbase, and Estheticon, as well as MexDoctors.com.

**Dr. Gustavo Gaspar Blanco, MD**

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**Tele:** 1-877-268-4868 (USA)

**Tele:** 686 552 9266

Dr. Gaspar never responded to multiple emailed attempts to contact him. Dr. Gaspar is associated with Dr. Abril and Dr. Ham's bariatric surgery practice, and specializes in post-bariatric surgery procedures. He has several YouTube films and interviews, and has multiple on-line listings advertising his services.

He is a licensed plastic surgeon and is a member of the Mexican Association of Plastic, Esthetic and Reconstructive Surgery.

He is listed as a surgeon for MexDoctors.com, Estheticon, Mexicali Healthcare, Planet Hospital, and several other sites.

**Dr. Marco Antonio Gutierrez LaMadrid, MD**

**1309 De la Reforma**

**Mexicali, B. C.**

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Dr. Gutierrez speaks fluent English but never responded to multiple attempts to contact him for follow-up.

Dr. Gutierrez was my guide for a plastic surgery conference at the Hospital General de Mexicali. On that occasion, several surgeons were demonstrating techniques for breast reconstruction after radical

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<sup>126</sup> Botox is botulism toxin, and in worse-case scenarios, improperly used Botox has been linked to respiratory failure. More commonly, improperly injected Botox gives the patient a frozen or drooped appearance similar to a person after a hemiplegia stroke.

mastectomy with free flap grafting as part of the monthly meeting. He is a licensed plastic surgeon and is a member of the Mexican Association of Plastic, Esthetic and Reconstructive Surgery. He is listed with Baja Medical Tourism, Multi-estetica.mx and Estheticon.

**Dra. Nastia Gonzalez Aguirre, MD**  
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**Tele: 686 582 3560**

No reply to email requesting interview. Dra. Gonzalez is a licensed plastic surgeon and is a member of the Mexican Association of Plastic, Esthetic and Reconstructive Surgery. She is listed as a plastic surgeon with the travel companies, Estheticon, and Multi-estetica.mx.

I later encountered Dra. Gonzalez in the operating room as part of a large reconstructive surgery. The case proceeded well, with surgeon demonstrating good techniques (free flap harvest and placement for closure of a large chest wall defect, and breast reconstruction). However, despite this introduction, Dra. Gonzalez failed to respond to follow up email correspondence.

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**Website: <http://tododecirugiaplastica.com/>**

Website in Spanish only.

He is a licensed plastic surgeon with the Mexican Council of Plastic, Esthetic and Reconstructive Surgery (license # 430) and is the president of the Mexican Association of Plastic, Esthetic and Reconstructive Surgery.

I met Dr. Haddad during a plastic surgery technical demonstration at Hospital General de Mexicali. At that time, we spoke briefly and exchanged contact information. I later emailed Dr. Haddad to request an interview several times but received no reply. I later contacted Dr. Haddad again after viewing several YouTube videos<sup>127</sup> posted by a Leticia Monroy which appeared to accuse Dr. Haddad of wrong-doing as one video is entitled, "Dr. Jose Luis Haddad Tame es golpeador de mujeres, inexistantes principios morales," which roughly translates to accusing Dr. Haddad of being an amoral abuser of women. Dr. Haddad replied to state that he has never met his internet accuser, and that these accusations were false. He declined to participate in an in-person interview but consented to answer a list of questions by email.

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<sup>127</sup> Videos were posted May 10, 2012. Both Dr. Haddad and Ms. Monroy were contacted for their comments. Ms. Monroy answered this inquiry and indicated that the video referred to domestic, not professional issues.

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Dr. Manjarrez is bilingual, with a large English-speaking clientele. He is a native of Mexicali. He attended medical school in Monterrey, and completed his surgical residency in Guadalajara. During his residency, he was awarded a six-month residency in La Jolla, California for a prize-winning thesis. He is a board-certified plastic surgeon. He is also a member of the American Society of Aesthetic Plastic Surgery, and the American Society of Plastic Surgeons.<sup>128</sup> He is a licensed plastic surgeon and is a member of the Mexican Association of Plastic, Esthetic and Reconstructive Surgery. He has been a plastic surgeon for twenty-four years.

He is the Chief of Plastic Surgery at Mexicali General Hospital, and has been so for the past fifteen years. He operates at this facility on Wednesdays, performing a range of reconstructive procedures such as skin grafting, breast reconstruction after mastectomy and congenital deformity repairs.

In private practice he performs a wide range of face and body cosmetic procedures including facial endoscopy and vaser liposuction in addition to the standard array of procedures, and injectables. He notes that he does not perform any of the cosmetic procedures associated with gender re-assignment. He also does not perform abdominal liposuction in combination with abdominoplasty procedures due to the increased risks of poor wound healing and infection.<sup>129</sup> He does not recommend 'megaloplasties', 'surgical makeovers' or multiple surgical procedures during one surgery despite their current popularity in popular culture.

In addition to his salaried position, he has a busy private practice at his freestanding ambulatory surgery clinic. His private clinic was modeled after one of the facilities he visited while in La Jolla, and boasts of two separate operating room suites, as well as a monitored recovery area. All the equipment is modern. Dr. Manjarrez reports that he primarily uses medications imported from the United States, as well as many of his surgical supplies because he considers some of the Mexican counterparts to be inferior in quality. His daughter, Cecilia Manjarrez operates a laser clinic offering thermage, laser hair removal and other laser rejuvenation services as part of his clinic.

I observed two separate procedures at his private clinic. Patients were prepped, draped and positioned appropriately. For the first case, Dr. Juan Carlos Medrano used conscious sedation. Patient appeared comfortable and was hemodynamically stable during the case. Cosmetic results of the liposuction procedure were aesthetically pleasing with minimal trauma to the area. Tissue was appropriately prepped during the procedure to prevent excessive blood loss.<sup>130</sup> The treated area was appropriately wrapped and dressed post-operatively to limit swelling and discomfort. The patient was taken to the post-operative area to recover with hemodynamic monitoring.

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<sup>128</sup> Membership has been verified.

<sup>129</sup> Several articles including a large meta-analysis found that concurrent abdominal liposuction increased the risk of wound dehiscence after abdominoplasty due to excessive tissue trauma.

<sup>130</sup> For liposuction procedures, the surgeons use a lidocaine solution (tumescent technique) to prevent excessive bleeding, and plump up the tissue, making the procedure easier, and less traumatic. There is an added benefit of post-operative analgesia to the area. (This is standard procedure for most liposuction procedures globally.)

The second case was a general anesthesia case (as it was a facial case.) As alluded to by Dr. Manjarrez and his staff, the older, more experienced anesthesiologist, Dr. Manuel Zambrano, was less attentive and less involved with the patient, resulting in limited periods of hypotension. However, this was treated, if in a less than prompt fashion. During this case, Dr. Manjarrez worked particularly close with his nurse, Lupita Silvestre. He has been working with Lupita for the last 16 years, and they work exceedingly well together, ensuring that the cases proceed quickly and effortlessly. The results of this procedure (orbital rejuvenation with fat grafting) were aesthetically pleasing, and subtle in nature, without a drawn 'surgical' look at the completion of the procedure.

*Recommended. Surgical apgar 10 (first case) Surgical apgar 6 (second case)  
Request Dr. Juan Carlos Medrano for anesthesia.*

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Our initial interview was cancelled for a medical emergency but we met the following week for an in-office interview. Dr. Martinez does not speak English, but does understand English. (English questions were answered in Spanish.)

Dr. Martinez attended the Universidad Autonoma Baja California. He reports that he studied general medicine for one year before deciding to pursue a career in surgery. After initially beginning a general surgery residency, he switched to neurosurgery before ultimately deciding on plastic surgery in the fourth year of his general surgery residency. He said he was drawn to plastic surgery after participating in several reconstructive surgery cases. He went to Mexico City for training in reconstructive surgery, and studied microsurgery and hand surgery in Houston, Texas. He is a licensed plastic surgeon and is not listed a member of the Mexican Association of Plastic, Esthetic and Reconstructive Surgery.

Dr. Martinez has been operating for twelve years. He is currently on salary at Issstecali where he performs reconstructive surgeries and congenital deformity repair. He states that he receives most of his private patients through word-of-mouth referrals and operates primarily at Hospital Hispano Americano.

He emphasizes that he is more expensive than several of his local colleagues. He reports that while he performs the full range of facial and body procedures, his favorite procedure to perform is abdominoplasty. He states that he uses a modified technique which results in more dramatic and attractive outcomes post-operatively.

Dr. Martinez readily answered all of my questions but refused a request to visit the operating room.

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Website appears broken. No response to multiple emails. He is a licensed plastic surgeon and is a member of the Mexican Association of Plastic, Esthetic and Reconstructive Surgery.

