After Jasmine Robinson ’20 experienced homelessness as a child, she turned her empathy for this population into action.

Navigating the healthcare system as a transgender individual helped Eli Goldberg ’20 arrive at medicine as a career. Juan Conde ’21 came to the U.S. from Mexico as a child; now he wants to give back by treating patients with cancer.

Thanks in part to these diverse life experiences—and a hefty dose of passion for their chosen field—these students bring to the UVM Larner College of Medicine a deep-seated sense of social responsibility. They want to shine light on the systemic inequality that affects human health, and the physician’s role in addressing it. They question how we practice medicine and how we can do it better.

Larner medical student Juan Conde ’21 speaks at a 2017 press conference led by U.S. Representative Peter Welch, at right. Conde is a member of the DACA “Dreamer” program.
ON SEPTEMBER 11, 2017, with U.S. Representative Peter Welch and UVM President Thomas Sullivan at his side, Juan Conde ’21 talked about coming to the United States from Mexico with his mother when he was 9 years old. He told the crowd gathered for the press conference at the Larner College of Medicine that the Deferred Action for Childhood Arrivals (DACA) program—created by President Obama in 2012—allowed him to apply for medical school and pursue his dream to become an oncologist and cancer researcher. In the wake of President Trump’s announcement that the program would be rescinded, Conde pushed lawmakers for a solution that would allow the young people known as “Dreamers” to stay in the country and thrive.

“My story is not yet complete,” Conde said, flanked on both sides by classmates in their white coats, “but I rest with confidence knowing that it is the American people who will get to decide how it ends.”

Conde’s decision to speak out was rooted in a sense of kinship with his fellow Dreamers. Since the program began, he had been volunteering to help undocumented youth navigate the application process. As a medical student, he saw an opportunity to use his human face to a politicized issue.

“When you think this is an issue that doesn’t affect you, it’s easy to put it at the back of your mind and not pay attention to it,” he said. “But when you start finding out that these are people who grew up here, that these are friends and family members, then we become more empathetic.”

His influence reached the floor of the U.S. Congress when House of Representatives Democratic Leader Nancy Pelosi read a letter from Conde, in which he talked about his mother when he was 9 years old. He told the crowd gathered for the press conference that his mother’s death from cancer his senior year of college. His decision to pursue a Ph.D. in biochemistry and molecular biology stemmed from his desire to “dedicate his life to fight the disease.” When the program would be rescinded, Conde pushed lawmakers for a solution that would allow the young people known as “Dreamers” to stay in the country and thrive.

“This early community organizing blossomed into a desire to practice person-centered medicine, to create safe and accessible healthcare spaces, and to work with other healthcare professionals to provide trans-sensitive care,” says Sacco, who identifies as gender queer and nonbinary and uses the personal pronouns “they,” “them,” and “their.”

As a medical student, Sacco continues to advocate and educate. They co-founded a campaign called #PushForPronouns, which harnessed social media to raise awareness about personal pronouns. A reported 70 percent of trans patients experience discrimination when accessing medical care; as a result, this population suffers from higher rates of preventable illness. Asking for personal pronouns as a routine part of visits would create a welcoming, safe environment and lead to improved health outcomes.

Sacco also founded the TransForm Project through a Schweitzer Fellowship, in cooperation with the Pride Center of Northern Vermont. With a goal to reduce the number of transgender Vermonters who transition in isolation, the project features a peer mentorship program, a website, and online educational modules. TransForm has received grant funding to maintain its activities, something Sacco is particularly proud of.

“This work is, and always has been, deeply personal for me. Regardless of the specialty that I choose, I know that my practice will be tailored toward trans-specific care as much as possible, and that time in my career will be reserved for community advocacy work and medical education reform.”

AS AN UNDERGRADUATE at Appalachian State University, Alden Sacco ’20 co-founded TransAction, a student organization through which transgender-identified students could find community and engage in activism and education. That led to a successful petition to add accessible all-gender restrooms in every building, as well as a Trans101 training and other educational events. Sacco sees a line straight from this advocacy work to medical school.

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AFTER ALTON STERLING was shot by police in July of 2016, in Baton Rouge, Louisiana, Desirée DiBella ’19 remembers feeling numb. Also hurt. Although his death hit particularly close to home—her father’s side of the family is from Louisiana—she had already been struggling through emotions brought up by a series of police shootings of black men in 2015 and 2016. The demands of medical school left little time to process current events.

“When I’m with my family, I can grieve with them, and I can say what’s on my mind,” she says. “But I have to be able to grow and share with my colleagues in the medical community as well.”

With support from the College’s Office of Diversity and Inclusion and chair of the Student National Medical Association, DiBella plugged into a growing national movement of medical students—called White Coats 4 Black Lives—to organize a public forum focused on the shootings and broader issues related to race, health and inequality. That event made waves: Students, faculty, and staff from across UVM filled the Hoehl Gallery, some of whom spoke poignantly about institutionalized violence as a public health issue. Moving forward, DiBella sees a need to focus on the health disparities people of color experience, whether it’s through lack of access to healthcare or poorer “implicit bias.”