**Dr. Victor Manuel Ramirez Hernandez, MD**  
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**Entre Reforma y Obregon**  
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Dr. Ramirez speaks Spanish only.<sup>131</sup>

Dr. Ramirez is well-versed in medical tourism and American scandals. Since our first interview, last fall, the charming young doctor became enmeshed in a Hollywood scandal of TMZ proportions for using the unauthorized image of a reality television personality.<sup>132</sup> But prior to that, we sat down and had a very pleasant interview. Dr. Ramirez reported a thriving surgical practice, largely in part due to medical tourism. He tells me that 90% of his current practice is American patients. He reports that many of these patients are from nearby areas in California and Arizona but that he has patients from across the United States.<sup>133</sup> Undoubtedly, these patients found Dr. Ramirez the same way I did – via the internet, through his well-designed and attractive website, [www.cirugiaplasticamexicali.com](http://www.cirugiaplasticamexicali.com). Parts of the bilingual site are still under construction, so I contacted Dr. Ramirez directly to arrange for an in-person interview. He also offers his services through COTUCO, a medical tourism agency that published their own medical tourism guide. He is one of four local plastic surgeons listed in their recent publication advertising surgical services in the city called *guia de cirugia en Mexicali*. His office is located just a short walk from FCO (Francisco) Madero, on Calle B – between Reforma and Obregon and across the street from Hospital Hispano Americano.

During the initial interview, one of the things Dr. Ramirez and his nephew (who assists with translation) touch on is the importance of medical training and education, and the importance of being able to quantify the validity of this training in Mexico, where training standards and requirements are not standardized.

Dr. Ramirez himself received his medical education in Morelia, which is the capital of the Mexican state of Michoacan (de Ocampo).<sup>134</sup> He attended the well- respected, and well-reputed Universidad Michoacana de San Nicolas de Hidalgo.<sup>135</sup> After graduating in 1997, he completed his general surgery residency (1997 – 2002) at Hospital Central Militar (which is a large military hospital – similar to Bethesda or other American VA facilities, located in Mexico City.) He completed his plastic and reconstructive specialty surgery at the same facility in 2007 – 2008. During his fellowship, he published several papers in a national medical journal, *Revista Sanidad Militar* (Military Health Magazine).

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<sup>131</sup> Dr. Ramirez, who primarily speaks Spanish arranged for his nephew to translate in advance of our interview. He tells me that he often does this in order to facilitate communication with his English-speaking clientele.

<sup>132</sup> In fairness to Dr. Ramirez, that seems to be a pretty common and accepted practice here – the singer, Rhianna is especially popular as an advertiser for hair salons.

<sup>133</sup> Dr. Ramirez was initially interviewed in November of 2011. Full details of this interview are available at [www.cartagenasurgery.wordpress.com](http://www.cartagenasurgery.wordpress.com)

<sup>134</sup> In Mexico, like many countries, students do not attend a separate undergraduate program prior to medical school. Instead, students undertake a six or seven year program that encompasses medicine and general studies.

<sup>135</sup> This is one of the oldest universities in Mexico, originally founded as the *colegio de San Nicolas de Higdalo* in 1540. It became a university in 1917. It is also one of the largest public universities in Mexico. At the Universidad Michoacana students may apply for the five-year medicine program after completing two years of general study.

He completed additional training in microsurgery and breast reconstruction and received his board certification in plastic, esthetic and reconstructive surgery since 2007.<sup>136</sup> Since then, he has presented, and lectured at several national conferences (Mexican Association of Plastic, Esthetic and Reconstructive Surgery as an active member of this organization.)

He currently performs an average of four surgeries a week. He performs a wide range of facial and body procedures including injectables, face-lifts, breast augmentation, abdominoplasties, and liposuction. (This is not an all-inclusive list.) During his initial consultation, Dr. Ramirez performs a full medical evaluation. If patients have uncontrolled diseases (such as diabetes) or are at high risk for surgical complications, Dr. Ramirez will refer patients for further medical evaluation and treatment before undergoing surgery.

For patients who live nearby (but outside Mexicali), Dr. Ramirez recommends a three-day stay with a return to Mexicali for a one-week post-operative follow-up. For medical tourists from greater distances, Dr. Ramirez recommends a one-week stay in Mexicali. He and his staff will assist in making hotel arrangements, and Dr. Ramirez has nurses that make house calls after surgery.

During my initial visit, we also reviewed several of his cases – including before and after photographs. Notably, in the photos viewed, post-operative photos, while showing dramatic differences, also showed natural appearing results. The post-operative breast augmentation photos were particularly interesting – in all of the photos reviewed, the patients had elected for cosmetically appealing, natural looking results [versus dramatically endowed, 'porn star' breast implants].<sup>137</sup>

On my return to Mexicali, I made several attempts to contact Dr. Ramirez to arrange for a follow up interview and possible visit to his operating room, but perhaps wary from previous mischaracterizations from members of the press, it took a couple weeks for Dr. Ramirez to respond.<sup>138</sup> However, once we reconnected, Dr. Ramirez readily invited me to observe several cases in the operating room.

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<sup>136</sup> Dr. Ramirez's certification has been verified.

<sup>137</sup> As discussed in *Bogotá!* – styles and fashions of plastic surgery may vary among cultures, geographic regions and the general public.

<sup>138</sup> Dr. Ramirez was widely ridiculed by members of the American press for his lack of English, with attempts to portray this lack of fluency as intentional.



*Dr. Victor Ramirez, plastic surgeon*

I observed Dr. Ramirez operating in two different facilities. Dr. Ramirez applied the sequential stockings himself (Kendall pneumatic devices), and supervised all patient preparations.<sup>139</sup> Patients received a combination of conscious sedation, and epidural analgesia – so they were awake, but comfortable during the procedures. In fact, during one case, the patient maintained an ongoing conversation with me, and repeatedly assured me that he was comfortable and pain-free.<sup>140</sup> Patients were prepped and draped appropriately and sterility was maintained during the procedures.<sup>141</sup> During an abdominoplasty, Dr. Ramirez is assisted by Dr. Valenzuela, another local plastic surgeon.<sup>142</sup> The surgery proceeded normally with liposuction of the abdomen and back area.<sup>143</sup> There was no hemodynamic instability, significant bleeding or other complications. Cosmetic results were aesthetically pleasing.

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<sup>139</sup> These stockings are used to reduce the risk of deep vein thrombosis (DVT) or blood clots.

<sup>140</sup> The patient did drift off at intervals.

<sup>141</sup> There are some concerns about the sterility of procedures at the Bellus clinic due to the presence of a wall unit air conditioners in the operating room. This air conditioner draws air from outside which then blows into the operating room (and possibly the sterile fields). Patients would be wise to elect to seek treatment at the newer surgical facility, Hospital Quirolgic del Valle.

<sup>142</sup> This is common in countries without a shortage of surgeons. (In the USA, surgeon shortages have led to the development of specialized roles for nurses in the operating room as assistants).

<sup>143</sup> Performing liposuction of the abdomen/ flank areas prior to abdominoplasty is considered controversial within the plastic surgery community due to the heightened risk of infection and poor wound healing.

Araco A, Gravante G, Gentile P, Cervelli V., (2012). Surgical site infections after post-bariatric abdominoplasty and flank liposuction: a case-control study focusing on the quantity of tissue removed. *Surg Today*, 2012 Jan;42(1):97-9.

In another case, a patient underwent breast augmentation with local analgesia and conscious sedation. This patient was more heavily sedated but appeared comfortable and was hemodynamically stable throughout the case. Results were cosmetically pleasing, with the patient strongly expressing satisfaction with results after awakening from surgery.

One of the aspects of Dr. Ramirez's practice that make a positive impression was the appropriateness of his patients and their procedures. Patients did not undergo a rigorous marathon of procedures, and patients were not 'sold' the idea of surgery as 'weight loss solution', 'complete beauty makeover' or a 'miracle fix'. The patients I spoke with appeared to have very clear and realistic expectations of outcomes. For example, the abdominoplasty patient was relatively fit and athletic otherwise, and wished to improve the appearance of the abdomen, which had proved resistant to less invasive techniques. This careful patient selection and pre-operative patient education means that patients are more likely to be happy with their results after surgery.

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Website in Spanish only, with the exception of reggaeton background music.

While he never responded to emailed attempts to contact him, I encountered Dr. Valenzuela in the operating room where he was the assisting surgeon with Dr. Victor Ramirez. Even after this encounter, Dr. Valenzuela refused to answer emails, and remained reluctant to answer questions in person.

Dr. Valenzuela is from the neighboring Mexican state of Sonora, who attended medical school at the Universidad Autonoma de Sinoloa. He completed his general surgery residency in CMN at Cd. Obregon Sonora. He completed his plastic surgery specialty training in Mexico City, and is a member of the Mexican Association of Plastic and Reconstructive Surgery (Asociación Mexicana de Cirugía Plástica Estética y Reconstructiva).

He is currently a professor at the Universidad Autonoma de Baja California.

## *Other Specialties*

**Dr. Cuauhtemoc Vasquez Jimenez, MD**  
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Not listed as a member of the Mexican Society of Cardiac Surgeons but he is listed as a certified cardiac surgeon at the National Council of Thoracic Surgeons (license #209), which is the certifying body for cardiac and thoracic surgeons.<sup>144</sup> He is a member of CTSnet.org, an international association of cardiothoracic professionals.

Out of all the surgeons I met during my time in Mexicali, there was no one I enjoyed talking to more than Dr. Cuauhtemoc Vasquez. He is a fluent English speaker, but more than that; he shares my love and passion for our specialty. He also stays up to date on the current controversies and developments in cardiovascular surgery. I could have gladly spent my entire time in Mexicali in his company and probably been much richer (intellectually) for it. Therefore, I take no pleasure in, and am acutely saddened to report that at this time it would be unwise for patients to seek cardiac surgery in Mexicali at the present time. While Dr. Vasquez is a very talented up-and-coming surgeon, cardiac surgery is one of a few surgical specialties that rely heavily on inter-disciplinary collaboration.<sup>145</sup> This collaboration is one of the things that make working in cardiac surgery so rewarding, but it is also something that is lacking on Mexicali. The lack of a definitive 'home' for his cardiac surgery program highlights this fact. His relative youth and limited experience only heighten the potential problems with this 'semi-traveling' cardiac surgery program.

Frankly, Dr. Vasquez and his patients would be better served by establishing one cardiac surgery program within the city, instead of operating at numerous facilities. This would allow for the needed subspecialty education for the personnel working with these patients; from respiratory therapists responsible for the early extubation of these patients, to the nurses who need the skills and experience to detect the early signs of post-operative complications, to physical therapists trained in the early mobilization of cardiac patients after surgery. This scattering of talent and resources across the city also means that at some of the facilities where Dr. Vasquez operates there is a shortage of necessary equipment, which means that patients do not always receive transesophageal echocardiograms during surgery, and in fact, have no one adequately trained to read these studies, even if the equipment was available.<sup>146</sup>

In the future, it is possible that Dr. Vasquez will be able to overcome these obstacles, and will be able to offer cardiac surgery which is equal to or surpasses many single-surgeon programs in the United States.<sup>147</sup> I certainly hope so, as the current situation is a gross underutilization of Dr. Vasquez and his considerable skills, and ultimately hurts the city of Mexicali and its residents.

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<sup>144</sup> Membership in the society is voluntary.

<sup>145</sup> Solid organ transplant, such as lung transplantation, in another.

<sup>146</sup> Transesophageal echo or TEE is essential particularly when operating on the elderly to detect the presence of heavy calcification of the aorta, which contributes to the occurrence of intra-operative stroke. It is also essential during valve procedures to ensure that the newly implanted valve is functioning correctly and that all air has been ejected prior to cessation of cardiopulmonary bypass. Dr. Vasquez's current anesthesiologist reports that he has no training in TEE interpretation, which is an essential skill in cardiac anesthesiology.

<sup>147</sup> This is one area where I have considerable expertise, having worked in solo surgeon practices.



*Dr. Vazquez, Cardiac Surgeon*

### *Neurosurgery*

**Dr. Enrique Davalos Ruiz, MD**

**Neurosurgeon**

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Dr. Davalos replied readily to my request to schedule an interview and a visit to the operating room.

Dr. Davalos specializes in both pediatric and adult neurosurgery procedures, and has been a certified neurosurgeon, (#800) since 2003. In fact, he is just one of a few dually specialized neurosurgeons in all of Mexico.

At thirty-five, the young neurosurgeon is the city's heartthrob among nurses and surgical residents, with many of them referring to him as the "Tom Cruise" of the operating room.<sup>148</sup> Despite the

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<sup>148</sup> Given the recent scandals surrounding Tom Cruise, I did ask several people for clarification of this nickname, and was informed that it referred to his youthful good looks, and friendly disposition, as 'the boy next door' as encapsulated in the early films of Tom Cruise.

excess of female attention, he remains friendly, humble and engaged in the practice of neurosurgery. More importantly, he has a reputation throughout the city as an excellent and exacting surgeon. This was confirmed during my visit to the operating room.

In the operating room, he is pleasantly relaxed but focused. During the case I observed, Dr. Davalos reconstructed the skull of a two-year old child for a cranial deformity. The case was reviewed prior to surgery with scans hung prominently for easy access during surgery. Patient was prepped and draped appropriately with sterility was maintained throughout the case. Anesthesia was excellent with no hemodynamic instability or hypoxia. Despite being a tedious, painstaking operation, everything proceeded in a timely fashion with no excessive bleeding or other problems.

*Surgical Apgar Score: 9, Excellent surgeon*



*Dr. Enrique Davalos Ruiz, Neurosurgeon*

**Dr. Efren Morales Rodriguez, MD**  
**Neurosurgeon**  
**Unidad Medica Atziri**  
**Calle B 91 entre Madero y Reforma**  
**Zona Centro 2da Seccion**  
**Mexicali, B. C.**  
**Tele: 686 552 8639 cell: 686 182 6321**  
**Email: drefrenmorales@yahoo.com.mx**  
Requested interview.

Dr. Morales is a board certified neurosurgeon, #658. He did not respond to multiple requests for an interview.

**Dr. Jorge Valenzuela Virdrio, MD**

**Neurosurgeon**

**Centro Medico Reforma**

**Av. Reforma 999 y Calle B**

**Col. Nueva**

**Mexicali, B. C.**

**Tele: 686 551 9954 cell: 686 946 3679**

**Email: [jorgevirdrio@hotmail.com](mailto:jorgevirdrio@hotmail.com)**

Emailed to request interview.

Dr. Valenzuela has been a board certified neurosurgeon (#705) since 2002. He did not respond to multiple requests for an interview.

**Dr. Ernesto Enrique Romero Zepeda, MD**

**Orthopedic Surgeon**

**Av. Guadalupe Victoria #880**

**Col. Prohogar**

**Mexicali, B. C.**

**Email: [netoquique@hotmail.com](mailto:netoquique@hotmail.com)**

**Tele: 686 243 7499**

I met Dr. Romero in the hallways of Hospital General de Mexicali, where he is on staff as a salaried surgeon for the trauma and orthopedics service. Due to his sub-specialization in orthopedic trauma, he states that he has few, if any private patients outside the doors of Mexicali's primary trauma hospital. However, he is a talented and skilled surgeon. In addition to general adult orthopedics, he also performs pediatric orthopedic surgery for conditions such as congenital hip dysplasia.

He attended medical school at the Universidad Autonoma de Nayarit in Tepic, Mexico. He completed a four year orthopedic residency at the Hospital General de Michoan, as well as additional training in hand surgery with Salvadore Villalon. He has been practicing in Mexicali for four years, and performs the majority of surgeries as a staff physician at Hospital General de Mexicali and Issstecali.

I observed him performing several surgeries at the Hospital General de Mexicali. During these cases, he used a combination of conscious sedation and regional blocks, avoiding general anesthesia and anesthesia-related complications.<sup>149</sup> Prior to the procedures, patient radiographs and medical information was reviewed. Patients were positioned and draped appropriately, and surgical sterility was maintained during all of the cases. Antibiotics were administered in a timely fashion as appropriate to the individual case.

The first case was a very frightened young child, but Dr. Romero was exceedingly kind and gentle. He was able to reassure and calm the child prior to the procedure, and the case proceeded quickly and uneventfully.

Patients were hemodynamically stable with very minimal blood loss. Since orthopedic procedures can be quite bloody, Dr. Romero prevented unnecessary blood loss by using a constrictive bandaging technique (similar to a tourniquet) which is frequently used in orthopedic procedures.

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<sup>149</sup> This means that the surgical Apgar score is not applicable.

This constriction is maintained for a maximum of twenty minutes to prevent ischemic damage to tissue.



*Dr. Romero, Orthopedic Surgeon*

**Dr. Alfredo Penagos Paniagua, MD**

**Orthopedic Surgeon**

**Unidad Medica de Leon**

**Av. Madero No. 1368**

**entre E y F**

**Col. Nueva**

**Mexicali, B. C.**

**Email: [penagosalf@hotmail.com](mailto:penagosalf@hotmail.com)**

**Tele: 686 553 5300**

Emailed to request interview but received no reply.