“We need to actively address racial inequality and bias in medicine,” she says. “What can we do as training physicians to bridge this gap? How can the people who are already out of their training question their practices and say, ‘where can we improve?’”

After graduating from the University of Tennessee, DiBella spent two years as a Teach for America kindergarten teacher working with children new to the English language. In a classroom filled with students from Ethiopia, Egypt, Guatemala and Honduras, she found inspiration for her future work as a physician.

“I want to have the privilege to bring my then students and now patients to the table and say, ‘What do you need from the medical community to succeed in life and reach your highest potential?’”

MOLLY MARKOWITZ, M.D., harnesses social media as a force for positive change. As a medical student, she served as executive coordinator of medical student initiatives for the American Academy of Pediatrics (AAP) section on pediatric trainsees, and joined the AAP’s Vermont chapter as a medical student representative. This work helped develop her voice as an advocate. She supported AAP campaigns on a range of issues affecting children’s health, and also wrote blog posts for the organization. It was clear early on that she had found her niche. “AAP officials were my mentors. They were my friends,” she says. “I would say probably one of the most transformative parts of my education was working with them on advocacy.”

Now, although she’s well into her first year as a pediatrics resident at Yale-New Haven Hospital, the pace has not slowed. In the lead-up to the 2018 mid-term elections, she supported through Twitter and blog posts an AAP campaign called #VoteKids, which included position statements on issues affecting children’s health. She’s currently focused on a project called Street Cred, which brings tax preparation specialists into Yale’s pediatric clinic to help families sign up for the Earned Income Tax Credit, which she describes as “one of the most powerful anti-poverty programs our government has.” She’s conducting research on how free tax preparation in a medical home impacts families.

Growing up in rural Maine as the daughter of a pediatrician, Markowitz came to medical school with a deep understanding of the myriad factors affecting children’s health. One of her first online essays for the AAP was about how the opioid epidemic changed her hometown, highlighting the power of medical students to make a positive impact. She sees social media as part of the solution as it now plays an important role in homes, schools and communities.

“We have to talk about how to use it with kids, how to use it safely, how to use it kindly, and effectively in the sense of advocacy,” she says.
“When I think of medicine and health, these issues are it,” says Epstein. “There’s no separating out this work from what a doctor should be doing.”

The group is focused on several projects with support from the Office of Diversity and Inclusion and Office of Medical Student Education. They’re working with faculty members to weave social justice and health equity issues into the Vermont Integrated Curriculum through the Social Medicine Theme of the Week. Some examples: A discussion on access to rural health care has been added to a session on primary care; race is brought up during a class on genetics. Students dive deeper into these conversations during Professionalism, Communication and Reflection.

“If we’re doing a case study, we can talk about some of the socioeconomic determinants within it,” says Dawson. “We’ve activated a lot of the first-year students who are super interested in the social theme of the week.”

The coalition is also working with the Teaching Academy to analyze admissions and academic success data with a goal to identify intervention points to better support underrepresented minorities. They plan to publish research and present findings nationally.

For Hauser, medicine is most effective when it encompasses the big picture.

“When a physician is about healing people, but it’s also about healing communities,” he says.

DURING A PRESENTATION at the Larner College of Medicine’s Community Medical School in April of 2018, Eli Goldberg ’20 deftly explained to an auditorium filled with an audience of Vermont community members, the nuances of hormone therapy and transgender surgery as part of a panel presentation on transgender health.

He also highlighted some alarming statistics: 29 percent of trans people in Vermont reported at least one negative experience with a healthcare provider within the previous 12 months, according to the 2015 U.S. Transgender Survey. Twelve percent had not sought needed care because they feared mistreatment.

Goldberg wants to change those numbers.

“I wouldn’t have ended up going into medicine were it not for the experiences that I’d had as a trans person trying to access care, and seeing friends, and loved ones who are trans, struggling to access appropriate care,” he says.

Goldberg seeks opportunities to connect and engage. In addition to his current work this year, he’s hosted presentations at the annual Translating Identity Conference, New England’s largest conference focused on transgender issues. He also worked with the Pride Center of Vermont to develop a mentoring network for Vermonters in transition as part of the TransForm Project, which fellow medical student Alden Sacco ’20 founded through a Schweitzer Fellowship in 2016. Now TransForm is self-sustaining, the center recently hired its first transgender program coordinator.

A native of Shelburne, Vt., Goldberg double majored in archaeology and ancient Greek at Oberlin College. While working on his senior thesis about ancient Roman ceramic tile, he realized that his greatest enthusiasm was actually rooted in the volunteer work he does with the college’s sexual health counseling center and HIV testing program. His goal is to practice primary care in a rural setting because there’s both a need for providers and an opportunity to make an impact.

“I think there’s room for rural primary care practices to set the precedent and model that small community can follow,” he says.

“For Hausser, medicine is most effective when it encompasses relationships that you develop with your patients are really unique.”

“He’s not alone. As of last count, over two dozen students are SIG members, which is music to Robinson’s ears.

“The great thing about the Here to Help clinic is it gives a lot of students who may not have had any exposure to this type of population the opportunity to engage,” she says. “It creates a bond that I think otherwise wouldn’t happen.”