**Dra. Lorena Reynosa Castro, MD**

**Orthopedic Surgeon**

**Av. Lerdo Bo. 1515 – 7<sup>a</sup>**

**Entre G y H (frente de IMSS)**

**Mexicali, B. C.**

**Email: [lore\\_reynosa@yahoo.com](mailto:lore_reynosa@yahoo.com)**

**Tele: 686 555 6482**

Emailed to request interview, no response.

**Dr. Carlos Cesar Ochoa Gaxiola, MD**  
**Thoracic Surgeon**  
**Madero # 1059**  
**Segunda Seccion**  
**Mexicali, B. C.**  
**Website: <http://www.drcarloschoa.com>**  
**Tele: 686 553 6989**  
**Email: [carlos\\_og@yahoo.com](mailto:carlos_og@yahoo.com)**  
Website with English language version.<sup>150</sup>

After spending several months in the company of Dr. Ochoa as part of an independent study project, he is certainly the best known of all the providers interviewed here. While rough around the edges in comparison to American counterparts, due to limited English speaking skills, and a traditional Mexican mindset – Dr. Ochoa is, nonetheless, a phenomenal surgeon.<sup>151</sup> His easy-going nature is easy to mistake for a casual approach to surgery; **but don't**. He has a keen attention to detail, unerring instincts as well as having excellent operating room skills.

Dr. Ochoa is one of only three thoracic surgeons in all of northern Mexico.<sup>152</sup> This means that he sees a wide variety of cases at a mix of public and private facilities. With the exception of lung transplantation and esophageal surgery, he performs the entire range of thoracic surgery, including tracheal surgery. This includes lung procedures such as lobectomies, pneumonectomies, diagnostic biopsies/ mediastinoscopies/ mediastinotomies, as well as decortications for infection or trapped lung. He also treats mediastinal disease such as thymomas for myasthenia gravis and other mediastinal masses as well sympathectomies for palmar hyperhidrosis. He performs the majority of his procedures by minimally invasive means; primarily VATS<sup>153</sup>, including dual port approaches, when possible.

Due to the endemic thoracic disease patterns affecting northern Mexico, he also spends considerable time diagnosing and treating tuberculosis and tuberculosis-related lung disease.<sup>154</sup>

As a professor of surgery for the Universidad Autonoma de Baja California, he spends much of his time training students and interns at the public facility, and is excellent in this role.

Dr. Ochoa is a board certified thoracic surgeon (license #298) by the National Council of Thoracic Surgeons.<sup>155</sup>

Prior to surgery, Dr. Ochoa reviews all films and patient records. He personally positions all patients to ensure proper positioning and prevention of intra-operative injury.<sup>156</sup> He also confirms all endotracheal tube placements (via bronchoscopy and auscultation) in addition to anesthesiologist confirmation.<sup>157</sup> Patients are prepped and draped appropriately, and sterility was maintained during all cases. In addition to the initial evaluation process, I was able to observe Dr. Ochoa

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<sup>150</sup> During my period of study with Dr. Ochoa, I assisted in the translation and creation of his English language section.

<sup>151</sup> His English skills have dramatically improved over the last few months. He, (like most surgeons) reads English fluently.

<sup>152</sup> Dr. Olivares operates in Tijuana, and Dr. Lugo is located in Ensenada. I had an opportunity to interview Dr. Olivares who stated frankly, "I'm not interested in Americans and their Medicare."

<sup>153</sup> Video-assisted thoracoscopy

<sup>154</sup> This part of Mexico has one of the highest rates of tuberculosis and multiple drug resistant tuberculosis (MDR-TB) in the western world, and is only rivaled by India and parts of sub-Saharan Africa on a global scale.

<sup>155</sup> Dr. Ochoa's certification has been verified.

<sup>156</sup> Many doctors supervise this step.

<sup>157</sup> Many thoracic surgeons do this given the importance and added complexity of dual lumen ETT placement.

performing a wide range of thoracic procedures over the course of several months; including pediatric procedures such as decortication of empyemas in toddlers and diaphragmatic hernia repair. I also observed mediastinal procedures, and the full gamut of lung surgeries from wedge biopsies to pneumonectomy. While the majority of the information on Dr. Ochoa was provided prior to and independent of the five months spent under his tutelage, I would be remiss if I failed to mention the wealth of information obtained during that period. Of all the surgeons interviewed, Dr. Ochoa stood the greatest risk, simply due to repeated exposures. However, he consistently performed and demonstrated excellence in clinical decision making and surgical skill, in and out of the operating room.



*Dr. Carlos Ochoa, MD in the operating room*

*World-class surgeon. Surgical Apgar scores, consistently: 8.*

**Dr. Martin Juzaino, MD**

**Cardiovascular and Thoracic Surgeon**

**Alvaro Obregon #684**

**entre Calle Mexico y Bravo**

**Zona Centro**

**Mexicali, B. C.**

**Email: [ccvtcmo@hotmail.com](mailto:ccvtcmo@hotmail.com)**

**Tele: 686 554 2783**

I met Dr. Martin Juziano in Hospital General de Mexicali, where he was very friendly and amendable to both an interview and a visit to the operating room. He is on staff at both Hospital General de Mexicali, and Hospital Quirugico del Valle, where his office is located.

Though he reports his specialty as cardiovascular and thoracic surgery, he is not listed as a member of the Mexican Society of Cardiac Surgeons, the Mexican Council of General Surgeons or the National Council of Thoracic Surgeons, which is the certifying body for cardiac and thoracic surgeons.<sup>158</sup> This is common among older surgeons who may have learned much of their specialty practice, “on-the-job” though Dr. Juziano reports specialty training in the past. However, Dr. Juziano failed to reply to an email to clarify his education and experience. When asked about the procedures performed, he reported that he performed a wide range of cardiothoracic procedures including coronary bypass and aortic aneurysm repair. However, he did not specify how recently or how frequently he performs these procedures.

In the operating room, Dr. Juziano was deliberate, and methodical. The patient was sterilely draped and prepped. For the procedure (femoral-popliteal bypass), the patient received conscious sedation, and appeared comfortable and pain-free for the duration of the procedure. Patient remained hemodynamically stable, with no significant bleeding or hypoxia during the procedure. At the conclusion of the PTFE graft placement, the foot had a palpable pulse and showed no signs of acute ischemia.

*Surgical Apgar: 9, Good surgeon but hesitant to recommend for cardiac procedures due reasons specified with Dr. Vasquez, as well as lack of specialty board certification.*

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<sup>158</sup> Even in the United States, it is not entirely uncommon for general surgeons to adopt the title of thoracic surgeon, without formal thoracic training or specialty certification. However, the lack of readily identifiable certification as a general surgeon is somewhat alarming. Dr. Juzaino was contacted in an attempt to clarify this discrepancy but did not respond to emails.



*Dr. Martin Juziano (left) performing vascular surgery*

**Dr. Marnes Molina**

**Urologist / Endourologist**

**Especialidades Almater**

**Calle C 148, Suite 102**

**Col. Nueva,**

**Mexicali B.C.**

**Email: [info@urologiamexicali.com](mailto:info@urologiamexicali.com)**

**Tele: 686 553-6989**

**Website: <http://www.urologiamexicali.com/>**

Website with English language version.

He is also fluent in English.

Dr. Molina is an extremely pleasant gentleman, who readily invited me to join him during hospital and office rounds in addition to several surgeries. As a board-certified urologist with additional training in endoscopic procedures, Dr. Molina performs the full spectrum of urologic procedures; including surgery for erectile dysfunction, prostate enlargement (both prostate cancer, and benign conditions), incontinence and other genitourinary conditions.

Dr. Molina reports he is currently the only urologist in Mexicali utilizing the AMS Green Light Laser technology for treatment of benign prostate hypertrophy. This fiber optics system is used as an alternative, less invasive option for patients who would otherwise require transurethral resection of

the prostate (TURP). This has not entirely supplanted TURP in his practice; Dr. Molina uses the procedure that best fits the patient and their situation.<sup>159</sup>

For the majority of his procedures, Dr. Molina prefers to use conscious sedation. This technique eliminates much of the peri-operative risks associated with general anesthesia, and is ideal for surgeries of this nature (small, short procedures).

Dr. Molina is a contracted surgeon with Medvoy, a medical tourism company, but reports that he seldom receives patients through this channel. He reports that he sees a large amount of Americans and other English speaking patients in his practice, mainly from the Los Algodones and surrounding areas (Yuma, Arizona and Winterhaven, California.)

Dr. Molina was born and raised in Irapuato, in the central part of Mexico. After attending medical school at La Universidad de Guadalajara, he completed a one-year residency in general surgery, followed by a four year residency in urology. After completing his urology specialty training, he completed additional training in endourology which includes training in percutaneous therapies. He spent an additional year working in Guadalajara prior to moving to Mexicali and establishing his practice here.

Dr. Molina and two associates authored a chapter, "Intracorporeal nonlaser lithotripsy" for the English language urology textbook, *Urinary Tract Stone Disease* (Springer, 2011).<sup>160</sup>



*Dr. Molina, MD, breaking up stones under fluoroscopy*

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<sup>159</sup> Green laser vaporization.

<sup>160</sup> Chapter 25 of the textbook, published by Springer in 2011.

## **A note about organ transplantation**

In this age of internet marketing, and medical tourism, multiple companies offer organ transplant services in numerous locations including Mexicali. However, this is fraught with ethical and safety considerations. Ethical and legal considerations notwithstanding, the safety concerns are considerable. It is important for people to realize that many of these companies are not concerned with patient safety. In fact, while researching this publication, a very large, well-known medical tourism company attempted to send a lung transplant patients to Mexicali despite the fact that there was not a qualified surgeon to perform the operation in question, nor a facility equipped to handle a surgery of this magnitude.<sup>161</sup>

While these safety considerations vary with the complexity of the transplant procedure required, with kidney transplants being the safest, it is imposible and unethical to recommend any transplant services in this city.

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<sup>161</sup> Transplant surgery, particularly heart or lung transplant surgery require extensive resources including a multidisciplinary team experienced in transplant surgery. There are no qualified support staff or specialized equipment such as ECMO, which is commonly needed after lung transplant surgery in the city of Mexicali.

## Emergencies & General Post – Surgical Care

This is not a substitute for prompt medical attention, particularly in life-threatening situations. This section is here to facilitate the recognition of medical situations requiring prompt medical attention and to aid in seeking emergency assistance.

### **The Emergency System**

In Mexico there is no nationwide emergency assistance line similar to the 911 system in the United States. Instead, each city has different numbers for individual services, such as the fire department, the police or ambulance services. For emergency medical assistance dial **0 – 6 - 6** from a standard telephone.

### **In case of Emergency – Call your surgeon!**

Seeking emergency medical treatment in a foreign country is always stressful. Add in a possible language barrier and possible surgical complications, and the situation can deteriorate quickly. If you experience any medical problems following a surgical procedure at a private clinic or hospital, **contact your surgeon**. By doing so, you may be able to avoid the emergency room and will be treated by someone familiar with you and your situation. This will expedite your treatment.

Your surgeon will also be able to direct you to the best medical facility, if needed, which is convenient to your location and individual situation.

### *Emergency Medical Treatment*

Emergency departments in Mexico, similar to the United States, suffer from problems related to overcrowding such as treatment delays and long waiting times.<sup>162</sup> Some public and private facilities require cash pre-payment prior to receiving treatment. Anticipate a request for payment at the time of treatment, and bring cash and credit cards with you. We recommend contacting your surgeon first to avoid these hassles.

However, sometimes situations develop that require a trip to the hospital, such as another member of your party becoming ill.

### *Special Emergency Situation: Chest Pain*

**If you or anyone in your party has:**

**Chest pain or pressure, chest tightness, shortness of breath, difficulty breathing, pallor (paleness/ heavy sweating), or other signs and symptoms of a possible heart attack<sup>163</sup>**, it is important to go immediately to the hospital for possible urgent cardiac catheterization, if needed. The term for heart attack, “myocardial infarction” is the same in Spanish.

Chest pain can also be indicated by using the universal sign of placing a hand over the center of your chest, palm downward. “Dolor en mi pecho” means chest pain.

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<sup>162</sup> This particularly applies to the public facilities.

<sup>163</sup> This is not an all-inclusive list of the signs of a possible heart attack/ acute coronary syndrome, and the signs may be more subtle in women and diabetics.

However, at most facilities in Mexico, there are multiple providers available that speak English and will be able to assist you.

In a life-threatening emergency such as a possible heart attack, **time is of the essence**. Delays in treatment can be potentially fatal. Be sure to direct your taxi or transportation to the correct facility, near your location such as Hospital de la Familia, Hospital Hispano Americano, or Hospital Almater. (All of these facilities have cardiac catheterization lab facilities.)

**Do not go to Hospital General de Mexicali, or the other public facilities.** There is no cardiac catheterization laboratory, which may result in significant delays in treatment as you are transferred to another facility.

*Reminder:* If you are having any kind of serious medical problem, do not eat or drink ANYTHING until you have been seen and evaluated by a doctor. The ONLY exception is for diabetic patients who have performed a fingerstick showing a blood sugar of 60 or less.<sup>164</sup>

### *Cardiac Catheterization Facilities/ Cardiologists*

Interventional cardiologists or “interventionalists” are cardiologists with additional training and education in the quasi-surgical procedures such as balloon angioplasty, coronary and vascular stent placement and other procedures to treat cardiovascular disease such as coronary blockages.<sup>165</sup> During an acute heart attack/ chest pain event, you would want to see an interventionalist for aggressive and immediate treatment<sup>166</sup>.

#### **Hospital Almater**

#### **Chest Pain Center**

**Av. Francisco L. Madero 1060**

**Zona Centro**

**Mexicali, B. C.**

Hospital Almater has a dedicated chest pain center and cardiac catheterization lab.

#### **Clinica de Hipertension Arterial**

**Plaza Espana**

**Av Madero 1290 (corner of Calle E)**

**Mexicali, B. C.**

**Website:** <http://www.clinicadehipertension.com/>

Website in Spanish only.

Emailed both cardiologists to request an interview.

Dr. Monge and Dr. Aguilera share a practice at the Clinica de Hipertension Arterial, and are staff physicians at the **Hospital Hispano Americano**, which has a cardiac catheterization lab suite.

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<sup>164</sup> Glucose monitoring is essential **prior** to assuming hypoglycemia. Even long-term diabetics may falsely assume low blood sugar, and treat inappropriately, which may delay the correct treatment. The best treatment for hypoglycemia is milk, not orange juice, or candy, which may cause rebound hypoglycemia within a short period of time after ingestion.

<sup>165</sup> This list may also include valve procedures such as TAVI/TAVR or mitral clip placement. This depends on the country, interventionalist and facility.

<sup>166</sup> More information on the requirements for certification as an Interventional Cardiologist with Mexican regulating body is available in the References and Resources section.

**Dr. Leonardo Monge Rangel**

**Email:** [mongerl@prodigy.net.mx](mailto:mongerl@prodigy.net.mx)

**Appointments:** 686 4744 or 552 6013

**Cell phone:** 044 686 157 3809

Dr. Monge attended the Universidad Autonoma Baja California medical school. He completed his internal medicine residency at the IMSS – Centro Medico la Raza in Mexico City. This was followed by a cardiology fellowship in Barcelona, Spain at the Universidad Autonoma de Barcelona and Centro Medico Valle de Hebron.

Dr. Monge has been verified as a licensed cardiologist with the Mexican Council of Cardiology but he is not a certified or recognized interventional cardiologist.<sup>167</sup>



*Dr. Monge in the cath lab at Hispano Americano*

**Dr. Raul Aguilera Zarate, MD**

**Interventional Cardiologist**

**Email:** [raulagui01@hotmail.com](mailto:raulagui01@hotmail.com)

**Appointments:** 686 552 8222 or 552 4816

**Cell phone:** 044 686 946 3659

No response to initial email requesting an interview. He was not particularly interested in being interviewed during an encounter in the catheterization lab with Dr. Monge.

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<sup>167</sup> According to the Consejo Mexicano de Cardiología.

**Dr. Augusto Alex Octavio Flores Galaviz, MD**

**Interventional Cardiologist<sup>168</sup>**

I was unable to contact Dr. Flores to arrange for an interview.

**Dr. Jose Adrian Medina Amarillas, MD**

**Interventional Cardiologist**

**Av. De la Reforma 949**

**Mexicali, B. C.**

**Tele: 686 554 0972**

Staff speaks English (assistant, Maryana).

Dr. Medina's yellow page listing is very small and easily missed; likewise, he has very little on-line presence with the exception of an old interview/ interactive chat with readers at LaCronica.com, a local newspaper. I obtained his name through the Mexican Council of Cardiology listings on certified interventionalists. Even after speaking with his secretary, and sending an email with a list of my published articles, I was unable to schedule an interview with Dr. Medina.

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<sup>168</sup> Certification listed as expired since 2011.

## *Post – Surgical Problems:*

### *When you should seek medical attention (after surgery):*

- If you develop a fever that does not respond to acetaminophen (after one or two 650 mg doses), or fever longer than 24 hours in duration. In Mexico, the formulation for acetaminophen is paracetamol.
- New/ fresh or profuse bleeding from surgical incisions. Dark red blood seeping from a dressing is fresh blood. Dark brown drainage, thin watery reddish or pink drainage may be normal, and does not represent new bleeding.
- Increasing swelling / streaking or **purulent** drainage from surgical incisions. (**Drainage that is thick, yellow, creamy, toothpaste consistency or foul-smelling**).  
Redness in a new incision (less than 72 hours old) is a sign of inflammation, which is part of healing, not infection.
- **Chest pain/ pressure or shortness of breath, difficulty breathing** (see special situations information on previous pages)
- **Increased** or uncontrolled pain that develops 24 hours or more after surgery.
- **Calf or lower leg swelling, redness or tenderness.** This may be a sign of the development of a blood clot. Do not massage or rub the area, and limit your activity until this has been evaluated by a medical professional<sup>169</sup>
- If your caregiver or family member notices **over-sedation, lethargy or confusion.**

### *Signs of over sedation:*

- Inability to rouse, or awaken
- Difficulty or inability to stay awake
- Incoherent or slurred speech
- Respirations of less than 10 breaths per minute (look for chest rise and fall)
- Periods of apnea (long pauses in breathing)

### **Seek immediate medical attention.**

These are general guidelines and are not a substitute for definitive medical care.

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<sup>169</sup> This is one of the only times we recommend limited activity after surgery. Conversely, early ambulation (walking) after surgery actually prevents the development of many post-operative problems such as blood clots.

*General guidelines for post-operative incision care:*

While each surgeon may have different preferences for post-operative surgical incision care, some general principles apply.

- **Keep all incisions clean and dry.** Moist or damp skin promotes skin irritation, skin breakdown and bacterial growth.

-In most cases, you can/ and should wash your incisions with mild, gentle soaps (such as Ivory) 24 to 48 hours after being discharged from the medical center or clinic. Pat the incision dry, and inspect carefully for signs of wound dehiscence (wound coming apart at the edges). There may be small amounts of clear or bloody drainage. Light yellow (straw colored) drainage that is clear in consistency is a normal finding.

If there is no drainage, and the incision is not in an area where it comes into contact with other skin or irritation from clothing, it may heal faster if left uncovered and exposed to air.

- Do not apply any creams or lotions until cleared by your surgeon or until the scabs fall off. Don't pick the scabs; it makes the scars larger. Lotions, even antibacterial ointments, may slow healing, promote skin breakdown or seed infection.

- Do not use harsh soaps or cleansers. Surgical incisions are very clean by nature. Applying hydrogen peroxide, antibacterial soaps or other harsh chemicals can damage healing tissue, and slow the healing process.

- Once the scab has fallen off, (or when cleared by your surgeon), **apply SPF 50** sunscreen to your incision daily, and avoid sun exposure to the area, if possible. This will lessen the appearance of the surgical scar.

## References and Resources

### Books

Gonzalez Gonzalez, A. M. & Robles Cairo, C. (2009). *Arquitectura historica de Mexicali*. Universidad Autonoma de Baja California (Spanish).

Lucero Velasco, H. L. (eds). *Mexicali 100 years: Architechture and urbanism in the Colorado desert*. Published by the LA School of Urbanism.

Robles Cairo, C. (2009). *La arquitectura de Mexicali (Origenes)*. Universidad Autonoma de Baja California (Spanish).

Universidad Autonoma Baja California (2004). *Mexicali ayer, Mexicali hoy*. Published by the Universidad Autonoma Baja California museum. Collection of essays on the sociocultural history of Mexicali. (Spanish).

### Organizations

#### **Mexicali Committee of Tourism and Conventions**

**Blvd. Lopez Mateos y Calle Carnelias s/n**

**Col. Bellavista**

**Mexicali, B. C.**

**Website:** <http://cotuco.com.mx/turismo/>

**Tele:** 686 551 9800

Website with English language version.

#### **Mexicali Tourism Bureau**

<http://www.turismomexicali.com/ing/pages/mexicaliTurismo.php>

While the website is attractive and easy to navigate, the English language offerings on this page are fairly slim, with just a few attractions listed for visitors. It does have a good selection of hotels, and other lodging for travelers, and generally steers visitors away from the more unsavory areas of town.

Unfortunately the site does not offer anything as useful as a downloadable map. It does offer a Spanish language tourist guide pdf, however this link was broken.

#### **Baja California Tourism website**

<http://www.descubrebajacalifornia.com/2012/index.php/destinos/mexicali>

This website is an attractive fully featured website, with a small section on Mexicali.

#### **Baja Web: Mexicali, capital of Baja**

<http://www.baja-web.com/mexicali/>

While this site holds a wealth of information for first time visitors to Mexicali, the unfortunate choice of font colors, flashing icons and overall website design make for difficult reading. Much of the material also appears dated.

### **San Diegan.com on-line guide to Mexicali**

<http://www.sandiegan.com/mexicali.php>

Guide to restaurants, activities and lodging in Mexicali, MX.

### **US Department of State**

Standard government issued warnings and disclaimers with specific mention of potential complications of elective surgery and unlicensed pharmaceuticals intended for enhancing sexual performance.

<http://www.travel.state.gov/travel/cispatw/cis/cis1090.html#medical>

### **AMAR Patient Advocate Service**

**Website:** [http://www.amar.org.mx/health\\_travel/index](http://www.amar.org.mx/health_travel/index).

AMAR is a patient referral service for people seeking medical care in Mexico. It is based on consumer reports and has a wide range of information for interested travelers. However, some of the information is somewhat vague particularly the information on medical standards and practices.

### **Consejo Mexicano de Cardiologia**

<http://consejomexcardiologia.org.mx/inicio.php>

This is the regulating board and certifying agency for all cardiologists practicing in Mexico. This organization also certifies cardiologists in several subspecialties such as pediatric cardiology, and congenital cardiology. More importantly to our readers, this agency has established specific criterion and regulations for subspecialty certifications in Interventional Cardiology and Electrophysical Cardiology.

**Interventional Cardiology** is the subspecialty certification covering angioplasty and certain percutaneous interventions such as coronary stent placement. To be certified in this area, the Council requires two years subspecialty training in interventional cardiology and completion of 100 diagnostic catheterizations, and an additional 50 interventional procedures. The cardiologist applying for certification must have been the primary interventionalist for at least fifty percent of the procedures.

**Electrophysiology** is the subspecialty certification for cardiologists diagnosing and treating arrhythmias and other electrical disturbances of the heart. Treatment may include interventional procedures such as catheter-based ablations for atrial fibrillation. For certification in electrophysiology, the requirements are similar: two years of specialized training in electrophysiology with 75 diagnostic studies and 50 catheter ablations.

### **Consejo Mexicano de Cirugia General**

<http://www.cmcgac.org.mx/>

This is the certifying agency for general surgeons in Mexico. On-line verification of certification of individual surgeons can be done here:

<http://www.cmcgac.org.mx/cgi-bin/DirectorioMedicos> (or click the link marked "Directorio de médicos con certificación vigente"). After having difficulty finding the names of several of the surgeons listed in this book, written requests for verification of certification were made.

### **Consejo Mexicano de Cirugia Neurologica**

This is the certifying agency for neurosurgery. On-line verification of current certification can be done here:

<http://www.cmcn.org.mx/directorio/index.php>

### **Consejo Mexicano de Cirugia Plastica, Estetica y Reconstructiva**

This is a board responsible for the licensure and certification of plastic surgeons.

<http://www.cmcper.org.mx/site/>

### **Consejo Nacional de Cirugia de Torax**

<http://cnct.com.mx/torax/index.html>

The National Council for Thoracic Surgery is the specialty certification agency for thoracic surgeons.

Certification may be verified at:

<http://cnct.com.mx/torax/directorio.html>

### **International Organization for Standardization (ISO)**

ISO standards are voluntary recommendations, policies and procedures adopted by facilities as regulations for their internal practices. The ISO is a large-scale organization which provides standards of practice for multiple industries including engineering, manufacturing, medical devices and healthcare. Standards for the healthcare industry include regulations for aseptic/ sterile processing of equipment, medical device guidelines, privacy requirement for healthcare information (similar to our HIPPA laws).

For more information: <http://www.iso.org>

### **Joint Commission International (JCI)**

Joint Commission International is the international arm of Joint Commission (formerly JHACO), which is the regulatory organization responsible for hospital accreditation. Joint Commission sets hospital standards and protocols governing a wide variety of areas including post-surgical infections, and surgical complications, nosocomial (hospital acquired) illnesses such as MRSA (methacillin resistant staphylococcus aureus), medication administration, and pharmacy standards. Joint Commission regulations and recommendations are considered the most stringent currently available, and JCI performs on-site inspections and performance appraisals. Individual hospital scores are available to the public for scrutiny.

Major criticisms of JCI include the enforceability of protocols and standards (participation is not mandatory in many areas), and advanced notice of hospital inspections.

As noted previously, very few hospitals in Mexico are JCI accredited, and there are no facilities in Mexicali with this accreditation.

For more information:

<http://www.jointcommissioninternational.org/>

### *The Surgical Apgar Score*

One of the most important parts and, in fact, one of the principles of this project, is the operating room visit. This is the part of the evaluation that patients cannot judge for themselves and is rarely judged by others; yet the surgical procedure itself plays a monumental role in determining outcomes.

The Surgical Apgar score, devised by Gawande et. al in 2007, determined that independent of pre-operative patient risk classification, that three intra-operative risk factors played the biggest role in determining the development of major complications up to 30 days post-operatively.

These three risk factors were: estimated blood loss (EBL), lowest heart rate and lowest mean arterial pressure (MAP)<sup>170</sup>.

Using this information, Gawande et. al. devised a 10 point tool which assigns a score to intra-operative management. From this score we are able to estimate the risk of developing complications, and the risk varies dramatically with the score.

For example, with a score of 9 or 10 (the highest), the risk of complications is about 5 percent. However, this risk increases to 56% with a score of 4 or less.<sup>171</sup> In patients that did develop post-operative complications, Regenbogen & Gawande demonstrated in a large scale study, those patients with a score of 2 or less were twenty times more likely to die than patients with a score of 9 or 10.

This tool has been well tested and validated in several large studies involving thousands of patients making it a valid measurement of performance and an essential tool for objective intra-operative assessment.<sup>172</sup>

One of the reasons this scale is so powerful, is that it is able to determine risk independent of patient factors such as advanced age and underlying co-morbidities. In fact, by using this scale as part of intra-operative assessment, surgeons and anesthesiologists can reduce their patients' risk of complications dramatically.

During application of this scale to cases witnessed, the main area of point loss was consistently heart rate control. This meant that an otherwise excellent surgery, with a lowest heart rate of 86 lost all four possible points for the category.

This tool is also an excellent assessment tool for surgeons to apply to see where necessary improvements should be made, but like all tools, the Surgical Apgar has its limitations and is not applicable for all circumstances.

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<sup>170</sup>Mean arterial blood pressure is an average derived from both the systolic and diastolic values.

<sup>171</sup>Regenbogen, S. E., Lancaster, R. T., Lipsitz, S. R., Greenberg, C. C., Hutter, M. M., & A. A. Gawande. (2008). Does the surgical Apgar score measure intra-operative performance. *Ann. Surg.* 2008, Aug; 248(2): 320 –328.

<sup>172</sup>Regenbogen, S.E., Bordeianou, L., Hutter, M. M., & A. A. Gawande (2010). The intra-operative surgical Apgar score predicts post-discharge complications after colon and rectal resection. *Surgery.* 2010 Sep, 148(3):559-66.

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**Appendix A: Emergency Information / Urgencias**

Name (Nombre) \_\_\_\_\_

Home Address / Direccion \_\_\_\_\_

Local Address / Direccion en Mexicali \_\_\_\_\_

Telephone number / numero de telefono \_\_\_\_\_

Surgeon / cirujano \_\_\_\_\_

Date of medical procedure/ Fecha de operacion \_\_\_\_\_

Medical Procedure/ Que operacion? \_\_\_\_\_

Location of procedure (nombre de clinica) \_\_\_\_\_

Additional Medical History:

- Diabetes
- High blood pressure /presion alta
- Heart disease /problemas cardiacos
- Lung disease/ problemas pulmones
- Bleeding disorder /tendencias a sangrar
- HIV (SIDA)
- Hx of smoking / fumas tabaco

Have you ever had a heart attack, angioplasty, stent placement or cardiac surgery? (dates and details) \_\_\_\_\_

Have you ever had a stroke (CVA) or mini-stroke (TIA)? \_\_\_\_\_

Any history of MRSA or staph infections? \_\_\_\_\_

Previous Surgeries: \_\_\_\_\_

Other medical Conditions / Otras problemas \_\_\_\_\_

Allergies: Alergias \_\_\_\_\_

Drug Intolerances (and reaction) \_\_\_\_\_

Current Medications/ Medicinas

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

Are you taking blood thinners?  yes  no

Mark if applicable:

- aspirin / aspirina  "Coumadin" / warfarin,
- "Plavix" / clopidogrel  "Effient" / prasugrel
- "Aggrenox" / aspirin/extended release dipyridamole)
- "Pradaxa" / dabigatran
- Other \_\_\_\_\_

Date last taken / Fecha de medicinas \_\_\_\_\_

**Any other important medication information?**

## Appendix B

### Helpful Spanish Phrases

While many of the healthcare providers in Mexicali either speak English or have translators readily available, the average Mexican citizen may or may not speak English. It is also considered good manners to at least attempt to speak in Spanish when conversing. Even if you have little to no knowledge of Spanish, your efforts will earn the goodwill of many residents.

In general, most Mexicans are very friendly and helpful and will be happy to assist you in your efforts to communicate.

Keys to pronunciation:

H at the beginning of words is often silent. Double 'L' is a y sound as is "yes"

### Greetings/ Getting Around

Good day.....Buenos dias. (primarily used in the mornings)

Good afternoon.....Buenas tardes. (used from noon to late evening)

Good night.....Buenas noches. (utilized as an evening greeting or bedtime).

Hello.....¡Hola!

How is it going?..... ¿Que tal?

How are you?.....¿Como estas?

My name is ..... ..Me llamo....

I am fine.....Estoy bien.

Please ..... ..Por favor.

Thank you.....Gracias.

You're welcome.....De nada or por nada (literally means, "it's nothing" .)

Pleased to meet you.....Mucho gusto...

Pardon me.....Perdon.

Do you speak English? .. ¿Habla ingles?

I do not speak Spanish. ...Yo no hablo espanol.

I do not understand..... ..No entiendo.

I need help ..... ..Necesito ayuda.

I'm sorry.....Lo siento.

I'm lost.....Estoy perdido.

Can you help me?.....¿Puede ayudarme?

Where is the bathroom? ...¿Donde esta el bano?

Can you speak slowly?.....Puede hablar mas despacio.

### Medical / Health

Symptoms

I feel sick ..... Me siento enfermo.

I have pain .....Tengo dolor.

I have nausea ..... Tengo nausea or tengo mareo

I have vomited.....He vomitado or vomite.

I am vomiting.....Yo estoy vomitando.

I have diarrhea .....Tengo diarrea.

I have a fever .....Tengo fiebre.

### Needs/ Physical Comforts

I need medicine for pain ..... ..Necesito medicamento para el dolor.

I need medicine for nausea ... . Necesito medicamento para la nausea.  
I want to see the doctor .....Quiero ver al doctor.  
I need a doctor..... ..Necesito un medico.  
I want to go to the bathroom...Quiero ir al bano.  
I am hungry.....Tengo hambre.  
I am thirsty.....Tengo sed.  
I need a drink of water.... ..Necesito agua para tomar.  
Call a doctor! .....¡Llama a un medico!

### **Medical Questions**

Where is the nearest hospital? .¿Donde esta el hospital mas cercano?

Are you the doctor?..... ¿Es usted el doctor?

### **Other questions**

What time...?.....¿A qué hora...?

Where?.....¿Dónde?

From where?.....¿De dónde?

Which direction?.....¿Por dónde?

To where?..... ¿A dónde?

How?.....¿Cómo?

Which one/-s?..... ¿Cuál/-es?

When?.....¿Cuándo?

How much?.....¿Cuánto/-a?

How many?.....¿Cuántos/-as?

What?.....¿Qué?

For what reason?.....¿Para qué?

Why?..... ..¿Por qué?

Who? .....¿Quién/-es?

To whom?.....¿A quién?

For whom?.....¿Para quién?

Whose?.....¿De quién/-es?

(Taken from a series of emails and inquiries from readers, and visitors to my websites.)

**Q. Why do you write these blogs and books?**

A. I love my job! I love working and caring for people, and I love writing. I want people to be able to use the information I've gathered here, and in my books, to enable them to help make important health care decisions. I want to empower people to take a more active role in their health and wellness, but I also want people to look at health care with a critical eye. Reading about health and healthcare providers on the internet isn't enough – I want people to be able to judge and critique the information they are seeing.

**Q: We see and hear the term 'Medical Tourism' all over the news, and the internet. We've also seen the term, 'surgical tourism' in both your book title and other media. Is there a difference between the two?**

A. These terms are often used interchangeably, though the meanings *aren't* quite the same. While the media has latched onto the terminology of medical tourism, *surgical tourism* is, in most cases, a more descriptive and accurate definition.

Surgery is an acute, episodic event:

you have problem "A" / condition/ disease (ie. cataracts)

then a surgical procedure "B" (eye surgery)

then recovery "C" (improved vision).

This linear relationship of A to B to C with C as a terminal point is easily applied to a travel framework. There is no long-term relationship needed between patient and provider once recovery is complete.

In comparison, *the practice of medicine is about relationships over time*. It is a process of titration and adjustment, and exists over months to years.

Example: Hypertension (high blood pressure) is treated (not cured) with a stepwise approach; addition of medications and increasing dosages over multiple appointments. This practice is less amendable to a travel / destination model. As many of you have noted, the majority of literature discussing 'medical tourism' is actually describing surgical travel.

**Q. Your biography states that you are a nurse practitioner. What is a nurse practitioner, exactly?**

A. A nurse practitioner (NP) is a nurse with advanced education and training, either a Master's degree or a doctoral degree. (Doctoral degree nurses are correctly designated as *doctor* but very few doctoral trained nurses outside of the academic setting use this title due to perceived confusion among consumers.)

"NP" or "Nurse Practitioner" is a generic term, as NPs specialize into different areas.

The specialties include family nurse practitioners (FNP) caring for people in out-patient settings (family practice) throughout the lifespan. This is the most common type nurse practitioner, and the one most lay people are familiar with.

Neo-natal NPs care for our youngest patients, typically in NICUs (Neo-natal intensive care units), and are actually the reason that the NP role came to be, in 1965 due to the efforts of Loretta Ford, (a nurse) and Dr. Henry Silver, MD. [Though, arguably, Nurse Midwives have been around much, much longer.]

Acute Care Nurse Practitioners (ACNPs) like myself specialize in caring for the acutely, and critically ill patients. We often work in ICUs (intensive care units) and specialty practices. There are also Women's Health NPs, Pediatric NPs, Adult Health NPs and combinations of all of the above. Each of these specialties requires separate board certification. In addition to this, like medicine, Nurse Practitioners can sub specialize in areas such as surgery, cardiology, endocrinology. I have chosen to sub specialize in cardiothoracic surgery, and cardiology. As you can imagine, all the specialty training and education takes time; typically 2 to 6 years after a Bachelor's degree in nursing, meaning that most nurse practitioners are experienced nurses prior to becoming NPs.

**Q. Why are you writing this book? I mean, why did you choose medical travel as a topic? How/ why did you choose Mexicali, Mexico for your latest book?**

I wrote this book because as a nurse, I am in a unique position with my patients' everyday. I spend more time with patients than the doctors, so I have the opportunity to know a bit more about what people need or want when it comes to their lives and their health.

I wrote this book in a genuine and earnest attempt to provide patients with information about alternative options. So many people are *going without* when it comes to health care yet Americans tend to look down their noses at not just the surgical tourism phenomenon, but at doctors outside of North America in general. In reality, there is no truth to this position. (A recent large-scale study recently made headlines refuting this assumption, currently on MSNBC<sup>173</sup>.)

This ignorance and arrogance does nothing to help our patients; the people we are supposed to care about. Discouraging surgical tourism isn't about protecting your patients – it's protecting *your* income at the expense of your patients. When Obama says he doesn't like medical tourism – I agree – I'd rather people be able to stay here, at home and get care, but that's just not the reality for many people. So for me to ignore medical tourism would be for me to ignore my patients' needs, and the realities of the financial limitations many of my patients are in.

Caring about your patients means the opposite – it means educating yourself in the issues, and concerns that your patients have – so that you can answer their questions honestly and accurately when *they come to you*. I placed that in italics because I find this aspect of my job to be the most

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<sup>173</sup> [http://www.msnbc.msn.com/id/38537956/ns/health-health\\_care/](http://www.msnbc.msn.com/id/38537956/ns/health-health_care/)

responsibility and the most rewarding. When patients have enough trust to come to you with questions, you have a duty, and a sacred obligation to tell them the truth. Not your version of the truth, not a truth that protects your practice, or makes you look smart. Not a truth shaded or biased by personal or religious beliefs. Ultimately, while I would like my patients to be able to stay here at home, I also just want them to be safe – and people need accurate and honest information to be able to make the informed decisions that keep them safe, healthy and happy.

As a wonderful mentor once said, “It’s not about me. It’s *never* about me. The minute we forget that it’s about the patient – we’ve stopped doing our job.”

So, in the process of educating myself about medical travel and surgical tourism through medical journals, papers, research projects, I found that there was very little, almost nothing written for the medical tourists themselves. The majority of it was nothing but ads from competing companies! Some of these ads made outrageous or medically suspicious claims, and no one seemed to be policing or monitoring any of it. The remainder was written by MBAs, but the American health care community was silent, conspicuously absent.

So, I decided to look for myself. For my first book, I decided to go to Cartagena, Colombia in much the same way I think that a medical tourist might choose Cartagena; by location, cost and ease of travel. I literally pulled out a world atlas and started from there; then I researched flight costs and duration. My second book was a look at a larger city, Bogota, and the wealth of services available there. For this book, I decided to focus closer to home, for people who lived in Arizona, California, Nevada or who were uncomfortable with the idea of traveling to South America for surgery. Mexico is our closest neighbor and is familiar to most of us, so a border city like Mexicali was a logical place to start.

### **Who is pays for this/ who is paying you?**

The answers, as always, are the same.

#### **1. No one pays me.**

I pay all the costs of my research myself – out of dwindling retirement (the money kept disappearing down a stock market black hole anyway -so at least now I am using it.) I traveled to Mexico to write this book because I think it’s important, and patient safety is more important than money.

Obviously, I won’t be able to do this forever because it costs a lot of money to research and write books, but I am hopeful that people will decide to buy one of my other titles after reading this book as a way of contributing to my efforts to continue writing.

#### **2. I don’t have a big publishing house supporting me because:**

A.) they rarely do that for unknown authors, (*and I am certainly unknown*)

B.) they don’t feel there is a need or a market for a book like this (or at least that’s what they keep telling me.)

**3. No – the government of Mexico is not supporting me** - I don’t know anyone in Mexican government – and I doubt that they would be interested in the work of a (unknown American) nurse – in a country that doesn’t always value nurses very highly. I can’t even get the local medical tourism government officials (for the city of Mexicali) to talk to me despite multiple emails and visits to his office, which should show you how unlikely the idea of outside support it.

**4. No – the doctors do not pay me** – *that would completely invalidate the work that I do.* If I took money from the doctors, the hospitals or anyone else, it wouldn’t be an independent/ unbiased review. That

would be an advertisement and we have enough of that already. It was the need for unbiased review that led to the idea for my surgical tourism books in the first place.

The doctors I interview participate out of: curiosity (I am a bit of a novelty), genuine interest in surgical tourism, or sometimes just generousness of spirit ('sure, I'll see her since she's all the way here in Cartagena/ Bogota / Mexicali').

Everyday I receive emails from people who are sick on vacation, or were just diagnosed with a serious illness but lost their insurance. People are frightened, they are worried and they need someone to give them honest and factual information.

## About the Authors



**K. Eckland, ACNP-BC, MSN, RN** is an acute care nurse practitioner in cardiothoracic surgery. As a nurse and patient advocate, she feels passionately about patient education, making informed choices and knowing your options. She is relentless in her pursuit of truth and transparency in medicine and patient safety.

She also writes for the Examiner.com as a health reporter and maintains several blogs on issues in health and surgery. This is her fourth book exploring medicine and surgery in Latin America.



**Dr. Carlos Cesar Ochoa Gaxiola, MD** is a board certified thoracic surgeon in Mexicali, Mexico. He is a passionate about his profession and enjoys the practice of surgery. During the writing of this publication, he served a crucial role as a city guide and cultural advisor. He also authored the chapter on the nightlife of Mexicali. This is his first book.

**Dra. Joanna Calzada MD** is a specialist in internal medicine with additional training in acupuncture and holistic medicine. She currently works as the Assistant Director of the Hospital General de Mexicali in addition to maintaining a private practice. Dra. Calzada assisted in researching the history of Mexicali and in writing the chapter on the cuisine of Mexicali.

**Dr. Cuauhtemoc Robles Cairo** is a professor of architecture and design at the Universidad Autonoma Baja California and an expert of the architecture of Mexicali. Dr. Robles has written several other books on the architecture of Baja California and assisted with several chapters of this book.



Just across the street from the modest city of Calexico lays a modern day Goliath, the million person metropolis of Mexicali, Baja California. This close proximity has attracted medical tourists to this heat baked desert city in droves.

In a dramatic change from previous Hidden Gem titles, the authors of Mexicali! bring a more casual look at the good, the bad and the ugly side of Mexicali while maintaining a critical and objective look at the burgeoning medical tourism industry in this border city.

K. Eckland, ACNP-BC is a nurse practitioner in cardiothoracic surgery and medical writer specializing in medical tourism. This is her fourth offering in this genre.

Dr. Carlos Ochoa, MD is a board certified practicing thoracic surgeon in the city of Mexicali. He provides an insider's look at the life and culture of Mexicali; the city by the fence.

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